Quarterly Publication

# The Urban World

**RCUES**

# Regional Centre for Urban & Environmental Studies (RCUES), Mumbai

## (Fully supported by Ministry of Urban Development, Government of India)

Established in 1926, the All India Institute of Local Self Government (AIILSG), India is a premier autonomous research and training institution in India. The Institute was recognized as an Educational Institution by Government of Maharashtra in the year 1971. The Institute offers several regular training courses in urban development management and municipal administration, which are recognized by the Government of India and several State Governments in India.

In the year 1968, the erstwhile Ministry of Health, Family Planning and Urban Development and (now known as Ministry of Urban Development), Government of India established the Regional Centre for Urban & Environmental Studies (RCUES) at AIILSG, Mumbai to undertake urban policy research, technical advisory services, and building work capabilities of senior and middle level municipal officials, and elected members from the States of Goa, Gujarat, Maharashtra, Rajasthan and UT's of Diu, Daman, Dadra & Nagar Haveli in western region and Assam and Tripura States in North East Region. The RCUES is fully supported by the Ministry of Urban Development, Government of India. The Ministry of Urban Development, Government of India has formed National Review and Monitoring Committee for RCUES under the chairmanship of the Secretary, Ministry of Urban Development, Government of India. The Principal Secretary, Urban Development Department of Government of Maharashtra is the ex-officio Chairman of the Advisory Committee of the RCUES, Mumbai, which is constituted by Ministry of Urban Development, Government of India.

In the year 1991, the RCUES was recognized by the Ministry of Urban Development, Government of India as a National Training Institute (NTI) to undertake capacity building of project functionary, municipal officials, and municipal elected members under the earlier urban poverty alleviation programme-UBSP. In the year 1997, the Ministry of Urban Affairs and Employment recognized RCUES of AIILSG as a NTI for capacity building under SJSRY, the centrally sponsored poverty alleviation programme in the States and UT's in the western region, Madhya Pradesh, and Chattisgarh.

In 2005, the Ministry of Urban Employment and Poverty Alleviation (MOUE&PA), Government of India and UNDP have set up the `National Resource Centre on Urban Poverty' (NRCUP), which is anchored by Regional Centre for Urban and Environmental Studies (RCUES), All India Institute of Local Self Government (AIILSG), Mumbai under GOI – UNDP, project titled `National Strategy for the Urban Poor'.

In 2009, the RCUES, AIILSG Mumbai was recognized as a `Nodal Resource Centre' on SJSRY (NRCS) by Ministry of Housing and Urban Poverty Alleviation, Government of India.

Since 2000, the AIILSG, Mumbai houses the Solid Waste Management (SWM) Cell backed by the Government of Maharashtra for capacity building of municipal bodies and provide technical advisory services to ULBs in the State. In 2008 Mumbai Metropolitan Regional Development Authority (MMRDA) established Solid Waste Management Cell to provide technical advise for development of regional landfill sites and capacity enhancement in Solid Waste Management for urban local bodies in Mumbai Metropolitan Region (MMR).

On 13th January, 2010 Water Supply & Sanitation Department, Government of Maharashtra established Change Management Unit (CMU) in AIILSG, Mumbai which was supported by Government of Maharashtra. The CMU was anchored by AIILSG, Mumbai for Water Supply and Sanitation Department, Government of Maharashtra from 13th January, 2010 to 30th June, 2014.

In 2010, the AIILSG, Mumbai is selected as a Nodal Agency by Water Supply and Sanitation Department, Government of Maharashtra in preparation of City Sanitation Plans for 19 Municipal Corporations and 15 A Class Municipal Councils in Maharashtra State, under the assistance of Ministry of Urban Development, Government of India.

On 3rd September, 2011, Water Supply & Sanitation Department, Government of Maharashtra established Waste Management & Research Centre in AIILSG, Mumbai, which will be supported by Government of Maharashtra and MMRDA.

The RCUES, AIILSG, Mumbai is recognized in October 2011 as a Nodal Resource Centre (NRC) for RAY by Ministry of Housing and Urban Poverty Alleviation, Government of India.

The AIILSG, Mumbai is empanelled in November, 2011 as National Resource Institution for North, East, West and South Regions for `Social Development & Community Mobilization by RAY Directorate, Ministry of Housing and Urban Poverty Alleviation, Government of India.

In August, 2013 the AIILSG, Mumbai is empanelled as Agency by Ministry of Urban Development, Government of India, for providing technical support to the Cities / Towns of States / Urban Local Bodies (ULBs) in the field of Water Supply and Sanitation, Sewerage and Drainage systems.

In July 2015, the RCUES & AIILSG, Mumbai is empanelled for Municipal Solid Waste Management project under Swachh Bharat Mission (SBM) programmes undertaken by the Ministry of Urban Development, Government of India.

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*For Contact*

**Ms. Utkarsha Kavadi**

*Director*

Regional Centre for Urban & Environmental Studies of
All India Institute of Local Self-Government
M. N. Roy Human Development Campus, Plot No.6, 'F' Block,
Opp. Government Colony Bldg. No. 326, TPS Road No.12, (BKC)
Bandra (East), Mumbai – 400 051, India
Tel : 0091-22-26571713 / 2657 17 14 / 61805600
Fax : 0091-22-2657 39 73
Email : rcuesdirector@gmail.com / utkarshakavadi@yahoo.com

# Editorial

## City Safety; A Multi-Dimensional Issue

Among the many challenges that rapid urbanization presents is the issue of safety and security in our cities. Headlines in City pages of newspapers consist of burglaries, chain-snatching, and other violations all the time. It is common across cities large and small. Women, children and the aged are particularly vulnerable, at home and on the streets.

The large influx of people who migrate to cities in search of livelihood becomes the first post for fixing responsibility. This migrant population is often without any skills and therefore without plans for securing an income and livelihood. Faced with the unfriendly and often harsh reception of the city, many soon fall prey to the temptation of theft and burglary. In addition, large numbers of local youth which represent the current demographic profile of the country are ill-informed, ill-skilled and ill-equipped to meet the stringent demands of the organized labour market. They thus engage in informal economic activity which often infringes upon the law even if unintended.

Large cities present particular sociological patterns. At the working middle class level, city populations are subject to constant churn with many families moving in and out of a city or across locations in the same city. This brings with it an atmosphere of unfamiliarity and unconnected households, those which are unconnected with large parts of the community. Their interactions are impersonal. These sections of the population present vulnerable targets for potential violators.

Unplanned and rapid urbanization, unpreparedness of cities to absorb the migrants, infrastructure deficits and the sociological framework all combine into a heady mixture which challenges the enforcement agencies' capacities while enabling new actors find chinks in the armour of individuals and communities resulting in security breaches. Strong initiatives to build community vigilance and preparedness led by policing agencies and local governments, support among resident groups to create close-knit communities and enhanced use of technology by enforcement authorities could help thwart attempts to break into the defenses of cities. Such efforts should also be directed at neutralizing larger more overt attacks in addition to the more covert and stealthy infringements like theft and burglary. Securing the physical assets of our cities, both private and public, needs special efforts. Damage to public property in cities has the twin effects of disabling means of service provision while resulting in additional financial costs. Such activities if not prevented or go unpunished open up cities to other large scale violations and more vulnerabilities.

# Editorial

No discussion on City Safety can be complete without addressing Road Safety. The situation in almost every city has reached alarming proportions with road fatalities becoming widespread even on crowded city roads rather than just on highways. Scant disregard for traffic rules is evident everywhere. Disrespect for other road users and their rights is at the root of the chaos and lawlessness that prevails. Sometimes, poor road conditions and other infrastructure bottlenecks contribute too.

Vigilant and technology enabled policing, provision of robust, fail-proof infrastructure by ULBs and above all a disciplined, cautious and community oriented lifestyle of the citizen will enable more peaceful and safer cities.

Place : Mumbai

Date : 30 June, 2016

# Gender Economics and Development

**Dr. Vibhuti Patel,**
Director, Centre for Study of Social Exclusion and Inclusive Policy (CSSEIP),
Professor & Head, Department of Economics, SNDT Women's University, Churchgate, Mumbai.

## Introduction

Concept of Human Development indicates that the real aim of development is to improve the quality of human life. It is a process that enables human beings to realize their potential, build self-confidence and lead lives of dignity and fulfilment. Economic growth is an important component of development, but it cannot be a goal in itself, nor can it go on indefinitely. Although people differ in the goals that they would set for development, some are virtually universal. These include a long and healthy life, education, access to the resources needed for a decent standard of living, political freedom, guaranteed human rights, and freedom from violence. Development is real only if it makes our lives better in all these respects.

## Genesis of Human Development Approach:

Immediately after India's independence from British regime, the focus was on rapid economic growth as it was believed that larger size of national income would allow benefits of development to trickle down to each and every stratum of society. By late sixties, limitations of Trickle-down Theory were exposed as increase in economic growth did not enhance the quality of life of all sections of society. Development economists and social scientists demanded growth with social justice and distributive justice. The Approach Paper on the Eleventh Five Year Plan "Towards faster and more inclusive growth" reflects the need to make growth "more inclusive" in terms of benefits flowing through more employment and income to those sections of society which have been bypassed by higher rates of economic growth witnessed in recent years.

Esther Boserup (1970)'s seminal work revealed that though women made crucial contribution in the subsistence economy, the course of development had marginalised them in all spheres of life. As a result, the UN system was motivated to give a mandate to all the member countries to prepare Status of Women's Report with focus on Equality, Development and Peace.

Gunner Myrdal (1971) in his voluminous contribution Asian Drama-Volume I, II, III put forward a strong case in favour of investment in health and education to enhance productivity of the workforce. It snowballed into Human Resource Development Approach that advocated use of human resource as an instrument of enhancing income and wealth of the nation and right-based human development approach.

## Women and Development Debates:

Women's Studies have challenged the conventional indicators of development that focus on urbanisation, higher education, mobility of labour, technological development, modernisation, infra-structural development, industrialisation, mechanisation in agricultural, white revolution, green revolution, blue revolution so on and so forth. Development dialogue of the last 32 years (1975 to the present) resulted into intellectual scrutiny with gender lens of

- The critique of trickle down theory

- Marginalisation thesis popularised by the UN as WID (Women in Development)

- 'Integration of Women' Approach known as Women and Development (WAD)

- Development Alternatives with Women (DAWN) at Nairobi Conference, 1985

- Gender and Development (GAD)- Women in Decision Making Process, 1990

- Adoption of CEDAW-Convention on all forms of Discrimination against Women

- Human Development Index, Gender Empowerment Measure, 1995

- Millennium Development Goals (MDGs), 2000

- Women Empowerment Policy, GoI, 2001

- Gender Mainstreaming in planning, policy making and programme Implementation.

With the official recognition of subordinate status of women in economic, social, educational political and cultural spheres by all nation states, two approaches became popular with regard to women in development process. First one was an instrumentalist approach influenced by Human Resource Development philosophy that supported investment in women so that their efficiency and productivity would increase which would increase their economic and social status. As against this, the 2nd approach was guided by Human Development concept that emphasised the quality of life or wellbeing aspect of investment in women. In this approach attainment of education, health, nutrition and better quality of life is considered to be an end in itself. Both approaches are interlinked (Sen, 1999).

### Definition of Gender Equality and Empowerment

Like race and ethnicity, gender is a social construct. It defines and differentiates the roles, rights, responsibilities and obligations of women and men. The innate biological differences between females and males are interpreted by society to create a set of social expectations that define the behaviors that are appropriate for women and men and that determine women's and men's differential access to rights, resources, and power in society. Although the specific nature and degree of these differences vary from one society to the next, they typically favor men, creating an imbalance in power and a gender inequality that exists in most societies worldwide.

### Definition of Gender Equality

According to the UN (2002), "equality is the cornerstone of every democratic society that aspires to social justice and human rights." The term gender equality has been defined in multiple ways in the development literature and has been the subject of great debate in the U.N. It often means women having the same opportunities in life as men, for instance equality of access to education and employment, which does not necessarily lead to equality of outcomes. Several experts have proposed conceptual frameworks for understanding gender equality. The United Nations Human Development Report (1995) refers to gender equality in terms of capabilities (education, health, and nutrition) and opportunities (economic and decision-making). Similarly, the World Bank defines gender equality in terms of equality under the law, equality of opportunity (including equality of rewards for work and equality in access to human capital and other productive resources that enable opportunity), and equality of voice (the ability to influence and contribute to the development process).

Three primary domains of equality between men and women emerge from both of these frameworks:

1. capabilities, access to resources and opportunities,

2. agency or the ability to influence

3. contribute to outcomes.

The capabilities domain refers to basic human abilities as measured through education, health and nutrition. It is the most fundamental of all the three domains and is necessary for achieving equality in the other two domains.

Access to resources and opportunities, the second domain, refers primarily to equality in the opportunity to use or apply basic capabilities through access to economic assets (such as land and property) and resources (such as income and employment).

The third domain, agency, is the defining element of the concept of empowerment and refers to the ability to make choices and decisions that can alter outcomes. Gender equality in this domain can only result from an equalizing in the balance of power between women and men in the household and societal institutions.

These three domains of equality are inter-related. Progress in any one domain to the exclusion of the others is insufficient to meet the goal of gender equality. While they are inter-related, the three domains are not necessarily dependent on each other. So, for instance, illiterate women may organize, thereby building their agency to influence outcomes for themselves and their households. Not surprisingly, women then use that agency to demand capability (better health or education) and opportunity (access to decent work). Similarly, women with capabilities (as measured by education) may have no economic opportunity, as is evidenced in many Middle Eastern countries.

Gender inequalities exist because of discrimination in the family and societal institutions and social, cultural, and religious norms that perpetuate stereotypes, practices and beliefs that are detrimental to women. Amartya Sen (2001) narrates seven forms of gender inequalities-mortality, natality, basic facility, special opportunity, profession, ownership and household.

Human rights conventions provide redress for discrimination. Among these, the Convention to Eliminate All Forms of Discrimination against Women (CEDAW), adopted by the U.N. General Assembly in 1979, is the most universally accepted instrument for realizing gender equality and influencing cultural and traditional definitions of gender roles and family relations. The treaty has been ratified by 170 countries, including every nation in the Western Hemisphere except the United States, but its impact is dependent on political will and resources.

Economic institutions and policy can exacerbate existing gender inequalities instead of mitigating them. There is Convention to Eliminate All Forms of Discrimination against Women (CEDAW), adopted by the U.N. General Assembly in 1979, s a strong tendency to see the market as a liberating force for women. While modern markets can and do undermine some of the pre-existing forms of culturally-determined gender inequality, they also incorporate and transform pre-existing inequalities into new ones (Elson and Pearson 1997). Commercialised new reproductive technologies are posing major threat to women's survival chances in India and China by encouraging existing patriarchal biases of son preference and sex selective abortions of female fetuses (Patel & Karne, 2006).

Laws and policies play a significant role in determining the extent of gender inequality that exists in a society. They can serve to protect women's rights or to reduce them. For example, in many countries, women still lack the legal right to inherit or own property and, in many others, violence against women is not considered a criminal offense. Without transformations in economic relations or the implementation and enforcement of legal rights and protection, gender equality and the empowerment of women can remain an elusive goal.

### Definition of Empowerment

The concept of empowerment is related to gender equality but distinct from it. Empowerment is a process that marks change over a period of time and requires that the individual being empowered is involved as a significant agent in that change process. Several experts agree that an empowered

woman is one who has the agency to formulate strategic choices and to control resources and decisions that affect important life outcomes (Kabeer 1999). The core of the concept of empowerment lies in the ability of the woman to control her own destiny. For e.g., only empowered woman can oppose pressure to undergo sex selective abortion of female foetus (Patel, 2007). This implies that to be empowered women must not only have equal capabilities (such as education and health) and access to resources and opportunities (such as land and employment), they must also have the agency to use those rights, capabilities, resources, and opportunities to make strategic choices and decisions (such as is provided through leadership opportunities and participation in political institutions).

### Gender and the Process of Economic Development

The incorporation of subsistence economies into 'modern' market economies has brought into question the traditional gender-based division of labour as an organizing principle in the rural and urban sector because of the basic injustice it perpetuates. Women end up doing the least skilled work and are underpaid or are expected to contribute to survival needs of the family without any corresponding benefits. Esther Boserup (1971) in her pioneering work brought to fore African women's crucial contribution towards food security and explained the political economy of polygamy in Africa that allowed men to concentrate and centralize economic resources thro' unpaid and backbreaking labour of women and children in the subsistence economy that did not have much animal resources or mechanisation for cultivation of land.

### Economic Basis and Functioning of Patriarchy and Matrilineal societies, structures and systems

Patriarchy thrives on control of women's sexuality, fertility and labour for male hegemony over economic resources. Analytical tools provided by Gender Economics (GE) are extremely useful to deal with the socio-economic and legal issues concerning marriage, divorce, custody of children, guardianship rights, alimony, maintenance, property rights of mother, sister, daughter, legally wedded wives and her child/ children, co-wives and their children, keeps and their children and the issues concerning adoption. GE has a special significance in the subsistence economy, which uses the kinship networks, institutions of polygamy and polyandry for concentration and centralisation of wealth and capital by either the patriarchs or the matriarchs. Domestic animals, women and children are the main assets in the subsistence sector where collection of fuel, fodder, water are important components of daily life over and above agrarian chores, live-stock rearing and kitchen gardening.

GE has drawn heavily from all mainstream disciplines and innumerable social movements of the last three decades. GE provides insights to examine budgets of Government Organisations (GOs) and Non-Government Organisations (NGOs) from the point of view of gender justice. Priority areas encompass all aspects of human development- women's education, health and nutrition, skill development, accounts, financial and commercial viability, legal standing, asset and corpus building. GE contextualises day to day survival struggles of women in the family, in the households, in the community and in the micro, meso and macro economy with the perspective of power relations which control women and girl children's sexuality, fertility and labour.

To explain this concept, I would like to give some examples from women's lives:

### Control of women's sexuality

A) Dress code which, restricts mobility of women and girls, does not allow her to do those chores which require flexible body movements, reduces her efficiency and employability in non-conventional occupations.

B) "Tool" as a phallic symbol, not being allowed to be used by women as menstruation is supposed to have a contaminating influence.

Hence, hostility towards women who ride bicycles, drive cars and scooters, operate machines and use ploughs for farming, wheels for pottery, saw for carpentry.

C) Women being treated as repository of custom and tradition and cultural practices, dedicated as devdasis, jogtis and forced to undergo series of masochistic fasting, scarification and self infliction of pain which make them unemployable and perpetually dependant on the patriarchs. They enjoy only subversive power of men's comfort women that too, is mediated by men, as women don't have any legal rights. In the commercial context, the same happens to women beneficiary of Maitri-Karar (friendship contract) and Seva-karar (Service contract) with economically, politically and socially powerful men.

D) Need for male escorts, bodyguards for dainty, sickly and weak women who see their identity as anorexic women. Billion-dollar beauty business thrives by controlling young women so that they are incapable of using their body for manual chores. Here, women's insecurity about their looks is used by the cosmetic industry.

E) Women eating last, the least and the left over. Nourishing and balanced diet as a male prerogative. Daughters and brides kept on starvation diet. Food secure middle-aged women as honorary men.

Inference of A, B, C, D and E is subordinate social status of women reflected in declining sex ratio. As per 2001 census there were 933 women per 1000 men in India. NFHS III, published in 2007 has reported very high mortality and morbidity rates for women in India.

**Control of women's fertility:**

A) Women being treated as male-child producing machine. Customary practices of female infanticide and neglect and abandonment of girl child, scientific techniques of sex determination tests are used for female foeticide, pre-conception elimination of female embryo with the help of sex-preselection techniques.

B) Population policies targeting women for unsafe contraceptives and harmful hormone based contraceptive researches, which violate bodily integrity and dignity of married and unmarried girls and women.

C) Laws on prostitution penalising and persecuting women victims of sexploitation that is running a parallel economy of as much as 200 billion rupees.

D) Social boycott of unwed mothers. 'Illegitimate' children being stigmatised by society and deprived of economic, social and educational opportunities. They are further marginalised in the economy, which is undergoing massive structural adjustments and instability. Facilities like identity card ration card and other legal documents which are a must for citizenship rights are not provided to them.

Inference of A, B, C and D, can be named as **brothel model of economic development which** thrives on unpaid and invisiblised labour of women. It perpetuates the vicious circle of Child marriage, child prostitution and child labour (CM, CP and CL). Super-exploitation of female headed household and domestic workers get sanctity in this model. Women have to shoulder an added burden of 'double standard of sexual morality' along with the burden of the vicious circle of poverty, prostitution and unemployment.

**Control of women's labour:**

A) Use of women in the economy for the occupations that are extensions of housework, i.e. 3 Cs (cooking, cleaning and caring). Only 8 % of women are in the organised sector which guarantees protection of labour legislation and ERA (Equal Remuneration Act). Ninety two percent of women are in the informal sector that does not guarantee job-security, regular income and personal safety.

B) Demonisation of highly qualified, efficiency plus and career women. Witch hunting of intellectually independent and verbally articulate women workers, employees, technicians and decision-makers.

C) Sexual harassment as a major occupational hazard to crush the confidence of women and to keep them in the state of perpetual terrorisation, humiliation and intimidation.

Inference of A, B and C, can be limited opportunities for women and ghettoisation of women in non-challenging, routinised and low-status jobs known as "women prone industries" in the official discourse. Most of the economic activities done by majority of women are non-marketed and non-monetised and reward for labour does not reflect the value of their labour. In such a situation to gauge economic worth of their work Time Use studies are the most effective tools to identify their opportunity costs.

**Market, Mobility and Women**

Globalisation induced mobility of women has posed new problems for women in the labour market. Hence, efforts at empowerment of women by 550 feminist economists who are functioning in 31 countries under the banner of International Association of Feminist Economics to provide DAWN (Development Alternatives with Women) gain tremendous importance in the contemporary context of discourse on Human Development. According to them, the most pressing issues are as follows:

a. **Economic Profile of special needs population**- women in poverty groups and Female headed households (Divorced, deserted, widowed, separated women), home based workers, women workers in the family enterprise, self-employed women and women entrepreneurs demand affirmative action from the state.

b. **Analysis of nature of occupational diversification** among women, industrial classification-Implications of office automation, computerisation, flexi-time, job-sharing, tele working, and part time work.

c. **Effects of structural adjustment on Market segmentation**- segmented factor market affects self-employed women directly when they want to buy raw material and other services. Segmented labour-market has direct bearing on the daily grind of women workers in the informal sector. Segmented product market makes unorganised women workers and women's collectives without networking insecure and vulnerable as sellers (Kabeer, 2000).

d. **Economic basis of customary laws and the family laws:** When the customary laws get codified, we must be vigilant about the fact that women's interests are not sacrificed. Women's land rights and property rights need special mention at the time of codification of personal laws.

e. **In mega development projects,** which displace the native population, care, must be taken to see to it that women get equal share in monetary compensation, land-rights and right to shelter. The same applies to the social and natural disaster management programmes.

f. **Political Economy of GET RICH QUICK formula** in the name of dowry, sati (widow burning), Bhootali (witch hunting) for land grab, house-grab or to deprive women of their legitimate property rights demands serious attention. Violence against women in the private and public domain must be recognised as serious threat to human development.

g. **Women's Empowerment by Men Decision Makers**- In a situation where women's agency is virtually non-existent, the benevolent patriarchs wedded to the cause of Women's empowerment become project coordinators who must be gender sensitised.

**Gender Bias in Theories of Value, Distribution and Population** has been a major bone of contention. Neoclassical analysis based on law of marginal utility in consumer analysis, marginal cost in the product pricing and marginal productivity have come under severe scrutiny. In the area of home economics, Nobel Laureate Gary Backer's model of 'competing interests' in distribution of resources in the households and higher 'opportunity cost' of men as 'bread-earner' and women as 'home-maker' is criticized by women's studies scholars as sexist and statusquoist. Amartya Kumar Sen and Martha Nassbaum have put forward a concept of 'cooperative conflict' in the theory of distribution and have advocated proactive measure to enhance women's capabilities.

## Feminist Criticism of Development Indices and WID- WAD- GAD:

Conventional indicators of development such as modernization, technological development, Mechanization, automation, urbanization, industrialization are critiqued by women's studies as they have bypassed and marginalized women. They have provided three approaches to understand women's role in the micro-meso and macro economy. (Patel, 2002)

There has been a coexistence of three approaches for women's development. WID- Women in Development model explains the reasons for women being treated as beneficiaries of the crumbs thrown at them, in the margin of the economy, consumer and an auxiliary labour force to be utilised in the crisis period and eased out the moment men are ready for take over. The discourse revolved around the economic growth paradigm. WAD- Women and Development model integrates women in the development work as active change agents. Affirmative action by the state and pro-active approach by the civil society through NGOs and women's groups are advocated by these models for empowerment of women against the forces of patriarchal class society. NGOs-voluntary organisations implementing this approach have become powerful force during 1990s. GAD - Gender and Development model is based on an understanding of gender relations and empowers the weak (he or she). Gender is socially constructed and gender relations are power relations. Here power is an important analytical category. Explicit measures of gender inequalities are sex-ratio, literacy rates, health and nutrition indicators, wage differentials, ownership of land and property. "The implicit relations are those embedded in relations of power and in hierarchies and are more difficult to measure. Located in the household, in custom, religion, and culture, these intra-household inequalities result in unequal distribution of power, control over resources and decision-making, dependence rather than self-reliance and unfair, unequal distribution of work, drudgery and even food."(Kapur-Mehta, 1996).

**Visibility of Women in Statistics and Data System-** For effective execution of macro policies such as National Perspective Plan for Women, Women Empowerment Policy, State Women's Policy, etc. we need an accurate data-base, area studies and time allocation studies, studies on energy expenditure and food consumption patterns among women of different communities, public utility services such as safe transport, public urinals, women's room in the office. Gender economists have done pioneering work to understand demographic profile of women and sex-ratio. Formulation of gender aware data system on literacy, education level, employment and earnings, health and well-being, sources of livelihood helps proper planning and policy making for empowerment of women. Inter -district, Inter-state and cross country comparisions of women's empowerment are obtained from Gender related Development Index (GDI). GDI owes its origin to its precursor, the HDI (Human Development Index), three main components of which are per capita income, educational

attainment and life-expectancy which is a proxy for health attainment. .Gender disparities are measured keeping these three indicators into consideration. "An additional measure, gender empowerment measure (GEM) has been formulated to take into account aspects relating to economic participation and decision-making by women. The indicators used in GEM are share in income, share in parliamentary seats and an index that includes share in administrative and managerial jobs and share in professional and technical posts." (K. Seeta Prabhu, P.C. Sarkar and A. Radha, 1996). This exercise is done with a philosophical understanding that without engendering, human development is endangered. (UNDP, 1995)

## National Human Development Report (HDR), 2001:

The first HDR prepared by the Planning Commission of India revealed that gender disparity across the states had declined in 2002. The report has given Gender Equity Index (GEI) in which Bihar has the most abysmal record of 0.49.GEI of U.P. and Assam is between 0.5- 0.59. Maharashtra, Orissa, Rajasthan, West Bengal figure in the GEI bracket 0.6- 0.74. The group in the topmost bracket i.e. 0.75 + is composed of the North Eastern states except Assam, Southern states and Himachal Pradesh. The HDR has not seriously taken into account, the declining sex ratio, especially the juvenile sex ratio (0-9 years) while estimating various development indices. The report has used 8 indicators to map the human development of states. It has provided diagrammatic representation of human development in the form of development radars comprising of 8 indicators namely-incidence of poverty, per capita consumption expenditure, life expectancy at age one, infant mortality rates, intensity of formal education, literacy rates, access to safe drinking water, proportion of households with pucca houses. The central thesis of HDR has been **economic prosperity in terms of high per capita income does not necessarily lead to overall human development.** Declining sex ratio in the prosperous states like Punjab, Haryana, Gujarat and Maharashtra prove the point.

## State and City Human Development Reports:

Several states in India have prepared HDRs. For E.g. Maharashtra, Tamilnadu, Kerala, West Bengal, Karnataka, Delhi, Gujarat, so on and so forth. HDR for Mumbai is in pipeline. In all these, reports, there is a need to focus more on the impact of budgetary allocations on women's well-being and women's development. Gender budgeting as a tool for ensuring gender sensitive human development has been accepted as a mandate by nearly 60 countries.

## Gender Equality and Development:

Gender equality has three aspects: equal opportunities, equal treatment and equal entitlements for both, men and women. It is directly linked with human development.

The WID discourse deconstructs the economic growth paradigm and focuses on women specific statistics & indicators, policies and schemes, plan allocation and programmes on health, education and employment.

WAD- Women and Development model integrates women in the development work as active change agents. Affirmative action by the state and pro-active approach by the civil society through NGOs and women's groups are advocated by this model for empowerment of women against the forces of patriarchal class society. NGOs-voluntary organisations implementing this approach have become powerful force during 1990s.

GAD - Gender and Development model is based on an understanding of gender relations that empowers the weak (he or she). Gender is socially constructed and gender relations are power relations based on caste, class, ethnicity, race and religion. Here power is an important analytical category.

## Conclusion

Explicit measures of gender inequalities are sex ratio, literacy rates, health and nutrition indicators, wage

differentials, ownership of land and property. The implicit measures of gender inequalities are those embedded in relations of power and in hierarchies and are more difficult to measure. Located in the household, in custom, religion, and culture, these intra-household inequalities result in unequal distribution of power, control over resources and decision-making, dependence rather than self-reliance, control rather than autonomy and unfair, unequal distribution of work, drudgery and even food. Current development debate has resulted into generation of Meaningful Indicators of Women and Development. In 2004, India ranked 127 in Human development while in Gender Development Index India's rank was 78. Comparative data of 130 countries regarding gender-related development index (GDI) reveals that gender-equality does not depend entirely on the income level of society. The human development approach which focuses on demographic, health, education, employment and human rights issues of women provides realistic insights to address women's concerns. Thus gender sensitive human development ensures an inclusive growth.

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# Accreditation of Healthcare Organizations in India

**Dr. Hiral Sheth,**
Dept. of Economics, K.C. College, Churchgate, Mumbai.

## Abstract

Accreditation is an internationally recognized evaluation process used to assess and improve the quality, efficiency, and effectiveness of healthcare organizations. Simply put, accreditation is based on the premise that adherence to evidence-based standards will produce higher quality healthcare services in an increasingly safe environment. It is also a way to publicly recognize that a healthcare organization has met national/international quality standards. This paper attempts to understand the concept and benefits of accreditation and the current state of accreditation in healthcare organizations in India. It also reviews the various bodies providing accreditation to the healthcare organizations.

**Keywords:** Accreditation, Health, Hospitals, Quality of Care.

## Background

Accreditation as a concept had its early beginnings in USA a century ago. In 1910 Dr. Earnest Codman introduced the 'end result system' which tasked hospitals to track every patient treated by then to determine if treatment had been effective. In 1919 the American College of Surgeons set up the Hospital Standardization Programme, which met with an overwhelming response from the medical profession. After three decades a larger organization was founded in 1953 named the Joint Commission on Accreditation of Hospitals, which in 1987 became the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Institutions accredited by JCAHO were recognized by Medicare as suitable for treatment of their patients. In 2007, JCAHO again changed its name to the Joint Commission International (JCI).

## Objectives of the Research Paper

1. To understand the concept and benefits of accreditation.

2. To study the current state of accreditation in India.

3. To review various accreditation bodies.

4. To give suggestions for healthcare accreditation to provide quality care to patients.

## Research Methodology

The study is based on secondary data collected through reference books, journals and websites.

## Rationale behind the Study

Today more than two thirds of the 1.1 billion Indian population seek the private sector for their health needs. This is surprising as India is a middle income developing country with approximately 30% of people still living below the poverty line. Public sector health services have received the attention of policy makers and regulators but have received meager financial support from a government that spends less than 2% of GDP on healthcare. In this situation government institutions are stretched to the limit to maintain a clean environment and deliver effective healthcare that today is heavily dependent on expensive technology for its functioning. The result is the transfer of sections of the population to an

unregulated private sector. It is here that hospital accreditation (from a national or international agency) can help. By laying down standards for all aspects of institutional care together with a roadmap for achieving the same, patients will slowly develop confidence that healthcare they receive conforms to certain accepted norms. This research paper is an attempt to make a pointed emphasis on the need for accreditation for all healthcare institutions in India to provide quality care to citizens and to ensure safety of the patients.

## Accreditation- Concept

Accreditation is a process wherein standards are set and compliance with them is measured. According to C. E. Lewis, accreditation is "professional and national recognition reserved for facilities that provide high quality healthcare". This means that the particular healthcare facility has voluntarily sought to be measured against high professional standards and is in substantial compliance with them (Lewis, 1984). In simple terms, we can say that accreditation refers to a voluntary process wherein the functioning of a participating hospital / nursing home is accessed against set standards. It is a public recognition of the achievement of accreditation standards by a healthcare organization, demonstrated through an independent external peer assessment of that organization's level of performance in relation to the standards. Accreditation benefits all stake holders. Patients are the biggest beneficiary. Accreditation results in high quality of care and patient safety.

## Review of Literature

The accreditation process is an integral part of healthcare systems in over 70 countries (Greenfield & Braithwaite, 2009) and the International Society for Quality in Healthcare (ISQua) is the largest associated international body. It is a global organisation and origins date back to 1984. ISQua's mission is to: To inspire and drive improvement in the quality and safety of healthcare worldwide through education and knowledge sharing, external evaluation, supporting health systems and connecting people through global networks. ISQua tries to achieve its mission through a global network that spans 100 countries and five continents. In some regions, the accreditation of healthcare organizations remains voluntary, while in others it has become government mandated. Its rapid growth over the last 40 years is partially attributable to media reporting of serious inadequacies in the quality and safety of healthcare services, and an escalating focus on patient safety.

In India, the issue of accreditation of hospitals has not been taken up seriously. The movement for voluntary accreditation started hesitantly in the 1930s with attempts to include nursing homes as well as hospitals under one umbrella. The efforts in India have primarily been to evolve standards for hospitals and services provided for ensuring quality of care. The Quality Council of India is the accreditation programme for the country. The Indian Hospital Association (IHA) at both Bombay and Delhi had made efforts to promote a voluntary accreditation system. The response to the scheme was lukewarm as it did not involve the various stakeholders in evolving the accreditation system and tried to impose pre- determined issues of standards, membership fees and assessment mechanism and so on. In 1952 the National Institute for Health and Family Welfare (NIHFW) laid down standards for equipping hospitals of 50 beds or more. The Bureau of Indian Standards (BIS) has laid down standards for hospitals having 30, 100 and 250 beds (BIS, 1988, 1984). Most of the standards laid down by BIS and NIHFW are meant for relatively larger hospitals located in major urban areas.

In Maharashtra, the government hospitals have to follow the Hospital Administration Manual for the running of the hospitals. The Andhra Pradesh Vaidya Vidhana Parishad has laid down standards for secondary level hospital in the government sector, which comes under it. Presently under the

World Bank fund there is an initiative to develop protocols and standards for hospitals. These are meant for the government secondary hospitals. There have been efforts undertaken by consumer bodies, groups of health professionals, hospital organizations, and non-governmental organizations for drawing up standards. In Pune, the health committee of the Lok-Vignyana Sanghatana took the initiative in preparing minimum standards for anaesthesia before surgery and came up with 'Routine Preoperative Investigations for Minor surgery in A.S.A. Grade 1 patients'. CEHAT, a nonprofit health research organization in Mumbai as part of its project on physical standards in private hospitals, evolved standards for 30 bedded private hospitals and came up with a document "Proposed Minimum Standards for 30 bedded Private Hospitals and Nursing Homes". Today the scenario shows an accelerated demand for quality healthcare. The demand for Hospital accreditation in India was raised in the early 90s. In fact, the extension of the Consumer Protection Act to medical practitioners stimulated the demand for hospital accreditation.

## Accreditation in India

In India, 60-70% of outpatient cases and 40-50% of hospital in-patient cases are managed in the private for-profit sector, which includes an estimated 57% of hospitals and 32% of all hospital beds (Duggal and Amin 1989; NSSO 1989; Kannan et al. 1991; NCAER 1992; George et al. 1993; Bhat 1999). There is increasing evidence of poor quality private sector care in India, as measured by reported and actual diagnostic and treatment practices; inadequate facilities and equipment; over-prescribing and the subjecting of patients to unnecessary investigations and interventions; and failure to provide information to patients (Yesudian 1994; Uplekar etal. 1998; Bhat 1999). Factors that contribute to the poor quality of care in private hospitals include: lack of monitoring by statutory authorities; outdated and inadequate legislation; and the inability or failure of government to enforce existing regulations (Jesani, 1996). These serious deficiencies exist in the context of international and national policies promoting increased involvement of the private sector in the delivery of health services (World Bank 1993, 1995). Furthermore, there is a growing demand from consumers for better quality1 healthcare, especially from the middle classes, as reflected in growth in the use of consumer protection legislation to provide quality care.

Firstly, consumers have been becoming increasingly aware of their rights vis-à-vis the healthcare system. Secondly, the middle class has increasingly been demanding better quality of healthcare. Thirdly, the costs of healthcare services have been spiraling. Fourthly, implementing authorities have failed to enforce existing legislation for healthcare services. Fifthly, the health insurance sector has now been opened up to private participation. In this context, there is a need to examine the need for a self-regulation model. One needs to evolve a partnership and provide a platform based on the principles of sharing and transparency with the primary aim of providing quality care to the patients for which accreditation is inevitable. Reasons for this relate to an increased awareness of patients rights highlighted by the media, consumer courts, and the Internet. Healthcare costs are spiraling and people want value for their money. Health insurance companies are now in the arena and will likely provide only limited fixed reimbursement to patients for designated diseases and surgeries. Finally the lure of medical tourism motivates hospitals to improve their facilities as potential patients will surely limit their search solely to accredited institutions.

## Benefits of Accreditation

1. One usually would like to receive the best possible medical care when one needs it. Securing accreditation can be a lengthy and involved process, but proves as a useful tool for a test for quality. Having accreditation helps to keep undesirable medical practitioners at bay.

National and international insurance companies may readily tie up with accredited hospitals as compared to the non-accredited ones.

2. Accreditation benefits all stakeholders and patients are the biggest beneficiaries. It ensures delivery of high quality of medical care and patient safety. Patients get services by credentialed and well trained medical and para medical staff. Rights of patients are respected and protected. Patient satisfaction is regularly evaluated.

[1]{Defining Quality:

According to **ISO 9000**:- Quality is defined as "the degree to which a set of inherent characteristics fulfills requiremens". According to **WHO**:-Quality of care is the level of attainment of health systems intrinsic goals for health improvement and responsiveness to legitimate expectations of the population.}

3. Clinical and managerial processes are constantly monitored and evaluated, thus providing those who are associated with an accredited hospital the benefit of continual learning and a good working environment.

4. Accreditation to a hospital helps sustain continuous improvement. It enables the hospital in demonstrating its commitment to quality care. It raises community confidence in the services provided by the hospital. It also provides an opportunity to the hospital to benchmark with the best healthcare organizations of the world.

### Dimensions of Accreditation

Better quality of healthcare could be pursued in various ways. One method is regulatory, wherein the state takes the initiative and responsibility of setting standards. Another one is accreditation, wherein an independent body with the support of professional organizations defines and monitors standards on a voluntary basis. Both are not mutually exclusive, as the accreditation system itself could be regulatory in nature.

There are four basic elements of an accreditation system: first, it is voluntary; second, standards are laid down; third, compliance is measured by external review and fourth, outcome of standards denotes compliance (good/bad, rating scale). The broad objectives of the accrediting system would be to develop and update standards to cover various areas of hospital functioning. It would also aim to monitor hospital compliance with the standards prescribed, assist hospitals that need to upgrade their levels and award accreditation to those institutions demonstrating them.

### Models of Accreditation

There are various models of accreditation being followed. One of the accreditation models is 'standards-based'. In other words, hospitals are rated according to their compliance with different sets of standards or norms regarding facilities, equipment, human power, space and so on. Another approach is based on a quality assurance programme. This mainly involves implementing a process of accreditation based on quality assurance in those institutions that are striving to improve quality. A third model of accreditation is based on "citizens' charter". This approach emphasizes making hospitals more user-friendly, providing information to users about the services available, setting up procedures for redressing grievances and so on.

Standards are the cornerstone of an accreditation system. Four definitions of standards prevail. Firstly, standards are a degree of excellence. Secondly, standards serve as a basis of comparison. Thirdly, standards are a minimum with which a community may be reasonably content. And, finally, standards are recognized as a model. Standards can be broadly classified as written or explicit standards, and unwritten or

implicit standards. Ideally standards should be written and explicit as these allow both the data collection process and the assessment of care to be based on clearly delineated agreed upon benchmarks rather than relying on the discretion of assessors (Fooks and Rachlis, 1990).

There are different levels of standards. There are minimum standards, which generally represent a level of acceptability. Minimum standards are necessary to meet. Beyond the minimum, there are desirable or optimal standards. A hospital, while meeting a minimum standard, should seek to achieve a desirable or optimum standard. Conformity to specified requirements is based on collective judgements. Standards have to be developed and maintained and would include the organization and the management's standards as well as standards for clinical and professional practice. Standards may be directed towards structure, process or outcome. Structure standards apply to human, financial and physical resources. Process standards apply to activities that constitute care, service or management. Outcome standards refer to the results of care, clinical as well as non-clinical. Standards could be national, regional or specific to certain services provided. In recent times, there is an increased interest not only in formulation of standards but also in the process of measurement of compliance with them. Avedis Donabedian, the guru of quality assurance in his contribution to the assessment of healthcare, laid emphasis not only on the technical (defined as knowledge, judgement and skill of providers) but also on the interpersonal domain (Donabedian, 1988).

## Accreditation Bodies in India

There are several bodies of accreditation globally but the most common ones present in India are JCI, National Accreditation Board for Hospitals and Healthcare Providers (NABH) and NABL. These accrediting bodies are independent organisations that measure and rate the regulations, safety guidelines, and practices of medical facilities.

## Joint Commission International (JCI)

On the international level, we have JCI which has been working with healthcare organisations, ministries of health, and global organisations in over 80 countries since 1994. JCI accreditation helps international healthcare organisations, public health agencies, health ministries and others to evaluate, improve and demonstrate the quality of patient care in their nations, while accommodating any specific legal, religious and cultural factors within a country. JCI accredited hospitals in India are 16 in number of which 7 are from the Apollo group, 4 are from the Fortis Group and 3 are private eye care facilities.

**JCI 14 Chapters 329 Standards 1196 Measurable Elements**

## National Accreditation Board for Hospitals & Healthcare Providers (NABH)

NABH- On home front, we have NABH, which is a constituent Board of Quality Council of India (QCI), and has set uniform standards for the hospitals throughout the country. It has reportedly adopted its standards and accreditation process in line with worldwide accreditation practices. The formal launch of accreditation was announced in February 2006. It is an institutional member of ISQua. Today, there are 138 hospitals all over India that are accredited by NABH. National Accreditation Board for Hospitals & Healthcare Providers (NABH) is a constituent board of Quality Council of India, set up to establish and operate accreditation programme for healthcare organisations. The board is structured to cater to much desired needs of the consumers and to set benchmarks for progress of health industry.

**NABH 10 Chapters 100 Standards 514/503 Objective Elements**

## National Accreditation Board for Testing and Calibration Laboratories (NABL)

After NABH, came the National Accreditation Board for Testing and Calibration Laboratories

(NABL). NABL is for the empanelment of hospitals and diagnostic centres by the Central Government Health Scheme, and it has now been made mandatory that all diagnostic labs must be certified by the NABL.

## Indian Confederation for Healthcare Accreditation (ICHA)

Other organizations like the Indian Confederation for Healthcare Accreditation (ICHA), ICRA have now also started the process of accreditation of health institutions. A report submitted by Boston Analytics in January 2009 states: "Despite reports of poor overall quality, it appears that urban, middle- and upper-class Indians have a somewhat positive view of medical care in India. For example, the majority feels that the quality of healthcare has improved over the past year; more specifically, they feel that the quality of healthcare, which they, personally, received, has improved."

The Investment Commission of India states that Indian hospitals are gaining reputation globally as 'quality' service providers. As a matter of fact, NHS, UK has indicated India to be a preferred destination for surgery. Healthcare management is an evolving concept in India today. At present, only a few universities, medical and business schools offer programs, which focus on quality management. Hence, the Planning Commission constituted a Working Group on Clinical Establishments, Professional Services Regulation and Accreditation of Healthcare Infrastructure for the Eleventh Five-Year Plan (2007-2012) under the Chairmanship of Secretary, Department of Health & Family Welfare, Government of India.

Their report states: In the Indian context, it can be said that the rising demand for quality care, the limited healthcare investment by the government, the growing number of private players in healthcare and insurance sector, the opening-up of the health sector to global patients makes the search for quality an imminent reality.

## Few Suggestions

### In Indian context,

❖ The accreditation process would be most effective if it were designed by and adapted to the needs and resources of individual healthcare organizations.

❖ Accreditation would be a valuable quality assurance approach not only in hospitals, but also all healthcare institutions within the system of services.

❖ Licensing should remain the responsibility of the state, which is legally authorized.

❖ The focus of certification would be better placed in assuring quality of care, rather than creating competition between professionals.

## Conclusion

Accreditation is a journey and not a destination, a laudable concept but one which can be taxing for busy staff with multiple competing priorities. There is no doubt that accreditation more than any other single factor has started to move Indian hospitals out of the doldrums to join others on the international stage. But a note of caution is required here. Accreditation is a wonderful tool for the betterment of an institution but it is in no way a guarantee for successful patient outcomes. The Institute of Medicine document 'to err is human' which has had such a profound effect internationally on the patient safety movement was written in 1999 at a time when all major hospitals in the United States had been accredited for several years.

Accreditation has been generally viewed as a desirable process to establish standards and work toward achieving higher quality care, but it is not without limitations. Whether accrediting organizations are truly ensuring high quality healthcare across the country is a question that remains to be answered.

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# Collective Resistance and Koli Woman Labour in Mumbai: A Saga Unfolded

**Dr. Nandita Mondal,**
Tata Institute of Social Sciences, Deonar, Mumbai.

## Abstract

Van der Loop, in a study of construction firms in Tamilnadu, India makes an assertion that 'there can be no other conclusion than that the caste division cuts fully across class lines, and effectively prevent any kind of solidarity within the working class' (1996:387). Workers' consciousness is shaped overwhelmingly by the patron-client relationship as Breman suggested from his study in rural south Gujarat and clearly based on caste, kin and neighbourhood. This results what Van der Loop termed as 'dependent consciousness' which is underline by 'an extremely low degree of awareness regarding exploitation as well as organisation' (idid:379).

This paper attempts to further this argument in the premise of Koli Council which is traditionally a collective of Kolis in the city of Mumbai since ages, located just by the embankment of mighty Arabian sea. Traditionally, the membership is open only to a male member of a Koli family on 'one chula, one member' principle. While women of the household are responsible for selling the catch, ploughing back the capital for further fishing trips of the male members of the family and thereby act as a 'lifeline' of fishing business, their everyday work-life experiences with State, community and market as labour are highly ignored or else just being heard and looked after in Koli Council in paternalistic way.

Interestingly, Koli women are being taken on road to show the solidarity in case of rights on land in Koliwada, resisting the soaring price of diesel to minimise the cost on board for fishing trips to the sea, which are mainly having impact on business shares of Koli males.

I would like to explore the consciousness of resistance based on volume of exploitation that a Koli woman labour experiences since ages through oral history method.

**Key words: resistance, collective action, Koli women labour, Koliwada, Koli Council**

## 1. Introduction

This paper would rightfully start its journey by unfolding the stories of three Koli women from Mumbai, the maximum city of India. They are of different age group and from different locations of Mumbai, having very varied work-life experiences on the path of their journey in life. Let me narrate the stories:

**Sulochana,** a 68 years old Koli woman from Versova Koli village does not know exactly which year she had started labouring for the family business of fish selling in and around her Koliwada. She can only remember the gradual progression of her life through punctuations that marked with her attaining puberty, marriage, birth of children, gaining assets in the form of boats, nets, huge sell of fish, volume of increased customer-base in Versova and with all of these that her association with fish

processing and selling as a constant factor that made her cultural identity as Koli woman established in her known social circle. She was clueless about her own status as labour all throughout these years and is absolutely oblivious of activities of the Versova Koli Jamat (council), the oldest among all the Koli Councils in Mumbai. She did take part in processions that their local Koli Council arranged as she was advised by her brother-in law who takes care of their family business. Now, she is unable to do so.

**Basanti**, a 52 years old lady from Trombay Koli village could not be able to save much enough to enter a clinic of an ophthalmologist to get her eyes checked for possible presence of cataract. She was born in Mahul Koli village of Mumbai coastline and got married as soon as she attained puberty in another Koli Village, named Trombay. Selling fish is again a very constant phenomena in her life dotted with birth of her children, death of her husband on board of a fishing boat at deep sea and raising the children since then as a single mother. While her life traverses through different lanes, one thing that stands constant yet now, is vending fish on the streets in the maximum city of Mumbai. She is not a member of Koli Council of her village and never been present in any meeting that they held. But she participated in many rallies that the Koli Council arranged and marched upto the heart of city to take part in many of Public hearing on issues related to fishing sector. She was not sure whether her participation helped her to get better facilities in her exchanges with Municipal Officials or to get better civic amenities in her own Koli village but she was happy to get a chance to be part of it since it was for Kolis.

**Radha**, a 28 years chirpy lady from Mahul Koli village, a graduate in commerce stream is a daughter-in-law of Mr. Chiman Bhai Koli, a leader of local Koli Council of Mahul Koli village. She was born in Bhayander Koli Village, a far away suburb of Mumbai to get herself educated much against the will of her Koli mother and her extended family. She tried to rebel against the arrangement of her marriage but was not able to defy the patriarchal barrier of her clan and eventually settled to get married in another Koli family of Mahul village. With her persistent approach to her wish to get educated she was able to complete her graduation much later, simultaneously with her participation in family business of fishing along with her mother in law in her marital home. She persuaded her father in law to get herself joining the service in a major medical clinic in her neighbourhood to manage the position in accounts for a brief period but had to leave the job while her parents in law insisted that their grandson be taken care by her at home since that should have been her priority of life. She had to give in. Although she has been active in writing small sonnets in a journal called 'Sagarshakti' reflecting the struggle of Koli lives, especially catering to Koli community in Mumbai, she had never been present in any meeting of local Koli council of her village. She regularly goes for the rallies arranged by the federate body of fishers of Maharashtra as she is daughter in law of a famous Koli leader of Mumbai. She is of opinion that her participation in such rallies helps her to be in touch with many other Koli ladies and have exchanges with them.

## 2. Informality of fishing business : Labour vs work

Amid growing informality of economy, there is an emerging consensus to accept such change as 'norm'. Hence, informal economy and its participant workers at the 'margin' are appearing out of oblivion. The characters who are most important behind the screen of 'informal' become live to get a 'voice' to narrate such stories like above as 'real'. Due to change in the tide of intellectual thoughts, the looking glass to dissect the informality is undergoing a sea change. Off late, instead of orthodox way to looking at 'labour' as just an input factor in production, ignored and disrespected entities from numerous types of livelihood to survive, attract the scholastic forum.

Mumbai, the glittering commercial hub of India, is laced with the Koliwadas, the bastion of subaltern Son Kolis for ages. This is one of those cities where the 'have' and 'have-not' share the coastal line, one in apartments, the other in hutments. The lives of Kolis are weaved with the tides and ebbs of mighty Arabian sea and creeks that are the chief 'resources' for Kolis to survive. Apparently, the Koli ladies are in 'public domain' that is the markets and the streets of Mumbai to sell the fish for decades, often through generations, claim that 'the city belongs to them'.

Generally speaking everyday life of an average Koli Woman starts at as early as 3 a.m. while she is supposed to worship the clan god 'ekvira' to start her day, followed by preparing the breakfast for all the members in the family. Next moment she finds herself on the quiet streets of Mumbai to catch a train to reach fish landing centre at the heart of the city along with other Koli ladies busy talking about their everyday lives.

Each one of them takes part in bidding for the basket of fish weighing 35 Kilos from the wholesalers who are invariably male members, mostly migrated from other States. There comes a point while each one of them has to haggle about the 'credit' that they could manage with the wholesalers according to the freshness of consignment, previous credit records, emergencies at home like, medical, education, marriage etc. Most of the time, the wholesalers being males badmouthed, herald abusive languages to create a scene where the woman has to accept the term that they impose on them and manage to reach the 'catch' within two three hours to the market place or tread on the way to vend the fish in the localities from door to door. The women whose family members (read male members) are still going for fishing on the deep sea are generally back by afternoon and thereon, the women of the family pick up the axe to process it on the beach and transfer the catch in ice boxes to the respective market places in case, they have a certain designated place in Municipal Market to sell the fish. Here again, the entire responsibility to plough back the capital into the movement to the sea by male members depend upon the dexterity of the women of the family to sell the catch in time and with high profit margin.

In between all the above, women of the Koli families are drying the batches of fish for the consumption and sale during the lean period to keep a balance in their business income. The time of monsoon generally marks as lean period in case of fishing with different causes like high tides on sea, mating season of fish coincides with this and local administration announces the closure of movement on sea to avoid accidental deaths on board.

However, the omnipresence of heavily ornamented and garlanded Koli women in the evening markets across the city is the talk of the town to symbolise it as 'Amchi Mumbai'. But unfortunately, no one understands the unbelievable pressure that these women are bearing along the continuum of creditors, catch size, capital accumulation for next trip to sea for fishing, consumer demand, price variation according to freshness, catering to demand-supply chain owing to seasonal variation, conflict with State representatives/ officials for space in Municipal markets, simultaneously with their reproductive roles in household duties, raising children etc. - almost endless in count.

The point I would like to bring home here, that whatever enormous the socio-cultural pressure is on the Koli women, whenever they are asked to identify them as 'labour', they deny vehemently and make it precise that they only 'work' for their family business. In all three stories that mentioned above, the constant presence of their 'work' to fulfil their role in family business is never been accepted as 'labour' by themselves ever!

Here, clearly the Koli women experience the labour relations in which they are involved very differently from men punctuated with their socio-

cultural identity as member of Koli family. While, labour is obviously associated with an input factor carrying a meaning to bring forth individual income per se, 'work' has given the Koli women much more space to qualify their social status as Koli to cater to mere family need. If that is the fact, then the question arises to the first point about collective consciousness of resistance in a way that do the Koli women really conscious about their own inclusion within the concept of 'working class'? Do they have consciousness about what do they require to resist for? Are they conscious about the age old cultural injustice that they face by being a Koli woman? Do they really a part of collective resistance that Koli Council is aimed at?

## 3. Versova Koli Jamat (Koli Council): A Collective indeed; but whose Collective?

Koli Jamat is an organised social unit of the Kolis in Mumbai. Versova Koli Jamat was founded in the year 1929 and the oldest Koli Jamat of Mumbai. At that point of time the Koli residents of Versova Koliwada donated one tokri[1] of fish from each family to get together to establish a temple of Shankar Mahadev[2] inside the village to cater to spiritual need of the Koli community. Now, the donations are sought as per 'one Chula, one membership' basis from each alley of the Koliwada. The male members of the family are invariably inducted as general members of the Koli Jamat. This paper would detail the historiography of Versova Koli Jamat to explore how the consciousness of resistance is being sidelined tactfully where Koli women are concerned.

### 3.1 Governance of Jamat

Koli Jamat is headed by a 'Patil', invariably a male local leader. Once formed, Patil position is normally hereditary and goes by the male line of order in the same family for decades. According to unwritten law of Koli Jamat, Patil is helped by a group of distinguished members of the Koliwada called 'Panch', i.e. five people from the same Koliwada. Patil's and Panch's positions are held with very high regard within the community. Patil has to be present in all social function to render it an official sanction of the respective Koliwada. Patil is offered the honour first in all possible festivities and social gatherings of Kolis.

The Jamat fund was created by the proceeds from marriage tax, Jamat fees, fines, contributions from Koli household per head, per boat, per Chula (oven), per net, or all of them together as itr would be decided as per the occasion in the respective Koliwada. Patil is paid the aprt of marriage taxc that the people are paying to Jamat. Additionally, if the Jamat meeting is called at the request of conflicting parties, then the parties concerned would pay a Jamat Tax. Out of the Jamat Tax, Patil would be paid ¼ th of the share as his fees.

Mansuba, is known as the organisational meeting of Koli Jamat members. Patil and Panch would decide the date and time of the meeting. Generally such meetings are held at the night during the neap-tide so that Koli male members can attend the meeting. Patil along with the help of Panch are supposed to dispense the justice along the line of customary practices. The minutes are recorded in the letter head of Jamat. The decision of Jamat is considered final. If anybody ignores to follow such decisions, then s/he along with the entire family would be ex-communicated. Earlier days it was strictly administered. With change of time, since last two decades, due to proximity to the urban life, the ex-communication has lost its edge. At present, it is just carrying a social stigma among the Koli neighbourhood, hence, people try to avoid reaching such situation.

The issues that are generally dealt by the Koli Jamat are property related, stakes in family business, conflict related to space availability and allocation of that for drying the fish, representation to the State for the demands and disputes about laws and rules regarding fishing on high seas, mitigation of quarrels in neighbourhood, handling marital discord between Koli couples, cases of abortion, pre-marital pregnancy, conflicts related to

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[1]*Tokri – a bamboo basket to keep fish*
[2]*Shanklar Mahadev – a god that Kolis worship*

extra-marital relationship etc. This was almost catering to all segments of lives of Koli residents of that particular area.

## 3.2 Historical Account of Versova Koli Jamat

This Koli Jamat was established in 1929. Over the years, while the local residents found irregularity in keeping the accounts of the Jamat, they took the matter to the police and to the Court at Thane respectively. The Court had given the verdict that the Jamat would not be governed by the then patil anymore. The court formed a committee comprised of Koli representatives as well as eminent people from other walks of life. This committee advised to form a trust in 1934. The trust was named as Koli Jamat Backward Community Traust, Vesave. The members of the trusts were the representatives of then 7 gallis[3] of Versova Koliwada. During the era of Independence, the British Law became outdated. In 1945, the change of name was proposed again in the Court. That time a lawyer who brought forth the case on behalf of Koli Jamat was a Brahmin by caste. He proposed the new name as Sri Kashi Ganga Jat Gotra Son Koli Jamat, Versova.

Eventually, in 1952, that same Jamat got registered as Public Charitable Trust and came under the Charity Commissioner, Mumbai. Since then as the city grew faster, there were changes in the demography of Versova Koliwada too. Original nomenclature of seven gallis opened up to welcome Khoja Muslim group of people who were the purchaser of fish from the Kolis. Yeri Galli was occupied by this community. Simultaneously, the people from Sion Koliwada settled in Madh Island adjacent to Versova and that came under the Versova Koliwada too.

In 2000, there was a change finally brought forth in the bylaws of the Jamat to include the new settlements. Now there are finally eleven gallis that form the Koli Jamat of Versova Koliwada.

## 3.3 Whose Jamat by the way?

Membership of Jamat is drawn by birth for a male member of a Koli family. But the contribution to Jamat to run its functions is drawn by the number of 'chula' (oven) that are present in each household in the neighbourhood. If a house of Koli is being dwelled by people from one single clan, sharing same roof but two or three or more 'chula' to prepare their food, then the contribution of Jamat would be drawn on the number of 'chula' that are present in each household.

Members, invariably the males, from each galli would decide among themselves about who would be the representative of members of that galli in the Jamat to form the 'panch committee' for the Koliwada.

There was no representation of Koli women at all in the Koli Jamat of Versova until recently. As recent as in 2012, Versova Koli Jamat received three women as 'panch committee' members. While all of them are nominated, only one of them (emphasis added) is active in fish selling. Among other two ladies, one is a service holder and the other lady is a local social activist. Hence, it is not needed to explain that the social pressure of current environment of gender balance worked the wonder to get the oldest Koli Jamat three women members at one go. It is conspicuous to mention here that although the educated two ladies are active in their respective area of profession, the only one active woman fish seller is literate upto eighth standard to manage three R's, leave aside her ability to articulate the issues that Koli women are facing in their business activities. Therefore, in all probability the representation of women in Koli Jamat is actually handled with 'tokenism' and not necessarily in 'spirit' at all.

Secondly, another point which is worth probing is that while by birth a male Koli is entitled to be the member of traditional Koli Jamat even if presently he is not related to fishing sector at all and even then, ensure his identity as Koli, women are

deprived of such opportunity of ensuring their identity by their own community which they claim they belong to. Secondly, the contribution to Jamat is drawn by the number of 'chula' present in each household means women have to pay for what traditionally is their responsibility (kitchen, i.e. food) to keep going. Koli male members are enjoying their status as Koli sanctioned by Jamat ensured by the payment (whatever meagre it may be) coming from the 'labour' of Koli women.

Birth of a Koli girl child is ushered with joy in the family, unlike rest of India, as it signals addition to the number of 'labour' hand that enriches the family to manage the family business. Upon attaining puberty, the entire family celebrate as that signals the fertility of a woman to carry the lineage forward. Marriages are arranged in such a way within the same Koliwada along with 'bride-price' sanctioned by the Jamat 'Patil' and 'Panch' that the 'labour' hand would be shared both the natal and marital homes, depending upon the volume of catch that the sides receive. The natal family retains the claim on their daughter's labour whenever it requires hence, throughout the lifetime of a Koli woman is a 'labour' in the family business with a sanction of Koli Jamat.

During my study, I found that although men and women from Koli household together said that the son is required to take the lineage forward, they accept in the same breath that girls are valuable assets to their parents to sustain the Koli existence on land. Males are destined to try their lives and livelihood on sea and hence, to keep the progeny and business going, the girls are considered as the mainstay of Koli clan on the land. Here, unlike their counterparts in peasant families in India, girls are ushered with joy in Koli household. The existence of 'labour' (reproductive and reproductive, emphasis added) of women is counted in certain manners somewhere on the land albeit as the Koli males are born to be on sea (full of uncertainty).

In case of Radha, since she was rebellious since beginning, her family arranged her marriage far away from her natal home and with a Koli family which is headed by a well known Koli leader of Mumbai before whom she was expected to be unable to raise her 'voice'. Although she managed to study over correspondence course to secure her graduation but failed to sustain her attempt to continue her service of her choice and eventually, she joined her husband's business as caretaker of accounts which are to be handled from home.

In other two cases, they are oblivious of their status as 'labour', and are taking pride in managing family business even if at the twilight years of their lives they are unable to take care of their health issues adequately, they find themselves satisfying the 'Koli cultural order' in their respective lives. They don't find any reason to be upset with the fact that they are unable to be the member of Koli Jamat, even if they worked through their lives for fishing sector.

And I found out amazingly, all three of them took part in agitations and processions that are arranged by the Koli Jamat of their respective Koliwada committees and the federate body at State Level to raise the slogan against the steep rise of diesel price which actually affects the male members on boats! While I do not have reservations against women participating in rallies to show the solidarity with the men from the clan to cater to the improvements in business of fishing , I can't but tempted to raise the question: Is this the true resistance? Or does it qualify as consciousness of resistance for collective action? And whose collective is it by the way?

I wonder!

**Concluding remarks:**

Let me start with Breman's review of the informal sector, which states that 'there is a degree of solidarity , but it is not based on any realisation that workers all belong to an undivided working class' (1999:425). Here let us take a pause and raise

a question that to what extent a homogenous concept like 'working class' useful for understanding of Koli women labourers' consciousness? Rather I would argue that before stating a priori what consciousness we can expect from the Koli women labour force at the premise of political economy of fishing, we need to investigate the historical, political and social context that give rise to the particular forms of social awareness, identity and action.

"Resistance is seen to emanate from primordial type of consciousness and to take a form of partial and incomplete expressions of discontent. It is said to individual, indirect and hidden..."(Neve, 2005). All the three stories of Koli women that I narrated in the beginning are reflecting their resistance in a very rudimentary fractured sense of solidarity along the line of clan group and neighbourhood This results in what Van der Loop terms as 'dependent consciousness' which is marked by 'an extremely low degree of awareness regarding exploitation as well as organisation (ibid.:379).

Resistance in the informal economy is generally equated with 'inertia, pretended lack of understanding, avoidance, withdrawal, sabotage, obstruction, etc' (Breman 1999:425). Its 'hidden transcripts' (Scott1985) and not so direct expression are usually assumed to reveal worker's limited social or class consciousness. I would argue here that consciousness and agency are not likely to be related in an obvious way, rather caste and class are playing the constitutive forms of social identity that each one of the three cases reflected. Therefore, it is necessary to understand the type of resistance and underlying consciousness from an analysis of contextual opportunities and restricting factors that give shape to subaltern resistance of Koli women.

Secondly, the role of state is always being mentioned in contemporary studies of industry and labour where it depicts the relative success in producing labour legislation, implementing policy and protecting work in the informal sectors

(Breman1996:177-221; Srinivasulu 1994; 1996; 1997). I would advocate that how these Koli women experience state and state officials in their day to day work life experiences are needed to be brought forth to expand the idea of state that they have in their mind. Scholastic work on such line may bring in light many ways that Koli women experience injustice in public domain. That may create a ground to take issues of labour in informal sector breaking the boundaries of only protection orientation to pave the way to the issue of work and dignity. In my larger project of my Ph.D. work I had tried doing the same.

The field data supported the stand that Koli women labour try their level best to avoid the conflict with state officials in their area of operation. On the other hand, even if the Koli women pay their contributions to occupy their space in the market, because fish is perishable item and its smell, they are always given a small ill-ventilated corner place inside the market. The water availability to keep the catch fresh as well as clean the place is also another challenge that they face in common. Prolonged exposure of Koli women to such unhealthy situation for decades results into many types of health hazards. But these issues are never been articulated anywhere in any forum adequately.

Now, here let me take a turn to the academic explanations of issue of social movements in India and Koli Jamat and Koli women labour in brief before reaching the closing line of this paper.

The term 'social movement' appeared in European languages in the early nineteenth century having the social upheaval as its background. Across political class and the authors who use the term were very much concerned basically with emancipation of exploited classes and the creation of new society by changing value system. Shah pointed out that in case of India the meaning given to the term 'social movement' by the participants has temporal and cultural context. Sometimes resistance of people against dominance, direction

and commands of the dominant groups and the state is treated as social movement. Resistance certainly forms an expression of protest. Hence, with this argument, Koli Jamat is definitely qualifying as a institutionalised collective action of Son Koli group of people in Mumbai to bring in change.

Scholars who focus on social movements as their research, follow either Marxist or non-Marxist approach for analysis. Marxist approach is primarily interested in bringing our revolutionary change in society, essentially to a socialist system. The foundation for this line of analysis shows that the causes for social movements are located in the economic structure of society. Opposing interests between the propertied and labour classes are the mainstay in a class based society which generates contradictions. Off late, a new group of non-Marxist scholars, the subaltern group advocated the order of studying 'history from below'. They often criticise the traditional Marxist scholars for ignoring the history of masses. They pegged their argument of the point that the traditional Marxists scholars have undermined cultural conditions of subjects and viewed a linear development of class consciousness (Guha 1983a, 1983b; Chatterjee 1983, 1985; Hardiman 1987). On the other side the Marxists scholars criticise the subaltern group for ignoring structural factors and viewing 'consciousness' as independent of structural contradictions.

I would like to pose a serious argument here. While Marxist approach has foundation in basically industrial society where capital and labour are always in conflict, a class based analysis would have been the best way to bring in change, at least in case of formal economy where man, machine and money are engaged. The conceptualisation of collective action is much more organised where consciousness of resistance is possibly cultivable as value.

But in case of informal economy in India, especially where womens' presence is prevalent, can't we break away from the linear concept of 'working class', 'workplace' and expand the idea of 'work' in a sense where livelihood is treated as means of survival, collective community based actions would be based on 'new consciousness' to resist and protect the existence of and maintaining dignity as workers?

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# Crime: An Ever Increasing Concern in Urban Areas

**Dr. Sunayana J Kadle,**
Asst. Professor, Smt. Surajba College of Education Mumbai.
(Conducted by Indian Council of Basic Education) Gandhi Shikshan Bhavan

## Abstract

*The spurt in urban population has put tremendous pressure on available public utilities and facilities in the cities. Thus almost all major cities in India are facing serious problems of slum clearance, housing, inadequate civic amenities for a fast growing population, absence of efficient public transport system, Unemployment, poverty and the growing insecurity in the cities as the crime rate is growing. Problems will become more acute and may go beyond repair if immediate steps are not taken to solve at least some of these problems. The forecast is that half the country's population will be living in urban areas by 2026. Thus all the above mentioned problems will become worse. Today, crime rate is a menace that our country is facing. It is said that society has a direct influence in making criminals. Government has imposed many laws to reduce crime rate to make world a better place to live in, but the expected results are not seen. Government has to take more strict steps for reducing criminal activities through Judicial and Police departments. Along with this Education has to play a very important role. Education is an important weapon if we have to tackle crime. Values need to be imbibed in the students so that they do not fall prey to wrong actions and commit crime.*

## Introduction

Urbanization is a population shift from rural to urban areas, "the gradual increase in the proportion of people living in urban areas", and the ways in which each society adapts to the change. Urbanization has become a common feature of Indian society. There are a number of factors which have contributed to Urbanization. The first and foremost factor is Industrialization. Growth of Industries has contributed to the growth of cities and people started moving towards the industrial areas in search of employment. This has resulted in the growth of towns and cities. It has expanded the employment opportunities. Rural people have migrated to cities on account of better employment opportunities. Thus Industrialization has been the major cause of urbanization. Social factors such as attraction of cities, better standard of living, better educational facilities, need for status also induce people to migrate to cities. Employment opportunities for the rural people also contributed to the migration of the people from the rural areas to the Urban areas as the people have no confidence of living their livelihood only on agriculture due to innumerable drought situations and the Natural calamities which are a challenge to agriculture. Besides this the Urban areas are measured by sophisticated technology improved infrastructure, communication, medical facilities, etc. People feel that they can lead a comfortable life in cities and migrate to cities.

## Challenges due to Urbanization

Urbanization has been an instrument of economic, social and political progress. Along with the progress **there are also some major challenges due to urbanization.** The problems of overcrowding, housing, unemployment, Slums Settlements, Transport, Water, Sewerage Problems, Trash Disposal, Urban Crimes and Problem of Pollution, have raised. The rapid growth of urban

population both natural and through migration, has put heavy pressure on public utilities too. These public utilities have become scare and thus as these are a necessity which people try to acquire for their living leads to beggary, thefts, loot by dacoits, burglaries and other social evils like Poverty, Unemployment and Under employment among the immigrants. **Thus it can be said that the problem of crimes increases with the increase in Urbanization.**

### Crime a grave Urban Issue

As we take the newspaper every morning, there are ample stories of crime – committed on the senior citizens, women, girls, children, acid attacks, burglary and Murder, cyber crimes and so on. It is very disturbing and depressing and the question of a safety arises. The News channels and programmes on Television – Crime Patrol, Savdhaan India, etc. are related to crime. This surely has a psychological impact on the people. We live in the society in such a way that we keep doubting people for even their positive actions. The increasing trend in urban crimes thus tends to disturb peace and serenity of the cities and make them unsafe to live. Besides this there is growing greed, consumerism, competition in everyday life, selfishness, luxuriousness, appalling socio - economic disparities and rising unemployment and feeling of loneliness in the crowd are some of the primary causes responsible for alarming trends in urban crime. When 100 people were asked which is the major issue in the Urban areas which is dreadful to you,**78 people out of the 100 people** said that **CRIME** in Urban areas is one of the important issue which needs to be addressed.

Crime creates many problems in city life. In sociological perspective crime and urbanization are correlated. A number of Research studies to find the cause of crime in urban areas have been undertaken by sociologist and it was found that issues as unemployment, lack of education, and poverty are the most rampant factors which lead to Crime. But these factors are interrelated and cannot be viewed as isolated factors that lead to crime. When a person is undereducated, the possibility of being unemployed is greatly increased. Quite apparently, unemployment leads to poverty.

One more angle which one can take into consideration is that Urban crime is entwined with the Socio economic socioeconomic condition that exists in our country. People are ready to do whatever they feel in order to survive. This anything often means committing crimes. It may be illegally acquiring money or falling into wrong practices. Thus unemployment, lack of education and poverty are the main factors which lead to criminal activities.

We do observe that always the poverty-stricken populations are at the bottom of the economic ladder. These people do not have permanent jobs and the jobs they hold are dependent very much on economic swings. When there are negative economic swings these people are affected and they lose their jobs leading to unemployment. Since these people are not educated and skilled it becomes difficult for them to get other employment opportunities and thus remain unemployed for long. This Unemployment becomes a way of life for these people and then they tend to indulge into criminal activities in view of getting money easily.

Not only the poor, deprived and slum dwellers take to crime; youngsters from well-to-do families also resort to crime in order to make fast buck and for meeting requirements of a lavish life. Occasional failures in life also drag youngsters to crime.

In the urban society people become criminals. In the urban area the police system and the judicialsystem have becomes corrupt. Criminal activities are done by using technology and crimes such as Mobile phone threat, video pornography, and cyber-crime has become rampant. We can say that such crimes are created by urbanization.

In the present era we can identify that girls right from the school going age are facing the problem of eve –teasing sexual abuse molestation and even rape. Technology and social networking sites are being used by criminals to blackmail girls and women by using software like photo shop etc. and maligning the character of the girls. This is a serious crime. The development process of the country is destroyed by these types of crime. If we want to develop our country we have to recover all types of crime from city area.

**How can Crime be minimized**

To tackle the ever-increasing crime rate in cities and the country in general, it is very important to detect the root cause and take proper measures to minimize the crime rate as eradication may not be possible. On a personal level to reduce the surging crime rates, emphasis on moral education is essential through the parents and the teachers in the school and educational institutions. Moral Education through curriculum and media should be encouraged. Proper values need to be developed in the children who are a part of the society and will be the torch bearers in reducing the criminal activities taking place in the society. An Education which is based on values will respect the human rights and Civil rights of others and help to reduce the crime rates. Children should be taught to live with gratification, without being crazy for expensive and unwanted things right from their early childhood itself.

Strict rules and regulations will decrease the anti-social activities and gangs. The Police has an important role to play in order to recover crime from urban area. The Police force should be increased, empowered and their unceasing patrolling will help to trim down offences. Police who are always pointed out to be corrupt thus strict hard punishments for the Police if they resort to corruption should be proposed and action should be taken against such police personnel. Very Strict punishments for people committing crime will surely make people think twice about the punishments before committing a crime.

Since poverty and unemployment are the two most important causes of crimes, appropriate practical education, vocational training centers and support from the Government will surely help to create more job opportunities and reduce unemployment. Thus improving the peoples standard of living and they will move away from involving crimes. Poor people who are living below poverty line should be given attention by various governmental policies to uplift their lives.

In addition to Poverty, drug addiction is a serious problem in the society which the younger generation is falling a prey to. This surely affects the society as these addicts, for want of money create crimes .These people to be treated in de-addiction centers and family supports and psychiatric counseling should be ensured. At home the Nuclear family system and both the parents working has put a challenge as far as the upbringing of children is concerned. Parents are unaware of the friend circle of their children and the activities their children may be involved due to peer pressures. Thus parents must know the friends of their children, how they are behaving outside home and must give affection and attention. They should guide their children and bring them up with good moral values. Besides keeping a watch on the children and guiding them, Parents should also be good role models for their children, as 'deeds speak louder than words'.

**Conclusion**

Crime is the major problem in urbanization. Every citizen should be concerned about this problem. We should use all possible measures to minimize the increasing crime rates. Crime can be reduced by implementing strong rules and regulations in the Society so as to discourage a person from criminal activities. Moral education and parental guidance is very essential for children. To put it in a nutshell, today's children are tomorrows law abiding citizens. Everything should start from the root level. Government and society are equally responsible to make them perfect and to avoid crimes.

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# Care Givers of Patients with Alzheimer's Disease and Dementia in Mumbai

**Rohini Sudhakar,**
Associate Professor, Department of Continuing and Adult Education & Extension Work,
SNDT Women's University, Mumbai.

In this paper, an attempt is made to explain how care givers of patient with Alzheimer's disease and Dementia face issues while dealing with their patient. This paper is based on the primary data collected by the researcher from the care givers of patients with Dementia/Alzheimer's.

## Introduction

Human beings have a unique capacity of building relationships. They can socialize to form strong relations that can last a life time. Our ability to love and care for each other separates them from animals. Our memories give our lives meaning, it is the key to survive. We cannot learn unless we can remember what happened the last time a situation arose (Sundra K. Coccaralli and Glen E. Myers, Pearsons Education, inc., 2006). Memory is an active system that receives strong information from the senses, organizes it as it stores it away, and then retrieves the information from storage (Braddeley, 1996, 2003). Without memory there would be no surviving the past joys, no guilt or anger over the painful recollection. Instead, we would be living in an enduring present, each moment fresh, and each person stronger even to oneself, every language foreign and every task a new challenge (Myres G. David, Macmillan Publishers India Ltd., 2013).

Ageing is an inevitable process for every living organism. It is continuous and old age is the final stage in a normal life span. All over the world, the number of people above 60 years of age is growing. India and Mumbai city are not exceptions to the same.

WHO has mentioned that ageing of the world population began at different times in different countries and is proceeding at various rates. It has been estimated that, there are about 37 million people worldwide suffering from dementia. About five percent of men and six percent women over 60 years of age are said to be affected with Alzheimer's disease (WHO Fact Sheets).

In India, until recently the issues of aged were not given serious thoughts as community networks were strong to take care of the aged. But due to urbanization, migration, growth of technology, women's entry into work, industrialization and high tech medical treatment though the number of aged increased, their discrimination too is on increase.

With a second largest population in the world (100 million+), India's population of senior citizens over 60 years of age, is growing at a pace that is alarming. Increased life expectancy has contributed to an increase in the population of the elderly people. According the World Bank Report the population of slums in Mumbai is 54%. Further, 25-30% of the Mumbai's population lives in chawls or on the foot paths and that only 10-15% lives in apartments.

The review related suggested that there are limited number of studies related to care givers of Alzheimer's disease and the need to undertake a study of aged of Mumbai. There is a need to study burden of caregivers in taking care of person with Alzheimer's need to be studies. Hence, through the present research efforts were made to collect the data of aged of Mumbai related to the profile of the aged residing in the slum areas of Mumbai with reference to their concerns and issues, the support

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system available to the aged from families, voluntary organizations, society and from government, review various state government schemes available for the aged and to identify the expectations of the aged from government (with reference to its schemes and programmes for the aged) and to suggest the strategies and intervention programs that can be incorporated in existing social support systems, Government schemes / or new initiatives which can be started to enhance the well being of the aged. Data shows that medical professionals are significantly more negative in their attitude towards older patients than towards younger patients.

Dementia is a syndrome featured by disturbance of multiple brain functions including memory, thinking, orientation comprehension, calculation, learning capacity, language and judgement. Person with dementia suffers from brain damage and during the course of illness slowly and gradually loses his or her individuality. And that they are not treated as individual in their own right.

In 1907, Dr. Alosis Alzheimer discovered the disease. Hence, the disease got its name from its researcher. Alzheimer disease is one of the most common types of dementia found in adults and elderly.

Alzheimer's disease is progressive, degenerative disorder that attacks the brains nerve cells or nervous system, resulting in loss of memory, thinking and language skills and behavioral changes (Alzheimer's Foundation of America). Its symptoms include:

1. Memory loss in daily life: When the person start asking for the same information over and over and when it disrupts daily life

2. Difficulty in concentrating, planning and solving problems of daily life

3. Difficulty in performing daily tasks, they find it difficult to plan and manage their budget at home or at work. Find difficulty in performing daily jobs like cooking, reading, driving.

4. Lose track of time, place and person/s. They forget names of their dear ones and find trouble in understanding something if it is happening immediately

5. Get visual problems while reading, viewing television, crossing the road,

Barry Reisberg, M.D., Clinical, Director, New York School of Medicine has given seven stages of Alzheimer's:

1. No evidence or symptoms of disease

2. Memory lapses - Mild cognitive decline and early signs of Alzheimer's:

3. Early signs of Alzheimer's: Mild cognitive decline person finds it difficult to write name or word, difficulty in performing daily tasks such as reading, Losing valuable objects or misplacing them, increasing trouble in planning and organizing

4. Clear symptoms of the Alzheimer's: disease: onset of moderate cognitive decline such as:

   - Forgetting recent events

   - Impaired ability to perform challenging mental arithmetic

   - Difficulty in performing complex tasks

   - Becoming moody feel withdrawn

5. Moderately severe cognitive decline:

   - Unable to recall their address or high school attended

   - Confused about the place where they are

   - Confuse about counting backwards or subtracting

   - Need help in choosing proper clothes for the occasion

But they still remember significant details about themselves and their family members and can eat and use toilet on their own.

6. Severe cognitive decline: Memory continues to decline to worse, personality changes. Person needs extensive help in performing daily tasks. At this stage individual may:

- Lose awareness of recent experience as well as surroundings

- Remember their own name but difficulty with their personal history

- Distinguish faces in remembering the name of spouse or caregiver

- Need help in dressing properly

- Frequent difficulty in controlling bladder

- Tend to wander or becoming lost

7. Severe to late stage of Alzheimer's: where individual lose the ability to respond to their environment, to carry conservation and eventually to control movement.

## Objectives of the study were as follows:

1. To understand what are the experiences of caregivers as to as to how society reacts to people who suffer from Alzheimer's disease

2. To know problems faced by caregivers

3. To understand what coping strategies caregivers had adopted to deal with the persons suffering from Alzhemier's disease

4. To recommend what can be done to alleviate the problem of caregivers

## Methodology & Respondents of Research:

Purposive sampling was used to collect data from 75 caregivers of patients of Alzheimer's. The data was collected in the year 2013 from the city of Mumbai.

## Findings of the study:

Following are the findings of the study:

## Profile of the caregivers

- Majority of the care givers were women

- Majority of the care givers were un-employed

- Majority of the care givers were the spouse of the patient or children of the patient, usually the daughter or daughter in-law cared for the patient

- They were from the middle age group

- None had received formal training in handling the patient of Alzheimer's disease

- Difficult to get access for the treatment for the Alzheimer's disease

- Lack of time for themselves, no time to relax as taking care of the patient means it is a full time job.

- All said, caring a patient with Alzheimer is a stressful job

- Caregivers experienced illness while taking care of the patient

## How patient with Alzheimer affects his/her family especially care givers:

- Person with Alzheimer's may not perform the tasks such as bathing, cooking, etc.

- Relationship changes

## What care givers face:

- Face emotional challenges

- Caregivers fees depressed and upsetting

- Feel pity about the status of the patient they relate

- Get physically hurt when patient becomes violent

- Sometimes they distance from the patient when the patient becomes violent

- Care takers take out their anger on their other family members by snapping children and other relatives

- More than half of the caregivers suffered physical illness

- No time to care takers for any entertainment

- As the patient's diseases progresses patients are likely to run away as the patient gets suspicious of those around them

- Relatives care for the patient but not the care giver of the patient. No one likes to know worries of the care givers'

- Family often has to go through social isolation wherein relatives and friends may withdraw from the caregiver as s/he has to give more time and attention to the patient.

- Sometimes they do not understand the behavior changes caused by the illness and are not able to accept that the person has disease.

- Care givers often experience feelings of depression, anxiety, stress and helplessness that need to be addressed by counsellors and clinicians.

**Dealing and Coping Strategies:**

- Patient when in pain or trying to tell you something, they are flustered, they shout, show their anger by even harming. Hence, better not to take it personally.

- When in depression talk to a Doctor or counsellor.

- Caregivers have to accept their patient as he/she is.

- Understand that they do nothing accept reality.

- Involve more members of the family to take care of the patient.

- Meditation to release stress & anxiety.

- Speak lovingly to the patient (50% did that).

- Pray to God to give them strength to take care of the patient.

- Caregivers sometimes can treat patient like a child

- Have faith in God and leave everything to God

**Needs of the patients:**

Patient of Alzheimer's need personalized help in their daily individual care including eating and using toilet. They lose ability to smile and cannot walk without support. Their muscles grow rigid.

It was observed that patients on medication of Alzheimer's disease were less in number but those who were on medication were taking medicines from last seven to eight years.

**What needs to be done for care givers:**

- First, care takers need to care of themselves and their health

- Organize training on how to deal with emotions while giving care to the patient (especially when the patient of Alzheimer when patient becomes violent).

- Need of forming support group or association of care givers of Alzheimer's disease.

- Care givers need to be encouraged to take out time for their own entertainment.

- Family faces embarrassing situation when patient has ran away. Thus, care giver and his/her family faced complaints from neighbors and society. This should be spoken about.

- Men should be encouraged to take care of the sick persons especially patient with Alzheimer's disease.

**What needs to be done for the society to enable it to develop concern for patients of Alzheimer's:**

- Due to lack of awareness, people equate patient of Alzheimer's to a mad person. Hence, there is an urgent need to the awareness of Alzheimer's' disease should be made through all types of media. Modern mediums like TV, Internet need to be used widely, posters, street play need to be used to make people living in the slum areas aware about the Alzheimer's' disease.

- Local voluntary agencies can play a major role in offering help to the family members of the patient by giving financial help if needed or making the caregivers come together and share their experiences.

- BMC health posts, hospitals need to organize seminars, workshops to make the general people aware about the Alzheimer's disease.

- Aayabai / Nurses bureaus need to be made aware about how to take care of Alzheimer's disease.

- Institutions of higher education need to hold sessions for care givers on how to cope up with the patients of Alzheimer' disease especially emotional challenges.

- Need to create more awareness of the disease in the society.

- Understand the stress of the care givers.

- There is a need to inform society about various stages of Alzheimer's disease.

- Women face more discrimination than men and should be stopped.

- Support groups need to be formed in the local area to encourage care givers to perform their job in a better way. This will help caregivers share their experiences and find out solutions to their worries and get out let to their emotions.

- Caregivers of patient of Alzheimer's can feel free to visit the Counsellor if help needed.

- Government Address tags (with the innovative instrument which looks like a watch) need to be provided at low cost.

- There is a need of strutted teaching and counselling the caregivers in reducing their burden and improving their health.

- Intervention visit need be paid by the counsellors to reduce the burden of caregivers.

- Encourage the person to keep doing what they can to maintain their independence.

## Interventions through Academicians

- There is a need of educating professional trainers and counsellors. Such professionals can be trained by academicians.

- Police, Nurses, local leaders and Anganwadi Workers need to be trained in this subject.

- Research in the field of geriatric care can be undertaken.

- Documenting experiences of individuals and their families while dealing with care of the patients.

- Experiments to ease the life of care givers can be undertaken.

- Help government in formulating policies for care givers of dementia so that burden of care givers reduces.

## Conclusion

Persons suffering from dementia Alzheimer's face physical damage to their brain. Hence, during the course of illness they lose their individuality, identity and their value as individual is lost. Their life depends more of less completely in the hands of those who care for them.

In India, there is almost no awareness of Alzheimer's especially among those residing in the slum areas of Mumbai. People do not understand that the aged is suffering from Alzheimer's as this disease is poorly understood, leading to the blame and distress of caregivers. There is no structured training on the recognition and management of dementia on any health services and the behavior of people with Alzheimer's.

Family relatives start providing care giving services to the patient of Alzheimer's just because they happen to be the close relative of the patient or simply because there is no one to take care of the patient.

Caregivers find it difficult to plan anything for the patient as the patient would be unpredictable. It is sometimes hard to invite guest at home because of the presence of the patient.

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# A Study of the Effectiveness of the Government Hostel Scheme for Scheduled Tribe Boys and Girls in Maharashtra State

## Dr. Prabhakar S. Chavan,

Associate Professor, Department of Continuing and Adult Education and Extension Work,
S. N. D. T. Women's University, Mumbai.

*Abstract*

*India is a welfare country, committed to the welfare and development of its people and of vulnerable sections in particular. Provision of quality education is an important tool for empowering the weaker sections. The Government of India is providing financial assistance to various states for implementing schemes for the development of Scheduled Tribes. Government of Maharashtra is implanting hostels scheme for Schedule Tribe students since many years. This study aims to reveal whether the scheme is implemented as per the objectives envisaged, and if not, how the scheme can be modified for the betterment of the beneficiaries. Study suggest some recommendation for better implementation such scheme in the state level. The study concludes that functioning ST Government hostels are satisfactory. However, there is scope for further improvement in day-to-day management of these hostels.*

**Key Words:** Effectiveness, Government Hostel, Scheme, Scheduled Tribe, students etc.

## 1. Introduction:

Education is one of the primary agents of transformation towards development. Education of Scheduled Tribes assumes added importance in the sense that it elevates their social status and equips them with the acumen to take advantage of the emerging opportunities, both in employment and other economic activities. Article 16 of the constitution enables the central Government to make special provisions for the socio-economic development of the deprived sections of the society to enable them to share the facilities at par with the rest of the society. Education is pivotal and foundational for any kind of socio-economic development. India is a welfare country, committed to the welfare and development of its people and of vulnerable sections in particular. The constitution of India envisages special protection for socially and economically deprived sections of the society for ensuring their rapid economic development and achieving equality with others. Provision of quality education is an important tool for empowering the weaker sections (http://tribal.nic.in).

The preamble, directive principles of state policy, fundamental rights and specific sections, viz., Articles 38, 39 and 46 in the constitution of India, stand testimony to the commitment of the state to its people. Socially disadvantaged groups of scheduled castes/ scheduled tribes have received special focus over the years for their social and economic advancement. Government has taken several steps for framing appropriate policies needed to design and implement various welfare programmers for achieving the objective of creating favorable environment to ensure speedy socio economic development of STs.

## 2. Background of the Scheme:

Government of India is providing financial assistance to various states for implementing schemes for the development of Scheduled Tribes. One of the schemes namely Government hostel for Schedule Tribe students, is being implemented since many years.

There is a need to evaluate the functioning of the hostel and other facilities provided in the hostel, periodically. Hence this study will reveal whether the scheme is implemented as per the objectives envisaged, if not how the scheme can be renewed or modified for the betterment of the beneficiaries. Moto of the scheme is to "provide the higher education opportunity among the Schedule Tribe boys and girls".

### 3. Objectives of the Scheme:

The main objectives of the scheme are:

a) to retain the boys & girl in school education so that Schedule Tribe students are not denied the opportunity to continue their study due to distance to school, parents' financial affordability and other connected societal factors; and

b) to make secondary and senior secondary, higher education accessible to a larger number of Scheduled Tribe students( http://mhrd.gov.in).

### 4. Government Hostel Scheme for Tribal Students:

The scheme of Government hostels for the tribal girl students has been initiated at first time in third five year plan in the year 1989-90 separately. The scheme of hostels for Schedule Tribe students' has been started. Both the schemes were joined and new scheme, i.e., "Government hostels for Schedule Tribe boys /girls" has planned.

The objective of this scheme is to facilitate the tribal boys/girls for secondary and higher education and their progress. To provide lodging, boarding, education and other required educational facilities to economically deprived student of a tribal family from remote area are the important objectives of this scheme. (Annual Tribal Sub-Plan -2012-13).

### 5. Research Methodology:

In the present study the researcher has used the descriptive type research in which survey method is adopted. The present study was conducted in 13 ST Government hostels for boys and girls in the area of the Rest of Maharashtra Statutory Development Board, Mumbai. The hostels selected for the purpose of the present study belong to 9 Districts (located in Maharashtra State), namely:

- Thane,
- Raigad,
- Pune,
- Nasik,
- Dhule,
- Naudurbar,
- Jalgaon,
- Ahmednagar, and
- Satara.

The Present study was conducted in Nasik and Thane ATC Blocks for study the educational development of ST students residing in Government hostels. According to the Annual Tribal sub - plan 2012-13, Tribal Development Department, Government of Maharashtra there are 471 hostels for ST students at the state level. The universe for the present research includes the 254 hostels. The sample for the present study will be 13 hostels (5% of the universe). In 2012, there were 24036 students residing in ST Government hostels. From the total of 254 hostels, 13 hostels were selected by using the random sampling frame (Information brochure 2011-12).

This study is sponsored by Rest of Maharashtra Statutory Development Board. Thane & Nasik ATC regions are included in the rest of Maharashtra statutory development board. Therefore, Thane and Nasik ATCs are chosen for this study as per the break up given in Table 1.

### 6. Universe and Sample Size:

Out of 262 ST Government hostels for boys and girls functioning in the two regional divisions in the Maharashtra state as on date (http://mahatribal.gov.in/) only 13 hostels located in the Nasik & Thane regional division of state were

selected. Thus, 262 of 5% that means only 13hostels were selected which constitute a universe for the present study. Thus, the study is based on 13 ST hostels of the two regions selected under the coverage of study as mentioned in Table 2.

## 7. Discussion:

Under this department in a hostels admitted students get stomach full lunch & dinner, breakfast, milk, boiled eggs for non vegetarian students, biscuits apples for vegetarian students. Along with this, non vegetarian food once in a week, salads once in a week is supplied. Under this scheme notebooks, books, educational material, residence etc. facilities are also provided at free of cost. Apart from this students are given monthly stipend to meet their miscellaneous needs (See Table 3 & 4).

During the year 2013-14, Tribal Development Department is seeking online admission forms along with necessary documents on the website http://tribal.maharashtra.gov.in for the admissions in the boys and girls hostels and for the fulfillment of Indian Government scholarship & for the tuitions fee.

In respect of inmates (i.e. 1300 boys and girls), parents & opinion leaders were selected under the sampling frame. Minimum of five percent of population (262) of the total inmates (1300) were selected for interview. For the purpose of the research, the sample was drawn from 13 hostels. The categories of personnel interviewed from each ST Government hostel included: ST students residing in hostels, non-resident ST students, parents of resident and non-resident ST students, Opinion leaders, and NGO members.

**Table – 1: Total Number of Hostels Functioning in Regional Division**

| S. No. | Regional Division | Total no of Hostels functioning | | |
|--------|-------------------|------|-------|-------|
| | | Boys | Girls | Total |
| 1 | Nasik | 107 | 69 | 176 |
| 2 | Thane | 50 | 36 | 86 |
| | Total | 157 | 105 | 262 |

**Table – 2: ST Government Hostels by Regional Division**

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**Table – 3: Regional Division wise ST Government Hostels Functioning & Admitted Students in Maharashtra State**

| S. No. | Regional Division | Total No. of Hostels functioning | | | Admitted Students | | |
|---|---|---|---|---|---|---|---|
| | | Boys | Girls | Total | Boys | Girls | Total |
| 1 | Nasik | 107 | 69 | 176 | 13001 | 6780 | 19781 |
| 2 | Thane | 50 | 36 | 86 | 5426 | 2659 | 8085 |
| 3 | Amravati | 57 | 45 | 102 | 5485 | 3473 | 8958 |
| 4 | Nagpur | 65 | 52 | 117 | 5897 | 3569 | 8466 |
| | Total | 279 | 202 | 481 | 28809 | 16481 | 45290 |

*(Source: Annual Tribal Sub-Plan -2012-13)*

**Table – 4: Level Wise Monthly Stipend Rate of ST Government Hostels**

| {. No. | Level of Hostels | a ▫č⌐ƒℓčĴś▪ŕ Ăℓ Ĵś'nDw 1.11.2011 |
|---|---|---|
| ⅃▫ | Cȯ'nč⌐ś ℓĝ ƒ ś▪Cȯź ù ▫ś ⯑ōś⯑ ▫ℓĈś⯑ | ₹ ⅃ ⨄⨄ ▫ |
| 2. | For the student of District level Hostels | ₹ 600/- |
| 3. | For the student of Taluka level Hostels | ₹ 500/- |

*(Source: Information brochure of Tribal Development Department Government of Maharashtra, Year 2011-12)*

## 8. Key Findings:

Key findings of the study are presented below:

• **Type of ST Hostel Building:** In most cases, over 53 per cent of ST hostels are run in private building, whereas 46 percent of the respondents were of the opinion that ST hostel are running in Government buildings. It is clear that majorities are private hostel buildings than Government hostel buildings.

• **Availability of Infrastructural Facilities in the ST Hostels:** A large majority (more than 65 percent) of the hostels have facilities like 'water- aqua guard /earth run pot/filter/ pump/ bore well and clean drinking water'. 'Wash room facility', 'electricity' and 'a security guard', In about 100 per cent of the cases facilities like dining room, dining table, library were not available in the ST Government hostels and in about 85 per cent of the cases 'reception hall, telephone, hot water, vacuum cleaner facilities were not available in the ST Government hostels. Over 15 percent of hostels had facilities such as talking wall, generator, first aid box, clock, mirror, cable as reported by the inmates.

• **Basic Facilities Available Per Room in the ST Hostels:** A large majority (about 90 percent) of the inmates were 'satisfied' with electricity bulb /tube light, fan, carpet, mattress and quilt facilities available in the room of the ST hostel, further, a majority (over 80 per cent) of the inmates were 'satisfied' with the Iron/steel bed, woolen blanket pillow, bucket facilities provided to the inmates in the ST hostel. In addition about 40 per cent of the inmates were 'satisfied' with the table, chair, cupboard and steel plate with compartments provided in the ST hostels. About 100 per cent of the inmates were 'not satisfied' with the Tiffin box with four compartment, in addition to this inmates responds like-well working condition, sufficient, bad condition, and insufficient. Furthermore, over 58 percent of t h e hostellers are 'satisfied' with the food provided in the hostel, about 53 percent of the hostellers were 'satisfied' with the reading room

facilities available in the hostel, and about 50 percent of the hostellers were 'satisfied' with the recreational and medical facilities available in, the hostel. About 46 per cent of the hostellers were 'satisfied' with the visitor's room facility available in the hostel. Over 25 percent of the inmates stated that 'mug, dustbin' and cupboards were not available in the ST hostel. By and large the inmates were partially satisfied with the hostel facilities.

- **Additional Facilities provided by the Hostel for Girl Students:** Over 46.5% respondents started that a monthly period/menses record register is maintained in case of girl students. 294 goals (45.2 %) started that the management maintains records to verify regularity. 234 (36.0 %) stated that extra allowances were for sanitary napkins /cosmetics. On the other hand, 560 (86.15%) were of the opinion that the management does not ensure "confidentiality of messages and letters" in case of girl students.

- **Major Problems faced by the Management:** According to the opinion of the warden/ hostel managements the major problems faced by them were irregularity of grants, in some cases private hostel building ,discipline related problem of inmates, safety and security of the inmates, and some problems relating to interference of local political leaders in the hostel affairs.

- **Impact of Stay in the ST Hostel on Students' Personal Life - Positive Impact:** Respondents felt that there was a positive impact mainly on physical, economic and social aspects. It was found that in almost all the cases the students perceived that their staying in the hostel had enriched their physical life by providing them physical security, fulfilling their basic physical needs, and improvement in their health status. The data also indicated that out of the total of 650 student, most (over 40 per cent) reported that their stay in the hostel improved their health & hygiene status, about 30 per cent of those student have reported that their stay in the hostel has helped them

in fulfillment of them basic needs and about 29 per cent reported that the stay provided them with 'a more secure environment within the hostel.

Out of a total of 650 students, about 51 per cent of students perceived that their staying in the ST hostel helped to develop friendships. About 12 per cent of students perceived that their staying in the ST hostel helped them in developing more social contacts, about 9 per cent of the students reported that their staying in the ST hostel provided them a sense of social security, and about 5 per cent of the students have stated that their staying in the ST hostel improved their social and life skills ' and , The remaining 5 per cent of the students stated that their staying in the hostel Improved them prestige in the community. Over 17 percent of the students felt that staying in ST hostel improved their participation in social and cultural activities

**9. Conclusions and Recommendations:**

Brief description of major conclusions and recommendations is presented below:

- The Tribal Development Department running Schedule Tribes Government hostels for boys and girls have by and large followed the standard norms prescribed by the Government of Maharashtra for provision of buildings, amenities and facilities in the ST hostels, appointment of hostel staff and the constitution of hostel management committees, maintenance of all necessary records and reservation policy in admission of the student.

- It is observed that there is no regular inspection of the ST hostels either by the PO or ATC. The frequency of the visit on an average is 0.92 percent of the hostels were inspected so far by the inspection committees appointed by Tribal Development Department, Government of Maharashtra.

- Majority of respondents (40–80.%) are satisfied with facilities provided to them in the ST hostel. However, they demanded more facilities like, aqua-guard for safe and pure drinking water, computer/laptop and Internet facilities.

- About 56 percent of the students have selected that they face some problems during them stay in the ST hostel due to private hostel building. but majority (about 100 per cent) of the students are 'satisfied' with stipend facilities available in the hostel. However, they were not satisfied with medical facilities.

- Most (about 45 per cent) of the respondents have rated the overall food given to the respondents as 'good'. In over 50 per cent of the cases the inmates reported that they are give special food like chicken, 38 percent inmates reported that they were giving in mutton. By and large, the respondents have rated the overall food within the ST hostel as satisfactory.

- In almost (40%) of the cases the students reported that their stay in the ST Government hostels enriched their life as far as the physical, social and economic aspects are concerned. However, some of them also reported negative impact like feelings of loneliness, insecurity a n d restricted social contacts respectively.

- The relations between ST hostel authority and students (inmates) were reported to be good in about 90 per cent of the cases. Similarly the relations between hostel management and inmates and among the inmates were reported to be good in majority of the cases.

- The Opinion leaders & NGOs member were reported that the facilities in the ST Government Hostels were satisfactory butt not up the mark. These hostels were not properly maintained, the hostel buildings were on the rental basis & not in good condition, the quality of food served to the inmates was poor and there was no proper arrangement of health care for the inmates.

- The hostel authority working in the hostels complained that the staff strength was inadequate, some of them were temporary in service and their grievances were not heard.

## 10. Suggestions for Scheme Improvement:

Brief description on suggestions for scheme improvement is presented below:

- Functioning ST Government hostels are satisfactory. However, there is scope for further improvement in day-to-day management of these hostels. Hence, it is recommended that the authorities of the Department of Tribal Development should pay at least two visits in a year and conduct an on - spot inspection of each hostel.

- Before starting any new ST hostel, authorities must ensure that they have all the necessary facilities like Government building with suitable environment, and required infrastructure. In addition, adequate funds should be made available on time. It is, therefore, suggested that the respective Department of State Governments should ensure that the required facilities are available, and only then sanction for the hostel should be accorded.

- Though most of the hostels have maintained proper record the funds, recurred expenditure on salaries, educational materials etc. records maintained are not uniform and are not updated in all the hostels. Hence, it is suggested that the format in which the records of acquired assets are maintained be prescribed by the Department of Tribal Development and authorities should pay surprise visits to the ST hostel.

- It was observed during the visits that the department has not appointed sufficient staff necessary for day-to-day working of the hostels. As a result, the inmates have to suffer many problems. We, the research team, there fore, suggest that the concerned department should prescribe a uniform 'staffing pattern' based on the strength of inmates in the ST Government hostel. In addition, there is a lack of staff as per the requirement. There, is, thus, an urgent need to fill this gap in manpower.

- At the hostel level, there are various management committees constituted in majority of the hostels, but the average number of meetings conducted in a year is not adequate, i.e., around 2. It is necessary that the hostel management committees meet every month to review the regular working of the hostels, and also to finalize the minutes of the meeting.

- It is suggested that for proper and efficient functioning of the ST Government hostels, a yearly visit to every hostel by the Inspection Committee must be ensured. Most importantly, frequency of such visits should be 2 or more in a year, if the situation demands.

- The population of ST students is increasing every year. A large number of students have to find the accommodation in a town or city for pursing higher education. The hostel is the safest place for them to stay. However, the present number of ST hostels is far less than the requirement. This was the scenario in all the districts covered by the study. The study team, therefore, suggests to the concerned authorities that the Department should sanction more ST hostel with all the required facilities.

- The study team has discovered that the existing hostel facility scheme is not suitable for students with disabilities and special needs. For instance, there are students with physical disabilities (e. g., blind students) who require specific infrastructure. This aspect requires "urgent and special attention by the concerned officials".

## 11. Strategic Interventions:

Presented below are strategic interventions required for the purpose of improving the situation of ST Hostels in Maharashtra State:

- ST Hostel should be started in Government owned building. Where ever it doesn't own any, the state Government should construct at war footing. This will solve many problems.

- More hostels should be established in areas where STs are concentrated.

- The sites for constructing ST hostel should be closer to the existing education institutions.

- There is shortage of space in the exiting hostels. Overcrowding should be avoided. This will help the students to concentrate on their studies. In case of sick students proper care can be given.

- The study materials should be distributed in time before the commencement of regular classes.

- The stipend fixed is not sufficient to meet incidental expenses. as the prices are going up continuously. Stipend should be raised by at least 10-15 percent every year.

- Nutrition is very important for the overall development of the children. Hence it is ensured that they are provided with sufficient nutritious food. In order to maintain quality of food regular quality check by an external authority be made mandatory.

- The computer room, internet connections etc are provided at a priority basis so that students will not suffer any more. This is needed to access the latest information available.

- The library maintenance is found to be very poor at all places. Some responsible person should be recruited to take care of this task books should be purchased at regular intervals.

- There needs to be proper co-ordination between Department of Tribal Development and other relevant Government Department (e.g., revenue, land, health, etc) for procuring land for the new hostel.

- Only women wardens should be posted for women's hostel.

- Proper security must be provided to girls as well as boys in the hostels.

- A satisfactory mechanism for implementation of different guidelines, issued by the Tribal Department at the state level should be created.

## 12. Summing Up:

Functioning ST Government hostels are satisfactory. However, there is scope for further improvement in day-to-day management of these hostels. Hence, it is recommended that the authorities of the Department of Tribal Development should pay at least two visits in a year and conduct an on - spot inspection of each hostel. Before starting any new ST hostel, authorities must ensure that they have all the necessary facilities like Government building with suitable environment, and required infrastructure. In addition, adequate funds should be made available on time. To sum up, it is suggested that "the respective Departments of State Governments should ensure that the required facilities are available, and only then sanction for the hostel should be accorded".

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| • | Ms. Manisha Mhaiskar, IAS | Secretary, Urban Development, Govt. of Maharashtra, Mumbai. | Ex-Officio Chairman |
| • | Mr. Neeraj Mandloi, IAS | Joint Secretary (UD), Ministry of Urban Development, Government of India, New Delhi. | Member |
| • | Dr. Rajiv Kumar Gupta, IAS | Principal Secretary, Urban Development and Urban Housing Dept., Government of Gujarat, Gandhinagar. | Member |
| • | Mr. Ashok Jain, IAS | Addl. Chief Secretary, Urban Development and Housing Dept., Government of Rajasthan, Jaipur. | Member |
| • | Mr. Sudhir Mahajan, IAS | Secretary, Urban Development, Government of Goa, Goa. | Member |
| • | Mr. Paban Kumar Borthakur, IAS | Principal Secretary, Urban Development, Govt. of Assam, Dispur, Guwahati. | Member |
| • | Mr. Sanjay Kumar Rakesh, IAS | Principal Secretary, Urban Development, Govt. of Tripura, Agartala, Tripura. | Member |
| • | Dr. T. Chatterjee, IAS (Retd) | Director, Indian Institute of Public Administration (IIPA), Indraprashta Estate, New Delhi. | Member |
| • | Dr. Surendra Jondhale | Professor & Head, Department of Civics and Politics, University of Mumbai, Mumbai. | Member |
| • | Capt. Anant Modi | Director-General, All India Institute of Local Self-Government, Mumbai | Member |
| • | Ms. Utkarsha Kavadi | Director, Regional Centre for Urban and Environmental Studies, All India Institute of Local Self-Government, Mumbai. | Member-Secretary |

# Regional Centre for Urban and Environmental Studies (RCUES), Mumbai
## (Fully supported by Ministry of Urban Development, Government of India)
### undertakes

Urban Policy Research.

Tailored Training and Capacity Building Programmes in Urban Management and Urban Governance.

Capacity Building for Urban Poverty Alleviation.

Anchoring Innovative Urban Poverty Reduction Projects (Aadhar) for Municipal Corporations.

Project Management & Social Auditing.

Information, Education & Communication (IEC) in Urban Sector.

Training of Trainers (TOT) in Urban Management.

Technical Advisory Services in the Urban Development Urban Management Sector

Study Visits for ULBs for Experience Sharing and Cross Learning

Community Based Interventions.

Human Resources Development.

Interdisciplinary Programmes.

Knowledge Management.

Networking.