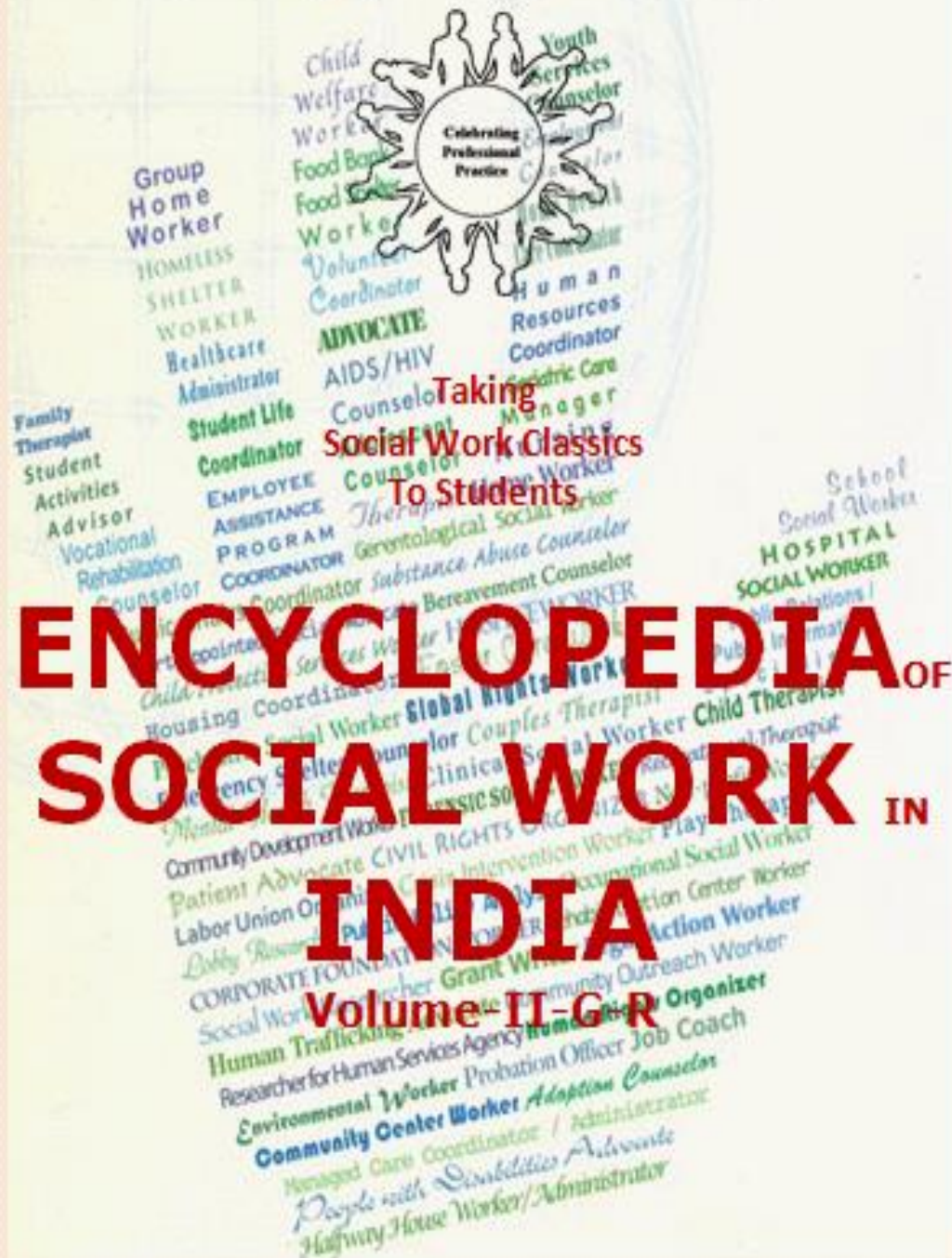


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As a teacher of Social Work, it was my interest to develop teaching material for the subjects that I handled. Since many of my students were from rural areas that too first generation graduates; I prepared the content as simple as possible. It was specific for me and my students. The hand written material slowly metamorphosed, get digitized and finally reached the web. The reason behind uploading it in the web was not definitely to reach the global audience but to avoid the personal inconveniences in handling the material. I was naïve about the outcome of my actions at the beginning. But once it reached the web, it was accessed and appreciated by the students and teachers of social work throughout the world. Within the last four years the total viewers crossed more than 1.5 million and downloaded it for more than one lakh. This encouragement made me humble and I became more responsible in preparing and uploading documents for wider sharing and viewing. There was a joy in sharing and that kept me and my learning process alive.

Computers and Information Technology opened many possibilities both for the students and teachers of social work. Creating an enabling environment for the social work teachers to use more of Information and Communication Technology (ICT) and institutionalizing the practice of content development and improvising it at regular intervals will definitely help to address the challenges faced by the schools and departments of social work especially in India. The result will be far reaching if the teachers of social work supplement the content in vernacular languages too. This can be accomplished with the skills and resources available with many of the social work teachers and students.

When I was serving as a Dean in Madurai Institute of Social Sciences, myself and my friend and the then Principal Dr. Narayana Raja took attempts to digitize some of the classic social work literature for our internal use. We could not upscale the practice as we desired, due to the reasons prevailed in our institute. Due to shortage of resources, financial as well as technical, we could not make the digital format attractive so as to share it with wider audience. But we were happy with digitizing the classics in social work and contended our self leaving it to time for wider use. Ignoring the institutional limitations, I worked on my own to develop material for me and my students and many found that was useful.

One such classic we digitized was Encyclopedia of Social Work in India, originally published by the Planning Commission and revised and republished by the Ministry of Social Welfare, Govt of India in 1968 & 1978. The pioneers then in the field of social work, social welfare and development contributed to the content. The content passed more than a half century, but those who read it will be definitely captivated by some of the entries and realize that “the spirit in the content” just transcend the time and remain relevant forever. Is it not the attribute of any classic to remain relevant forever? Encyclopedia of Social Work in India is no doubt a classic in that sense. But unfortunately it was neither revised nor reprinted, though Shrimati Durgabai Deshmukh, who was instrumental behind the preparation of encyclopedia wished it to revise once in five years. As a result many teachers and students in the recently established departments of social work could not have the opportunity to use it.

This made me to rework on the digitized format, not on the content, and make it somewhat readable with my little computing skills and share it with others. My attempt may be irrelevant to some extent, but the process involved in this attempt, that is taking the social work classics in different digital format and making it available to every student may be relevant.

I knew there are limitations in reworking on a great content like this encyclopedia without external assistance. I tried my level best to overcome the limitations with my limited skill and resources.

The Encyclopedia of Social Work in India consists of four volumes. The first three volumes contain the subject matter of social work and the fourth volume is about the institutions and organizations relevant to social work, welfare and development. I worked on the first three volumes only. It will be more relevant if the institutions mentioned in the fourth volume linked with their current websites.

Though the process of doing this was little bit laborious, I enjoyed it doing this for the joy and learning it produced. I acknowledge the help of Sekar (ekalai.com) who greatly simplified the process by giving me software to convert the html files. It was he who indirectly inspired me to complete this.

I knew there are several limitations in this effort. But the limitations can be easily overcome by the those teachers and students of social work who have time, interest and access to technical as well as financial resources. I welcome all those who want to further add value to the encyclopedia and share the files in word format for easy editing and revision.

S.Rengasamy

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Note for the readers:

- There are words missing here and there and spelling mistakes too. This happened due to scanning and the conversion process. It needs time to rectify that.
- Since the original encyclopedia had two column pages, I preferred to keep that format. This two columns format forced me to omit many tables and some diagrams due to alignment problem, which I could not handle with my word processing skills.
- The navigation pane is enabled for easy reference
- Content of the three volumes are included in each document to help the readers to easily find out which volume they want to refer.
- Names of the contributors of all three volumes are given in each volume.
- The content of the fourth volume i.e. the organizations i.e. Government, National, International, United Nations mentioned is linked with their websites
- Those who want to further work on the content, they can get a copy of the word file format from me.

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Foreword

Dr. Rajendra Kumari Bajpai
Minister of Welfare

Since the publication of the first edition of the *Encyclopaedia of Social Work* nineteen years ago, under the guidance of Shrimati Durgabai Deshmukh, herself a dedicated pioneer and a great social worker, vast changes have taken place in India's social scene. Under the impact of growth of population, industrialisation and urbanisation, and the weakening of traditional institutions and the care and protection they offered to the old and the young, the weak and the indigent, new social problems have come to the fore and many old social problems have become more intense and complex. Altogether, strains and pressures on individuals and families have tended to increase without commensurate growth in the capacity of local communities and groups to find answers to their problems.

On the other side, thanks to the development of greater social and political awareness and concern, Governments, both at the Centre and in the States, have accepted new responsibilities and have initiated new policies and measures in many new areas. They are now more committed than ever before to grappling with a wide range of social problems with their many economic, sociological, psychological and other ramifications, and to working closely with voluntary associations and community groups in alleviating suffering and improving the quality of life. Something has been achieved and there are significant indications of social progress, but much more remains to be done and, in far too many directions, the nation is still in the early phases of widespread social action.

The extensive changes which have occurred over the past two decades, both in the nature of social problems and in public policy, made it necessary for the Ministry of Welfare to arrange for an altogether new set of contributions for the second edition of the *Encyclopaedia of Social Work*. While this was in itself a prolonged and arduous undertaking, in turn, it has made it possible for the distinguished contributors to

this edition of the *Encyclopaedia* to take a fresh and up to date view of their respective themes, to point to lessons from earlier experience, and to stress new directions and priorities in social policy. This wider and forward-looking approach has gone a long way to enhance the value of the *Encyclopaedia* as a work of reference and a tool for research and, equally, as a record of progress achieved and of tasks still remaining to be accomplished. I have every hope that the *Encyclopaedia* will be of considerable practical value not only to students of social problems and to social workers, but also to social planners and administrators and to those engaged in public affairs.

I wish to express my gratitude, first, to the authors of various contributions to the *Encyclopaedia*, for the great pains they took in preparing their articles. Much sustained service was given by the Ministry's own Project Unit headed by Dr. A.B. Bose, Director (Research), and Dr. A.M. Kurup, Joint Director (Research). A large number of the contributions were carefully reviewed by individual members of the Editorial Committee. In this connection, I wish specially to thank Professor K.D. Gangrade, Professor V. Jagannadham, Dr. K.O. Krishnamurthy, and Dr. D. Paul Chowdhry who spent much time in reviewing the contributions and offered valuable suggestions. Finally, most of the contributions were personally reviewed by the Chairman of the Editorial Committee, Shri Tarlok Singh, former Member of the Planning Commission.

I have great pleasure in recording my own gratitude and the gratitude of my Ministry and the Government of India to the authors and to the Chairman and Members of the Editorial Committee.

Dr. Rajendra Kumari Bajpai
Minister of Welfare

Introduction

The Making of Encyclopaedia

Tarlok Singh

Chairman, Editorial Committee

The first edition of the *Encyclopaedia of Social Work in India* was a pioneer undertaking which broke much new ground. In presenting it to the country in 1968, as Chairman of the Editorial Committee, Shrimati Durgabai Deshmukh had expressed the hope that the publication would be revised periodically, perhaps every five years.

The task of preparing a new edition of the *Encyclopaedia* was taken up by the Ministry of Social Welfare in 1976. An outline plan of revision was drawn up and an Editorial Committee constituted. What was envisaged was a new set of contributions and not merely updating and revision of earlier contributions. The social welfare scene had been changing in many directions and there was need for a broader perspective. Therefore, in keeping with the developments of the sixties and the seventies, the new *Encyclopaedia* sought to cover a wide-ranging set of themes. These included the setting for social welfare, social policy and development, social services, labour welfare, welfare of special groups, youth welfare, social work education and training, social work methods and administration, voluntary efforts, plans and policies, research and evaluation, and several other aspects of social work and welfare.

In the period between the two publications, problems of social welfare and development have become an integral concern of the process of planning and development at the national, state and local levels. Many new institutions and agencies have come into existence. In many parts of the country, there have been numerous innovative social efforts through the initiatives of voluntary organisations and voluntary leaders as well as of public agencies. In every field, earlier assumptions have been questioned and gaps in policy and implementation have come

to be identified more precisely. Social challenges loom larger than before. They are more than social in their nature, for economic, political and other elements are inextricably bound up with them. The texture becomes increasingly complex and every aspect of social welfare takes on a multi-disciplinary dimension.

The present edition of the *Encyclopaedia of Social Work in India* is, thus, a new work. Even themes dealt with in the earlier volumes have a markedly changed character and have been treated afresh. In the intervening period, many new social problems and social concerns have come to the fore. In this sense, a work like the present *Encyclopaedia* marks a stage in the growth of understanding of basic social problems. It may be seen as an effort to assess and analyse so as to pave the way for a renewed endeavour to find adequate answers to outstanding social issues. Since no problem stands alone, it is hoped that the *Encyclopaedia* will also help students of society and social workers to see interrelationships between different facets of the social reality and appreciate how a variety of constructive advances are needed in several directions at the same time.

The present *Encyclopaedia* comprises 138 specially prepared contributions arranged alphabetically in three volumes. The fourth volume is devoted to the description of organisations and agencies which are engaged in or are serving the cause of social work and welfare. They include Government organisations, institutions and agencies, organisations of the United Nations, leading national voluntary agencies, and international voluntary organisations working in India. The selection of organisations to be dealt with in the fourth volume of the *Encyclopaedia* was made after extensive consultations. In several cases, the articles were prepared by the staff of the Project Unit of the *Encyclopaedia* on the basis of material obtained from the concerned organisations and then referred back to them for updating and verification.

In view of the publication *Handbook on Social Welfare Statistics (1986)* by the Ministry of

Welfare, Social Statistics as such have not been treated in the *Encyclopaedia*.

The preparation of a new *Encyclopaedia* covering a wide range of subjects is a difficult and long-drawn effort which can only be carried through with cooperation and help from a large number of individuals, institutions and organisations. It is specially a pleasure to record with deep gratitude the willing and generous support received from the authors of the various contributions as well as from a large number of official and non-official organisations.

Work on the *Encyclopaedia* has been undertaken with guidance from an Editorial Committee which was set up at the inception of the Project, but whose composition changed in some part for unavoidable reasons. Throughout its tenure, the Committee had the benefit of the advice of several distinguished scholars. They included Professor M.S. Gore, who had served as Honorary Director of the 1968 *Encyclopaedia*, Professor V. Jagannadham and Professor K.D. Gangrade. The Planning Commission was represented throughout by Dr. K.G. Krishnamurthy. On behalf of the Central Social Welfare Board, successive Chairmen (Shrimati Sarojini Varadappan, Shrimati Leela Moolgaokar and Shrimati Sushila Rohtagi) served on the Editorial Committee. The National Institute of Public Cooperation and Child Development was represented by its Director, first by Shri B. Chatterjee and subsequently by Dr.D. Paul Chowdhry. The office of Chairman of the Editorial Committee was filled initially by three Secretaries of the Ministry of Social Welfare (Shri P.N. Luthra, Shri S.Y. Ranade and Shri Saran Singh). From July 1978 to March 1981, the late Shri J.P. Naik served as Chairman. When Shri Naik's health declined, I was asked to take up the responsibility. The Editorial Committee had throughout the advantage of the services of Dr. A.B. Bose, Director (Research) in the Ministry of Social Welfare as its Member-Secretary.

All the contributions to the *Encyclopaedia* have been read by one or the other member of the Editorial Committee. As Chairman, I have had the opportunity and the benefit also of reading almost all of them. The Editorial

Committee wishes to express its deep appreciation of the care and thoroughness which the distinguished authors, all acknowledged scholars in their own fields, have brought to bear on their contributions to the *Encyclopaedia*.

In an undertaking such as this, it is but natural that the burden of detailed preparation, planning and study of drafts should fall on the staff constituting the Project Unit in the Ministry of Welfare. The Unit was headed by Dr. A.B. Bose, Director (Research), who was ably assisted by Dr. A.M. Kurup, Joint Director (Research) and other members of the Unit. Special mention should be made of the contribution of members of the Planning, Research, Evaluation and Monitoring Division of the Ministry who were associated with the preparation of the *Encyclopaedia* in different capacities at various stages: Shri P.N. Jha, Dr. P.S.K. Menon and Dr. Biswajit Sen (Senior Research Officers); Shri R.M. Chopra, Shri D.R. Kapool, Shri N.K. Rai, Km. Indrani Sarkar and Smt. T.K. Sarojini (Research Officers); Shri B.K. Chopra, Shri N.K. Kukreja, Smt. R.S. Trivedi and Shri Ashok Virmani (Senior Research Investigators). Shri Mata Prasad undertook the arduous labour of typing articles prepared for the *Encyclopaedia* from the very beginning until the completion of the Project. At all stages, Dr. Bose provided valuable and well-informed leadership to the members of his team, and the Editorial Committee feels greatly indebted to him.

Finally, the Committee wishes to express its gratitude to the Publications Division of the Ministry of Information and Broadcasting for accepting the onerous responsibility of publishing the present edition of the *Encyclopaedia* in the same helpful spirit in which they had published the first edition nineteen years ago.

Tarlok Singh
Chairman, Editorial Committee

Grants-In-Aid

Dr. R.R Singh

Department of Social Work

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Webster's New Collegiate Dictionary includes under a grant or subsidy, grant-in-aid from a central authority to an individual, institution or local government from public funds in aid of a public undertaking. The Encyclopaedia of Social Sciences defines grants-in-aid as a sum of money assigned by a superior to an inferior government authority either out of the former's exchequer or out of the sources of revenue specially designated for the purpose. Rule 148 of Government of India, General Financial Rules, 1963, and Rule 20 of Government of India, Delegation of Financial Powers Rules, 1978, make a mention of the term grants-in-aid without defining it. It is, however, stated that grants-in-aid include scholarships to educational and other institutions, local bodies and cooperative societies.

The need for grants-in-aid by governments in modern times has arisen due to the following reasons: (1) the central authority, through this mechanism, regulates or controls such activities which would otherwise not have been possible for it; (2) the system encourages local authorities and voluntary organisations to improve and maintain standards which could not have been achieved without external assistance; (3) rising costs of living, changing social customs, gradual diminution of traditional sources of income and progressive increase in public welfare responsibilities of local authorities and voluntary organisations call for external assistance for their effective functioning; and (4) the system serves as a vital link between the central authority, local departments, voluntary agencies and people by giving them a sense of partnership in the programmes of public good

Briefly stated, grants-in-aid may be described as a system of distributive use of

resources by public and voluntary institutions at various levels and in different sectors like agriculture, health, housing, education, social welfare, community development, energy, etc. in order that (1) needed facilities or opportunity structures are created for the well-being of the target group(s) in an area or sector; (2) existing arrangements are maintained, expanded, improved and consolidated; (3) new projects are encouraged and initiated and their effectiveness assessed; (4) local and regional priorities are reviewed and adjusted intra and inter sectorally within the framework of a development plan, if there is any; and (5) a balance is struck between centralized and decentralized sharing of responsibilities which encourages progressive equalisation in relationships of various units.

The experience of developing countries suggests that grants-in-aid may be given by one authority to the other or to the beneficiary through direct payment, subsidy, loans (grants of temporary use), compensation, concession, material incentive, deputation of skilled and professional personnel, contracts, allotment of land, equipment and materials with or without specifying conditions.⁴ A grant may either be specific or block, and it may be for an individual, family, institution, local committee or a government department. The specific grant (which is also called substantive or conditional grant) indicates the sector and the project, as for instance, land reclamation afforestation. The block grant on the other hand may indicate the service without giving schematic details e.g. grant for education, without mentioning primary, secondary or special education.

Grants-in-Aid to Voluntary Organisations

A system of centralized, decentralized, and partially decentralized grants-in-aid has evolved with regard to voluntary organizations with a view to promoting welfare services, rendering financial assistance to institutions, and developing voluntary initiatives. The Central Social Welfare Board, a grant giving body, extends financial assistance to voluntary organisations directly as well as through the

State Social Welfare Advisory Boards for a variety of programmes and also exercises control on utilisation of financial assistance. Under the centralized programmes, the Central Social Welfare Board sanctions and releases grants to voluntary organisations directly, while in respect of partially decentralised programmes the Central Board sanctions the grants and funds are placed at the disposal of the State Boards for disbursement to voluntary organisations. In case of fully decentralized programmes, sanctions and releases to voluntary organisations are made by the State Boards.

The following conditions are generally laid down: The institution or its branches should be registered under an appropriate Act. It should have a Managing Committee under its constitution and should possess a minimum of three years' experience. The institution should possess assets and be capable of raising a proportion of the estimated cost in addition to maintaining the existing level of service. It should be willing to appoint suitably trained staff, provide for equipment, ensure avoidance of duplication of services for the same group of beneficiaries, use funds for approved purposes, and maintain proper accounts. Further, the institution should have adequate facilities, resources, finance, personnel and managerial skill and experience to initiate activity, and its work should be found to be satisfactory. The institution should also give a written guarantee that the aid will be returned in the event of the grant not being utilized or of closure of the unit. The grant received by the organisation from other sources is taken into account while considering the quantum of assistance to be sanctioned. The institution has to agree to inspection by an appropriate authority. Past liabilities and debts of the institution are not covered by regular grants-in-aid. Moreover, services of the institution should be open to all citizens. Other conditions prescribed are the use of a grant within a specified period and for the approved purpose, periodic reports, exercise of the utmost economy, government's prior lien on building for the recovery of the amount paid as grants in the

event of the building ceasing to be utilised for a charitable purpose, maintenance of the record of all permanent and semipermanent assets acquired wholly or substantially out of the grant and their disposal only with prior approval, audit of account by Chartered Accountant or Government Auditor, etc. Registered cooperative societies have also been included in the category of voluntary welfare institutions provided these institutions are not run for the profit of any individual or group. For some programmes charitable public trusts, and non-profit-making companies have also been included as agencies for assistance, subject to their practising non-discrimination, non-furtherance of the interests of any political party, non-proselytisation, eschewal of violence, and non-incitement of communal disharmony. The condition of three years' experience is often waived in the case of hilly, remote, tribal or backward areas, and also for specialised or needed services where these are not available.

The criterion of assistance for plan projects depends upon whether a scheme is included in the Central, Centrally sponsored, or State sector. Under the Central scheme, the entire public sector outlay is borne by the Central government. If the scheme is Centrally sponsored, the public sector outlay is borne by the Central government in full or in part but, unlike Central schemes, its implementation vests with the State government. The outlay for State schemes is provided by State governments. In either case, voluntary organisations, when they receive grants, are generally required to contribute a part of the estimated costs.

The quantum of grant varies from one plan to another, depending upon needs, priorities, availability of resources, continuation of projects at hand, etc. The principle of some contribution by the voluntary organisation is generally insisted upon as far as possible. While the operation of the matching principle may provide a measure of the extent of local initiative, it also works against the development of services and institutions in

less developed or neglected areas. Either voluntary initiative fails to organise itself or voluntary agencies take resort to manipulative procedures to show their share of contribution in cash or kind.

In the field of social welfare, voluntary institutions are sometimes categorised for the purpose of grants-in-aid. Institutions of long-standing which seek to improve quality of service and/or start a new service are included for grants up to over a plan period. The second category includes those institutions which propose to start new services. The third category includes comparatively smaller institutions which may get a smaller grant over the plan period. The last category consists of those which get a small grant to cover generally 50 per cent of their total approved expenditure.

Pattern of Grant

In the social welfare sector, in the Centrally sponsored scheme of welfare of children in need of care and protection, organisations are sanctioned 90 per cent grant on the approved cost (equally shared by the Central and State governments); working women's hostels receive upto 75 per cent of the construction cost.

In some programmes of ministries, 75 per cent of administrative cost and 100 per cent of programme cost is provided with a financial ceiling stipulated in a given year. In a larger number of cases, items in a scheme admissible for grant-in-aid are laid down along with their financial ceiling, proportionate share, etc. Some schemes lay down different criteria for buildings and other recurring and non-recurring items, and make concessions if they are located in backward or tribal areas and are for underprivileged groups. To meet emergent situations, too, the grant-in-aid conditions are usually more liberal.

Programmes of grants-in-aid show that differential patterns have evolved within and between departments; the variation in aid contribution generally ranges from 33 per cent to 95-100 per cent of an agency's approved

expenditure. While some of this variation is due to historical reasons, it may not be practicable to have a uniform system for programmes of different ministries.

Procedure

The procedure for applying for grant-in-aid is that an institution which has received a grant earlier is required to submit the audited statement of accounts of the last financial year, utilisation certificate, and approved estimates of receipts and expenditure for the current year with a note on the proposed programme.⁵ In exceptional cases, an unaudited statement of account is also accepted. A new institution applying for grant-in-aid is required to submit all the relevant documents. Depending upon whether the institution is applying to the State or the Central government, or to the State Social Welfare Advisory Board and Central Social Welfare Board, it is required to fill in a prescribed application form in duplicate which may be different for different schemes. In case of direct grants from the Central government, applications are required to be sent usually through the State government. No institution is given a grant for the same purpose for which it is receiving assistance from any other source. For the programmes of the C.S.W.B. undertaken or sponsored by the Central Social Welfare Board, funds are released to it by the Government of India. The Central Social Welfare Board then releases them to State Boards which, in turn, make grants to applicant organisations. The grant is released in one or more instalments. This takes much time and compels the institution to continue with the programme for a few weeks or months on its own. There has been a tendency towards concentration of financial sanctions mainly in the last quarter of a financial year.

Grant-in-Aid Programme of the CSWB

The Central Social Welfare Board was established in 1953 by a Resolution of the Central government, one of its most important functions being the making of grants to voluntary organisations for social welfare throughout the country. The matching contribution under grant-in-aid programme of

Central Social Welfare Board varies from 5 per cent in the border, hilly, tribal and backward areas to 100 per cent in other areas. There are also a few programmes of the Board, like condensed courses and vocational training, wherein no matching contribution is required at all.

Although the number of institutions receiving grant-in-aid has increased over the years, this has shown marked fluctuations — from 620 in 1953-54 to 2,742 in 1960-61 followed by a downward trend thereafter due to financial stringency and also due to change in policy as a consequence of the recommendations of the Grant-in- Aid Code Committee (1961). The Committee favoured consolidation and improvement more than promotion of new ventures.

The general grants-in-aid programme of the Board as distinct from project-wise grants for Mahila Mandals, Welfare Extension Project, training schemes, border areas projects etc. has also shown a four-fold increase over the plan period — Rs. 75.54 lakhs in the First Plan to Rs. 304.70 lakhs in the Fifth Plan.⁶ The annual expenditure under this head has shown marked variation. The Board gave only one-year grants in the First Plan. Subsequently, both one-year and long-term grants were given between the Second and the Fifth Plans — long-term grants constituting on an average 39.70 per cent of the total investment over the years. From 1979-80 plan period grants were replaced by a uniform system of annual grants. Institutions of long standing which seek to improve quality of service and/or to start a new service are given grants upto Rs. 10,000 by the Central Board on the recommendation of the State Advisory Board; and grants upto Rs. 5,000 are sanctioned for taking up new activities or for continuing their services, on matching basis.

The impact of the Board's programme of general grant-in-aid, and of project assistance has been of a varied kind. In 1953 about 3,000 voluntary organizations, and at the end of 1961 about 6,000 agencies benefited from Board's programme. Percentage of amount

sanctioned to the residential institutions was 26.7 while to non-residential institutions 73.3, which shows that there has been increase in assistance provided to non-residential institutions. Aided agencies reported that the grant helped them in consolidation and that plan period grants were found to be more helpful in this respect. Older agencies were able to use the grants for expansion to a greater extent than 'younger' agencies; agencies which got 51 to 75 per cent of income from grant were able to strengthen their position to a greater extent. There was also a tendency to limit services to only those areas for which the grant was available. A study conducted on the impact of grants-in-aid showed that 72 per cent of agencies found considerable or some improvement in services and they felt that the stoppage of grant would adversely affect them.

It has been said that the grants of the Central Social Welfare Board have remained stagnant and tied up, that this has worked to the detriment of new institutions; that the grant should be given for two to three years to enable institutions to stand on their feet before its gradual reduction; and that 20 per cent of the grant funds should be earmarked for new ventures or institutions.

Review of Grants-in-Aid of the Ministry

The Working Group of Social Welfare for the Five Year Plan 1978-83 recommended a review of grant-in-aid programme, simplification and modification of rules, promotion of programmes in rural areas, and removal of delays in the release of grant. It has also been observed that low level of expenditure in social welfare occurs because the States do not provide budget support to plan outlays and cause delay in starting new schemes to effect savings for diversion of funds either to other schemes or sectors.

The Ministry of Social Welfare, Government of India, gives aid to voluntary organisations for implementing a number of Central and Centrally sponsored schemes, apart from the grants given by the Central Social Welfare Board. Some of the important schemes in

which such assistance has been given by the Central government are working women's hostel, services for children in need of care and protection, supplementary nutrition to pre-school children and nursing and expectant mothers, training of field level social welfare functionaries, education work for prohibition, services by voluntary organisations in the field of the handicapped, etc. The programmes of the Union Ministry of Social Welfare and the C.S.W.B. do not overlap since the funds are released to the latter from the former for implementing certain approved schemes. There appears to be, however, scope for rationalisation of the system of grants-in-aid at the Central and State levels. The Indian Institute of Public Administration has recently completed a study in this regard at the instance of the Ministry of Social Welfare.

While reviewing the present grant-in-aid policy, it is important to note that the general condition requiring a prospective grantee institution to be well-established, and to possess resources, personnel, managerial skill and expertise to initiate activity, inhibits agencies with limited resources and those in backward areas. The grant-in-aid at present is largely offered through monetary transfers. The definition should be enlarged to include other forms of aid, including a pool of trained personnel who could be deputed for work in the voluntary sector. Efforts should also be made to assess the longitudinal impact of the aid programme inter-sectorally and inter-regionally. Marked fluctuations in the budgetary provisions and expenditure patterns and frequency of one-year grants over concentration in certain service areas, etc. are shortcomings that need to be remedied.

Problems in Grants-in-Aid

Any system of grant-in-aid has both merits and demerits. Its merit lies in the support that it provides to existing or new ventures; its demerit can be seen in the overdependence of receivers, distortions of local priorities and excessive control by grant-giving bodies.

There are several factors which affect the smooth operation of the grant-in-aid system. Mention may be made of frequent transfers of officers, pressures to sanction grants, rushing through sanctions of grants in the closing months of the financial year, inadequate feedback on the operation of the programme, difficulties in assessing organisational capability in implementing the programme, absence of a proper field supervision and inspection machinery, late receipt of applications, inadequate information, delays in submission of audited accounts, sketchy and unrealistic proposals with inflated budgets, improper accounting, and diversion of funds for purposes other than the one approved for grant-in-aid. These create problems in the finalisation of cases. A few agencies try to enter the field of social welfare for 'business'. Some constitute Managing Committees which consist of members of a single family, run services in their homes, and charge rent, salary etc. Efforts are made to tap multiple sources, and any deductions or adjustments in the amount of grant-in-aid after this fact becomes known are fiercely resisted through covert political pressures. All these problems form a complex network for the system.

Future Perspectives

An organisation's change and development strategy is related to its financial autonomy.⁸ It depends upon the extent to which the institution is able to seek, obtain, and allocate financial resources without external constraints. The best course to preserve autonomy or voluntariness is that beneficiaries themselves finance the services. In the conditions obtaining in developing countries this is quite unlikely for decades to come. The alternative, therefore, is to re-orient the present grants-in-aid. For this, States and areas within States can be identified as most backward, developed, and highly developed. The Ministry of Social Welfare has already commissioned institutions to prepare reports on levels of development of social welfare in selected States and Union Territories, and these could be used as benchmarks to develop a classification of this kind.

Once this is done, priorities may be determined by areas, target groups, and service sectors with a graded scale of matching contribution by the voluntary agency ranging from 5 per cent for the most backward areas to 100 per cent for the developed areas.⁹ In this way the aid programme will encourage initiative and autonomy more than stereotyped pattern maintenance and dependence; promote developmental programmes more than remedial ones; evolve a policy and built-in-system which can either resist pressures or accommodate them within its framework in a democratic and federal set up; reduce intra and intersectoral and regional imbalances in social welfare; avoid preoccupation with the launching of new projects which are given new names subsequently with additional programme 'frills'; develop a long-term perspective which is guided by the scientific study of trends in the field coupled with popular ethos; prove flexible but firm; and create confidence among the present and prospective grantees for fair and dignified consideration. It should also be examined whether the current system of grants-in-aid—one by the Board, and the other by the Ministry — should continue, or integration of the two should be attempted or further streamlined. At a later stage, the idea of constituting a Central Grants Commission for welfare consisting of all the aid giving development departments may need to be examined to further strengthen the grants-in-aid programme.

R.R. Singh

Notes on Grants In Aid

1. *Encyclopaedia of Social Sciences*, Vol VII, The Macmillan Company, New York, 1967, pp. 152-155.
2. *Grants-in-Aid to Voluntary Organisation*, Central Institute of Research and Training in Public Cooperation, CIRTPC, New Delhi, 1969; *Encyclopaedia of Social Sciences*, *op. tit.*
3. P.P. Aggarwal, *The System of Grants-in-Aid in India*, Asia, 1959, p.3; Central Social Welfare Board, *Report of Grant-in-Aid Code Committee*, Central Social Welfare Board, New Delhi, 1961, p. 13; Central Social Welfare Board, *A Study of Programmes. 1953-1969*, C.S.W.B., New Delhi, p.85.
4. A contract is not regarded as aid, for the contracting agency completes an assigned work in return with or without profit. It, however, may promote or provide a needed service and the | recipient institution may wish to continue with the project on contract or otherwise. It is in this sense that contract has been treated here as aid-in-anticipation.
5. V.V. Shetty, "Finances for Voluntary Social Welfare Institutions in Mysore State", *Social Welfare*, June 1972, p.4.
6. *The Central Social Welfare Board 1953-78*, the Central Social Welfare Board, New Delhi, p. 27.
7. D. Paul Chowdhary, "Historical Development of Voluntary Agencies", *Social Welfare*, May 1969, p. 7; and July 1969, p.p. 4-5; V. Gopalan, "Financing Social Welfare Services", in *Encyclopaedia of Social Work in India*, Vol. I, Government of India, Publications Division, 1968, pp. 327-339 and Central Social Welfare Board, *A Study of Programmes (1953-1969)*, *op. tit.*
8. Leonard C. Simmons, "Agency Financing and Social Change", *Social Work*, Vol. 17; No. 1, January 1972, p.63.
9. Shankar Pathak, "Reform in the Grants-in-Aid Pattern", an unpublished note.

Group Work

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Group work is a method of social work practice by which individuals are served within and through small face-to-face groups, in order to solve their problems and bring about desired changes at the individual, group and community levels. It recognises the strength of social forces that are generated within small groups and seeks to mobilize them for change in the client. The practitioner consciously guides the composition, development and processes of the group for accomplishing his goals for each individual member and the group as a whole. He is thus constantly operating at two levels — the client as an individual and the group as a social system whose influence can be utilized to develop client abilities, modify self-images and perspectives, resolve conflicts and inculcate new patterns of behaviour. These changes must be stabilized beyond the duration of the group experience if they are to gain significance. The results of group work intervention are to be assessed, then, in terms of improved performance in these social role areas in the client's life and not merely in terms of changed behaviour within the group.¹ Group work helps to achieve the overall objectives of social work through its own specific objectives which are to assist individuals in their maturation; provide supplemental emotional and social nourishment; promote democratic participation and citizenship; and remedy individual and social disorganisation or maladjustment through group intervention strategies.

Specific Characteristics

There are specific characteristics of group work which are distinct from those of the other methods of social work. Group work makes use of multiple relationships and a multi-person process (worker to member, worker to group, member to member, member to group) whereas casework relies on the interview, a two-person process. The latter also sometimes utilises joint interviews as well when there are multiple clients in family casework in which case

knowledge and use of group theory and dynamics are used. The group is an instrument for meeting basic needs and strengthening human capacities. It promotes identification of participants with one another and provides freedom to relate as and when the client is ready for it. A unique characteristic of group work is its use of programme media such as play, discussion, arts and crafts, music, dance, drama, role play, outings and parties which facilitate mastery of skills and serve as a vehicle for fostering human relationships. Programme activities offer scope for utilisation of non-verbal communication, a particularly valuable tool for clients who cannot articulate their needs and problems. Membership in the group, exposure to its influences, participation in its activities and acquisition of a role and status within it can have potent effects for individuals.

Principles

While group work shares with other methods of social work, generic principles such as respect for the individual, non-judgemental attitude and objectivity, out of its own philosophy and skill evolve basic principles specific to this method which guide the worker. Change is brought about through the establishment of purposeful growth-producing relationships between the worker and group members and among the members themselves. Sometimes this may require an appropriate modification of the group interactional process and its components (such as bond, leadership, isolation, scapegoating, sub-groups, conflict, hostility and contagion) to create a conducive atmosphere. The group worker encourages each member to participate according to the stage of his capacity thus enabling him to become more capable and confident in the process of problem solving. The worker also makes judicious use of limitations to direct and control the behaviour of members to obtain the optimum interaction. Most important is the differential and purposeful use of a programme according to the diagnostic evaluation of individual members, the group purpose and appropriate social goals. Well-chosen programme media provide opportunities for a new and differing experience in relationships and accomplishments. Group work demands an

ongoing evaluation of the progress made by each individual and the group and, finally and most important of all, a warm and disciplined use of self on the part of the worker.

Type of Groups

The main classification of groups is more or less five-fold based on the purpose meant to be served: (i) growth enhancement focussing on personality development; (ii) therapeutic or curative; (iii) educational; (iv) recreational; and (v) task-oriented where the group is set up for a specific goal (such as nutrition training or a day camp), after the accomplishment of which it is disbanded. This classification is mainly for functional convenience to emphasise the predominant focus and purpose for a group at a given point of time rather than to indicate mutually exclusive categories. Thus therapeutic groups, say, with juvenile delinquents, will have overtones of recreation, education, some time-bound activities and opportunities for personal growth.

Models of Group Work

The three models of group work which it shares with the wider profession of social work as a whole may be termed as remedial, developmental and preventive. Remedial groups focus on restoration to normalcy after a point of breakdown. The term developmental can be understood to have two connotations: (i) enhancing maturational tasks in the human life cycle with groups of children, teenagers and adults; and (ii) a partnership with the nation in its developmental programmes and social progress such as adult education or health. Good examples of preventive work are a juvenile guidance centre group or a prenatal or pre-discharge group in a hospital.

Settings

The setting for social work practice are also the settings for group work. Groups can be conducted in clinical settings which may be traditional or innovative in approach like family welfare agencies, hospitals, child guidance clinics, adult psychiatric units, schools and colleges, correctional institutions, institutions for children, women, the aged and the handicapped; and in many non-institutional

services such as clubs for children, youth and women. It can be practised in developmental settings like unstructured community projects, floating placements and social action movements.

Approaches

The broad approaches of group work can be classified into four main categories:

(1) Long- term/short-term groups: They are determined by availability, accessibility and nature of clients. In penal and medical settings the groups conducted have a time-limit as the stay or availability of clients is brief. Short-term groups are advisable when clients may be geographically dispersed over the city as in the case of a family welfare agency. Some clients such as the mentally retarded are unable to comprehend time and are not future-oriented. Short-term groups are also necessary if the worker is handling several groups simultaneously. The trend today is to conduct more short-term groups because it is found that they demand the maximum from the worker and clients and have rapid and lasting effects.

(2) Individual and/or group oriented: The determining question here is whether the group or the individual becomes the target of the predominant focus. In therapeutic groups, the individual attains primary attention whereas in task-oriented, conscientization or social action projects, the overall group goals are more important.

(3) Crisis intervention: Often the urgency of a common problem or need requires immediate resolution; a crisis may be preplanned as when boys abscond from an institution or accidental when death or natural calamities occur.

(4) Closed or open groups: A group may or may not admit new members as old ones drop out. A group of children in a child guidance clinic or unmarried mothers in an institution may remain a closed group but a group in a hospital ward must necessarily be open.

Use of Programme Media

Largely because of its early linkages to the field of recreation, group work has recognized the value of additional types of activities in

pursuit of change goals. Often, group workers introduce varied tasks and programme to supplement discussion, depending on the particular composition and goals of the group. Since verbal abilities are less developed among younger children, games and craft activities have been effectively used as part of their programme. With adolescents and adults, on the other hand, a number of social activities and planning for group action are found effective. Within institutions client groups can be helped to explore problems of the social milieu by being permitted to undertake limited self-government. Many messages for social development and conscientization are given through the use of folk media in villages and urban community groups. All these programme activities extend the opportunities for meaningful interaction among clients, significant involvement with social tasks and acquisition of valued interpersonal skills. For any of the types of models or approaches of groups referred there are in any setting of group work practice, one or a combination of the following programme activities which can be used for diagnostic problem-solving or treatment purposes.

(1) Play: The use of all types of games (physical, intellectual, memory, sensory) including playing with blocks, toys, sand and water, in the case of young children.

(2) Drama, mime, use of puppets and masks and role-play: In these, members of the group are asked to act various parts which have significance to their problems or difficulties. Individuals thereby gain insight into their own behaviour and that of others.

(3) Music and arts and crafts: The former which can be vocal or instrumental on a solo or group basis depict and provide an outlet for all varieties of human emotions whereas the latter, through work with diverse materials such as wood, clay, paper, straw or paints, give ample scope for self-expression, creativity, balance and harmony.

(4) Talk: This is the action most people associate immediately with group activities

especially of a problem-solving or therapeutic nature dealing with critical topics related to the clients' personal lives. Included in this activity are small group discussions, lectures, seminars, conversations, sensitivity games and encounter sessions. (A much-used mode of communication, talk is an essential part of most of the other activities).

(5) Movement: This kind of activity is being used, as counter to the rather overemphasized verbal communication just referred to. Activities include exploration of touch, non-verbal communication, dance, mime and physical encounter.

(6) Work: This activity speaks for itself and covers projects and tasks of all kinds of complexity which involve an ongoing process of cooperative endeavour.

Group Work Skills

While there are some common steps in different social work methods such as fact finding, assessment, problem-solving and evaluation, it is possible to identify certain basic areas of knowledge and skill distinctive to group work. Knowledge of individual behaviour and the characteristics of small groups (now extended in current literature to larger groups and social movements), of their potentialities for participants and means to modify group process and interaction, and the use of programme media and their proper planning, constitute the fundamental basis for competence. The group worker shares with other members of the profession knowledge about human development, community structures and welfare organizations and services. His primary mode of utilising such generic knowledge as an integrated method of social work to clients is through sessions of the small group.

The practitioner also conducts intake and referral interviews, and group meetings in the community setting, visits clients' homes when necessary and discusses with them incidents that occur between group sessions and so on. Therefore, contacts are not restricted within the group. Direct interaction between worker and client within and outside the group is an

important means of giving services. The knowledge and skills needed for such service are identical with those appropriate for other methods, especially casework interviewing, while not forgetting that the group is both the context and medium of service.

There are many schools of group counselling and psychotherapy which make use of multi-person procedures but they lack the thorough recognition of effects of group processes that group work has. Neither have they harnessed the power of the group with all its forces which characterises group work

The interaction pattern of any group is dependent on five major factors. The worker must not only have knowledge of them but also the necessary skills in handling them effectively.⁶ These are: (i) qualities of members — characteristics, abilities, personalities, experiences, culture, motivation, position in the group; (ii) qualities of the group — size, cohesiveness, values, communication, performance, composition, duration, internal structure; (iii) qualities of the goal or task — kind of task, stress, criteria for completion, sanctions, and consequences; (iv) quality of external relationships, with other groups and the community; and (v) psychological structure — power relations, sociometric choice, roles, norms and group attractiveness.

Intervention Strategies

The group worker cannot assume that a collection of clients will inevitably crystalize into a cohesive, purposeful, change-producing group. He must formulate somewhat clear and definite intervention strategies that will guide him through successive phases of group development.

Initially, the practitioner chooses certain clients for participation in each group, except when he is serving an already formed, natural or community based group (Mahila Mandals or youth clubs) because events that occur early in the life of the group shape and influence succeeding situations. The composition of each group requires careful selection and thought, as various combinations of persons with different

attributes lead to markedly diverse group experience. The criteria used for group formation are certain similarities in age, problems experienced, socio-economic, cultural and educational backgrounds, language and verbal facility. Experience in current practice of group work has also shown that the worker-client transactions that precede entry into the group are critical. These facilitate interpretation of group purposes, obtaining the client's commitment, strengthening mutual understandings and subsequent integration within the group. Consideration of the size of the group is also vital. Smaller groups of four to eight persons tend to develop more intimate and intensive relationships than do larger groups. Therapeutic groups in a ward or child guidance clinic demand a smaller size while development groups in the community can accommodate a larger number.

The worker simultaneously pays attention to interaction of clients as individuals and views the group as a small social system, thus having a kind of 'bifocal vision' and interaction at two levels. Every dimension of group development and activity is of concern and has to be deliberately guided to enhance treatment goals. Thus the worker directs his attention to the five stages of a group's development and adjusts his role, skills and focus in each of these stages: (i) pre-affiliation, characterised by doubt, hesitation and insecurity in joining the group; (ii) power and control, where there is status-jockeying as each individual strives to establish himself; (iii) intimacy, developing into closeness, sharing and mutual caring; (iv) differentiation, where each one accepts himself; thus resulting in greater cooperation; and (v) separation or termination. This classification of stages is now more universally accepted than the traditionally known three phases (i.e. initial, middle and end) of the earlier literature in group work. In each stage, the worker has a definite role with its characteristic intervention strategies.

Whatever be the stage which a group has reached, the worker must also be concerned with four dimensions of group development throughout the life of the group: (a) the social organisation of the group with its pattern of

participant roles and statuses; (b) the activities, tasks and operative processes of the group; (c) the culture of the group, with its norms, values and shared purposes; and (d) the group's relations to its external environment, including the agency in which it is served.

While one utilises the regular classification of techniques such as support, sustenance, direct versus indirect influence, environmental modification, catharsis, logical reflective discussion and insight which group work shares in common with the other methods of social work, there are skills which are somewhat unique to it. These are as follows:

(i) Programme planning: Helping the member to plan the programme, discovering and arousing interests relevant to age, socio-cultural, economic and educational backgrounds and using the environment to its maximum. The environment may comprise agency and community facilities, the various people in the neighbourhood who can be tapped as resource persons and even talented group members who can be used to demonstrate skills. The worker should know how to work within the limitations imposed by programme materials, roles and situations, agency and community resources, finances and time. Skills in working with limitations inherent within an individual in the form of a physical or mental handicap or illness are vital. The group worker enables members to plan programmes by observing, listening and acting, visiting, consulting, analysing and recording them. It helps him to gain insight in members' needs and forms of work. The worker's forte will be in teaching programme activities and leading the group in such a way that the members enjoy participation, and opportunities for involvement are created even among the less dominant ones. He must be skilled and competent in the analysis of programme media and their values.

(ii) Communication of feelings: The worker must follow and initiate communication of feelings, negative and positive, from group member to worker and between members themselves so that there is scope to express

feelings about the group, programme, worker, agency and each other.

(iii) Using agency function: Significantly important are also the skills of using agency sanction and the authority appropriately that the worker has as its representative to get tasks accomplished or exercise limitations on undesirable behaviour of group members.

(iv) Using the reality of the present: The group worker must skilfully use the reality of the present to deal with the here-and-now and life-space situations of the individual members and the group, taking up conditions and events as they occur.

(v) The conscious use of time: The worker must structure the content of discussions and programme media appropriately according to the availability of time and number of meetings scheduled, especially if it is a short-term group.

Early Roots of Group Work

Social group work began as 'group work' with its own unique history and heroes. It was not part of the mainstream of professional social work, which in the early days was synonymous with casework, as far as the method was concerned. The ideological roots of social group work were in the self-help and informal recreational organisations, such as YMCA, YWCA settlement, scouting, Jewish Centres in U.S.A. and democratic ideals that all should share in the benefits of society following the Industrial Revolution. Social group work was also influenced by progressive education as it developed in Europe and stressed the use of modern and liberal techniques in group learning.

The major thrust of early group-serving agencies was toward the normal rather than the maladjusted person who would seek service primarily during his 'leisure' hours. He came for recreation, education, enjoyment and the development of special skills and interests. Group work was then not geared towards individuals with particular problems. The person with severe problems who appeared in the group was incorporated as much as possible

with his peers or was referred for individual attention to a casework agency or psychiatric clinic.

The first course in group work was offered by the Western Reserve University in the U.S.A. in the early 1930s. There was then great preoccupation and focus on the activity and programme of the group. This, unfortunately, in many ways held back the flowering of group work as a theoretically sound method within social work. In 1935 Grace Coyle, as the Chairman of the newly established section of social group work of the National Conference of Social Work, began to clarify that group work was a method within social work and that recreation and education were other fields (professions) which might include group work as a method.

The focus then gradually moved from doing activities to talking activities which was understood at that time as leading more quickly towards self-understanding, insight and behavioural change. In the 1940s, with the efforts of persons such as Grace Coyle, Clara Kaiser, Wilber Newsetter, Gertrude Wilson and Helen Phillips,¹⁴ group work was more fully rooted within the profession of social work¹⁵ and began to be taught in many more schools in the USA. Soon the American Association of Group Workers was established, which brought out regularly a professional publication called *The Group*. Several new text-books had been published that served to formalise the thinking of the day.

By the early 1950s the method developed its own distinctiveness and was introduced in most schools of social work throughout the U.S.A., Great Britain, Canada and other parts of the world. Social group work now wrested itself from the field of social psychology and also distinguished its methodology from group psychotherapy. It moved into many 'specialized' settings previously reserved for the practice of casework to serve problem clients. It developed a refined and sophisticated set of techniques as the National Association of Social Workers and the Council of Social Work Education produced new documents and publications in group work.

Gisella Konopka, William Schwartz and Dorothea Spellman were the new group work writers. They urged that group work cease following the path of casework development and move to identify and elaborate its own therapy and practice. Thus group work obtained a new depth and vision. Its competence is reserved neither for dysfunctioning individuals alone nor for the range of services to maximise potentials; it can be used for a range of services. In the late 1960s, Ruth Smalley's new text book "Theory for Social Work Practice" whose uniqueness rests in the fact that it is the first book to present a unified theory applicable to casework, group work and community organisation, made a breakthrough in social work education by emphasizing the commonalities of the three methods. The seventies and eighties saw the method of group work being utilised in new innovations such as the laboratory method, sensitivity training, encounter groups and many movements like trans-actional analysis, gestalt therapy and so forth.

Other Influences

Historically, we can distinguish many significant thought systems developed in the western hemisphere, particularly in America and Europe, which have given direction and content to the conceptual framework of social group work from its inception till the present date.

These are: (1) the ethical, social and theistic beliefs embodied in the Judeo-Christian religions; (2) the humanitarian thinking of the late nineteenth century which found expression in the social settlement movement in England and later in America; (3) the educational philosophy of John Dewey and his followers who formulated the theories of progressive education; (4) the theories of certain early sociologists, particularly Durkheim, Simmel, Cooley and Mead, who saw in the small group the key to studying the relation of the individual to society; (5) recent basic research in small group theory by social scientists such as Kurt Lewin, Moreno, Elton Mayo and Merton; (6) such contemporary developments as the interaction theory which conceives of the group as a system of interacting individuals, the

system theory which views the group as a system of orientation, interlocking positions and roles, Communication and equilibrating processes, empiristic statistical orientation which maintains that the concept of group dynamics should be discovered from statistical procedures rather than pure theory, and makes considerable use of procedures developed in the field of personality testing, and formal models orientation which attempts to construct these models with the aid of mathematics in order to deal vigorously with some -rather limited aspects of groups; (7) the democratic ethic not only as it applies to a political system, but as it permeates all forms of social relationships, and as expressed in the writings of authors such as Mary Follet and Edward C. Lindeman; (8) general psychology orientation wherein the influence of each of the major theories of motivation, learning and perception can be seen, important contributions to the study of groups having been made in this area by Asch, Festinger, Heider and Krech and Crutchfield; (9) the psychoanalytic school of psychiatry initiated by Freud resulting in a growing interest in group psychotherapy elaborated by writers such as Bion, Schiedlinger, Stock and Thelen; (10) the liberation theories especially those of Paulo Freire, and the culture of silence which have arisen in Latin America; (11) the school of liberation theology in the last decade (giving new interpretations to the Bible and Christian doctrine in the light of prevalent socio-economic structures) which has inspired and fostered activist movements amongst the Christian missionaries; (12) the values, principles and methods of social work as the profession within which social group work as a method has developed.

Group Work Today and Future Trends

The movement of group work from its early identification with the fields of education and recreation to its present firm entrenchment within the profession of social work has carried with it profound changes in ideology, methodology, goals, priorities and emphasis all over the world. This change will continue. In place of the 'group leader', who benevolently or authoritatively led the group, is the 'group worker', who not only affects the interactional

process but also actively intervenes and initiates change at the individual, family, group, community and societal levels.

The main task in reaching out to the hard-to-reach, in involving families in dynamic interacting units, in enhancing the effectiveness of a therapeutic milieu or in communicating with uninvolved segments of the community is to help each individual through his encounter with a social worker to know and appreciate more fully his own potential, essential freedom and self-responsibility as a human being to affect the world about him. Thus at the same time he is also involved in the process of changing the social conditions that beset his fellow-men. While there is a 'reaching out' there is also a tremendously intense degree of 'reaching-in' in critical soul-searching through the philosophy of conscientisation.

In this global picture of group work, we find the method re-examining itself amid the stress of many influences. Some of these can be listed as follows: (i) Further emphasis on collaboration of purposes, key concepts and boundaries within the profession of social work. At the present time, several schools of social work have developed a generic approach to teaching casework, group work and community organisation methods, focusing on the core knowledge and skills needed by each method and by all methods, (ii) Similar strivings for clarification, effectiveness and innovation within the fields of education, psychiatry and the behavioural sciences, (iii) The insistent need of the field of social welfare to expand services and meet human needs more aggressively through extension of group services as well as through innovations in the means of social work intervention using all the methods, (iv) The direct example and influence of community involvement on the part of university youth, laymen of diverse backgrounds and religious leaders in such movements as human rights and anti-poverty programmes. Today there is greater local popular participation in national developmental programmes introduced by most countries in the world, (v) The development of a so-called 'subor para-professional' category of worker with the

accompanying demands for broad-scale in-service and staff development training programmes and the rising importance of utilizing 'indigenous leadership' in various programmes as a key means of involving the client directly, (v i) The infusion into all social work methodology of new concepts of social science concerning such topics as reference groups, role theory, and transactional and communication systems. The very changing vocabulary in social work and especially in group work indicates a shift in emphasis towards a more aggressive innovation and reaching out mode of action.

History of Group Work In India

India has a long history of social work and social welfare. There is evidence of the group approach being used in charity, imparting religious education through the oral tradition, mobilising the people for the freedom struggle against the British, social reform and, more recently, in typically indigenous welfare strategies such as the Sarvodaya and Bhoodan movements. However, the history of group work as a method of social work practice can be seen only in the context of social work education in India.

Group work began with the founding of the first School of Social Work in 1936, viz, the Sir Dorabji Tata Graduate School of Social Work. In 1947-48 the second school was established in Delhi and, for the first time, as part of an already established University. This is significant because it meant recognition of the academic status of social work education, and of group work as one of its courses. Within less than two years a third school was established as part of the University of Baroda, which had a fairly strong sequence in group work. It developed and published some of the first records of group work practice in India in 1960. The Association of Schools of Social Work in India, jointly with Technical Cooperation Mission (U.S.A), laid down minimum standards for group work.

There was subsequently a rapid increase in the number of schools of social work throughout India and group work found a place in all of them along casework and community

organisation. There was no specialisation in the methods courses as in American social work education. The theoretical framework and its practice model was mainly American and, until recently, few attempts were made to indigenize it. Group work which could have played a significant role in some of the major social development programmes launched in the earlier plans remained ineffective, since the relationships between social work education and these programmes were at best peripheral and the points of contact and integration are only now being appreciated and to some extent taking place. Furthermore, because of the location of schools of social work in urban areas, professional group work practice remained, until recent times, primarily urban.

Present Position

Academic Curriculum: Most schools preparing students for the Master's Degree teach group work in the first year only. The content is of varied nature imparting, in most cases, rudimentary concepts and principles. Only about twenty per cent of the schools teach group work in the second year covering simple therapeutic aspects. It is necessary for schools to introduce group work in the second year to strengthen the grasp of the method. The curriculum at the Bachelor's Degree level also needs to be upgraded.

At both graduate and undergraduate levels, there has been lack of clarity as to what the course on group work is meant to achieve. The teaching of group work should keep in mind the level of work and tasks to be performed after graduation and post-graduation and the possible integration of group work with new national projects that can be developed within the region. The curriculum should prepare students not only for field level practice in developmental and clinical settings but for policy-making, training para-professionals in group work, consultation in organising group services, supervision in group work and social research in the methodology and techniques of group work. What seems to be grossly lacking is the inter-relatedness of the basic social work methods arising out of a compartmentalised teaching of casework, group work and

community organisation with over-emphasis on casework.

Field work: Most school in India have heavy concentration of casework in their field work in terms of distribution of hours. Likewise, adequate time is not allotted for instruction in group work in the total supervisory conference. Field instructors themselves have had little orientation in group work and the gap between classroom teaching and the instructor's knowledge of the method needs to be bridged. This can be achieved by closer collaboration between the schools and the field through faculty field staff development programmes and updating the practice of group work related to the country's needs.

Teaching Materials

To demonstrate many of the cultural patterns and the adaptation of the group work method from an American environment into an Indian setting, it is necessary to utilise indigenous books and articles on the subject. While there is some literature on casework and relatively more on community organisation practice in India, there is very little on group work. Indian social workers have not documented their work nor are they able to demonstrate through their records diagnostic and problem-solving skills at a much higher level than that of students. Higher levels of performance than one's own are necessary to stimulate thinking. Most of the records on group work in India are, therefore, by students of social work. They are of the nature of anecdotes of a situation or two whereas the need is for demonstrating good practice over a period of about two years in each setting with long-term as well as short-term groups of a varied nature.

Group Work Practice in Agencies: At the practical level, in most agencies, the potentialities of group work as a method have not been fully explored. Group work teachers through student placements, demonstrations and consultations need to develop group programmes which can become an integral part of the agency's services.

The majority of agencies which engage professional social workers are casework

oriented and very few have utilised the group work method. In almost all agencies, the job description or official policy does not demand utilisation of group approaches to achieve their over-all objectives. Therefore group work is conducted on an *ad hoc* basis. This is partly due to a lack of conviction, inadequate skills and the vagueness of its place in the total educational programme for social work. If group work is conducted it is generally found that records are often not maintained or are so sketchy that it is not possible to get any idea of its process and methodology.

A large number of governmental and voluntary agencies manned by both qualified and untrained social workers do conduct group programmes. These agencies range from highly remedial ones such as those of Alcoholics Anonymous to developmental ones, such as projects in child welfare, rural development and family welfare. Unfortunately, the majority of social work personnel lack the technical know-how of working with groups. Those amongst them who are competent group work practitioners do not document their work and hence a wealth of good data is lost.

Recently, attempts have been made to develop indigenous literature. Some of the case studies prepared for the Workshop entitled "Poverty and the Development of Teaching Materials in Social Work Education" sponsored by the then United Nations Social Welfare and Development Centre for Asia and the Pacific (Manila) and the Association of Schools of Social Work in India in Bangalore in 1979 describe very clearly group work processes in working with the rural and urban poor.

The Scope

The scope of group work can best be considered in two dimensions. Firstly, in its role in traditional programmes with their original purposes and, secondly, in social development. Both of these would be more illuminating in a historical perspective.

In the last half decade one sees substantial progress made in group work practice in most of the traditional settings. The potentialities of

groups are recognised and several new and expanded services are being offered which make use of the small group. Institutional and non-institutional services can be re-aligned providing more experiences in group living. With the breakdown of the caste system and the joint family and the resulting insecurity in a fast changing society, group approaches are most invaluable' in providing the sense of belonging and the accelerated learning that occurs within the group. Problems of poverty and lack of resources, combined with interpersonal and intrapersonal tensions can be so overwhelming that sharing these with others and seeking solutions jointly in groups is a method of problem-solving.

In recent years new psychological concepts and, in particular psychoanalysis and psychotherapeutic techniques of transference, ego-strengthening and direct or derivative insight have begun to dominate the scene of group work, thus tending to make it more refined. Furthermore, the basic principles and methodology of group work have been used in new movements such as transactional analysis, sensitivity training, self-awareness and laboratory sessions with youth and adults elsewhere and in India. However, insight into the resources and influence of the environment and ability to bring indirect influence to bear upon the client through the environment, which are essential elements of a sociological approach in group work and absolute prerequisites for developmental work, have so far been overlooked. These need re-thinking and strengthening.

Group work method can be most advantageously used to achieve India's developmental objectives through programmes of health, family welfare, education, community development and housing to mention a few. This will demand a re-conceptualisation of both group work theory and programmes. Hence, an orientation in group work should be given to students in schools of social work and to personnel in voluntary and government agencies. This orientation should include a background of social, political and economic development, strategies of planned

development in a developing economy, the need for and types of fundamental changes required in the social structure, and the steps being taken to bring about these changes. It should also cover an assessment of existing programmes in the country implemented by voluntary and governmental agencies and further possibilities of new programmes. Only then can practitioners meaningfully grasp the contribution of group work to the programmes like integrated rural development, integrated child development, family planning and the national adult education programmes. In addition, it is necessary to incorporate into the curriculum of schools of social work, the theories of Paulo Freire and structural analysis side by side with the Indian approaches of Sarvodaya, Bhoodan, etc.

In India where poverty, disease, illiteracy and low level of living are widespread, group workers must strive for social action and social change even in remedial and clinical settings. To illustrate, school social work with a group of slow learners is the usual idea of group work in the educational field. A wider way of looking at it would be to focus on functional literacy and social education programmes, establishment of parent-teachers' associations wherever possible in the neighbourhoods and vocational guidance and counselling services on a community extension basis. Special programmes for culturally deprived children, prevention of school drop-outs, family life education and organising local pressure groups to demand changes in the educational system and better educational facilities from local educational authorities, are some of the other ideas that can be initiated. One can also be involved in the preparation of memoranda and collaboration with other groups working in the same field. The scope of education should also be extended to cover education for health, better standards of living, housing with all its legislation, and land reforms.

If group work is objectively studied in a developing country, it will be seen that the majority of the programmes will be focused on the bulk of the population that is normal and which will have to be organised into local self-

help and self-governing groups. This is not to under-rate the highly therapeutic services that will be needed to continue for those with a breakdown. While in India the efforts will be directed at striving for social justice and removal of inequalities, social group work will have to form a partnership with social education and deal with critical aspects of the clients' life. It will also focus on 'legal' and 'political' literacy, that is making people aware of their individual rights, voting procedures, representation in political parties, etc., which will be important components of such an educational programme.

Socio-Cultural Factors

For the scope of group work to be realised fully it is important to understand the cultural determinants which will affect its practice such as the nature of society and the individual's social functioning in groups in the Indian context.

Indians are very group conscious living closely knit in families, and associating freely with neighbours and community members through many informal primary and secondary groups. Most activities, whether the celebration of an offspring's birth or singing devotional hymns for a religious ceremony, are conducted in groups. Hence it would be a fallacy to draw such natural spontaneous programmes within the setting of the agency and its office in an attempt to institutionalise them. Social workers need to move out of the agency and communicate with such informal groups of men and women at their doorsteps.

The concept of self-determination undergoes a modification especially in the practice of group work in India where clients are so used to being influenced by elders. Dependence on adult guidance has been emphasised in every phase of an individual's life in India. The western method of discussing the problem threadbare does not appeal to Indian sentiments and, therefore, social workers mistakenly think that because of this dependence the client will not be able to meet his life's problems as he does not develop coping mechanisms and skills in the group.

Hence, knowledge of the traditional patterns of learning in India and how it is shaped by community, class, education and religion will guide the worker to develop further techniques in group work. By doing so one can enable the client to absorb new ideas and have his problem interpreted in the group situation.

Democratic functioning which is the fundamental principle of group work, is not practised in some sections of the population and people are confused when a democratic approach is taken. Group workers sometimes fear that an active approach might lead to the use of authority. When clients are not in a position to take a decision or initiative, it is advisable to give concrete advice rather than leave them in that state to work out their own problems. Gradually, when concrete suggestions from the group worker help people to overcome their problems to some extent, they can develop further strength to cope with their affairs unaided.

The social group to which one belongs prescribes for the individual which attributes he should suppress in order to be more acceptable to other members as social conformation is the aim. The Indian virtually never steps out of his compact group relations, the family or the caste. This accounts for his relative reserve in group discussions and his relative inability to carry out group and individual decisions as compared with the frank outburst of his western counterpart. As members of the family and the community are closely interdependent in the life of the Indian, it is but natural that various relationships have to be taken into consideration before any solution is sought. The group worker must therefore realise that it requires greater strength of character on the part of the client who is closely tied to his environment to find a solution to his problem than one who is highly individualistic.

The importance of programmes for social change can never be over-emphasized. As Indian society is traditional and there is a general tendency towards conformity to group norms on the part of the people, the individual's adjustment to his reality will be less disturbed.

The emphasis in group work will, therefore, be to reach a new level of integration by the introduction of new ideas and ways of living. Group work should not only be confined to help the members to adjust to the existing reality but also become active partners in the process of change for the betterment of society so that client participants are the makers of their own destiny. The group worker cannot be tied solely to the institutional structure but should be instrumental in bringing about a change in the individual as well as in society. The group, therefore, becomes a catalytic agent. In the light of this, the group worker should play an increasing part in community life and be in contact with conditions that affect groups, communities and the wider society.

The quality of participation in a group is dependent on the sole expectations of the individual in terms of certain traditional factors such as sex, class, social status and educational background. No doubt, according to these, certain stereotyped ideas have been generated that women or the poor and illiterate tend to be passive. Although these factors are important, they are mistakenly considered to be the sole determinants. The concept of group dynamics is to be transferred to the particular auspices, setting and context of programmes and services. While the profession proclaims the new enabling role of social work, there are agencies which even today retain the old idea of relief or charity. Where the social workers come down to the level of being equals and engage the people in truly activist and self-help campaigns, the participation is dynamic and vibrant, irrespective of caste, educational level or social status. There are a large number of people working with the masses in urban, rural and tribal areas who are able to evoke responses even among the most deprived and disadvantaged people and move them towards social action. They are not trained social workers but group workers can learn from the efforts of such indigenous and non-indigenous workers.

Vera D. Mehta

Notes on Group Work

1. Robert D. Vinter, "Social Group Work" in *the Encyclopaedia of Social Work*, ed. Harry Lurie, National Association of Social Workers, New York, 1965.
2. Gisella Knopka, *Social Group Work : A Helping Process*, Prentice Hall, Englewood Cliffs, New York, 1963.
3. This classification of approaches has been developed by the College of Social Work (affiliated to the University of Bombay) in a mimeographed paper on "The Schematic Organization of Theoretical Content in the Three Helping Methods", 1974.
4. Tom Douglas, *Group Work Practice*, Tavistock Publications, London, 1976.
5. Vinter, *op. cit.*
6. Douglas, *op. cit.*
7. Vinter, *op. cit.*
8. Garland *et al.*, "Stages of Group Development in Saul Bernstein", *Explorations in Group Work*. Boston University School of Social Work, Boston, 1965.
9. Florence Hollis, *Casework : A Psycho Social Therapy*. Random House, New York, 1965.
10. G. Wilson & G. Ryland, *Social Group Work Practice*. Houghton Mifflin, Boston, 1949.
11. Helen Phillips, *The Essential of Social Group Work Skill*. Association Press, New York, 1957.
12. Margaret E. Hartford. "The Search for a Definition. Historical Review", *Working Papers Towards a Frame of Reference for Social Group Work*. National Association of Social Workers, New York. 1964.
13. Grace L. Coyle. "What is This Social Group Work?" Survey (May 1935). "Group Work as a Method in Recreation", *The Group*. Vol. IX, April 1947.
14. For the contribution of Grace Coyle read "On becoming Professional". *Toward Profession-Standards*, American Association of Group Workers. New York. 1947.
15. "Proceedings of the National Conference of Social Work. 1946". Columbia University Press. New York. 1947.
16. "Definition of the Function of the Group worker". *The Group*. Vol. XL May 1949.
17. Coyle, *Group Work with American Youth*, Harper Bros., New York, 1949; Gertrude Wilson and Gladys Ryland, *Social Group Practice*, Houghton Mifflin Co., 1949; Trecker, Soda; *Group Work — Principles and Practice*, Whiteside, New York, 1948; and G. Knopka, *Therapeutic Group Work with Children*, Univ. Minnesota Press, Minneapolis, 1949.
18. Harriett M. Bartlett, "Toward Clarification and Improvement of Social Work Practice", *Social Work*, April 1958.

19. Marjorie Murphy, "The Social Group Work Method", A project Report of the Curriculum Study, XI, Werner W. Boehm, Director and Co-ordinator, Council on Social Work Education, New York, 1959.
20. Gisela Knopka, "Similarities and Differences Between Group Work and Group Therapy", *Proceedings, National Conference of Social Work*, 1951. *Social Group- Work : A Helping Process*, Prentice Hall, Englewood Cliffs, New York, 1963. Three important sources for William Schwartz's thinking are Alfred J. Kahn, "Group Work and the Social Scene", *Issues in American Social Work*, Columbia Univ. Press, New York, 1959. *New Perspectives on Services to Groups, Social Work with Groups*, 1961, National Association of Social Workers, New York, 1961; "Towards a Strategy of Group Work Practice", *The Social Service Review*, XXXVI, 3, September 1962.
21. Dorothea Spellman, "Nucleus and Boundaries in Social Group Work", *Social Work*, Vol. VI, No.4, October 1961.
22. Ruth E. Smalley, *Theory for Social Work Practices*, Columbia University Press, New York, 1967.
23. Clara A. Kaiser, "The Social Group Work Process", *Social Work*, April 1958. For a detailed note on the orientations influencing Group Work, see Tom Douglas, *Group Work Practice*, Tavistock Publications, London 1976.
24. Helen H. Perlman, "Social Work Method : A Review of the Past Decade", *Social Work*, Vol.X, No.4, October 1965.
25. M.S Gore, *Social Work and Social Work Education in India*, Asia Publishing House, Bombay, 1965.
26. Vera Mehta, "Issues of Group Work in India," Newsletter, Economic Commission for Asia and the Far East, July 1973, No.7, ECAFE Social Development Division, Bangkok.

Health Education

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Health education is a process that informs, motivates, and helps people to adopt and maintain desirable health practices for the promotion of their health. It is a social intervention which aims at modifying and improving the health behaviour of the individual, the family and the community. Therefore, the aim of health education is to help people to achieve health by their own actions and efforts, by imparting to them the correct scientific knowledge on prevention of disease and disability and promotion of health.

Various etiological factors of disease can be traced to the way of life of individuals, families, and communities. The barriers to the prevention of disease and for restoration, maintenance and promotion of health and rehabilitation can be traced to the psycho-social and cultural environment surrounding the individual. Health behaviour is the basis on which the positive and negative aspects of health mainly depend. Human behaviour is a critical element in the causation of any condition as well as in the adoption of its control measures.

One of the best ways to promote and maintain man's health is through the process of education. This process helps him to achieve health by his "own actions and efforts". It assures him of his self-respect and dignity and strengthens his confidence in his inherent capacity to reach a higher standard of health. "The educational process is the strongest weapon available to the health profession in shortening the interval between the discovery, the delivery and the adoption of medical advances".

The focus of health education is on the people because health problems occur among people. People's perception of health problems may be different from those of health workers

and administrators. The priorities as they see them may be quite different. It is only with a deep knowledge of their needs and interests that due attention can be given to their priority in health problems. Human factors, therefore, are as important as epidemiological or economic factors in the successful execution of health programmes.

Definition

Since 1919 when the term 'health education' was first proposed at a conference of child health organisations of America, many ideas and definitions have been attributed to the term. In the past two decades almost all the definitions, concepts, and principles of health education have emphasized the formation of desirable health behaviour through self-help. Professionally, there is universal agreement about health education involving "a process of growth in an individual by means of which he alters his behaviour or changes his attitudes towards health practices as a result of new experiences he has had".

The WHO Expert Committee on Health Education of the Public in 1953 stated; "The aim of health education is to help to achieve health by their own actions and efforts. Health education begins, therefore, with the interest of people in improving their conditions of living, and aims at developing a sense of responsibility for their own health betterment as individuals, and as members of families, communities, or governments. Health education like general education is concerned with change in knowledge, feelings, and behaviour of people. In its most usual form it concentrates on developing such health practices as are believed to bring about the best state of well-being. In order to be effective, its planning, methods, and procedures must take into consideration both the processes by which people acquire knowledge, change their feelings, and modify their behaviour, and the factors that influence such changes".

Health education is a continuing and active process of learning by experience. It is one of the fundamental public health programmes. It is not a programme distinct from other public health and medical care programmes but

constitutes an integral part of each of them. With these concepts, health education can be defined as "the sum of all those experiences of an individual that change or influence his attitudes or behaviour with respect to health and the processes and efforts of bringing these changes about".⁴ Health education is also defined as a process through which people become aware of their health needs, identify their health problems and take action for the welfare of their families.

Need

The need for health education of the public exists both in developed and developing societies. The need for health education is even greater in India because of the prevalence of communicable diseases, malnutrition, poor environmental sanitation, illiteracy, ignorance, and indifference towards available health services. The need is also greater because of some customs and beliefs which may be injurious to sound health practices.

'Since an individual wishes to remain healthy, he should possess knowledge on various factors and ways of life conducive to good health. Knowledge regarding the human body, how it functions, hygienic practices, environmental factors affecting and influencing health and disease, and the role of food and its nutritive value are some of the areas people should know about. The need to acquire knowledge on matters relating to health is not always realised. But the experience of various health education programmes in India has shown the anxiety and interest of the people in learning more about healthy ways of life and factors affecting health.

Organization

The principles of hygiene and community health were interwoven with the people's religious beliefs and practices in India. Great emphasis was laid on the importance of personal character and hygiene, physical exercise, wholesome and pure food, discipline and general regularity in daily life. Over the years these were either neglected or given low priority or were overtaken by practices and beliefs which were not conducive to good health. These factors, combined with the

absence of organized health services in the country, led to the prevalence of poor hygienic conditions and communicable diseases. It was in 1946 that the Health Survey and Development Committee (Bhore Committee) recommended the establishment of a Health Publicity Bureau, as a constituent of the Central and provincial health departments, to tackle the problem of communicable diseases.

The Planning Commission, in the First five year plan, stated that all progress in public health depended ultimately on the willing assent and cooperation of the people and their active participation in measures intended for individual and community health protection. Considering how much illness is the result of ignorance of simple hygienic laws or indifference to their practical application and the fact that "no single measure is productive of greater returns in proportion to the outlay than health education", the Commission recommended the establishment of properly staffed and equipped health publicity bureaux at the Centre as well as in the States.

During this period, a small Health Publicity Section was functioning in the Directorate General of Health Services, Ministry of Health, Government of India. The Bureaux could not be established in the Centre and the States during the First Plan period partly because of the non-availability of trained health education personnel in the country.

Central Health Education Bureau

The Second five year plan stated that work in the field of health education should be intensified in order to utilize fully the medical and public health facilities, provided under the plan. The Government of India, therefore, established the Central Health Education Bureau in 1956, with the aim of implementing the policies and programmes of health education in the country. The Bureau is also one of the Central Training Institutes of the Government of India for imparting training in health and family welfare education to key trainers in the country.

The important objectives of the Bureau are: (i) to interpret the plans, programmes and

achievements of the Ministry of Health and Family Welfare; (ii) to train key trainers, community welfare workers, health administrators, doctors, and teachers in health education and research methodology and tools of training; (iii) to design, guide, coordinate and conduct research in health behaviour, health education process and aids; (iv) to prepare and distribute 'type' health education materials to States and other agencies; (v) to render technical and other assistance to official and non-official agencies engaged in health education work and to coordinate their programmes; (vi) to help schools and teacher training institutes for the health education of the school population; (vii) to provide guidelines for the organisational set up and functioning of Health Education Units at the State, district and other levels; (viii) to identify the health education component of the national health programmes and collaborate with the programme officers; and (ix) to collaborate with international agencies in promoting health education activities.

The Bureau strives to achieve objectives through six technical divisions: (1) Training; (2) Research and Evaluation; (3) Field Study and Demonstration Centres; (4) Health Education Services; (5) School Health Education; and (6) Media.

(1) Training Division: This division of the Bureau was started in 1959 with the aim of training health workers in the theory and practice of health education. This aim was based on the premise that health education is an integral component of all health work performed by different functionaries. The division aims at providing a thorough understanding of health education and the methodology for its planning and implementation under various settings to the trainees who constitute a health team. The Diploma Course in Health Education was started in 1971 and is of a year's duration. The Diploma is conferred by the University of Delhi. The Bureau's training programmes are job-oriented and field-centred. The three-month Certificate Course in Health Education, which draws personnel both from within the country and

outside India, has its emphasis on field assignments. The trainees plan, conduct and evaluate health education programmes both in urban and rural areas in the context of the health problems of the people and the areas studied.

The training division also provides consultative services to other institutions for organising training programmes and also participates in training programmes organized by sister institutions.

(2) Research and Evaluation Division: This division conducts studies on problems related to health behaviour and on effective utilisation of educational methods and media with the specific objective of meeting the educational needs of the people in relation to the various health programmes.

(3) Media Division: This division is mainly responsible for producing health education and publicity materials for media support to various health education activities.

The Bureau brings out three monthly journals — *Swasth Hind* (English), started in January 1957, which provides extensive coverage to health events in the form of informative articles; *Arogya Sandesh* (Hindi), started in March 1965, and *D.G.H.S. Chronicle* (English) which disseminates technical knowledge on health programmes.

(4) Health Education Service Division: This division works for the promotion of health education in national health and other programmes. It also works for the growth and development of health education bureaux in States and districts and for the integration of health education in the routine services of hospitals.

(5) School Health Education Division: This division, established in 1958, works to strengthen the health education programme for school going children. The division collaborates with the Ministry of Education, National Council of Educational Research and Training, State governments and other organisations regarding

various health and population education programmes. The endeavour has been to see that health education in schools forms an integral part of the curriculum in schools as also in teacher-training schools and colleges.

(6) Field Study and Demonstration Centres: The field study and demonstration centres of the Bureau are utilised to try out different methods and media of health education in the field both by the staff of the Bureau and by the trainees. There are four urban centres and one rural centre which serve as the laboratories for the health education of the public.

State Health Education Bureaux

The Central Council of Health recommended a scheme for establishment of health education bureaux at the State level in 1959, and the Government of India agreed to meet 50 per cent of the cost of these bureaux. By 1980, 22 States and 5 Union Territories had such bureaux to guide and coordinate their health education activities. Between 1971 and 1980, health education units were established in 90 districts, municipal corporations and large industrial establishments in the country. It has also been proposed that health education activities should be taken up by all hospitals, medical colleges, and other allied training institutions.

Constraints

Though adequate emphasis has been given to health education in terms of policy during the past few years, the planning and implementation of health education services continues to suffer as adequate resources have not been made available. Lack of funds affects the availability of manpower, their training as well as provision of communication support and materials for health education programmes in the country.

Role of Media

Communication being the backbone of any health education programme, communication support is essential for all categories of health workers to discharge their role as health educators effectively. These health workers in turn need relevant communication aids to perform their duties, as health educators are

attempting to interpret scientific information on health to different target groups in simple non-technical language. Visual, audio and audio-visual aids thus play an important role in health communication.

At present, the utilisation of modern media such as radio, television, films, newspapers, magazines and indigenous media like katha, puppet shows, and other folk forms is not adequate. However, efforts are being made to disseminate information through mass media and through individual and group approach and contacts.

Role of Non-Government Agencies

Voluntary agencies in India like Hind Kusht Nivaran Sangh, Tuberculosis Association of India, National Society for the Prevention of Blindness, Indian Red Cross Society and other agencies are actively engaged in the health education of the public. With their active support and cooperation, health education activities are gradually gaining momentum in the country.

Future Perspective

Although health education as a subject is being taught to medical and nursing students, the teaching has been mostly theoretical and students rarely get a chance to develop skills in the subject. The Central Health Education Bureau has been trying to augment existing training in health education, and held a national workshop in 1979 on integration of health education in undergraduate medical curriculum. The Medical Council of India has accepted the main recommendation of this workshop. It is hoped that in future health education will form a part in "the curriculum of all the subjects taught to under-graduate medical students.

It is also planned to open health education units in more districts. The existing State Health Education Bureaux are to be strengthened and new Bureaux will come up in the regions which have not been covered so far. The Central Health Education Bureau is also working for greater coordination and more effective utilization of communication support in on-going national health programmes.

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Notes on Health Education

1. *Report of the Advisory Committee on Health Education & Communications to the Bureau of State Service (Community Health)*, U.S. Dept. of Health Education & Welfare, September 1965.
2. Dorothy B. Nyswander, "Evaluation of Health Education Practice", *Public Health News*, 30:211, 1949.
3. *Expert Committee on Health Education of the Public*, Technical Report Series No. 89, WHO, Geneva, 1954.
4. *Report of the Technical Discussions on Health Education of the Public at the XIII World Health Assembly*, *WHO Chronicle*, 1959, Vol.13, No. 7-8, pp. 320-332.

Health Policy

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Consideration of two major issues is of relevance in discussing health policy in India. Firstly, it will not be correct to use the terms health policy and health services synonymously. Health services are one of the many factors that influence the health status of a population. The health of a population is also influenced, sometimes even more significantly, by such factors as nutrition, water supply, waste disposal, housing, education, income and its distribution, employment, communication and transport and the social structure. Secondly, as in the case of other factors influencing health status, the health services of a community are usually a function of its political system. Political forces play a dominant role in the shaping of the health services of a community, for instance, through decisions on resource allocation, manpower policy, choice of technology and the degree to which the health services are to be available and accessible to the population.

If a question is raised whether this approach has been followed in India, the answer will probably be in the negative. This, however, does not imply that there has been no health policy whatsoever. Looking back at the evolution of health and other social services in India, it can be asserted that the British colonial regime had a health policy for India and independent India too has its health policy. Indeed, a pattern of approach to health emerges as a logical product of a given political, social and economic system. Even if a health policy is not spelled out in all its comprehensive details, the political, economic and social forces themselves generate an 'unwritten' policy frame for action which influences the health of a population. For instance, neglect of the indigenous systems of medicine, neglect of the health needs of the vast masses of the population and active promotion of dependency on British medical personnel, British medical

institutions and British medical industry can be expected as a logical outcome of the working of the British colonial system of government in India¹. Nor can the spectacular rise in the output of doctors and the curative, privileged class and urban orientation of the growth and development of the health services of independent India be called a mere random phenomenon or as unforeseen or unintended outcomes.

Policies during the Colonial Rule

The colonial policy of exploitation created widespread disruption in the way of life of the Indian people. Unlike the industrial European countries, India was plunged straight from a pre-industrial health culture to a colonial pattern of health culture. The British had introduced the western system of medicine into India not for the welfare of the people of this country but specifically to serve the British army, the British civil service and the European trading community. A very small fraction of the native population, the uppermost classes who were closely identified with the colonial rule, could also get the benefits from the western system of medicine.

At the same time, colonialism led to greater impoverishment and pauperisation of the large masses of the people of the country. It was bad enough that they were denied the benefits of western medical science; the total disruption of their way of life brought about by colonialism also caused disruption of the health practices which the people had developed in response to their health problems. Added to all these, colonial exploitation of the masses created adverse environmental conditions which further accentuated their health problems. Therefore, with a much heavier load of diseases because of further disruption of the ecological balance, with the disruption of the pre-existing health practices which the people had evolved in response to their health problems, and with the denial of access to the western system of medicine, the condition of the masses of the people of the country worsened considerably.

Diseases literally thrived under such conditions². In terms of mortality and

morbidity, India was among the countries at the bottom of the list. The expectation of life at birth during the period 1921-31 was 26.9 for males and 26.5 for females. Nearly half of the total numbers of deaths were among children under ten years, and in this age-group half the deaths took place within the first year of life. During the period 1941-45, out of every 1,000 children born alive, 161 died before they could complete one year. As many as twenty mothers lost their lives for every 1,000 live-births. Hunger and malnutrition and a variety of communicable diseases were some other major causes of death and disease in the country. Malaria, the most predominant of the communicable diseases, accounted for an estimated 100 million cases every year, out of which one million died. Tuberculosis, cholera, smallpox, enteric fevers, dysenteries, tetanus and diphtheria also took a heavy toll of life. Millions became blind due to trachoma, conjunctivitis and smallpox; many more were crippled or debilitated due to widespread prevalence of leprosy, filaria, worm infestations and venereal diseases.

It is significant that even at that time technical knowledge was available to deal with most of the major health problems of the country. It only needed suitable social action to make the benefits of that knowledge available and accessible to the suffering masses of the country. Thus, the problem of providing health services to the people of India was mainly political, economic, social and administrative, and only marginally technological.

The colonial character of the health services also profoundly influenced almost all aspects of medical education in India — in shaping the institutions, in developing the course content and, perhaps most important of all, in shaping the value system and the social outlook of physicians. The first medical college in India was established way back in 1835. It was quite natural that British teachers should have nurtured such institutions in their infancy. However, along with the 'scientific core' of medical sciences (which was a most welcome diffusion of a cultural innovation from the western world), there came certain political,

social and cultural overcoatings which were definitely against the wider interests of the country.

Also, opportunities for medical education in these institutions were made available to the very privileged upper class of the society. Additionally, the Medical Council of education in order to gain recognition for Indian medical degrees from the General Medical Council of Great Britain. This enabled some of the physicians, who were 'the select among the select', to go to Great Britain to get higher medical education. Acquiring Fellowships or Membership of the various Royal Colleges was generally considered to be the pinnacle of achievement in their respective fields.

-Policy in Independent India.

The policy frame for health services in independent India was provided by the report of a Committee, with Sir Joseph Bhore as Chairman, which was set up in 1943 by the British Indian Government in the wake of the constitution of the famous Beveridge Committee in Great Britain⁴. This Committee was asked to draw up a blueprint of health services for post-war British India. The Committee's report was published in 1946. The Committee had taken considerable pains to collect the relevant data available at that time and used them to make a remarkably insightful analysis of the then existing health situation in the country. The Committee had also shown exceptional foresight and courage in making some very bold and forthright recommendations

Some of the guiding principles underlying the Committee's recommendations are stated below:

No individual should fail to obtain adequate medical care because of inability to pay for it; health programmes must, from the beginning, lay special emphasis on preventive work; the need was urgent for providing as much medical relief and preventive care as possible to the vast rural population of the country because they "receive medical attention of the most meagre description although they pay the heaviest toll

when famine and pestilence sweeps through the land".

The Committee insisted that the doctor of the future should be a "social physician protecting the people and guiding them to a healthier and happier life". Such a doctor should place prevention of disease in the forefront of his programme and should so combine remedial and preventive measures as to confer the maximum benefit on the community.

The Committee made two types of recommendations: One was a comprehensive blueprint for the somewhat distant future stretching over twenty to forty years and the other was a short-term scheme covering two five-year periods. The countryside was the focal point of the recommendations.

In the long-term plan⁷, the smallest unit was a Primary Health Unit, serving a population of 10,000 to 20,000. Some fifteen to twenty-five of the primary units were to constitute a Secondary Health Unit and about three to five of the latter were to form the District Health Organization, serving a population of about 30 lakhs. A Health Centre was to be established at the headquarters of the district to support secondary and primary units from which different types of health activities were to radiate into the territory covered by each type of Unit. A District Health Centre was also planned to have general and special hospitals with total bed strength of about 2,500. Similarly, there was a provision for 650 beds at the secondary health centre and seventy-five beds at the primary health centre.

In addition, the Committee had recommended staff and resources for special services for dealing with the more important diseases prevalent in India such as malaria, tuberculosis, venereal diseases, leprosy and mental diseases.

To provide referral hospital facilities and logistic and supervisory support to primary health units, the Committee had recommended adequate staff at the secondary and district health centres.

Taking note of the insufficiency of funds and of trained personnel, the Committee also suggested short-term (ten-year) proposals which were considered to be the "irreducible minimum if tangible results are to be achieved". As a short-term measure, a primary health unit was to cover a population of 40,000 instead of 10,000 to 20,000 and it was to have a staff of two medical officers, five public health nurses, four midwives, four trained *dais*, two sanitary inspectors, two health assistants, two clerks, one mistry, one pharmacist and fifteen 'inferior servants'. There were to be four beds — two for maternity and two for emergency. By the end of ten years, a thirty-bed hospital was to be available for every two primary health units and a secondary health centre was to have 500 beds. No district health centre was visualised in this short-term plan.

To forestall any criticism of the recommendations on grounds of practicability, and pointing out the spectacular achievements in health in the Soviet Union within a span of twenty-eight years (1913-1941), the Bhore Committee had asserted that its recommendations were quite practical, in fact, relatively modest, *provided there was the will* to develop the health services of the country. Way back in the thirties, the leadership of the freedom movement in India had also accepted similar guidelines for developing health services for independent India.

As early as 1946, soon after taking office, the Interim Government of India accepted the recommendations of the Bhore Committee. Enunciating the health policy of independent India to the first Conference of the Provincial Health Ministers held in 1946, Prime Minister Jawaharlal Nehru observed that in the past little attention was paid to health which was the "foundation of all things". He asserted that economy in this sphere might mean greater expense in the long run and that "the health of the villagers required special attention as the country derived its vitality from that and hence benefits of health must be extended to the whole countryside". Provision of health services to the entire population became one of the

planks of the Directive Principles for State Policy of the Constitution of India. The aim, according to Jawaharlal Nehru, was to develop a "National Health Scheme which would supply free treatment and advice to all those who require it".

The outlays on health in the five year plan did not, however, fully conform to the policy frame of the government. The Health Survey and Planning Committee (Mudaliar Committee) which was set up in 1959 to review the developments that had taken place since the publication of the report of the Bhore Committee and formulate health programmes for the Third and subsequent Plan periods, formally admitted¹⁴ that the idealism of the Bhore Committee was 'unrealistic' and it commended the 'pragmatism' of the health programmes of the government of independent India. In effect, it endorsed the then prevailing approach of the government which involved expansion of a medical education system which was urban and curative oriented, expansion of city based hospitals and continuation of specialised mass campaigns against major communicable diseases at a time when only a portion of the population was covered by integrated rural health services. The Mudaliar Committee also recommended consolidation rather than expansion of the primary health centre complex.

Subsequently, some more efforts were made to develop alternative health care systems for rural populations. A Government of India Committee 1963 recommended that rural populations may be provided integrated health and family planning services through male and female multipurpose workers¹⁶. But the clash of interests of malaria and family planning campaigns soon led to the reversion to unipurpose workers. In 1973, yet another Committee revived the idea of providing integrated health and family planning services through multipurpose workers¹⁷. This time also the prospect of effective implementation of the scheme did not appear to be very bright. Earlier, there had been atleast two efforts, both similarly abortive, to develop alternative health strategies. One, the so-called Master Plan of

Health Services envisaged (in 1970) more incentives to physicians, establishment of 25-bed hospitals and use of mobile dispensaries for remote and difficult rural areas¹⁸. The other¹⁹, apparently inspired by the institution of barefoot doctors of China, was to nobilise an estimated 2,00,000 registered medical practitioners of different systems of medicine as 'peasant physicians' to serve as rural health workers.

The same 'soft state' approach governed the formation of alternatives in medical education. The need to reorientate medical education radically to suit conditions prevailing in India was recognised way back in the early fifties. Since then, numerous committees, seminars, conferences and workshops have reiterated the need for such reorientation. Yet the system of medical education remains heavily oriented to the conditions of the highly industrialised countries, with emphasis on highly sophisticated, curative practices, along with all their paraphernalia of mystification, professionalisation and total submission to the dictates of the drug industry.

Impact of the Health Services

It had been possible to reduce the incidence of malaria by over 99 per cent. However, in the course of the past decade or so, there has been a resurgence of this disease. Credit has also been claimed for the health services for the rise in the expectation of life at birth from 32.1 years in 1941-1951 to 52.1 years in 1976-81 (projections) and for the fall in the infant mortality rate from 161 per thousand live births during the 1941-45 to 125 in 1978. However, the fact that India has the unenviable distinction of being one of the last countries in the world to eradicate small-pox draws attention to the quality of health services that are available and accessible to the vast majority of the people of the country. A recent document from the Union Ministry of Health sums up the impact of the health services: "After thirty years of Independence, even after setting up of 5,372 primary health centres and 37,775 subcentres, we have not made a significant impact on the health status of the rural populations and the urban poor. When judged by the three simple

yardsticks, literacy, life expectancy and infant mortality, our country comes low down in the "Physical Quality of Life Index" (PQLI) with some areas of the country competing for the bottom most position in the world. This is the position inspite of the hoary traditions of the past extending over 5.000 and more years of recorded history and inspite of a large number of practitioners of the traditional systems of medicine like Ayurveda, Homeopathy, Unani, Sidha, etc. in the rural areas. It should make us pause and think as to whether the investment in the rural health so far made have been of the right order and in the right direction and have used the appropriate technological processes"

Similar findings were earlier underlined by a Committee of the Government of India which observed that almost all the national programmes have suffered because they have not received adequate attention from the medical officer incharge and his team of paramedical workers. In most of the primary health centres the lady health visitors, the auxiliary nurse midwives and other paramedical workers are not available in the required number. Even when they are available, they are comparatively young and inexperienced and they have failed to win the confidence of the community and their impact on the community is negligible. Because of the failure of lady health visitors and auxiliary nurse midwives, the untrained Dais are preferred by villagers. Ignorance, apathy, fear and lack of confidence among the paramedical staff at large are responsible to a considerable extent for under-utilization of the capacity of these workers".

Despite very heavy investment in the specialized national programmes against leprosy, filariasis, cholera and trachoma, it has not been possible to make any epidemiologically significant dent on these health problems. Over three-fourths of the mothers are unable to get even the services of an auxiliary nurse midwife at the time of childbirth. This accounts for the still very high rates of maternal morbidity and mortality in the country. A vast majority of the population do not even get protected water supply and the most elementary facilities for environmental

sanitation; tens of millions continue to fall victim to such easily preventable diseases as cholera, dysenteries, enteric fevers, hepatitis, poliomyelitis and the various worm infestations. Widespread poverty, hunger, malnutrition, poor housing and environmental sanitation and an overwhelming sense of helplessness, frustration and dejection have created an ecological setting which accounts for the very high rate of infant mortality and morbidity in the country. Half the population living below subsistence level suffer from serious undernourishment and malnutrition.

Because of frequent and serious setbacks in the implementation of the National Malaria Eradication Programme, there has been a great threat of a massive resurgence of malaria in India. To forestall such an eventuality, the country is being compelled to keep on pouring large quantites of resources into the programme. As against the envisaged expenditure of Rs. 101 crores, the National Malaria Eradication Programme has thus far spent more than three times that amount and this enormous drain is to continue merely to contain the problem as there is almost no chance of eradicating malaria in the foreseeable future.

The health service system of the country had hardly recovered from the consequences of the very costly failures of the. mass compaigns against malaria, small-pox, leprosy, filariasis, and trachoma, when a large part of the investment in health was drawn to another specialised campaign-this time this was against the rapidly rising population of the country.

The government which took office at the centre in March 1977 initiated a new programme based on village level community health workers. "People's health in people's hands" became the new slogan²⁶. The commitment of the political leadership to bypass the medical establishment and go directly to the people represented a basic shift in the aproach to development of health services in the country. In this sense it was a landmark in health policy.

The Ministry of Health and Family Welfare argued that, "no conscious and adequate efforts have so far been made to involve the community in taking care of itself and seeking assistance when such assistance is needed. As a result, the community has tended to become servile and to depend on assistance when such assistance was provided. The community should become conscious of what it can do itself and when to call for assistance". The Ministry also realised, "that improvement cannot be brought about merely by increasing the number of doctors or the output of medicines, but by making each individual realise the need for simple steps in sanitation, prevention, promotion, etc. of health activities some of which make remarkable changes in morbidity and mortality pattern in our country". The Community Health Workers' Scheme was inaugurated on 2 October 1977. Out of some 5,400 administrative blocks that cover the rural population of the country, 777 were chosen for the first phase of the implementation of this scheme. "Under this scheme a Community Health Worker (CHW) chosen by and from the community has to be trained and given back to the community with the necessary wherewithal for handling minor ailments, serving as a link between the Primary Health Centre and the community and providing the much needed health education to the village population as a whole. The responsibility for getting the best out of the Community Health Workers is now with the community itself, of course, with the promise of full support — material and institutional — from the Government. About 30,000 of CHWs are presumed to be in position by the end of May 1978"

Even if it is presumed that the conditions turn out to be as favourable as is anticipated by the government, it is possible to single out three basic conceptual issues, each one of which requires serious consideration in the light of the practical experience gained in recent years.

The first concerns the social structure of the Indian village. Experiences with the Community Development Programme and other rural programmes have repeatedly brought out the fact that the upper strata of the rural society,

which have a firm control over the means of production and distribution, usurp most of the resources for development for themselves and they allow very little of the resources to trickle down to the weaker sections of the community whose need is most desperate. Against this social background, it is unrealistic to assume that the 'community' will participate in the selection of its own CHW and that it will provide supervision to the CHW. The rich farmers will have a dominant role in the selection and in the supervision of CHWs and they will tend to corner for themselves most of the benefits of the scheme.

The second issue concerns the suitability of the training given to the trainers of the CHWs. This training is to be provided by field level workers who, according to the Ministry of Health's own admission, have so miserably failed to deliver the goods over these 30 years. The fact that such a group of people who are found so palpably inadequate, are also expected to provide training and support in the promotion of the indigenous systems of medicine, in Yoga and in homeopathy, suggests insufficient realism in conceptualising the programme.

And, finally, the proposal also raises the question whether a programme of "people's health in people's hands" can succeed when the superstructure continues to be highly medicalised, professionalised, bureaucratised and mystified, to use the terminology of Ivan Illich.

Health Policy in the Sixth Plan

Under the health policy set out in the Sixth five year plan (1980-85), the Government of India has continued to follow the trend of considering health services as only one of the major elements of a strategy of multi-sectoral approach to promotion of health. It is also in favour of promoting community self-reliance in health by further extending the scheme of Community Health Workers (later called Volunteers). There is also emphasis on strengthening the infrastructure of the rural health services. All these also form a

component of the Minimum Needs Programme, which has received a high priority in the Plan.

The Government of India considers investment on health as investment on man and on improving the quality of life. It recognises that health has to be viewed in its totality, as a part of the strategy of human resources development. Horizontal and vertical linkages have to be established among all the inter-related programmes like protected water supply, environmental sanitation and hygiene, nutrition, education, family planning and maternity and child welfare. Only with such linkages can the benefits of various programmes be optimised. An attack on the problem of disease cannot be entirely successful unless it is accompanied by an attack on poverty itself which is the main cause of it. For this reason the Sixth Plan assigns a high priority to programmes of promotion of gainful employment, eradication of poverty, population control and meeting the basic human needs as integral components of the human resources development programme.

The strategy over a period of 20 years based on the recommendations of the Working Group on Health, will be as follows:

(i) Emphasis would be shifted from development of city based curative services and super-specialities to tackling rural health problems. A rural health care system based on a combination of preventive, promotive and curative health care services would be built up starting from the village as the base.

(ii) The infra-structure for rural health care would consist of primary health centres, each serving a population of 30,000 and sub-centres each serving a population of 5,000. These norms would be relaxed in hilly and tribal areas. The village or a population of 1,000 would form the base unit where there will be a trained health volunteer chosen by the community.

(iii) Facilities for treatment in basic specialities would be provided at community health centres at the block level for a population of a lakh with a 30 bedded hospital

attached and a system of referral of cases from the community health centre to the district hospital/medical college hospitals will be introduced.

(iv) Various programmes under education, water supply and sanitation, control of communicable diseases, family planning, maternal and child health care, nutrition and school health implemented by different departments/agencies would be properly coordinated for optimal results.

(v) Adequate medical and para-medical manpower would be trained for meeting the requirements of a programme of this order and all education and training programmes will be given suitable orientation towards rural health care.

(vi) The people would be involved in tackling their health problems and community participation in the health programmes would be encouraged. They would be entitled to supervise and manage their own health programmes eventually.³²

If the political leadership is able to mobilise the administrative machinery to translate these policies into concrete action plans and programmes, it can indeed succeed in significantly raising the health status of the people of India, particularly the underprivileged and the deprived sections.

D. Banerji

Notes on Health Policy

1. R. Jeffery "Reorganizing India's Doctors: The Institutionalization of Medical Dependency 1918-39", *Modern Asia Studies*, Vol.13, No.2, 1979, pp. 301-306.
2. Government of India, *Report of the Health Survey and Development Committee*, Vol IV, Manager of Publications, Delhi, 1946, pp. J-5.
3. D. Banerji, "Social Orientation of Medical Education in India", *Economic and Political Weekly*, Volume VIII, 1973, pp.485-488.
4. Government of India, *Report of the Health Survey and Development Committee*, Volume I, Manager of Publications, Delhi, 1946.

5. *Ibid* ; pp. 5-6.
6. *Ibid* ; p. 4.
7. *Ibid* ; pp. 17-34.
8. *Ibid* ; pp. 35-68.
9. *Ibid* ; p. 10.
10. Indian National Congress, *National Health Report*, 1948.
11. G. Borker, *Health in Independent India* (Revised Edition), Ministry of Health, New Delhi, 1961, p.xvii.
12. *Ibid* ; p. 19.
13. *Ibid* ; p. xi.
14. Government of India, *Report of the Health Survey and Planning Committee*, Volume I, Ministry of Health, New Delhi, 1961, pp. 29-33.
15. *Ibid* , pp. 94-96
16. Government of India, *Report of the Committee on Integration of Health Services* , Ministry of Health, New Delhi, 1963.
17. Government of India, *Report of the Committee on Multipurpose Workers*, Ministry of Health and Family Welfare, 1973.
18. Government of India, *Outline of the Master Plan for Provision of Health, Medical and Family Planning Services in Rural Areas*, Ministry of Health and Family Planning. New Delhi, 1972.
19. Government of India, *National Health Scheme for Rural Areas (Revised)*, Ministry of Health and Family Planning, New Delhi, 1977.
20. Government of India, *Health Care Services in Rural Areas: Draft Plan*, Ministry of Health and Family Welfare, New Delhi, 1977.
21. Government of India, *Report of the Committee on Utilization of Beds in Primary Health Centres*, Ministry of Health and Family Planning, New Delhi, 1974.
22. Government of India, *Report of the Committee on Integration of Health Services*, *op. cit.*, pp. 55-81.
23. Government of India, *Memorandum on Centrally Sponsored and Purely Central Schemes for the Fifth Five Year Plan*, Ministry of Health and Family Planning, New Delhi, 1973.
24. Government of India, *Draft Five Year Plan, 1978-83*, Planning Commission, New Delhi, 1978, p. 2.
25. *Ibid*: p. 232.
26. Government of India, *Report 1977-78*. Ministry of Health and Family Welfare, New Delhi, 1978.
27. Government of India, *Health Care Services in Rural Areas: Draft Plan*, *op. cit.*
28. Government of India, *Report 1977-78*, *op. cit.*, p.2.
29. Government of India, *Report of the Committee on Utilization of Beds in Primary Health Centres*, *op. cit.*
30. I. Illich, *Limits to Medicine*, Rupa, Bombay, 1977.
31. Government of India, *Sixth Five Year Plan, 1980 -85*, Planning Commission, New Delhi, 1981, pp. 366-373 and p. 224.
32. *Ibid*, p. 368.

History of Social Reform among Christians

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During the late eighteenth and early nineteenth centuries, protestant missionaries with the support of allies in India and England took the initiative in advocating a number of social reforms in Hindu society. They drew attention to practices such as infanticide, child marriage, the deplorable conditions of widows, the exposure of the sick and dying on the banks of holy rivers, hook-swinging at Hindu festivals, the practice of 'sati', the prevalence of caste that dehumanised a great part of the society, many agrarian problems in Bengal and Madras that created slavery, bonded labour and exploitation of the poor, etc.

Continued missionary involvement in social protest and agitation during the period from 1850 to 1900 took place in a more complex situation. There was the growth of nationalist feeling and increased sensitivity on the part of educated Hindus towards the interference of 'outsiders' in socio-religious matters. The then British government was reluctant to stir up opposition by passing social legislation. These attitudes of the educated Hindus and the reluctance of the government affected the views of the missionaries and their attempts to tackle questions of social reform. But the missionaries welcomed and encouraged the growth of Indian social reform movements during this period.

In the 1820s, during the agitation over the question of *sati*, Raja Rammohun Roy (1772-1833) emerged as the first modern Hindu exponent of social reform. The fundamental aspect of Rammohan's approach to life was humanism. For him, social customs, religious practices or rituals had to stand the acid test of human welfare or else be discarded. While he valued all that was vital in Hindu tradition, he was never its slave. His English translation of the Hindu scriptures represented the first message

of India to the west in modern times. He was the founder of the Indian press, the maker of modern Bengali prose and the initiator of educational reforms that had profound influence on the course of India's history. He held reason against superstition and welfare of man as the true aim of religion. He spearheaded the fight for religious reforms.

The missionaries applauded Rammohun Roy's efforts to put an end to idolatry among the Hindus and social evils like the burning of widows and child-sacrifice. He established the Brahmo Samaj. The Brahmos distinguished themselves from the Hindus. Following his example, a number of associations were founded by Hindus, others and Parsis revolting against existing customs and devoted wholly or in part to the task of social reform. All these organisations were coordinated at the all India level by M.G. Ranade when he launched the Indian Social Conference in 1884, one year before the founding of the Indian National Congress.

The rise of these modern social reform movements was widely acclaimed by missionaries as a clear sign of 'progress' and of dissatisfaction with Hinduism. The movement also presented a challenge and an opportunity and quite clearly affected the strategy of the missionaries in relation to social reform.

The successful outcome of their attempts to obtain government legislation in the 1820s banning the practice of *sati* had depended upon the way in which missionaries could influence 'public opinion'. They interviewed and pleaded with government officials in India and appealed for support in England, bringing considerable pressure to bear on Indian policy through the House of Commons. Thus, when Bentinck arrived in India in 1829, he knew he had the backing of Parliament and the Court of Directors of the East India Company for suppressive legislation. When explaining his reasons for introducing Regulation XVII of 1829 declaring *sati* illegal in the Bengal Presidency, he declared that he would be following and not going ahead of 'public opinion' and, by that, he meant 'public opinion' in England.

During the period 1850 to 1900, English 'public opinion' continued to be of some importance as a factor influencing the conduct of Indian affairs, but it was no longer the only kind of 'public opinion' that mattered. Missionaries, like nationalist leaders and others, continued to present their case at the bar of British opinion, but they also realised that Indian pressure and agitation was of vital significance, especially if they were to obtain further legislation. Indeed, in the latter half of the nineteenth century, the government, shaken by the events of 1857 and faced with (the rise of nationalist agitation, was increasingly sensitive to Indian feeling and was unlikely to introduce social reform legislation without some measure of popular support in India.

Missionary Involvement in Social Issues

The missionaries continued to become involved in social protest and agitation partly for humanitarian reasons for the sake of Indian Christians as well as Hindus, but also because caste and family customs, conditions in rural society and even intemperance, appeared to impede the progress of Christianity. However, they could do very little without the support of at least some sections of the Indian community and, for this reason, their relationship with Indian reformers and other influential leaders and spokesmen was especially important.

Indian social reformers shared with British Protestant missionaries a vision of society which was less oppressive, less restrictive and more firmly based on the idea of social equality, though they were probably less willing to follow through some of the more radical egalitarian implications. Almost all of them were western educated or had 'imbibed western ideas indirectly'. Many of the most influential and outstanding ex-ponents of reform among them, from Rammohun Roy onwards to Pandita Rama-bai (1858-1922), had also been influenced by the Christian ethic.

Throughout the second half of the nineteenth century, Baptist, Anglican, Wesleyan and other missionaries had their own separate

denominational meetings at the regional and local levels. At these meetings they discussed social issues and occasionally appealed to the government for executive action. In the second quarter of the century, the numbers of missionaries increased and continuing missionary Conferences were established in Calcutta, Bombay, Madras, Bangalore and certain other capitals, which debated questions of caste, infant marriage, drunkenness and other issues affecting their immediate urban work. The Madras missionaries in 1853 discussed slavery in Travancore. From 1855 to 1861, the Calcutta Conference was specially concerned with the effects of indigo planting and the Zamin-dari system in lower Bengal. In 1871 the Bombay Conference examined the problems connected with infant and Christian marriage in Maharashtra. Later on these Conferences communicated with each other on various practical common matters like famine relief. They also expressed solidarity when they drew up petitions, attempting to influence the government policy.

The effectiveness of missionary campaigns on behalf of social reform was keen and widespread. The press was one of the vehicles of social reform propaganda. Through tracts and books, missionaries attempted to influence public opinion and specially the attitude of the educated classes in India. They also published special literature for non-Christian leaders on social reforms. *The Papers on Reform* prepared by the Christian Vernacular Education Society and edited by its Secretary, the Rev. John Murdoch, contained a great deal of documentary material which helped leading Indian social reformers to agitate on issues like caste, early marriage, status of women, intemperance, etc.

Caste and Its Complications

From the time the Gospel was brought into India, the missionaries held that the retention of caste was incompatible with the profession of Christianity. Caste feeling was stronger in south India than in the north. Caste became strongly entrenched in the church also as Christians of high caste refused to marry Christians of low caste and would not sit

together in churches; they refused to eat with low caste converts. The missionaries opposed caste among Christians partly because it was an essential part of Hinduism and because it seemed to damage the quality of life among the Christian community and feared that it might be a road to reverting to Hinduism. Caste stifled human sympathy, bred apathetic indifference to the needs of others and led to very great injustice and suffering among the lower castes. It was the united efforts of missionaries which brought into operation, The Caste Disabilities Removal Act, 1850. Again, it was through their action that the legal right of Shanar women to change the traditional dress to cover the upper part of their bodies was brought in. The right of Harijans to the use of public roads and highways was claimed. One of the most frequent causes of conflict between Hindus and Christians arose from the fact that Harijans were prevented from taking drinking water from village wells. This was one of the reasons that forced Christians to live in mission compounds where water supply was available.

In the nineteenth century, large-scale conversion of Harijans took place. Later on, higher rungs of Hindus, including Brahmins, were also converted. The early converts suffered many disabilities like being excluded from rituals and being economically and socially oppressed and exploited. The dramatic increase in the number of converts between 1885 and 1900 coincided with the period of plague and famine which wrecked the country taking the greatest toll among the poorest sections of the society. After independence, the number of missionaries dwindled and Indians effectively stepped into positions of importance in the churches and their organisations and took up the leadership of the Christian community. In the last three decades, the traditional structure of society has changed but still, within the Christian community, the tendency to cling to caste in times of marriage, elections, appointments to positions, etc. is evident. Caste plays a forceful part in deciding victories or defeats in Church elections as in political elections. This politicalisation of caste has assumed large proportions and has actively

helped to keep up and continue the differentiation and discrimination of caste.

Education and the Churches

From the beginning the Churches had been the greatest single source of education. They created a network of primary, secondary and higher secondary schools and colleges throughout the country. Education has helped many to acquire position and power. The education given by Mission organisations not only gave employment to several thousand teachers, but took many Christians out of the illiteracy and poverty of their rural surroundings. Though at the beginning Christians were the principal beneficiaries of educational opportunities, later all sections of the community took advantage of the facilities. These educational opportunities served as a springboard, enabling Christians to be socially mobile. Their educational attainments helped them to compete for positions in a variety of occupational fields of high status.

A new identity based on wealth, power and prestige is taking place in the community. The impact of westernisation and western ideas has resulted in changes in social life, habit, style of living, dressing, eating, etc. This has brought a tremendous change in ideas and values. The Government of India has helped these new relations, values and attitudes through many of its measures of social reform and legislation such as freeing bonded labour, giving equality to women and uplifting the downtrodden and the poor.

Problems of 'Elitist' Congregations

In the big cities a number of congregations in churches have acquired the reputation of being elitist, mainly because they were formerly the principal European centres of worship. In these churches, worship is in English and the upper middle class form the congregation. However, they are still caste-oriented. Even some of the newer churches, where worship is in regional languages, have acquired an elitist image, because of the upper middle class membership of the church. This has direct relationship to the leadership of the pastorate committees and Diocesan level committees which manage the churches. Here, those Christians who belong to

the top social strata occupy all the prominent positions in the running and management of the church, schools and other organisations. The common people belonging to the same congregation, who do not have high status in education and wealth, do not get equality

Social Welfare Programmes

At the present moment, the Christian community is becoming aware of the disadvantages of staying aloof from the mainstream of developmental efforts. Churches and churchbased organisations have launched into direct social welfare programmes for uplifting the poor and the uneducated in the villages, conscientizing them of their rights and privileges and creating opportunities for employment in rural areas. Large programmes of training people of all communities for self-employment are being undertaken.

These social welfare programmes of the churches have fairly large dimensions. In 1971, the Christian community formed about 2.6 per cent of the population in the country. But its medical welfare programmes through hospitals and social welfare institutions are in far greater proportion. The network of hospitals, dispensaries, maternity and social welfare centres, and programmes in city slum areas and rural areas provide medical services to the entire population. The socio-economic programmes include the deepening and digging of wells and providing them with pump sets in rural areas. There are projects to build roads, deepen tanks and build filter bed tanks with bunds. Distribution of seeds and manures and running of model farms are some of the other projects. Large-scale family planning schemes are undertaken not only by hospitals but by well-organised Women's Fellowship groups in the churches. The church's department of ministry to children, called the Council for Child Care caters to a large number of destitute and poor children in residential centres irrespective of caste and creed. Nonformal education and training in rural-based crafts like dairy farming, poultry rearing, basket weaving, etc. are undertaken in New Life Centres for school dropouts. More than 200 creches for children of working mothers of all castes are functioning near slums and in rural areas. Technical and

vocational training programmes prepare youth from the under-privileged sections of society in skills for employment and self-employment.

The National Christian Council of India, which unites all the Protestant Churches, has a wing called Church's Auxiliary for Social Action (CASA) which undertakes massive relief operations in natural calamities like cyclones, floods, epidemics and, during the second phase of relief, executes developmental works in the affected areas. Roman Catholic Christians have a similar organisation called Catholic Relief Organisation, (CARITAS) which does the same type of work. Apart from these large units, special homes and institutions in villages for leprosy patients, rehabilitation centres, homes for polio victims, homes for the aged and the physically handicapped and schools for the blind, the deaf and the dumb are run. Ministry to young women who have gone astray and rehabilitation of unmarried mothers is a specialised ministry undertaken by the Christian community.

Dowry System

In spite of modern ideas and education, one of the evils still prevailing within the Christian community is the practice in certain areas of the dowry system. In particular areas and among certain castes, the tradition of the dowry system is actively practised and the church ignores it. In these cases, marriage has become commercialised with a great deal of bargaining. Parents with a number of daughters find it extremely difficult to get their daughters married properly.

Personal Law and the Christians

It is an established fact that converts to Christianity retained not only their caste, but all the Hindu customs belonging to the community from which they came, including the laws of inheritance. In the issue that came up before the High Court of Bombay in "Dagree Vs. Pacceti San Jao", (ILR 19, Bombay 793), for a decision whether the estate of a person, Christian by faith, could be subject to the Hindu custom of inheritance, notwithstanding conversion to Christianity, the acting Advocate General of Bombay appeared for the widow and expressed

a point of view very forcibly. He argued, "In all free countries, we may change religion and yet remain in their communities, conforming to their usages and governed by their laws. That is what the parties to this case have done. To hold that merely because they have changed their religious views, they have ceased to be Hindus and are no longer entitled to the advantages of belonging to the Hindu community, would be perversion of opinion, never intended by the Legislature. The Indian Legislature has never desired to interfere with religious opinion in this country, or to make civil rights dependent on religion. (See Act XXI of 1850). Why should the adoption of Christianity involve a change in the law of succession? The adoption of Mahomedanism necessarily involves such a change, because Mahomed taught not merely a system of religion but also a system of law, and to become a Mahomedan implies the acceptance of both. But the founder of Christianity taught no law, and the Christian faith may be accepted and professed under any system of law and without any change of law. Unless therefore, we are to attribute to the Legislature the intention of enacting a penal law against Christianity in India, it is impossible to accept the construction of the section adopted by the Madras Courts. The law as administered in the Bombay High Court allows Hindus to retain their own usages although they become Jains, Khoja Mahomedans, Memon Mahomedans, Borah Mahomedans. We contend that it allows them the same liberty if they became Christians.

The personal laws of a community in many ways are a part of the culture of individuals, like marriage laws, guardianship and wards laws, divorce, adoption and succession. It is now increasingly recognised that Christianity need not find expression through the western medium of culture; it would be more appropriate for it to find expression through the native medium and indigenous ways. A hundred years ago, where the Hindu custom was found repugnant to modern ways of thinking, it was necessary to introduce a new system of law. This was the result of the confrontation of the country's intelligentsia with the western or Christian ethics of that time. Lord William

Bentick's abolition of the *sati* was a landmark in the chronology of Hindu social reforms. The Hindu Widow's Remarriage Act, 1856 was another example of reformist legislation. The Hindu Inheritance (Removal) of Disabilities Act, 1928; the Hindu Law of Inheritance (Amendment) Act, 1929; the Child Marriage Restraint Act, 1929; the Hindu Gains of Learning Act, 1930; the Hindu Women's Right to Property Act, 1939; the Married Women's Right to Separate Residence and Maintenance Act, 1946, were cautious measures of social reform effected during the British times.

The Charter Act of 1833 explicitly provided for the appointment of a Law Commission to consider the enactment of laws which will be common to all people of India, but at the same time directed the Commissioners to pay due regard to the "right, feelings and peculiar usages of the people". This is reflected in our present Constitution. Article 44 of the Constitution of India gives a direction to the State to endeavour to secure for the citizens a uniform civil code throughout the territory of India, but successive Governments have, out of either apprehension or deference to the feeling of various communities, postponed the endeavour towards it until such time as the initiative comes from each minority community itself.

After independence, the Hindu community has taken advantage of Article 44 of our Constitution and brought forth the Hindu Code Bill that was first framed under a special committee in 1941, and which found its way into the Statute Book in several forms, such as the Hindu Marriage Act of 1955, the Hindu Succession Act of 1956, the Hindu Minority and Guardianship Act of 1956, and the Hindu Adoption and Maintenance Act of 1956. All these new Acts brought far reaching changes in the status of Hindu women in society.

But Christian women still live under the Indian Christian Divorce Act of 1869, the Indian Christian Marriage Act of 1872 and the Indian Succession Act of 1865 which are inadequate to meet the requirements of changed social conditions and concepts. The Christian

community and its representative bodies have yet to respond to these much felt needs. The same proposition holds good in regard to church laws also.

Taking into consideration the many anomalies in all these Acts, in 1962, the Christian Marriage and Matrimonial Causes Bill was brought in and the Joint Select Committee of Parliament recorded a great deal of evidence from church and lay leaders of 25 Christian denominations in the country. But this was shelved because it became time-barred. There is need to bring this Bill once more before the public and the Parliament, because the Bill seeks to consolidate provisions in two old Acts and will make the legislation more compact. It is also liberal in that it gives equal relief and equal causes for divorce to both men and women.

Conversion, Caste and Law

There is another anomaly in law, which is a subject of much controversy, namely, the effect of a person's conversion to Christianity on his caste. It is true that the bane of caste distinction is against the tenets of Christianity. But in reality, in spite of conversion, most Christians have been identified and have been identifying themselves as members of distinct caste groups. The Madras High Court in "Michael Vs. Venkateswaran", (AIR 1952 Madras 474), declared that "conversion operates as an expulsion from the caste or in other words, the convert ceases to have any caste, because caste is predominantly a feature of the Hindu society and ordinarily a person who ceases to be a Hindu, would not be regarded by the members of the caste, belonging to their fold". But the Supreme Court in the case "Arumugham Vs. Rajagopal," (AIR 1976 S.C 939), has undermined the Madras High Court's interpretation. It stated that "conversion from Hinduism to any other religion may not involve loss of caste. This might happen where caste is based on economic or occupational characteristics and not on religious identity or the cohesion of the caste as a social group is so strong that conversion into another religion does not operate to snap the bond between the convert and the social group". This still holds true in south India where conversion to Christianity has little impact on caste. This

can be seen from the matrimonial advertisements which want Vellala or Nadar, Mudaliar or Brahmin Christian brides. The Presidential (Scheduled Castes) Order of 1950 has stated, that a scheduled caste person converted as a Christian shall be deemed to be not a member of the scheduled caste and it specifically provides that only a Hindu or a Sikh could claim to be a scheduled caste. On this basis, scheduled caste Christians have been denied by the State all the benefits in education, employment, etc. given to the scheduled castes. The Christian community, under the joint auspices of the National Christian Council of India and the Catholic Bishops Conference of India, has been agitating on this issue. The States of Kerala and Tamil Nadu have statutorily accepted that conversion of scheduled castes to Christianity does not debar them from all the benefits conferred on scheduled castes by the State.

Culture and Common Civil Code

Christians in India do not claim to have a culture of their own. Their culture is the culture of India. The personal law applicable to a community is part of their culture, and law should promote justice and equity in the relationship among the members of the community according to the Indian value system, such as protection to a widow, to a dependent mother, and to the woman who suffers under the obsolete Divorce Act of 1869. It was in 1871 that the Privy Council, in *Skinner Vs. Ford* (14 Moore's Indian Cases 309) said, "while Brahmin, Buddhist, Christian, Mohammedan, Parsee and Sikhs are one nation, enjoying equal political rights and having perfect equality before the tribunals, they coexist as separate and very distinct communities having distinct laws affecting every relation of life. The law of husband and wife, parent and child, the descent, devolution and disposition of property, are all different, depending in each case on the body to which the individual is deemed to belong and the difference of religion pervades and governs all domestic usages and social relations".

Freedom of Religion

This is another issue of great importance not only to the Christian community, but to all communities in the country at the moment. In the State of Orissa, the Orissa Freedom of Religion Act was passed in 1967. The Act contemplates penal action for any conversion to a religion by force, fraud and inducement, the penalty being imprisonment of either type, which may extend to one year or with fine which may extend to five thousand rupees or both. In the State of Madhya Pradesh, on the pattern of the Orissa Freedom of Religion Act, an Act called the Madhya Dharma Swatantrya, Adhiniyam Act was passed in 1968.

Many Christian organisations successfully contested the Orissa Act in the Orissa High Court. On an appeal by the State to the Supreme Court, the Supreme Court rejected the conclusions of the Orissa High Court in 1970. The Supreme Court stated that the fundamental right mentioned in Article 25 of the Constitution refers to the right to convert persons to one's own religion.

The two Acts mentioned above have not clearly defined the terms "force, fraud and allurement". The Christian community is unhappy about the distinctions made between "propagation of religion" and "conversion".

In the meanwhile, the enactment of the Arunachal Pradesh "Freedom of Religion Act" in November 1978 had created some apprehension in the minds of minority communities. This Act also prohibits conversion from one religious faith to another by use of "force, or inducement or fraudulent means". Again, the words, "force, inducement and fraud" are not defined, properly and the Act gives power to the executive authorities to interpret them and is therefore fraught with danger.

A Bill of a similar nature namely, The Freedom of Religion Bill of 1978, intended to apply to the whole country, was tabled in Parliament by a private member, Mr. O.P. Tyagi, in December, 1978. The Christian community demonstrated against this Bill in many places, as

they felt that it violated the guarantees given in Article 25 of the Constitution "to profess, practise and propagate religion". They felt there was no need for fresh penal clauses to prohibit conversion, as there were existing clauses in the Indian Penal Code to prevent fraudulent and forced conversions. The National Council of Churches in India on behalf of Protestant Christians, and the Catholic Bishops' Conference of India on behalf of the Roman Catholic Christians, presented memoranda to the President and the Prime Minister. The Bill before the Parliament lapsed when the Janata Government fell in 1980.

Concern for Social Justice

The community is slowly awakening to the fact that they should actively participate in the body politic of the country and in national development endeavours, specially for the uplift of poverty groups. Legislation is a necessary mechanism to institute social change, particularly when change is sought in favour of the weaker sections. Radical groups in churches have emerged asking for social revolution and demanding the rights of the have-not sections of the community.

The Christian community is exposed to the thinking of the world and of international movements in their concern for social justice through its connection with the World Council of Churches, the Christian Conference of Asia and the various traditional Mission societies overseas. There is rich international collaboration in this thinking process, which helps the community to understand its responsibility in our own country. Many study and research centres for the study of social problems, social service and religion, have been established. The community is now struggling hard to articulate the particular demands of the people in a politically relevant way, which could be understood by the people of different communities with whom they live. It is basically true that whatever the community and the church are trying to do emerge out of their deep belief in the teachings of Christianity.

Conclusion

The future of social reform for the Christian community lies with the destiny of all the

people of our land. Integration and cooperation with men of all faiths for social justice, welfare and progress should be held as ideals. Hard work for the masses in the form of relevant and contextual service, and conscientization of the people for liberation from oppression and exploitation should be undertaken in an organised way. The community has a high rate of literacy, a wealth of talents, and an established record of solid service to the weaker sections of society. Active participation in the politics of the country, working for the common good, and eschewing caste and communal feelings will release the great potential of this community for establishing equality and justice.

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History of Social Reform amongst Hindus

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In early societies, religion covered all aspects of human life. Hinduism was no exception to this rule. Norms regulating Hindu social life were laid down in the *dharma shastras*. The *Manusmriti* which belongs to pre-Christian era regulated Hindu life. But, subsequent authors on *dharma shastras* and commentators on the *smriti* introduced changes in law and thus helped adjustment of law with changing society. They also accepted the authority of custom which may be contrary to the rules of *dharma shastra*, and thus helped social reforms.

Hinduism is very catholic. It has no creed, no single prophet and no single sacred book. This enabled Hindu society to adapt to changing conditions and introduce social reform. One of the earliest social reformers was Buddha. He revolted against the caste system and ritual-ridden society. Buddha was followed by Mahavir and Basava. Saints like Kabir, Dnyaneshwar and Tukaram also carried on the tradition of social reforms, though their teachings were essentially religious. The effect of their teaching was to humanise society and to emphasise the doctrine of tolerance. These efforts were however, mainly on an individual basis.

Beginning of Social Reform Movement

With the establishment of British rule in India, leaders of Indian society came in contact with the west and learnt the virtues of liberal traditions.. Establishment of universities in India opened the doors of western knowledge to Indians and influenced their ideas about the dignity of man. The study of Christianity influenced their notions of religion. The cumulative effect of all these influences was the beginning of the movement for social reform on an organised basis. This movement had its most natural growth in areas where the first British

impact was felt, that is, in Bengal, Madras and Bombay.

The movement started with a religious basis and aimed at evolution rather than revolution. Raja Rammohun Roy is the pioneer of this movement in modern India. Rammohun Roy roused public opinion in India against social evils like the immolation of widows (*sati*) until Lord William Bentinck abolished it by law in 1828. Among Hindus, law and religion were not separated. Hence the early reformers turned their attention to religious reforms. Thus, the Brahmo Samaj was established in West Bengal (1828), the Prarthana Samaj in Bombay (1864) and the Arya Samaj in Punjab (1877). Though these institutions were established for religious reforms, they also became rallying points for social reform in other fields. The Arya Samaj and the Ramkrishna Mission introduced the idea of social service along with social reform. The Ramkrishna Mission under the leadership of Swami Vivekananda concentrated attention on social services such as education, social and medical relief work, and the service of the poor in general. Since at that time no distinction was made between social reforms and social service, the work of Swami Vivekananda is also considered as part of the social reform movement. Pandita Ramabai also undertook social service work in the form of spread of education, particularly education of women.

Social reformers resorted to both education of public opinion and legislation for achieving their goals. There were three methods adopted by social reformers for bringing about social reforms. These were the interpretation of the *shastras* in support of social reforms, the appeal to reason and humanity, and the enforcement of penalties by the State after it passed the necessary legislation. The first method was advocated to prove that social reform was nothing but revival or renewal of the essence of the original faith. The majority of social reformers approved of the second and third methods for bringing about social reforms.

Two Schools of Social Reformers

There were two schools of social reformers. One school consisted of persons who wanted to secure the authority of the *dharma-shastras* for

social reforms by a new interpretation of the *dharmashastra*. The other school consisted of persons who advocated social reforms on the basis of reason. The former school faded out soon from the horizon of social reform.

The social reform movement also faced another conflict. Some of the leaders of public life in India like Tilak and others were not opposed to social reforms, but held the view that social reforms could wait till political reforms in the form of Swarajya are achieved. They argued that with the attainment of political independence, the problem of social reform would be solved in no time. Others, like Ranade and Agarkar maintained that social reforms must receive immediate attention along with political reforms. Events subsequent to the attainment of independence in India show that in the political system of representative government, the problem of social reforms has become more complex than it had been before independence. It was expected that political institutions would change social institutions. In point of fact, however, in some ways political institutions have strengthened social institutions and made them more rigid. An instance of this is the hardening of the caste system which has complicated the problem of abolition of untouchability.

The social reform movement in western India showed more encouraging results than those shown by the movement in Bengal. A number of factors contributed to this difference, one of them being the restraint and moderation of some of the reformers. Some of the prominent names among social reformers are: Narayan Mahadeo Parmanand, Atmaram Pandurang, Vishnubua Brahmachari, Telang, Ranade, Chandavar-kar, Bal Gangadhar Shastri Jambhekar, Gajananrao Vaidya, Karsondas Mulji, Joti-ba Phule, Agarkar, and Vishnu Shastri Pandit.

Ranade established Prarthana Samaj (1864) somewhat on the lines of Brahmo Samaj. The members of the Prarthana Samaj did not believe in caste distinctions and were opposed to idolatry. They owed allegiance to Hinduism

and Hindu society but with a note of protest. Though, like the Brahmo Samaj, this was also essentially a religious reform, it led to the strengthening of the social reform movement. Ranade established the Indian Social Conference in 1887. Ranade's concept of social reform was very broad. He observed: "You cannot have a good social system when you find yourself low in the scale of political rights, nor can you be fit to exercise political rights and privileges unless your social system is based on reason and justice. You cannot have a good economic system when your social arrangements are imperfect. If your religious ideas are low and grovelling you cannot succeed in social, economic and political sphere".

Ranade and his followers supported the movements for widow re= marriage and education of women. Jotiba Phule may be described as a revolutionary social reformer. He believed in casteless society and hence criticised severely the priestly class that supported the caste system. He was one of the first social reformers who advocated the cause of the untouchables. He established the Satya-Shodhak Samaj which contributed to a great extent to social awakening among the non-Brahmins and the untouchables. Like Ranade, he also believed in economic and religious reforms as a part of social reforms. The Indian Social Conference established by Ranade played a major role in this movement. Though the aim of the movement was the creation of a new integrated society, they attacked first the most glaring evils in society, with a view to restoring the dignity of man. The glaring evils were the pitiable position of women, the caste system and the practice of un-touchability.

Position of Women

The legal status of Hindu women in ancient India was not as pitiable as it was at the beginning of the 19th century. The abolition of sati was the first measure in the direction of social reform. It was followed by the Hindu Widows Remarriage Act in 1856 through the efforts of Ishwarchandra Vidyasagar. The reformers also turned their attention to women's education and established in Bombay 'The Students Literary and Scientific Society' on

13 June 1848. In Bengal, Sasipada Banerjee did excellent work for the remarriage of widows inspite of severe opposition. The Hindu Balika Vidyalaya was started in Bengal in 1849. In western India, Jotiba Phule started classes for education of girls in Pune (1851). He also opened a school for children of depressed classes and helped widows to remarry. In Bombay, Vishnushastri Pandit founded in 1850, The Widows Remarriage Association.

Karsondas Mulji, during 1852 to 1861, through his paper *Satya Prakash* campaigned against the Maharajas, the spiritual heads of the Vaishnava-Vallabha community, who at that time were known for their debauchery and licentiousness. Karsondas faced a number of difficulties but, with crusading zeal, he carried on his fight against the degenerate religious heads with a view to freeing religion from their clutches and restoring to Hindu women their dignity. Considering the pitiable condition of widows in joint families, social reformers established widows homes in various parts of India, prominent among them being, the Widows Home in Mysore (1907), the Mahi-la Silpasrama in Calcutta (1907), the Widows Home in Bangalore (1910), the Brahmin Widows Hostel in Madras (1912). Dhondo Keshav Karve's 'Hindu Widows Home' established in 1896, played a significant role in the social reform movement. It became a model for similar other homes. Karve's Home was also an educational institution for girls. This was in a sense the humble beginning of the movement of women's education which culminated in the establishment of Dr. Karve's Women's University in 1916. Female education which was a part of the social reform movement gained momentum in the advanced provinces in India.

Age at Marriage

Early marriages were very common in India. Such marriages created the problem of young widows. Hence social reformers agitated for raising the age of marriage of girls. One of the earliest attempts in this behalf was the legislation with respect to the age of consent. Malbari, a Parsi by religion, advocated it and got the Age of Consent Act passed despite a severe controversy in 1891. Malbari appealed not only

to Indian but also to British public opinion for this reform. It may be mentioned that this legislation was applicable to all Indians and not only to Hindus.) The Maharaja of Mysore in 1902 adopted a law to prevent marriages of girls under 12 and also to prevent unequal marriages between men over 45 and girls below 14. Baroda followed this example and enacted a law in 1904 fixing the age of marriage at 12 for girls and 16 for boys. The Social Reform Conference passed a resolution at Lahore in 1909 laying down the age at marriage for girls as 16 and for boys as 25.

From the beginning of the twentieth century, laws governing marriage and divorce were placed on the statute book by various legislatures. The Anand Marriage Act was passed in Punjab in 1908. It was a civil marriage law applicable to Sikhs, removing restrictions on castes and sects. However, it did not prohibit early marriages or polygamy. A special Marriage Bill providing for civil marriage for all Hindus and making monogamy compulsory was considered by the Legislative Assembly at Delhi in 1912 but was defeated. It may be mentioned in this connection that the States of Mysore in 1890 and Baroda in 1908 had already enacted special marriage legislation. Dr. Gour was ultimately successful in securing the enactment of the Special Marriage Act in 1923. Though this Act was applicable to all Indians, it introduced the principles of monogamy, divorce and succession under the Indian Succession Act for Hindus who married under this Act. The Act was an enabling piece of legislation. The Child Marriage Restraint Act was passed in 1929. The Act prohibited marriages between girls below 14 years of age and boys below 18 years of age. However, marriages in violation of the Act were not rendered invalid. The Act was also applicable to all Indians. The Act was amended from time to time and in 1978 it was laid down that age of the girl must not be below 18 and that of the boy below 21 years of age.

Merely passing legislation does not bring about social reform. The Child Marriage Restraint Act is still observed in a most unsatisfactory manner in several parts of rural India. On the other hand, in the overpopulated

urban areas, where the problem of housing accommodation has become extremely acute, many young women are forced to remain single. Thus, Hindu society faces a big dilemma.

In some parts of India, dancing girls were attached to temples. They were expected to render service in the temple in the form of music and some other menial type of work. This system was known as *devdasi* (female slaves of God). This system was derogatory to the status of women and also inconsistent with the holy environment that was expected to pervade the places of worship. Hence laws were passed by various provincial legislatures to abolish this system.

Depressed Classes

The attention of social reformers was turned to the depressed classes¹ by Jotiba Phule and the Arya Samaj. The Social Reform Conference in 1895 deliberated on this question. The Prarthana Samaj started a depressed class mission in 1898. V.R. Shinde started a Depressed Classes Mission in 1906 and undertook educational work among the depressed classes. The Gokhale Education Society opened in 1919 a small school at Bordi, a village 85 miles from Bombay in the tribal areas. The Rayat Shikshan Sanstha at Satara opened a number of schools and hostels and provided for the education of untouchables. Attempts were made to hold all-India conferences to discuss the problems of the untouchables, but without success. It was only when Dr. B.R Ambedkar came on the scene, that the problems of the untouchables were discussed at all-India level. The enlightened ruler of the State of Kolhapur, Shahu Maharaj, actively worked for the eradication of untouchability and helped social reformers who worked in this area. Dr. Ambedkar's speech prepared for the conference of the Jatpat Todak Mandal at Lahore in 1933, which could not be delivered because of the strong sentiments expressed therein, is a classical document in the history of social reform movement.

About this time, Gandhiji also declared that he was greatly concerned over the removal of untouchability. Subsequent history of the

movement of social reform in the area of eradication of untouchability has more political than purely social overtones. Gandhiji accepted 'Varnashrama Dharma'; Dr. Ambedkar was rightly and totally opposed to it as that was the main cause of the institution of untouchability.

The problem of untouchability assumed wider significance after 1930. It involved the question of representation of untouchables in legislatures, reservation of places in services and, after the promulgation of the Constitution, reservation of seats in educational institutions, particularly in professional colleges. Dr. Ambedkar fought a series of battles for untouchables. He was convinced that in spite of all the provisions of the Constitution and legislation like the Untouchability Offences Act, 1955 (now called the Civil Rights Act, 1976), eradication of untouchability would not be possible so long as untouchables continued to remain in Hindu society. Hence, as a part of social reform, he advocated conversion to another religion. Accordingly he, along with a large following, embraced Buddhism in 1956. However, this movement of mass conversion to Buddhism could not spread beyond Maharashtra on account of the untimely death of Dr. Ambedkar in 1956. Even in Maharashtra, only certain castes among the untouchables embraced Buddhism. Many others still continue in Hindu society. Hence, the problem of untouchables still looms as large as ever on the social horizon. Strangely, the followers of Dr. Ambedkar are more interested in political questions than in social reform. Hence, even this movement of conversion to Buddhism has practically come to a standstill.

As a part of the social reform movement aiming at removal of untouchability, a temple entry movement was started in the late twenties. Admission to Hindu temples was denied to untouchables. Hence Satyagraha was resorted to for this purpose. The Indian National Congress also supported this movement. But later on, interest in this movement waned. Various provinces placed on the statute book legislation providing for punishment to those who refused the entry of untouchables into Hindu temples. Similar legislation was passed

penalising the owners of public eating houses if they refused admission to untouchables.

Land reform laws introduced a new dimension in the social conflict and affected the plight of untouchables, a consequence not anticipated by the supporters of the legislation. As a result of the land ceiling laws, excess land was to be taken from the big landlords and zamindars and distributed to landless labour, a large proportion of whom belonged to the lower castes. The former landlords could not tolerate the sight of the erstwhile untouchables tilling the land that belonged to them and harvesting the crop. Hence, physical attacks on untouchables in rural areas became a fairly common sight in States like Bihar and Uttar Pradesh. Thus the social reform movement had to face a class conflict resulting from social welfare legislation with an economic content.

One of the aspects of the social reform movement was to reconvert to Hinduism those Hindus who had embraced Christianity. Bal Shastri Jambhekar in 1830 started this movement and later the Hindu Missionary Society was established by Gajananrao Vaidya. A vigorous campaign in this behalf was carried on by Swami Dayanand, the founder of the Arya Samaj, and later by Swami Shradhanand. V.D. Savarkar, who was a political revolutionary in his early days, later turned his attention to the abolition of untouchability and reconversion to Hinduism of those who wanted to return to their old religion. The Ashram established by Masurkar Bua is also carrying on this work.

Along with untouchability, caste was also attacked by social reformers. They aimed at creating an integrated and homogeneous Hindu society. In such a society, caste and untouchability have no place. However in spite of resolutions passed at different conferences, encouragement given to inter-caste marriages, provisions of the Constitution prohibiting discrimination on the ground of caste, legislation prohibiting the practice of untouchability and various political, economic and social programmes for the betterment of the conditions of the Scheduled Castes, the institution of caste has remained intact. No

doubt there has been more mobility among the members of different castes and greater inter-mixing in urban areas, still caste loyalties and ties have survived. If the rigidity of caste distinctions and untouchability has lessened, it is partly due to modern means of communication, modern modes of living in big cities and advancement of education and partly due to the efforts of social reformers.

Some of the social reformers concentrated their attention on the uplift of the tribal people. Tribal population had belonged to no established religion. Even so, the social reform movement with respect to them could be considered in a sense as part of the Hindu social reform movement, because the personal law of the Hindus is applicable to many tribal communities. After the commencement of the Constitution, special attention has been paid to them.

The tribal people are classed as scheduled tribes, and the erstwhile untouchables are classed as scheduled castes. Special provisions are made for them in Parts X and XVI of the Constitution.

Attempts at Legislation

The *mitakshara* joint Hindu family and the concept of coparcenary and coparcenary property have been rightly described as unique institutions by sociologists all over the world. One of the thorny problems relating to the joint family was connected with the separate earnings of a coparcener. The law as interpreted before 1930 was that the earnings of a member of a Hindu joint family were his own, if his education was a general education, but were to be regarded as joint family property if he had received any special professional or technical education out of joint family funds. This distinction was sought to be abolished and all earnings of a member of a Hindu joint family irrespective of his receiving general or special education were to be his own. The first attempt in this behalf was made in January 1910 by Sir V.Bhashyam Iyengar in the Madras Legislative Assembly. However, as the bill created controversy, the Governor of Madras vetoed the bill. Dr.M.R.Jayakar introduced a similar bill

in the Legislative Assembly in Delhi in 1930. It was passed by the Assembly and assented to by the Governor-General. Thus the Hindu Gains of Learning Act, 1930 came on the statute book. The provisions of Dr.Jayakar's Bill were similar to the provisions of Sir Bhashyam Iyengar's Bill. Hindu women had either no right in the coparcenary property or had very limited right known as 'Hindu widow's estate'. If a coparcener died without claiming his portion in the coparcenary property, his widow had only a right of maintenance against the property. A Hindu daughter succeeded to the property of her father only if there were no sons, grandsons and great grandsons or wife. The first major change in this behalf was brought about in 1937 by the Hindu Women's Right to Property Act. This Act is known as the Deshmukh Act as the Bill was introduced in the Legislative Assembly by Dr. G.V. Deshmukh. Under this Act, a widow of a coparcener was entitled to succeed to the interest of her husband in the coparcenary property. However, she was entitled only to the 'widow's estate' and was not made an absolute owner of the share. This created a number of legal problems. Hence, the Hindu Law Reforms Committee was appointed to study the problem in depth and make recommendations as to the steps to be adopted for amending the Hindu Law with a view to conferring more rights on Hindu women in the spheres of matrimony and property. During the period the Committee was engaged in its work, various provinces passed laws prohibiting bigamy and providing for dissolution of marriage by divorce.

The recommendations of the Hindu Law Reform Committee were considered by the Government of India and ultimately a comprehensive Bill to introduce reforms in various branches of Hindu law was published. Dr. B.R. Ambedkar was the Law Minister to the Government of India. The Hindu Code Bill created a vigorous controversy in the country. For, it provided *inter alia* for compulsory monogamy throughout India for Hindus, for divorce, for abolition of *mitakshara* coparcenary, for rights of succession to widows, daughters, widowed daughter-in-law, etc., for absolute right to property for all Hindu women, etc. The then President of India, Dr Rajendra

Prasad had himself strong reservations on the Hindu Code Bill. The cumulative effect was that the Hindu Code Bill lapsed on the dissolution of the Provisional Parliament in 1952. Later, the Bill was modified and instead of passing it in the form of one enactment, it was passed in four parts. The laws are (1) The Hindu Marriage Act, 1955, (2) The Hindu Succession Act, 1956, (3) The Hindu Adoptions and Maintenance Act, 1956, and (4) The Hindu Minority and Guardianship Act, 1956. These laws made extensive changes in the existing system of Hindu law and brought it at par with the modern system of law in the west. Justice has been done to Hindu women in the spheres of marriage, succession and adoption. Women's organisations all over the country carried on an unceasing agitation for securing support to the Hindu Code Bill. Another merit of the new legislation is that it cuts through the confusion of different schools of Hindu law and offers a simplified code which a lay man may understand. With the passing of these laws, Hindu social life was freed from the dead hand of the religious texts. Inter-caste marriages were legalised. The Hindu Marriage Act removed the restrictions of caste, *gotra* etc. on the marriage. It made monogamy compulsory, provided for divorce and also for declaring a marriage void under certain circumstances. The Act was amended subsequently with a view to making divorce easily available and for raising the minimum age at marriage. Revolutionary changes were introduced in the law of adoption which has now become a secular law of adoption. Under the Act, a Hindu male or female may adopt a male or a female child. The adopted child does not lose the right to property vested in him in the family of his birth, nor does it divest any person in the family in which he is adopted of any rights which were vested in the person before the date of adoption. The Hindu Succession Act has abolished the distinction between the *mitakshara* and the *dayabhaga* schools regarding succession. A large number of female heirs have been introduced as simultaneous heirs along with male heirs, The old concept of widow's estate has been abolished and under the Act a Hindu woman holds her property as an absolute owner and not as a limited owner.

Mitakshara coparcenary has not been abolished, but the various provisions of the Act have in fact made it a part of history, except that the principle of interest by birth in ancestral property still survives.

These Acts have a unique place in the history of the social reform movement. Along with the agrarian reform laws, in the long run they will change the entire structure of Hindu society which, under the pressure of urbanisation and industrialisation, has been already changing during the last thirty years. In course of time, the institution of the Hindu joint family may become a part of history. The disappearance of this institution will bring to the fore new social problems, such as the care of the old and of orphans. It is important for social reformers to arrange for study in depth of the impact of social reform by legislation on society and to provide for solutions to the new problems that may be created. This aspect has not yet received attention, either from voluntary agencies working in the field of social reform or from the State.

Perspectives

In pre-independence days, there was a debate on the choice between political reforms and social reforms. It appears that advocates of political reforms succeeded, though the social reformers also scored some points. In independent India, the debate revolves round the question of the choice between social reforms and economic reforms. It is maintained that once economic reforms are achieved, the problem of social reform would be automatically solved. But, the issue is not so simple. As a matter of fact the need for economic reforms has concentrated the attention of leaders of society on social welfare and social services thus creating an impression that the social reforms are already under the umbrella of social welfare and social service. This has retarded the progress of the social reform movement even in an advanced State like Maharashtra. The attempts to revive the Social Reform Conference in the early fifties did not meet with success. The President of the First Conference of Social Reform in 1953, Justice P.B. Gajendragadkar, observed in his

presidential address that the movement of social reform had suffered from the curse of public apathy not unmixed with a feeling of ridicule or contempt. In other parts of India, there were no attempts even to revive the social reform movement.

Economic reforms will not solve the problem of social reforms. A social reformer aims at social equality in all walks of life. Such social equality can never be achieved if Hindu society continues to be divided between castes and sub-castes which confer by birth a higher or a lower status to an individual. Thus, abolition of castes and sub-castes is an imperative for social equality. However, such a development has even receded because of the determining part played by caste and sub-caste in attaining political power and, through it, gaining economic benefits and power. Dr. Ambedkar rightly observed in the Constituent Assembly: "On January 26, 1950, we will have equality in politics and inequality in social and economic life. We must remove this contradiction at the earliest moment or else those who suffer from inequality will blow up the structure of political democracy with this Assembly has so laboriously built up".

After the inauguration of the Constitution in 1950, the social reform movement as separate movement has ceased to exist. Social reform has become a part of the bigger task of reconstruction of Indian society in the light of the provisions of the Constitution. Hence, Nehru urged that socialism gave an answer to many social reform problems. Similarly, the dream of some of the political thinkers, that with the advent of political independence, all social evils would be removed has remained a dream. Though the Constitution of India aims at the establishment of a secular, casteless society, the interplay of various political forces has strengthened religious and caste sentiments. Religion and caste have become a source of political and economic power. Hence, Hindu society even today has remained caste conscious, although its manifestations have undergone changes. The scheduled castes no doubt have now more opportunities for getting admission to educational institutions,

representation in services, etc however, in rural areas the upper and intermediate castes continue to oppress them and even resort to violence. Moreover, even among the scheduled castes, the maximum advantage of the reservations is monopolised by the elite among them with the result that the majority have remained backward. This state of affairs can be changed only if the State lays down that the advantages of reservation shall be given only to those scheduled castes who came from first generation learners or from really poor families. As regards the curse of caste distinction, it may be stated that this curse will be removed only when India becomes a truly equal society. A new class of revolutionary social reformers is needed to bring about revolutionary social change. They will have to strive for total reform, including political, economic and social reforms.

T.K. Tope

Note on the History of Social Reforms-Hindu

'The expression' 'depressed classes' was used in the earlier days of the social reform movement. It meant primarily the 'untouchables'. An 'untouchable' is a person who was considered as 'untouchable' by orthodox Hindus. Gandhiji referred to them as 'Harijans' and now they are known as members of the scheduled castes.

History of Social Reforms among Jains

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Among Muslim, Christian, Buddhist, Sikh and other religious minority communities of India, the Jain community occupies an important place. The Jains have the smallest population (26.05 lakhs) among the six major religious communities listed by the Government of India in their Census Report of 1971 and constituted only 0.47 per cent of the total population. Jains are concentrated largely in western India—Maharashtra, Rajasthan, Gujarat and Madhya Pradesh, accounting for three-fourths of the total population of Jains. Further, about six out of ten Jains in India live in urban areas.

The Jain community is one of the most ancient communities of India. It has also the characteristic of unbroken continuity. The existence of Jain religion can be traced to the very beginning of Indian history.

Jains are the indigenous inhabitants of the country and their mythological and historical personages, their language, and their sacred places have their roots in the traditions and culture of the country. The Jains have no religious connections or affiliations outside India.

Furthermore, Jains, though small in number, constitute a separate entity and have succeeded in maintaining their distinctive features. Jainism being an independent religion, its followers have got their own vast sacred literature, distinct philosophy and outlook on life, and special ethical rules of conduct based on the fundamental principle of *Ahimsa*.

Though Jains are the followers of one religion, they are divided into various sects, sub-sects, sections and sub-sections. Jains are divided into

two great *panthas* or sects, namely 'Digambara' and 'Shvetambara'. Literally, Digambara means 'sky-clad' and Shvetambara means 'white-robed'. Further, each of the two main sects got sub-divided into different major and minor sub-sects according to difference in acknowledging or interpreting the religious texts. These sects and sub-sects have their own places of worship, places of meditation and places of pilgrimage; and generally, the followers of a particular sect or sub-sect frequently visit the religious places of their own sect or sub-sect. They also have their own well-knit organisations at the national, State and even city levels and carry out all various religious and social activities primarily for the benefit of their members.

In the early stages of their history, Jains were divided into *varnas* or classes, namely, Brahmana, Kshatriya, Vaisya and Shudra, and this *varna* system was continued for a long period. But later, the caste system developed among Jains on the pattern of the Hindu caste system, with the significant difference that the caste system among the Jains is a social, and not a religious institution. Jainism does not recognise castes as such; at the same time, Jain books do not specifically obstruct the observance of caste rules by the members of the Jain community. The attitude of Jainism towards caste is that it is a social practice, unconnected with religion. Among Jains castes were not arranged in a hierarchical order of respectability, no restrictions were put on social intercourse between members of different castes and there was freedom of choice of occupation for its members.

In view of the close social affinities between the Jains and the Hindus, we find the occurrence and prevalence of similar social conditions and problems among Jains. Further, the reactions of both Jains and Hindus towards these problems were on somewhat same lines. Due to the impact of social and economic change and exposure to modernising influences there developed a strong awareness among Jains, as among Hindus, to the need to introduce reforms in socio-religious matters, to eradicate undesirable social and religious practices and mainly to effect changes in the

various aspects of the institution of marriage. As a result, reform movements were initiated.

Socio-Religious Reforms

Leaders of different sects among Jains launched several reform movements pertaining to issues and problems which they considered imminent and pressing both from religious and social points of view. In reform movements among the Digambara sect, the *Dasa Pujadhikara Andolana* i.e., 'the Dasas' Right to Worship Movement, occupies a prominent position.

The *Dasas* are persons belonging to the *Dasa* divisions of Jain castes. The use of *Visa* and *Dasa* as names of divisions of castes is common among the Jain castes like Agar-awala, Osavala, Hummada, Porvada in northern and western India. The term '*Visa*' signifies 'twenty in the score' i.e. pure, and '*Dasa*' signifies 'ten in the score', i.e., half-pure. Such *Visa* and *Dasa* divisions are treated in a descending order of social respectability and are considered as hypergamous divisions for marital purposes. As *Dasa* persons were assigned a lower position in the caste system, various social restrictions were imposed on their inter-dining and inter-marriage relations. Along with these social restrictions, certain religious disabilities were also forced on them. The *Dasa* persons were not allowed to perform puja or worship in the temples. This form of religious discrimination and social injustice was not liked by the leading intellectuals and was strongly opposed by the *Dasa* persons among the Digambara Jains. Pandit Gopala-dasaji Baraiyya of Banaras spearheaded the movement and declared in unambiguous terms that "in accordance with the liberal principles of Jainism the *Dasas* have the equal right to worship like the non-*Dasa* persons". This stand taken by the pandits and the intellectuals was opposed by rich persons and after a protracted controversy, the matter was referred to a court of law where the judge gave the decision that the *Dasas* have no right to worship as there is no custom or practice in prevalence to that effect. The court decision gave rise to widespread disquiet between the *Visa* and *Dasa* sections for a long time and considering the stiff and adamant attitude of

the *Visa* sections, many *Dasa* persons left the Digambara sect and joined the Shvetambara sect. Later, the All India Digambar Jain Parishad, Delhi, the national representative organisation of the Digambara Jains, revived the movement and, due to its strenuous efforts, conditions changed and the *Dasa* persons in practice began to enjoy in full measure their right to worship in Jain temples and even built temples from their own funds for common use.

The second important movement of a socio-religious nature with far-reaching effects was launched by the Digambara Jains at the beginning of the twentieth century. The movement was known as *shastra-mudrana Virodhi Andolana* i.e., the Anti Scripture Printing Movement and it aimed at preventing the *Shastras*, the sacred literature preserved in manuscript form, from being printed and published in book form. Several intellectual and social leaders from north India like Babu Surajabhanaji, Babu Jyotiprasadaji Jain and Pandit Chan-drasen Vaidya strongly pleaded for the printing and publication of ancient scriptures on all subjects in book form so that they could be easily accessible to the general public and be useful in guiding their social and religious practices. This was opposed by the orthodox sections because they believed that printing the scriptures in book form was an anti-religious act. They considered that it was sin to touch a printed religious book and hence they not only prohibited keeping the printed religious books in temples but also imposed a social and religious boycott on the publishers of such books. This opposition could not stand for a long time in the changed conditions of life when leaders of all other religions had started to make use of the printing machine. Slowly the opposition fizzled out, the printing of ritualistic literature and sacred books was started, separate Jain scripture publishing concerns were established and the publication of many books under the Jain Sacred Literature Series' was undertaken. The commencement of this publication activity on a large scale greatly helped in ushering social reforms among Jains in different parts of India.

In the Shvetambara sect also, some important movements of a socio-religious nature took place in the early decades of the twentieth century. Among the Murtipujaka Shvetambara Jains, the 'Bala-diksha Prati-bandha Andolana' i.e., the 'Prevention of Initiation of Children Movement' was started by prominent intellectuals and social workers. It was directed against the prevailing large-scale practice of initiating adolescents and young children (sometimes children of below 10 years) to the ascetic order of the sect because it was felt that small children are not at all in a position to take an independent decision regarding the adoption of the ascetic career as a goal in their life. The movement dragged on for a long time and, due to protracted controversies, the general public opinion moved in favour of putting a virtual ban on such initiation of children and in favour of prescribing an age limit for entry into the ascetic order. In spite of forceful propaganda and general awakening, the movement could not succeed in completely stopping the practice, but the actual frequency of such initiations became much less. The youth among the Shvetambara Jains took a lead in this movement and established a new organisation known as Jain Yuvak Sangh for carrying out this and other social reforms among Jains. As a result of this agitation the old princely State of Baroda passed legislation prohibiting initiation of children in the State.

Among the Sthanakavasi Shvetambara Jains, the 'Ek Acharya Andolan', i.e., the "One Religious Head Movement", was started by intellectuals and social workers with a view to establishing the authority of one *acharya* (pontiff) on the entire ascetic order of the Sthanakavasi sect. After a long agitation, the movement succeeded and the system of supremacy of one *acharya* was recognised and accepted by the Sthanakavasi Jains. Accordingly, ascetics of the Sthanakavasi section from all over India were brought under the direct control of one *acharya*. This resulted in bringing essential unity among the laity of the Sthanakavasi section also, as the lay members were dependent on the ascetics for the performance of religious rites and ceremonies on account of the total absence of idol worship.

Thus, unity among the ascetics and lay members of the Sthanakavasi sect under the authority of one *acharya* was forged and continued. This kind of unity is not found among the Digambara Jains and the Murti-pujaka Shvetambara Jains.

In addition to movements of a socio-religious nature mentioned above, from the early years of the twentieth century purely social reform movements were also launched by intellectuals and social workers among Jains in different parts of India. These movements were mainly directed towards bringing about essential reforms in the fields of marriage, education, and social customs and traditions. The chief concern of the social reform movement among Jains was to introduce radical changes in several practices connected with different aspects of marriage, like age at marriage, preliminaries to marriage, selection of marriage partners, celebration of marriage ceremony, and widow remarriage.

Child Marriage

Adult marriage was the order of the day among Jains from ancient times. But during the medieval period, the practice of child marriage became prevalent among Jains, as among Hindus. Later, the practice became so deep-rooted that it was believed by common people that it was obligatory on their part to get their sons and daughters married at an early age as the practice had the sanction of religion. Even children below five years were married. Stern opposition to this undesirable practice came from Jain leaders in southern Maharashtra as they strongly denounced the practice in the very first conference of their representative social organization, the Dakshin Maharashtra Jain Sabha, held in 1899. This progressive attitude was not liked by the Jains from north India and they opposed the movement against child marriage. Slowly the movement initiated by the Dakshin Maharashtra Jain Sabha gained ground and child marriages were completely replaced by adult marriages among Jains in India.

Bride-Price and Dowry

Among the preliminaries to marriage, the practice of one party giving property or money

to the other party figures prominently. In marriage by purchase, a wife is obtained for money paid to her father's family by the husband or his father (*asura* form of marriage). While the Jain law-givers did not approve of this method as a right form of marriage to be practised by the people, the practice was sometime resorted to by the lower classes among Jains. As early as 1904, the Dakshin Maharashtra Jain Sabha started a campaign against the irreligious custom of bride-sale. As a result, the practice declined and soon it became extinct.

In the preliminaries to marriage there is also the custom of dowry, in which gifts are given to the groom's family. According to this custom, it becomes the duty of a right-minded man, instead of collecting a price for his daughter or sister, to exert himself to the utmost in providing her with a dowry which alone will make her marriage proper and honourable. There are several instances which show the prevalence of the dowry system in the Jain community from ancient times. The practice continued unabated in spite of its adverse social effects and its strong denouncement by intellectuals. From the beginning of the twentieth century, several representative Jain social organisations of both men and women passed resolutions against the practice of giving dowry, but these had little effect and the practice is still in actual operation in one form or the other.

Inter-Caste Marriage

In the matter of selection of marriage partners, certain undesirable practices restricting the scope of choice were prevalent among Jains in the beginning of the twentieth century. One such practice was to limit the field of choice of marriage partners to the members of one caste or one sub-caste only, according to the rules of caste endogamy. This practice was against the norms prevalent in the Jain community from the ancient times. The fact was that in the Jain community full freedom was given to people in the choice of their marriage partners from the very beginning. But this position of complete freedom was not allowed to remain in operation and subsequently new

rules were prepared to suit changing conditions from time to time. Accordingly, during the Varna system of social organisation in the ancient period, 'Savarna' marriage was prescribed, whereby the field of marriage was limited to the members of one Varna only. Later, when the caste system of social organisation got established during the medieval period, the form of '*Sajatiya*' marriage was prescribed, by means of which it was laid down that the parties to the marital union must belong to the same *Jati* or caste and to the same *upjati* or sub-caste when a particular caste was divided into number of sub-castes. This rule of *Sajativa* marriage, i.e., of caste and sub-caste endogamy, virtually limited the field of choice of marriage partners to a small group of persons because by the end of the nineteenth century, a large number of castes and sub-castes came into existence in the small Jain community spread through the length and breadth of India. Since the observance of this practice resulted in increasing and strengthening caste sentiments and loyalties, in creating a cultural gulf between the castes, in increasing the number of unmarried persons and in giving rise to many anti-social usages, intellectuals and social workers launched the 'Antar-Jatiya Vivaha Andolana', i.e., the "Inter-Caste Marriage Movement" at the beginning of the twentieth century. As various learned treatises were published in support of the movement and as several national and regional associations of the Jains forcefully championed the cause of the movement through different means of propaganda, the opposition of the orthodox sections slowly dwindled. In this way, the system of inter-caste marriages was approved by different sections of the Jain community and even ascetics started accepting meal offerings from families contracting inter-caste marriages. Even though the movement has succeeded, it has not achieved its ultimate goal in the sense that the practice of inter-caste marriage has not yet become very widespread among the Jains, as had been expected by the protagonists of the movement.

Marriage Ceremony

In the marriage ceremony of the Jains, certain irreligious and objectionable practices had

become common by the beginning of the twentieth century. Even though marriage was a religious sacrament and detailed rites of the marriage ceremony were laid down in Jain scriptures, in practice Jains used to perform the marriage ceremony according to Hindu rituals and with the help of Hindu priests. Due to the spread of religious knowledge among Jains and the rise of consciousness about their religious identity, Jains began to feel that they should celebrate the marriage ceremony, the most important event in an individual's personal life, in accordance with the sacred Jain rituals laid down for the purpose. Several Jain associations, social workers and intellectuals succeeded in wiping out the Hindu elements in marriage ceremonies among Jains and in banning the objectionable practice of arranging dances at the time of the marriage ceremonies.

Widow Remarriage

Like the problem of inter-caste marriages, the problem of remarriage of widows also attracted the serious attention of intellectuals and social workers among Jains in the beginning of the twentieth century. It is true that the Jain religion did not advocate the remarriage of widows and that in ancient Jain literature not even a single instance of widow remarriage could be traced. The real position was that the question of allowing widow-remarriage was relegated to caste organizations and it was determined on the basis of caste and local customs. Accordingly, widow remarriage was neither allowed nor practised by Jains in ancient times. But from medieval times, the practice of widow remarriage, though to a very limited extent, came into vogue among Jains from south India, especially from the Deccan. The practice of widow remarriage became prevalent among poorer sections of persons belonging to a few castes only. This situation continued for a long time till it began to be realised from the early decades of the twentieth century that the number of widows in the Jain community had assumed large proportion due to the prevalence of child marriage and that this had a serious and negative impact on the growth of the Jain population. The problem called for solution and by 1920 intellectuals and social workers started the 'Vidhava Vivaha Ando-lana', i.e., the

'Widow Marriage Movement' on a large scale all over India. Leaders like Brahmachari Shitalaprasadaji staunchly advocated widow remarriage mostly on social grounds, while some thinkers like Swami Satyabhakta went to the extent of strongly asserting that the Jain religion was not against the observance of the practice of widow remarriage. This movement was not completely successful in the sense that it did not result in greatly increasing the number of widow remarriages among Jains from all over India, but it is evident that the movement had a far-reaching effect on the attitude of the Jains towards the problem. The movement, through its forceful propaganda, drove people to think seriously on pressing, current social problems like widow remarriage, and greatly succeeded in removing the aversion and hatred of the people towards the observance of the practice of widow remarriage. As a result, it is observed that at present among Jains of all sects prejudice against the practice of widow remarriage is on the decline. It is reported that in many Jain castes in north and west India an increasing number of remarriages have been occurring without any action being taken against the defaulters and that specific efforts are being made to arrange and popularise such marriages through the establishment of specific social associations for the purpose.

Spread of Education

In the field of education also, several efforts were made by Jains from the beginning of the twentieth century, so that they did not lag behind other communities in the race for advancement started under the impact of western culture. In the early stages, a protracted controversy raged as to whether to continue the orthodox system of religious education through *Pathshalas* (i.e., indigenous schools) or to adopt the new system of secular education imparted through schools and colleges specially started for the purpose by the government or by the other public bodies. The leaders of the community ultimately decided to popularise and spread secular education but, at the same time, to continue to keep the base of religious education to the maximum extent possible. As a result, along with religious education, secular education was also brought

within the reach of all members of the Jain community. Residential schools and colleges known as *Guruku-las* were started where students are prepared for various university courses but, at the same time, care is taken that they lead a strictly religious life. This *Gurukula* system of education is becoming popular because the students trained by these institutions remain religious-minded throughout their life and are also in a position to maintain themselves. The *Mahavira Brahmachary-ashrama*, the *Gurukula* at Karanja in Maharashtra, and the Yashovijayaji Jain Gurukul at Palitana in Gujarat are notable institutions of this kind. The number of such *Gurukulas* is small because of the heavy expenditure required. Where *Gurukulas* could not be established, boarding houses or hostels have been started at practically all big places and centres of education throughout India. Here, residential accommodation is given to Jain students free of rent or on nominal rates. Students residing in such hostels are free to join any institution for their education, but they are required to take elementary religious education for which provision is made by the authorities, and to lead a religious life (that is, to visit the temple daily, to refrain from eating at night or eating prohibited things, etc.). Poor and deserving hostel students are given financial help in one form or another. With a view to accelerating the spread of education, special funds are constituted to give scholarships or loans to deserving Jain students wherever they may be. Generally, the scholarship amount is given on the condition that the receiver has to refund it by instalments when he completes his education and is settled in life. In awarding the scholarships, preference is shown to those who wish to prosecute higher studies in Jainology or desire to take specialised courses. The spread of higher education among Jains at present is mainly due to the help rendered to them through various means provided by the Jain community. Adequate attention was also paid by Jains towards the spread of female education. Like boarding houses or students' hostels for boys, *Shravikashramas* (women's homes) were started by Jains at important places. The *Shravikashramas* were specially designed and organised to impart religious and

secular education to female students, to provide accommodation for working women, to give residential facilities to female students enrolled in other institutions, to provide shelter to orphans, widows and deserted women and, in recent times, to arrange vocational training and run small-scale industries for the benefit of women. In some places special scholarship funds have been created with a view to rendering help to poor and deserving women students and to encourage talented girls to take specialised training courses required for different vocations and professions.

Eradication of Anti-Social Practices

In the field of social customs and traditions, it can be stated that many undesirable and anti-social practices which were prevalent in other societies were not found among the Jains. For example, in ancient times, in almost all patriarchal societies, the birth of a girl was not a welcome event and this gave rise to practices like female infanticide and neglect of female children. This custom of infanticide of girls crept into some sections of Hindu society during the medieval period and was in vogue till it was prohibited by the early British rulers. Since Jain philosophy is based on the main principle of *Ahimsa* or non-injury to living beings, female infanticide was not even thought of in the Jain community at any time. For the same reason, female children were not purposefully neglected even though sometimes they might have been regarded as a burden on the family. Similarly, the practice of *sati* (self-immolation by widows) which was common among the Hindus, was conspicuous by its absence among the Jains. Further, the custom of tonsure was practised by Hindu widows from about 1200 A.D. and was in vogue in many quarters till recent times. But this custom was never followed by the Jain widows. Among the Jain women only the *Sadhvis* (nuns) used to be shaved in accordance with the rules of asceticism prescribed for them.

In respect of observance of social customs and traditions, it may be said that several Jain associations and Jain journals and newspapers started during the British period at the national, regional and social levels tried by all means of

propaganda and education to eradicate bad and irreligious practices which had crept into the Jain community from medieval times due to lack of knowledge of Jain philosophy and scriptures and the impact of followers of other religions and customs on the Jains. Mainly due to their efforts, the worship of Hindu gods has declined, the observance of Hindu festivals like Holi and Shitala-saptami has been discontinued, the performance of *Shraddha* ceremony for religious reasons is declining and undesirable social practices like bride-price, child marriage, extra expenditure on ceremonies connected with pregnancy and death, beating breasts while sorrowing over the death of a person, etc. are becoming infrequent. Further, interest has been generated in Jain religion, history, literature, and culture. But the efforts made have not yet succeeded in bringing about a sense of oneness among all Jains, irrespective of differences of sect, caste, region, language or occupation.

Vilas Adinath Sangave

History of Social Reform among Muslims

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Social reform, which may briefly be defined as bringing about radical changes for the better in social affairs, aims at rooting out social evils or injustices prevalent in a society at a given time. The judgement about some practices, habits, customs and laws being harmful or unjust is made on the basis of the values held by the social reformers. The means and methods for implementing their programmes are adopted in accordance with these values in the light of existing conditions in the society.

The process of social reform has been a continuing phenomenon throughout the history of mankind. We cannot, therefore, hope to follow with understanding any movement for social reform unless we study its background as well as the history of the society in which it takes place. A historical perspective of social reform among Muslims poses problems as their history has not yet been adequately studied from this point of view. Due to the lack of analysis of historical data, many people still believe that no movement for social change and social reform is permissible in Islam unless it aims at the revival of the pristine Islamic traditions. This belief is based on the presumption that everything included in the Muslim code of life, which covers not only theological matters but social, economic and political affairs as well, is part and parcel of the religion. This leaves no scope for social reform, as any deviation from the provisions of the Muslim code of conduct or *Shariah* according to this point of view, must be condemned as undesirable innovation. It is necessary, therefore to discuss the nature of the provisions covering the social and personal life of Muslims before dealing with social reforms among them.

The Nature of Islamic Code of Conduct

There is little or no difference in the teachings of Islam between legal and religious matters. The Islamic way of life, i.e. the *Shariah*, is comprehensive enough to include beliefs, rituals, practices, public and personal laws, dress, personal appearance and rules of behaviour in social intercourse. The formulation of the Islamic code of conduct containing these teachings was accomplished by Muslim scholars two hundred years after the death of the Prophet: The absolute validity of the Quran-'the revealed book'-was accepted by everyone and the basic teachings derived from it had not been questioned. In such cases where the Quran was not explicit, reference was made to the sayings and doings of the Prophet, known as traditions or '*Hadith*'. If no act and opinion of the Prophet could serve as a relevant precedent, the decision was to be made by the consensus of the Muslims (*Ijma*). The consensus or an agreement of the Muslim scholars or of the community as a whole on a particular issue was to be based on a text of the Quran, the traditions of the Prophet, analogical deduction (*qiyas*), or general practice (*urf*). Analogical deduction was to be used when a particular issue was dealt with neither in the text of the Quran nor in the traditions, nor in the consensus. In such a situation, efforts were made to find a somewhat similar case in either of them and to apply the inferred principle to the case in hand.

As no source, other than the Quran had absolute validity, the development of the code of conduct, known as *Shariah*, depended upon assigning the proper degree of validity to the other sources. It was in this sphere that differences of opinion occurred among Muslim scholars, and codes of conduct lacked uniformity. Various schools of thought came into existence, but only four amongst them, the Maliki, the Hanafi, the Shafii and Hambli schools gradually came to be recognised by the majority of the Muslim community as equally authentic. The fifth, the Jafari school, was followed by Shi'a sect. In the beginning one was permitted after consulting all the four or five codes to follow any one of them. But later on, the rule to follow one particular school came to

be regarded as binding and was called '*taqlid*'. The majority of Muslim scholars then insisted on believing, saying and doing exactly what had been believed, said and done by the scholars of the previous generation. This was supported by the consensus of the succeeding generations of the Muslim community. The door of '*ijtihad*' was closed and no one, not even the highly learned scholars, were allowed to strive on their own to discover the true application of the teachings of Quran. They were rather required to search what the scholars of the previous generations of a particular school of thought had decided on such occasions. This had left no scope for the Muslim community or its scholars to do anything when a new situation demanded some adjustment or reinterpretation of the Islamic teachings of *Shariah*.

Muslim society between thirteenth and nineteenth centuries had a conservative outlook and resisted every change as an undesirable innovation. The Muslim community has, however, been constantly readjusting internally its doctrines and practices to the externally changing conditions. But the changes brought about by this process were imperceptible and their speed was very slow. A large number of societies which embraced Islam were supposed to, have accepted the authority of its theological and legal systems. But their old social and legal traditions and institutions could not simply be abolished at a stroke. The process of adjustment and readjustment between old traditions and customs and the Islamic theological and legal systems continued for centuries. Moreover, the Islamic teachings were gradually ignored after the first four Caliphs in such areas as political and administrative institutions, penal jurisdiction and large-scale commerce, etc. This explains why Muslims, during the modern period, did not show much resistance to the introduction of political, administrative and financial institutions based on western models. It was in the domain of faith and personal relations, comprising marriage, divorce and inheritance that the Islamic code of conduct got firmly entrenched. The basic regulations in these spheres were clearly laid down in the Quran and matters connected with faith and personal relations,

therefore, continued to be governed everywhere by the Islamic code of conduct.

Revivalist Reform Movements

Reform movements among Muslims of various countries originated in different periods. Some of them appeared quite early in Islamic history. It is intended, here, to confine the discussion to the reform movements of the eighteenth and nineteenth centuries. It was during this period that India along with Muslim countries faced radical changes in political and social life and this gave birth to some very strong and popular reform movements in various countries. These movements influenced one another. It is, therefore, necessary to deal with some movements outside India along with those which flourished in India. Most of the reform movements were concerned with matters of faith and with issues related to family and social life. The reform movements in the eighteenth century were revivalist, while most of the movements in the nineteenth century were modernist in nature.

The first significant reform movement of the eighteenth century emerged in Arabia. It was led by Muhammad Ibn Abdul-Wahhab (1702-1763) in the middle of the eighteenth century. He got inspiration from the Hambli school of thought which did not recognise the validity of consensus. Ibn Abdul-Wahhab gave a call for strictly following the Quran and the traditions of the Prophet and for reviving the fundamental characteristics of the pristine Islam. The movement, in fact, was a violent reaction to the "contamination of pure Islamic monotheism by the infiltration of animistic practices and pantheistic notion", which was the result of spread of Sufi brotherhood over the Muslim lands. Ibn Abdul-Wahhab and his followers did not believe in the spiritual authority of the Caliph. They considered it unlawful to illuminate the tombs of the saints or to prostrate before them. They fought against *taqlid* (blind faith), moral laxity, and all kinds of superstitions and injustices. This movement of social reform was organised in a region where the political authority of the Sultans of the Ottoman Empire was weak and where they were able to have an alliance with the House of Ibn Saud and found an open field for the propagation of their ideals.

The reformist movement of Ibn Abdul-Wahhab followed the path laid down by eminent scholars of Hambli school, Ibn Taimiyah and Ibn Qaiyim, for the revival of undefiled and unpolluted traditions and practices of the early Islamic period.

Other social reform movements of the eighteenth century had two characteristics of the Wahhabi movement of Nejd. All of them, like it, gave a call for going back to the pristine and puritanical Islam. Secondly, they pressed for discarding the shackles of *taqlid* or blind faith. They differ from it in respect of the validity of consensus and analogical deduction as they were the followers of schools other than the Hambalite one.

The first significant movement in India for social reform among Muslims appeared in the first quarter of the nineteenth century, under the leadership of Sayyid Ahmed of Rai Bareilly (1786-1831). He was the follower of Shah Waliullah (1702-1763), a distinguished religious thinker of the eighteenth century. Shah Waliullah, in spite of his allegiance to the Hanafi School of thought, realised the need of reinterpreting the teachings of Islam or the Islamic code of conduct (Shariah) in the light of the changing social conditions. He considered it permissible to follow the judgement of any of the recognised schools, if it met the demands of the new situation created by the changed conditions. Disgusted with the rulers of his time and considering them to be the agents of exploitation, Shah Waliullah exhorted Muslims to rise to the occasion and set the social and political life in order. His eldest son, Shah Abdul Aziz, who himself was a recognised religious leader, declared that Muslims under the existing circumstances had the necessary religious sanction to launch an armed struggle against the British establishment in India.

Sayyid Ahmad, no doubt, had the blessings of Shah Abdul Aziz for both phases of his movement, namely, social reform and holy war against the foreign establishment in India. In all probability, he had also been influenced, during his stay in Hejaz, by the revolutionary spirit of Wahhabism. He owed, most likely, his

organisational plan and his strategy to the Wahhabi movement of Hejaz. The ultimate aim of the movement initiated by Sayyid Ahmad and his followers, like the Wahhabism of the Nejd, had been the revival of fundamentals of the pristine Islam. The philosophy of the movement, as given by Mohanmmad Ismail, a distinguished follower of Sayyid Ahmad, was to provide opportunities to the true believer for fulfilling his aspirations of adhering to *Shariah* through transitive works such as reforms, service and instruction to the people — activities which were preferable to dedication to prayer and other kinds of intransitive worship. Sayyid Ahmad and his movement exhorted the people to abide by the Islamic code of conduct, to give up everything of the nature of polytheism or heresay, such as making *tazias*, worshipping the graves of saints and martyrs, making offerings to them and taking vows in their names. The campaign was successful to a great extent in helping the people to get rid of superstitions and economically ruinous practices. It also revived the obligatory nature of the performance of pilgrimage which had been neglected because one could go to Mecca only on ships owned by Christians or through the territories of the the Shia rulers. The movement also launched a successful campaign against objections to widow remarriages — a custom which acquired the force of law, inspite of its being against the teachings of Islam. The movement, though similar to Wahhabism in its spirit of revivalism, did not agree with the latter's negative attitude towards Sufism, as Sayyid Ahmad himself used the medium of Sufism to popularise his mission. The movement ended in failure after his martyrdom in the battle of Balakot. Some of his distinguished disciples continued their activities for a number of years in Uttar Pradesh, Bihar and Bengal. Many followers of Sayyid Ahmad Shahid also took part in the upsurge of 1857.

The Wahhabi movement in Hejaz and the Mujahidin's movement in India were both revivalist in nature. Both of them considered it necessary to attain political power for the implementation of their programmes for religious and social reform. Their activities were confined to the countries of their origin. The

pan-Islamic movement of the famous revivalist, Jamaluddin al-Afghani (1839-1897) had the same revolutionary and religious fervour, but it had a wider area for its operation. The main purpose of his movement was to unite the world of Islam in the face of a common danger, and to stop western political and cultural penetration by means of the organised power of the existing Muslim governments. Two other essential elements of al-Afghani's programme were to revive the puritan doctrines and practices and to encourage Muslim scholars to study modern sciences and acquaint themselves with modern currents of thought. His attempts on the political plane ended in failure but his impact, through his disciple Shaikh Mohammad Abduh, on religious and social reform movements in the Arab countries had been lasting and enduring. Before dealing with the contributions made by his disciple in the field of social and religious reform, we must give an account of the Indian modernist movement led by a contemporary of al-Afghani, Sir Sayyid Ahmad Khan (1877-1898).

Modernist Reform Movement

The reform movements which originated in the nineteenth century as a result of the impact of western political and cultural invasion of the Islamic world were of two kinds. Many of them were revivalist but a few of them took the form of a modernist movement in Islam. The movement initiated by Sir Sayyid Ahmad Khan belonged to the second category. His rationalist approach to religious beliefs and social issues was deeply influenced by Shah Waliullah's religious thinking. Sir Sayyid Ahmad was encouraged by the former's emphasis on fresh interpretation of Islamic teachings according to the needs of the time. He firmly believed that the teachings of Islam were in conformity with nature and that nothing in Islamic beliefs and practices was opposed to reason. He was against blind faith and did not consider it obligatory to follow one of the four traditionally recognised schools of thought and jurisprudence. He was rather in favour of fresh interpretation in the light of modern sciences of the sources on which Islamic teachings were based. His fresh interpretation of Islamic teachings led him to believe that polygamy was

not permissible unless the husband was capable and willing to do equal justice to his co-wives; that usury was prohibited while interest on government promissory notes and loans was permitted; that dressing like non-Muslims and eating like them was not forbidden. He publicised these ideas and other items included in his programme for religious and social reform through his books and treatises. Some of these ideas were disliked by orthodox scholars and he was condemned by them for introducing undesirable innovations in Islamic faith and doctrines. This adversely affected his programmes of encouraging Muslim boys to get modern education. He had to devote much time and energy to this cause and found little time for popularising his religious ideals. Probably he gave preference to the former over the latter. Perhaps he thought that through modern education people would ultimately acquire a rational approach towards religion. The history of the later period proved the corrections of this strategy. The Aligarh School, in the words of Professor Gibb, "flourished and formed the root from which most of the later developments of Indian modernism stem directly or indirectly".

Sir Sayyid Ahmad's modernist movement was a well organised one. His Mohamma-dan Anglo-Oriental College, established in 1875 in Aligarh, served as its headquarters. The All-India Mohammadan Educational Conference formed by him in 1886 proved an effective medium for publizing his programme of social reform and modern education amongst Muslims residing in different parts of the country. The annual sessions of the Conference not only gave strength to the Aligarh College, but also encouraged Muslims of different regions to establish schools and colleges in their areas as a single college could not serve the needs of the entire Muslim population of India. The Conference also provided a platform for Indian Muslims to discuss other social and economic problems faced by them.

Sir Sayyid Ahmad Khan spent more than twenty-five years of his life in persuading and encouraging Muslims to acquire modern education, but his efforts were confined to the education of men and he did nothing for the

cause of women's education. It was left to his colleague, Moulvi Karamat Hu-sain, and his distinguished disciple, Sheikh Mohammad Abdullaji, to popularise modern education among the famale section of Muslim society. Moulvi Karamat Husain established a Muslim girls' school at Luck-now. Sheikh Abdullah not only established a girls' school and a girls' college at Aligarh but made Aligarh a centre of the movement for women's education. He used all media for popularizing modern education among women as his mentor, Sir Sayyid Ahmad, had done for the cause of men's education. Sheikh Abdullah, after being elected in 1902 to the post of the Secretary for Female Section of the Mohammadan Educational Conference, utilised its platform for giving publicity to the cause of female education. At the annual sessions of the Conference, he held separate meetings for discussing the problem of women's education in Muslim society. He started publishing in 1904, a monthy journal, *Khatoon* in support of his movement for women's education. The magazine was instrumental in creating a strong desire among its writers and readers to organise a women's conference on the lines of the Mohammadan Educational Conference. He helped them to hold for a number of years women's conferences which not only provided to them an opportunity to discuss the problems faced by them in their personal and social life, but also encouraged the establishment of girls' schools in different parts of the country. Muslim girls' schools and colleges gradually became acceptable to the Muslim community as they observed customary rules like *purdah* and made arrangements for traditional practices. But modern education helped the girls to adopt a rational approach to various issues in their personal and social life. It was not difficult for them, therefore, to abandon such customary forms as *purdah* when changed circumstances so demanded.

The movement of modernist reform initiated by Sir Sayyid was continued by Syed Amir Ali, Molvi Chiragh Ali and Dr.Mu-hammad Iqbal. Dr. Iqbal was a poet, a teacher, a lawyer and a politician. As a poet, he exercised great influence and had much impact on the Muslim community in India. He awakened them from

the slumber of lethargy, indifference and apathy. The central theme in his religious thinking was that Islamic society must create a balance between the elements of permanence and the elements of change. Dr. Iqbal was of the view that eternal principles, which alone can provide a foothold in a world of change, were needed to regulate the collective life of Muslim society. Without having any mechanism of change and movement, every religion was bound to become stagnant and petrified. Ijtihad, or the exercise of judgement, in his opinion, was the principle of change and movement which Islam has provided to enable Muslims of all ages to reconstruct their social life in the light of the ultimate principles and in accordance with the requirements of changing social conditions. He was in favour of keeping a balance between liberalism and conservatism. He was against a "false reverence for past history and its artificial resurrection". But he did not think that life was "change, pure and simple". According to him, reinterpretation of eternal principles in the light of experience and altered conditions of life was permitted, if genuine efforts were made to secure a clear insight into the ultimate significance of social experiments embodied in Islam.

Sheikh Muhammad Abduh (1849-1905) of Egypt was the true modernist who sought to preserve the essentials of Islamic faith and ethos while trying to adapt the non-essentials to the exigencies of the age. The starting point of his thought, as of his teacher al- Afghani, was the fear of decline of Islam and the need for an inner revival. Abduh was not against the changes which had been introduced in the social structure of Muslim society through the impact of western civilization. He was conscious of the dangers inherent in it, as Muslim society was being divided into two spheres without any link. A diminishing section of society was being governed by orthodox laws and codes of conduct while those who got western education were increasingly coming under the process of secularization which alienated them from Islam and its teachings. The first group was the victim of stagnation while the other was suffering from slavish imitation of a foreign civilization. Mufti Muhammad Abduh wanted to bridge this gulf

which separated the two elements in Muslim society. He was convinced that Muslim nations could not become strong and prosperous again until they acquired from Europe the sciences which were the product of creative intellect. This involved a change in their ways of thinking, in their institutions, their legal system, their schools and their methods of government. They ought to reinterpret their laws and adapt them to modern problems. For this purpose he wanted that the principle of common interest or "*maslaha*" might be used widely in explaining the Quran and Hadith. This principle could also be used to deduce specific laws for application to specific problems of social life. The second principle which Sheikh Abduh wanted to be used for reinterpretation of Islamic teachings was that systematic comparison might be made of all the four recognised schools and of the decisions of the independent jurists and a synthesis might be worked out by taking such good points of all as best suited the existing circumstances. The logical implication of this was the creation of a unified and modern system of law. In his decisions as the Mufti of Egypt, in his later years, he started using these two principles while applying Islamic laws to modern problems. This tendency continued even after his death and helped in paving the way for the enactment of such laws in Egypt as modified the Islamic code to meet the exigencies of the age.

Reform of Muslim Family Laws

Islamic laws governing personal relations such as marriage, divorce and inheritance had been for long sources of conflict and controversy between the modernists and the conservatives. The social conscience of the modernists was deeply stirred by the abuses associated with the practices of polygamy and divorce. They were also alive, to a lesser degree though, to the hardships faced by those adversely affected by the Islamic law of inheritance. Modern conditions of life urgently required review of the classical Islamic family laws. The secularists among the modernists were in favour of the replacement of traditional Islamic laws by an entirely secular system but the modernist reformers advocated the reinterpretation of the legal provisions according to contemporary

social requirements. This could be done, they thought, without disturbing the fundamental structure of traditional Islamic laws. Grand Mufti Mohammad Abdula and, after his death, his followers for a number of years vehemently pleaded for bringing about the necessary changes by adopting such methods as might not alter the basic structure of Islamic law. From 1920 to 1925, the Egyptian legislature passed certain laws which affected the desired changes in the Islamic law of Muslim personal life. Age at marriage was fixed at eighteen for men and at sixteen for women. Provision was also made for the dissolution of marriage at the wife's will. The period of gestation was extended to one solar year in conformity with the findings of modern medical researches. In the Islamic law of succession, a provision of obligatory bequest in favour of orphaned grand-children was made to remove the difficulties faced by them. These changes were introduced by the Egyptian legislature without disturbing the fundamental structure of the Islamic legal framework.

Following the example of Egypt, other Muslim countries also introduced radical changes in their Muslim personal laws. Most of them fixed the marriage age for both men and women. Some of them attempted to control polygamy by making the Quranic injunction for the husband to treat the co-wives with equal justice a statutory provision. Failure of the husband in this regard might result in the dissolution of marriage by the Court. Provision has also been made in the codified laws of some countries to allow anti-bigamy stipulation in the marriage contract. In some other countries prior permission from the Court is required for a bigamous marriage. Some laws impose certain measures of social control by which the husband desiring to have a second wife is required to give thirty days' notice of his intention in advance for being exhibited in public places. The laws of some countries have provision for statutory penalties in violation of legal requirements for contracting bigamous marriage. Most of the laws imposed restrictions on the husband's customary power of unilateral repudiation of marriage through judicial and administrative intervention. According to it husband desiring to divorce his wife has to

apply to the Court or to the consultation bureau.

These changes have been introduced through such devices as did not disturb the fundamental structure of Islamic personal law. Before the period of reformation, Muslims in various countries adhered to a particular school of Islamic law. Hanafi school was dominant in some Arab countries and in Afghanistan, India, and Central Asia. Shafi'i school was popular in Malay States. Saudi Arabia followed the Hanbali school, while Iran adopted the Jafri school. Muslim countries in North Africa followed the school of Imam Malik. When Muslims needed reforms in their personal law, they realised that the legal system of a particular school might be rigid with regard to a particular issue, but if benefit was taken of the different opinions of the Muslim jurists, Islamic legal framework might become quite liberal and flexible. Inter-doctrinal device, therefore, has been the predominant source of these reforms. Exercise of the power of reinterpretation of the Quranic text (*Ijti-had*) has been the basis of exceptional reforms. Exercising judicial and administrative control over such practices as were being misused by the people was another important measure of reform.

Modernist Movement in Turkey

Modernist reformers like Sheikh Muhammad Abduh in Egypt and Sir Sayyid Ahmad Khan in India recognised the essential relations between social behaviour and religious belief. They wanted to reform Muslim society through the religious channel. There were others who, under the impact of western education, were in favour of creating secular society, limiting the influence of religious ethics on social institutions and bringing reforms independently of religion. Such people became powerful in Turkey during the last quarter of the nineteenth century. They had started a movement for constitutional government under the leadership of writers and statesmen, known as the Young Turks. Sultan Abdul Hameed, who got the throne with their help, gave the people their first constitution in 1876. But he, in league with the conservative Muslims, soon after that not only imprisoned Midhat Pasha and had him

assassinated but did every thing to crush the Young Turks ruthlessly. He was, however, deposed in 1908 by a new group of Young Turks who had organised themselves into a new party known as the Union and Progress Party. Dissatisfied with the superfluous political and administrative reforms brought about by the older generation, the Young Turks fought for 'Turkification' and modernisation. They considered Islam as their religion but it had nothing to do, they believed, with social institutions or the legal system. The reformist measures of Mustafa Kamal were based on these ideas. But the radical and ruthless way in which the reforms were carried out was due to strong resentment over the connivance of orthodox religious leaders with the Sultan in crushing the movement launched by the Young Turks. The Revolutionary Parliament of Turkey abolished in 1924 the institution of Khilafat and the Ministry of Shariah and Auqaf. The religious schools were replaced by secular ones. Darvesh orders of Sufi brotherhoods were banned as they revolted against the secular policy of the government. The Islamic family laws were replaced by the Swiss Civil Code. Thus, religion was made a personal matter with no relation to social life.

Reform in Muslim Family Law in India

The Mughal courts gave their judgements in the light of the Hanafi school unless requested by the litigants to give their verdict in accordance with the rules of any other school of *Shariah*. After the advent of British rule in India, in certain parts of India, some laws, were passed, which gave preference to an established local custom over a written text of law. If custom denied the right of inheritance to a daughter, she could not claim it on the basis of the provision in Islamic law, which did not recognise custom and usage as having the force of law. It was on the suggestion of Muslim scholars such as Moulana Ashraf AH Thanvi that Muslim Personal Law. (*Shariat*) was enacted in 1937. The following were its objects as explained by the Act:

"For several years past it has been the cherished desire of the Muslims of India that customary law should in no case take the place of Muslim Personal Law. The matter has been

repeatedly agitated in the Press as well as on the platform. Jamiat-ul-ulama, the greatest Muslim religious body, has supported the demand and invited the attention of all concerned to the urgent necessity of introducing a measure to this effect. Customary law is a misnomer in as much as it has not any sound basis to stand upon and is liable to frequent changes and cannot be expected to attain any time in future the certainty and definiteness which must be the characteristic of laws. The status of Muslim women under the so-called customary law is simply disgraceful. The Muslim women's organizations have condemned customary law as it adversely affects their rights and have demanded that the Muslim Personal Law (*Shariat*) should be made applicable to them. The introduction of Muslim Personal Law will automatically raise their position to which they are naturally entitled. In addition to this, the present Bill, if enacted, would have a salutary effect on society because it would ensure certainty and definiteness in mutual rights and obligations of the public."

Another problem which faced Muslim women was the lack of provision in the Hanafi Code of Muslim Law for enabling a married woman to obtain a decree from the court dissolving her marriage. Muslim women, disgusted with their married life, started becoming Christians in order to obtain divorce from their husbands. Some of the Muslim scholars and leaders, taking advantage of the permissive provision in the Hanafi code for applying the rule of any other school of *Shariah* if necessary, thought it advisable to get. The Dissolution of Muslim Marriages Act' passed in 1939 by the Central Legislative Assembly through the efforts of Muhammad Ahmad Kazmi. The statement of the objects of the Act is as follows: "There is no provision in the Hanafi Code of Muslim Law enabling a married Muslim woman to obtain a decree from the courts dissolving her marriage in case the husband neglects to maintain her, makes her life miserable by deserting or persistently maltreating her or certain other circumstances. The absence of such a provision has entailed unspeakable misery to innumerable Muslim women in British India. The Hanafi jurists, however, have clearly laid

down that in cases in which the application of Hanafi Law causes hardship, it is permissible to apply the provisions of Maliki, Shafi'i or Hambali Law. Acting on this principle, the Ulemas (Muslim Scholars) have issued *fat-was* to the effect that in cases enumerated in clause 3 part-A of this Bill a married Muslim woman may obtain a decree dissolving her marriage. A lucid exposition of this principle can be found in the book called 'Heelat-ul-Najeza published by Moulana Ashraf Ali Sahib who has made an exhaustive study of the provision of Maliki Law which under the circumstances prevailing in India might be applied to such cases. This has been approved by a large number of Ulemas who put their seals of approval on the book. As the courts are sure to hesitate to apply the Maliki Law to the case of a Muslim woman, legislation recognising and enforcing the above mentioned principle is called for in order to relieve the sufferings of countless Muslim women".

There are several points in this connection which deserve notice. Firstly, reform in the area of divorce at the wife's initiative originated from the Muslims themselves. Secondly, the method used by the *Ulemas* for the needed reform was based on eclectic choice — a method recognised in Islamic jurisprudence for the replacement, if required, of the principle of one school of Islamic law with that of any other school. The same method has been applied in most of countries in the Middle East for reforms in their family laws. Thirdly, it also ought to be noted that the Dissolution of Muslim Marriages Act, 1939, as finally passed by the Central Legislature, created much resentment among the *Ulemas* and their followers, due to some changes made in the original as drafted by them. Fourthly, Muslims had such experience earlier also when their personal law had been substantially changed by the majority without their consent. This question has been agitating the mind of Indian Muslims from the days of the struggle for independence. From 1916 till the promulgation of the Indian Constitution in 1950', Indian Muslims have been demanding that no change be made in their personal law without their consent or, in other words, no such law be passed if three-fourths of the

members of the community in the legislative body were against it. The problem became aggravated when provision was made in the Indian Constitution (Directive Principles, Article 44) for securing a uniform civil code for citizens throughout the country.

Common Civil Code and Reforms

Indian Muslims have so far been demanding that any proposal for reforms in Muslim Personal Law should not be approved without their consent. But the impatience shown for securing a uniform civil code has made them set to work for the preservation of their existing personal law, with all its shortcomings and defects, which becomes more pronounced when compared with the family laws of some Muslim countries. The Indian *Ulemas*, even if they agree to certain reforms in personal law, hesitate to initiate any proposal for legislative action, as they seem to be apprehensive of distortions occurring in the process. The majority of Muslims in India is against the replacement of personal laws of different communities by a uniform civil code, which they think would certainly be the replica of the Hindu Code. As a minority, Muslim masses are very sensitive about maintaining their separate cultural identity. The demand for a uniform civil code is considered by them as an attack on their identity. Non-Muslims need to appreciate the viewpoint of Muslims towards the idea of a common code.

There is no dearth among the Indian Muslims of people who realise the necessity of introducing reforms in Muslim Personal Law or who are even in favour of having a uniform civil code. Though not few in number, their influence on the masses is very limited. The *Ulemas* and political leaders, who have a big following, do not find it expedient to talk about the required reforms or to speak in favour of a uniform civil code. The government has been cautious and would not like to hurt the feelings of Indian Muslims. Under such circumstances, inspite of Muslim Personal Law being under the purview of the State's legislative function, the government is not likely to take the initiative for direct legislation to bring reforms in the existing law or to secure a uniform civil code for all

citizens. It also seems unlikely that the Indian Muslims would come together and initiate some measures for bringing the necessary reforms as they themselves had done in the past.

Inactivity on the part of both the government and the Muslim community might affect adversely the welfare of the people as a whole. In the last resort, some administrative and regulatory measures might be taken to control and regulate the application of traditional laws. Professor M. Mujeeb is quite right when he says: "There was no protest by the Muslims against the law prohibiting bigamous marriages by the government servants, although it is a clear limitation of a right, even if conditional, given to Muslims by *Shariat*. This prohibition could be extended to include all institutions and agencies aided by the government, and it is not beyond the resource fulness of our government with the legal acumen at its disposal to discover other indirect ways of implementing measures which it considers socially necessary. What is needed is tact, patience and perseverance. Things that have to be done at the end of a process should not be attempted at the beginning. A uniform code for the whole of India is a good idea, but the necessary integration of the different communities should be achieved first through judicial decisions and practical government measures. We cannot at one and the same time proudly proclaim the diversity of our cultural life and propose a uniform personal law for all citizens. It has also to be remembered that laws should be made when they are needed and not only for theoretical satisfaction".

Prof. M. Mujeeb, as quoted above, seems to agree with the opinion of Justice Krishna Iyer, who advocates that the uniform civil code should not be impatiently pushed through. Addressing the delegates attending the Seminar on Islamic Personal Law in Modern India, organised by the Indian Law Institute, he thus warned the advocates and supporters of a common civil code: "Equally important are the means as the end. We must seek to convince the conscience and convert the sense of the Indian commonwealth of communities by sure educative and legislative steps to accept for the secular life of the people a single family code.

This is the *modus operandi* for delicate law making in a democratic polity affecting the sensitive social underside of minority groups. Since first things must come first, let us tackle the job of modernising the Islamic law first, preserving its genius and great principles but approximating the law to the general system and eventually enriching the latter in many respects."5 On another occasion, Justice Krishna Iyer said, "Hurried remedies, enthusiasts and chauvinists, will aggravate the malady; for in the sociopolitical field one wrong step forward is two regrettable steps backward and a policy of principled compromise, not of doctrinaire or sectarian rigidity, moving up in *zigzags*, may be, is the right approach".

Shamsul Rahman Mohsini

Notes on Social Reform among Muslims

1. H.A.R. Gibb. *Modern Trends in Islam*, Chicago University Press, Chicago. P. 58
2. Tahir Mahmood, *Family Law Reform in Muslim World*. N.H. Tripathi Pvt. Ltd.. Bombay, 1972, pp. 168-169.
3. M. Mujeeb, *Social Reform Among Indian Muslims*. Delhi School of Social Work. Delhi. 1968. P. 25.
4. *Ibid.*, p. 28.
5. Tahir Mahmood. *Muslim Personal Law*. Vikas Publishing House. Pvt. Ltd., 1977. p. 39.
6. *Ibid.*, p. 40.

History of Social Reform among Sikhs

Dr. Gopal Singh
Chairman,
High Power Panel on Minorities, SC, ST and
other Weaker Sections.

Following the European writers, most Indian scribes have also described Guru Nanak (1469-1539), the founder of the Sikh religion, nothing better than a *Bhakta*, a great devotee of the one God. But, it has not been noted that the God of Nanak is not merely "metaphysical, ethereal, without attributes, *Nirguna*, beyond time and space, infinite and incomprehensible", but also "the Pervading Spirit, the Name, the Creator, the Person who is compassionate and forgiving without envy, without hate, who is deeply involved in our secular welfare as much as in our spiritual redemption". And, "He is the God of the whole humankind", who does not divide man into the believer and the infidel (or, *Mlechha*), touchable and untouchable, male and female, black and white. He has no chosen people to favour, nor the condemned ones to despise or reject. The world He has, created is also not *Maya* (illusion) but *Satya* (truth), as He himself is *sat-suhan-sada-man-chao* (truth, beauty, ever-in-bliss) . Man in his origin, according to Nanak, is also not contaminated by the Original Sin, to wash off which we have been given the human birth, nor is this world the house of pain (*dukha*). It is in fact as a result of good deeds done in a previous birth that God has blessed us with the human birth. There is now only but one goal for man and woman to attain-to rise to the state of an angel. Those who do not burn in the fires of hell, which is here before us, and their coming and going (*avagaman*) never ends. There are no chosen Messiahs or intercessors to relate us to our God, but the soul with which every human being is endowed. Every one has therefore to make or mar his own future here on this very glorious earth which God has created not to punish us but to express his holiness, his sense of fairness and justice, his beauty and order. Everything that a man needs to satisfy his needs

is here for him to reclaim. But if he wants more than he needs or deprives others of their due, or tyrannises over them or flouts God's Moral Law, the inexorable laws of God visit him and destroy his body and soul through ways which are inscrutable and yet are there to see for anyone who chooses to read the story of man with some care.

What Guru Nanak enunciated in his philosophy which is preserved to this day in about a thousand hymns in the *Adi Granth*, (which the Sikhs believe to be the very embodiment of the Gurus and hence call it the *Guru Granth Sahib*), he also practised it in his life. When, for instance, he staked his claim to prophethood at the age of around 28 years, his first and in a way unique proclamation was: "There is no Hindu, no Musalman". He took along with him on his extensive missionary tours throughout India and the Middle East a Muslim low-caste reback-player, Mardana by name. Himself born in a Hindu Khatri household, when one religion was clashing with the other in every field (political, economic, social and spiritual), it was a revolutionary deed indeed for Guru Nanak to perform. He visited the Hindu places of pilgrimage like Hard-war, Kurukshetra, Puri, Rameshwarm, Varanasi, Kailash, etc. as much as the places sacred to the Muslims, like Mecca, Medina and Baghdad, but only to attack the hollow rituals, the superstitions and the exclusiveness of both. And what further proof of his belief not only in one God but also in one man could he offer than through the institution of the common kitchen (*lan-gar*) he introduced. At the fag-end of his life, he established a settlement called Kartarpur, took to farming and whosoever came to visit him, he would ask them (a) to participate with him in manual labour on his farm and (b) to share whatever they earned with whosoever came to join their brotherhood and interdine with them in the common kitchen irrespective of caste, creed, sex or status. It is only after this, he said, that one's devotion to God became legitimate and necessary, for without it, even honest work and one's sharing led to egotism in individuals and societies. As has been said, Guru Nanak not only denounced caste, but he practised what he preached. Most of his

disciples were men of lower castes, like Mardana, the Muslim drummer, Lalo, a carpenter, Seehan, a washerman, Hassu, a blacksmith. Many a time he would refuse to partake of the food of his rich hosts, like Malik Bhago, and prefer the coarse bread of his poor host, Bhai Lalo, the carpenter. "Why pride on the high caste when it is of no avail before God", he said. "God is only where the poor are cared for". "There are the lowest of the low castes and the least of these. Nanak keeps company with them. For, what has he do with the great and the mighty?"

He denounced the Brahminical practice of denying the study or the hearing of the Sacred Books to the Sudras and women, and declared that whosoever will join his fraternity will have an equal access to the Scriptures and the Temple of God. Mohsin Fani, a Persian traveller writing only a hundred years after the death of Guru Nanak, testifies to this in his persian classic *Dabistan i-Mazahib*. Says he : "There is no restriction among them (i.e. the Sikhs) that a Brahmin may not become the disciple of a Khatri and no Guru amongst them is from the Brahmins. Similarly, they placed Khat-ris under the spiritual authority of the Jats who belong to the lower caste of Vaisas, the big Masands (or the Guru's agents) being mostly jats." As the Gurus had sanctified the life of the household, it was ordained by them that a Sikh shall never be a recluse. Hence, the status given by Guru Nanak and his successors to women is also worthy of notice.

Guru Nanak denounced those who killed their daughters at birth or gave a low position to women. "Why call women bad and evil when they give birth to the Kings", he said. He abolished *pardah* and ordained that no one with a veiled face shall be ushered into the presence of the Guru. Guru Nanak's wife, Sulakhni, worked with him on the farm and also cooked food and served in the community kitchen. So did the wife of the second Guru, Angad, (1504-1552). It is now a common sight to see Sikh women performing the *Had Kirtan* (devotional music) in the sikh temples, leading religious services, and cooking and distributing food in the community kitchen. Some of the

women disciples of Guru Gobind Singh, like Mai Bhago, participated also in his battles. After him, they became great guerilla fighters and joined hands with their men in a life-and-death struggle in their bid for political freedom. Rani Sahib Kaur of Patiala and Rani Sada Kaur, mother-in-law of Maharaja Ran jit Singh (1780-1839), led their men in battle and participated with great distinction in the administration of their States.

Says Bhai Gurdas, the Sikh savant and a contemporary of the first six Gurus: "The Guru united the four *varnas* (castes) into one. The *Savaranas* (high castes) and *avar-anas* (low castes) all repeat His Name in sateang (holy congregation). The six schools of philosophy are like the six seasons. The way of the Guru is to look at the one sun (that causes them). Doing away with the 12 sects of *Yogis*, a Sikh repairs to the Guru's *Sangat*. He sings of the indestructible and unfathomable. The Sikhs fall at each other's feet. Living in Maya, they are unaffected by it. Effacing their self, they repeat the Name (of one God)". At another place he says, "All rituals are false- *Yagnas*, the raising of the sacred fire, *Japa*, Tapa, continence and forced disciplines, customary charities (*dana*), ablutions and pilgrimages, asceticism, belief in *tantra* and *mantra*, yogic postures, fasting and pseudo worship, cursing and blessing, miracle-making and other such deceptions, belief in tombs and crematoriums, *Yoginis* and saviours, gods and goddesses. Only the God's Word saves or the companionship of the holy." Again, "Sacrifice I am to the one who is humble from within, who touches not another's woman nor wealth, who slanders no one and returns good for evil, who eats little and sleeps little, who serves his fellowmen, who gets cheated (of his selfhood) but cheats not another, who looks upon all alike, who lives in the world but is not of it, who disciplines the outgoings of his mind and is devoted ever to the feet of the Guru-God."

When Guru Gobind Singh, the tenth Sikh Guru, initiated the Khalsa brotherhood in 1699, he instructed, according to a Muslim historian Ghulam Mohyiuddin, his followers as follows: "He has abolished caste and custom, old rituals, beliefs and superstitions of their ancestors and

banded them into a single brotherhood. No one will be superior or inferior to the other. Men of all castes have been made to eat of the same bowl."

M.A. Macauliffe writes in his *Sikh Religion* (1909): "The sikh religion prohibits idolatry, hypocrisy, caste exclusive-ness, the con cremation of widows, the use of wine and other intoxicants, tobacco smoking, infanticide, slander, pilgrimages to the sacred rivers and tanks". At the same time, it inculcates brotherly feeling to all humanity, gratitude, philanthropy, justice, impartiality, truth, fearlessness, honesty and above all defiance in defeat and magnanimity in victory".

The practices of dowry and *sati* were also greatly discouraged by the Gurus. No Sikh marriage during their days was performed where dowry would be offered or accepted. "All those who seek dowry commit a false and sacrilegious act", says Guru Ram Das (1534-1581), the fourth Sikh Guru. The third Guru Amar Das (1479-1574) denounced the barbarous custom of *sati* in unmistakable terms: "Call her not a *sati* who burns herself on the pyre of the dead husband. A *sati* is she who feels the pain of separation in the heart and who is content with the Will of God." It is stated by all historians that the only time *sati* was resorted to in Sikh history was on the death of Maharaja Ranjit Singh (1780-1839), but then too only two of his Hindu widows performed the act in accordance with their Rajput tradition, but none of his Sikh widows did. It may also be stated that though on occasions the Sikh princes and the Guru married more than once, the general rule has been monogamy. The Gurus contracted second marriage only if there was no issue from the first wife or on the death of a wife, though the Sikh princes, kings and rich landlords did so also for the reasons of polity, property or pleasure. However, the verdict for the general masses is clear. "One should consider oneself chaste only if he has a single wife and looks upon all other women as his daughters or sisters", says Bhai Gurdas, the most authoritative exponent of the Sikh ethos after the Gurus.

All superstitions connected with birth or death or good or bad days, due to the evil configuration of the stars were denounced by the Gurus. "What is auspicious, what inauspicious concerns only those who believe not in God", says Guru Arjun (1563-1606). That a woman gets contaminated at the birth of a child for a fixed number of days was also decried by Guru Nanak. The taboos about dress and meat diet, sacred and profane languages, violence and nonviolence, auspicious and inauspicious directions in which to pray, pilgrimages and customary charities, and expensive social customs and ceremonies at the time of birth, marriage and death, etc. were also denounced by the Sikh Gurus in no uncertain terms. Says Nanak, "Even the thieves now give away in charity to propitiate their dead, knowing not that only that is of avail in the hereafter which one takes along with him in the form of deeds."

When Guru Arjun, the fifth Sikh Guru, compiled the Sikh Scripture, he not only brought together the sayings of his own house but also of the Hindu Bhaktas like Kabir, Namdeva, Ravidas, Sadna and others, who were all of lower castes. He gave four doors to the *Hari Mandir* (now called Golden Temple) at Amritsar signifying thereby that all the four castes and men and women from all the four directions were welcome into its portals. He even invited a Muslim Sufi, Mian Mir, to lay its foundation stone. Out of the first five Sikhs whom the tenth Guru baptised into the brotherhood of his militant Khalsa, three belonged to the lower castes. The result of all this was that the Sikh society became extremely cohesive, egalitarian, and all-inclusive. Their leadership after the Gurus came from every class of citizens. Banda Bahadur (1670-1716) was a Rajput. After him came to the fore a Jat, called Nawab Kapur Singh (1697-1753) who nominated a wine-seller (Kalal) Jassa Singh (1718-1783) as his successor. He became the first king of the Sikhs after their capture of Lahore in 1762.

Sardar Jassa Singh Ramgarhia (a carpenter) similarly became a great general of the Sikhs in those days and founded a state of his own. So

did men of other castes. Ranjit Singh, the Maharajah of the Punjab, was a Jat but his Commander-in-Chief, Hari Singh Nalwa, was a Khatri, his Prime Minister a Dogra Rajput and his Foreign Minister a Muslim. Most of his generals were Hindu Khatri. No discrimination upto now is practised against the low caste converts either in their appointments as religious priests or otherwise; however due to the all-pervasive Brahminic influence, intermarriage between the lower and higher castes are still not common though, in principle, Sikhism frowns upon any distinction based on caste or status even in respect of marriage. Marriage is a peculiar institution which defies simplistic solutions. With it are connected property and status, colour and breeding, beauty and manners, and the ability to adjust and be accepted by a strange environment. However, it goes to their credit that the Sikhs launched the Gurudwara Reform Movement in the twenties of the present century to assert the right of the Sikh converts from the lower castes to an equal position as priests and devotees, which status was denied to them by the then hereditary custodians of the Sikh temples under Brahminic influences.

Some of the injunctions which are enjoined upon every Sikh are given in the *Rahitnamas* or the Codes of Sikh Conduct ascribed to the tenth and the last Sikh guru, Gobind Singh. One of these is that one must not smoke. It is a rare sight thus to see a Sikh smoking, man or woman. The other injunctions are: (1) One must not be addicted to any intoxicant, for it makes one indolent and lazy, and one can neither attend to work nor worship and one is induced to sin or to seek out such pleasures which ultimately lead to sin. The only addiction one must have is food, but one should eat only what and how much his body needs and no more. (2) All work is sacred. Whatever work one does should, however, be based upon righteousness. The noblest work is trade followed by agriculture. And if one must serve, one must go in for soldiering, but should remain detached and be content with whatever he receives in wages. And whenever he is sent out to fight, he should fight as a hero, should not show his back in battle and, if there is loot, should not

participate in it, nor despoil another's woman, and submit ever to the will of God. (3) One should not incur any debts, and if one must, the debt should be repaid without a demand being made, and till all repayment is made, one must not indulge in pleasures nor wear scents. (4) A Sikh of the Guru should consider the mouth of the poor as the Guru's treasury. One must share at least one tenth (*daswandh*) of one's income with the poor and hungry but not pride on it, for it is God's gift he is sharing with the others and not his own. (5) One should not gamble nor steal nor rob nor indulge in sex perversities. One must look upon another's beautiful wife as one's sister or mother. (6) On the death of a person, only God's Word should be recited and the sanctified food (*Karah Prasad*) distributed. One must submit to the Will of God in life and death. (7) One must not live on charity, nor become a Pir or a Masand. (8) The Sikhs should obliterate the distinction between the Hindus and the Muslims. (9) He who has deception in the heart, betrays his word or backbites or tells lies or practises dishonesty in trade or profession will go to Hell. (10) He who has ego in the mind, is lustful and greedy, is infatuated with family and friends, or exhibit wrath will never find God or peace of the soul. (11) All men belong to God, so one must not cause pain to another. For when men suffer and wail, God's wrath is provoked. (12) The Sikhs should not deal with a person who kills his daughter. (13) There are in the world all the religions and ways of life; one must disparage not any of them. (14) One must not accept a bribe to do justice, nor bear false witness. (15) A ruler should apply the same laws to himself as he applies to the others (i.e. he should not consider himself above the law).

When the Sikhs established their own rule in various parts of the Punjab for the first time in the later half of the eighteenth century, all impartial and even foreign observers, as quoted in the District Gazetteers or the Annual Registers, point out that "though invested with uncontrolled power, the ruler's administration of justice is mild and equitable. He seldom dooms anyone to death even for murder. The needy travellers are provided supplies without payment, and also provided a guard for

protection. Their benevolence is not narrowed by bigotry and disclaims the distinctions of religion or complexion. The chief of every town makes it a point of subsisting all poor and needy travellers from his own funds". Again, "The cultivators are very well looked after. The chief squats on the floor along with his followers and talks to and treats them as his equal. The Sikh women, unveiled, ride on horseback and even lead troops in the battle field. Partaking of the same food as their men and fond of open air, they are known for their health and beauty. The Sikhs marry off their daughters only when they are adult, as against the custom of other religions, who marry them off when they are very young of age".

The result of these practices has been that there are no beggars among the Sikhs, nor prostitutes; they are neither too rich nor too poor. Adultery and rape are rare occurrences, for women can look after themselves. Though drinking is common, drunkenness is never tolerated. Nor is worklessness. Widow remarriage is common. Among the Jats, the younger brother marries the widow of the elder brother. Singing is a part of the Sikh ritual; however dancing is not encouraged. Other secular arts like painting, architecture receive encouragement. Every profession is considered sacred, and the Sikhs converted from the lower Hindu castes and recruited into the army have shown their mettle on the battlefield through the centuries. As the Sikhs believe in the whole of mankind being a part of themselves, crossing of the seas has never been a taboo with them, and today about a million Sikhs have settled abroad in the UK, USA, Canada and the South East Asian countries or East Africa, taking up every kind of profession. Their women participate in all activities of their menfolk, and their flourishing temples (for they are a deeply religious people) welcome men and women of every denomination and caste and colour into their portals.

The injunction not only to earn but also to share has led the Sikhs to contribute generously to their temples which, with their vast incomes and increasing numbers, have contributed enormously to the spread of both liberal and technical education, hospitals, orphanages for

the blind, and sanctuaries for the disabled and the holy.

Some movements of reform like the Nirankari movement ensued during the reign of Maharaja Ranjit Singh himself. Baba Dyal of Rawalpindi (a non-baptised Sikh and hence called Sahajdhari too) up cudgels against the Brahministic rituals and superstitions which had again permeated the Sikh society and had also brought in moral laxity as a concomitant of the political power enjoyed by the Sikhs. Its influence, however, was confined to the north-west of India among a limited number of Sikhs and Hindus who accepted the Sikh way of life. Later another movement of reform, this time against the onslaught of Christianity, and loss of faith and self-confidence among the Sikhs, was initiated by Baba Ram Singh of Bhaini Sahib (Ludhiana District), though he too was influenced initially by a non-baptised Sahajdhari Sikh called Bhagat Jawaharmal of Abbottabad to propagate the true doctrine of the Sikh faith, namely, the loving adoration (*Bhakti*) of the one God. This movement, however, took on an anti-British turn in the hands of Baba Ram Singh, and he advocated boycott of everything British, including English education, railway trains, post offices, British courts, and even tap water, etc., and preached the gospel of Swadeshi, fifty years before the partition of Bengal and the advent of Mahatma Gandhi. They discarded one of the Sikh symbols, '*Kirpan*', in favour of the rosary, and became strict vegetarians, teetotallers and fanatic protectors of the cow. They abolished dowry amongst their fraternity and inculcated extreme simplicity in living, dress, marriage ceremony, food habits, etc. But they also introduced certain Brahministic rituals like '*hawans*' and '*yagnas*' and also accepted a living Guru, which cut them off from the mainstream of the Sikh faith. Soon the movement became highly politicised and the British Government came down heavily upon it. For a time it appeared it had almost been extirpated. Nowadays, it has a limited following mostly from the carpenter (Ram-garhia) class.

The Singh Sabha movement, started in 1872, as a reaction against the onslaught of Christian missionaries became a dominant movement of

religious and social reform. However, it also inculcated orthodoxy, especially among the older generations, so that the young refused as time passed to fall in line; it is still, however, a dominant force amongst the Sikhs. It inculcated the pristine purity of the Khalsa faith as enjoined by Guru Gobind Singh, as the comparative affluence of the Sikhs had brought in many of the evils he had abolished, like caste consciousness (especially between Jats and non-Jats), dowry, the evil of drink, loss of interest in religion and hence in social activity and reform.

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History of Social Reform among Parsi Zoroastrians

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Parsi Zoroastrians of India and those living abroad are the descendents of those Sassanians who had left their country-Iran-over 1200 years ago after the fall of their last Emperor Yezdegard Sheheriyar in 641 A.D. They were on the move for nearly 184 years or so before they landed in the eighth century A.D. in Sanjan, a small inland seaport town about 160 kilometres north of Bombay on the western railway.

A few years after their stay in Sanjan, there were several diaspora and they spread themselves on the western littoral from Bassein-a suburb of Bombay, district of Thane, approximately 33 kilometres from Bombay in the south — to as far as Cambay (Khambhat) in the north. In later years there were more exodi from Iran.

According to 1971 census, Parsis numbered about 91,000 in the whole of India. But they are a dwindling lot and it is on the cards that by 1981 they will be recorded still less. For decades they have been declining in numbers. when the present day Parsi forbears left Persian shores, some Parsis were left there and, on a reasonable estimate, their number is at present reckoned to be about 28,000. The total number of Parsis all over the world could not be more than 1,40,000.

Early Social Regulations

The forbears of the present day Parsis came to India almost like nomads. The question, therefore, arises as to how the early Parsis regulated their social life. Fortunately, there were quite a few learned priests among them who laid down certain social norms and generally a patriarch's guidance was followed scrupulously. They hardly had with them copies of their laws as these were current in Iran in the

seventh century and earlier, because their enormous libraries were first destroyed by Alexander the Great in the fourth century B.C. and later by the Arab hordes in the seventh century A.D. Luckily, some fragments had been retrieved and were available. In the fifteenth century, the Indian Parsis became conscious of their want of social and religious laws and they established contact with their Iranian counterparts. This started an age of Rivayata, which formed tracts for the social and religious guidance of the community.

Sixteen Sanskrit Shlokas

Before they were allowed to land on the shores of Sanjan, the chieftain who ruled that part of Gujarat, Jadi Rana, took certain promises and explanations from them. These are embodied in 16 Sanskrit *shlokas*. The Parsis said they honoured the cow, water, fire, sun and moon; they wore sacred shirt and girdle (*sudreh* and *kusti*); and women observed ceremonial purity. The refugees were then asked to learn the language of the land (Gujarati), to dress their women like women of the land, to cease carrying arms, to hold marriages at nightfall, etc. This is, in short, the purport of the *shlokas*.

Hindu Contact and Slow Change

As a result of continuous contact with Hindus, Parsis had imbibed many Hindu customs like early betrothal and marriage, lower status for women, (almost *Purdah*-like restriction at home and outside, absence of education, meals in the home first served to the man, etc). We shall examine some of these through the eyes of the Rivayats, but in the meantime it is best to assume that traditions have a veneer of unwritten social sanctions and they remain with a society for generations. Acquired customs continued to be followed by the Parsis till time wore on and social customs and mores began to change. 4 They scrupulously stuck to their promise of not carrying arms and learning the local language, but their form of dress, mode of marriage, etc. began to change almost in the last century to keep pace with the changing times. There was an unconscious but definite change in their usages and customs, an adjustment to their 'social environment'. It was a self-generative change, with the emergence of

new needs and the necessity for adjustments to the changing social environment.

Settlement in Bombay

With the advent of the British and the emergence of opportunities for social and economic advancement, Parsis began to come to Bombay in the seventeenth century, mainly in the second half. On the advice of Gerald Aungier, the then Governor of Bombay, Parsis, like other communities, constituted a Panchayat (Council) sometime between 1673 and 1676. That was over 300 years ago and the Panchayat is still going strong.⁶ In that dim past, Parsis began to be guided by certain regulations called the 'Bundobusts'. The elders decided and gave their verdict on questions of marriage, divorce, adoption, succession, etc. as they understood them, a common-sense solution. As Karaka puts it, the recognised leaders exercised some degree of control or command over their brethren in the regulation of civil, domestic and religious matters. At this stage, in the absence of their own personal laws, Parsis were being governed by the English common law, in the Supreme Court of Bombay. On 4 March 1818, the Trustees of the Bombay Parsi Panchayat passed a regulation to stop bigamy except under certain circumstances disclosed to the Panchayat and expressly allowed by it after inquiry and after making provision of maintenance and obsequial expenses of the first wife. The default invited excommunication. Parsis, having acquired western education and having become economically sound, began to ignore the authority of the elders and the regulations against bigamy were honoured more in their breach than in their observance. That was in the second quarter of the last century. Earlier, the Panchayat could even inflict physical punishment (beating with one's own shoes), and fine. For more palpable civil offences, excommunication was also practised. A woman was not allowed to stir out of the house alone at dusk or dawn unless accompanied by a man with a lamp. If caught, she could be confined to a house called *nas-sakhana*, a place for keeping the bier and clothes for the dead. All this is now a thing of the past, remembered only as part of the social history of the community.

Early betrothal and marriage had become rampant among Parsis. Even infant marriages had become a common practice. A need was, therefore, felt for the first time to have a clear cut statute for marriage and divorce.

In the thirties of the last century, the eldest son of a Parsi claimed the benefit of the English law of primogeniture and this started a chain of reaction for a fullfledged law of succession. Ignorance of the laws as they prevailed in Iran and absence of application of their personal laws made the Parsis conscious of the lacunae in their social governance. They considered the futility of being governed by the common law of England, while the other communities had personal laws derived from their religious texts.

Laws as They Prevailed in Iran

Marriage: According to Rivayats⁸, a boy could marry after attaining 15 and a girl could be betrothed after 9 and married after the start of menstruation. Modi⁹ gives the marriage age to be 15 for girls also on the authority of Vendidad XIV, 15, a manual of laws considered by the Parsis as a sacred scriptural text forming part of their liturgical prayers. Infant marriages were deprecated. Widow remarriage was encouraged. A widow may remarry after 4 months and 10 days of the death of her husband, if she had no suckling child; if she had, then 18 months. A married woman could be classified in five different categories with social rights and functions.

Divorce: Divorce was allowed to a man, if the wife were sterile but not to the wife if the husband were sterile, which looks highly incongruous and unfair, knowing how enlightened the rule of Chosroes I was. On change of faith a spouse could wait for a year for the convert to be re-converted to Zoroastrianism, and if he/she did not return to the faith, the aggrieved spouse. Divorce could be obtained for cogent reasons and collusion was not countenanced.

Dowry: It was the groom who offered dowry to the bride, 2000 dehras and 2 gold coins, but with contact with Hindu customs the boot

was on the other foot. Now the system of dowry as a system is no longer prevalent. Any gift given by either party is voluntary.

Adultery: In the case of a lay woman, adultery invited capital punishment.

Adoption: Adoption was an important institution of the Zoroastrians, but as it was practised in post-Sassanian and later times it had several facets. Suffice it to say that adoption was practised, and the child inherited all the inheritance and other rights flowing from the adoptive parent. The Parsis have no law of adoption in India and steps are afoot by the Central government to have a common law of adoption for the whole of India, but the Parsis have some mental reservations on the subject. It may, however, be said that a Parsi would adopt a Parsi child only.

Succession: Succession among Parsis was governed by their own laws. Out of the property left by the deceased, the first charge was on the debts which had to be paid off. The rest is divided as may be provided in the will. In the absence of a will, the wife first got back what she had brought from her father's estate, and the balance was divided in the ratio 2:1 between sons and daughters. There were other laws with regard to several categories of married women and their children.

The following statement will give a succinct idea as to how modern the functioning of the law was in Sassanian and pre-Sassanian times:

"In old Iran the judges and magistrates were supposed to be well-versed in law, as in the course of a hearing they themselves had to interpret and explain the law. The lawyers were to be properly appointed like perhaps the Vakalatnama we have in India; their fees never went to beyond 30 per cent of the property in question. If it were a property suit, the judge had to consider first if he had the jurisdiction to try, and if he had, then he had to consider if there was a *prima facie* case. Even though he might not have jurisdiction the judge or the magistrate, if convinced that it was a flimsy case, would throw it out. The evidence was

taken after administering the oath. Although the judge was supposed to be a learned person, he was assisted by jurors and assessors. In serious cases two or more judges constituted a bench. The judgment papers were finally forwarded to the Board of the Lord High Chancellor. Contempt of court was severely dealt with and injunctions for withholding civil or criminal actions were given until vacated. The accused was not allowed to give evidence against himself".

Monogamy: Monogamy was perhaps the rule in ancient Iran and women enjoyed far greater autonomy in the running of the household.

Had the Parsis known these laws in their days of ignorance in this country, the picture would have been different. However, the evolution into a civilised and canonical living of the Parsis with the advent of the British makes an interesting study for a social scientist.

Advent of Personal Laws

Reference has already been made as to how in the early nineteenth century the regulations regarding bigamy were flouted, mostly by the rich and the influential, and how recourse to the law of primogeniture aroused the ire of the thinking section of the community. The question of interstate succession first came in for solution by the elders. In 1811 Sir James Mackintosh, Chief Justice of the Recorder's Court of Bombay, in the evidence before him of usage, admitted the right of an illegitimate child to inheritance on intestacy. The community was angered, but the succeeding Recorder, Sir John Newfold, upset his predecessor's judgement. Succession laws as in Presidency towns and in the mofussil were different. The former were governed on the principle of English laws and the latter by a Regulation of the early nineteenth century. On 20 November 1835, Parsis sent a Memorial to the Legislative Council claiming protection against this anomaly and as a result got the Chattels Real Act (Act IX) of 1837, which created more problems than it solved and remained a dead letter

Sir John Compton and Sir Erskine Perry, Chief Justices of the Supreme Court of Bombay, took

interest in the enactment of Parsi personal laws in the thirties and forties of the last century, but it was in the fifties that a band of young reformers, Naoroji Fardunji, Sorabji Shapoorji Bengallee and others created an atmosphere for real change. In 1855 the Parsi Law Association came into being. The Government of India was approached; it appointed a Commission consisting of Mr. Justice Arnold, Mr. Henry Newton, Mr. Framji Patel of Bombay and Rustomji Modi of Surat, the latter representing mofussil Parsis. As a result of these confabulations, the first two laws, the Parsi Marriage and Divorce Act, 1865 (Act IV of 1865), and the Parsi Intestate Succession Act, 1865 (Act XXI of 1865), were enacted and came into force. These have been amended from time to time or have undergone certain changes, and even today the legislation on marriage and divorce is being subjected to fresh consideration by an *ad hoc* committee, which proposes to make a number of changes, principally with a view to recent thinking on the lines of Hindu Marriage Act 1955, Special Marriage Act 1954, Indian Divorce Act 1869, (Act IV of 1869), Child Marriage Restraint Act 1929, etc. The Act of 1865, as amended from time to time, is the only personal law of a community in India, where the presiding judge is aided by a jury of seven delegates. The section on Divorce (32) has come in for a number of proposed changes. The *ad hoc* Committee explains in its Notes the reasons for changes in numbers of delegates in clauses 19, 20, 27 and 44 as follows: "The reduction in the number of delegates from seven to five in sections 19 and 20; from 3 to 2 in the proviso to section 27; and from five to three in section 44, has become necessary, as it not infrequently happens, particularly in the Mofussil, that a sufficient number of delegates is not available for the trial, especially when a number of delegates are challenged by the parties in the case or cases on board. In one of the Mofussil Courts, a case had to be adjourned twelve times for that reason. The amendments in section 27 and 44 are consequential on the amendments in sections 19 and 20".

Suggestions are being made to bring the law - into harmony with other Indian laws. The entire

question is under the consideration of the *ad hoc* Committee mentioned above.

Succession Certificate

Towards the end of the fifties, the Trustees were approached by the Parsi Anjuman of Secunderabad and Hyderabad District, pointing out the disabilities of Parsis in obtaining succession certificates like the other Indian communities and requesting the Trustees to take steps to get the anomaly removed. The Trustees acted quickly and got Sections 311-313 of the Indian Succession Act 1925 amended by an Amendment Act of 1962 (No. 16 of 1962). It applies only in the case of wills made by a Parsi dying after the commencement of the Act.¹⁴

Education

It has been stated earlier that Parsis were asked by Jadi Rana of Sanjan to barter their mother tongue for the local language, Gujarati. They almost forgot their mother tongue, Persian, with the passage of centuries and their command of Gujarati was not very good either, even up to the last generation with some honourable exceptions. Since literacy is basic to all social progress and knowledge of not only the three R's but also of science and philosophy plays a great part in the advancement of a country or community, the Parsis were the first to notice this lacuna on their first contact with the foreigners like the Portuguese and the British. The latter, however, exercised greater influence on the community. In 1820, during the regime of Mountstuart Elphinstone as Governor of Bombay, the Bombay Native Education Society was established. The Parsis were the first to take advantage of this, but it was the preserve of the elite to take educational benefits. In 1849, with the munificence of Sir Jamsetjee Jejeebhoy, the first Indian Knight and later Baronet, a chain of schools for Parsi boys and girls came to be established in Bombay and Gujarat.

In 1848, with the lead given by Dadabhoy Naoroji and others the Native Literary and Scientific Society was formed. Periodic essays on education were read by members-Parsis and non-Parsis-and when Behramji Khurshedji Gandhi read his paper, he took a pledge from

members that they would teach women themselves. With gusto, the members went about their business, but the old prejudice that if women were to be educated it would harm the fabric of society came in the way of female education. But undaunted as the band led by Dadabhoy Naoroji was, it would not take it lying down. He, with his reformer colleagues like Naoroji Fardunji, Sorabjee Shapoorji Ben-gallee, K.R. Cama, Karsondas Mulji and others, started to go from house to house asking girls to come to the verandah and acquire the fruits of learning from them. They got encomiums from some, but also a lot of rebuffs and insults from many. However, ultimately the idea bore fruit. In the beginning this band of workers contributed expenses from their pockets, but gradually the schools began to appear at least in Bombay and female education was set firmly on the rail. Those who were once opposed to female education became, in course of time, ardent promoters of education, more so on seeing the fruits of education.

Social Norms

Religion plays a great part in inculcating social norms and patterns of good and moral behaviour. It is on the cards that the Parsis had, in the middle of the last century, deviated from the path of Asha, the path of righteousness and had been drawn into certain superstitious beliefs. It was Naoroji Fardunji and Dadabhoy Naoroji as President and Treasurer respectively who started the Rahanumae Mazdayasnan Sabha to bring back the erring flock to the right path. Even a newspaper called *Rast Goftar* (Herald of Truth) was started and edited by Dadabhoy. He also started Dnyan Prasarsk Mandli for spreading knowledge among Gujarati and Marathi populations and later contributed to *Stri Bodh* and such other papers on feminine education. But all this was before he went to England and fell headlong into politics, advocating Swaraj for his country.

Intercalation

The Parsi Calendar is of 365 days, broken into 12 months of 30 days each, with five holy days called *Gathas*, added on at the end. In Iran their forbears used to add a month at the expiration of every 120 years, as the Gregorian Calendar

adds a day at the end of each four years (leap day). For nearly a thousand years, Parsis have failed to observe this intercalation called *Kabisa* (intercalation) and the calendar, according to the calendar reformers, has become a cause *celebre*. There is another set of people who start the year from 21 March (vernal equinox) and call themselves *Fasli* (spring season). Thus there are three types, Shahenshahi, Kadmi and Fasli calendars. The Kadmi sect came into existence after Kabise controversy being one month in advance of the Shehenshahi intercalation.

Proselytisation

The Parsis in India do not proselytise, though under tenets of Zoroaster, their revered prophet who lived some 4,000 years ago, there is a *firman*. In the 1840s there were conversions to Christianity of two young boys, students of Dr. John Wilson's School. There was a hullabaloo created at the time, but the sting lived on until a case, decided by a Bombay High Court Bench in 1908, put it down that the Parsis do not believe in and practise proselytisation. A Parsi is born not made. According to Justice Daver's dictum, a Parsi is a Parsi born of Parsi Zoroastrian parents, or Irani Zoroastrian parents or children born of Parsi father and alien mother whose *Navjote* (initiation) has been duly performed. An overwhelming majority of the Parsis even today do not countenance proselytisation. While this is a reversal of what happened to the boys in the last century, it is a point worth making in the history of social reforms among Parsis.

Reformers

It may be said here with some legitimate pride and satisfaction that those Parsis who worked for their community did not forget others not belonging to their community and fought and won their battle against Cassandras. There is a galaxy of Parsi reformers especially of the last century and the present one. They include Sir Jamsetjee Jejeebhoy, Bt.I, Navroji Fardunji, Sorabji Bengalee, Dadabhoy Naoroji, K.R. Cama, Sir Phirozeshah Mehta, Behramji Malabari, Jamshed Nusserwanji, and some others not so acclaimed. Some of them had one common problem in view — early marriage —

and that was what they fought the most against.

Behramji Malabari¹⁸ fought for the downtrodden Hindu women to raise their status in life and tackle the problems of infant marriage, prevention of widow remarriage, absence of education, etc., which sapped the vitality of the nation. He mounted vigorous propaganda against these practices, although he was principally a poet and a journalist.

Jamshed Nusserwanji (Mehta) was another reformer, who worked without any idea of caste or creed in undivided India (Karachi) and who was practically called a saint, and a universal catholic worker. He was a staunch theosophist, lived for others though affluent himself and spent profusely from his pocket. He was one of the organisers of the National College of Hyderabad (Sindh).

Future Perspective

In the social and cultural sphere, the Parsis of India have evolved like any other society of yore. They have adopted in India, almost on the lines of the Hindu *Panchayat* system, a unique organisation, called the *Anjuman*. The first such Anjuman is recorded to have been formed in 1642 in Navsari, a town 250 kilometres north of Bombay, termed as the stronghold of Parsi orthodoxy and religious belief. Later on, the term Panchayat itself was adopted — to wit Bombay and Surat Panchayats and lately Poona and Ahmedabad Panchayats. These *Anjumans* have now formed themselves into a Federation; and for their social and cultural advancement the Parsis must look to this organisation as their arm of strength, as a bulwark. According to Kulke¹⁹, "The formation of Panchayat has no parallel in Parsee- Iranian traditions and exemplifies the assimilation of traditional Hindu elements." While the latter is a correct appreciation of the situation, the former is not quite correct, in that while in Iran the Parsis were a nation practising Zoroastrianism, in India the Parsis lived in the midst of several castes and creeds and needed a base.

In birth, betrothal, marriage, death and in many other walks of life the Parsis had elaborate

customs taken from neighbouring Hindus 20, but most of them are either out or on the way out.

The Parsis have yet a long way to go in their social and cultural drive and this was brought out by many speakers at the Third World Zoroastrian Congress held in January 1978 in Bombay, where over 1,600 delegates from all over the world participated. If the Parsis heed the writing on the wall, they stand to benefit in the future. What they need is cohesion, democratic thinking and action, and above all, a desire to survive in this fast changing world. Strife and strain, challenge and response are the *sine qua non* of progress. This goes on *ad infinitum*. To quote Toynbee²¹: "To convert the movement into a repetitive, recurrent rhythm, there must be an *elan* which carried the challenged party through equilibrium into an overbalance which exposes him to a fresh challenge and thereby inspires him to make a fresh response in the form of a future equilibrium ending in a further overbalance — and so on in a progression which is potentially infinite."

This is a lesson that the Parsis must learn in their waking life, although they have, *nolens volens*, been subject to the same type of alternating movement towards progress.

Sapuri Faredun Desai

Notes on Social Reform among Parsis

1. Shahpurshah Hormasji Hodivala, *Studies in Parsi History*, 1920; and Behram Kaikobad, *Kisseh San-jan*, 1600.

For reasons of their decline, the reader may see Sapuri F. Desai, *A Community at Cross Road*, New Book Company, Bombay 1948, pp 11-201; "Depopulation amidst Explosion : A Case Study of the Parsi Community", Paper read before the Anthropological Society of Bombay 1969; and Leala Visaria, Demographic Transition among Parsis, *Economic and Political Weekly*, October 12, 19 and 26, 1975.

3> Bamanji Nusserwanji Dhabar, *The Persian Rivayats of Hormazyar Framarz*, K.R. Cama Oriental Institute, Bombay, 1932, p. XXXIII.

4. M.M. Murzban, *The Parsis in India, Being an Enlarged and Copiously Annotated up to date*

English Edition of Mille Delpune Manant's Les Paris (1898), Vol II, 1917, p. 307 et seq.

5. Elizabeth Wickenden, "Social Action" in *Encyclopaedia of Social Work*, National Association of Social Workers, USA, 1965, pp 697-703.

6. Other Panchayats appear to have died out before they were born. There seem to be no records.

7. Dosabhai Framji Karaka, *History of Parsis*, Mac-milan & Co., London, 1884, p. 215.

8. Bamanji Nusserwanji Dhabar, *op.cit.*

9. Jivanji Jamshedji Modi, *The Religious Ceremonies and Customs of the Parsees*, British India Press, 1922, p. 16.

10. Sapuri F. Desai, *Some Ancient Socialist Laws, Kurush Memorial Volume*, published under the auspices of Iran Cultural House, Bombay, 1974. pp.27-36

11. *Ibid.*

12. Sapuri F. Desai, *The Parsi Panchayat and Its Working*, Parsi Panchayat, Bombay, 1963, pp. 48-52; and *History of Parsi Panchayat, 1860-1960*, Parsi Panchayat, Bombay.

13. This number is being sought to be reduced to five (proviso to section 27) and from five to three (section 44).

14. Sapuri F. Desai, *The Parsi Panchayat and Its Working*, *op. cit.*

15. R.P. Masani, *Dadabhoi Naoroji, The Grand Old Man of India*, with introduction by Mahatma Gandhi, George Allen and Unwin Ltd., London 1939, pp.44-45.

16. *Shahenshahi* means royal as being practised by majority of Parsis without intercalation. *Kadmi* or *Kadimi* means original. *Fasll* means seasonal beginning the year on 21 March.

17. Judgement in the Parsi Panchayat Case of 1906 (Suit No. 689 of 1906)

18. He even went to England to arouse public conscience, had audience with Queen Victoria, the then Empress of India, and got the following message from Prince Arthur: "I can assure you that Her Majesty the Queen Empress takes a keen interest in a question which so deeply affects the happiness and prosperity of so large a number of her Indian daughters.

"Wishing you a happy return home to your country and to your family,

Believe me,
Yours sincerely,
Arthur".

The above is a unique honour to a unique man. No Indian has done so much for a community in which he was not born. See Dayaram Gidumal, *Behramji M. Malabari, A Biographic Sketch*, Introduction by Florence Nightingale, Fisher Unwin, Paternoster Square, London, 1892, p.237.

19. Eckehard Kulke, *The Parsis in India, A Minority as Agent of Social change*, Vikas publishing House Pvt. Ltd., Bombay, 1974.

20. Kharshedji Nasserwanji Seervai and Bomanji Behramji, *Gujarat Parsis*, 1898, p. 45, Jivanji Jamshedji Modi, *op.cit.* and Sapur F. Desai. "Social and Cultural Survey of the Zoroastrians in the Recent Past and suggestions for future Improvement", Paper read at Third World Zoroastrian Congress, Bombay, 1978, pp. 1-14.

21 . Arnold Toynbee, *A Study of History*, The new one- Volume edition, illustrated, Thames and Hudson, London, reprinted 1976, p. 136.

Housing

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Housing is a necessity. Its supply in India does not fully meet the present needs of the population whether in terms of location, size, tenure, type, or facilities.

The share of the housing sector in India's economy is significant. Its contribution to the national income has usually fluctuated between 3 to 4 per cent. Its share in gross domestic capital formation (residential buildings only) in the country increased from 13.4 per cent in 1970-71 to 14.4 per cent in 1977-78.

The construction industry is highly labour-intensive. Employment in building construction, which was of the order of 12.76 lakh persons during 1961, rose to 13.57 lakh persons during 1971 and to 21.86 lakhs (estimated) during 1981. The proportion of workers in building construction to workers in construction as a whole was 61.97 per cent in 1961, 56.65 per cent in 1971, and 61.32 per cent in 1981.

Housing Inadequacies

Housing inadequacies in India have both quantitative and qualitative aspects. On the quantitative side, the problem of housing has been worsening over the years due to (a) rapid increase in population, (b) fast rate of urbanisation, (c) inadequate addition to the housing stock, and (d) obsolescence of existing housing stock. There is a qualitative difference between problems of urban and rural areas. Whereas the problem of urban areas is by and large that of congestion, slums and squatter settlements, the rural areas are characterised by the absence of essential services and poor environmental conditions. Any comprehensive solution to India's housing problem cannot afford to ignore either aspect.

Increase in Population

The population of India has grown from 279 million in 1931 to 685 million in 1981. The annual growth rate, which was 2.15 per cent in 1951-61, increased to 2.48 per cent in 1961-71 and recorded an increase of 2.50 per cent in 1971-81.

Urbanisation

India continues to be largely a rural country. The percentage of urban population has, however, shown an upward trend over the decades. It has increased from 17.6 per cent in 1951 to 18.3 per cent in 1961, 19.9 per cent in 1971 and 23.3 per cent in 1981. By 2000 AD, more than 30 per cent of the population would be in urban areas.

The trend towards urbanisation is marked by unbalanced growth. Even within the urban sector, the rate of growth of population for larger towns is substantially higher than that for the smaller ones. Among Class I towns (with population of 1 lakh and above) there are a few giant urban complexes which dominate the urban scene. The number of such agglomerations/cities with a population of one million or above was 5 in 1951, 9 in 1971 and 12 in 1981. These 12 metropolitan cities account for about 27 per cent of country's total urban population.

Housing Stock

The supply of houses or dwelling units has not kept pace with the demand for houses. It is estimated that the supply of houses in India increased from 64.3 million in 1951 to 122.8 million in 1981, whereas the population increased from 361 million to 685 million during the same period. Thus, the housing supply increased by 91 per cent at the all-India level, whereas the total population grew by about 230 per cent.

Another notable factor is the obsolescence of existing housing stock. Ageing of buildings is a natural process of decay. Concrete buildings on an average possess a life span of 60-80 years which is much less in the case of non-concrete buildings. Lack of adequate periodical maintenance and inherent defects in original construction further accentuate the problem.

With a view to preserving the available housing stock, preventive and remedial action is very much needed in the form of institutional arrangements. In economic terms, the cost of rehabilitation is considerably less than of new construction.

Housing Shortage in India

Any estimate of housing shortage depends essentially on a minimum acceptable standard of housing which a country might adopt for itself. Keeping these and other relevant considerations in view, the National Buildings Organisation has been estimating the housing shortage. — gap between the total demand and total stock of houses — at national level from time to time on the following criteria:

(i) Every household, urban or rural, should have a housing unit to itself, (ii) In urban areas, a housing unit may either be pucca or semi-pucca. (in) In rural areas, the housing unit may be pucca, semi-pucca or serviceable kutcha.

Based on the above criteria, the National Buildings Organisation prepared estimates of housing shortage and while doing so, on the eve of the Fifth five year plan, the earlier standard of providing every household, whether rural or urban, with a pucca housing unit was abandoned. NBO's estimates and projections of housing shortage are given below for urban and rural areas, (in millions)

Year	Urban	Rural	Total
1981	5.0	16.1	21.1
1983	5.5	17.4	22.9
1985	5.9	18.8	24.7
1990	6.9	19.9	26.8

N.B.O. also prepares State-wise estimates of housing shortage.

Housing under the Plans

Over a period of nearly three decades, public investments in housing under the plans has been of the order of Rs. 1,253 crores. In addition, investment by public sector enterprises, departmental undertakings, and grants-in-aid institutions, amounted to about Rs. 1,800 crores. Investment by the private sector was estimated at Rs. 12,740 crores.

Apart from houses constructed for government employees, the role of the public sector in the provision of housing has been small. Subsidised dwellings have been provided to certain selected economically weaker sections of society. It was only during the Fifth Plan (1974-79) that provision was made to provide house sites to the eligible rural landless workers. This was in addition to the social housing schemes operating in urban areas.

Investment in housing during the various plans has increased in absolute terms, but as a proportion to the total investment it has declined. According to available information, the investment in housing as a proportion to the total investment during the five-year plans, has varied from 34.2 per cent in the First Plan to 19.3 per cent in the Second, 14.9 per cent in Third, 12.4 per cent in Fourth, 9.8 per cent in Fifth and 7.5 per cent in the Sixth Plan.

Urban Housing

The major problem confronting urban housing in India is that of slums and squatter settlements. It is estimated in the Sixth five year plan that about 20 per cent of the total urban population in the country may be living in slums. The magnitude of the slum population needing attention is estimated at about 33.1 million in 1985. Of this, only 6.8 million have been provided with some form of basic services. Some tentative estimates of the total slum population in different categories of the cities were made by the National Buildings Organisation (NBO). According to these estimates, 39.77 per cent of the slum population lived in the metropolitan cities, 34 per cent lived in cities with a population between one lakh and ten lakhs and the remaining population in other urban areas. Thus, around 74 per cent of the total slum population in the country is accounted for by about 152 cities/towns. These estimates are tentative, but they illustrate the extent of the problem of slums in the larger urban areas. It has been further estimated by the NBO. that the extent of slum population in the metropolitan cities ranged from about 10 per

cent in Bangalore to about 33 per cent in Bombay and Calcutta and 37 per cent in Kanpur.

The slum and squatter settlements in different urban areas can be classified into a number of types:

(a) Squatter settlements such as Jhuggi-Jhopris in Delhi, Cheries in Madras, and Zopad-Pattis in Bombay are a collection of individual hutments erected, without permission, by the dweller himself, usually on land belonging to the government or the local authority.

(b) Squatter settlements where the hut is erected by one person but is sublet to another as a variant of the above category.

(c) Squatter settlements which are inspired by some people who seize a sizeable stretch of public or municipal land and organise unauthorised construction by prospective hut dwellers in return for some consideration.

(d) Settlements where the title to the land and structures is itself valid but the structure is divided by the owner and sublet to a very large number of people with resultant over-crowding and insanitation. The Chawls in Bombay, Ahmedabad and some of the industrial towns fall in this category.

(e) Tenancy settlements such as Bustees in Calcutta and Ahatas in Kanpur, where the title to the land is held by one person, the structure belongs to a second person, and the dweller is a tenant of the hut owner.

The first major response to the problem of slums and low-income urban settlements after the commencement of planning in India was through the subsidised Slum Clearance and Improvement Scheme introduced in 1956. The scheme provided for (i) acquisition of slums and rehousing families whose income did not exceed Rs. 350 per month (ii) improvement of environmental conditions, and (iii) construction of night shelters. A review of the progress of the scheme over more than a decade indicated that rehousing does not provide an answer to the problem of slums. Clearance of slums is a colossal task and greater attention is required to improve the environment in which the slum dwellers live.

A shift in the approach to the problem of slums came with the preparation of the Basic Development Plan for Calcutta in 1966 with its emphasis on improvement of bustees rather than large-scale clearance. The Government of India took the initiative in promoting the coordinated development of the Calcutta Metropolitan Area through the agency of Metropolitan Development Authority from 1970 onwards. One of the programmes for accelerated development of Calcutta was to provide financial assistance in the form of grant for provision of basic services in the bustees colonies. Based on this policy initiative, the Government of India introduced in April, 1972 the Scheme for Environmental Improvement in slum areas, providing 100 per cent financial assistance in the form of grant for slums which were not earmarked for clearance for at least 10 years.

It is felt that a particular area becomes a slum, more because of poor environmental conditions, poor sewerage and sanitation rather than the poor state of structure. The Sixth five year plan discountenanced the strategy of attempting massive relocation of slums in urban areas. Such relocation not only involves substantial hardship to those affected in terms of loss of easy access to employment centres and other amenities, but results in unnecessary destruction of existing housing capital, however substandard it may be. It stressed low-cost sanitation and drainage as key areas for much-needed investment in the slums of our cities. The Plan envisaged an investment of Rs. 151.45 crores in the State Sector for the provision of basic amenities to about 10 million people living in slums in different urban areas in the country. The Scheme formed part of the Minimum Needs Programme. This is in continuation of the scheme introduced in 1972 under which amenities like water supply, sewerage, sanitation, paved pathways, community latrines and street lighting were provided to slum dwellers in selected urban areas.

Rural Housing

The problem of rural housing in our country is diverse in nature and enormous in magnitude. It has grown over the years due to rapid increase

in the population on the one hand and low rate of new housing construction on the other.

Rural dwellings are usually small, insanitary, often dilapidated. The houses are made of locally available building materials that are usually non-durable and require frequent repairs.

Of the total housing stock of 7.44 crore dwelling units available in 1971 in rural areas, 0.80 crore were unserviceable kutcha, 2.44 crores were serviceable kutcha, 2.79 crores were semi-pucca and only 1.41 crores units were pucca. Therefore, the usable or liveable housing stock in rural areas was only 6.64 crore dwelling units as against 7.8 crore households, accounting for 1.16 crore housing shortage. According to the latest estimates of National Buildings Organisation, the housing shortage in rural areas in 1983 was of the order of 1.74 crore dwelling units.

The problem of housing in rural areas is more qualitative than quantitative. Apart from the quality of houses, congestion is also dense; the household size was 5.6 according to 1981 census.

Environmental Inadequacies

In many respects, environmental conditions proposed to be promoted on the basis of (i) aided self-help; (ii) propagating the use of local building materials suited to the economic conditions of the villages; (iii) providing house-sites to landless labourers in rural areas; (iv) sponsoring rural housing building cooperatives, if feasible; (v) augmenting the programmes of State Housing Boards for construction in rural areas; (vi) expanding the activities of the Housing and Urban Development Corporation (HUDCO) by gearing it to meet the expanding demand; and (vii) vigorous implementation of the Village Housing Scheme.

A Minimum Needs Programme was introduced during the Fifth five year plan to establish throughout the country a network of certain essential services on a coordinated and integrated basis. The programme envisages achievement of the afore-stated basic

objectives by providing a minimum level of social consumption including providing house sites for landless labourers in rural areas, supply of drinking water to problem villages, providing rural roads, ensuring rural electrification and facilities for elementary health and education, etc. The minimum facilities to the rural areas under this programme are expected to reduce rural-urban migration and at the same time disperse economic activities and take the benefits of development to a much larger section of the rural population.

The Minimum Needs Programme gives high priority to the provision of house sites and assistance for construction of houses for the rural landless workers. Under the Sixth plan (1980-85), it is estimated that the number of eligible families needing housing assistance would be around 14.5 million by March 1985. Of these 7.7 million landless families have already been allotted house-sites, leaving about 6.8 million families who are still without a site. The plan proposes to provide sites to all the remaining landless families. Of the families who have been provided sites only, about 0.56 million families have so far been given construction assistance. This leaves about 13.9 million families who will still need such housing construction assistance. About 25 per cent of these eligible families, i.e., about 3.6 million families, will be provided construction assistance during 1980-85, with the balance being provided for in the following years. Provision is being made for Rs. 250 per family for developing plots, approach roads and a masonry tube-well for each cluster of 30 to 40 families. Construction assistance is expected to amount to Rs. 6,000 per family. This assumes that all labour inputs will be supplied by the beneficiaries. These provisions involve a total outlay of about Rs. 354 crores for the programme, i.e. Rs. 170 crores for the provision of sites and about Rs. 184 crores for construction assistance.

It is expected that all families currently without sites will be provided sites under this programme by 1985. The next Plan will have to ensure that construction assistance is available for those remaining in need.

Governmental Action

Under the Indian Constitution, though housing has been included in the State list, assistance for housing is provided jointly by the Central and State governments. In view of the magnitude of the problem, Central government has introduced from time to time various social housing schemes. The role of the Central government *vis-a-vis* these schemes is confined to laying down broad guidelines, providing necessary advice and rendering financial assistance in the form of loans and subsidies to the States/Union Territories and watching the progress of these schemes. State governments and the Union Territory administrations have been vested with full powers to formulate, sanction and execute projects under these schemes and also 'to* release tions in the villages are unsatisfactory. Based on the 28th Round of NSSO (October 1973-June 1974) it was estimated that 92.4 per cent of the rural households had no latrines. Protected drinking water facility, i.e. drinking water from taps, is available to only 4.7 per cent of the households. The sources of water, which, may be exposed to the risk of pollution, available to rural households are: about 65.8 per cent from wells, 12.7 per cent from tanks and ponds, rivers, etc., 15.6 per cent from tubewells and hand-pumps, and 1.2 per cent from other sources.

Despite the planning process, housing standards have not much improved. On the contrary, there has been some deterioration, qualitatively and quantitatively both in urban and rural areas of India. The reason is not far to seek. Absence of balanced sectoral allocation appears to be the major cause. For example, it was unfortunate that less than 10 per cent of the total plan allocation for housing sector was allocated to rural housing from one Plan to the other and even this meagre amount could not be spent for the purposes for which it was earmarked. The proportionate allocation for rural housing has been stepped up from the Fifth plan onwards.

Rural housing programme must obviously form part of an overall rural development programme based, above all, on progressive increase in agricultural production and in local

employment opportunities, and should be devised in such a way as to enable it to take on the shape of a steadily developing effort in which local resources and local initiative play an ever increasing role.

The main thrust of the programme from the Fifth plan onwards in our country has been directed towards ameliorating the conditions of the backward sections of the society especially those in the rural areas. The construction activity in the rural areas is financial assistance to the concerned construction agencies. Besides financing the schemes, the Ministry of Works and Housing, Government of India, also monitors their progress.

The Ministry of Works and Housing introduced the following Social Housing Schemes with effect from the year noted against each:

<i>Name of the Scheme</i>	<i>Year of introduction</i>
(1) Integrated Subsidised Housing Scheme for Industrial Workers and Economically Weaker Sections of Community	1952
(2) Low Income Group Housing Scheme	1954
(3) Subsidised Housing Scheme for Plantation Workers	1956
(4) Slum Clearance/Improvement Scheme	1956
(5) Village Housing Project Scheme	1957
(6) Middle Income Group Housing Scheme	1957
(7) Rental Housing Scheme for State Government Employees	1959
(8) Land Acquisition & Development Scheme	1959
(9) Rural House Sites-cum-Hut Construction Scheme for Landless Workers	1971

Except the Subsidised Housing Scheme for Plantation Workers, all other' Social Housing Schemes are in the State sector. The Rural House Sites Scheme was transferred from the Central sector to the State sector from the commencement of the Fifth five year plan.

During 1982, on the recommendation of the Central Council for Local Government and Urban Development and also keeping in view the necessity for identifying the various housing schemes with the target groups in the Sixth five year plan (those belonging to the economically weaker sections and the low income groups), the Ministry of Works and Housing reviewed and decided in consultation with the Planning Commission that the existing State sector social housing schemes be reclassified (based on

income criteria) under the four categories of housing viz. Economical Weaker Section, Low Income Group, Middle Income Group and Rental Housing Scheme. In respect of the Central Subsidised Housing Scheme for Plantation Workers and the State sector Rural House-sites-cum-Construction Assistance Scheme status quo is to be maintained.

Finance for Housing

The magnitude of the resources required for solving the problems of housing shortage over the next twenty years is so large that a breakthrough is possible only if much larger funds are devoted to housing than has been the case so far. The problem, however, is that housing has to compete with other priority sectors like industry, power, agriculture and transport for a share in the limited savings available for the purpose.

The main difficulty is how to finance a vast majority of low-income families whose housing needs are very acute. Besides low income, the flow of income in regard to many families is uncertain and irregular. Such families require a longer period of repayment and soft terms of loans which existing financial institutions run on commercial principles find difficult to offer.

Prior to the First plan, investment in housing was made almost exclusively by the private sector. Since then, the Government of India has come forward with various housing schemes to help the economically weaker sections and also to provide accommodation to its employees. In addition to budgetary allocations by the government and by public enterprises, a number of institutional arrangements for financing housing have come into existence. These are:

(a) Life Insurance Corporation of India (LIC): The corporation grants loans every year to various State governments for financing social housing schemes such as Low Income Group Housing, Middle Income Group Housing, Rental Housing for State Government Employees and such other schemes as are approved by the Central Government. The corporation also grants loans to Apex Cooperative Housing

Finance Societies in the various States for financing their primary cooperative housing societies for construction/purchase of new houses. The corporation's loans to Housing and Urban Development Corporation (HUDCO) form a part of the total resources of HUDCO. The LIC's Own Your Home Scheme is in operation in 697 centres. The Corporation's total contribution to housing development in the country by way of loans upto the end of March 1983 stood at Rs. 1,417 crores.

(b) General Insurance Corporation of India: The GIC has also started giving loans for housing projects. During 1978-79, GIC allocated Rs. 14.00 crores to various States for the implementation of Village Housing and Economically Weaker Section Housing Schemes. Similar amounts to the tune of Rs. 16.50 crores were made available to the States in 1980-81 also.

(c) Housing and Urban Development Corporation (HUDCO): The HUDCO was incorporated in 1970 and started functioning from 1971. It finances housing, urban development and building materials schemes, etc. The main sources of finance of HUDCO are equity contribution by the government, borrowings from LIC and GIC and floating of debentures.

HUDCO's main emphasis has been on providing shelter for economically weaker sections of the country. It has adopted the strategy that 55 per cent of the funds committed for housing should benefit the lowest income categories with monthly family income not exceeding Rs. 600. HUDCO charges concessional interest at the rates of 7 per cent and 8 per cent (net on loans for EWS and LIG urban housing). The repayment period of loans for these categories is 20 years and 15 years respectively.

In its attempt to reduce housing shortage in the rural areas, HUDCO has started financing rural housing schemes since 1977-78. Under this, funds are provided to agencies nominated by State governments for undertaking housing projects in rural areas for families whose total

monthly income does not exceed Rs. 350 provided that the total cost of the house does not exceed Rs. 4,000.

HUDCO's total sanctions as on 30 September 1983 had reached about Rs. 1,194 crores for 2,593 housing and building materials schemes in 266 cities and towns spread through 19 States and 4 Union Territories.

(d) The Apex Cooperative Housing Finance Societies: The major source of funds for these societies has been the LIC. Of late, HUDCO has also started extending financial assistance to these societies. As on 31 March 1980, houses for which loans had been sanctioned by the Apex Cooperative Housing Finance Societies with the help of financial assistance from LIC numbered nearly 4.7 lakhs.

(e) Employees Provident Fund: It has not been possible to attract Employees Provident Fund resources into housing to any significant extent. During 1982-83, the non-refundable advances for housing amounted to about Rs. 18 crores which represented only 4 per cent of the total Provident Fund collections.

(f) Commercial Banks: Banks came face to face with the housing problem on account of two important developments, viz., allotment of house-sites to landless workers and schemes for the creation of integrated settlements in rural and urban areas. In the context of huge investment requirements for housing, banks are in a position to contribute much more than in the past towards housing credit. During 1981, the overall quantum of funds provided by the scheduled commercial banks was placed at Rs. 100 crores under the category 'housing finance'. This amount constituted approximately 0.43 per cent of total advances of all scheduled commercial banks at the end of 1980.

(g) Housing Development Finance Corporation Limited (HDFC): HDFC as a financial institution was incorporated on 17 October 1977. It provides financial assistance mainly for new residential housing anywhere in India to individuals, , associations/groups of individuals, cooperative societies and companies for staff

housing. The repayment period is normally in the range of 5 to 15 years.

(h) Private Sector: Reliable data on investment in private housing are not available. However, according to the estimates by the Central Statistical Organisation, gross capital formation in housing (residential buildings) in the private sector amounted to Rs. 3,054 crores in 1980-81.

J.N. Mongia

Human Rights and India

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There is justification to assert that ever since the dawn of human civilisation in Arya-Varta¹, humanism with all its humanitarian aspects has been upheld as the highest virtue in man. This applies not only in the field of social relationships as between man and man, but also in the religious domain as a tenet of faith leading to the salvation of mankind.

It is indeed noteworthy that human rights have always had a close link with man's civilization wherever that concept has flourished, and even today their existence or otherwise is symbolic of the standard of civilization attained. In fact, the Buddhist doctrine of non-violence in deed and thought "stftsn WTtenf" is a humanitarian doctrine *par excellence*, dating back to the third century B.C. Furthermore, Hinduism has preached the doctrine of "jtt^ \$^M=hH" that is the kinship of the whole world, meaning thereby that human beings are all kith and kin of one family. The apt ancient Sanskrit text which embodies this concept is reproduced below:

I seek no kingdoms nor heavenly pleasures nor personal salvation since to relieve humanity from its manifold pains and distresses is the supreme objective of mankind

Other religious beliefs such as Buddhism and Jainism, as well as the great religions of the world like Christianity, and later Islam in the 7th century AD, which have all had their impact in India giving birth to the present composite civilization of the country have also preached and upheld similar doctrines of "God the Merciful and the Compassionate". It may be that, at times, religious practices have differed from the strict theory of religious beliefs, but human rights have always found a pride of place in the theocracy of all ages. In the Indian context this religious aspect has been indeed vital.

India has witnessed the rise and fall of many empires and, with them, the changing fortunes of the men who constituted the governance of the State. In the ultimate analysis, it is the man in power and his relationship with the human masses at large that makes history and results in the evolution of important aspects of civilization from age to age.^{^n} In essence, this relationship of man to man — whether in conflict (in the form of revolts and wars) or in cooperation (in the form of peace and prosperity born of trade and commerce) — contributes to the building of a standard of life on earth evoking praise or condemnation based on the attitude adopted by the man in power in relation to the masses. Therefore, the history of human civilization is woven around the fabric of human behaviour, whether respecting human rights or violating them. This must be so because human* rights lie at the root of man's well-being.

In the light of endless vicissitudes in the fortunes of man witnessed in India, there are numerous landmarks on the road to the development of a nation's civilization. It is the intention here to examine such landmarks which have had their influence not only in relation to the nation concerned but also on a wide regional basis on the march of a continent to progress in the field of human rights. This is attempted below (under three broad divisions) taking into account the early ancient history of India and bringing the survey down to modern times, including the post-independence era (1947 and after).

- I. The Ancient Indian Concept of Humanitarian Laws of War
- II. Human Rights in Medieval India
- III. (A) The World-wide impact of the Constituent Assembly of India in 1947;
(B) Human Rights and the Indian Constitution of 1951.

I. The Ancient Indian Concept of Humanitarian Laws of War

There are at least two outstanding contributions of ancient India to the evolution of humanitarian laws of war which merit

immediate mention as they remain unique in human history. First and foremost, the one which attracts attention is the universality of application of humanitarian laws, irrespective of race, religion, caste or creed and all considerations of righteousness or otherwise of the belligerents. This symbolises the latest position reached in modern international law on the subject. However, that position was evolved to prevail centuries before Christ in Arya-Varta, the Northern region of India, with Indraprastha in the centre.

The second aspect which catches the eye relates to the detailed rules of warfare which were laid down in the legal texts such as the *Manusmriti*, the code of Manu (200 B.C. to 100 A.D.), the *Mahabharata* (1000 B.C.), Kautilya's *Arthashastra* (300 B.C.), and *Sukranitisara* Sukracharya. Both these aspects are detailed below in order to appreciate the extent to which the modern concepts of law had evolved in ancient India.

Universalism of Thought

Universalism was the life-breath of ancient Indian thinking. This was true not only in the field of religion but also in the political philosophy of the age, which went a long way to lay the foundations of interstate regulation. Indian thought has also had a profound influence in the neighbouring regions of South and South-East Asia throughout the entire ancient period of history.

If *Tattvam asi* (Thou art That) and *Aham Brahmasmi* (I am That) conceived the universality of the individual soul, it was the principle of *Vasudhaiva Kutumbakam* (We are all one human family) which propounded universal equality. Moreover, it was *Ahimsa* (non-violence towards all creation in thought, word and deed) which laid down universal conduct for tolerance, respect for the individual, peace and co-operation. Furthermore, the concept of *Chakravartin* in political theory visualized one world government to establish peace. It was no accident, therefore, that Sage Manu, one of the greatest among the law-givers to mankind, conceived his code of law as *Manava Dharmasastra* (200 B.C.) or Code of

Law for the entire human race, instead of compartmentalising it into law for any particular nation or State. What was emphasized was not merely the universality of legal concepts but also the universal applicability of law which eased its enforceability and encouraged respect for it. Manu's code (*Manusmṛiti*) covered almost every conceivable detail of man's material existence with a view to establishing cosmos in his earthly life. Though in its details the code was inevitably conditioned by the circumstances of the age, the precepts of law laid down were so universal, all-pervading and lasting that they provided India with inspiration and sustenance through the ages.

Universality of Law and Its Application

If the concept of the Law of Nations comprises a body of rules whether customary or written, which the States in their intercourse with each other consider binding, it would perhaps not be quite accurate to observe as Oppenheim has done that International Law "in its origin is essentially a product of Christian civilization and began gradually to grow from the second half of the middle ages".² Apart from the fact that the Christian civilization may not have quite enjoyed a monopoly in regard to prescription of rules to govern inter-State conduct, it is submitted that the concept of Christendom itself hampered the development of international law on the broad basis on which it exists today. For example, the principle that the rules of civilized conduct among nations applied to States within Christendom alone and nothing of a binding nature could govern the relations of a Christian State with a non-Christian State, did lasting damage to development of the correct concept of modern international law which recognizes political entities irrespective of their religious beliefs. Even in the thirties of the present century, Mussolini's Italy, when using expanding bullets in its war with Ethiopia took the plea that as the latter was outside Christendom, the recognized rules of warfare could not apply to the Italy-Ethiopian conflict of 1936. Even the concept of the medieval Muslim Law of Nations outside India was not universal in character since it was "primarily concerned with regulating the relations of entities and nations within a limited

area and within one civilisation". However, ancient India and subsequently the later medieval India under Muslim rule remained fortunate in being free from such prejudices which would limit the application of the law of nations to one's own civilisation itself.

If we make a probe into the history of ancient India we find that no distinction between believers and non-believers was recognized in regard to inter-State conduct and even when the believers were involved in a death struggle of war with the non-believers or whether the war was fought within or without Arya-varta or whether it was a just and righteous war (*Dharma Yuddha*) or an unjust war (*Adharma Yud-dha*), it was expressly enjoined by the sacred laws of *Dharmasastra* that all belligerents at all times and in all circumstances must adhere to the accepted rules of warfare. Furthermore, the rules of warfare applied even if the struggle was in the nature of a civil war which is again in conformity with the modern concept of recognition of belligerency and insurgency.

The dictates of humanity coupled with consideration of universality of application, irrespective of religious or political considerations, helped the all round development of laws of war in ancient India on a basis as they are known today, which aspect will be clear from the following details.

Humanitarian Laws' Of Warfare in Ancient India

(1) Weapons of Warfare

(a) The principle of fighting like to like: The most celebrated and well-recognized rule of warfare in ancient India was based on the principle of equation of armed units, i.e., the matching of like to like. Thus, if any army consisted of elephants, horses, chariots and footmen, it was incumbent on each category to give combat to the opposing like category.³ As a result, for example, the elephant force could fight an elephant force only. It would be an illegal practice if elephants or chariots were to attack the infantry. The principle of like matching and fighting like was based on

grounds of chivalry and fairness particularly when armies had several different categories and the employment of the mounted soldier against the unmounted was an obvious act of cruelty to the latter.

(b) Use of hyper-destructive weapons: As the distinction between combatants and non-combatants was scrupulously recognized inasmuch as a non-combatant could not be attacked or slain, a weapon which would destroy combatants and non-combatants alike on account of its hyper-destructive power could not be permitted. This has already been mentioned before and may be reiterated to illustrate the principle that the entire race of the enemy could not be annihilated by using a weapon which would destroy alike those who had taken arms as well as those who had nothing to do with the fighting. Thus both Lakshmana in *Ramayana* and Arjuna in *Mahabharata* were prevented from using 'Brahmastra' and 'Pasupathastra' respectively as these hyper-destructive weapons would have caused indiscriminate loss of life, particularly when the enemy had not used such weapons and the war was confined to conventional weapons as such.⁴

न तु युक्ता रणो हन्तुं दिव्यैस्त्रैः पृथग्जनम्।
ऋजवेनेव युद्धेन विजेध्यामोवयं परान्॥
श्लोक 15 अ. 194 युद्धकाण्ड।

Again, the epic *Mahabharat* has ordained that to annihilate one demon by the use of a hyper-destructive weapon which would in turn not only destroy the entire race of demons whether armed or innocent but also endanger life on earth would run contrary to all tenets of humanitarian laws and all considerations of judicial propriety.

तमुवाच ततो रामो लक्ष्मणं शुभलक्षणाम्।
नैकस्य हेतो रक्षांसि पृथिव्यांहन्तु महर्षिः॥
श्लोक 39 अ. 80 युद्धकाण्ड।

(c) Weapons causing unnecessary suffering prohibited. Manu lays down that weapons of 'kutayuddha' must not be used by a king in war and as an example cites arrows having hooked spikes which, after entering human flesh, would be difficult to take out, and arrows with poisoned or heated tips were prohibited in

lawful warfare. The *Smriti* text⁵ on this important aspect is reproduced below:

न काणीभिर्नारिर्विन्दुवा नाग्निज्वलिततेजनैः।

Again, *Mahabharata* confirms the existence of this salutary rule of *Smriti* law in *Santi Parva* when it states that "poisoned or barbed arrows should not be used".

(2) Objects of Violence in War

(a) Military targets: In accordance with recognized custom as well as scriptural texts, all places of religious worship, houses of individuals who were not participating in warfare or property which was not in the hands of the armed forces as such, could not be attacked or destroyed by fire or by any other means whatsoever. As a rule, warfare was confined to combatants alone and hence the target of attack was the combatant force wherever it existed and neither towns nor cities were permitted to be ravaged during war or when armies were on march. Thus a feature of *Dharmayuddha*, according to *Agni Purana*, was to leave the "fruit and flower gardens, temples and other places of public worship unmolested".

(b) Individuals who could and could not be attacked in war: In regard to individuals who could be attacked during war, a number of rules existed in ancient India to constitute, as it were, a military code to be observed by the soldier on the battlefield. Some of these rules have already been mentioned before, but as they constitute the basic principles relating to warfare they are enumerated more compactly below.

As the *Smriti* text of Manu has sanctity of law, it is mentioned at the very outset. According to Manu, the following individuals must not be slain:

न सुतेषु न धुर्येषु न च शस्त्रोपनायिषु।
न भेरिशंखवादिषु प्रहर्तव्यं कथञ्चन॥

"He shall not strike one who is sleeping, who is without his armour, one who is naked, who is deprived of his weapons, one who is only looking on and not fighting, one who is engaged in fighting with another person".

न सुसभविस्भाह न नग्रे न निरायुधम् ।
नायुद्धमानं पश्यन्तं युद्धमानं परेण च ॥

He shall not strike from a chariot one who is standing on ground, not one who is a eunuch, nor the supplicant with joined palms, nor one with loosened hair, nor one who is seated, nor one who says: 'I am yours'."

Apart from the above conventional law governing inter-State warfare, it may be worthwhile mentioning the embodiment of the same principle in *Mahabharata* and *Sukraniti* which would help to indicate the fact that the law on the subject was very clearly understood and widely known. Thus, according to *Mahabharata*, the following individuals were totally exempted from molestation or any kind of attack:

न सुप्तं न विव्राहं न गग्नं न निरायुधम् ।
नायुध्यमानं पश्यन्तं न परेण समागलम् ॥

"Never should one attack a chariot driver, animals yoked to the chariot, or pages bringing weapons or drummers or buglers who announce a battle".

न च हन्यात् स्थलारूढं न क्लीवं न कृतांजलिम् ।
न मुक्तकेशनोसीनं न तवास्मीतिवादिनम् ॥

"He is unworthy of the Vrishni race who kills a woman or a child or an aged man or a warrior deprived of his chariot and is in a sad plight with his weapons broken."

Similarly, *Sukraniti* states as follows on the same topic.

तथा स्त्रियं च यो हान्ति बाल वृद्धं तथैव च ।
विरथं विप्रकीर्णं च भग्नशस्त्रायुधं तथा ।

"Nor should be slam one who is over-fatigued or is bereft of his armour, or is naked or has given up arms, or is a mere spectator or is engaged in fighting with someone else."

पिबन्तं न च भुञ्जानमन्यकार्याकुलं च न ।
न भीतं न पवावृत्तं सत्यर्भिमनुस्मरन् ॥

"A person who is either eating and drinking or is engaged in some other work as also a person who is frightened and is incapable of giving a fight, should not be slain."

वृद्धो बालो न हतव्यो नैव स्त्री केवलो नृपः ।
यथा योग्यं हि संयोज्य निहनधर्मो न हीयते ॥

"The old and the young should not be slain and it is also not proper to try to kill the

women or only the king. However, there is no infringement of Dharma in killing someone while fighting with approved weapons and in complete observance of the laws of warfare."

The enunciation of the principles mentioned above clearly indicates the unequivocal recognition of the distinction between combatants and non-combatants and the freedom of the latter from attack. This important distinction based on the principle of humanity was perhaps more rigidly adhered to in ancient India than by belligerents in World War II. This is so in spite of the fact that the distinction between combatants and noncombatants has been a basic principle of modern international law. As far as ancient India was concerned, it constituted one of the fundamental principles on which several rules and regulations governing warfare came to be based.

Acts Prohibited In Warfare

(a) Night attacks were forbidden by Manu" and the use of concealed methods of fighting employed in Kutayuddha were regarded as irregular and contrary to the known canons of warfare. In fact all stratagems of deceit employed in the interests of success of military operations for the purpose of misleading the enemy were regarded as improper. Thus ruses of war were generally discouraged, as is gathered by the fact that "booby traps" or land mines were regarded as part of Kutayuddha.

(b) Another feature of *Dharmayuddha* was the restriction on the armed forces inasmuch as they were forbidden on marches to molest peaceful citizens or to destroy their standing crops. In this connection, the observations made by Megasthenes in 4th Century B.C. are indeed revealing and are reproduced below:

"Whereas among other nations it is usual in the contests of war to ravage the soil and thus reduce it to an un-cultivated waste, among the Indians, on the contrary, by whom husbandmen are regarded as a class that is sacred and inviolable, the tillers of the soil, even when battle is raging in their neighbourhood, are undisturbed by any sense of danger, for the combatants on either side in waging the conflict

make carnage of each other but allow those engaged in husbandry to remain quite unmolested. Besides, they neither ravage an enemy's land with fire nor cut down its trees. "

Treatment of Prisoners of War and the Sick and Wounded

Prisoners of war were accorded a generous treatment and in the period of the *Brahmanas* they were sent out of the kingdom and permitted to remain on the outskirts. *Mahabharata* records the State practice thus: "Enemies captured in war are not to be killed but are to be treated as one's own children".¹⁴ However, there is some evidence to the effect that the prisoner could be kept as a slave for one year with his consent. He was to be made a free man after the expiry of twelve months. In any case, he was not to be killed. If there were women prisoners of war, they were often induced to marry persons of the conqueror's choice. However, if they declined this offer, they were duly sent back to their homes and given a proper escort.¹⁵ There is State practice also to this effect inasmuch as Krishnadev in the later Vijayanagar period returned the wife of the defeated Gajpati ruler.¹⁶ There is also Kautilya's evidence that Chandragupta Maurya set free prisoners captured in war.

The sick and wounded were treated equally generously inasmuch as they were sent home or taken to the victor's camp where the wounds were attended to by skilled surgeons. *Mahabharata* lays down the practice that as soon as the wounded soldier was cured, he was to be set at liberty. There is also evidence to the effect that there were women nurses in existence and regular camps were established with medicines and instruments to look after the wounded in the battlefield.

ii. Human Rights in Medieval India

It is a fact of history that during the middle ages throughout the world human rights were at a low ebb. The right to freedom of worship was the greatest casualty, and the non-believer was often subjected to atrocities compelling him to change his faith and become a "believer". Although Delhi also witnessed an eclipse of human rights, it is to the credit of

Emperor Akbar (who flourished in the 16th Century A.D.) that he permitted freedom of worship and abolished religious persecution as an instrument of State policy. He also abolished the religious tax "Jaziya" on non-believers.

Emperor Akbar befriended the Rajputs and even encouraged inter-marriages. Furthermore, he preached a humanitarian religion known as "Din-e-Ilahi", a sort of eclectic pantheism, to which faiths of all sects and castes could be admitted. Agra and Delhi remained the principal cities in the administration of the Empire, and human rights may be said to have received the greatest regard and respect at his hands during the Moghul regime of Akbar.

As the . Middle Ages were usually the scene of massive warfare, which was frequent and spread all over the country, the humanitarian laws of war were often disregarded. However, in certain areas the coming together of two civilizations, namely, Islam on the one side and Arya-Varta on the other, helped to evolve salutary principles governing warfare such as (a) the exchange of prisoners of war, and (b) the return of the war dead to the belligerent country concerned. Incidents relating to these aspects as well as asylum are outlined below.

(a) Return of War Dead: It may be in order to record here how the return of the war dead in 1761 A.D. evolved into the modern principle of warfare. An incident is recorded by a contemporary historian, Kashinath, who narrates the battle of Pani-pat in which the Persian Emperor Ahmed Shah Abdali fought the Marhatta Confederacy in the North of Delhi. In the said battle of Panipat in 1761 A.D., Raja Biswas Rao was killed and, according to the Durrani (Persian) tradition, his dead body should have been taken to the Emperor's country, namely, Persia. Kashinath, who was an eye witness, recorded as follows:

"The Durrani (of Persia) made a clamour that he (Biswas Rao) was the King of Deccan and his corpse should be dried up and taken to their country. Thereupon the body was taken to the quarters of Barkhur-dar Khan and brought near the adjoining tent of Motilal, the

Diwan of Khan. On hearing of this, the Nawab (Shuja-ud-Daulah), an Indian Muslim potentate) mounted his horse, went to the Shah's presence (Ahmed Shah Abdali, the Persian king) and, with the concurrence of the Vazir, requested: 'The hostile relationship extends up to the limit of life and the customs of India are that after the victory the corpse of the chief of every tribe is buried and shrouded according to their mode and usage. This idea would be the cause of good name and the contrary would be the cause of infamy. Your Majesty is not a resident of this country. We will have to deal with these persons. Therefore, the Shah should grant the favour and hand over the body of (Raja) Biswas Rao Bhau Saheb so that it may be cremated according to the religion of the Hindus. ' Najibud Dawlah made a similar request and other (Muslim) generals also concurred. " The Persian conqueror ultimately concurred

b) Exchange of Prisoners of War: Similarly, Emperor Akbar's court historian recorded in *Tabakat-i-Akbari*, contemporary chronicle, that when Akbar arrived at Fatehpur after his campaign in Gujarat, Masud Hussain Mirza along with 300 prisoners of war was presented to the Moghul Emperor. "The eyes of Masud Hussain Mirza were sewed up but the Emperor in his kindness ordered them to be opened. Several of the prisoners were liberated, but some, who had taken a leading part among the rebels, were kept in custody (and not put to the sword)".

(c) Asylum: Also, the right of asylum, based on considerations of humanity, was respected in the reign of Akbar.

"Baz Bahadur conquered the whole of Malwa and maintained his rule in Mandu till Akbar's superior strength compelled him to flee from Malwa, when defeated. Thus Baz Bahadur had to take refuge in Mewar where he sought the protection of the reigning Maharaja, Udai Singh, who gave him asylum and treated him like a sovereign. Baz Bahadur dwelt in Chittor until, finally tiring of a life of exile, he offered his submission to Akbar. After a short period of imprisonment, Baz Bahadur was invited by the Emperor to Agra where he was given the highest rank of nobility".

Thus it can be asserted that Delhi and its vicinity witnessed the evolution of humanitarian laws of war at a time when religious persecution was the order of the day and atrocities on the vanquished were common. So it is comforting to note that Delhi kept alive and burning the torch of humanitarian rights in the dark days of medieval history.

(A) The World-Wide Impact of The Constituent Assembly of India in 1947 and after.

New Delhi witnessed the various stages of the struggle for freedom leading to the ultimate independence of India. The peaceful transfer of power from Whitehall to New Delhi was achieved by a unique Act of Parliament of Westminster in 1947, which sent a cyclonic wave of decolonization over Asia and Africa and changed the political geography of the world by giving birth to as many as 50 nation State members of the UN in Africa and more than half that number in Asia and Latin America, including the Caribbean.

It is to the standing credit of those who had the vision and foresight to appreciate the new trend and to change their time-hardened policies of colonisation knowing that a new era had dawned. The liberation of three continents of the world, namely, Asia, Africa and Latin America, which followed 1947, involved the freedom of more than half the human population; and this vitally altered the future of mankind for the better.

The greed for conquest and expansion which engulfed the seven seas of the world and eclipsed human rights in the 19th century leading to the two World Wars of 1914 and 1939 came to be viewed as grave human errors and this did change the minds and hearts of men and fostered a new outlook. The aftermath of these wars was to usher in a new era for humanity which witnessed the reversing of the process of empire-building by decolonisation which, in itself, was a recognition of human rights.

If Negro slave trade and conquest and colonisation constituted the greatest violations of human rights in the Albuquerque age, which

dominated the global history as a consequence of European expansion of the 19th century, it was the cyclonic wave of decolonization which originated from the Indian shores in 1947 that changed the entire political geography of the world and radically altered some of the age-long traditional concepts and norms not only of international law but also of the fundamental law of mankind. It revolutionized Human thinking to usher in a new age based on the oneness of the human race and solidarity of human rights. India's Independence was by far the most momentous event of the current century. It was indeed an unparalleled joint exercise in which both the conqueror and the conquered collaborated in a peaceful transfer of power by a unique Act of Parliament at Westminster which gave India and Pakistan in 1947 (and had earlier given Burma and was later to give Ceylon) their cherished independence. Thus the British, in creating sovereign States in Asia out of the erstwhile colonies of the Empire, showed the humanitarian spirit which set an example for the other colonisers to follow. It was in the same praiseworthy, peaceful and humanitarian spirit that France gave up her colonies of Pondicherry and Chandranagore in India; and, although Portugal at first resisted, in the end humanitarianism triumphed to establish a government in Lisbon which ultimately liberated Portuguese Africa in the seventies of the current century. All this registered a momentous political change in the course of world human history and inevitably led to corresponding change in legal theory and political thought of the century. It settled once and for all, *first*, that the abominable institution of slavery was to be totally eradicated; *second*, that no one country could hold another in bondage; *third*, that the acquisition of territory by conquest could no longer confer a legal right on the conqueror; and *fourth*, that coercion and compulsion of one State over another to sign a treaty vitiated the agreement *ab-initio*.

These are but a few illustrations of the changes brought in the politico-legal philosophy in the world community of sovereign States. It would thus not be incorrect to conclude that the recognition of the fundamental right of man

to be free, which flowed from India's independence in 1947 and synchronized with the UN Charter of 1946, ushered in a new era heralding a bright future for mankind.

It was the political philosophy generated by the UN Charter, affirming the dignity of man and the futility of wars, that led to the proper formulation and enunciation of human rights. A legal obligation emerged, namely, the duty of every State "to treat all persons under its jurisdiction with respect for human rights and fundamental freedoms without distinction as to race, sex, language or religion". (Article 6 of the UN Charter).

Furthermore, a new legal principle was being evolved not only to discard force as an "instrument of State Policy" but also to make even the threat to use force contrary to the UN Charter and derogatory to human civilization. The Charter thus recognized that international peace and a stable world order could be established only on the foundation of social justice and human rights. It reaffirmed "faith in the fundamental rights of the individual, in the dignity and worth of the human person, in the equality of men and women and of nations large and small."

It cannot be denied therefore that the events of 1946 and 1947—the UN Charter and India's Independence—did register a great step forward. Those events transformed human aspirations into a reality, and both now rank as radiating symbols of human rights. The sentiments of that period undoubtedly have imparted strength to the concept of human rights which cannot now easily be upset.

Those who fought and struggled for India's independence as well as those who showed humanitarian considerations had their own contributions to make, not only in the evolution of the concept of human rights but also in strengthening them and, consequently, in the building up of a better Asia and a better world.

It could be concluded that New Delhi, where the Constituent Assembly of India first met and continued to be convened until the Constitution of India was finalized and duly adopted, became

the cynosure of the political eye of the world for decades to come. This capital city came to symbolise the triumph of decolonisation and freedom of man and respect for his rights. Furthermore, New Delhi was the venue for the promulgation of the new Constitution in 1951 which highlighted in a big way respect for human rights by enshrining them in the main body of the Constitution. The Indian Constitution therefore set the pace and standard for not only Asia but other parts of the world which won freedom from colonial rule. It therefore becomes necessary to mention here the salient features of the Indian Constitution which have had a direct bearing on the world wide recognition of human rights as well as freedom from social, economic and political oppression. The Constitutional position in India, which set the pattern among other nations of Asia and Africa, therefore merits a detailed description which is attempted below.

(B) Human Rights and The Indian Constitution of 1951

The basic principle of human rights conceived in liberty and dedicated to the proposition that "all men are created equal" found an echo in the Constituent Assembly of India when the late Prime Minister Jawaharlal Nehru declared that the objective of the Constitution is to realize the dream of Mahatma Gandhi and bring about Ram Rajya, that is, justice, social and economic, to the teeming millions of India. The basic concept of Ram Rajya was to ensure dignity of man and freedom from social, economic and political oppression. The Preamble to the Constitution starts with the declaration:

"WE THE PEOPLE OF INDIA, having solemnly resolved to constitute India into a **SOVEREIGN, SOCIALIST SECULAR DEMOCRATIC REPUBLIC** and to secure to all its citizens; **JUSTICE**, social, economic and political; **LIBERTY** of thought, expression, belief, faith and worship; **EQUALITY** of status and of opportunity; and to promote among them all **FRATERNITY** assuring the dignity of the individual and the unity and integrity of the Nation."

This solemn declaration was reiterated in the main body of the Constitution, namely, in part III on Fundamental Rights and part IV on

Directive Principles of State Policy. These are rightly described as the "conscience of the Indian Constitution".

The Chapter on Fundamental Rights has great significance in the social and political life of the country. During the two hundred years of British rule, Indian citizens never enjoyed political freedom, and the social system prevailing then in the country deprived large sections of the community of their social and economic freedom. The founding fathers of the Indian Constitution were therefore anxious to ensure not only political freedom after independence but social and economic freedom to large sections of the community bound by traditions of caste-system and the scourge of un-touchability. Inspired by the high ideals enshrined in the American Constitution and declaration of basic rights in the Irish Constitution, the founding fathers thought it necessary to enshrine these freedoms in their full amplitude in the Chapter on Fundamental Rights. Economic and social justice became the directive principles for the governance of the country. Thirty years of the operation of the Constitution has shown the wisdom of the founding fathers in providing these freedoms and directive principles. Not only are the pages of law reports replete with innumerable decisions of the High Courts and the Supreme Court declaring and enforcing human rights at the instance of the highest and the lowest in the country, but this live theme has awakened the masses in Asia and elsewhere to their fundamental rights and human dignities. The Courts have acted as guardians and sentinels of democracy, freedom and individual liberty, while the Central and State Legislatures have enacted numerous laws to bring about social and economic justice to the masses. The solemn declaration in the Preamble about "Justice, social, economic and political", has had far-reaching effects in the subcontinent and provided inspiration to the Constitution-makers of Pakistan, Ceylon, Burma, Indonesia and other countries to adopt these ideals in varying degrees. Many African and Asian countries who have won their independence after India also emulated the example.

Wisdom and foresight of the founding fathers were, however, not confined to making declarations of the three noble ideals but providing effective machinery for enforcement of human rights and protecting human dignity. The innate strength of our Constitution, established by the fact that it withstood many storms and upheavals, is flowering to its full bloom today.

(1) Fundamental Rights, Fundamental Rights, enshrined in Part III of the Constitution, may be grouped under different subheadings according to their nature and character.

(a) Right to Equality (Articles 14 to 18) of the Indian Constitution: Article 14 ensures equality before law and equal protection of law to all persons # whether citizens or foreigners, rich or poor, man or woman, prime minister or pauper. Articles 15 and 16 amplify specific aspects of equality before law by declaring that no citizen is discriminated on the ground of religion, race, caste, sex, place of birth, or be subject to any disability or restriction with regard to access to public place or equal opportunity to public office. Article 17 is directed towards abolition of untouchability, and Article 18 towards the abolition of titles. This group of articles enshrines the noble ideal contained in the American Declaration of Independence, namely, "we hold these truths to be self-evident that all men are created equal, that they are endowed by their Creator with certain inalienable rights, that among these are life, liberty and the pursuit of happiness — that to secure these rights governments exist among men deriving their just powers from their consent".

In order to ensure equality before law, positive mandate is given to the State to remove existing inequalities and disparities in regard to Backward Classes, Scheduled Castes and Scheduled Tribes, women and children, poor and handicapped. Seats are reserved for these classes in the elective offices, educational institutions and government services. Practising untouchability is made an offence and the granting of titles is abolished to create a classless society. Franchise is universal and everyone has a right to stand for any elective office, from President and Prime Minister to small pan-chayats. Every attempt has been

made in the Constitution of India to fashion a caste-ridden society into an egalitarian classless society.

(b) Right to Freedom (Articles 19 to 22): Article 19 guarantees to all citizens seven freedoms, namely,

(i) Freedom of speech and expression (which includes freedom of Press);

(ii) to assemble peaceably and without arms;

(iii) to form associations or unions;

(iv) to move freely throughout the territory of India;

(v) to reside and settle in any part of the territory of India;

(vi) to acquire, hold and dispose of property; and

(vii) to practise any profession or to carry on any occupation, trade or business.

Unlike the Bill of Rights in the American Constitution, the Constitution of India enables the Legislatures to impose reasonable restrictions on these freedoms in public interests. As observed by our Supreme Court, the Constitution has endeavoured to harmonise the individual interest of the citizen with the paramount interest of the community. The doctrine of "due process" evolved by the American Supreme Court has been applied by our Courts in scrutinising the need of encroachment on three fundamental freedoms; and several laws, rules, regulations, orders and executive actions have been struck down, if the restrictions are excessive, unwarranted or arbitrary. Indeed, every authority vested with governmental power is brought within the ambit of the definition of "State", and their actions have been subjected to careful scrutiny by the Courts.

Article 20 protects every individual against *ex post facto* (retrospective) criminal law, double jeopardy and testimonial compulsion. It declares that no person shall be deprived of his life or personal liberty except according to the procedure established by law. The dimensions and amplitudes of these freedoms have been explained by the Supreme Court in two recent decisions, namely 'Menaka Gandhi. vs. Union of India' and 'Sunil Batra vs. State'. In the Menaka

Gandhi case, the individual's right to foreign travel was upheld, observing:

"It is difficult to believe that when the Constitution makers declared these rights they intended to confine them only within the territory of India. Freedom of speech and expression carries with it the right to give opinion and also to speak and express oneself at home and abroad and to exchange thoughts and ideas with others not only in India but also outside. The Constitution makers have not chosen to impose any limit by adding the words 'in the territory of India'. The freedom of speech and expression is exercisable not only in India but also outside."

In the Sunil Batra case, the Supreme Court declared that even the prisoners cannot be denied the fundamental rights guaranteed by the Constitution. Justice Krishna Iyer observed: "Jurisdictional reach and range of the Supreme Court's Writ to hold prison caprice and cruelty in constitutional leash is uncontestable. Prisoner has enforceable liberty, devalued maybe, but not demonetised, and under our basic scheme prison power must bow before Judge power, if fundamental freedoms are in jeopardy. Part III of the Constitution does not part company with the prisoner at the gates; and judicial oversight protects the prisoner's fundamental rights, if flouted, frowned upon or frozen by prison authorities".

In yet another case, the Supreme Court upheld the right of the prisoner to secure services of a lawyer of his own choice even at the time of police interrogation. Justice Krishna Iyer, delivering the judgment of the Court, observed:

"...under Article 22 (1) the right to consult an advocate of his choice shall not be denied to any person who is arrested. Article 20 (1) (3) may be telescoped by making it prudent for the police to permit the Advocate of the accused to be present at the time he is examined. If the accused expresses his desire to have his lawyer by his side at the time of examination, the facility shall not be denied..."

(c) Right Against Exploitation (Articles 23 and 24): These Articles prohibit traffic in human beings and forced labour as well as employment of children in factories or other hazardous work.

(d) Right to Freedom of Religion (Articles 25 to 28): This group of Articles guarantees freedom of conscience and the right freely to profess, practise and propagate religion and to establish and maintain religious and charitable institutions. The State is not allowed to impose any taxes for promotion of religious institutions. No educational institutions are permitted to compel students to participate in religious instructions. India is a secular but not an anti-religious State. It guarantees freedom of conscience and religion and to run one's own educational and religious institutions without interference from the State. Minorities are allowed to develop their own culture and language, and generous aid is provided for establishment of their educational institutions.

(e) Right to property: Article 31 guarantees right to property and permits deprivation only for public purpose and that too on payment of compensation. In order, however, to prevent concentration of economic power in few hands and to provide minimum needs to the poor, various agrarian reforms have been introduced limiting the size of holdings of agricultural land and creating security of tenure to the tiller of the soil. Articles 31A, 31B and 31C have been introduced by appropriate amendments to immunise agrarian reformation against legal controversy. These and other measures have accelerated agricultural production and made India self-sufficient. Right to property on a reasonable scale is, however, guaranteed as an essential pre-requisite to the dignity of man. As observed by Justice Mathew:

'Without one's own property, one could be made subservient. Property is a great guarantee against governmental tyranny as well as economic oppression. To secure individual liberty and all virtue that can flourish, sturdy independent ownership of private property by individuals is essential.'

However, with the 44th Amendment of the Constitution becoming a part of the Statute book, right to property has ceased to be a

fundamental right but it still exists as a legal right.

Recently, the Supreme Court observed: "Even after the addition of the word 'Socialist' in the Preamble of the Constitution, so long as private ownership of an industry is recognised and governs an overwhelmingly large proportion of our economic structure, it is not possible to see that the principle of socialism and social justice can be pushed to such an extent as to ignore completely or to a very large extent the interest of another section of the public, namely, the private ownership of the undertaking."

(f) Right to Constitutional Remedies (Articles 32 and 226): History is full of instances where solemn declarations of Human Rights or Fundamental Rights in the Constitution turn out to be illusory unless effective remedies for enforcement are provided. As observed by the Supreme Court of India in *Subodh Gopal's* case, "the surest way of securing the destruction of Fundamental Rights is to include them in a constitutional instrument unless effective means to enforce them are provided." The Indian Constitution therefore has created an independent judiciary and provided for various types of Writs for enforcement of the Fundamental Rights. In fact, Article 32 of the Constitution provides the "right to move the Supreme Court by appropriate proceedings for the enforcement of the rights conferred by this part (Part III) is guaranteed." In other words, access to the Court is itself a fundamental right. Both the Supreme Court and the High Courts are empowered to issue Writs of *habeas corpus mandamus*, prohibition, *quo warranto* and *certiorari* to ensure prompt relief against wrongful actions whether legislative, executive or even judicial. Law reports are full of cases where these remedies have been availed of by persons from all walks and strata of life. But the judicial decision is only a small part of the tale. The very knowledge that an effective remedy exists for redressal of the wrong has created an atmosphere of fearlessness and thus provided deterrence against arbitrary action.

(2) Directive Principles of State Policy

Part IV contains Directive Principles "which are fundamental in the governance of the Country" and impose obligation on the State to implement them. These Directive Principles are meant to secure social and economic justice to the citizens. The State is directed to promote the welfare of the people by securing social order in which justice, social, economic and political shall form the institution of national life. Equal pay for equal work, living wages, right to gainful employment, just and humane conditions of work, participation of workers in the management, free and compulsory education for children, raising the level of nutrition and standard of living, are some of the Directive Principles intended to ensure the dignity of human life and the pursuit of happiness. Several legislative measures have been taken both by Parliament and State Legislatures to secure these objectives.

(3) The Guarantee of an Independent Judiciary

Universal adult franchise and a democratic form of government envisaged by the Constitution provides guarantees against violations of human rights. Ultimately, democracy, public opinion and awareness of one's own rights is the best guarantee of protection of human values and basic freedoms.

The Constitution has created effective machinery for enforcement of these Fundamental Rights. A truly independent judiciary — both superior and subordinate has been created. The judges are appointed on the recommendation of the Chief Justices of High Courts and the Supreme Court, their tenures and emoluments are guaranteed and their conduct cannot be discussed in Parliament or Legislature. Even though they are transferable in the public interest, the Supreme Court has directed that the transfer should be made normally with the consent of the Judge concerned and after effective consultation with Chief Justice of India.

In order to ensure equality of opportunity and the safeguarding of interests of minorities and weaker sections of the community, the Constitution has created several independent

bodies like the Minorities Commission, Language Commission, Scheduled Castes and Scheduled Tribes Commission and the Union Public Service Commission. The Fundamental Rights and Directive Principles therefore constitute the soul and conscience of the Constitution. The Fundamental Rights are so basic to the Constitution that they are immune from destruction or abrogation.

The scope of the power of amendment of the Constitution conferred by Article 358 has been a matter of considerable controversy. In the case of *"Golak Nath"*, the Supreme Court has declared that the Fundamental Rights are so fundamental that they cannot be abrogated or suspended by amending process. In the case of *'Keshava Nand Bharati'*, however, this view was modified to the extent that those of the Fundamental Rights which relate to personal life, liberty and freedoms, and protection of minorities; which constitute the essential framework or basic features of the Constitution, cannot be abrogated or taken away by the amending process.

Again, in order to control the executive and legislative powers, the Constitution has now been amended restricting the period of emergency and clearly providing right to life and liberty even during an emergency.

(4) Legislative and Executive Actions Promoting Human Rights

The framers of the Constitution inspired by the Universal Declaration of Human Rights not only created a Constitution enshrining those rights in very precise and clear terms but directed the State to take legislative and executive action to establish an egalitarian society. The State is told what to do and what not to do. Positive action has been taken to liberate the individual from a number of abuses; and in this context may be cited the laws on abolition of bonded labour, the abolition of the system of dowry; abolition of excommunication, prohibition of immoral traffic in women and the introduction of several welfare measures like the Minimum Wages Act, Employees' Provident Fund Act, Employees' State Insurance Act, etc. The Criminal Procedure Code has also been

amended, giving fair trial to the criminals and limiting pre-trial confinement detention. In fact, the new Criminal Procedure Code of 1973 provides that pre-trial imprisonment should be credited against the sentence of imprisonment. All these enactments are the labours of the Parliament which sits in Delhi, and hence the Indian capital is the radiating centre of human rights. Capital punishment, though not abolished, has been restricted to exceptional cases of inhuman murders.

The horizon of freedom has therefore been enlarged in law, spirit and practice; and New Delhi as the pivotal centre of a democratic parliament, an independent judiciary and seat of several commissions to safeguard human rights, remains the greatest symbol of achievement in the field of human rights in Asia.

India's contribution in the direction of promotion of human rights still continues unabated. It is on record that as recently as in July 1985 when Justice Bhagwati, now the Chief Justice of the Supreme Court of India, New Delhi, when addressing the Jurists of Karnataka State at Bangalore made a useful suggestion to the effect that if the UN did not appoint a Human Rights Commissioner, it should still be possible for each nation State to appoint a Chairman with the National Commission of Human Rights. He said:

"Enforcement of human rights could not just be the preserve of lawyers, judges and courts.

"If a wide range of human rights is to be fought for and implemented, we have to fashion new tools, forge new institutions and develop new methods through which the viability of human rights can be preserved.

"A National Commission to be appointed could receive and invite representation from public on any matter affecting human rights and take all other steps necessary for the purpose of promoting the advancement of human rights in the country. It could also encourage and coordinate programmes and activities in the field of human rights education and influence legislation to preserve human rights in the widest sense of the term."

The suggestion of appointing a National Commission with a National High Commissioner for Human Rights as Chairman would be a useful institution to boost human rights in the national field. This suggestion has not been mentioned by any organ or authority of a nation State and adds reality to the proposal of a Human Rights Commissioner of the U.N.

Furthermore in relation to the world at large, New Delhi has been the epicentre of the decolonisation wave of 1947 which rocked the colonial empires to liberate the teeming millions of the Third World. If Negro slave trade and conquest and colonisation constituted the greatest violations of human rights in the Albuquerque age which dominated the global history consequent on European expansion of the 19th century, it was the independence of New Delhi which set in motion forces so forceful as to undo the age-long bondage of man in half the continents of the world, and to usher in the new age based on the oneness of the human race, solidarity of human rights and the establishment of the fundamental law of mankind.

Nagendra Singh

Notes on Human Rights and India

1. *Aryayarta* is the ancient name of the land now associated with the name of "India". The Constitution of India of 1951 describes that land as "Bharat".
2. Oppenheim, *International Law*, Vol.1, 8th edition, 1955, p.6.
3. *Manusmriti* VII 91: and *Sukraniti* IV, 1174 and 1175. See also *Mahabharata*, Bhishma, 1.29.
4. *Ramayana*, Yuddhakanda, VIII, 39; *Mahabharata*, Udyog Parwa, 194-12.
5. *Manusmriti*, VII, 90.
6. *Manusmriti*, VII, 91.
7. *Manusmriti*, VII, 92.
8. *Mahabharata*, 'Bhishma Parva', 1.32.
9. *Mahabharata*, 'Van Parva', 18. 14.
10. *Sukraniti*, IV— 1177-1179.
11. *Manusmriti*, VII, 196.
12. K. V. Rangaswami Aiyangar, *Aspects of the Social & Public Systems of Manusmriti*, p. 191.
13. Magasthenes, *Fragments*.
14. *Mahabharata*, 'Santi Parva', 102.32.

15. *Mahabharata*, 'Santi Parva', 96.5.

16. Sewell, *Forgotten Empire*, p.320.

17. *Mahabharata*, 'Santi Parva', 95, 17, 18.

18. *Tabakati-i-Akbari*, See Elliot & Dowson, "The History of India as told by its own Historians," Vol.V, p.359.

Industrial Social Welfare

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The process of industrialization, particularly in our rural and semi-urban areas, set in motion an undercurrent of change in values and life styles which deeply affected not only the direction of life but also the quality of life in general. An inevitable consequence of this rapid industrial development has been the neglect of the human factor and the glorification of the machine, leading to untold human suffering for many, in return for the material benefits it gave to a few. The workers who individually and socially bore the brunt of industrialization were rather harshly treated. Industrial social welfare seeks to set both man and machine in their proper perspective.

Concept and Need

The basic issue in industrial social welfare is to realise that the worker is not a mere factor of production. Workers need certain minimum standards of working and living conditions, even before their role in productivity and hence profitability is adequately rewarded. The neglect of working and living conditions affects the social environment adversely, resulting in the worker's degradation, discontentment and social maladjustment. At the same time, any appreciable improvement in the socio-economic conditions of the workers and the progress of the nation, depends upon a massive effort for increasing the production, in which the human factor has a most important role to play. Since efficiency in production depends on skill and commitment to work, one is able to identify a common link between the employer and the employee. Industrial social welfare becomes, thus, a bridge between the employer and the employees, making for a partnership which is beneficial to both parties. Therefore, the industrial policy adopted by the Government of India on attainment of freedom recognised labour welfare as essential for industrial amity.

Constitutional Provisions

Articles 41, 42 and 43 of the Indian Constitution, in the Chapter on Directive Principles of State Policy, constitute the direction and the framework for labour welfare. Article 41 lays down: "The State shall, within the limits of its economic capacity and development, make effective provision for securing the right to work, to education and to public assistance in cases of unemployment, old age, sickness, and disablement, and in other cases of undeserved want". Article 42 directs: "The State shall make provision for securing just and humane conditions of work and for maternity relief". This is what article 43 says: "The State shall endeavour to secure, by suitable legislation or economic organisation or in any other way, to all workers, agricultural, industrial or otherwise, work, a living wage, conditions of work ensuring a decent standard of life and full enjoyment of leisure, and social and cultural opportunities".

The beginnings of labour welfare legislation and programmes go back to the period after the first world war, but it was after independence that the country entered a new phase of intensive labour legislation and welfare programmes.

Approaches to Industrial Social Welfare

Basically, the approaches to welfare work in industry fall into two categories. In the first approach, the workers are regarded merely as a factor of production. The motivation for industrial welfare in this approach has ranged from the paternalistic to the utilitarian. In the second approach to welfare work, the workers are looked upon as human beings rather than as just a factor of production. Welfare is seen as an "attitude of mind on the part of management, influencing the method by which management activities are undertaken". Thus, irrespective of the benefits which flow from the provision of welfare services, workers, like other human beings, are entitled to those conditions of life which promote the growth of their personality and ensure their wellbeing. Welfare in this context ceases to be a means and becomes an end in itself as the ultimate objective of all economic activity.

Social psychologists believe that the contentment of labour and its efficiency in the productive system is a cumulative function of material welfare and the psychological satisfaction that comes with recognition of, and respect for, his own personality. It is the recognition as a social group with appropriate social status, which induces them to produce more and more². Consequently, they want more of whatever they feel especially deprived of — more • security, more income, more personal appreciation and decent human treatment, more self-expression, more say in whatever affects them.

In its resolution of 1947, the International Labour Organisation (ILO), defined labour welfare as "such services, facilities and amenities as adequate canteens, rest and recreational facilities, arrangements for travel to and from work and for the accommodation of workers employed at a distance from their houses and such other services, amenities and facilities as contribute to improve the conditions under which workers are employed".

The Study Team on Labour Welfare appointed by the Government of India in 1959 to review the existing welfare facilities divided welfare activities into three groups: (a) welfare facilities within the establishment such as medical aid, creches, canteens, supply of drinking water, etc; (b) welfare facilities outside the establishment such as recreation, housing, education, etc; and (c) social security.

In 1963, the ILO constituted a Committee of Experts on Welfare Facilities for Industrial Workers which divided welfare services into the following two groups: (a) *Welfare amenities within the precincts of the establishments*: latrines and urinals, washing and bathing facilities, creches; rest shelters and canteens; arrangements for drinking water and prevention of fatigue, health services including occupational safety; administrative arrangements within a plant to look after welfare; uniform and protective clothing, and shift allowances; and (b) *Welfare outside the establishment*; maternity benefit, social insurance, medical facilities, educational

facilities, recreational facilities, holiday homes and leave travel facilities, workers' cooperatives, vocational training for dependents of workers, other programmes for women, youth and children and transport to and from the place of work.

In 1966, the Government of India constituted a Committee on Labour Welfare. This Committee felt that a scientific definition of labour welfare should take cognisance of the perspective of economic development as well as the future aspirations of labour. It realised that it was logical to classify social security measures also as labour welfare.

Thus, modifying the definition of labour welfare prescribed by the ILO in the context of social and economic conditions in our country,, the Committee included under the term labour welfare "such services, facilities and amenities as adequate canteens, rest and recreation facilities, sanitary and medical facilities, arrangements for travel to and from work and for the accommodation of workers employed at a distance from their homes and such other services, amenities and facilities including social security measures as contribute to improve the conditions under which workers are employed".

Role of Government, Employers and Others

A welfare state cannot be a passive onlooker or only a judge in case of disputes, but has to be an active participant. In this way, industrial social welfare also logically becomes a function of the state. A justification for state intervention arises basically from the psychology of the producers which prevents them from looking beyond the profit motive and the problems of their own expansion. Hence it has become necessary that employers be placed under the obligation of providing labour welfare measures through appropriate legislation.

The Committee on Labour Welfare found general agreement among the State governments, public enterprises and employers' and workers' organizations on the need for laying down of minimum standards. But opinions differed in regard to the agency/agencies that would provide these minimum

facilities. The Committee argued that while the provision of minimum welfare amenities within an establishment should be the responsibility of the employer, amenities of the nature of social obligation, that is those falling outside the workplace, should normally be the responsibility of the State and expenditure on these amenities should be a charge on the public exchequer. This argument appears valid all the more when the State also benefits in more than one way, from industries set up by these enterprises. However, the Committee recommended that in the case of establishments at remote places the responsibility of providing welfare amenities, even outside the workplace, should be taken up either by the employer individually or through an agency created for this purpose.

It was also represented before the Committee that the provision of minimum welfare amenities should not be made statutory but left to the collective bargaining of employers and workers. The Committee was hesitant to accept this suggestion because it felt that the trade union movement in the country had not yet gained the strength in all spheres of industrial activity for effective collective bargaining and that there still existed a group of employers who had not paid proper attention to this aspect or had neglected it altogether. Hence, the provision of minimum welfare facilities could not be left wholly to the discretion of employers.

Industrial Welfare since Independence

Immediately after independence a blueprint of labour policy was adopted in order to bring about essential reforms in the interest of the working classes. The blueprint considerably influenced legislative measures adopted by the Central and State governments in subsequent years.

During the pre-plan period (1946-51), the Central government passed the Mica Mines Labour Welfare Fund Act (1946), the Industrial Disputes Act (1947), Coal Mines Labour Welfare Fund Act (1947), the Employees State Insurance Act (1948), Coal Mines Provident Fund Act (1948), the Factories Act (1948), the

Dock Workers (Regulation of Employment) Act (1948) and the Plantations Labour Act (1951). The Uttar Pradesh Government passed the U.P. Sugar and Power Alcohol Industries Labour Welfare Development Fund Act, 1950.

During the First plan period (1951-56), Parliament enacted the Mines Act, 1952, the Coal Mines (Conservation and Safety) Act, 1952, the Employees Provident Fund Act, 1952 and the Salt Cess Act, 1953. State Legislatures of Bombay, Assam and Uttar Pradesh passed the Bombay Labour Welfare Fund Act, 1953, the Assam Tea Plantations Fund Scheme Act, 1955 and the Uttar Pradesh Labour Welfare Fund Act, 1956 respectively.

Under the Second plan (1956-61), seamen and motor transport workers were also brought within the purview of labour laws through enactments by the Centre of the Mercant Shipping Act (1958) and the Motor Transport Workers Act (1961). Assam also enacted the Assam Tea Plantations Employees Welfare Fund Act, 1959.

The Central legislation enacted in the Third plan (1961-66) included the Iron Ore Mines Labour Welfare Cess Act (1961), the Maternity Benefit Act (1961), the Payment of Bonus Act (1965), the Beedi and Cigar Workers (Conditions of Employment) Act (1966) and the Seamen's Provident Fund Act (1966). The Mysore Labour Welfare Fund Act, 1965 and the Punjab Labour Welfare Fund Act, 1965 also came into being in the same period as State legislations.

The Payment of Gratuity Act (1972), the Limestone and the Dolomite Mines Labour Welfare Fund Act (1972) were passed as central legislations in the period covered by the Fourth plan (1969-74). Besides, the family pension scheme was also included in the Provident Fund Act; consequently the Act came to be known as the Employees Provident Funds and Family Pension Act, 1952.

During the Fifth plan period (1974-78), the new enactments passed included: the Equal Remuneration Act (1976), the Bonded Labour System (Abolition) Act (1976), the Sales Promotion Employees (Conditions of Service)

Act (1976), the Beedi Workers Cess Act (1976) and the Beedi Workers Welfare Fund Act, 1976. Besides, some of the existing legislations were amended to increase the number of beneficiaries and the extent of benefits by raising the wage limits as in the ESI and Workmen's Compensation Acts. The Employees' Provident Fund Act was amended to provide for 'deposit linked insurance' for workers covered either by the Provident Fund or the Coal Mines Provident Fund Schemes. This amended Act is known as the Labour Provident Fund Laws (Amendment) Act, 1976.

In 1952, a subsidised housing scheme for industrial workers was introduced by the Centre. State governments set up Housing Boards to carry through the central scheme and to implement their own schemes. In 1956, a subsidised housing scheme for plantation workers was launched by the Central government.

Apart from these statutory provisions, the Central government has also set up non-statutory welfare funds for public undertakings, excluding the railways and major ports. Many State governments also provide welfare amenities on an *ad hoc* basis through welfare centres. Some enlightened and progressive employers have also been providing welfare amenities over and above the statutory provisions.

Coverage and Activities

These legislative measures may be classified into three broad categories: (i) provision of minimum welfare needs; (ii) special welfare funds; and (iii) social security measures.

(i) Minimum Welfare Need Legislation: The Factories Act, 1948, which is applicable to all factories/establishments employing 10 or more workers using power or 20 or more workers without the aid of power, provides a wide range of welfare amenities to all the workers. These include provisions for proper lighting, ventilation, washing and bathing, drinking water, first aid, etc. and special amenities such as a canteen, a creche, an ambulance room, welfare officers and safety officers.

Similarly, the Mines Act, 1952, provides for common welfare amenities to all mining workers on the above lines. In the Plantations Labour Act, 1951 which covers tea, coffee, rubber and cinchona plantations measuring 10.117 hectares or more, and wherein 30 or more persons are employed, there is compulsory provision for housing accommodation, medical aid, recreational and educational facilities for the children of workers and wholesome drinking water, canteen and creche facilities and protective clothing. State governments have been empowered by the amendment of 1960 to apply all or any of these provisions of this Act to any plantations measuring even less than 10.117 hectares or employing less than 30 workers under certain conditions. Under the Dock Workers (Regulations of Employment) Act, 1948, a comprehensive scheme of health and welfare was framed in 1961. The Motor Transport Workers Act, 1961, which applies to every motor transport undertaking employing five or more motor transport workers, provides for a wide range of welfare facilities.

(ii) Welfare Funds: Industrywise statutory Labour Welfare Funds constituted for coal, mica, iron ore, limestone and dolomite mines provide medical, housing and general welfare activities which include: (a) improvement of health and sanitation, prevention of diseases and provision and improvement of medical facilities; (b) provision for improvement of standard of living including housing, nutrition and amelioration of social conditions; and (c) provision of educational, recreational and general welfare activities such as adult and social education, education for children, craft training for women, boarding houses for children, scholarships and tuition fees, games and sports, water supply, cooperative societies and stores, provision of transport to and from work place etc.

(iii) Social Security Measures: Social security measures are included in a number of laws. One of the earliest, the Workmen's Compensation Act, 1923, as amended, applies to workmen drawing monthly wages not exceeding Rs 1000 and employed in factories, mines, plantations,

railways, transport, construction work etc. It provides for payment of compensation by employers to workmen and their dependents in case of personal injury caused by accidents arising out of and in the course of employment, and for death or disablement or contracting of occupational diseases. The amount of compensation depends on the nature of injury, monthly wages and so on.

The Maternity Benefit Act, 1961, applies to all establishments, whether factories, mines, or plantations except those establishments which are covered by the Employees State Insurance Act, 1948. The Act provides for maternity benefit to women employees for certain periods both before and after confinement along with leave and other facilities.

The Employees Provident Fund Act, 1952, is applicable to public and private undertakings employing 20 or more persons. A compulsory contribution is deducted from the wages and employers make a matching contribution, so that at the time of retirement/separation or death a sizable amount is available to workers and their dependents. According to the 1976 amendment, nominees of workers are entitled to receive an additional payment equivalent to the average balance in the provident fund of the worker during the three years preceding his death, subject to a maximum of Rs 10,000. Provident fund schemes have been introduced in mines and plantations along with pension benefits in some cases.

The Payment of Gratuity Act, 1972, which applies to factories, mines, plantations, railways etc. provides for the payment of gratuity at the rate of 15 days wage for every completed year of service, subject to a maximum of 20 months.

The Employees State Insurance Act, 1948, was the first major attempt to give compulsory, contributory and comprehensive insurance to employees. It covers clerical, manual, supervisory or contract personnel whose monthly wages are not above Rs.1000 in all non-seasonal factories run with power and employing 20 or more persons. The scheme is financed by contributions from employers and

employees, with State governments sharing part of the cost of medical care. The scheme provides for sickness benefit, extended sickness benefit, medical benefit, maternity benefit, disablement benefit and dependents benefit. An insured person entitled to the above benefits under the scheme is not eligible to claim similar benefits under the Workmen's Compensation Act and the Maternity Benefit Act.

Financing Industrial Welfare

In the existing legislation except in contributory schemes, financing of welfare measures at the workplace and also outside the workplace (under the Plantations Labour Act, 1951) rests with the employers. However, it is very difficult to say how far the burden of financing these measures actually falls on the employers. There is a possibility that the incidence of financing these measures is neither shifted on to consumers through increased prices for their products or even to an extent to the workers.

Statutory welfare funds are financed generally out of the levy of cess on products and rents obtained from housing schemes, fines realized, unpaid wages accumulated, voluntary donations, or matching contributions from employers and employees. In some cases, the income of these funds is also supplemented by grant-in-aid by a State or by the Central government, borrowings or other transferred funds. Welfare centres, other than those maintained through statutory boards, are directly run by the Labour Departments of the respective States. The funds for these centres are provided in the budgets of the Labour Department and consist of plan allocations as well as committed revenue expenditure.

Gaps, Problems and Suggestions

One of the unfortunate features of most labour legislations has been that agricultural labour has remained outside its purview. Laws have benefited only the organised sector of the labour force. Even here, many provisions under these Acts are, by and large, employment based and as such do not encompass the whole range of the labour force. The provisions of these Acts

do not equally apply to all the workers. Some of the amenities are available only if there are a specified number of workers in the units. None of these Acts, except the Plantations Labour Act, 1951 envisages provision of welfare amenities outside the workplace. The Committee on Labour Welfare had observed that the provision of minimum welfare amenities should not be on the basis of a specified number of workers; rather, it should be an ideal for all industrial workers provided that the industry had the capacity for their provision. It pointed to the need for liberalising the various provisions of these Acts and pleaded for proper arrangements for reviewing and supervising the functioning of various schemes to ensure that the standards as prescribed were actually maintained by the employers.

There is much scope for streamlining the provisions under labour welfare and social security measures in the country. The defects and deficiencies in these Acts point to the need to liberalise the provisions by empowering State governments to extend the legislative provisions and to strengthen the administrative process. There should be periodic reviews, compilation of statistics, research particularly in the field of occupational diseases, appointment of adequate technical and non-technical staff, and development of an integrated system of welfare and social security.

Industrial Social Work

Industrial social work is a relatively new and developing field of social work. In India, as in England, it began with 'labour welfare' provisions under various laws. Under section 49 of the Factories Act, 1948, and section 58 of the Mines Act, 1952, employers have a statutory obligation to appoint labour welfare officers in establishments with 500 or more workers. Section 18 of the Plantations Labour Act, 1951 also envisages such a provision in plantations with 300 or more workers. The welfare officer is primarily concerned to ensure that social welfare services for industrial workers are administered in a satisfactory manner. In addition, he acts as a 'staff functionary' in matters of personnel management and industrial relations.

This way he serves as advisor, counsellor, mediator and liaison man to both management and labour. Model Rules framed under different Acts have given to the labour welfare officer a status equivalent to the head of a department and also enable him to function as a 'neutral' person, a kind of buffer between management and workers. For this purpose, the Model Rules provide protection to him against victimization by management. Practice, however, seems to vary from the norms set by the statutes. Often, labour welfare officers are not given the role and status set by statutes. Many employers tend to regard the statutory appointment of a labour welfare officer as an infringement of management prerogatives. When they have perforce to employ one, they either render his functioning meaningless or burden him with many additional and peripheral duties. Such an approach helps Companies which are particularly poorly managed to avoid their responsibility and place the blame on the labour welfare officer if things are not good. The legal 'protection' afforded to the labour welfare officer makes him an 'outsider' to the management group which blocks his promotion possibilities while formally retaining the position; it may thus happen that a labour welfare officer may not, in fact, be able to discharge the functions for which they were originally appointed. To be effective, the welfare officer should be part of the management team responsible to the management for efficient discharge of the welfare functions in the plant.

A suggestion has been made that the welfare officer should be appointed by and be fully answerable to the government. But this may lead to his alienation from the management as there will be little difference between them and the factory inspectorate staff.

Aside from the statutory aspects of labour welfare, new approaches are also being developed in relation to industrial welfare. In these, there is greater emphasis on 'self help' and 'self activation' on the part of industrial workers. This will be needed all the more if their socio-economic conditions are to improve. It is an unfortunate and disturbing trend that

increase in wages and extension of welfare provisions have not been sufficient to bring about significant improvement in the conditions of life of the industrial labour community. Problems like alcoholism, absenteeism, labour turnover, indebtedness and family disintegration have been on the increase. In a large number of cases the quality of life has deteriorated even when there has been improvement in the material conditions of life. This situation calls for renewed efforts by a cadre of industrial social workers to interact with the industrial workers and their families and help them resolve their personal and family problems which arise out of and in the course of industrial employment.

Where the industrial houses take more interest in social development, social workers will be able to provide effective guidance and help in initiating programmes of social development among those living in labour colonies. But conditions will not improve unless there is an awakening among the workers themselves and an urge for self-help and self-improvement. In this context, industrial social work has a valuable role to play, not only in dealing with human problems directly, but also by making a significant contribution towards the objectives of the organization such as increased productivity and profitability

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Notes on Industrial Social Welfare

1. See R. R. Hopkins, *Report on Production Efficiency Board of the Ministry of Aircraft Production* and *A Handbook of Industrial Welfare* as quoted by K. K. Mishra, *Labour Welfare in Indian Industry*, Meenakshi Prakashan, Meerut 1971 p.3.
2. D. Kretch and R. S. Crutchfield, *Theory and Problems of Social Psychology*, McGraw Hills, New York, 1955, p.544.
3. *Report H-Provision of Facilities for Promotion of Workers Welfare*, Asian Regional Conference; International Labour Organisation, Nuwera Eliya, Sri Lanka, p.3.
4. Government of India, *Report of the Study Team on Labour Welfare*, Manager of publications, Delhi, 1961.

5. Government of India, *Report of the Committee on Labour Welfare (1969)*, Ministry of Labour, Employment and Rehabilitation, New Delhi, 1969, p.6.

Integrated Child Development Services – ICDS

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Children constitute the seedlings of human resource development of a nation and, therefore, deserve priority attention as inputs of the present generation for the future development of the country and the people. Yet with the population explosion, the pressure of poverty and breakdown of joint family structure and extended kin obligations, the family today faces severe strains which in turn adversely affect the normal tenor of the development of the children, especially the children urban slumdweller, harijans, landless workers, marginal farmers and the tribal folk. Efforts have, therefore, been made to ensure the welfare of needy children, specially in relation to education, nutrition, health care and other welfare measures. After the establishment of the Central Social Welfare Board (1953), for the first time a systematic attempt has been made to bring women and child welfare services within the reach of the rural population through 'welfare extension projects'. Subsequently, a number of schemes were progressively developed for extending non-institutional welfare services to pre-school children, notably, Family and Child Welfare Projects, Integrated Child Welfare Demonstration Projects, Special Nutrition Programme and so on.

A critical analysis of programmes serving the needs of pre-school children before the Fifth plan would show that the experience gained and lessons drawn in each of them led to some positive, though limited, gains to the children of the country. These schemes created an awareness of the problems and needs of children in the areas of health, nutrition, education and welfare. The necessary organisational and institutional infrastructures for child welfare programme in rural and tribal areas were created. The government, voluntary organisations and local communities had

increasingly begun to recognise the importance of child welfare and their own role in it. The institutional infrastructure for training of different levels of functionaries of child care programmes was also expanded. Despite these efforts, the programmes could not make much dent on the problem, mainly because of the scale and magnitude of its parameters. The incidence of mortality, morbidity and malnutrition among children continues to be exceedingly high. These were responsible for the large incidence of child wastage. The problem was further accentuated by poverty, illiteracy, poor health and hygiene, non-availability of social services and their inadequate utilisation.

It was further evident from past experience that resource constraints and a basically sectoral and fragmentary approach to the needs of children had prevented a coordinated strategy being evolved. It was, therefore, decided to evolve a model integrated scheme and in 1972, eight inter-ministerial teams were constituted by the Planning Commission to study the field situation in depth. The outcome was a scheme for Integrated Child Care Services for the preschool children covering supplementary nutrition feeding, immunisation, health care including referral services, nutrition, education of mothers, pre-school education and recreation, family planning and provision of safe drinking water. The steering group of the Planning Commission to advise on the formulation of the Fifth plan also endorsed the approach of this proposal, and thus emerged the Integrated Child Development Services Scheme (ICDS). The original proposals were examined and discussed in several inter-departmental meetings and some modifications were made and the contours of the programme of Integrated Child Development Services were finally drawn.

Objectives of Scheme

The objectives of the scheme are: (i) To improve the nutritional and health status of children in the age group 0-6 years; (ii) to lay the foundations for proper psychological, physical and social development of the child; (iii) to reduce the incidence of mortality, morbidity, malnutrition and school dropout; (iv)

to achieve effective coordination of policy and implementation amongst the various departments to promote child development; and (v) to enhance the capability of mothers to look after the normal health and nutritional needs of the child through proper nutrition and health education.

The package of services include supplementary nutrition to malnourished children and those at risk, immunisation, health check-up, referral services, nonformal preschool

<i>Beneficiary</i>	<i>Services</i>
<i>1. Expectant and nursing mothers</i>	<i>i) Health check-up</i>
	<i>ii) Immunisation of expectant mothers against tetanus</i>
	<i>iii) Supplementary nutrition</i>
	<i>iv) Nutrition and health education</i>
	<i>v) Population education</i>
<i>2. Other women 15-44 years</i>	<i>Nutrition and health education</i>
<i>3. Children less than 1 year</i>	<i>i) Supplementary nutrition</i>
	<i>ii) Immunisation</i>
	<i>iii) Health check-up</i>
	<i>iv) Referral services</i>
<i>4. Children 1-2 year</i>	<i>i) Supplementary nutrition</i>
	<i>ii) Immunisation</i>
	<i>iii) Health check-up</i>
	<i>iv) Referral services</i>
<i>5. Children 3-5 years</i>	<i>i) Supplementary nutrition</i>
	<i>ii) Immunisation</i>
	<i>iii) Health check-up</i>
	<i>iv) Referral services</i>
	<i>v) Nonformal pre-school education</i>

education and nutrition and health education. The underlying idea of the package of services is that the overall impact will be much larger as the efficiency of a service depends upon the support it receives from related services. The scheme also recognises the importance of convergence of other services such as protected drinking water in increasing the impact and

seeks coordination of efforts of the concerned ministries both at the Centre and in the States.

Type of Beneficiaries

The scheme covers children below 6 years of age, as this period is critical in the development of the child. Resource constraints have also pointed to the need for concerted effort in promoting sound development of early childhood. As the mother's role is most significant in the development of children, expectant and nursing mothers have been specially identified as important beneficiaries of the scheme.

The package of services is as follows (Table):

Selection of Project Area

The administrative units for the location of the ICDS are the community development block in rural areas, the tribal development block in predominately tribal areas, and slums in urban areas. Generally, a project in a rural/urban slum area covers a population of about 100,000 through 100 *anganwadis*. An *Anganwadi* is a focal point for the delivery of the ICDS package of services in every village. This is run by an *Anganwadi* worker who is invariably a woman from the local community. A tribal project covers roughly a population of 35,000 and 50 *anganwadis*. In the selection of projects priority is given to areas predominantly inhabited by scheduled castes/ tribes, particularly backward areas, drought prone areas, nutritionally deficient areas and areas in which social services are poorly developed.

The selection of project areas is coordinated with the relevant programmes of the Ministry of Health and Family Welfare, Ministry of Rural Reconstruction, Ministry of Works and Housing, etc.

At the block level, there is a project coordinator, called the Child Development Project Officer. The focal point for the delivery of services is the *anganwadi* in a village. Each village has an *anganwadi* worker, a woman from the local community. Her work is supervised by a *mukhya sevika*. Health inputs are provided through the network of services

from the Primary Health Centre with supplementary budgetary support from the Ministry of Social Welfare for the appointment of one additional doctor and para-medical personnel to provide full coverage as envisaged in the scheme.

Training

The training of functionaries has an important place in the ICDS programme. Child Development Project Officers are given eight weeks' training, *anganwadi* workers four months' training and *mukhya sevikas* three months' training. In addition, regional and national workshops for Directors of Health and of Social Welfare, medical officers, block development officers and others are held from time to time.

A scheme of functional literacy for women in the age group of 15-45 years is taken up in the ICDS project areas as a supportive activity. Under the scheme, non-formal education is imparted to adult women, using functional literacy as the means, on the subjects of health and hygiene, food and nutrition, home management, child care and civic education. The scheme also seeks to impart training in vocational and educational skills. In most cases, *anganwadi* workers in ICDS projects have been conducting the functional literacy classes.

Accomplishments and Experiences Gained

Following encouraging results achieved by the end of year 1980-81, the ICDS programme was extended by the Central Government to 200 projects— 67 tribal, 105 rural and 28 in urban slums. This does not include projects started by some State governments from their own funds. The Sixth five year plan (1980-85) had made provision for 800 additional projects, raising the total to 1000. The ICDS has so far been subject to three reviews by the Programme Evaluation Organisation (PEO) of the Planning Commission, "State of Preparedness of ICDS" survey conducted during July-October 1976, report issued in March 1978; 'Project Profiles' of 29 of the 33 projects in the pilot phase conducted in 1977-78, report published in November 1978; and the 'final report' of the repeat survey

conducted during 1977-78 and report made available in 1981.

As regards coverage, the PEO observes that "the weaker sections viz. scheduled castes, scheduled tribes and other backward communities constituted about two-thirds of the *anganwadi* population and, therefore, in this respect, the Scheme has fulfilled the objective of covering the weaker sections of the community."

The All-India Institute of Medical Sciences (AIIMS) which is actively engaged in training, monitoring and consultancy at all levels undertook a baseline survey of health and nutrition aspects in 1976-77. A follow up study was undertaken 21 months after the baseline and data processed by the end of 1980. The PEO reports generally covered all aspects of the programme and rated four projects in A (excellent), nine in B (good) and 16 in C categories. The medical consultants of the AIIMS undertook detailed analysis of health and nutrition aspects of the projects, measuring changes discerned after 21 months of the baseline survey on a 10 per cent sample of the surveyed population in 15 selected blocks. A stratified sample of 17,904 children was registered for study. Of these 92 per cent were available both for baseline and follow up study.

The data showed that the nutritional status of children improved substantially and cases of severe malnourishment decreased from an overall figure of 22 per cent to 11.2 per cent in rural, 5.5 per cent in tribal and 6.1 per cent in urban slums.

One of the findings of the PEO's state of preparedness report (Planning Commission, March 1978) was that "the most inaccessible and vulnerable group of children i.e. the 'below three' who require most attention in terms of health and nutritional services, have hardly been reached yet." However, by the end of 1980 the findings of the medical consultants study by age groups (below 3 years and 3 to 6 years) indicated that services did reach the younger children with resultant improvement in nutritional status.³ The incidence of

malnutrition among children below three recorded a decrease from 25.5 per cent to 9.7 per cent and normal grade nutritional status increased from 48.2 per cent to 61.3 per cent.

There has been notable change in immunisation services as well. The BCG coverage increased more than fourfold from 11.3 per cent to 49.3 per cent in rural projects, while it more than doubled in tribal projects i.e. from 20.9 per cent to 55.4 per cent and the increase in urban projects was from 47.4 per cent to 74.1 per cent. The coverage in the form of DPT (diphtheria, pertussis and tetanus) immunisation also rose from 6.3 per cent to 17.6 per cent in rural; from 1.0 per cent to 15.2 per cent in tribal and 15.2 per cent to 51 per cent in urban projects. Similarly distribution of vitamin A rose from 6.1 per cent to 43.7 per cent in rural and from 6.0 per cent to 59.7 per cent (almost tenfold) in tribal projects. Distribution of supplementary food rose from 18.7 per cent to 57.3 per cent in rural, 61.3 per cent to 64.2 per cent in tribal and 26.3 per cent to 45.1 per cent in urban projects. These are encouraging achievements.

The ICDS is a significant programme inasmuch as it attempts to bring about integration and coordination of line-oriented hierarchical bureaucracy towards a unified channel of delivery of services. Resources of four departments at the Central and State levels (Health, Social Welfare, Education and Rural Development) are further fortified by a team of medical consultants from the AIIMS, State medical colleges and Departments of Health and/or Medical services, who monitor the health and nutritional input of the programme. As a result of the operation of the ICDS, greater complementarity and mutual support is being achieved between these different services.

There are, of course many routine problems regarding the manpower deployment for the project. Even so, within a short period of about five years, some 45,580 *anganwadi* workers were in position in September 1983 against the sanctioned strength of 65,098. What is noteworthy is that 80 per cent of ***anganwadi workers in rural areas and 70 per cent in urban***

areas belong to the same locality. Among these workers, 76 per cent could identify signs of protein-calorie-malnutrition (PCM) and vitamin A deficiency correctly; 65 per cent were aware of the importance of rehydration and its home-made remedy; about three-fourths of anganwadi workers are able to state correctly the use of drugs like aspirin, (piperazine), sulphaguanidine, etc.

Post	Sanctioned	Filled
CDPO	622	495
MOS of PHC	622	271
LHV	750	364
ANM	2,919	1,696
Supervisor	3,236	1,890

The staffing position of all other functionaries (in September 1983) was as

The shortfall in the full complement of medical and para-medical staff is still disturbing. The work load of *anganwadi* workers and the number of records she has to maintain also need review.

Functional literacy appears to be a weak supportive link in the project and innovative ways have to be sought to bring the women to these classes. It is, therefore, necessary to maintain close contact with the national adult education programme at all levels and introduce socio-economic programmes to attract and retain their attendance. Similarly, there is a wide gap in the perception of parents and project goals on the objective of informal pre-school education. Parents expect that their children should first learn the 3 Rs.

Last but not the least, while community response to some projects has been considerable, in some others it has been inadequate. It is, therefore, necessary to study community participation in depth so that the ultimate goal of ICDS can be realised, namely, that what has begun as a government programme with community participation should become a community programme with government participation. After all, the child is the responsibility of the parents, the family and the community. With the expansion of the programme, it would be essential to reduce the

cost per project and this could only be done if the community assumes its essential role and responsibility in this important task.

It is to be hoped that through continuous personal contacts and activities of functional literacy classes, *mahila mandal* meetings etc., some of the following important health and nutrition messages would be communicated to the mothers and other members of the local community: (i) breastfeed as long as possible; (ii) introduce semi-solid foods from 5 to 6 months of age of a child; (iii) feed young children several times (3 to 6) a day; (iv) do not curtail food during illness; (v) avail of health services in your area; (vi) get children immunised; (vii) maintain personal hygiene and keep your surroundings clean; (viii) drink clean or purified water; (ix) do not have more than two or three children and space them by two or three years.

The ICDS marks a vital phase in the evolution of programmes for child welfare developed during the successive five year plans. It holds the key to the development of precious human resource, the foundation of which must be laid in early childhood.

B. Chatterjee

Notes on Integrated Child Development Services

1. *Report of Programme Evaluation Organisation (1976-78)*, Planning Commission, New Delhi, P. 189
2. "A Coordinated Approach to Children's Health in India", *The Lancet*, London, 21 March 1981, pp. 650-653
- 3 Ibid, p.652

International Labour Organisation ILO and Labour Welfare

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It was the Peace Treaty of Versailles which in 1919 created the League of Nations of which the International Labour Organisation (ILO) was a part. The ILO's objectives seek to bring about international cooperation in labour and social matters including the attainment of a universal and lasting peace based on social justice through international standard setting in the area of living conditions, technical cooperation, research and publications. The motto which became popular through ILO during the forties has been: "Poverty anywhere constitutes a danger to prosperity everywhere."

Tripartite Structure: There main bodies constitute the structure of the ILO: (1) The International Labour Conference (ILC); (2) the Governing Body (GB) and (3) the International Labour Office (ILO).

The International Labour Conference, which is the supreme body, meets annually in Geneva to discuss pressing international labour and social questions, to set up international labour standards, to pass resolutions which provide guidelines for the general policy and future activities of the ILO, and to adopt the ILO's annual budget financed by contributions from member States. Each member is represented on the Conference by two government delegates and one each of employers and workers, besides advisers. The Conference is verily an International Parliament of Labour based on tripartite participation.

The Governing Body, elected by the ILC every three years, is the Executive Council of the ILO. It meets three times a year, prepares the agenda for meetings and implements decisions, besides directing the International Labour Office. It is tripartite in composition, comprising 56 members — 28 representing government,

and 14 each representing workers and employers.

The ILO at Geneva has its permanent Secretariat, research centre, operational headquarters and publishing house, with the Director-General as the head. The ILO has Regional Offices in different areas of the world.

The International Labour Code: The Code is a definition of international minimum standards formulated by the ILC and known as Conventions/Recommendations. Conventions are subject to ratification upon which a Member State pledges implementation. Recommendations do not require ratification. They amplify Conventions or deal with questions not involving formal obligations and serve as guidelines.

Whether the international labour standards/regulations should take the form of a convention or a recommendation depends mainly on the degree to which uniformity has been or is expected to be achieved in international practice with respect to a particular subject. A convention is adopted where the chances of acceptance by member-States of a minimum standard are considered high. On the other hand, a recommendation is preferred when the intention is to lay down general standards which could assist member-States in framing their labour legislation or improving their organisation or administrative machinery. In some cases, a recommendation serves only as a first step towards the eventual adoption of a convention. A two-thirds majority in the final vote in the ILC is necessary for the adoption of either form. Till the end of 1979, the ILC had, during the course of its sixtyfive sessions, adopted 153 conventions and 161 recommendations covering working conditions and cognate matters of vital interest to the workers of the world.

Implementation reports are scrutinised by a Committee of independent experts and a Tripartite Committee of the Conference.

ILO's Concept of Labour Welfare

This is contained in the ILO's Resolution of 1947, its Recommendation No. 102 and in the deliberations of its Committee of Experts on Welfare Facilities for Industrial Workers convened in 1963. It adopted the following two-group classification of welfare facilities:

(1) WELFARE AND AMENITIES WITHIN THE PRECINCTS OF THE ESTABLISHMENT!

(i) latrines and urinals; (ii) washing and bathing facilities; (iii) creches; (iv) rest shelters and canteens; (v) arrangements for drinking water; (vi) arrangements for prevention of fatigue; (vii) health services including occupational safety; (viii) administrative arrangements within the plant to look after welfare; (ix) uniforms and protective clothing; and (x) shift allowance.

(2) WELFARE OUTSIDE THE ESTABLISHMENT:

(i) maternity benefit; (ii) social insurance measures including gratuity, pension, provident fund and rehabilitation; (iii) benevolent funds; (iv) medical facilities including programmes for physical fitness and efficiency, family planning and child welfare; (v) education facilities including adult education; (vi) housing facilities; (vii) recreation facilities including sports, cultural activities, library and reading room; (viii) holiday homes and leave travel facilities; (ix) workers' cooperatives including consumers' cooperative stores, fair price shops and cooperative thrift and credit societies; (x) vocational training for dependents of workers; (xi) other programmes for the welfare of women, youth and children; and (xii) transport to and from the place of work.

The ILO has 10 main Conventions¹ and 17 main Recommendations covering labour welfare measures. Of the 10 Conventions, except for Convention No. 102 on social security, all are supplemented by Recommendations. India has ratified Convention No. 42 concerning Workmen's Compensation (Occupational Disease) through the Workmen's Compensation Act 1923. The spirit and content of the Conventions to the extent feasible are embodied in different laws to protect workers against exploitation. Thus,

the components of Convention Nos. 77, 103, 121 and 130 (maternity benefit, medical examination, employment injury and medical care) are contained in the Employees State Insurance Act, 1948. Social security measures in Convention Nos. 102 and 128 are covered in the Employees Provident Fund Act, 1952, the Employees Family Pension Scheme, 1971, the Payment of Gratuity Act, 1972 and the Employees State Insurance Act, 1948. The Factories Act, 1948, makes it obligatory to provide for rest and safe and hygienic working conditions among other facilities. Non-ratification of certain Conventions (Nos. 139 and 148) is mainly explained on the ground of unsuitability for India at the given stage of development. However, it is fair to say that the substance of the irreducible minimum welfare facilities envisaged in the different ILO Conventions has been provided for in Indian labour welfare legislation.

Indian Concept of Labour Welfare

A historical retrospect shows that Indian thinking on labour welfare was considerably influenced by developments in the wake of the two world wars, the grant of provincial autonomy, and the deliberations of successive Committees and study teams set up by the Government of India as also by the ILO.

Among the Indian influences may be cited the views of the Indian Industrial Commission (1916-18), the Royal Commission on Labour (1929), the Directive principles of State Policy in the Indian Constitution, especially Articles 41, 42 and 43 thereof, the Study Team and Committee on Labour Welfare (CLW) set up by the Government of India in 1959 and 1969 respectively, the Labour Investigation Committee known as the Rege Committee (1946), and the various inquiry committees set up by the provincial or State governments³. Among the foreign influences which should be mentioned in this connection were the Philadelphia Declaration of the ILO in 1944, its Resolution of 1947 and the Governing Body's views expressed in June 1953. The findings of these bodies resulted in successive pieces of labour legislation on labour welfare in India in the wake of independence in 1947.

The concept of labour welfare is essentially dynamic; its content and coverage are different from region to region depending on the stage of industrial development obtaining in each. Whether welfare measures should be limited to the workers themselves or extended to their families, whether welfare amenities should be focus-sed on the premises of the establishments or extended to workers during their leisure hours and whether the term should be given wide coverage so as to bring in its ambit social security schemes are among the questions which have been the subject of frequent debate in several countries. The 1959 Study Team divided welfare measures into three groups; (a) welfare within the precincts of an establishment; (b) welfare outside the establishment; and (c) social security. The inclusion of social security under a separate group but within the welfare umbrella, was a view put forward by India. Workers insisted that welfare must not imply merely philanthropic or gratuitous help flowing from a paternalistic attitude of an employer. Labour welfare benefits must be treated as a matter of right obtainable under statutes and agreements.

The modification made by the Committee on Labour Welfare (1969) to the ILO definition of labour welfare relates to the inclusion of social security schemes in its broad fold. It says: "In our considered view the term labour welfare in the context of social and economic conditions obtainable in our country, should thus include such services, facilities and amenities as adequate canteens, rest and recreation facilities, sanitary and medical facilities, arrangements for travel to and from work and for the accommodation of workers employed at a distance from their homes, and such other services, amenities and facilities including social security measures as contribute to improve the conditions under which workers are employed."

Welfare in Perspective

In continuance of its pursuit for better living and working conditions for workers, the ILO has conducted a number of studies. It has directed its attention to certain specific aspects such as humanization and quality of working life, work

time and its arrangement, the organization and content of work, the repercussions on the conditions of work of choice of technology, conditions of work in certain sectors of activity, and the conditions of work and life of particular categories of workers. The ILO has given attention to the fact that the problem of improving working conditions and the environment varies from country to country, the branch of activity and the occupation concerned.

The International Programme for the Improvement of Working Conditions and Environment (PIACT) was implemented in 1977 with the idea that "the ILO should prepare an international working environment programme, supplemented by national working environment programmes." It is for the countries concerned to include these programmes in their own planning or programming systems. Six multidisciplinary expert teams were sent out to Venezuela, Ethiopia, Senegal, Bolivia, Peru and Tunisia. The fact that more than 30 developing countries (of which India is one) have asked for the PIACT multi-disciplinary missions reflects the usefulness of these missions which have constantly emphasised that national policies are essential to improve working conditions and environment.

For the effective implementation of PIACT, the ILO has regional centres such as the Inter-American Centre for Labour Administration (CIAT), the African Regional Centre for Labour Administration (CRADAT) and the Inter-American Vocational Training, Research and Documentation Centre (CINTERFOR). These regional centres have sent out various missions of research and training and have organised seminars for the countries in their regions. Courses for health and safety inspectors, and workers' and employer representatives were arranged by CIAT and CRADAT. Based on these studies a number of publications have been brought out.

Another mission that has proved successful in labour relations is the joint employer-worker mission accompanied by an ILO official. Such missions are envisaged on an experimental

basis in the field of working conditions and environment and, in some cases, have been successful.

The great need for safety in rural areas and in small industrial and handicraft enterprises in developing countries is acknowledged by PIACT. Efforts in this direction are made where 'delegates' or 'activists' are workers officially recognised by the Ministry or auxiliaries employed by the Labour Inspectorate. The experience of industrialised countries is found to be useful in this connection.

Since PIACT missions also cover rural areas, developing countries have much to gain from their experience. In India, in the rural areas, government departments, the Central and State Welfare Boards as well as voluntary bodies try to reach agricultural and rural labour employed in cottage and small scale industries. In rural areas, health and safety precautions are not given importance and at times not even acknowledged. Traditional occupations are carried on within the home where cooking, eating, sleeping also take place side by side, with little thought of occupational hazards or diseases. Ignorance of occupational danger is often responsible for this situation, as also inadequacy of means to opt for the alternative. Training to educate rural labour and women in particular on safety, health and hygiene would be effective. Promotion of rural welfare lies then in the basic problem of organising and educating the rural labour. Illiteracy among rural workers, absence of well defined employer-employee relationship, the scattering of rural labour over a wide area, and abject poverty — inability to pay even a small subscription fee — are some of the impediments to organization of rural workers. However, a beginning has been made by the ILO in organizing rural workers in Ghazipur. The success of this project is indicative of the fact that organization of rural workers at the grassroot level is imperative. Organized rural workers must maintain strong links with the urban industrial workers for mutual benefit — social, economic, educational, recreational etc., and to strengthen the solidarity and cause of the working people, urban as well as rural.

Much needs to be done and welfare agencies, whether catering to the needs of the urban workers, rural workers or women workers, should try to fit their programmes into the framework of the ILO PIACT missions.

New Activity: A new type of activity at the national level was the ILO/NORAD national seminar series on social security and national development which was inaugurated in New Delhi with the objective of providing an opportunity for social planners and social security administrators to review and discuss, along with international specialists, the progress and the problem of social security in the country. Similar seminars/courses were conducted in other countries. These activities are not limited to developing countries alone; the ILO has extended its advice to the solution of problems raised by the application of EEC's Regulations concerning social security of migrant workers and self-employed workers.

P.S. Deshmukh Sarla Bijapurkar

Notes on ILO and Labour Welfare

1. Conventions

No.

- 41 Night work (Women) Convention (Revised) 1934
- 42 Workmen's Compensation (Occupational Diseases) Convention (Revised) 1934
- 77 Medical Examination of Young Persons (Industry) Convention, 1946
- 102 Social Security (Minimum Standards) Convention, 1952
- 103 Maternity Protection Convention (Revised) 1952
- 121 Employment Injury Benefits Convention, 1964
- 128 Invalidity, Old Age and Survivors Benefits Convention, 1967
- 130 Medical Care and Sickness Benefits Convention, 1969
- 139 Prevention and Control of Occupational Hazards Caused by Carcinogenic Substances and Agents Convention, 1974
- 148 Protection of Workers Against Occupational Hazards in the Working Environment due to Air Pollution, Noise and Vibration Convention, 1977

2. Recommendations

- 22 Workmen's Compensation (Minimum Scale) Recommendation, 1928
- 24 Workmen's Compensation (Occupational Diseases) Recommendation, 1925
- 25 Equality of Treatment (Accident Compensation) Recommendation, 1925
- 29 Sickness Insurance Recommendation, 1927
- 31 Prevention of Industrial Accidents Recommendation, 1929
- 43 Invalidity, Old Age and Survivors' Insurance Recommendation, 1934
- 69 Medical Care Recommendation, 1944
- 79 Medical Examination of Young Persons Recommendation, 1946
- 96 Maternity Protection Recommendation, 1952
- 97 Protection of Workers' Health Recommendation, 1953
- 102 Welfare Facilities Recommendation, 1956
- 112 Occupational Health Services Recommendation, 1959
- 121 Employment Injury Benefits Recommendation, 1964.
- 131 Invalidity Old-Age and Survivors' Benefits Recommendation, 1967
- 134 Medical Care and Sickness Benefits Recommendation, 1969.
- 147 Prevention and Control of Occupational Hazards caused by Carcinogenic Substances and Agents Recommendation, 1974
- 156 Protection of Workers against Occupational Hazards in the Working Environment due to Air Pollution, Noise and Vibration Recommendation, 1977
- 3- *Indian Industrial Commission 1916-Report, Government of India 1918*
- Report of the Royal Commission on Labour in India (1929) (The Whitley Commission), 1931*
- Report of the Committee on Labour Welfare (1969), Ministry of Labour, Employment and Rehabilitation, New Delhi, 1970*
- Report of the Labour Investigation Committee (1944) (The Rege Committee), Manager of Publications, 1946*
- Bombay Textile Labour Enquiry Committee, Bombay Government, Central Press, 1938*
- Kanpur Textile Mills Rationalization Enquiry Committee, Lucknow, 1955*
- U.P. Textile and Technical Institute Enquiry Committee, 1939*

4. Case studies have been carried out in Asia on the repercussion on conditions of work of choice of technology and have been published in a monograph entitled 'Technology to Improve Working Conditions in Asia'.

5. The authors are thankful to Shri B.N. Datar, Director, Ambedkar Institute for Labour Studies, for his guidance in writing the article.

International Voluntary Organisations in Social Welfare

INGOs in Social Welfare

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Any review of international voluntary organisations (also referred to as international nongovernmental organisations) runs in to a basic terminological difficulty. Since these organisations first appeared on the international scene, a plethora of agencies has grown, each with its own structural and operational peculiarities. There are agencies, for instance, which claim to be international whose structural set-up is entirely national (in the sense of being confined to one country) while their scope of work is international (in that their activities are spread over several countries). There are other agencies whose organizational base is international (in the sense of being multi-country) but their activities tend to concentrate on a given country, a group of countries, a region or a continent. : It is therefore necessary that some amount of definitional homogeneity is established.

In 1950 the United Nations first sought to define nongovernmental organisations in the following terms: "Any international organization which is not established by intergovernmental agreement shall be considered as a nongovernmental organisation including organizations which accept, members designated by government authorities, provided that such membership does not interfere with the free expression of views of the organizations."² However, this definition did not seem to be satisfactory since it did not really attempt to explain what was meant by the term 'international organization' nor did it seek to lay down detailed criteria for identifying the nongovernmental status of an organization. In this respect, the Union of International Associations has contributed some useful thinking and concrete indicators. According to them, for an organization to be considered international, among others: (i) the agreement

by which it is established must include *three* or more States as parties; (ii) its aims must be genuinely international in character, with the intention to cover operations in at least three countries; (iii) voting power must be such that no one national group can control the organization; (iv) there must be a permanent headquarters with provision made for continuity of operation; (v) staffing should not be permanently restricted to a single nationality and (vi) substantial budgetary contributions must come from at least three countries.

If we apply the above criteria to the Indian context, it excludes many of the organizations that were listed under international nongovernmental organisations in the previous edition of the Encyclopaedia³ (such as, American Foundation for Overseas Blind, Asia Foundation, Ford Foundation, British Council, Canadian Save the Children Fund, Catholic Relief Services, CARE, Cheshire Foundation Homes, etc.) Few organisations on the international scene would thus qualify to be 'international' according to this definition.⁴ However, within the limited scope of this article, it is neither the intention nor is it possible to take a unilateral stand on the validity or otherwise of the looser definition of an 'international' agency. Nonetheless this is an issue deserving of consideration by the relevant professional bodies and decision making authorities.

Origin and Development

International cooperation in the area of social welfare began in the mid-nineteenth century. The earliest initiatives were motivated by a desire on the part of private charities and public welfare and correctional agencies to "confer with each other, and by sharing their experiences to improve their methods of providing charitable and relief services, preventing delinquency, and rehabilitating criminals."⁵ The first such international conferences met in Paris (1849) and Brussels (1851). The first international social welfare convention met in 1861 and shortly after its conclusion the International Red Cross (IRC) was founded. This agency was the first largescale international social welfare organization. It was set up to provide for humane treatment and

medical care of soldiers wounded in battle and to protect persons administering such services. Subsequently, it enlarged its scope of activities to arranging relief for victims of severe natural disasters. The IRC was joined in relief work by several other groups such as the British Service Committee, American Friends Service Committee, American Relief Administration, International Save the Children Fund (now called the International Child Welfare Union), International Migration Service (now known as International Social Service), etc.

Major religious denominations in the western world (whether Lutheran, Baptist, Seventh Day Adventists, Catholic or Protestant) formed a large chunk of these organizations that began to participate actively in international relief work. All this happened around the turn of the nineteenth century. The driving force behind such initiatives continued to be charity and a Christian concern for alleviating human suffering

In the decades since the fifties, there has occurred a subtle but distinct change in the orientation of international welfare action. For one, it has transcended the narrow limits of charity and religious proselytizing. As Friedlander suggests, "In contrast to earlier centuries, in our time a glob'al conscience is now slowly developing, created by religion, ethics, and the humanities and strongly supported by social work. This movement recognizes that fundamental changes must be effected by eliminating the inequality between rich and poor nations and by preventing crime, delinquency, immorality and injustice within all countries."

This assessment of international welfare action may appear to be somewhat optimistic and sanguine, but it does reflect a distinctly new orientation in the current phase of international cooperation in the field of economic and social wellbeing.

The Indian Context

The origin of international voluntary participation in India, on an organized basis, can be traced to the beginning of this century. Although linkages among national groups and

external agencies came into existence earlier, these were primarily confined to either political and ideological, or religious and spiritual organizations. Social welfare involvement really commenced with the beginning of the freedom movement when national voluntary action first came to the fore, followed by inevitable links with, and entry of, international agencies.

Fortunately, this happened at a time when there were forces operating in favour of some sort of internationalism. In the wake of the realization of the impending breakdown of colonial empires, and a certain inverse sense of guilt at the exploitation that had occurred in the colonies, there were groups that were pressing for corrective action. There was also genuine concern for human suffering in the under-developed world and the need to do something about it. Finally, there was the missionary spirit urging the church faithfuls to enrol greater numbers of followers.

India provided a ready ground for exercising all these motivations. It had a massive needy population, backward conditions, and a legacy of the consequences of colonial exploitation. There was the additional attraction of reaching the Christian spiritual message to a vulnerable and afflicted population supposedly oppressed by the "degrading inhuman elements" in Hinduism. The origin of international voluntary organisations engaged in social welfare in India was thus the product of a 'mix of motivation.'

The development of international voluntary organisations in India can be traced in terms of distinct phases. In the earliest phase, the emergence of international voluntary organisations was largely in response to natural calamities, whether flood, famine or other. Dedicated groups of like-minded charitable persons sought to work for the relief and rehabilitation of victims of natural disaster. Subsequently, when during the freedom movement, indigenous volunteer welfare groups sprang up, professional links with international counterparts followed. The coming of independence gave further fillip to international participation in India. This was largely due to the willingness shown by India to

admit expertise from abroad as long as it helped accelerate the pace of growth and development in India. This had inevitable repercussions in the field of social welfare. The period immediately after the gaining of independence, therefore, marked a boom in the inflow of international voluntary participation in the country.

Reinforcing this trend, was the emergence of the United Nations and its agencies around the same period. The birth of the UN system greatly stimulated the developed countries to look beyond trade and aid matters and to explore avenues for launching joint action to help overcome poverty, hunger, disease, illiteracy, etc. from the developing countries of the world. This motivated many more voluntary groups to enlarge their scope of operations to embrace the needy countries, among them India.

Consequently, in the three decades following independence, voluntary agencies have literally flooded India. Among the more active and well known ones have been OXFAM, CARITAS, CASA, CARE and Christian Children's Fund. In addition, agencies such as Red Cross, Leprosy Relief Mission and others dealing with the handicapped have emerged on the Indian scene. Most of these have continued to operate in India, notwithstanding occasional pressures to discourage international voluntary participation in the country.

Role of International Voluntary Organizations

The role of international voluntary organisations in India has been a matter of some debate. Essentially, it can be viewed in three ways: a) as an instrument of international charity; b) as a method of religious and ideological instruction and conversion; c) as a catalyst of professional thinking and mode of transfer of development technology and experience. Evidently, of the three roles, the first two may be viewed in positive terms by the voluntary organisations themselves, but their suspect motivations have tended to cause some anxiety in the Indian mind. In the post-independence period, the work of some international voluntary organisations, for instance, has led to occasional demands in

Parliament for the banning of one group or the other.

The last role, namely, that of a catalyst, has been more palatable, but even this interpretation of the role of an international voluntary organisation needs to be recast in order to have greater credibility with the decision-making authorities in the country. More and more, it has been appreciated that the catalyst role is a two way process which should allow for exchange of experience and approaches between the developed and the developing countries and between the donor and the receiver. It is this new give-and-take role of the international voluntary organisation which more truly reflects the current expectation from the participation of international voluntary organisations in India. So long as the international voluntary organisation is not interested in operating purely for the sake of charity or as a medium for disseminating a religious or ideological message, but as a tool for generating understanding between communities and countries at various stages of development, it is recognized that the international voluntary organisation has a bonafide role to play in the country. However, it is worth noting that the process of transformation from the early charity and religion-inspired international voluntary organisation to the current bridge between a developing and developed community has neither been smooth nor completely accomplished. That transformation is still very much in the making, and it does require a lot of careful monitoring and follow up to ensure that the international voluntary organisation is fully sensitized to, and meshed with, the Indian scene.

Fields of Operation

The Yearbook of the Union of International Organisations lists over a thousand international voluntary organisations. These are classified into 19 categories, according to their objectives. The three largest groups are concerned with (i) labour, employers, trade unions and professionals; (ii) commerce and industry; and (iii) science.

In social welfare *per se*, the major fields of operation of international voluntary organisations are as follows: (i) prevention of crime and delinquency; (ii) treatment of offenders and juvenile delinquents; (iii) migration and rehabilitation; (iv) mental health; (v) physically handicapped and other groups of handicapped people; (vi) welfare of vulnerable and weaker groups (such as, women, children, socio-economically handicapped, etc. and (vii) emergency relief.

The fields of operation of international voluntary organisations in India coincide with most of the above mentioned categories. Starting with emergency and disaster relief, international voluntary organisations have gradually entered other areas of assistance. Apart from health and education, which bear closely on social welfare, international voluntary organisations have been engaged in community development, supplementary nutrition, welfare of women', handicapped persons and other vulnerable groups and so on. Some international voluntary organisations have also been associated with social defence, social and moral hygiene and rehabilitation activities. Finally, adoption, foster care and sponsorship, as also community aid have become important areas of international voluntary organisation participation.

By and large, the fields of operation have tended to be restricted to the pathological and relief sectors. This operational limitation is a legacy of the evolution of social welfare itself. As a discipline, social welfare was concerned, until recently, with remedial rather than preventive or developmental action, a fact which has forced social welfare agencies all the world over to occupy themselves with curative and rehabilitative services and not developmental concerns. It is only in the last decade that this transformation has been slowly but consciously brought in and, as a discipline, social welfare is moving on to developmental concerns. This has inevitably influenced the operational scope and orientation of national as well as international voluntary organizations in India (as in other parts of the world). However, in pursuing the latter orientation some political

sensitivity is possible, especially as far as voluntary organisations are concerned. There is much greater political vulnerability (and tendency to suspect the motivations) of an international organisation claiming to be involved in the developmental aspects of social welfare, particularly those relating to improving the socio-economic well-being of backward categories of people, achievement of social justice, equality for individuals, etc. There are examples of international voluntary organisations that have been either asked or gently persuaded to wind up their operations on account of the obvious political vulnerability of developmental work.

Funding

Although there is no universal pattern applicable to all international voluntary organisations operating in India, by and large, the funds available to an international voluntary organisation are drawn largely from donations received from the public, membership subscriptions and grants or subsidies from governments.

Unfortunately, no data have been compiled on the magnitude of funds collectively available through the international voluntary organisations operating in the country. Nor is it known as to what proportion of the funds totally available to an international voluntary organisation is spent on their activities in India. What is amply demonstrated is the fact that funds on a much larger scale are available to international voluntary organisations as compared with those available to national voluntary organisations. This has sometimes been responsible for creating an operational gap between the international voluntary and national voluntary group of agencies. Greater resources and higher budgets enable the international voluntary organisation to set up staffing and other administrative standards that are not necessarily affordable by the national voluntary organisation. This has been source of considerable disaffection.

Another irritant has been the source of funding. Although rare, the funding of certain international voluntary organisations can be

indirectly connected with political sources. This puts the international voluntary organisation under a cloud of suspicion. It has forced the government to tighten its regulatory control over the inflow of foreign funding. One manifestation of this has been the passing of the Foreign Contribution Act under which the international voluntary organisations are now required to declare the details of all funding they receive, from what sources, for what purposes, etc. This is certainly an area where irregularity evinced by some international voluntary organisations casts a shadow of doubt over others. Consequently, there is need to approach the entire issue of funding with great caution.

Cooperation and Coordination with Government and National Voluntary Organizations

In this area, there are two perspectives possible. The first is the formal perspective whereby all international voluntary organisations operating in India have, perforce, to rely on the goodwill of, and cooperation with, the government. In practice, however, a meaningful cooperation has not been possible and this has been more on account of lack of appreciation by the government of the real value of involving voluntary organizations (whether international or national) when planning and undertaking development activities in the country, rather than any dearth of initiative on the part of international voluntary organisations.

Cooperation with national voluntary organisations has also a similar, dual profile. Theoretically, it is conceded that there should be close cooperation between the international voluntary organisation and the national voluntary organisation, a principle which is accepted without dispute by the international and national agencies. However, the reality is otherwise and efforts to coordinate the activities of agencies dealing with different target groups, and in some cases, even with the same target groups have often been frustrated or short-circuited.

For this, the blame for lack of cooperation lies with the agencies concerned. Whether it is the international voluntary organisation or the national voluntary organisation, there is considerable organizational diffidence and resistance to coordination of activities. Yet, it is clear beyond doubt that in order to achieve maximum impact not only does the international voluntary organisation need to be closely associated with the government but it should also join hands with other international voluntary organisations and national voluntary organisations operating in the country. So far, whatever cooperation exists, has been primarily confined to intra-agency cooperation, i.e., between the international voluntary organisation and its national affiliate or counterpart. In rare cases, inter-agency cooperation has been possible where the same individuals have chanced to serve in key decision-making and administrative positions in more than one agency. Even when dealing with different aspects of the same field, international voluntary organisations have not found it feasible to coordinate their activities.

Problems and Constraints

In the course of their operations in India, several problems and constraints that confront international voluntary organisations have become evident. Among them, the more important ones may be briefly reviewed:

(a) Lack of coherence in the role of the international voluntary organisation: Since the evolution of the international voluntary organisation has gone through several phases (namely, from emergency relief to development assistance; from *ad hoc* projects to long-term programmes; from single sector to multi-sector activities, etc.), the international organisation's understanding of its own role as well as the projection thereof suffers from a lack of coherence. In many cases, the original mandate of the international body has not been revised to adequately reflect its new responsibilities. In other cases, the earlier administrative policy-making and operational procedures have continued to prevail irrespective of the new orientation achieved by the organisation. This has tended to make the international voluntary

organisation somewhat dysfunctional. Unless mandates and procedures are brought in line with the revised objectives, the organisation cannot hope to deliver the goods. Such alignment naturally depends upon adequate preparation in the country of origin of the communities backing the international voluntary organisation. In many cases, it has been noted that traditional sources of appealing to the donating capacity of the public in the country of origin are being maintained. These are not necessarily palatable to a progressively self-reliant country that may be receiving such assistance. There have, in fact, been objections to the international voluntary organisations constantly projecting India as a needy, poverty-stricken and tradition-ridden country. It is this lack of sustained effort to update and redefine the purposes and mode of public assistance that has jeopardized the efficiency and efficacy of the international voluntary organisation not only in India but also in the country of its origin.

(b) Lack of coordination with other agencies:

This has been one source of weakness in the work of the international voluntary organisation in India. In the absence of coordination, there has been considerable overlapping in the activities undertaken by such organisations both among them, and *vis-a-vis* the national voluntary organisation. Lack of coordination is traced to the dispersed pattern in which the organisations evolved in India. Most of them started as isolated, *ad hoc* operations and have continued to operate in a segmented fashion. However, it is clear that if international voluntary organisations are anxious to make a lasting and long-term impact on social welfare and development in India, they must optimize their efficiency by working in close coordination with one another and with the national voluntary organisations. The coordination will also minimize, if not rule out, wastage of precious resources through unnecessary duplication.

(c) Link with Government: Cooperation with the government has been a major problem area in the past. Earlier, this had been due to the colonial government's own reluctance to involve voluntary agencies (whether national or

international) in planning and working for social development. In the post-independence period, although this reluctance was replaced by an enthusiasm for mobilizing people's participation in development, it did not necessarily lead to a systematic and satisfactory basis for involving the voluntary organization (whether national or international) in the development processes. Yet, the voluntary sector has a crucial role to play specially in India where the success of the development effort is closely linked with the extent to which social change is engendered. Since the voluntary agency relies on the participation of people, and works for their upliftment, it has a special contribution to make in reaching the benefits of development to all sections of the population. Regrettably, while the government has consistently accepted the need to involve the voluntary sector in development activity, this has not always fructified. In order to help overcome this constraint, it is evident that the government will need to reconsider its operational procedures vis-a-vis both the international voluntary organisation and the national voluntary organisation.

(d) Operational constraints posed by government regulations: These constraints derive from the problem mentioned under (c) above. It has been observed that whereas the government goes out of its way to offer adequate operational flexibility and other suitable facilities to the UN and its agencies, it has not always taken a similar stand *vis-a-vis* an international voluntary organisation. Efforts to apply regulations such as those under the Income Tax Act, the Foreign Contribution Act and the Registration Act, etc., tend to limit the operational flexibility of the international voluntary organisation. While it is not suggested that monitoring of international voluntary organisations in India should be given up (since that could pose a different set of problems) there should be a more understanding attitude on the part of the government of the practical problems involved. This would only help to make the international voluntary organisation operations in India more efficient and speedy.

(e) Lack of realism in planning and programming: Despite stated intentions to the contrary, international participation in India, as in other developing countries; continues to operate somewhat outside the reality which obtains in the country. Whether it is in the field of institution and infrastructure building or demonstration activity through pilot projects, or even straightforward support of conventional development activity, the international voluntary organisation tends to perpetuate a gap between its own pursuits and what is really feasible or even desirable in a given situation. In this context, there are several well-known examples of international assistance (whether intergovernmental or voluntary) not working out at the level of the recipient. The problems arising from operating and maintaining imported equipment as well as performance standards are yet to be satisfactorily solved. Equipment breakdown, lack of supporting infrastructure, shortage of qualified staff and insufficient financial follow-up once the pilot activity or the international participation phases out are some of the hurdles that limit the net impact of international voluntary organisation participation in development activities in the country. Fortunately, there has been a growing realisation of the threat posed to the credibility of international participation by the abovementioned factors, and some corrective steps have been taken by international voluntary organisations operating in the country.

Prospects

Whatever the constraints and deficiencies in the present international voluntary operations, it has to be recognized that voluntary organizations have played and will continue to play a very important role in international social welfare. Their strength lies in their ability to perform multiple roles including, among others, the functions of catalyst, advocate and demonstrator (through setting up experimental and pilot activities). Two significant results of such participation have been transfer of experience and relevant technologies and development of indigenous capability (whether through training, research or other means). At the same time, it is conceded that the impact of

international voluntary participation can only be a supplementary or complementary factor. The core responsibility for achieving social welfare objectives lies with the national government and the national agencies.

In order to play a more effective complementary role, however, it is necessary that international voluntary organisations should constantly endeavour to understand the cultural and social values of the country. Wherever they are operating, this is an essential element if international voluntary organisations are to establish effective personal and professional relationships in the country. Additionally, it would be useful if international voluntary organisations brought in gradual but deliberate change in their orientation from essentially pathological to developmental sectors and activities. Also, they could usefully assist to build up indigenous capability by contributing to such areas as policy and programme-related research, evaluation, documentation and training. Finally, they need to pay greater attention to the performance of a genuine catalytic role entailing not only the transfer of relevant skills and knowledge from other countries to India, but also allowing for systematic percolation of the experience gained at the operational level within the country. Such percolation will lead to greater realism in planning the future course, nature and type of involvement of international voluntary organisations in India.

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Notes on International Voluntary Organizations in Social Welfare

1. An example of the internationally focussed national organization is CARE (Cooperative American Relief Everywhere) while of the converse type of agency is Association for Volunteer Service in Europe.
2. See ECOSOC Resolution 288 (X) of 27 February 1950 as amplified by Resolution 1296 (XLIV) of 25 June 1968
3. Government of India, *Encyclopaedia of Social Work in India*, Vol III, Planning Commission, 1968, pp. 124-138.

4. Examples of organizations that qualify as international are IUCW, ICSW, etc.

5. A. Friedlander Walter, *International Social Welfare*, Prentice Hall Inc., New Jersey, 1975, p.1.

6. Ibid p.55.

7. The British Empire Leprosy Mission, Salvation Army, etc. are examples of the latter group of organisations.

8 *Year Book on International Organisations*, Union of International Organisations, Brussels, 1978.

Juvenile Delinquency

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Juvenile delinquency has been a problem faced by all societies. The phenomenon is present in every area, group, class and religion or caste. Its manifestation is closely related to the nature of the social order, pattern of social health, mode of upbringing of juveniles, level of tolerance, response patterns towards growth and development of juveniles, inter-generational gap, machinery to apply societal values and handle norm violators.

No systematic effort seems to have been made in this country to evolve a precise concept of juvenile delinquency. The actions that could be included within the framework of juvenile delinquency have also not been precisely delineated by social scientists. Moreover, there is a very thin line of demarcation between deviance and delinquency because if effective interventions do not take place at appropriate stages, there is every likelihood of a deviant turning into a delinquent. Therefore, the value system of society as reflected in the legal norms, continues to serve as the basis for identifying juvenile delinquents. According to this view, a juvenile delinquent is one who is in the age range of 7-16 years (18 years in the case of girls) and takes part in any act that is prohibited by the Indian Penal Code or local and special Acts relating to arms, opium, excise, gambling, prohibition, explosives, immoral traffic, corruption, railways, customs, motor vehicles, or violates the institutional code of conduct, or does not conform to the behavioural patterns of those in whose custody a juvenile has been kept with the solemn objective of his physical, social, emotional, moral, spiritual and ethical development and growth. This concept, however, may have minor variations in space and time, in terms of upper age limit, activities, frequency and intensity.

Nature

Juveniles, like adults, at varying involvement levels, are likely to take part in complex roles in a social set up. Each social activity is likely to have an inbuilt scope or potential for deviance both for adults and juveniles. The peculiarities of Indian culture and varying tolerance levels of different segments of society further complicate the situation. The overall nature and pattern of juvenile deviance is also conditioned by the response and reactions of members of a given social order towards activities of juveniles — mischievous or otherwise. It is, therefore, difficult to put forth a comprehensive picture of juvenile delinquency in India. Moreover, in the absence of a well documented study covering one or more dimensions of this phenomenon, the main referents to the nature and forms of juvenile delinquency turn out to be the official figures.

Cognizance by the police emerges as a major criterion of distinction between deviance and delinquency. An act which is taken into cognizance by the police turns out to be a delinquent act whereas another which goes unnoticed may continue to be a deviant act. There is every likelihood of a serious act, in a particular area of region, going unnoticed by the police due to the social and political pressures operating on the police, whereas a less serious act may be taken into cognizance. As a result of this, official figures on delinquency do not reflect the total volume and dimensions of this phenomenon but could be taken as an indicator that in recorded cases effective intervention could not be worked out, or the act was beyond the tolerance level of the group/society, or these juveniles required a prolonged handling by the specialists. Even in this background, since the official figures show an upward trend over the years, it casts upon those interested in the welfare of juveniles and youth a moral responsibility to look into this issue afresh.

Extent and Dimension

Since adequate and appropriate social agencies to keep a record of the deviant activities of juveniles are not present, it becomes necessary to depend on the figures as collected and collated by the police. The

evolution of an organised concept of policing dates back to around 1861. Even at the level of the police, the earliest attempts to provide a national picture on crime and delinquency were initiated in 1953. / Therefore, a national picture for the earlier period is not easily available. It may be kept in view that one should expect to have only that level of perfection in official statistics on juvenile delinquency as is possible in the area of adult criminality. Moreover, it is also likely that the extent, dimensions and pattern of juvenile delinquency- against person or property or mixed forms-may be influenced by the pattern of crime as prevalent/practised at the adult level. Modes and methods of adult criminality provide reference to and for juvenile delinquency.

One of the important sources of statistics on crime and juvenile delinquency continues to be *Crime in India*.² Between 1964 and 1977, the population increased by 33.66 per cent and the total cognizable crime under the Indian Penal Code showed an increase of 66.93 per cent. The analysis of the available figures indicates that 17,929 delinquent acts were committed by juveniles in the year 1964 which rose to 44,088 in the year 1977, showing an increase of 145.90 per cent. It is also useful to note that juvenile delinquency constituted 2.4 per cent of the total crime in 1964 which has risen to 3.5 per cent in 1977. The rate of juvenile delinquency per one lakh population was 3.8 in 1964; it has increased to 7.0 in 1977.

The breakup of juvenile crimes under IPC for important heads of crimes shows that the

JUVENILES APPREHENDED (BY SEX) 1971-1977		
(In thousands)		
Year	Girls	Boys
1971	5.4	97.9
1972	7.2	120.9
1973	5.6	122.2
1974	8.5	132.1
1975	9.3	132.6
1976	9.4	124.6
1977	10.4	138.5

cent of the total crimes committed by juveniles.

highest number of crimes committed was under the head thefts, followed by burglary. These two together accounted for 51.4 per

They were also involved in offences under the Arms Act, Opium Act, Gambling Act, Prohibition Act, Explosives and Explosive Substances Act, Suppression of Immoral Traffic in Women and Girls Act, Motor Vehicles Act, Prevention of Corruption Act and Indian Railways Act³. An analysis of the overall figures shows that the IPC offences involving violence like murder, kidnapping, abduction, dacoity, robbery and riots have shown a higher rate of increase over offences against property. Offences under the local and special Acts show a fluctuating trend.

The scrutiny of the figures indicate that, except in 1973 in the case of girls and 1976 in the case of boys, the involvement of juveniles in delinquency has been progressively increasing.

The features of agewise involvement of juveniles in delinquency are given in table 2;

Socio-Economic Background of Delinquents

It is generally pointed out that juvenile delinquency is not unique to a particular class,

JUVENILES APPREHENDED (by age group) 1971-77			
(In thousands)			
Year	7-12Yrs	12-16Yrs	16-21Yrs
1971	5.5	12.7	85.1
1972	10.5	17.1	100.6
1973	10.0	16.5	01.3
1974	8.9	19.6	112.1
1975	14.8	23.1	104.0
1976	19.7	24.1	90.2
1977	15.1	21.4	112.4

caste or socio-economic group but the official data indicate that the phenomenon is more pronounced in the lower socio-economic groups. Available data⁴ for 1973-74 from *Crime in India*, published by the Ministry of Home Affairs, indicate that monthly income levels of parents/guardians of delinquents were below Rs.1000 (more than 95 per cent of children were drawn from the families having monthly income Rs.500 or less, where more than 70 per cent came from having an income less than Rs.150 p.m).

The majority of juveniles (about 70 per cent) were educated upto the primary level; only about 20 per cent could reach the educational level upto middle standard. About 3 per cent were educated beyond matriculation level. Studies conducted by some research scholars indicate similar features. The higher rate of juvenile delinquency in the lower socio-economic groups could be because no effective intervention could be worked out by parents or others to keep these juveniles away from norm violating impacts/consequences.

In the assessment of delinquency, it will be desirable to evaluate a juvenile in the context of the socio-cultural milieu from which he comes rather than to judge him against cultural norms of the larger society. It is probable that the cultural milieu of some juveniles by itself may be below the general cultural norms of society and a minor act of juvenile deviance may not be noticed by the members of that group. On the contrary when this child is evaluated against conventional cultural norms of a society, he is identified as a deviant or delinquent. Some form of violation is common to every class but norm transgression by the juveniles of higher socio-economic class may go unnoticed because, at times, the violating conduct itself may be within the permissible limits of society, or may not have been defined as a delinquent behaviour or the parents may be able to exercise other influence, or due to the compulsions/pressures operating on the registering agencies. These factors alone or in combination may be responsible for higher rate of delinquency, as reflected in official figures, in lower socio-economic groups.

Causes

Analysis of the casual process is undertaken at two levels-theoretical and factorial. The theoretical and factorial aspects are mutually complementary entities and may proceed concurrently or at independent levels. On a theoretical plane, two major approaches regarding explanations are available — macro and micro. In macro studies, the system acts as a universe and other explanations of processes emanate from this point. In the micro theories or explanations, a particular institution or a part

of it or an individual is studied with a view of explaining its/his relationship with the phenomenon of delinquency.

It may, however, be kept in view that the development of theories on delinquency could somewhat be linked with the emergence of a theory or a concept on the plane of adult criminality. On the plane of theory formulation, we continue to explain delinquency in our social context with the help of theories developed in other parts of the globe. These are ecological, biological, psychological, sociological as well as multi-causal explanations. The last approach deals with an interaction of factors/forces culminating in delinquency.

The major theories that have emerged on the phenomenon of crime or juvenile delinquency and have received academic recognition are: anomie — resulting from normlessness or lawlessness in society; culture conflict — emanating both from inter and intra cultural interactions; differential association — nature and pattern of associations between law abiding and law violating norms; and delinquent subculture — evolution and persistence of delinquent norms that help in the emergence and nurture of these values. Lately, the opportunity structure theory has also assumed considerable significance in the explanation of delinquency. Other explanations that have earned credibility and consideration include conflict in group norms; lower class culture as generating milieu of delinquency; differential identification; sub-terranean values; conflict of values in delinquency areas; neutralization of guilt; self-concept and delinquency; delinquent gang as a near group; body type and delinquency; psycho-analytical explanation of delinquency; delinquent solutions; personality types and delinquency; labelling theory and the radical perspective as enunciated lately. Some of these theories are being explained through the social — psychological approach. Therefore, many scholars all over the world are undertaking field studies with a view to unravel and explain the complex casual process of crime and delinquency.

No effort seems to have been made to holistically apply or test these theories in our social structural reality, but some researchers have attempted to cover one or more dimensions of a theory and have attempted to operationalize them in our setting. It appears that in none of the research studies, a theoretical proposition has been the starting point. However, directly or indirectly, one or more theories have been applied in indigenous studies in the explanation of the phenomenon of delinquency. Most of the researchers, through their research studies, have not been able to evolve a concept or a theory, particularly relevant or applicable to our social context.

In factorial analysis, in quite a number of studies, various factors presumed to be directly associated with the casual process of delinquent behaviour have been touched upon in India. The more often studied factors in relation to delinquency are: religious and caste background of the subjects; marital status of the subjects; economic, educational and occupational status of the subjects; parental plans regarding schooling and their expectations from subjects; recreational modes of the subjects; physical structure of home; material facilities at home; type of family-joint or single; number of members in the family; number of siblings, nature of family — intact or broken; sibling position of the subject in the family, subjects' relations on vertical and horizontal planes; predilection of the subject towards a particular member of the family; behavioural modes of parents and the subjects; modes of discipline at home: reactions of the subjects towards parents; religiosity in the family and faith of subjects in religion; social mobility — vertical or horizontal — of the family, immorality at home; homes with undesirable persons; mothers' employment and so on.

Associations at the level of neighbourhood and peer group have also been studied. Influences operating during the stage of schooling that promote indiscipline, truancy, running away or vagrancy have been investigated by a few scholars. The influence of other community institutions to which a child is exposed during the period of growth including

the mass media have also been studied by some.

In the analysis of factors, various dimensions and shades have been covered in different studies in India. Some researchers have indicated that a single factor does not contribute to delinquency but when factors like status of the family, type of neighbourhood, poverty, broken home, lower economic status, lower educational status, relations on horizontal and vertical plane in the family, peer group associations, availability of models for delinquency learning, and the like, combine and bring a score of five or more then only a juvenile would take to delinquency. It has also been indicated that the higher the score, greater is the possibility of a child becoming delinquent and less likely are the mild/reluctant interventions at primary and secondary institutional levels going to have a delinquency-prohibiting or restraining influence.

Legislative Measures

In view of the continued occurrence of juvenile delinquency, institutional structures have been evolving. One of the earliest legislations was the promulgation of the Apprentices Act, 1850. The experience of enforcing this legislation led to the replacement of the Apprentices Act by the Reformatory School Act, 1876 which provided alternate custodial treatment to delinquent children under the age of 16 years. Other relevant legislations during this period were: the Guardians and Wards Act, 1890, the Prisons Act, 1894, the Prisoners Act, 1900, the Whipping Act, 1909 and the Indian Lunacy Act, 1912. The Reformatory Schools Act was amended in 18975. There are various enactments that have provisions for regulation and prevention of care and employment of children with a view to protecting the children against abuse. Some of the important enactments in addition to the provisions of the Indian Penal Code and Criminal Procedure Code are: The Indian Merchant Shipping Act XXI of 1923; The Children (Pledging of Labour) Act, 1933; The Employment of Children Act, 1938; The Indian Factories Act 1948; The Plantations Labour Act, 1951; The Mines Act, 1952.

Amongst various other enactments pertaining to children, the significance of the Children Acts as a progressive correctional measure has repeatedly been stressed at various international and national forums. The English notion of differential treatment for juvenile delinquents was passed on to India in the last quarter of the nineteenth century. Therefore, the twentieth century Children Acts in India derive their framework from English juvenile legislations. The Children Acts cater to care, protection, maintenance, welfare, training, education and rehabilitation of neglected or delinquent children as well as for trial of delinquent children. Those covered under these Acts are juvenile offenders; children without a home or settled place of abode and without means of subsistence; those found begging; those whose parents or guardians are unfit to exercise proper care and control over the children; and those living in a brothel or with a prostitute.

The Children Acts operate under a broad principle that a child below a certain age limit should not be dealt with by an ordinary criminal court, and have provision for severe punishments for those who show cruelty to children by way of assaults, abandonment and exposure for ulterior motives.

In the beginning, the Children Act, 1960 did not permit the presence of lawyers in Juvenile Courts. However, now, in view of the special interest of children and the constitutional position, such a provision is there in the Children Act, 1960 which has been amended in 1978. The main objective in the Children (Amendment) Act, 1978, is to remove certain lacunae in regard to provision of counsel in the juvenile court, transfer of child from a Juvenile Court to Child Welfare Board and vice-versa, uniformity in the definition of child and in administrative machinery so as to make the legislation more effective in relation to the requirements of treatment of different categories of neglected and delinquent children. In operational situations, however, the classification of children between neglected and delinquent is very difficult to make.

Some measures that need to be undertaken in regard to Children Act(s) are provision of greater allocation of resources and trained manpower, formulation of minimum standards for institutional and non-institutional services for children, cooperation and participation of voluntary agencies in the prevention and control of juvenile delinquency and exploring possibilities of alternatives to institutionalisation. It is also fair that the Children Acts should continue to be paternalistic but the Fundamental Rights of Juveniles should be guaranteed. Detailed rules need to be drawn up in each state for the implementation of Children Acts which could be revised periodically. A detailed manual could also be prepared for the implementation of the Children Acts. The manual should be comprehensive to cover both operational and training dimensions and the workload of institutional staff should be rationalised.

Juvenile Justice System

The intensity and direction of reactions towards juvenile delinquents is conditioned by the status of children in culture specific situations. In our cultural context, two important features are easily discernible: (a) Deviant activities of juveniles, unlike adults, in general, have been viewed more with compunction than contempt. The underlying guiding philosophy has been that the grown-ups should invariably adopt a large-hearted approach and pardon/ overlook the mischievous/deviant activities of juveniles, because the actions of juveniles all the time may not be an outcome of a design and may simply be conditioned by the demands of the growth and development-period, (b) Women, in general, invariably take a sympathetic approach towards deviance amongst juveniles and their reactions are more confined to oral reprimand than precipitation of a situation.

In the background of these realities, deviant juveniles more often than not are handled informally than being handed over to formal agencies for processing. Moreover, the peculiar characteristics of juveniles emerging from their biological, developmental, maturational,

spiritual, moral, emotional and social needs, and their problems necessitate the adoption of this framework with considerable understanding and compassion. If these considerations are not kept in view and the yardstick of adult deviance is applied to juveniles, it is suspected that very few juveniles would be left without a legal label. Moreover, many children neither have an intention nor an insight into the repercussions of their activities. In addition, children markedly differ from adults in terms of motivations, structures and understanding: hence it is desirable to handle them on a different plane. These realities and notions in some form or the other govern the thinking of an average Indian; therefore, as far as possible, he would avoid precipitating a deviant situation concerning a juvenile. This concept imperceptibly also influences the thinking and actions of an official functionary, as he is part of the social ethos. These factors ultimately have an impact on the official figures on juvenile delinquency.

Juvenile delinquency being a sensitive and complex issue, a functionary, who has multifarious other official responsibilities, may not be eminently suited to perform a subtle role like this. Since this responsibility is specialized in nature, it can effectively be undertaken by those having such knowledge and training. This realization might have been one of the guiding principles in the emergence of the concept of juvenile justice all over the globe as also in India. These realities assume a more pointed significance in the background of the complexities of Indian culture.

The foundation of juvenile justice in India was laid by the promulgation of the Apprentices Act (XIX of 1850) and was nurtured and strengthened by the recommendations of the Indian Jail Committee Report (1919-20), which recommended the introduction of Special Children Acts and establishment of Juvenile Courts. Further support to the juvenile justice system was provided by the Criminal Procedure Code, Sections 399 and 652, and in the constitutional provisions which are spelt out in substantive and procedural laws. The Constitution of India in articles 15(3) and 39 provides for development of children and youth

and their protection against any abuse and exploitation. The National Policy for Children adopted by the Government of India in 1974, reinforces the spirit by proclaiming that 'the nation's children are a supremely important asset. Their nature and solicitude are our responsibility'.

The juvenile justice system in India provides for segregation and differential procedures in the handling of juvenile delinquents and derives its functional strength from the existing legislations pertaining to juveniles. These legislations explicitly indicate the scope and framework of roles and functions of the police, the judiciary and correctional institutions.

The handling of juvenile delinquents at institutional levels could broadly be divided into three stages — pre-committal, committal and post-committal.

The handling of juvenile delinquents upto remand/observation level could be bracketed with the pre-committal stage, conviction and concomitant placement in a reformatory, special/certified/approved school or release on

JUVENILES DEALT WITH DURING 1970-76					
	1970	1971	1972	1973	1974
Total juveniles	90,249	83,548	97,921	114,783	114,833
sent to courts	100%	100%	100%	100%	100%
Restored to guardians	11.8	5.8	4.9	6.9	5.1
On probation	3.4	2.2	2.5	1.9	1.5
To reformatories and borstals	1.2	1.1	0.8	0.9	0.7
To schools and institutions	1.5	2.2	1.2	2.4	1.8
Pending disposal	30.3	30.5	26.5	40.9	40.1
Otherwise disposed of	41.8	36.9	45.1	31.6	36.6
To adult institutions	10.0	1.4	0.8	1.5	0.9
Imprisoned	—	19.9	18.2	13.9	13.1

probation or under a fit person could be classified in the committal stage and placement in an aftercare home/hostel or assisting a juvenile in his placement would fall under the post-committal stage. The prevalent major modes of handling are indicated in table 3.

Prevention

The task of prevention of juvenile delinquency has many dimensions and almost every institution of society needs to be

active and alert on this issue. The preventive programme starts at home, envelopes the neighbourhood, extends to the school and covers all other community institutional structures. If the rate of juvenile delinquency is rising, it can be safely assumed that this could be an indicator of the failure of socialization processes at these institutional levels. It is not intended to discuss directly here the role of primary and secondary institutions like the family, the neighbourhood, the school or community institutions that make a child susceptible or promote delinquency; but the operational modes of formal schemes and organizations that have mandatory responsibility or obligation to prevent it, will be reviewed.

Recognising the fact that all primary and secondary institutional structures would not be aware or be able to take up the task of prevention, schemes have been prepared or agencies set up at individual or group level for the handling of juveniles. One of the important aims has been to undertake the task of prevention of juvenile delinquency. The organizations or individuals may assume this responsibility directly or may plan to achieve this end indirectly — individually, collectively or in collaboration. It is likely that some organizations may be more active in one part of the country whereas others in another part at an official or voluntary level. Available literature and personal accounts indicate that the network of formal and informal institutional structures for the prevention of juvenile delinquency is comparatively well-knit and active in Gujarat, Maharashtra, Tamil Nadu, West Bengal and Delhi.

Statutorily, the major responsibility for the prevention of crime and juvenile delinquency has been given to the police. The reasons are obvious: they are one of the largest organized civil force, most knowledgeable on the subject of crime and delinquency, have information about delinquents as individuals, have resources, communication network and greater exposure and association with the public.

Although the police plays an important role at all the stages of behaviour modification of a delinquent (i.e. during location, apprehension, custody, prosecution, treatment and rehabilitation), their role at the preventive stage is crucial. The police undertakes this responsibility by (a) locating geographical areas which are breeding grounds of delinquency; (b) patrolling delinquency prone and other areas; (c) detecting young persons in moral danger; (d) reclaiming 'strays' and 'runaways' with a view to restoring them to guardians or sending them to institutions, as the case may be according to the judicial processes; (e) teaching civic sense and traffic sense to juveniles through seminars and lectures, etc; (f) counselling parents and teachers and bringing to the notice of parents in time cases of truancy, undesirable company, petty cases of delinquency. In the case of a problem juvenile, the parents may be advised to consult a child guidance clinic or a psychologist; (g) organising recreational programmes like boys clubs, sports, youth camps, *bal melas*, excursions; (h) dealing with all cases of juveniles who are uncontrollable, destitute, neglected, victimised or exploited; (i) investigating all cases of missing children and restoring them to parents/ guardians.

Control

Generally speaking, delinquents against whom the juvenile justice machinery, particularly the police, initiates action are complex or residual cases where other modes of intervention do not succeed or informal agencies show their inability to handle them. Moreover, during investigation it is observed by the police that a substantial number of these juveniles have been victims of situations or forces in which they have been placed. Therefore, in handling such cases the dealing agencies have to adopt two dimensional approaches: (a) as far as possible, to alleviate those situations/forces that have been responsible for the delinquent career of the juvenile; and (b) unobtrusively oversee that a juvenile does not further get entangled with delinquent careers. Consequently, the role of this handling agency could broadly be reduced to assistance, supervision and guidance in the case of those deviant juveniles where other

interventions/institutional mechanisms have not been effective.

The Children Acts broadly divide juveniles deserving societal care and protection into two categories — those who are delinquent and those who are destitute, neglected, unwanted, uncontrollable, victimized and exploited. The police can take cognizance of both, more particularly of the former and the more appropriate agency to handle the latter are the probation officers.⁷ Generally, such juveniles requiring intervention are located by the police/probation officer. Otherwise there is every likelihood of these juveniles falling prey or being exploited by undesirable persons for nefarious purposes. A juvenile is taken into custody mainly with two objectives — to stop him from committing further delinquencies and to annul/neutralize the influence of those who may victimize or exploit him. These steps are also taken with a view to checking susceptible tendencies for delinquency in juveniles.

Juvenile offenders may be handled by police personnel at generalist or specialist level, depending upon whether a juvenile has been located or identified by a member of the district executive force or by an officer of a specialized unit (juvenile aid police unit or juvenile bureau) which are functioning at some places. The police could, in a petty case, warn a juvenile and/or his parents/guardians and hand him over to the parents/immediate relations. However, in serious cases, the police takes juvenile into custody for 24 hours and thereafter sends him to a remand/ observation home for judicial custody, while the police gets busy collecting facts about the case.⁸ The child may continue in a remand/observation home or could be released on bail by the magistrate. The investigation of the case continues and when it is over he is produced before a juvenile court/children court for adjudication.⁹ In case the guilt of a juvenile is established after considering a detailed report of the police/probation officer, the magistrate may admonish him and leave him under the care of parents, release him under the supervision of a probation officer or a fit person, or send him to a reformatory/certified/special/ approved

school/fit persons' institution for treatment for a specified period as per the need and requirement of the juvenile.

Treatment

The correctional apparatus meant for treatment mainly attempts to fill up the gap of upbringing that has been created at the level of primary institutions, assists and guides a juvenile, and impresses upon him the significance and relevance of conventional values and norms that are cherished by society. The importance of norm conformity in the smooth functioning and continuance of society has also to be highlighted by the institutional staff to an erring juvenile. These institutions, therefore, should be able to identify the positive and negative aspects of the child's upbringing, should diagnose the ingredients of failure of socialization as well as other relevant aspects and proceed with the case against this background.

Barring those cases which need to be treated in a specialized institution (hospital, clinic, or by a psychotherapist), the frequently used modes of handling delinquents are release of a juvenile under the supervision of a probation officer or placement in a correctional institution. The probation officer provides protection, gives friendly advice and guides a delinquent to benefit from the social structural modes and resources. He also endeavours to assist a delinquent in the readjustment process. The probation officer attempts to alleviate those social situations that emanate at various stages which are a juvenile's readjustment process with the immediate environment.

In an institutional setting, the staff motivates a juvenile to participate and benefit from different institutional programmes and attempts to develop potentialities or readjustment in him. There are a variety of programmes — moral, educational, vocational, recreational, etc. in an institution. At every level of training, a juvenile is prompted to participate in group situations with a view to developing in him the fellow feeling and capacity to work in group situations. The institutional staff is invariably available to assist and guide him. In

case an uncomfortable situation arises, the staff attempts to solve such problem. The institutional staff is engaged in devising ways and means to keep a juvenile's body and mind busy and allow him minimum free time.

The institutional network is comparatively more organized in Maharashtra, Tamil Nadu, West Bengal and Delhi. Although over the years, many correctional institutions for juveniles have been established, they are not able to keep pace with the requirements of delinquent juveniles needing such care and attention. (Refer table 3). Moreover, the institutional programmes do not keep pace with actual requirements of a changing society. There are many trades inside an institution which may not be relevant in the competitive market outside or it may be difficult for a juvenile or his parents to install or procure the machinery needed. In addition, the released juvenile may not have been able to achieve that level of skill and competence that he could practise the trade by himself without further assistance.

Rehabilitation

In philosophy and spirit, the process of rehabilitation starts the day a child enters a correctional institution. One of the major objectives of institutional programmes is to prepare a juvenile to face the challenge of society by himself. Not only has a juvenile to be equipped with the necessary techniques but the institutional staff has to chalk out a plan for the eventual acceptance of a delinquent in society. Therefore, the people of the immediate environment have to be persuaded to take up a neutral posture, cast off prejudices and give a fair trial to a released juvenile. The greater the trust of the people around, the higher may be the response of a juvenile for a smooth rehabilitative process. Societal faith may help a juvenile to restore self-confidence and encourage him to show his worth and potential.

For released juveniles there has to be a person or an institution that can act as a buffer between him and the outside world. The aftercare organization, if it is in existence, could take up this task with considerable effectiveness. These organizations have an

important intermediary role for all released juveniles. They have considerable value for those juveniles who do not have anyone to bank upon, whose parents refuse to accept or take them back, who do not have an immediate means of subsistence, or who were members of a gang and are no more interested to rejoin that gang or take again to a delinquent life style.

After care schemes were started in the country in the last decade of the last century, but they have not shown signs of growth numerically or structurally. Although they have an unevitable role in the rehabilitative process and are important for a released juvenile yet, except in Maharashtra, Tamil Nadu, U.P., West Bengal and Delhi, they have not been able to assume systematized and concrete shape. Both official and non-official agencies may have to share the blame for inadequate attention to this scheme. Functionaries of the juvenile justice system i.e. probation officer, police officer, magistrate, and other responsible/ enlightened persons may have an effective role in the rehabilitation of juveniles, provided they are aware, have understanding of the phenomenon, and are sympathetic and concerned about the future of the juveniles.

Outlook

In the changing social and economic scenario, stress on social institutions, values and life styles of everyone including the parents is discernible. These and other emerging realities, situational and otherwise, are likely to keep the parents busy in the years ahead in managing the economic equilibrium of the family. Obviously, children in the midst of these realities may not be able to get that amount of care, attention and emotional warmth that they deserve and may be left under the care and protection of someone else in the early stages of life. Therefore, the process of transmission of familial norms and values from one generation to another is likely to be affected. The intimate relations between the parents and children have considerable importance for a child. The void so created has to be understood and measures have to be taken to fill up this gap by creating institutional structures competent to

act as substitute families for those juveniles where such handicaps have been identified.

The rate of juvenile delinquency is increasing and the participation of girls in delinquency is also showing an upward trend. The awareness, explosion of information, and happenings in the surroundings to which juveniles are exposed, may further complicate the situation. Development of self-conceited attitudes in juveniles cannot be ruled out as such models are available in the immediate environment for imitation. The outcome may be greater involvement of juveniles in deviant or delinquent activities.

The casual process is likely to assume a complex character; hence it has to be studied not only in the traditional framework but changing realities of the social scene have also to be incorporated for scrutinizing the etiology of juvenile delinquency. Studies covering the totality of the problem of juvenile delinquency need to be undertaken instead of studying a part of the total problem.

The concept of juvenile justice system need to be strengthened and augmented and there is need to activate and involve them at all levels — the police, the judiciary and correctional administration. The machinery for prevention, control, treatment and rehabilitation may have to be socialized and trained to develop more sympathetic and empathetic attitudes and their accountability has to be outlined. Each functionary may be made responsible to oversee and assist a particular number of juveniles in accomplishing their rehabilitation. There is a need for specialist units in the police. More juvenile courts and special/certified schools need to be established. Aftercare organizations for children need to be viewed afresh because the gains, if any, at the treatment level may be dissipated or wasted if there is no agency that can assist released juveniles in their placement, acceptance and eventual rehabilitation.

Our efforts towards understanding the phenomenon of juvenile delinquency and steps regarding prevention, control, treatment, rehabilitation, etc., would be more meaningful,

relevant and effective provided such steps are taken on the basis of continued research studies. Periodical research studies into each aforesaid dimension on different institutional frameworks should be undertaken. Such studies should attempt to view each issue (e.g. causes, prevention, control, treatment, rehabilitation, etc.) in its entirety rather than investigating a part of the whole phenomenon. If necessary, longitudinal studies could also be undertaken. Such endeavour would not only enhance understanding of the phenomenon but efforts would also be more result oriented.

Kamla Shanker Shukla

Notes on Juvenile Delinquency

1. Prior to this period, crime statistics were published in the annual administration reports at the state level and the Union Ministry of Education used to collect figures on juvenile deviance. Records for the years 1949 and 1950 are available.
2. Published annually by the Bureau of Police Research and Development, Ministry of Home Affairs, Government of India, New Delhi.
3. The relevant figures can be seen in *Crime in India*, Bureau of Police Research and Development, Ministry of Home Affairs, New Delhi, 1977.
4. Ibid.
5. Section 39 of the Criminal Procedure Code, 1898 made provision for the confinement of youthful offenders under the age of 15 years in reformatory schools where the Reformatory Schools Act was not in vogue.
6. Apart from the Children Act 1960, which is applicable to all union territories and states which have made this Act applicable to them, several states have their own Acts.
7. Authorised or other members of the public can also inform the agencies concerned regarding a juvenile needing care, protection or surveillance.
8. According to the latest figures (1979) available with the National Institute of Social Defence, New Delhi, there are more than 150 remand/ observation homes in the country. More than fifty of them are being managed by voluntary agencies.

9. Since the enactment of the Madras Childern Act, 1920 special magistrates designated as juvenile/ Childern Court Magistrates have been appointed. These magistrates, honorary or full time, are empowered to decide cases of deviant juveniles.

10. The NISD figures (1979) indicate that there are more than 100 correctional institutions for juveniles — reformatories/special/approved/certified schools or, fit persons' institutions, etc.)

Labour Welfare in the Unorganised Sector

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Taking the recorded employment, which would broadly include factory sector of manufacturing both in the public and private sectors, public services including transport and communication, electricity, banking and insurance, and large public and private sector commercial and service organisations, as in the organised sector, and the residual, unrecorded employment in the *unorganised* sector, 91 per cent of employment is found in the latter. From the viewpoint of conditions of work and measures of labour welfare, the immediate concern may primarily be with the wage earners. We may, therefore, exclude cultivators, constituting around 48 per cent and also employers in the unregistered sector constituting around four per cent of the total workers. Thus, the wage earners in the unorganised sector would constitute around 39 per cent of the total work force in the Country. Applying these proportions based on the 1971 census figures to the *current estimate* of the work-force, their number could roughly be put around 10 crores in 1979. A proportion consists of the self-employed in the non-agricultural sector. But most of them could very well be put at par with the wage earners, in terms of the nature and levels of their earnings and conditions of work.

Structure of Employment in the Unorganised Sector

Over half (around 55 per cent) of these workers are agricultural labourers working on the farms of others for wages. It is well known that agriculture does not provide work to these workers for the whole year, the average period of their employment is estimated around six to eight months in a year in different regions. Even when they find work, owing to an overall labour surplus situation, their wages are relatively low, particularly in the lean agricultural periods. There are emerging a few areas with high wage

rates in recent years, but the problems of regularity and security of employment still remain even in such areas. Security of work and some income on a regular basis may be available in certain situations which are mostly characterised by the system of attached and bonded labour. But the social as well as economic evils of this kind of job and income security are well known. The nature of agriculture as an activity and lack of diversification of the rural economy together prevent emergence of a labour market in rural areas which would ensure regularity of the job and flow of earnings to these workers. And excess supply of labour further accentuates the situation resulting in low earnings. True, the Minimum Wages Act is expected to ensure that the workers get a reasonable wage at least during the period they are employed. But due to institutional and economic reasons, this legislation has not proved very effective in meeting its objective. In most areas the workers are also not organised in unions to protect their earnings and conditions of work and, therefore, are left to the vagaries of the labour market which generally operate against them.

The largest segment of unorganised employment is found in manufacturing, accounting for about 17 per cent of the total unorganised sector workers. The workers in the unorganised segment of this activity are of two categories: employees of the non-factory establishments and self-employed engaged in household industry. The two categories claim almost equal employment, but the former has been rising in the recent past, due partly to the difficulties of various kinds that household units face in competition with larger units in matters of inputs and marketing, and partly to the employers' tendency to prevent employment size from increasing to avoid application of certain labour laws. For example, a large number of manufacturing units avoid employing or, at least, showing on record, 10 or more workers in order to evade application of the Factories Act. There is evidence also to suggest that some units split into two or more legal entities to evade the provisions of labour legislation (and also higher rates of taxation). This results in reduction in employment in the

organised sector and increase in the employment in the unorganised sector, and increase in the residual category of unorganised sector. The situation of workers in this segment is hardly better than that of agricultural labourers, except that manufacturing activity offers employment on a more regular basis. Security of job and protection against relatively low market-determined wages are absent in this sector. There is hardly any labour legislation which applies to these workers.

These characteristics also apply to workers in small units in trade, restaurants and hotels which together account for seven per cent of the unorganised sector workers. Here again we have both self-employed as well as wage

Activity sector	% of the employment (employers, self-employed and employees) in the unorganised segment
Agriculture	99.30
- Cultivation	100.00
- agricultural labour	
- Others	81.00
Mining and Quarrying	34.30
Manufacturing	77.50
Electricity, gas and water	10.70
Construction	58.00
Wholesale and retail trade, restaurants and hotels	70.20
Transport, storage and communication	45.70
Services	66.80
All activities	91.10
-excluding cultivators and other employers	39.00

earners, the latter constituting the majority. Regularity of job is found to be higher in these establishments than in manufacturing, but job security, conditions of work and earnings present quite an unfavourable picture, except in some areas where the workers are, to some extent, organised, e.g., in hotels and restaurants. But those working in very small

units have no protection either in the form of legislation or of trade unions. Shops and Commercial Establishment Acts exist in most cases, but it seems that the application of such legislation ends mostly with registration: follow-up to ensure provisions relating to conditions of work is almost non-existent.

Another important activity, accounting for a substantial part (13 per cent) of unorganised sector employment, consists of services. The unorganised sector of services' primarily consists of personal services either offered by small establishments and the self-employed outside the households or by individuals as employees of households.

Construction is another activity which accounts only for 1.50 per cent of the unorganised sector employment, but offers some peculiarities in terms of the conditions of work of those engaged in it. Its operations are also not carried throughout the year; besides, the employer has to go on changing the location of his activity thereby making it difficult for the worker to settle at one place if he works with one employer on a regular basis. Or they change the employer quite often which robs them of any job security and opportunities of earning any long-term benefits that regular employment may offer.

Around two per cent of the unorganised sector workers are also found in transport and communication. In each of the major division of activity the unorganised component is estimated as follows:-

Protection and Welfare of Unorganised Sector Workers

In whichever sector of activity they are engaged, these workers suffer from certain common disadvantages. First, the earnings of workers in the unorganised sector are not only relatively lower than their counterparts in the organised sector but many a time are too low to provide the minimum subsistence level of living. Low wages are not always attributable to low productivity; in some cases the productivity in an unregistered establishment may not be very much lower than that in the organised ones, but

wages are one-half to one-third of the latter. That is because workers in the unorganised sector have no protection of unionism or of public intervention as in the organised sector. Furthermore, the organised sector workers do not get affected by the surplus labour situation in the labour market, because of the administered nature of their wages and restrictions on entry as a result of standards and norms of hiring labour in that sector. The unorganised sector bears the brunt of the labour surplus and, due to the market-determined nature of wages, the earning levels in this sector get depressed. In some cases, such as agriculture and construction, overall earnings of workers get further depressed due to the non-availability of work throughout the year.

Secondly, these workers suffer from insecurity of job and employment not only on account of the intermittent nature of activity as in agriculture and construction but most of the time also on account of the lack of institutions and legislative protection. A large part of employment in the unorganised sector, particularly in manufacturing and services, is of a perennial kind. The workers are employed most of the time on a regular basis. But they can be dispensed with by their employers any time. They are also deliberately kept in an insecure position with a view to depriving them of certain social security benefits which they might derive once they are employed on a permanent basis. This device is also used sometimes with a view to preventing them from getting organised in trade unions.

Thirdly, although the need for certain kinds of amenities provided as part of general welfare activity is obviously greater in the case of these workers, in practice, they are not in a position to benefit from such facilities provided by the government. For example, not being able to have residential accommodation in the relatively well served area in a town, they cannot take advantage of public utilities such as roads, electricity, water, schooling and hospital services. Even the subsidised housing schemes are not accessible to them. They are unable to have access to these schemes because of their weak economic position to have the necessary

conditions for availing the benefits of public services and programmes. Nor do they have any organised and influential sponsors who could help them in availing of these benefits.

Forthly, most of the protective and welfare legislation in the field of labour is not applicable to establishments in which they work. As a consequence, their conditions of work do not provide for minimum safeguards in larger factories; regular and reasonable payment of wages is not ensured due to non-applicability of protective legislation; benefits such as medical care, compensation in case of accidents, injuries and death, bonus, paid leave and holidays and retirement benefits are not available to them due to non-applicability of the labour welfare legislation providing for these facilities.

Feasibility of Labour Welfare in Unorganised Sector

The disadvantageous position of workers in the unorganised sector obviously points to the greater need for labour welfare measures for them as compared to workers in the organised sector, who, besides enjoying better earnings, also avail of various other kinds of social security benefits. The major reason advanced for non-application of labour welfare provisions to the unorganised workers is administrative difficulties. The number of unorganised units is unmanageably large; application of labour laws, it is believed, may put such a heavy burden on employers in this sector that many of them may no longer be able to exist even to provide the kind of insecure and low-paid employment that they offer to their workers. Further, workers in certain activities such as agriculture and construction do not usually have a fixed employer or a fixed location of work, which further adds to the problems of administering certain welfare measures, particularly such of them as are based on a contributory insurance scheme.

While these difficulties cannot be lightly brushed aside, it cannot be gainsaid that the problem of providing labour welfare measures to workers in the unorganised sector has not received serious attention. It seems that there are a number of activities in which, with a little

more administrative effort, it should be possible to provide these facilities. The argument that unorganised sector establishments cannot afford to provide welfare measures lacks strength. These establishments, at least in the manufacturing sector, have a much lower wage to value added ratio than their counterparts in the organised sector. The return on capital is also larger in these establishments. In some cases, labour productivity is also not so low as to drive the units out of business if they pay better wages and other benefits. Even if contributory schemes are difficult to operate due to the lack of capacity of employers as well as wageearners to contribute to the welfare funds, it is possible to administer welfare measures on the principle of government assistance. It is being done in any case, for social services; and what is required is to recognise workers in the unorganised sector as a special target group while evolving and implementing programmes of welfare in the spheres of housing, education, health and other services. Similarly, the argument of non-regularity of work and frequent changes of employers are relevant only when one is thinking of welfare measures through social insurance schemes. True, certain benefits like bonus, retrenchment compensation and retirement benefits cannot be administered without there being a regular employer. The same, however, may not necessarily apply to amenities like housing and unemployment benefits. In any case, in a large part of the unorganised sector, particularly in small non-household establishments, even the phenomena of non-regularity of work and short duration of tenure with an employer are not always valid. A large number of workers have been working for relatively long periods of time with the same employer in the manufacturing, trade and commerce and service establishments even in the unorganised sector. Protective and welfare measures available to workers in factories and larger establishments could easily be applied to this segment of the unorganised sector workers. Even in an activity like construction, while it is true that workers have to change the place of work, in many cases a sizeable number of them are found to continue with the same employer. Furthermore, change of place in most of the cases also does not

involve long distance migration. In fact, a large number of construction workers have been operating in the same town or city throughout their career. An argument advanced sometimes that housing cannot be provided to a floating population such as construction workers does not stand scrutiny in this kind of situation. Most of the workers may be living at the construction sites due to the lack of any housing at all, and not due to the fact that they have a house beyond a commuting distance to their work place. In the case of workers who regularly work with the same employers even welfare measures based on the contributory insurance principle could be applied.

Conclusion

The above instances suggest that the position regarding application of protective and welfare provisions of labour legislation needs to be reviewed in the context of the emerging employment situation in the unorganised sector. It is not suggested that there is no difficulty in applying all these provisions to workers in the unorganised sector. But it certainly looks that a sizeable segment of the unorganised sector has the necessary conditions for their application. It is also recognised that if welfare measures are based on the contributory insurance principle, the areas in which these measures could be applied might become quite limited. Still, such areas need to be identified and a beginning made at least for a segment of unorganised workers. The administrative and institutional apparatus have also to be different for administering such programmes in the unorganised sector. In the case of the organised sector, the major role in administering most of the benefits is played by the employers. In the unorganised sector, public agencies operating in different areas, and clusters of non-organised activities will have to share a major responsibility for administering labour welfare. The major part of labour welfare in the unorganised sector will have to be based on the principle of social assistance and not social insurance, due to the unorganised and scattered character of workers as well as the limited capacity of this sector- — both employers and workers — contribute to the funding of such programme. The most practical

way of approaching the problem, therefore, seems to be to evolve and implement programme of public welfare in various spheres of amenities of life, particularly favouring disadvantaged workers in the unorganised sector.

T.S. Papola

Notes on Labour Welfare in the unorganized Sector

Calculated on the basis of data from *Draft Five Year Plan 1978-83*, Table 4.9. Similar figures are, unfortunately, not given in the 1980-85 plan.

Land Reforms in India

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Pre-Independence Period Intermediary Tenures

Historically speaking, the land tenures in India can be classified on the basis of the following rights in India:

- (i) right to collect rent from the cultivators on payment of land revenue to the government;
- (ii) right of occupancy¹ i.e., the right to the possession and use of land; and
- (iii) right of collection and use of land revenue in part or in full.

Since early times, the privilege of levying the land revenue or rent has been kept separate from the privilege of occupying and cultivating the land. The State had the privilege of levying the customary rent, but the village community or the individual members of it had the privilege of occupying the land on permanent, heritable and transferable basis which has always constituted the essence of the rights in land. Some semblance of feudal organisation began to emerge in the beginning of the 18th century since direct assessment and collection of land revenue became difficult due to political and administrative disorder. Thus, when British power took over the administration in the middle of the 18th century, the whole land system was in a nebulous state. The zamindari system created by the British under the Bengal Permanent Settlement Regulation of 1793 became the main instrument for increasing the revenues of the State. The question whether the zamindars should be recognised as proprietors of the land or merely as agents for the collection of revenue on behalf of the government, was the subject of heated controversy for some time, but the question was finally decided in favour of recognising their proprietary rights in the land. Absenteeism was a feature inherent in the system itself and sub-infeudation resorted to by the zamindars led to the emergence of a chain of intermediaries

between the State and the tiller, and a class of sub-proprietors of tenure holders came into existence under the zamindars. The peasants lost their customary right of occupancy and their condition further deteriorated on account of increase in the pressure of population on land. In 1859, the first important tenancy act, viz. the Bengal Rent Act of 1859 was passed. The Act, for the first time, defined occupancy tenancy. All *raiya*s, who were in continuous possession of land for a period of 12 years, were defined as occupancy tenants. The rents of the occupancy tenants also could not be raised except on specific grounds provided in the Act. The zamindars, however, did their best to prevent the cultivators from acquiring occupancy rights through 12 years of uninterrupted possession of the land. This led to the passing of the Bengal Tenancy act of 1885. Under this Act, it was laid down that a *raiya* could acquire occupancy rights and would be considered a settled *raiya* if he had been in possession of *any* land for 12 years either himself or through inheritance; it was not necessary that the same land should have been held for 12 years. It was also laid down that the *raiya*s should not be ejected for arrears of rent but that their holdings could be sold out in the Civil Court. An amendment of the Act in 1928 conferred the right of transfer on the occupancy tenants and also removed the restrictions on sub-letting.

The provisions of the Bengal Tenancy Act were extended under the Bihar Tenancy Act, 1885 to Bihar which was under Permanent Settlement. They were extended to the northern districts of Orissa under the Orissa Tenancy Act of 1913. In the southern districts of Orissa, which were formerly part of Madras, the Madras Estates Land Act, 1908 was in force. In Madras, the Madras Estates Land Act sought to regulate the relations between the permanently settled zamindars and the *raiya*s. The Act gave permanent, heritable and transferable rights of occupancy to all zamindars' *raiya*s subject to the payment of lawful rent. In Uttar Pradesh, which was under Mahalwari Settlement, the U.P. Tenancy Act of 1939 provided for hereditary rights to nearly all occupancy tenants and even extended them to tenants on *Sir* land.

The rent rates payable by the occupancy tenants to the zamindars could be revised at intervals of 20 years. The *Malguzari* system in *Madhya Pradesh* was largely a variant of *Malguzan* Settlement in U.P. The *Malguzars* were recognised as village headmen, thus superseding the rights of the old village communities and of individual cultivators who sank to the position of tenants. The Goalpara district of Assam which was originally part, of Bengal was subject to permanent Settlement. The Rent Act of 1859 was in force in Goalpara for some time. The Goalpara Tenancy Act of 1929 later regulated the tenancy relations in the district.

The recognition of the right of free transfer and sub-letting only tended to create sub-tenancies, but all the measures that were passed had as their objective only the amelioration of the position of several classes of interests below that of the zamindars without touching the actual tiller. Here again, the upper strata of tenants who were economically strong and held sizeable plots could acquire occupancy rights. As was remarked by the Bengal Land Revenue Commission (commonly known as the Floud Commission) "the vast classes of under-raiyats sank to the position of tenants-at-will, while the *Bargadars* who had no right of any sort became little better than labourers." Another noteworthy aspect of the tenancy legislation in *zamin-dari* areas was that large areas of *sir*, *khudkasht*, *khas* and *bakast* lands (so called private farms) cultivated by tenants-at-will and share-croppers were exempted from the application of tenancy laws.

The position of '*jagir*' and '*mam*' land; was different. In Hyderabad, Saurashtra and in the case of some categories of '*jagirs*' in Bombay, the '*jagirdars*' did not have any proprietary rights in the soil but were only assignees of land revenue. In other areas, the '*jagirdars*' enjoyed full proprietary rights in land under the three categories mentioned above. As compared to '*zamin-dari*' areas, tenancy legislation in '*jagir*' areas was something unknown right upto 1947. The tenants of the '*jagirdars*' remained tenants-at-will and paid exorbitant rents. Rajasthan was

the first princely State in India to; stop arbitrary ejectment of tenants in '*jagir*' areas in 1949. In *inams* which were sparsely located in the States of Andhra Pradesh, Bombay, Kerala, Madras, Mysore and former princely States, the *inamdars* enjoyed full proprietary rights in their lands which were either revenue-free or were partially assessed. In most States, even the tenancy legislation in force in *raiyatwari* areas did not apply to the tenants of *inamdars* who remained only tenants-at-will.

Raiyatwari Tenure

In *raiyatwari* areas of Andhra Pradesh, Gujarat, Maharashtra, Madras, Mysore, Punjab, parts of Rajasthan, Delhi, Himachal Pradesh and Manipur, the government settled the lands directly with the *ryots* without the intervention of an intermediary. The cultivating occupant of land with whom settlement of land-revenue was entered into, was recognised as the proprietor thereof and was conferred permanent, heritable and transferable rights on payment directly to the government of land revenue periodically fixed on the basis of *raiyatwari* settlement. The persons so recognised were variously designated as '*ryots*' or '*pattedars*' in Andhra Pradesh, Madras and Kerala, as 'registered occupants' in Gujarat, Maharashtra and Mysore and landowners (Maliks) in Punjab, Jammu and Kashmir and Himachal Pradesh.

Although, theoretically, the *raiyatwari* tenure did not originally contemplate or recognise the existence of any intermediary between the State and the cultivator, yet on account of the unrestricted right of transfer which was allowed to them, inevitably in course of time, though in earlier stages imperceptibly, a class of non-cultivating owners came into existence. They leased their lands to tenants and became rent receivers. In many cases, the mortgaged lands could not be redeemed and were passed on to moneylenders and other absentee landlords and the cultivators were reduced to the status of tenants-at-will.

The Floud Commission came to the conclusion that the steps taken to make occupancy rights transferable did not prove an unmixed evil. The

Commission remarked; "Free transferability has tended and must tend to facilitate the transfer of *raiya* lands into the hands of *mahajans* and non-agriculturists, with the result that the number of rack-rented *bargadars* and *under-raiya* is going up by leaps and bounds".

In Punjab, between 1875 and 1893, the moneylenders acquired 11.79 lakh acres in different parts of the province¹. Before partition nearly half of the cultivated area in the State was under tenants-at-will. It is stated that in Bombay Presidency about 5 million acres of land passed out of the hands of small peasants into those, of urban peasant landholders, moneylenders, traders etc. between the years 1917 and 1943.

Unlike *zamindari* areas, in *raiya* areas no measures were adopted to regulate landlord-tenant relationship. The condition of the tenants further deteriorated during the economic depression. The tenures of the west coast comprising Malabar exhibited certain complex interests in land and the distress of the tenants resulted in the enactment of the Malabar Tenancy Act, 1929. This was the first measure offering protection to tenants in the *raiya* areas. In Bombay State, the Bombay Tenancy and Agricultural Lands Act was enacted in 1939 which, for the first time, introduced the concept of protected tenancy in the *raiya* areas. The tenants who had held land for six consecutive years prior to January, 1938, were declared as protected tenants. Such tenants were given protection from eviction except when the landlord wanted to resume land for personal cultivation or for non-payment of rent. The Tenancy Act also provided for the determination of fair-rent. It was also laid down that no land lease should be for a period of less than 10 years.

Post-Independence Period **Abolition of Intermediaries**

At the time of Independence, intermediary tenures in *zamindari* and *jagirdari* areas and sub-leasing in the *raiya* areas created a socio-economic set-up in which parasitism flourished, land concentration in the hands of the rural rich continued to grow, and

landlessness and land hunger mounted at an ever increasing pace. Evictions and insecurity of tenancy and rack renting became a general phenomenon and cultivators were ground down by a colossal burden of indebtedness. Intermediary tenures of zamindaries, *jagirs* and *inams* covered more than 50% of the area of the country. This situation called for far-reaching structural reforms in the agrarian system. In 1947, the Indian National Congress appointed a special committee to go into the problem and to suggest concrete policies for land reforms. This Committee, under the Chairmanship of J.C. Kumarappa, submitted its report in 1948. Even before the appointment of the Kumarappa Committee, certain clear developments in the policy regarding the intermediary system were discernible. The Indian National Congress had passed resolutions in favour of abolishing the zamindari system. The Flood Commission had recommended the repeal of the Permanent Settlement. The Kumarappa Committee recommended that all intermediary interests should be abolished and that land should belong to the tiller. Legislative measures for the abolition of intermediaries were, therefore, initiated soon after Independence, starting with U.P., and followed by Bihar, Assam, West Bengal, Orissa, Madhya Pradesh and many other States.

The laws for abolition of intermediaries passed in the fifties generally adopted the following three courses: (a) conversion of intermediary tenures into *raiya* tenures by making them subject to full assessment under a *raiya* settlement; (b) vesting of proprietary rights of intermediaries (i.e. right to collect rent or revenue) in the government on lands on which the intermediaries had lost the right of occupancy; and (c) settlement of land with persons (either the intermediary himself or his tenant) who enjoyed right of occupancy in it. Since the intermediaries enjoyed these rights in *Sir*, *Khudkasht*, *Khas* lands, etc., these were generally left intact in their possession and exempted from the application of the abolition laws, (Most of these lands, however, were rented out to tenants and share-croppers but the myth was maintained that these were under self-cultivation). This appears to have been

dictated by the doctrine of the right to private property which was interpreted to mean that the right to occupancy should be held by the people and not by the government. What seems to have been lost sight of was that the right of occupancy was not always co-extant with self-cultivation.

Changes in Size and Distribution of Holdings

The structure of land holdings depends upon two factors, viz., (i) land-man ratio and (ii) distribution of land among the cultivating households. The average size of holdings is directly related to rate of population growth and the employment opportunities in the non-agricultural sector. The distributive pattern is the outcome of tenu-rial settlements made by the State from early periods and disparity in the social and economic opportunities. In India, both ownership and operational holdings are characterised by the small size of an average holding and unequal distribution of land.

Table I (at the end of the article) presents percentage distribution of operational holdings from 1953-54 to 1976-77. The Table reveals that the proportion of marginal and small holdings below 1 hec. increased from 60% in 1953-54 to 2/3rd in 1971-72. This happened at the cost of holdings in all other size groups. The area involved, however, does not exceed 12% of the total area operated. The problem of marginal holdings is, thus, a human problem — the problem of feeding two-thirds of the cultivating households dependent on agriculture for bare subsistence and work. Thus, the pressure of population on land which works through sub-division of holdings is accentuated by unequal distribution of land.

Table II gives percentage increase or decrease in operational holdings and area operated for different size groups. The Table reveals that the holdings are getting sub-divided at an accelerated rate, which holds true of all size groups. The number of holdings increased by 75% over a period of 25 years or so without any corresponding increase in area operated while the number of marginal holdings below 1 hectare more than doubled over the same period. As a matter of fact, bigger holdings have

been getting sub-divided at a faster rate than the smaller ones. Ironically, large holdings are not yielding place to medium or even semi-medium holdings, but the entire process of sub-division is being pursued relentlessly to its logical end. Decline in the average size of marginal holding is indicative of the fact that even marginal holdings are getting further sub-divided. It is worth noting that there has been practically no change over the years in the concentration ratio which hovers around 0.60 inspite of the fact that operated area in large holdings declined by more than 50%. The explanation seems to be that in the process of redistribution, the holdings are getting concentrated in less than 1 hectare size group (i.e. marginal holdings), instead of clustering around the average size of holding i.e. holdings in the proximity of 2 hectares. Thus, instead of being top-heavy in terms of area, the distribution is becoming bottom heavy in terms of holdings.

It is difficult to rationalise the marginalisation of holdings except that it is dictated solely by the consideration for subsistence. Even a small piece of land lends security against starvation in the absence of an alternative source of employment. It is, however, noteworthy that nearly one-third of the area under marginal holdings is irrigated against nearly one-tenth in case of large holdings above 10 hectares. The gross output per holding is proportionately less in marginal and small holdings than in large holdings, with the result that the marginal holdings do not produce any surplus for re-investment in agriculture or outside it. It is, however, gratifying that not only the average size of an operational holding was higher than that of an ownership holding but the distribution of the former also tended to be less skewed than that of the latter. This was so because the extent of leasing out and leasing in was more marked in the operational holdings up to 4 hec., possibly with the objective to make the uneconomic holdings more viable operationally under the category of partly owned and partly leased-in land. There was no evidence to suggest any tendency towards increasing commercial tenancy marked by rise in leasing in by big landowners.

Reorganisation of Agriculture

Altogether nearly 8 lakh hectares were distributed by different State governments under the ceiling laws enacted during the fifties and sixties. In order to bring about a broad measure of uniformity with regard to the level of ceiling, unit of application, exemptions, priorities in allotment etc., National Guidelines were formulated on the basis of the conclusions of the Chief Ministers' Conference on Ceilings on Agricultural Holdings held on July 23, 1972. The outlines of the National Guidelines are as under :-

- i) The ceiling on agricultural holdings should range between 10 and 18 acres of the best category of land, viz., land with assured irrigation and capable of yielding at least two crops in a year.
- ii) The ceiling for inferior classes of land may be higher but should in no case exceed 54 acres.
- iii) The ceiling should apply to a family unit of 5 members and where the size of the family is larger, additional land may be allowed for each additional member but the total area held by the family does not exceed twice the ceiling limit.
- iv) The amended ceiling laws should be given retrospective effect from a date not later than 24 January 1971.
- v) The ceiling should not operate on land under tea, coffee, rubber, cardamom and cocoa.
- vi) State governments may, in their discretion, grant exemption to the existing religious, charitable and educational trusts of a public nature.
- vii) Private trusts should not be allowed to hold land in excess of ceiling.
- viii) In the distribution of surplus land, priority should be given to landless agricultural workers, particularly to those belonging to the scheduled castes and scheduled tribes.
- ix) All the amended laws should be included in the Ninth Schedule to the Constitution.

Laws on agricultural land ceiling reflecting the National Guidelines have been enacted or revised and are under implementation practically throughout the country (except north-eastern States of Nagaland, Meghalaya, Arunachal Pradesh and Mizoram where land is

generally held on community basis and also the Union Territories of Andaman and Nicobar Islands and Goa, Daman and Diu).

The implementation of ceiling laws has been subject to various constraints which have bogged down the progress. There are three distinct stages of implementation of ceiling laws, viz., (i) declaration of surplus land, (ii) taking possession of the land declared surplus; and (iii) distribution of surplus land.

(i) Declaration of surplus land: The process of scrutinising returns and the declaration of surplus land under the revised ceiling laws is almost complete in most of the States. Out of 14.39 lakh returns filed by the landowners, only 24,743 are pending for disposal. Originally, an area of 19 lakh hectares was declared surplus under the revised laws which has now been reduced to nearly 17 lakh hectares due to legal reasons. For instance, sizeable areas in Andhra Pradesh, Bihar, Punjab and U.P. have gone out of the surplus pool as a result of the decisions of the law courts. In some cases, even the lands distributed to the landless have been deaotified under court orders and allotment certificates have been cancelled.

One of the major loopholes in the old ceiling laws was that they did not provide sufficient safeguards against *mala fide* transfers. Although ceiling on holdings had been talked about, no restrictions were imposed on transfers and no provision was made to give retrospective effect to the ceiling laws. The big landowners resorted to large-scale transfer of agricultural lands in anticipation of ceiling on holdings. The bulk of these transfers were *mala fide* and *benami* in character. While real transfer results in distribution of land through change in ownership and possession, the *benami* transfer only perpetuates the existing inequalities in the distribution of land. The land ownership data of the NSS reveals that in 1953-54 an area of 44.7 million hectares was owned in holdings above 10 hectares and this was reduced to 29.4 million hec. in 1971-72. Moreover, the average size of ownership holding above 10 hectares declined from 20 hectares to 16 hectares during the same period. The revised ceiling laws provide

for invalidation of *mala fide* transfer, including *benami* transfers, of land made after January 1971 with a view to circumventing the ceiling provisions. However, against the above estimates, about 0.8 million hectares were distributed under the old ceiling laws, and as stated above, 1.7 million hectares have been declared surplus under the revised ceiling laws, inspite of the fact that the level of ceiling was scaled down in almost all the States, family was made as the unit of application and a number of exemptions were withdrawn. For a number of years, the area declared surplus has remained practically static and since no new cases are expected to be registered, the area likely to be finally declared surplus, after the disposal of the pending cases, is not likely to be substantially higher. In any case, the officially estimated surplus of 2.1 million hectares appears to be clearly unrealisable.

It may be relevant, in this connection, to refer to the contrast between the officially estimated surplus and the surplus estimated by the NSS (26th Round) as published in the draft of the Five Year Plan 1978-83. The official estimates are based on land records which do not always reflect the incidence of *benami* transfers. It may be interesting to note that for a number of States like Andhra Pradesh, Assam, Gujarat, Madhya Pradesh, Punjab and Uttar Pradesh, the area estimated surplus by the State governments was less than the area already declared surplus to the extent of 8 lakh hectares. On the other hand, it might not be appropriate to rely much on NSS estimates, since ceiling determined under the law takes factors like quality of land and the size of the family into account. The ceiling refers to standard acre/hectare, the ceiling laws permit an excess over the ceiling for larger families and also permit, in some cases, a separate unit to a major son. Hence, the two estimates are not comparable nor can such reliance be placed on their accuracy.

(ii) Area taken possession of: Out of 17 lakh hectares declared surplus under revised ceiling laws, 11.8 lakh hectares have been taken possession of. Of the remaining 5.3 lakh hectares, the distribution of 4.4 lakh hectares is

held up on account of court cases. Pendency of such court cases is particularly high in the States of Andhra Pradesh, Bihar, Madhya Pradesh, Maharashtra and West Bengal. Civil Courts have been entertaining suits notwithstanding the bar on jurisdiction of civil courts in the ceiling laws which have in-built provisions for appeals and revisions through revenue courts and appellate tribunals constituted thereunder. The High Courts have been issuing temporary injunctions, restraining the government from taking possession of the lands declared surplus, on the writ petitions filed by the landowners challenging the orders of the revenue courts and tribunals declaring their lands as surplus or challenging certain provisions of the ceiling laws as violative of the Constitution. This has happened inspite of the fact that 153 land reforms laws (excluding 30 amending laws) are included in the Ninth Schedule to the Constitution. Article 31-B provides complete constitutional immunity to land reforms laws included in the Ninth Schedule, against challenge on grounds of alleged repugnance to any of the rights in Part III and the second proviso to Article 31-A(1) of the Constitution. However, while upholding the *vires* of Article 31-B and the Ninth Schedule, the Supreme Court in some recent judgements held that "laws included in the Ninth Schedule on or after April 24, 1973 (the date of the judgement in the Kesava-nanda Bharati case) will not receive the protection of Article 31-B *ipso facto* but shall have to be examined individually for determining whether the constitutional amendments by which these laws were put in the Ninth Schedule damage or destroy the basic features of the Constitution in any manner". The Supreme Court, while referring to Article 31-C in Kesavananda Bharati case, decided that judicial review is a basic feature of the Constitution which cannot be done away with by amendment under Article 368. Thus, while the land reform laws included in the Ninth Schedule have so far enjoyed complete immunity against judicial review, the courts are now competent to determine whether a land reform law is repugnant to basic features of the Constitution, although there was no intention to save, by resort to the Ninth Schedule, laws

which damage or destroy the basic features of the Constitution.

iii) Area distributed: Nearly 8.4 lakh hectares have been distributed to 14.83 lakh landless agricultural labourers. Out of nearly 3.4 lakh hectares representing the land which is taken possession of but not distributed, more than 2 lakh hectares are unfit for cultivation or reserved for public purposes or is forest or water-logged. It is important to ensure that this land is put to such use as benefits the community as a whole.

Conclusion

It is a major achievement of historical significance to replace a feudalistic and exploitative tenurial system, which in some cases impinged upon the rights of the State, by a uniform *raiayatwari* system of land ownership based on right of occupancy. It was, however, a mistake to treat the right of occupancy synonymous with owner cultivation. Due to subdivision of holdings under the impact of socio-economic and demographic factors, there is tremendous increase in the number of both ownership and operational holdings, majority of which are of marginal size of less than one hectare. However, the direct effect of State policy in this regard is only peripheral. Measures for land redistribution have only touched the fringe of the problem of the landless who can expect betterment only through special programmes for rural development.

B.R. Kalra

Notes on Land Reforms in India

1 . For holding occupancy right it is not necessary that the land should be under one's personal possession. If the landlord is free to resume land for personal cultivation or to evict one tenant and settle another in his place (though he may never do it in practice), the right of occupancy shall be deemed to be held by him and not by his tenant who may be in actual possession of the land.

2. Darling: The Punjab Peasant in Prosperity and Debt.

Legal Aid

**Justice V.R. Krishna Iyer,
Judge of the Supreme Court of India.**

Free legal aid, in its popular connotation, is a legal service to the weaker segments of society. It is a necessary concomitant of the dynamic Rule of Law which, in turn, is integral to the texture of democracy. Equality before the law and equal protection of the laws are basic to civilised governments. Where there is a government of laws, based on equal justice under the law, enforcement of rights and of remedies against wrongs is possible only if everyone knows the law and has the means and access to operate it. In short, legal literacy and capability to put the law in motion and draw its benefits are conditions for securing justice under the law. Where the people are ignorant, weak and otherwise handicapped in availing of legal processes, either as a sword or as a shield, they become victims of injustice. Likewise, if the law in the books is good and just but the law in action is iniquitous or distorted, the weaker sections of the people may require assistance to set right the system as it works. Similarly, the existing law may be loaded in favour of the socially and economically strong and/or against the weak and the latter may be forced to suffer legal injustice unless the built-in bias is neutralised. In such situations, reform of the law becomes essential if everyone is to enjoy justice. There is none to lobby for law reform or law-making on behalf of the lowly and underprivileged. Though they are numerous yet they are voiceless. Some agency, committed to correcting or creating law for the benefit of the weaker brackets of society is needed so that the rule of law may serve these categories. All these facets become important because the constitutions of many democracies explicitly promise equal justice, even social justice, to everyone. Until vibrant and variform legal aid makes these promises viable they remain idle behests.

In modern societies, there is hardly any part of our national life or of our personal lives that is not affected by one statute or another. The

affairs of local authorities, nationalised industries, public corporations and private commerce are regulated by legislation. The life of the ordinary citizen is affected by various provisions of the statute book from cradle to grave or even before and after. Omnipresent law can be converted into omnipotent justice, *vis-a-vis* the poor and the backward, only if legal aid brings awareness of, and potential for, action through the law within the reach of the socially, economically, politically and otherwise weak.

Legal aid is a compendious expression which covers the wide range of services whereby law will be made an effective delivery system of justice to handicapped human sectors. In a large sense, it is a method of securing processual and substantive justice to the poorer people, using law as the means and justice as the end. It is an indispensable desideratum for developing democratic countries. By 'legal aid' is meant free legal service to the poor, in its many dimensions as indicated above, and is socialisation of justice to benefit the weaker consumers who are, in many systems, priced out of the justice market, as it were. The democracy of rights under the law becomes a reality for the poor man only if free legal aid is readily available.

Mainly 'legal aid' implies free legal services in the shape of legal advice and lawyer's assistance for settling disputes out of court through conciliation or arbitration and for litigating before courts and like authorities where a poor man has a grievance. It also covers, *inter alia*, the free provision of the heavy incidentals of litigation like court fees, process fees, transcript and appellate expenses. But in some countries it goes beyond all these, as will be explained below, into pressing for law reform, launching *pro bono publico* cases, test or public interest litigations or representative actions, doing of socio-legal research into the legal lot of the poor, campaign to educate the poor in welfare legislation and the like and other projects which bring law to the poor man, and all geared to using the law for the good of weaker individuals or groups. Legal aid extends to civil as well as criminal, administrative and

other types of litigation, and embraces, within its broad *rubric*, wider aspects like reform of the justice system to respond sensitively to the needs of the poor. Indeed, legal aid, ideologically speaking, is the projection of democracy and social justice in the jurisprudence of legal remedies. A well rounded free legal aid programme is engaged in court and out of court work, in law enforcement as in law reform. A report of 1973 on Legal Aid by a committee appointed by the Government of India sums up the position thus:

And by offering legal advice and counsel in court, by educating people in their legal rights and helping to win them in practice, by reducing or subsidising the cost and delay of litigation, by listening to the grievances of the humble and by identifying where law lags or is injuriously obscure and suggesting suitable action through reform-oriented litigation or legislation, by championing the cause of the worker, wife, consumer, tenant, tiller and victim of wooden officialdom, by sensitising the legal and judicial professions and by creatively injecting into legal studies and research the problems of law and poverty, by involving the community in the judicial process at certain levels and through other forward-looking measures, the legal aid ensemble seeks to make the rule of law a dependable ally of the weak and a liaison between the statute book and the deprived. Law leads to order only with legal aid, and tensions and mass violations are often the syndrome of the malady of law versus poverty. Legal aid, if efficacious, creates a vested interest for the poor in the law.

The concept of legal aid is concisely spelt out in article 39A of the Indian Constitution which reads thus: "39A. The State shall secure that the operation of the legal system promotes justice, on a basis of equal opportunity, and shall, in particular, provide free legal aid, by suitable legislation or schemes or in any other way, to ensure that opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities."

An updated Indian exposition of the concept of *juridicare* an expression coined by the

Bhagawati-Krishna Iyer Committee (infra) is given in their Report on National Juridicare:

"If the rule of law is basic to our democracy, if the due process of law animates our constitutional order, if access to the law and the revolutionary use of the law made up the *modus operandi* of radical change- social, economic and political- if equal justice under the law is the essence of operation Societal Transformation, then no Government in this country, whatever its level or hue, can deny or delay the planned organisation and legislative execution of a comprehensive national project for law at the Services of the People. The roots and the foliage, the branches and the ramifications of such a giant, benignant undertaking are deep, widespread and variegated. So much so, imagination, intelligence, flexibility and sensitivity and manpower, spiritually committed to the cause are the desiderata.

"It is an imperative of Independence that every Indian should be entitled to the equal protection of the laws to assure him the enjoyment of justice, liberty, equality and fraternity, and that casts a stupendous obligation on every state not to evade its responsibility in this behalf. After all, if the vast millions of India, steeped in ancient injustice and modern misery, have little to hope for from the law, they have much to shoot for against the law. Thus, orderly progress, liberty and stability make it inescapable for any State with our heritage to avoid the formulation and implementation of a juridicare programme for the nation.

"This viable yet visionary approach has coloured the national policy of our Government and that is why, time and again, efforts have been made to achieve this goal."

In third world countries, assailed by problems of poverty, illiteracy and backwardness, legal aid takes forms and adopts methods different from those in advanced countries. Conceptually, of course, legal aid everywhere connotes the project by which justice is secured by all

through the means of the law, regardless of social, economic and like handicaps.

History

The story of the legal aid movement may be told from the international and the Indian angles and from the ancient upto modern times. Maybe, ancient Indians who had developed a sensitive judicial system, had free legal aid schemes in practice although we know of no organised assistance in the cause of justice to the poor except legends about royal justice being available to any one who demanded it at public audiences of the King. In the *Mahabharata*, in the *Shanti Parva*, there is an oft-quoted verse, which says that it is the duty of a King to govern his subjects according to *Dharma*, or the sublime Rule of Law. Legend has it that King Manuneethi Chola in Tamil Nadu, on a certain occasion, granted justice even to a cow who had sought it, by tugging at a chain suspended at the palace gates and tied to a bell. Tradition says that the King did not hesitate to inflict the prescribed penalty even against the Crown Prince who had been at fault on the occasion. The bells of justice offered access to the weakest. The principle that justice is the foundation of all good government, and that it shall be denied to no one, has been the warp and woof of the civilization of India from the most ancient days. It was much later, in 1215 A.D. that such a principle was embodied in the Magna Carta in England: "To no man shall we deny justice; to no man shall we delay it.

In the Mughal days there was a scrappy form of legal aid to the poor by employing *vakils* to help the poor with legal assistance, but no ideological consciousness, democratic imperativeness or schematic comprehensiveness is discernible in any such programme. In British Indian courts rudimentary statutory legal aid was available.

Legal -aid in embryonic form found a place even in the British Indian system. For instance, exemption from court fee was accorded to *paupers* in civil suits under the provisions of order 33 of the Civil Procedure Code and in appeals under order 44 of the same Code. For criminal cases, lawyers' services at State cost

were given in cases involving capital sentence or other grave punishments. Provision in this behalf is found in the old criminal rules of practice in force in the various provinces. Beyond this, legal aid in India in the pre-Independence period was mostly through voluntary agencies. As far back as 1924, the Bombay Legal Aid Society rendered service in this field and the Government of Bombay gave it some subventions. Of course, since Independence, other organisations also sprung up like the one in West Bengal which was a society registered in 1952. The Bharat Sevak Samaj, Delhi, ran a legal aid and advice bureau and helped the poor in the field of litigation and negotiated settlement. There have been national legal aid societies with headquarters in Delhi and other voluntary organisations in several cities of the country. It must, however, be conceded that the quantum of such free services through voluntary organisations or otherwise is but a drop in the ocean.

The British Indian provinces had shown interest in free legal aid although no massive projects had been formulated or executed. High-powered committees, like those headed by Shri Justice N. H. Bhagwati and Mr Justice Trevor Harries, had made reports to the Governments of Bombay and of Bengal. After Independence, the weaker sections of India became the cynosure of governmental attention even in the field of free legal aid. Equal justice under the law and equal protection of the laws were a mandate of the Constitution in this behalf. In 1958, the Kerala Government drew up a scheme of legal aid called the Kerala Legal Aid (to the Poor) Rules, 1958. In the old Madras State, there was a limited provision, through government orders, for legal aid to the Harijans at government cost and this scheme was enlarged in 1964 to embrace assistance to the Scheduled Castes and Scheduled Tribes in eviction cases and other matters affecting their social and economic rights. In Maharashtra, a scheme for free legal aid to Harijans was started in 1958 and another scheme was put into force in 1968 for the benefit of backward classes generally. In other States like Bihar, Madhya Pradesh, Andhra Pradesh, Rajasthan and Tripura, similar schemes

came into existence. Some of the High Courts formulated their own rules for legal aid services.

Ideological content on the strength of Article 14 (equal protection of the laws), was imparted to the legal aid programme by the Fourteenth Report of the Central Law Commission. A very comprehensive report on the subject, at the state level, was made in 1970 by the then Chief Justice of Gujarat, Shri Justice P.N. Bhagwati. The previous essays were sporadic and not systematic or scientific, but the Bhagwati Committee Report presented a comprehensive project. The postwar British concern for the cause — *Rsushcliffe Report on Legal Aid and follow-up legislation (The Legal Aid and Advice Act, 1949)* — gave considerable impetus to the Indian thinking on the subject. The American experience and models in free legal aid also moulded the thinking and practice of governments, social workers and jurists in India.

The All India Law Ministers' Conference held in 1958 took a unanimous decision to implement legal aid programmes in the whole country. But, apart from voluntary agencies coming into the field in larger numbers and literacy efforts on the part of the jurists contributing ideas and models on the subject, nothing substantial was done during this decade to give shape to legal aid on a national scale.

In 1970 a comprehensive Bill was brought before Parliament for amending the Advocates Act. This bill contained provisions for legal aid of a meagre sort. The Bar Council of India has since made rules to the effect that advocates should ensure that no poor litigant is denied justice because he cannot pay for the services of a lawyer. This exhortative exercise has not made much impact. In 1972, the Central Government appointed a Committee headed by Shri Justice V. R. Krishna Iyer, then a member of the Central Law Commission, to make a comprehensive report on making free legal aid a reality of Indian justice. The Report was presented in 1973 and marked a militant beginning in the ideological war for free legal services to the weaker segments of society. At about that time the Tamil Nadu State Legislature had under its consideration a fragmentary legislation on legal

aid which was not pursued later because of the prospect of an All-India legislation. The early 1970s were marked by mobilisation of public and professional participation in the scheme of legal aid. A large number of free legal service units at the instance of bar associations and social service organisations came into existence during this period. The Central government also showed concern and the Prime Minister inaugurated an all-India conference in 1975. A few years earlier, the President of India had inaugurated such a conference. Many states appointed committees to make recommendations on free legal aid. The Bar Councils of India and of the States also organised conferences on the subject. There are many valuable reports at state level and conference proceedings from many parts of the country. At this high point of the legal aid movement a constitutional amendment introduced Article 39A making free legal aid a Directive Principle of State Policy. Moreover, Parliament has, even without waiting for comprehensive legal aid legislation, incorporated some useful provisions for helping the indigent in civil and criminal litigation. The Civil Procedure Code has been amended and Order 33 now contains salutary provisions in the shape of assigning counsel by court for indigent parties. The Criminal Procedure Code likewise contains provisions for giving free services of lawyers to indigent accused in serious classes of cases. The Civil Rights Act, 1976, which is a measure to protect Harijans against social suppression, also contains provisions for legal aid. A second committee was appointed by the Central Government consisting of Shri Justice P. N. Bhagwati and Shri Justice V. R. Krishna Iyer which submitted its report for the implementation of legal aid on a countrywide basis in 1977. 3 However, legislative action did not ensue. But it is heartening that several states in the country have ongoing schemes of free legal aid, financed or subsidised by state governments, with the judiciary associated with their functioning. The Committee for Implementing Legal Aid Scheme has been set up by the Government of India for formulating and implementing legal aid programme in the country. The Central government has, quite recently, appointed a committee headed by Shri

Justice P.N. Bhagwati to submit a quick report on a National Juridicare Project. The repeated promises in Parliament and the allocation of some amount in the Budget are good omens, and this decade, hopefully, will see a dynamic national legal services programme taking legislative shape and coming into effective action.

A quick look at the historical development of the legal aid movement on the international plane may be apt to complete the picture.

If we confine our attention to legal aid and advice, the British legislation, changed from time to time to suit the expanding needs of the people, is perhaps the most comprehensive, (from the Legal Aid Acts 1949 to 1964 and on to the Legal Advice and Assistance Act, 1972). Every indigent person is eligible for free legal assistance in the shape of advice and advocacy in court. The British and many Commonwealth countries have established substantially effective systems for the provision of aid in both civil and criminal matters, administered by government bodies or lawyers' associations or jointly by both. The United States has developed its legal aid systems in such manner that the weaker sections like the blacks, Chicanos and generally the poor, receive free legal advice and assistance in litigation. On 8 March 1876, the German Society in New York City was established as the first legal aid organisation in order to discourage exploitation of newly arrived German immigrants. Until 1920, an assorted collection of organisations offered free legal aid in the United States. But rapidly, the movement developed an organisation and a national mission. Poverty jurisprudence found effective expression and even state funding through the Office of Economic Opportunity (O.E.O.). A breakthrough was attained in the 1950s and a variety of organisations strengthened the movement and met the diverse needs of the country. The United States Supreme Court by its decision (*Gideon V. Wainwright* (1962) 372 U.S.335) made it obligatory that in serious criminal cases legal aid shall be provided at State expense. The story is interesting and long but in the limited space that we have, we may merely mention that the

United States with its ethnic minorities and poverty groups has provided many experiments in legal aid for other countries to study. The universities have been mobilised in the cause of free legal services by providing clinical legal education to the students and raw material for full-fledged requirement as legal aid lawyers later. The Indian legal aid movement as reflected in the reports referred to earlier has assimilated many facets of the United States experience. Currently, there is a federal legislation in the U.S. by which a corporation has been entrusted with responsibility for free legal aid in several areas of litigation and advice. It is interesting to refer in passing to the provision in the Massachusetts Constitution of 1780 which contained a declaration of the right to obtain "justice freely and without being obliged to purchase it; completely and without any denial; promptly and without delay; conformably to the laws."

The Commonwealth countries have different types of legal aid schemes but the New Zealand legislation is of particular value for India. The whole work is entrusted to a legal Aid Board constituted to fan out into the country. In Australia, also, a Legal Act ensures free legal services to the poor. Indeed, the many concepts which have gone into State enactments of that country are of practical value to India.

In socialist countries like the Soviet Union, free legal services are qualitatively different but universal. The Bar through its collegium ensures free legal services for those who are unable to pay for such services. The court also takes care of the right of every citizen to be defended. The impression that legal services may not be offered by lawyers fearlessly in socialist countries is fallacious. Indeed, because the scheme is different, it is misunderstood.

Legal aid has now become a component of international jurisprudence. Way back in 1905, the Hague Convention on Civil Procedure had considered possibilities of reciprocity and there have been numerous treaties in this behalf. Later, the League of Nations conducted a Conference in 1924 where some of the important countries of Europe, the United

States and Japan were present. The recognition of the necessity for an international arrangement for poor persons to obtain justice in different countries was thus brought within the cognizance of the laws of nations. Today, we may claim that the obligation to provide free legal services of sorts is a part of International Jurisprudence. For instance, Art. 8 of the Universal Declaration of Human Rights reads: "Everyone has the right to an effective remedy by the competent national tribunals for acts violating the fundamental rights granted by the Constitution or by law." And Article 14(3) of the International Covenant on Civil and Political Rights guarantees to everyone: "the right to be tried in his presence, and to defend himself in person or through legal assistance of his own choosing; to be informed if he does not have legal assistance, of his right, and to have legal assistance assigned to him in any case where the interest of justice shall require, and without payment by him in any such case if he does not have sufficient means to pay for it." The European Convention also ensures free legal assistance by guaranteeing the right of everyone to be defended. It is not our purpose to go into the details and, therefore, we may omit particular clauses. Suffice it to say that legal aid has come to stay at national and international levels as integral to the jurisprudence of a democratic order.

The modern version of free legal aid to the poor had its origin in the West, and its roots have been traced to the pledge of the Magna Carta, 'To no one will we sell, to no one will we refuse or delay right or justice' wrung out of King John on the meadows of Runnymede in 1215. From this royal promise was evolved the principle of free counsel for poor litigants before the King's Justices. More concretely, a written guarantee was included in the Statute of Henry VII enacted in 1495: " The Justice shall assign to the same poor person or persons counsel learned, by their discretions, which shall give their counsel, nothing taking for the same; — and likewise the Justices shall appoint attorney and attornies for the same poor person or persons " These fragments, thanks to the enlightened collective consciousness of the British about equal justice, flowered, centuries later, into a comprehensive statute in

1949 assuring, in merited cases of indigent people, State-funded counsel's services. A new Act has updated the old

Consumers Of Legal Aid

There are no absolutes in fixing the beneficiaries of legal aid. The only general proposition is that wherever justice through law is denied to an individual or group because of unequal strength or handicaps of inaccessibility, legal aid runs to his rescue. So the consumers vary from country to country, even from province to province and period to period. The blacks of America, the Harijans of India, the religious and ethnic minorities of many theocratic or colour conscious polities, the illiterates everywhere and women among most nations, belong to the weaker categories who are the derelict of the law unless legal aid rushes to their help. Generally speaking, the economically and socially backward must be helped by the legal system into enjoyment of equal rights with the rest. Speaking particularly of India, the appalling poverty and massive illiteracy of the common people have made legal aid the legal weapon in the war on poverty. Indeed, the constitutional goal of India is a social order informed by social and economic justice. Even if legislation is made or administrative programmes fabricated, the poor and the weak cannot enjoy the fruits unless there is legal literacy and assistance in the matter of enforcement. Any welfare projects calculated to uplift the depressed classes will remain a dead letter in the absence of an activist legal aid programme. In the report titled *Processual Justice to the People*, the special groups and special areas to be covered by legal aid have been itemised⁴. Of course, the Scheduled Castes and Scheduled Tribes come first. The working classes, organised or unorganised, are a handicapped category in need of legal aid. Women and children are a disabled sector and the Constitution itself provides for discrimination in their favour. Today, women are subjected to many cruelties and are treated in unequal ways. The laws which declare equality of the sexes are not effective for want of legal aid. Such legal aid, if it is to be helpful to women and children, has to have a specialised mechanism.

The physically and mentally handicapped people also deserve protection of the law. With the observance of the International Year of the Disabled, this group has come up for greater attention and protection through legislation. But legal aid for them means not merely welfare legislation and rehabilitatory measures, but implementation thereof through the agencies of legal aid.

India, like many other countries, has minorities — religious, linguistic and other — and the Constitution itself has shown special concern for their well-being and protection. Even so, declarations in the Constitution and promulgations of legislation may not be self-working. Legal aid to minorities is on the Indian agenda, as is disclosed by the reports referred to earlier. Categories like prisoners and juveniles also need legal assistance because they are otherwise handicapped and cannot reap the fruits of rights the law may give. Another category which needs legal aid is the geographically handicapped. The distant islands of Andamans and Nicobars and Lakshadweep are backward, developmentally speaking. Likewise, the mountainous regions of the country also have people who are far removed from the protection of the law. Indeed, there are not even lawyers in many of these places and not sufficient judicial presence to give access to justice. The legal aid project has to be flexible enough to provide services of lawyers to people in these marooned areas. The rule of law has meaning for them only if legal aid can reach them. Thus, we see that each country has its own peculiar problems and deprived communities. What has been stated about India applies to many other countries which have special disabilities from the point of view of access to justice. The democracy of remedies becomes viable only if free legal aid responds to the needs of the people whom it seeks to serve. The selection of target groups and the strategy of service depend on this principle.

Another facet of the question of consumers of free legal aid is the test for eligibility. Speaking for India, workers' organisations, members of the Scheduled Castes and Scheduled Tribes, neglected women and

children and prisoners are accorded free legal aid without meticulous examination of their means. Otherwise, there are three tests which are ordinarily accepted in many countries as qualifying for legal aid. The *means test* measures the financial ability of the applicant to secure legal services on his own. If he is too poor, free legal aid is made available. The *merits test* takes care to eliminate frivolous litigation through the agency of legal aid. Only those cases where there is *prima facie* a good grievance to be remedied deserves free legal aid. Yet another is what has been described as the *reasonableness test*. Even assuming that a man has no means and his case has legal merits, still it may not be reasonable to fight a cause on his behalf if it is unrighteous or a luxury litigation or one in which there is no manner of social concern. Exceptions to these triple tests may be made depending upon circumstances. Even partial legal aid on payment of some money is sometimes covered by such schemes. In short, there is no rigidity in regard to free legal services being made available to consumers. Care is always taken to prevent cantankerous litigation, promote settlement of disputes and help secure what is justly due to the deprived person.

Legal Aid Organs and Personnel

Broadly speaking, there are four categories of institutionalised assistance. The State directly helps in several cases. Secondly, the court assigns counsel. Thirdly, the organised profession makes arrangements for free legal services. Fourthly, voluntary agencies like social service organisations offer free legal aid to the deserving poor. In India, all these forms of legal aid exist although in meagre measure. What is contemplated as a national plan in various reports is the creation of a national legal services authority with representation for a wide variety of people. The judiciary and the executive have leading roles. The legal profession, especially in the matter of aid and advice, has a predominant responsibility. The organisation, while centralised at the apex, has a decentralised spreadout, court-wise and locality-wise. The whole country is to be covered by a network of legal aid centres and bureaux. Of course, litigation is not the major

concern, but the prevention of litigation by competent advice and settlement procedures.

Many methods have been tried as alternatives to litigative dispute resolution. *Lok Adalats* or People's Courts have been tried with success, although by fits and starts. *Panchayat* courts have been powerfully advocated by competent committees which have studied the question in depth. Arbitral arrangements, promoted by legal aid bodies, have been tried. While the administrative set-up depends on the conditions of the country, it may even vary from state to state inside the country. The role of voluntary agencies and the participation of the Bench and the Bar have in most countries played a decisive part. An equally significant contribution to legal aid personnel comes from the law schools. In the United States and in some other countries of the West, clinical legal education has resulted in student volunteers offering their services in the rudimentary parts of the legal aid work. Law schools at the service of the cause of the legal aid are becoming popular in India with the Delhi Law School giving the lead.

Legal aid bodies render many other forms of service to the community. For instance, poverty jurisprudence is developing through legal aid research. Lobbying for law reform for the better protection of the weaker sections is also undertaken by them. Public interest litigation, test litigation and *pro bono publico* actions of a miscellaneous sort are undertaken by legal aid agencies so that poorer communities may get the rights the law confers on them. Legal literacy in countries like India demands campaigning among the masses of the people. Organised effort in this direction takes many forms depending on the social conditions. Pamphlets are prepared, public meetings are held, volunteers work among the weaker groups- these and other methods are resorted to, the goal being to take the law to those for whom it is meant and make law the delivery system of justice.

Financial Liability of Juridicare

"Juridicare" is an expression coined by the two Central Committees which have reported

on free legal aid and embraces all aspects of such aid. Oftentimes, schemes fail for want of funds. The modern democratic State, it has been widely recognised, has a special responsibility to finance such schemes. The British Parliament is an excellent example. Even in the United States, funding by the Federal government is substantial. In most other countries, the State has not shirked its responsibility. In the socialist countries the Bar has borne the brunt. In India too, many states have set aside in their budgets allotments for free legal aid, although they are far from adequate. Voluntary agencies raise resources from among the well-to-do. But Indian legal aid will become effective only when national subventions become substantial. Judging by the obligation under Article 38A of the Constitution on the Central government, there is likelihood of financial viability for the national authority organising free legal aid throughout the length and breadth of the country.

Conclusion

Law and justice cannot remain distant neighbours if the social order is to be stable and progressive. The credibility of the legal system fails on account of the poorer masses being outlawed by it and a grave danger to orderly development and societal progress may emerge as a new menace. The *raison d'être* of legal aid in any democratic order is neatly expressed in the Processual Justice to the People which may be quoted as a fitting finale:

"...by offering legal advice and counsel in court, by educating people in their legal rights and helping to win them in practice, by reducing or subsidising the cost and delay of litigation, by listening to the grievances of the humble and by identifying where law lags or is injuriously obscure and suggesting suitable action through reform-oriented litigation or legislation, by championing the cause of the worker, wife, consumer, tenant, tiller and victim of wooden officialdom, by sensitising the legal and justicial professions and by creatively injecting into legal studies and research the problem of law and poverty, by involving the community in the judicial process at certain levels and through other forward looking measures, the legal aid

ensemble seeks to make the rule of law a dependable ally of the weak and a liaison between the statute book and the deprived. Law leads to order only with legal aid, and tension and mass violations are often the syndrome of the malady of law versus poverty. Legal aid, if efficacious, creates a vested interest for the poor in the law."

Justice V.R. Krishna Iyer

Notes on Legal Aid

- 1 . Government of India , *Processual Justice to the people — Report of the Expert Committee on Legal Aid*, Ministry of Law, Justice & Company Affairs, Department of Legal Affairs, New Delhi, 1973, p. 10
2. Government of India, *Report on National Judicare Equal Justice — Social Justice*, Ministry of Law, Justice & Company Affairs, Department of Legal Affairs New Delhi, 1977, P. 1
3. *Ibid*
4. Government of India, *Processual Justice to the People, op. cit.*
5. *Ibid*, p, 10

Life Insurance

J. Matthan

Chairman, Life Insurance Corporation of India.

The story of insurance is almost as old as the story of mankind. The same instinct that prompts the modern businessman to secure himself against loss and disaster existed in primitive man also. He too sought to avert the evil consequences of fire and flood and loss of life and was willing to make some sort of sacrifice in order to achieve security. Though the modern concept of insurance is largely a development of recent decades, particularly after the industrial era, yet its beginnings date back almost 5,000 years.

Ancient Concepts in India

Some writers have claimed that insurance was practised in India even in Vedic times in one form or the other. It is said that the Sanskrit term *Yogakshema* in the *Rig Veda* meant some kind of insurance, which was practised by the Aryans in India nearly 3,000 years ago. Manu, the ancient law giver, enjoined that a special charge be made on goods carried from one town to another, to ensure their safe carriage until handed over to the consignee at destination. In fact, a few centuries after Manu, Kautilya in his *Arthashastra* had also laid down several rules and regulations of a similar nature.

An informal system resembling self-insurance developed in ancient India. The institution of the joint family provided protection to all its members. Education and marriage of children, maintenance of old and infirm members of the family and widows were the responsibility of all the members of the family jointly. The joint family has been called a scheme of mutual help, a little cooperative society, a miniature labour organisation and a diminutive insurance concern. Other social institutions like the village panchayat, temples and charitable institutions extended help to a person in dire need.

In the wake of industrial development and resulting economic and social changes, the informal traditional systems of mutual help and

security became increasingly less effective. The most important outcome of this process was that the responsibility of ensuring the security of a person, his family and property fell on the individual himself. It is in this background that the concept of life insurance as it is understood in modern times slowly became accepted in our country.

Modern Concept of Life Insurance

Life insurance is a contract providing for payment of a sum of money to the person assured (or, failing him, to the person entitled to receive the same on the happening of the event insured against). Usually the contract provides for the payment of an amount on the date of maturity or at specified dates at periodic intervals or in the unfortunate event of death, if it occurs earlier. Among other things, the contract also provides for the payment of premium, the consideration money, periodically to the insurer by the assured. Life insurance eliminates risk substituting certainty for uncertainty and comes to the timely aid of the family. Thus the prevention of economic want in such emergencies as disability, old age and death enables life insurance to contribute to the social organisation of the nation by assisting in the maintenance of the individual family unit.

Growth of Life Insurance in India

The early history of modern life insurance in India is somewhat obscure. It can, however, be said that modern life insurance was introduced in India by certain British companies, and this happened in the early part of the second half of the nineteenth century. These companies were, however, insuring Europeans only. It was in Bombay on 3 December 1870 that the first Indian Company, the Bombay Mutual Life Assurance Society Ltd., was formed to transact life insurance business on Indian lives without any special restrictions. Four years later in 1874, the Oriental Government Security Life Assurance Co. Ltd. was launched. Besides these two companies, there were only three other Insurance Offices worthy of mention which came into being upto the end of the century. They were The Indian Life of Karachi (1892), the Bharat of Lahore (1896) and the Empire of India of Bombay (1897). The swadeshi movement of

1905 saw the formation of a large number of insurance companies, some large and some small. Between 1903 and 1912 as many as 38 life offices commenced operations all over the country. In 1912, the government passed the Indian Life Insurance Companies Act and the Provident Insurance Societies' Act to regulate the affairs of insurance companies to avoid failures and check malpractices. The Western India founded in Satara and the Industrial & Prudential in Bombay weathered the storm and by 1919, the country had become fully conscious that Indian life insurance companies could be depended upon to provide financial security for the people of the country. The New India began its operations in 1919 and made remarkable progress. The decade 1929-39 proved to be a period of boom and the harbinger of prosperity for Indian life business. In 1938, the Insurance Act came to be passed. From 1940 to 1942 there was a slump as a result of World War II. From 1943 to 1946 inflation lent wings to new business expansion. With the passing off of the clouds of the war and its baneful effects, Indian life insurance entered an era of development and strength and began to manifest clear signs of increasing maturity.

Nationalisation of Life Insurance

On 19 January 1956, the Life Insurance (Emergency) Provisions Ordinance was promulgated whereby management and control of life assurance business in India, including the foreign business of Indian insurers and the Indian business of foreign insurers, vested in the Central government. Life insurance business thus passed from the private to the public sector. Prior to nationalisation, no serious efforts were made by the companies engaged in life insurance business to develop it intensively with the result that life insurance touched only the fringe of the community and its immense benefits to the family, society and the country remained unknown to large sections of the people. The life insurance industry in India had to be geared up for the execution of plan programmes. One of the main objectives of planned development was to build rapidly a welfare state and it was, therefore, essential that the benefits of life insurance should be

made available to every family in the country and that life assurance should be conducted with the utmost economy by the management acting in a spirit of trusteeship and canalising the life funds into the country's development programmes. The nationalisation of life insurance aimed at widening and deepening the insurance habit in every nook and corner of the country. Mobilising small savings was also another chief objective of nationalisation. Nationalised life insurance, thus, is designed to bring to the door of all citizens the benefits of this social service to ensure complete security of the funds collected by way of premiums and to utilise profitably such funds for nation building activities, keeping in view the primary interest of the policy holders.

Set-Up of Life Insurance Corporation

The Life Insurance Corporation (LIC) Act, 1956, conferred the "exclusive privilege of carrying on life insurance business in India" on the LIC, an autonomous Corporation which is required to "so exercise its powers as to secure that life insurance business is developed to the best advantage of the community" and "to act so far as may be on business principles." The Act empowers the government to issue directions to the Corporation, in writing, in matters of policy involving public interest. The Corporation consists of upto 16 members nominated by the Central government, one of whom is appointed as the Chairman and is the full time chief executive of the Corporation. Its central office is located in Bombay. There are five zonal offices, one each at Bombay, Calcutta, Delhi, Kanpur and Madras. By March 1981, the Corporation had 42 divisional offices; the total number of branch offices under the divisional offices was 827. There were also 63 development centres within the jurisdiction of the branch offices.

The Finance Minister in his budget speech on 28 February 1981 stated that the government had decided to reorganise the Corporation into five independent units with a coordinating body to provide supervision and guidance on matters of common interest.

The LIC has set before itself the following objectives:

- (i) spreading of life insurance much more widely and in particular to the rural areas and to the socially and economically backward classes with a view to reaching all insurable persons in the country and providing them adequate financial cover against death at a reasonable cost;
- (ii) mobilisation of the people's savings to the maximum by making insurance linked savings adequately attractive;
- (Hi) bearing always in mind, in the investment of funds, the primary obligations to its policyholders whose money it holds in trust, without losing sight of the interest of the community as a whole, keeping in view, national priorities and obligations of attractive return;
- .(iv) conducting business with utmost economy and with the full realisation that the moneys belong to the policyholders;
- (v) acting as trustees of the insured public in their individual and collective capacities; (vi) meeting the various life insurance needs of the community that would arise in the changing social and economic environment; (vii) involving all people working in the Corporation to the best of their capability in furthering the interests of the insured public by providing efficient service with courtesy; and
- (viii) promoting amongst all agents and employees of the corporation a sense of participation, pride and job satisfaction through discharge of their duties with dedication towards achievement of corporate objectives.

Growth since Nationalization

	No. of policies (lakhs)	Sum Assured (crores)Rs
1961	14.69	603.63
1965-66	15.61	779.60
1970-71	16.16	1303.08
1975-76	20.13	2116.30
1976-77	20.57	2112.02
1977-78	18.58	2020.71
1978-79	17.54	2055.41
1979-80	20.95	2735.89
1980-81	19.82	2887.06

In 1955, the year preceding nationalisation, a total of 243 private insurance companies

transacted individual assurance worth Rs.260.84 crores under 8.31 lakh policies. The following table gives the progress in respect of individual assurance business done by the Corporation over the years:

The business in terms of sum assured registered an elevenfold increase by 1980-81 as compared to that secured in 1955.

Group Insurance & Superannuation Business

Traditionally, life insurance has been sold to individual proposers. But a large section of people find it difficult to afford the amount of savings needed for the traditional policies. Very soon after its incorporation, the Corporation started transacting group insurance and superannuation schemes business. Group insurance provides life insurance cover at a comparatively economic rate. It has, therefore, the potentiality to bring insurance within reach of the weaker sections who would have otherwise found it impossible to avail of the benefit of insurance. The growth of group insurance business was modest until the sixties. This class of business has made rapid progress in the seventies. In the year ending 31 March 1981, the group insurance business transacted was of the order of Rs. 5,392 crores, thus enabling the Corporation to set up a record of total new business of Rs. 8,279 crores.

Business In Force

On the eve of nationalisation in 1955, the total life insurance business in force was Rs. 1,220 crores under 48 lakh policies. On 31 March 1980, the corresponding figure was Rs. 25,251 crores under 279 lakh policies. Of this, Rs.19.114 crores was accounted for by individual life assurance and Rs.6,137 crores by group insurance and superannuation schemes.

Development of Rural Business

Development of insurance business in rural areas is one of the primary objectives of nationalisation. Prior to it there was little insurance activity in these areas. Therefore, a good deal of effort of a pioneering nature had to be put in. Over the years LIC's business from rural areas has increased in volume and the business for 1979-80 was of the order of

Rs.603.77 crores. It represents about 23 per cent of the total new business done by the LIC every year.

New Life Insurance Schemes

The primary purpose of Life Insurance is protection of the family in case of early death of the bread-winner. Life insurance policies also combine the element of savings for old age with family protection. The normal plans of assurance of LIC like Endowment Assurance and Anticipated Endowment Assurance or a combination of them have by and large served the purpose of satisfying the needs of the insuring public.

Business continues to be procured largely from such types of plans. However, changes in socio-economic conditions are being taken into account and in this process, new plans meeting consumers' preferences have been recently introduced. Some of these new plans are the Grihalaksmi policy, the Money-back policy, the Cash and Cover Policy, the Progressive Protection Policy and the Children's Anticipated Policy. The Grihalak-shmi Policy was introduced in 1975 which was the International Women's Year. It is designed to provide security to the non-earning Indian housewife in her old age or on the loss of her husband.

Mention may also be made here about the Centenary Policy which was designed especially to meet the needs of people with fluctuating incomes, mainly in the rural areas. Under this policy, if after four years premium have been paid where the term of the policy is 15 years, and after five years premium have been paid where the term is 20 or 25 years, a default in paying subsequent years premium occurs not more than once in any block of three years, the policy does not lapse but is kept in force provided the policyholder continues to pay the premiums falling due after the defaulted premium. Respose to this policy has not, however, been encouraging so far.

Responding to suggestions from time to time to design a special policy to cater to the needs of the rural population taking into account their socio-economic conditions, their problems of fluctuating income due to floods, droughts etc.,

the Corporation has recently introduced a new *Jana Raksha* Policy introducing a special facility therein. Under it, the policy continues to provide full cover for three years, in the event of non-payment of premium after the first two years, on payment of an initial single extra premium. This will be of great help to the rural population who often find it difficult to pay the premium regularly because of the uncertain nature of their earnings which undergo cyclical changes.

Underwriting Practice

Bearing in mind the social responsibility which falls on a monopoly organisation, the LIC has been liberalising its approach in the underwriting of "sub-standard" categories of lives. It attempts to keep down to the barest minimum the number of those to whom insurance cover has to be denied because of impaired health or hazardous occupation. It has also removed the burden of 'occupational extras' that used to be charged for a wide range of occupations which are generally pursued by persons belonging to the weaker sections of the community. In the year 1981, which was the "International Year for the Disabled Persons", the LIC decided to waive extra premiums under the new policies upto a maximum of Rs. 10,000 sum assured from the physically disabled persons seeking life insurance such as the blind, deaf and dumb, those with loss of limbs or polio victims. The additions so far imposed, ranged from Rs.2 to Rs.4 per Rs. 1,000 sum assured.

Claims Settlement Operations

The Corporation has been paying special attention to its claims settlement operations. Whereas, in 1956-57, the amount of claims settled was only Rs.24.96 crores, it rose to Rs.200.26 crores in 1977-78. The following table shows the progress of claims settlement from 1973-74 to 1979-80.

There was a marginal setback in the efforts to reduce the outstanding claims during 1977-78. This was attributable to a large increase in the number of claims payable during the year, particularly in the month of March 1978. It may be mentioned that the ratio of outstanding claims to claims intimated of some of the top insurance companies prior to nationalisation

was ranging between 36 per cent and 75 per cent (The 1954 figures of "Oriental", "Bombay Mutual", "New India" and "National" were 36.48, 42.47, 59.41 and 74.70 per cent respectively).

Investment in Socially-Oriented Sectors

In the matter of investment of funds of the LIC, an assurance was given in Parliament in August 1958 by the then Finance Minister that the LIC would invest in ventures which furthered the social advancement of the country. We quote from the statement of the Finance Minister: "To begin with, I would like to make it quite clear that the Life Insurance Corporation shall always keep in mind the provision of Section 6(1) of the LIC Act, which enjoins on it the duty of carrying on its business to the best advantage of the community. Let me be more specific. Whereas the Life Insurance Corporation will always bear in mind that its primary obligation is to its policyholders whose money it holds in trust, and will work as far as possible on business principles, it will never lose sight of the fact that, as the single largest investor in India, it has to keep before it the interest of the community as a whole. It will, therefore, invest in ventures which further the social advancement of the country."

The LIC has attempted to fulfil this assurance as far as practicable. Statutorily, the LIC is required to invest at least 25 per cent of annual accretion to its fund in Central government securities; not less than 50 percent in Central government, State government and other government guaranteed marketable securities; and not less than 75 per cent in Central government, State government, other government guaranteed marketable securities and other approved securities and in investments made for socially desirable purposes like housing, electricity, water supply and sewerage schemes for municipalities and rural areas and financing of industrial estates. Recently it has decided to finance State Road Transport Corporations. Such investments have registered a significant and impressive increase from Rs 259.04 crores on 31 December 1957 to Rs 5,287.67 crores as on 31 March 1980.

Loans constitute one of the major avenues of investment for the Corporation's funds. In granting these loans, emphasis has been on financing of (a) generation and transmission of electricity for agricultural and industrial use, (b) housing schemes, (c) water supply schemes and sewerage schemes in urban areas and townships, (d) piped water supply schemes in rural areas and (e) industrial development.

As a result of the Corporation's financial assistance, 1054 municipalities in 18 States covering a total urban population of 15.4 crores have been able to provide drinking water facilities in their areas till about 31 March 1980.

Investment in Small Scale Industries

While the Corporation's subscriptions to shares and bonds of State level development agencies indirectly help in financing of small scale and medium scale industries, one way by which it makes its direct contribution to such industries is granting of loans for setting up of industrial estates. Loans of Rs 13.98 crores were advanced to 43 industrial estates upto 31 March 1980. The total number of industrial sheds proposed to be constructed with the Corporation's loan assistance was 3,175 out of which 2,668 sheds were completed by 31 March 1980 and 342 were under construction. The number of sheds actually allotted to Industrial Units upto 31 March 1980 was 2,581. These provided employment to 23,666 workers and had an annual aggregate turnover of about Rs 84.50 crores.

Lic Loans for Housing and Building

The Corporation grants loans every year to various State governments for their social housing schemes such as middle income group housing, low income group housing, village housing project, plantation labour housing, land acquisition and development and such other schemes as are approved by the Central government. Total loans advanced to State governments upto 31 March 1980 aggregated to Rs 349.03 crores of which Rs 259.71 crores was outstanding as on 31 March 1980 which includes loans amounting to Rs 4.50 crores by way of cyclone and flood relief.

Such loans from the Corporation have considerably helped the States to rehabilitate the unfortunate families whose houses were damaged in natural calamities. Similarly, with the help of the loans given to the Apex Cooperative Housing Societies in different States loans have been sanctioned by them to their member cooperative housing societies for construction of as many as 4.06 lakh houses of which 2.36 lakh houses have been constructed and occupied upto 31 March 1980.

Manpower Resources and Training

Life Insurance business has to be sold and it is well known that the basis for its successful development can only be through personal contacts. The business is thus secured through agents and development officers in the field. There were about 1.10 lakh agents on the rolls of the Corporation as at 31 March 1980 and the number of development officers was 6,732. The Life Insurance Agency as a career had not found adequate public acceptance in the pre-Corporation era and also for quite some time after nationalisation. However, the Corporation has encouraged professionalisation of this work. The first step taken some years ago in this direction was the launching of the Career Agents Scheme in cities with the objective of building up a cadre of trained professional agents competent in selling life insurance on the basis of needs, rendering effective after-sale service to policyholders and looking after their insurance portfolio over a period of years. Besides, agents' clubs have also been formed with a view to giving recognition and status to those agents who have consistently achieved a certain specified level of performance. Another important step taken recently was the appointment of rural career agents to build up a cadre of agents in rural areas and thereby intensify business activities in the villages. The programme envisages covering the entire rural area comprising all the 5.76 lakh villages in the country by the rural career agents in the course of a few years.

On the administrative side as at 31 March 1980, the number of Class I officers throughout the Corporation offices was 4,251 and the

number of supervisory and clerical office staff 36,389.

Training

The quality of the pre-sale and post-sale services rendered to policyholders is a major criterion of the efficient functioning of an insurer. As such, service is to a considerable extent a function of the knowledge and skill of the administrative and field staff. Hence great importance is attached in the LIC to facilities for their training. Training of agents has been developed in three distinct levels: (i) pre-recruitment orientation course, (ii) initial training after recruitment under programmed learning method and (iii) training for absorbed and confirmed agents under advance training courses. For the officers, a Training College has been set up at Borivli in Bombay. For other staff, training facilities are offered at the respective offices.

Decentralisation of Servicing

In the early stages of the Corporation its branch offices were mainly concerned with procurement of new business and development of the field organisation. Most of the administrative and policy servicing functions were being performed by the divisional offices. A beginning was made in 1961 to entrust selected branches to attend to simple servicing requirements of the policyholders also at branch level. In 1971, a detailed programme of decentralisation of many of the servicing functions like sanction of loans under policies, registration of nomination and assignment etc. from the divisional offices to the branches was evolved for implementation. The list of servicing functions to be performed at the branch level is being enlarged from time to time with the ultimate aim of ensuring that the policyholders get services at the branches, near their own doorsteps without their being required to approach the divisional offices.

PERSPECTIVES

LIC has several social corporate objectives. It has to serve the community's needs of life insurance. It has also to channelise the savings of the community for nation building activities. In short, its social role is the utilisation of the

people's money for the people's good. Being an organisation with a social purpose, the Corporation is alive to the need to anticipate the future and continuously to adapt itself to the emerging requirements. It has to have a clear perspective to enable effective performance of its various tasks not only in the immediate future but also in the long term. For this purpose, corporate planning is now a part of its essential activities. Projections and forecasts are made with the use of macro econometric models and other symbolic representations of the various sub-systems. The scheme of decentralisation of servicing functions to the branches is also being vigorously pursued and is to be completed in the near future. The ultimate goal is to evolve an effective and efficient service organisation that fulfils the expectations of the nation.

J. Matthan

Maternal and Child Health

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The future of a nation depends largely on the health and well-being of mothers and children. Indeed, a community has no survival but through its children. In India, children under 14 years of age and mothers constitute about two-thirds of the population. Not only does this majority by way of numbers require special focus, but their vulnerability demands priority of attention. Maternal depletion due to child birth as well as child-rearing and the greater needs for growth and development in children make them prone to infections and nutritional problems.

Indian mothers have complex and diverse roles. Not only do they bear the major responsibility for child-rearing and the daily requirements of the family by way of cooking, cleaning, collecting fuel and fetching water but they help to look after poultry and cattle, raise crops, and often contribute to the family income. They also provide nursing care to the old, the sick and the disabled. Caring for women and educating them is an investment not only in maternal health but also in the health of the community.

This vulnerability of mothers is compounded by social discrimination and cultural practices. In a study at the village of Pura, near Bangalore, an energy consumption and expenditure matrix was constructed.¹ It was found that not only do women eat last and the least, but they also perform the maximum work. The energy expenditure per household per day was 5.68 units for men, 9.69 for women and about 3 for children. These facts require translation into policy measures.

Dimensions

Many factors influence maternal and child health. The genetic constitution, exposure to disease-producing organisms, imbalanced or inadequate nutrition and low resistance to

infection determine the state of health. In addition, social, cultural, economic, political and environmental factors, as well as the availability of health services, greatly influence the health of individuals and communities. Balanced, coordinated, inter-sectoral development is essential to maximise the impact of health services. The vicious cycles of poor nutrition, ill-health and low productivity can be broken through social and economic measures, along with better health services. More wealth alone, however, does not necessarily lead to better health. In Kerala, for example, while 47 per cent of the people live below the poverty line,² and the per capita Gross Domestic Product (GDP) was Rs 948.3 the infant mortality rate was only 56 per 1000 live births⁴ and the life expectancy was estimated to be over 60 years.⁵ As compared with this, the infant mortality rate in Punjab was 1086 and the life expectancy was estimated to be below 60 years, although only 15 per cent⁸ of the population lives below the poverty line and the per capita GDP was Rs 1,586.9 Policies on food, and food distribution and income and income distribution are crucial.

Overcrowding and squalor are compounded by ignorance and cultural taboos. Pregnant women in the rural north-west are often not given the extra calories and proteins they require because of the belief that increased food intake during pregnancy results in larger babies culminating in difficult labour. In certain parts of Andhra Pradesh, infants are generally not given water to drink. Consequently, dehydration following diarrhoea claims many lives which could have been saved through proper rehydration.

Of particular relevance to health is the status which women enjoy within the home and the community. This gives them the liberty to decide important family issues with health consequences — how much of the family income should be spent on food, and when and where to take the child for treatment. Education of women has proved to be one of the most powerful levers for improving health. It is widely acknowledged that within each income level, infant mortality falls as the mother's education goes up.

It is difficult to measure health. The Physical Quality of Life Index' (PQLI) attempts to assess the level of development and well-being in a population. Three variables— the literacy rate, the infant mortality rate and the life expectancy at birth have been fused into a composite index, with a range of assigned values from zero to one hundred. The all India PQLI for 1971 was estimated as 34.3. The PQLI was estimated as 95 for the USA, 82 for Sri Lanka and 40 for India, for 1975.¹² The male-female PQLI differential is significant. In all states in India, the PQLI is higher for males than for females.

Another important indicator of the health and social status of female is the sex ratio. According to the 1981 Census this ratio stands at 935 females for 1000 males.¹⁴ Not only is the ratio unfavourable, but its steady decline from 972 females per 1000 males in 1901 to 930 in 1971¹⁵ is a cause for great concern. This indicates an unfavourable mortality experience for females due largely to preference for male infants and children, causes related to repeated child-bearing in women, poor access of the female population to available health facilities and inadequate health services.

Nature And Magnitude

The health status of mothers and children is assessed by measurements of mortality, morbidity and anthropometric and other measurements of growth and development. Often, for want of better indicators, mortality estimates have to be used for comparison and for inferring the nature and magnitude of the problem. Accurate maternal mortality rates for India are not available. The Model Registration Scheme of the Registrar General of India estimates maternal mortality at around 4.17 per 1000 live births¹⁶, while in some places it is five times higher or more. Haemorrhage, abortion, toxemia, anaemia, puerperal sepsis and malpresentations causing obstructed labour are some of the causes of deaths in mothers.

The infant mortality rate is estimated at around 125 per 1000 live births¹⁷ compared with 8 in Sweden, about 50 in Sri Lanka and 25 in Thailand.¹⁸ The age-specific mortality rate in

pre-school children is 5019. Deaths in children under 5 years is responsible for about half of the total Indian mortality, whereas under-fives constitute only 14.5 per cent of the population.²⁰ Gastro-intestinal diseases and pneumonias, along with malnutrition, take the heaviest toll of lives in children under 5 years.

The priority problems of the mother and child in India are caused by the synergistic effects of malnutrition, infection and uncontrolled fertility, aggravated by poor socio-economic conditions, cultural barriers and inadequate health care facilities. Dietary surveys have shown that the intake of women in low income groups falls short of the daily recommended intake of 2,200 calories by 500 to 600 calories.²¹ The corresponding findings for pregnant and lactating women reveal a daily deficiency of 1,100 calories and 1,000 calories respectively. Women require 300 calories more per day during the latter half of pregnancy, and 700 calories more per day, during lactation.²² Women belonging to the lower socio-economic groups gain around 3 to 5 kg. during pregnancy as against 10 kg in the developed countries ²³. Over 50 per cent of pregnant women have a haemoglobin level of less than 10 grms per cent. Anaemia in pregnancy accounts directly for 20 per cent of all maternal deaths and indirectly for a much larger proportion²⁴. The problem of malnutrition in the mothers is further compounded by widespread helminthiasis (worm infestation). In addition, acute and chronic infections, such as malaria and tuberculosis, take a toll of women's health.

Puerperal sepsis due to the lack of trained attendants and unhygienic delivery contributes significantly to maternal deaths. Seventy per cent of all maternal deaths are considered to be preventable, largely through adequate nutrition and measures for the control of infection²⁵. The situation is complicated by uncontrolled fertility. Maternal deaths rise significantly with the fourth pregnancy and reach very high levels after the fifth²⁶. About 40 per cent of all deliveries are of the fourth order and above in developing countries²⁷. Multiparity, therefore, plays a very important part in both maternal mortality and morbidity.

Maternal nutrition has a direct relationship to the birth weight of the newborn. It is estimated that 30 to 40 per cent of newborns in India are small for their gestational age as compared with 6 to 7 per cent in developed countries²⁸. The average birth weight of Indian children from the lower socio-economic groups is between 2700 gm and 2900 gm; newborns in better socio-economic groups weigh 200 to 300 gm more²⁹. Low birth-weight babies have a worse mortality and morbidity experience as they are more vulnerable to infection.

Tetanus neonatorum, which can be prevented by immunizing pregnant mothers, accounts for 6 to 10 per cent of total infant deaths. This accrues from using unclean instruments for cutting the umbilical cord and contaminated dressings, like ash from cow dung. Gastroenteritis, broncho-pneumonia, septicemia and meningitis, along with malnutrition, cause the majority of infant deaths. Bacterial contamination of unclean bottles and nipples in bottle-fed babies result in repeated diarrhoea. Recently, the introduction of oral rehydration to replace the water and electrolyte loss, has been used to combat the situation with some success. Early introduction of culturally acceptable supplementary feeding with semi-solids, at the age of 5 to 6 months, if not earlier, along with breast-feeding, has to be promoted for better nutrition in infants.

In children who are 1 to 5 years of age, gastroenteritis and respiratory diseases like pneumonia take a heavy toll. Malnutrition, compounded with helminthiasis, worsens the situation considerably. Studies in India show that malnutrition is directly or indirectly responsible for more than 50 per cent of deaths in children under 5 years of age³⁰. The inadequacy of food intake results in protein-energy malnutrition (PEM); 3 to 4 per cent of children under 5 years of age suffer from very severe forms of kwashiorkor and marasmus, and many more from all grades malnutrition³¹. Sixty per cent of all children under 6 years of age, and 25 to 30 per cent of school children show signs of nutritional deficiency. Studies have shown that in children under 6 years, the

diets of 92 per cent of the children were deficient in calories and 32 per cent were deficient in protein.³³ Vitamin A deficiency is estimated to render at least 25,000 children blind every year.

Historical Perspectives

Traditionally, health care has been provided by practitioners of indigenous systems of medicine. Since the Vedic times, Ayurveda and Siddha systems were followed. Later, the Unani-Tibb system, with its origin in the Greek and Arab cultures, supplemented the existing system. In addition, many were treated by faith-healers through various rituals. This situation exists in vast areas even today. Care of expectant mothers is limited to the process of child-birth and a fortnight or so thereafter. This is provided in homes by the *da*/, the traditional birth attendant. It is estimated that 85 per cent of deliveries are conducted by traditional birth attendants.³⁴ It was also estimated by the *Survey of Infant and Child Mortality* (1978) that 58.8 per cent and 25 per cent of deliveries in rural and urban areas, respectively, were conducted by untrained practitioners.

The earliest attempt to introduce changes for the care of mothers and infants by training *dais* was made by Miss Hewlitt of the Church of England in 1866.³⁶ The effort was further reinforced and organised by the Victoria Memorial Scholarship Fund in 1902, whereby training was imparted to indigenous *dais* for the practice of safer midwifery. The first hospital for women and children was established in Bareilly (in Uttar Pradesh) by the American Methodist Episcopal Mission in 1869. In 1883 the first government hospital for women, the Cama Hospital in Bombay, was established, and was staffed entirely by women. In 1885 the Countess Dufferin Fund, a voluntary effort, established the National Association for supplying medical aid, by women to women. The Fund offered medical care and basic medical education; a number of female wards staffed entirely by women were established in various hospitals. It also trained and supplied nurses and midwives to various medical institutions. In 1910, the Lady Chemsford All-India League for Maternity and Child Welfare

was established. The main objective was to generate interest in, and provide technical guidance to, maternal and child health programmes. The greatest contribution of the League was the establishing of Health Schools offering training in various important aspects of maternal and child health including antenatal care and child development and psychology. In 1914, a Women's Medical Service was started for administering 'ward' services for women. The Lady Reading Health School was established for training mid-wives and midwifery supervisors in 1918. In 1923, coordination of all government bodies was achieved under the presidency of Lady Reading.

In 1931, the Indian Red Cross Society established the Maternal and Child Welfare Bureau, following the amalgamation of the All-India Maternity and Child Welfare League with the Indian Red Cross Society. Madras was the first state to set up maternal and child clinics in 1931. By 1938, there were 800 maternal and child welfare clinics in India, all in urban areas. Services included medical examination of mothers and children, home delivery and supervision of *dai* practice. Milk was distributed in certain centres to pregnant mothers and children. In 1946, the Bhore Committee recommended the integration of maternal and child services with the general health services, to be provided through primary health centres in rural areas. All along, facilities for medical care and institutional deliveries through trained doctors had been developing in urban areas. Growing awareness of the population problem, especially amongst women's voluntary organisations such as the All India Women's Conferences, culminated in the formation of Family Planning Association of India in 1949.

Policies

India is a signatory to the Alma-Ata Declaration on Primary Health Care (1978). The Declaration placed maternal and child health, including family planning, at the centre of primary health care.³⁸ Earlier, the National Policy for Children, adopted in 1974, had asserted that "it shall be the policy for the State to provide adequate services to children, both before and after birth, and through the period

of growth, to ensure their full physical, mental and social development."³⁹

India is also a signatory to the Charter for Health Development, sponsored by the World Health Organisation, in New Delhi in 1980.⁴⁰ The charter endeavours to ensure health as an integral component of national economic and social development. Article 6 (Serial 6) of this charter states that "the reduction of mortality and morbidity among infants and children, the improvement of the health of women; especially mothers, and the regulation of fertility so as to achieve better health is a specific objective."

Legislation has been enacted to promote maternal and child health. The Child Marriage Restraint Act of 1929 raised the minimum age of marriage for boys to 18 and girls to 14, which has been further raised to 21 and 18 respectively, by an amendment enacted in 1978. The Factories Act prohibits the employment of children below 14 years. It also lays down restrictions on their employment in dangerous occupations. The Employees State Insurance Act of 1948 provides for maternity leave. The Medical Termination of Pregnancy Act of 1971, which liberalised the law on abortion, is a measure to reduce maternal deaths from septic abortions.

Programmes: Approach and Objectives

Care for mothers and children during illness is provided through a large network of health centres and hospitals, as well as practitioners of various systems of medicine, both in urban and in rural areas. Health protection through antenatal, intranatal and postnatal care, health and nutrition education and immunisation and rehabilitative services are available. Antenatal care includes screening all mothers for highrisk pregnancies for referral and special care; identification and treatment of severely malnourished mothers; distribution of iron and folic acid to all pregnant mothers in the last 100 days of pregnancy to combat anaemia; education for health, personal hygiene, nutrition, immunization, fertility regulation and a small family; immunization with tetanus toxoid for the prevention of neonatal tetanus;

and regular check-ups at the home and clinics for monitoring maternal health and foetal growth. In addition, supplementary feeding through the special nutrition programme, is provided to pregnant and lactating mothers in the lower socio-economic groups residing in urban slums, backward rural areas and tribal areas. Malnourished children below six years are similarly covered with nutritional supplements.

Intranatal care aims at ensuring safe deliveries and prompt diagnosis and referral of complicated cases. The *dai* training programme, under which the traditional birth attendants are given training at primary health centres, is a step towards this. It is hoped that an increasing proportion of deliveries in rural areas will be conducted by trained *dais* and female multipurpose workers.

The family welfare programme, by providing facilities for spacing births between children and limiting the size of the family, directly influences the health of mothers and children. Gopalan demonstrated that children of the fourth order or higher order had a 32 per cent prevalence of malnutrition compared with 17 per cent of those of the first to third order⁴¹. Acceptance of measures of family planning is associated with increased survival of children which in turn depends upon the coverage and quality of services for maternal and child health. The All-India Hospital Post Partum Programme is a hospital-based, maternity-centred approach to family planning, whereby facilities for sterilization after delivery are available at selected hospitals all over the country. Care of the new born is also provided.

Oral rehydration for dehydrated babies is recommended, and the government has undertaken largescale production and distribution of 'rehydration packets' which, when reconstituted with water, contain adequate glucose and the required electrolytes. Prophylaxis against blindness, with 200,000 I.U. of Vitamin A, is given to children of 1 to 5 years of age at six monthly intervals. Children below six years also receive iron and folic acid tablets to combat anaemia.

Immunisation against certain communicable diseases is available. The schedule recommended by the Expanded Programme of Immunisation is given at the end of the paper.⁴² Tetanus toxoid for pregnant mothers and protection of children against small-pox, diphtheria, whooping cough, tetanus, poliomyelitis, typhoid, and cholera, is available through the existing health infrastructure. Protection against measles is also available in limited areas. To ensure potency of vaccines, efforts are being urgently pursued to provide facilities of cold storage at all levels in the distribution channel.

School health services for children seek to monitor growth and development to provide regular medical examinations, prompt treatment, required immunizations, and to create a healthy environment. However, these facilities are available in limited areas. Measures for promoting the health of school children, like provision of supplementary food through the midday meal programme, and health education, are also included in certain places.

Along with programmes focused on mothers and children, the other general health programmes also benefit the mother and the child. The national malaria control programme has the specific objective of reducing deaths and the period of sickness due to malaria. Special drug distribution centres and fever treatment depots distribute anti-malarial drugs all over the country. The national leprosy control programme aims at reducing leprosy, particularly in childhood, through increased detection and adequate treatment of cases. The national tuberculosis control programme also aims at early detection and complete treatment of cases and immunization with B.C.G. to all below 20 years of age. Successful domiciliary treatment of cases has made the operational aspects of the programme feasible and decreased the costs. National disease control programmes for filaria, sexually transmitted diseases and goitre are other important health measures benefiting mothers and children.

There are other developmental programmes which also promote the health of mothers and children. The integrated child development

services scheme focuses on children below six years of age and pregnant and nursing mothers. Children below six years are given immunisations, health check-ups, referral when necessary, supplementary nutrition, and non-formal, preschool education. Undernourished pregnant and lactating mothers are also given supplementary nutrition, immunizations, antenatal and health check-ups; referral is available for 'high-risk' women. Health and nutrition education is imparted to all women. The minimum needs programmes with its components of elementary education, adult education, health, water supply, roads, electrification, housing sites for the landless, environmental sanitation and nutrition, is essentially an investment in human resource development in rural areas. The applied nutrition programme was launched to combat malnutrition in vulnerable groups, particularly mothers and children in rural areas. The programme is education-oriented and operational at the village and family level. The objectives are achieved through production of nutritious food, training of functionaries, nutrition education and demonstration and active community involvement.

Organisation and Delivery Of Services

Maternal and child health services should be extensive enough to identify those most in need and skilled enough to help them. Comprehensive maternal and child health care through adequately trained personnel and the use of appropriate technology, are essential purposes of maternal and child health organisations. Services need to be balanced between the health need of people and their demands to safeguard against either underutilisation or non-availability of services demanded.

Central Level: The Central Council of Health which meets annually is the apex body providing guidelines for health through national consensus. The Union Minister for Health is the Chairman and all the State Ministers of Health are its members. Health care programmes are reviewed, proposals for legislation submitted, and recommendations for reorganisation of services or additional programmes are made.

The Planning Commission, through its five year plans, provides direction and allocates priorities for health care, including maternal and child health, according to the goals of national development. Expert committees make valuable recommendations on technical and operational aspects of maternal and child health. The Central Ministry of Health and Family Welfare plans and coordinates various national programmes, including those for mothers and children. The Department of Family Welfare has a Deputy Commissioner for maternal and child health services. Standards for equipment, operational objectives of coverage and quality of services are set with expert advice from scientists and health administrators. Activities related to maternal and child health are duly monitored.

State Level: Health, including maternal and child health, is a state responsibility. However, some programmes, for example, the family welfare programme (family planning) are funded entirely by the Centre. Other programmes receive partial support like national disease control programmes. The state department of Health and Family Welfare, along with the State Health Directorates, formulate policies and strategies and co-ordinate their implementation.

District Level: The district headquarters, accountable to the State Health Directorates, administer maternal and child health services, both in rural and in urban areas. However, in some states, for example Maharashtra and Gujarat, a large part of the responsibility is placed on the *Zila Parishad*, which is the district level representative body for rural areas.

Rural Areas: Each community development block in a district has at least one primary health centre, with eight to ten sub-centres to render comprehensive health care to a population of 100,000 to 120,000 in approximately 100 villages. In addition, there are several government allopathic and ayurvedic dispensaries which render ambulatory medical care. All these peripheral health institutions come under the chief medical officer of the primary health centre or the block

medical officer, who is directly responsible to the chief medical officer of the district. Each primary health centre has six beds, two of which are generally earmarked for maternity cases. There is thus an inadequacy of in-patient and specialist care for the rural population. This is to be removed by supporting the development of sub-divisional and district civil hospitals, and augmenting facilities at 25 per cent of the primary health centres, to be specially selected.

At the primary health centre and sub-centres, ambulatory and domiciliary maternal and child services are provided by a health team comprising medical officers, male and female health supervisors and male and female health workers. For every 10,000 population, there is a male and a female health worker and one supervisor for four workers both on the male and female side. The medical officer is in charge of the team. The block extension educator assists the medical officer in his activities, helps in training and carries out the health education activities. The block development officer along with extension officers in various sectors like agriculture, animal husbandry and cottage industries and the Block Education Officer implement development programmes which are of great relevance to health. Intersectoral co-ordination and collaboration between the medical officer and block development officer plays a key role in the development and general well-being of communities, particularly mothers and children.

Urban areas: In addition to civil and teaching hospitals run by the State governments, local bodies of large cities and towns such as town area committees, municipal boards and corporations provide maternity, family planning and immunisation services to women and children through maternal and child health centres, maternity homes and hospitals. However, there are several small towns, where the municipal health organisations are too weak to make this effort.

Urban populations in such places remain largely uncovered by any organised maternity and child health programmes. The staffing pattern of maternal and child health centres is

not uniform. Services are provided by full-time or part-time doctors, female health supervisors and health workers, including midwives and trained *dais*. Many of them also provide domiciliary services for defined populations. In large metropolitan cities, hospitals both in the governmental and non-governmental sectors provide specialist services.

Training and Personnel

There are 106 medical colleges training 13,000 allopathic doctors annually. Specialists in pediatrics and obstetrics and gynaecology, trained at these medical colleges, provide services to mothers and children. It is estimated that there are 190,000 doctors in India and the doctor-population ratio is estimated at 1:3622. About 10,000 graduates are trained each year by 106 Homeopathic, 81 Ayurvedic, 13 Unani colleges and one Siddha college. About 1.5 lakh homeopathic practitioners and 2.7 lakh practitioners of traditional systems of medicine are registered. In addition to these qualified practitioners, a very large number of unregistered and folk practitioners, trained through apprenticeship for varying durations and on varied principles, are consulted for illnesses. There are besides 275 nurses training institutions which produce qualified nursing personnel. It is estimated that India has 135,000 nurses. Their training includes aspects of maternal and child care.

Training schools for auxiliary nurse mid-wives, health visitors and sanitary inspectors, provide training to female and male health workers for a duration of 18 months in which great emphasis is laid on maternal and child care. The female health worker is taught how to identify 'high-risk' pregnancies, provide regular antenatal check-ups, conduct hygienic deliveries, immunise mothers and children, identify and treat malnutrition, monitor growth and development in children, motivate and provide services for family planning, record and report births and deaths and incorporate health education in all her activities. She also supervises the *dais*. By April 1980, about 50,000 female and 80,000 male workers were in position.⁴³ The male workers are also taught principles of maternal and child care, particularly nutrition, family planning and

immunisation. They provide services in areas generally not covered by female workers. About 11,000 female and 20,000 male assistants supervise the workers. They were trained in the erstwhile lady health visitors and sanitary inspectors' schools. Henceforth, supervisors are to be appointed only from among health workers after the requisite work experience and six months promotional training.

In order to provide for continuing education to health personnel, a network of institutions has been set up. Seven central training institutions in different regions of the country provide continuous training through regular courses for medical officers from the State and district levels. These courses review current strategies and priorities in health, and emphasise administrative and managerial aspects. The central institutes also provide in-service training for teachers at health and family welfare training centres which conduct orientation courses for medical officers and paramedical supervisory staff of primary health centres. They in turn conduct training courses for health workers, community health guides, and village *dais*. *Dai* training is conducted for a month. In order to induce practising *dais* to avail of this training facility, an incentive of Rs 10 per diem is given. They are taught the importance of prenatal care and tetanus toxoid immunization. They are also encouraged to register pregnant mothers with the female health worker for antenatal care, and are given an incentive of Rs 2 for doing so. Asepsis whilst cutting the cord, and of the umbilical stump, are emphasised. The importance of feeding colostrum, proper feeding of the infant and the mother, fertility regulation and immunization for the infant are also stressed. By April 1980, 2.84 lakh *dais* had been trained.

Health 'guides' of the community health volunteers scheme are trained at primary health centres for three months. This scheme was launched in October 1977 as a measure to involve the community in health care and to strengthen the link between the health care delivery system and the people. These volunteers, selected by the villagers themselves, provide part-time healthcare. They are trained

for the provision of first aid, treatment of minor ailments, identification of malnutrition in mothers and children, promotion of immunization, antenatal care, family planning, nutrition, village sanitation and communicable disease control. The community health guides are provided with a few essential drugs and receive an honorarium. By April 1980, 1.5 lakh community health guides had been trained.

Achievements

Training of manpower is a vital function. Through basic technical education at various levels, large numbers of health workers in all categories have been trained and a fairly large network of health service capability has been established. Continuing education and the need for in-service training for career development has been strongly stressed and courses are conducted accordingly. Another major shift in emphasis is voiced in the programme of re-orientation of medical education for the training of medical undergraduates. Each medical college is expected to provide services to three blocks through primary health centres and should, in time, cover a complete district. Medical students will thus learn to view health problems in a different perspective through work experience in unfamiliar social, cultural and economic settings. Since the vast majority of the population live in rural areas, understanding their health problems, particularly those of mothers and children, is an essential requisite for doctors trained in medical colleges.

By 1980, 5,499 primary health centres and nearly 50,000 sub-centres had been set-up. It is proposed to have one primary health centre for every 30,000 population and one community health centre with 30 beds for every one lakh population by the turn of the century. This is in addition to 5,000 hospitals, with about 5 lakh beds, all over the country.

The life expectancy for women was about 31 years during 1941-1950, and has increased to around 51 years in 1981. However, India still remains one of the countries where the life expectancy of females is less than that of males. The overall death rate has decreased considerably from 27.4 per 1000 population

during 1941-51 to 14.1 per 1000 population in 1980. 45 Mortality in children below five years has not declined, and maternal deaths are still very high. Measures for the control of population, though not as extensive as could be desired, have averted 37 million births during 1971-81. 46 But for the provision of family planning services, the population in 1981 would have been about 71.3 crores.

Non-Government Organisations

Voluntary associations have been pioneers in establishing services in priority areas, particularly in maternal and child health and family welfare. The Family Planning Association of India, established in 1949, paved the way for a national programme. Maternal and child health has been promoted through the emphasis of the voluntary sector on communicable diseases, like tuberculosis and leprosy, and through various organisations caring for the physically, mentally and socially handicapped. It is estimated that 20 per cent of all medical institutions and 20 per cent of beds for in-patient care are in the voluntary sector, mainly under missionary organisations. It is vital to interlink activities between the voluntary and governmental sectors, through a common well-defined strategy, avoiding duplication and maximising available resources.

Another dimension of voluntary work is the involvement of the people themselves. It has been said "it may be that the political will to eradicate poverty will come more from the moral commitment of peoples than from the economic calculations of their governments." 47 There is an urgent need for communities to volunteer for improving their own health. Various programmes encourage *mahila mandals*, youth clubs and citizens' forums to enable people to participate actively in health and other fields.

Several innovative approaches in the delivery of health services have made an impact on the health of communities. At the comprehensive health care project in Jam-khed (Maharashtra), reduction of infant mortality and the birth rate, as well as provision of adequate antenatal and mater-nalcare, have been some of the achievements. Village health workers, who are

females and often illiterate, have been crucial in this success. The Child in Need Institute at Daulatpur, West Bengal, focuses on health and other needs of mothers and children. Nutrition supplements to pregnant and lactating mothers, medical treatment, nutritional rehabilitation at a centre, and adequate antenatal care are provided along with programmes for socio-economic development. The Nutrition Rehabilitation Centre at Madurai uses low-cost, locally available food and successfully involves mothers in tackling malnutrition. These, and several other projects, have evolved strategies to improve health status, and have demonstrated successes which are of great relevance to health policy.

Development aid from several countries such as Denmark, Norway, Sweden, Great Britain and the United States of America, as well as the United Nations Children Fund are supporting projects, several of which focus on the health and other problems of the mother and the child. These projects not only improve the health of the population where they are being implemented but also serve as a base for the evolution of further health care strategies.

Perspectives and Issues

Health policies form an integral part of national development policy. The government is committed⁴⁸ to make essential health services accessible in all parts of the country. The

Time	Immunization	
Pre-Natal		
16-20 weeks	Tetanus toxoid	- 1st dose
20-24 weeks.	Tetanus toxoid	- 2nd dose
36-38 weeks	Tetanus toxoid	- 3rd dose

minimum package of health services includes health education, promotion of food supply and

improvement of nutritional status, provision of protected water supply, appropriate health care to mothers and children, prevention and control of communicable diseases and basic medical relief.

It is proposed to reduce the crude birth rate from 32 to 27 per one thousand population by 1990 and to 21 by 2000 A.D.⁴⁹ The crude death rate is sought to be reduced from 14.1. to 10.4 per 1000 population in 1990 and to 9 per thousand population in 2000 A.D. Infant mortality rate will be reduced from current 125 to 87 per live births in 1990 and below 60 by 2000 A.D. Similarly the pre-school mortality is to be reduced from 35 to 40 in 1980 to 15 to 20 by 1990 and 10 by 2000 A.D. A maternal mortality rate of less than 2 per 1000 live births is to be achieved and life expectancy for both females and males is expected to be raised to 64 years by the turn of the century.

The main strategy for achievement of these objectives consists of expansion of the infrastructure by way of manpower, physical facilities and the establishment of proper referral systems. Inter-sectoral coordination to maximise the impact of various developmental activities is being given considerable importance. Beneficiary oriented programmes, with their focus on socially and economically backward people, are expected to have maximum impact on the health and nutritional status of mothers and children. The formal and nonformal education system as well as the mass media have to be involved in increasing self-reliance among the people in the area of health. Traditional systems of medicine are to be greatly strengthened and their contribution to the health care delivery system increased.

Children	
3-9 months	BCG vaccination Diphtheria-Pertussis-Tetanus (triple vaccine); 3 doses at an interval of 1-2 months. Polio (trivalent oral vaccine) - 3 doses at an interval of 1 to 2 months.
9-12 months	Measles vaccine: one dose
18-24 months	Diphtheria-Pertussis-Tetanus (triple vaccine)-booster dose Polio (trivalent oral vaccine) — booster dose
5-6 years (school entry)	Diphtheria-Tetanus (bivalent vaccine) — booster dose Typhoid (monovalent or bivalent vaccine) — one dose. One dose 1-2 months later*
10 years	Tetanus toxoid-booster dose Typhoid (monovalent or bivalent vaccine) — booster dose
16 years	Tetanus toxoid — booster dose Typhoid (monovalent or bivalent vaccine)-booster dose

Research on emerging problems, both in fundamental and operational aspects promise new strategies for better health for the mother and child. In-depth enquiries in biomedical sciences, in the fields of communicable and non-communicable disease control, reproduction and fertility regulation, as well as nutrition problems, are being conducted through various research and training centres all over the country.

The crucial issues of maternal and child health concern the establishment of adequate and comprehensive health care services, implementation of preventive and promotive measures, and education of the community in regard to both the utilization of services as well as the ability to cope with health and nutritional problems as far as possible at an individual and family level. The ultimate goal is reducing deaths and illnesses in mothers and children and promoting their well-being.

*When typhoid vaccine is being given for the first time, two doses at an interval of 1-2 months are required to be given.

Monika Sharma and Rita Sapru

Notes on Maternal and Child Health

1. A Reddy, "Appropriate Technology for Rural Development", *Appropriate Technology for Primary Health Care*, Indian Council of Medical Research, New Delhi, 1981.
2. Government of India, *Sixth Five Year Plan* (1980-85), Planning Commission, New Delhi, Annexure 1.12.
3. Government of India, *Report of the Finance Commission*, Ministry of Finance, New Delhi, 1978, Annexure VII. 3.
4. *Survey on Infant and Child Mortality, 1979*, Office of the Registrar General of India, New Delhi, 1979.
5. *Child Atlas of India*, United Nations Children's Fund, New Delhi, 1981.
6. *Survey on Infant and Child Mortality*, op. cit.
7. *Child Atlas of India*, op. cit.
8. *Sixth Five Year Plan 1980-85*, op. cit.
9. *Report of Finance Commission*, op. cit.
10. James P. Grant, *The State of the World's Children*, United Nations Children's Fund, New Delhi, 1980, p.12.
11. M. Mukherjee, *Physical Quality of Life Index*, Centre for Monitoring Indian Economy, Bombay, 1979, p.11.
12. James P. Grant, *Health for All by 2000 : Sincere Commitment or Empty Rhetoric?* prepared at the International Congress on Primary Health Centre, Calcutta, 1981.
13. *Women in India*, United Nations Children's Fund, New Delhi, 1980.
14. "Provisional Population Totals in Census of India 1981, Office of the Registrar General and Census Commissioner of India, Series 1, paper 1, 1981.
15. Ibid p. 35.
16. Model Registration Scheme, *Survey of Census of Death*, Office of the Registrar General of India, 1972.
17. *Survey on Infant and Child Mortality 1979*, op. cit.
18. *Demographic Year Book*, United Nations, 1978
19. *Survey on Infant and Child Mortality 1979*, op. cit. , p.54.
20. *Pocket Book of Health Statistics*, Central Bureau of Health Intelligence, New Delhi, 1980.

Mental Health in India

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Any attempt to define the terms "normality" and "mental health" is a task fraught with difficulties due to the elusive nature of the concepts themselves. The history of abnormal psychology may be viewed as the evolution of various conceptual maps of "normality" ranging from the early moralistic disease concepts to the more recent concepts. As a general rule, definitions of "normality" and "mental health" have viewed the concepts as a statistic average, a subjective state of well-being, or as an absence of illness or mental conflict.

Emil Kraepelin in 1896 developed a taxonomy of mental disorders which has dominated the mental health field for nearly 80 years. This system categorised human deviant behaviour in a disease model with detailed descriptions of symptoms and causes of abnormal behaviour. Behaviour researchers, anthropologists and sociologists have questioned the disease model of abnormality by looking at various cultures and societies in terms of how they label their deviants. In the ultimate analysis, in any given community perception of abnormality is a social function and normality is a concept used to define what is acceptable, and hence, is clearly relative to the defining group.

In contemporary scientific literature, "normality" and "mental health" are generally accepted as relative concepts and, hence, can be understood only in terms of an individual's socio-cultural milieu. It is widely recognised that values, ethical standards, mores and the tolerance of the deviation from these vary markedly even among people who live in physical and geographical proximity. In this context it has been argued that mental health cannot properly be considered a scientific term as it can be meaningfully defined only when a culture has defined for itself an ultimate set of values, which has to be arrived at by extra scientific bodies such as religious or cultural

groups. As it is inconceivable that such a set of ultimate values can ever be agreed upon, it is equally unlikely that mental health can be defined scientifically. This is particularly true of a developing society like India which is in the throes of rapid change with shifting value systems.

In one of the comprehensive reviews of the literature on the topic, Jahoda (1958) found that most definitions of "mental health" refer to the recurring themes about the self, reality and environment like: 1. Attitude to self; 2. Degree of growth development and self-actualisation; 3. Integration; 4. Autonomy; 5. Perception of reality and 6. Mastery of the environment.

The World Health Organization defines mental health as "... a condition subject to fluctuation due to biological and social factors which enables the individual to achieve a satisfactory synthesis of his potentially conflicting instinctual drives, to form and maintain harmonious relations with others and to participate in constructive changes in his social and physical environments". The definition is comprehensive but as it tends to be too idealistic its utility in everyday practice becomes limited.

In the Indian set-up there has been no attempt on the part of psychiatrists and psychologists to arrive at an acceptable definition of these terms. The use of the terms has been ad-hoc and widely divergent. Chakravathy (1967) made an attempt to focus the attention of professional scientists on this issue but the effort failed to fructify.¹

In the absence of any scientific definition of the terms, currently, the legal concept as incorporated in the Indian Lunacy Act of 1912 is used by the law enforcing agencies. The concept used is that of "Lunacy". The basic question asked is whether an individual should be held responsible for an act or acts committed by him. This is decided on the basis of the question whether the individual could differentiate at the time of committing an act the right from the wrong. Criticism of this concept is uncalled for, for obviously it's psychology and psychiatry at

the beginning of the century when the act was enacted.

In 1978, when a proposal was made to replace the Indian Lunacy Act of 1912 by a mental health act a mentally ill person was defined as a "person in need of psychiatric treatment by reason of mental disorder or mental deficiency or of any disturbance in his behaviour or mental state and includes a person who has all or any of the clinical condition known as psychoses, psychoneuroses, psychopathic state, addition, mental subnormality, or psychosomatic disorder or such other condition of the like nature as may be prescribed." As is evident, the model used is the disease model to which a reference has already been made.

Mental Hygiene

Mental hygiene can be conceived as a scientific philosophy aimed at the prevention of mental illness, preservation of mental health and cure of mental illness. The origin of the mental hygiene movement is usually traced back to the book "The Mind that Found Itself" written in 1908 by Clifford Beers which provided a lucid account of his personal experiences as a patient in the lunatic asylums of the time. Aided by Adolf Meyer, the movement initially concentrated on the improvement of the inhuman conditions prevailing in large mental institutions of that time. Later, it, triggered off widespread reforms and was responsible for the shift from the mere custodial care to the active treatment of the mentally ill.

The post-war years witnessed a discernible change from the use of the term mental hygiene with the implication of mental illness, to the use of the term mental health which emphasised the more positive aspects. This led to the establishment of several societies which aimed at prevention of illness and active promotion and enrichment of mental well-being. Till recently these movements failed to have their impact in India where the effort continues to be directed at the treatment of illness rather than towards the preventive or promotive areas.

Mental Health Problems -- Magnitude

It was commonly believed that the prevalence of mental illness in India was much less than in the western countries. The oriental philosophy of life, the limited urbanisation and industrialisation, the strong family ties that continue to exist were all considered to be responsible for this "low prevalence" of mental illness. More than anything else, the impressionistic estimate made during the early part of the century by Overback- Wright that prevalence of mental illness in India is 0.26/1000 of population was responsible for this misconception. Till the early sixties representative surveys of mental morbidity were not undertaken in India. The study conducted by *Surya* in a peripheral slum area of Pondicherry is probably the first systematic survey of mental morbidity in this country.² This study pointed out that prevalence of mental illness was 9.5/1000 of general population. Since then a series of studies have been undertaken in Calcutta, Lucknow, Agra, Ahmedabad and Vellore. The accumulated evidence points out that the prevalence rate of mental illness in India is not significantly less than it is in the west. A complete evaluation of these studies is to be found elsewhere.³ A statement at the end of this paper condenses the cardinal features of these studies.

The findings of these studies are equivocal. Instead of providing clear answers, the studies have thrown up a large number of questions. The overall prevalence rates vary from 9.5/1000 to 102.5/1000. The rates given for different disease entities also vary widely. The disparity of rates can well be because of dissimilar manner of case defining and case finding techniques as well as because of the differing background and training of investigators involved. The difference can also be due to the varying characteristics of the population surveyed.

Dube's Agra study (1970) has been taken as the basis to estimate the magnitude of the problem of mental ill-health in the country as a whole through the projection of figures.⁴ This study uses a fairly large sample and has covered the urban, the semi-urban and the rural population. The methodology of the study has

been sound and the case finding was by detailed structured interviews. Dube estimates the prevalence of mental illness to be 18/1000 of general population. All the studies (except the Vellore study) have screened only the adults. As 45 per cent of India's population consists of children, if we project Dube's figures to the adult population, one can say that nearly 65 lakh individuals are affected by serious mental disorders in India. If one enlarges the scope of the concept of "mental illness", as done in the Calcutta study, the number of individuals needing mental health care would be nearly 3 crore individuals. All the studies point out that the community perceives, in the main, individuals suffering from schizophrenia, affective psychoses, obsessive-compulsive neurosis, mental retardation and other major neuroses as those requiring therapeutic assistance.

Mental illness in certain special groups deserves attention. The Vellore study has screened children as well.⁵ It found that prevalence of mental illness was 66.2/1000 in the adult population, while the prevalence of emotional problems among children was 66.8/1000. Though the prevalence rates are more or less similar, the types of problems were different in the two groups. Among children, neurosis, mental retardation, behaviour disorders and sleep walking accounted for the prevalence figures at 39.5, 17.6, 8.8 and 0.9/100 respectively. It is thus obvious that the types of services required for children are of a different variety altogether. If one were to project the figures of the Vellore study, in absolute figures nearly 18 million children are in need of therapeutic guidance.

Geriatric population should also receive special attention. In the western countries those aged over 65 years have been considered for being provided with geriatric services. Individuals aged over 65 years constitute a very small segment of the population in our country but this segment will steadily increase in size in the coming years. *A community study conducted at Madras* found that the prevalence of mental illness in those aged over 50 years was 350/1000.⁵ One third of those over 50 years

needed mental health care. Prevalence of mental illness was three times as much in this population when compared to the general population. Depression was the most common disorder seen. The greater vulnerability of the geriatric population to mental health problems has been long recognised. If the present indicators are a guide, in the very near future, India too should plan to develop special mental health services for senior citizens.

Students — professional and postgraduate — constitute the cream of India's population and the leaders of tomorrow have to come from this elite group. A study conducted at Bangalore found that 16.7 per cent of the postgraduate students do have serious emotional problems. Nearly eight years ago, a Lucknow study found that 31.3 per cent of medical students screened were in need of mental health care.⁸ These students needed care for personality disorders, depression, anxiety and adjustment problems. The figures speak for themselves and stress the need to develop student mental health centres in universities and colleges in this country.

Reverting to the general population, one has to take into consideration the incidence of mental disorders. Only the Calcutta study by Nandi (1975) has estimated the incidence of mental illness in addition to the estimation of the prevalence rates.⁹ The number of new cases manifesting themselves each year is estimated at about 50/100000 of general population. As this refers to the adult population the number of new cases is to the tune of 1,75,000 each year.

From the foregoing, one can conclude that the magnitude of mental health problems in this country is very vast. The development of services to care for such a huge population is a herculean task. As the resources available — both in manpower and finances — are limited, careful planning at national level is essential to come to grips with the situation.

Nature and Presentation

The various studies conducted in India have not shown any significant differences in prevalence rates for mental illness in India and

the western countries. However, differences have been observed in the symptomatology of various mental illnesses.

It has been observed that there is a larger proportion of catatonics among schizophrenics admitted to Indian mental hospitals than in most western countries. On the contrary, the number of simple schizophrenics is more or less negligible. Neki (1973) points out that probably the former is due to the general pattern of delayed consultation in India while the latter is due to the greater social tolerance of the simple schizophrenic in our society.¹⁰ It has been observed that schizophrenic illness in this country, despite highly irregular treatment and follow-up, appears to have better prognosis than in the more developed nations.

Among the depressive patients seen in India, agitation has been seen as a predominant symptom which contrasts with the greater prevalence of psychomotor retardation seen in the west. Feelings of guilt are again less common among Indian patients.

Psychoneuroses in India present a picture which varies more from those seen in the West. Hysterical convulsion reactions are seen very frequently. In the Agra Community study, hysteria constituted 34 per cent of all psychiatric patients identified.¹¹ This was four times more than the number of schizophrenic patients seen in the same community and nearly twice the number of all other types of neuroses put together. Unlike in the West, a male patient with conversion hysteria was not uncommon though the condition was twenty times more common among women than among men.

No culture bound syndrome specific to the Indian context has been established but three syndromes which probably have a culture specificity have been suggested. "DAar" syndrome is one such. In a society where sexual repressions predominate, several young men present themselves with a morbid picture of severe anxiety and guilt connected with nocturnal emissions and masturbation. There is a concern with genitals and sexual potency

along with a profusion of somatic complaints. Another syndrome — ascetic syndrome seems to be a manifestation of concern with the control of sexual impulses. Seen among adolescents and young adults the characteristic features are psychosocial withdrawal, severe sexual abstinence, practice of religious austerities, lack of concern with personal appearance, and considerable loss of weight. The third in the series is the "*Suchi Bai Syndrome*" or purity mania seen among Bengali women where there is a compulsive need for maintenance of cleanliness and purity.

In the Indian set-up one rarely seeks therapeutic help for personality disorders, sexual perversions, behaviour problems of children, marital problems and transient situational disturbances. The first three are probably socially tolerated while for the latter two the agencies from which assistance is sought are probably those which are not therapeutic centres but which are part of the social system.

One of the observations of the Indian psychiatrists is the predominance of somatic complaints in the clinical picture presented by their patients. These complaints are made in relation to different parts of the body but the two most commonly affected areas are the abdomen and the genitals. Abdominal symptoms almost invariably seek expression in the form of gastric trouble, constipation, flatulence, dyspepsia, etc. Indian patients seem to prefer a somatic language to the psychological one to communicate the contents of their psychological discomfort. Sexual complaints form another group. Perceived change in the sexual organs, sexual weakness, inadequacy, premature ejaculation are all highlighted. These probably have their roots in inadequate sexual information and awareness as well as social taboos that apply to sex in Indian culture.

Mental Health Services

Mental health and insanity do find a mention in the ancient Indian religious texts. They are particularly well delineated in the Ayurvedic system of medicine which contains descriptions

of possible causes and remedies for the same. The earliest mention of a hospital at Dhar, near Mandu in Madhya Pradesh, devoted exclusively to the care of the mentally ill occurs in the fifteenth century. Apart from this certain temples and *dargahs* all over the country had also acquired fame as treatment centres for the mentally ill — a trend that continues to the present day.

There were no significant changes in the type or quality of the care offered to the mentally ill with the advent of British rule in India. A number of lunatic asylums came into being in British India, as attempts were made to separate the mentally ill from the physically ill. The earliest asylums were established at Calcutta (1787), Bangalore (1788), Madras (1793) and Varanasi (1809). There is some controversy about the establishment of the first asylum as some records indicate that a 'lunatic asylum' was founded at Waltair in 1767. Till 1905, all asylums were under the charge of a civil surgeon and the quality of care at any asylum depended, naturally on the interest, enthusiasm and attitude of their superintendents. The emphasis at all asylums was on custodial care with little or no attention being paid to administer treatment.

In certain ways, the year 1905 represents a landmark in the history of mental health movement in India. Due to the efforts of Lord Morley, Secretary of State for India, for the first time provisions were made for the special care of the mentally ill. This was placed under the alienists — as psychiatrists were then called — and it marked the recognition of psychiatry as a speciality.

The year 1912 represents the next significant landmark in the history of psychiatry. The Indian Lunacy Act (1912) was passed and simultaneously the ignominious designation of "lunatic asylum" was changed and these centres came to be known as "mental hospitals". In spite of all this, the famous humane reform movement that swept across mental hospitals in Europe and America in the 19th century left India by and large untouched.

Mention must be made of the early beginnings of psychoanalysis in India. Even before Freud became a familiar name among mental health professionals in the country, Dr Girinder Shekar Bose had independently commenced around 1916 the application of psychodynamic principles in the treatment of the mentally ill. He later founded the Indian Psychoanalytic Society, which became affiliated to International Psychoanalytic Association in 1922. Since then Calcutta has remained an active centre of the psychoanalytic movement though its impact was not felt in other parts of the country. To Dr Bose goes the credit of having taken the lead in treating the mentally ill outside the mental hospital setting by starting a psychiatric unit in a general hospital setting — the R.G. Kar Medical College — in 1933.

Till the time of independence in 1947, in India, it was not only psychiatric patients but in a way psychiatry itself was locked up in mental hospitals. Recognising that even with the addition of many more mental hospitals, the service facilities were still quite inadequate to meet the growing demand for psychiatric care, and taking cognizance of the fact that the bulk of the neurotic patient population is to be found in a general hospital outpatient services, psychiatric departments began to function in general settings. Following the first such set up at Calcutta in 1933, a second one came up in 1938 at the J.J. Hospital, Bombay. This trend has gathered momentum and currently there are nearly 200 such units in the country.

The Law

Prior to 1912, the major part of the law relating to the custody of lunatics and their legal rights were contained in a number of Acts passed in 1858. They had been subsequently amended in 1890 and 1891. All these were patterned after the English Lunacy Act of 1853.

The Indian Lunacy Act of 1912 — which is still the valid law in the area — defines a lunatic as "an idiot or a person of unsound mind". However, neither of these terms have been adequately defined. The Act contains provisions for the reception, care, treatment and the discharge of patients from asylums. It also

contains provisions for the management of the estates of the mentally ill. Criminal lunatics are also covered by the Same Act.

The Indian Lunacy Act of 1912 has far outlived its utility. Its chief drawback lies in its failure to define what is meant by a mentally unsound person. The act does not differentiate between mental illness and Mental retardation-the two groups for whom the methods of approach, management and rehabilitation are totally different. There are other inadequacies too, which result in cumbersome and time consuming procedures for admission and discharge from a mental hospital.

Various professional bodies have been exerting strong pressure on the law making bodies for nearly 30 years to replace the archaic Lunacy Act of 1912 with a forward looking humane act. Currently, there is a move to bring into being an Act called the Indian Mental Health Act. The long time it has taken to approach fructification is probably an indicator of the apathy of the public and the low priority being accorded to the area of mental health by the government.

Mental Health Manpower

One of the reasons why mental health movement in India has not been able to make an impact on the community is the paucity of mental manpower. At the time of independence there were no formal facilities in the country to train mental health personnel. The establishment of the All India Institute of Mental Health (now known as the National Institute of Mental Health and Neurosciences) in 1954 was a big step forward in filling this lacunae. This is a unique institution which trains in a single set-up various types of professional workers — psychiatrists, clinical psychologists, social workers and nurses- required to work in the field of mental health.

The manpower currently available in the country is estimated to be around 900 qualified psychiatrists, 400-500 clinical psychologists, 150-200 psychiatric social workers and about 500 psychiatric nurses. There are nearly 25 centres in the country which impart postgraduate training in psychiatry with a total

output of about 100 psychiatrists per year. Centres for training other types of professional workers are very meagre and the National Institute of Mental Health and Neurosciences has to shoulder almost the entire responsibility of training them. This centre trains 12 psychologists, 8 social workers and about 20 psychiatric nurses annually.

Brain drain affects the mental health area drastically. It is a paradox that when there is an acute manpower shortage in the field, trained manpower should go unutilised and a considerable number of trained persons should migrate not only for the sake of better opportunities but for the sake of finding employment which is hard to come by in the country. As Neki points out there was a time, in the early seventies, when the country had about 400 psychiatrists while Indian psychiatrists working abroad were nearly twice the number.¹² A policy for proper utilisation of manpower has, therefore, to be urgently chalked out. It is also necessary to avoid rivalry and professional hegemony and utilise to the maximum extent all types of trained manpower available on the basis of functional competence rather than make professional labels the basis for manpower utilisation.

Existing Mental Health Facilities

The available mental health facilities in India in 1981 included about 20,000 beds in 42 mental hospitals with an additional 1,200 to 1,500 psychiatric beds in general and teaching hospitals¹³. This amounts to only one psychiatric bed per 32,500 of the population. By very conservative estimates the number of mentally disturbed individuals in a population of that size should be around 600. Further, at any given moment not all the beds are available for active treatment. This is chiefly due to the fact that admissions to mental hospitals in India outstrip discharges, the rate being about 1.96 admissions per bed to 1.72 discharges. Thus, a sizeable segment of the bed strength is occupied by chronic long stay patients which further aggravates the existing shortage of treatment facilities. The in-patient and out-patient facilities available to cover the needs of children is insignificant. Most of the available

mental health services have been confined to the larger cities. This results in the rural populations going without adequate mental health care. Alternatively they have to incur high expenditure and considerable waste of time in bringing a patient to the urban hospitals.

India is a signatory to the Alma Ata declaration and has adopted the eminently desirable WHO objective of providing health for all by the year 2000 A.D. However, it is apparent that the existing mental health delivery systems in the country are woefully inadequate and do not touch even the fringe of the problem. The magnitude of the problem and the number of those who need care is vast, the available facilities are meagre and unevenly distributed while the manpower, inadequate as it is, is not fully utilised to derive the maximum benefit.

The target of providing a certain minimum standard of mental health care is further complicated by inadequate financial resources. Health does not receive a high priority in the total budgetary allocation of the state, and within this mental health receives a meagre share, as the major portion is allotted for the control of communicable diseases, malnutrition and population growth in addition to the improvement in environmental sanitation and supply of protected water. The dismal situation is further underscored by the fact that the government itself, until recently, did not have an expressed national policy on mental health.

A series of misconceptions about mental health problems are probably responsible for depriving the area of mental health a rightful place in the national and state health planning. It was generally believed that prevalence of mental illness was low in India when compared to the west. It was felt that no effective techniques of treatment are available and once acquired they are chronic life long conditions. This led to an attitude of dejection and hopelessness. Mental illness was never perceived as something serious as mortality due to them was low. Furthermore, the internationally recognised attitudinal frame of denial, isolation and rejection of the mentally ill has resulted, in almost every part of the world, in a delay in starting of services for them. The

attitude towards the mentally ill and towards mental illness is, however, slowly changing. It is realised that their prevalence is not less in the east, effective and cheap methods of treating the mentally ill are now available, mental illness causes immense suffering to the affected individual and is responsible for creating nearly a fourth of all the disabilities in the community. In an indirect manner there is mortality due to mental illness. In India nearly 92,000 suicides are committed annually and a significant number of these are a result of mental disturbances.

National Mental Health Programme

In July 1981, a draft proposal of a national health programme was discussed and an outline for its implementation was chalked out. This is a good beginning. The choice of an appropriate delivery system has to be governed by factors such as cost, the existing health service structure, practicability, acceptance by the community as well as effectiveness. The establishment of a few high cost institutions — islands of excellence, as they are often referred to — in the urban areas or the training of more specialists cannot be the solution to the problem.

As put forth in the draft proposal of the national health programme, two alternative options are available which are not, however, mutually exclusive. The first consists in directing available resources to strengthening and the establishment of psychiatric units at all district hospitals, which would be able to provide extended mental health services through psychiatric camps and mobile teams. In general terms, the approach would be directed from the centre to the periphery.

An alternative approach would be to train an increasing number of health workers in basic mental health skills. There would thus be a functional infrastructure before completing physical infrastructure. This approach would basically be directed from the periphery to the centre. This would be innovative inasmuch as it would permit the planning according to the needs perceived at the grassroot level and would allow for a speedy coverage of the hitherto underserved or rather unserved rural

poor. In the second option, the focus would be on the more seriously disruptive mental illnesses such as the psychoses and the epilepsies which are readily amenable to control with the providing of systematic treatment. The intervention in such cases would be at a more peripheral level. The existing shortage of manpower to achieve this could be bridged through the involvement of para professionals trained in mental health delivery systems. This offers an inexpensive and viable alternative to the problem as it would make use of the existing health services infrastructure in the country and obviate the need for any initial capital outlay. It would also facilitate the integration of mental health services with other general health and social service programmes in the country.

Mental health facilities in India function as the passive recipients of patients. They become operational only when the coping mechanisms of the community fail. The institutions have little knowledge of these mechanisms and in turn have insignificant impact on them. It is imperative that the role of mental hospitals becomes more active and they concern themselves with the social processes involved in the continuing of those who are mentally ill in the community as well as their rejection into a mental hospital.

Experiments in the delivery of mental health care at the grassroots has been pioneered at two centres in India — Bangalore and Chandigarh — and mechanisms for the diffusion of mental health skills to the periphery of the health services system has been developed. This methodology has been emphasised in the proposed draft of the mental health plan.

The focus of attention here is the periphery, the primary health centre (PHC) each of which is manned by medical officers, health inspectors and multipurpose health workers. The basic health workers become the primary agents for mental health care. Brief training is provided to these workers so that they attain competence in recognising and detecting cases of mental illness in the community. Training is provided, in addition, in the management of psychiatric

emergencies, in simple crisis intervention skills and in the administration and supervision of maintenance treatment which can be carried out under guidance and overall supervision of the doctors at the PHC. Like the health workers, but at an advanced level, brief training is provided for the doctors also. Instruction manuals meant for the use of various levels of health workers becomes an essential need and have to be developed. This strategy would facilitate the covering of the vast majority of underserved and unserved rural communities by a mental health cover which would function as a part of the general health service system. Where a case is beyond the competence of the health worker or the PHC doctor to manage, it would be referred to the next higher level — the district hospital which would be strengthened by the addition of a trained psychiatrist who would provide services for the problem cases.

The national plan envisages the possibility of prevention and rehabilitation sub-programmes as a part of the national plan of mental health. If implemented with the desired amount of coordination and a committed involvement, it holds forth the hope of health for all by 2000 A.D. becoming a reality.

Participation By Voluntary Agencies

Greater participation and involvement by voluntary agencies would go a long way in alleviating some of the existing difficulties. At present such private ventures and self-help groups provide services only for the mentally retarded persons. The draft proposal of the national plan envisages the possibility of mental health services. There is an urgent need for providing rehabilitation services which are presently conspicuous by their absence. These services are to be geared up at least to be on par with such services available for the physically handicapped. As a certain segment of the mentally ill tend to be chronic, there is a need for day centres, half-way homes and sheltered workshops. Counselling centres for students in schools, colleges and university campus would fill in a hiatus that exists at present and would reduce student wastage, dropouts and psychiatric breakdown among

them, if not some of the unrest that exists in the University campuses at present. Crisis intervention centres for those who have attempted suicide or get into a web of suicidal ideas can go a long way. Similarly self-help groups on the lines of Alcoholic Anonymous (AA) may provide relief and hope to many an alcoholic and drug addict. Much of this responsibility can be taken up by voluntary groups as the basic requirements in the main are a certain amount of organised effort by individuals who have the human potential and the will to reach out to those who are in need of understanding, sympathy and a guiding hand.

Future Directions

The proposed draft proposal of the National Mental Health Programme, if accepted and implemented, would give a correct direction to the mental health programmes in this country. Any planning in the area of health requires a great deal of co-ordination — first between the implementation as undertaken by the Central government and the State governments. Wide variations between different States would be a setback to the national plan. Coordination would also be required at various levels within a State, as the plan has a wide sweep and has to spread from the PHC to the apex of State administration.

In no society legislation has succeeded in bringing about complete social change but nowhere it has failed to contribute effectively towards social change. Viewed in this perspective, a new Mental Health Act to replace the Indian Lunacy Act of 1912 is a measure long overdue.

Effective therapeutic intervention forms a major component of any mental health programme. To presume that this responsibility is to be taken exclusively by a specialist, the psychiatrist, is an unsound policy. To a very large extent this has to be looked after by the general practitioner and the family physician. The present medical curriculum with not more than twenty hours of training in the area of mental illness during the 5½ years of undergraduate medical training does not make a fresh medical graduate any more competent

than an educated layman in the area of mental illness. The training in mental health for a medical graduate at the undergraduate level of training has to be considerably strengthened.

Over the years the concept of health has changed considerably and currently includes physical, mental, social and spiritual well-being. Secondly, it is not just the therapeutic aspect that is emphasised but the preventive and the rehabilitative aspects have also been stressed. A mental health programme will have so many facets that it would be archaic and unscientific to consider that all types of programmes — preventive, crisis intervention, rehabilitative, mental health education, training of para-professionals, etc. — are to be viewed within a medical model and in each of the activities and at all levels the leadership is to be expected from the medical profession. Depending on the programme, clinical psychologists, medical sociologists, occupational therapists, social workers and nurses may be better suited for specific task implementation. Recognising this and utilising the manpower fully and in a selective manner would lead to greater economy of effort and the attainment of better levels of efficiency.

G.G. Prabhu and Ahalya Raghuram

Notes on Mental Health in India

1. A. Chakravarty, "A Critique on the concept of Mental Health" *Indian Journal of Psychiatry*, 1967, No. 9, p. 197
2. N.C. Surya, S.P. Datta, R. Gopalkrishna, D. Sunderam and J. Kutty, "Mental Morbidity in Pondicherry", *Transactions of All India Institute of Mental Health*, 1962-63, No. 4, pp. 50-56
3. G.G. Prabhu, "Pathology and Deviance", *Survey of Research in Psychology* (Ed.), U. Pareek, Bombay, 1980, pp. 257-332
4. K.C. Dube, "A Study of Prevalence and Bio-Social Variables in Mental Illness in a Rural and an Urban Community in Uttar Pradesh, India", *Acta Psychiatrica Scandinavica*, 1970, No. 46, pp. 327-359
5. A. Verghese, A. Beig, S.A. Senseman, S.S.S. Rao, and V. Benjamin, "A Social and Psychiatric Study of a Representative Group of families in Velloore Town", *Indian Journal of Medical Research*, 1973, No. 61

6. V. Ramachandran, M. Sharada Menon and B. Ramamurthy, "Psychiatric Disorders in Subjects aged over 50", *Indian Journal of Psychiatry*, 1979, No. 21, p. 193
7. C.R. Chandrasekhar, C. Shamasunder, R.L. Kapur and V. Kalia-Perumal, "Mental Morbidity among post graduates and Research Students — An Epidemiological Study", *Indian Journal of Psychiatry*. 1980, No. 22, pp. 89-93
8. A.K. Agarwal, "Psychiatric Morbidity in Medical Students", *Indian Journal of Psychiatry*, 1973 No. 15, pp. 347-363
9. D.N. Mandi, S. Ajamani, H Ganguli, G. Banerjee, G.C. Borsal, A. Ghosh and S. Sarkar, "Psychiatric disorders in a Rural Community in West Bengal — An Epidemiological Study", *Indian Journal of Psychiatry*, 1975, No. 17, PP. 87-90
10. J.S. Neki, "Psychiatry in South-East Asia", *British Journal of Psychiatry*, 1973, No.123, PP. 257-269
11. *A Study of Prevalence and Bio-Social Variables in Mental Illness in Rural and Urban Community in Uttar Pradesh, India*, Op. Cit.
12. *Psychiatry in South East Asia*, Op. Cit.
13. Govt. of India, *Draft Proposal of a National Mental Health Programme for India*, Ministry of Health (Mimeo) 1981

Minimum Needs

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The concept of minimum needs is not an idea completely new to India. In December 1957, the Fifteenth Indian Labour Conference, after a protracted discussion, passed the following resolution: "While accepting that the minimum wage was need-based and should ensure the minimum human needs of the industrial worker, the following norms were accepted as a guide for all wage fixing authorities, wage boards, adjudicators, etc: (1) In calculating the minimum wage, the standard working class family should be taken to consist of three consumption units for one earner, the earning of women, children and adolescents should be disregarded. (2) Minimum requirements should be calculated on the basis of a net intake of calories, as recommended by Dr Aykroyd for an adult average Indian of moderate activities. (3) Clothing requirements should be estimated at per capita consumption of 18 yards per annum which would give for the average worker's family of four a total of 72 yards. (4) In respect of housing, the rent corresponding to the minimum provided under Government's Industrial Housing Scheme should be taken into consideration in fixing the minimum wage. (5) Fuel, lighting and other miscellaneous items of expenditure should constitute 20 per cent of the total minimum wage".

This was a fairly concrete and explicit formulation of minimum needs for the industrial worker. Because of the diversity of the results in computing the minimum wage in monetary terms, with the use of these norms, the National Commission on Labour published in its report of 1969 the money equivalents at 1967 prices of the minimum need-based wage for 25 different industrial cities in India, taking into consideration the diversities of diet pattern, cost of food, food availabilities, and the revised nutritional prescriptions of the Indian Council of Medical Research.² It is clear, however, that these efforts were restricted to

satisfy the basic needs of industrial workers under pressure from their trade unions. No attempts were made to extend the provision of similar safeguards to rural and other unorganised workers in urban areas, except for some minimum wage legislation by a few states to protect factory workers in rural areas and ensure minimum wages for agricultural workers.

Five Year Plans

The concept of minimum needs as enunciated in the draft Fifth five year plan (1974-79) has a far wider coverage and is intended to provide a "minimum level of social consumption for different areas and sections of the community."³ Indeed it was only within the last decade that minimum needs in this broader context began to receive the increasing attention of the planning authorities. This apparent earlier 'neglect' was justified in the belief that economic growth and the rapid industrialisation of the country would raise the standard of living of the entire community. Unfortunately, while great strides have been made in technological development, the expansion of raw material resources and industrial exports, the benefits of such economic expansion with its consequent increase in income and wealth have largely bypassed the mass of the common people who live in rural areas and are dependent on agriculture for their subsistence. Reviewing the overall achievements of three decades of planning and development, the Draft five year plan (1978-83) concludes: "It is a cause of legitimate national pride that over this period a stagnant and dependent economy has been modernised and made more self-reliant. A moderate rate of growth per capita income has been maintained despite the growth of population. On the other hand, the numbers of unemployed and under-employed are still very high and more than 40 per cent of the population lives below the poverty line."

As a matter of fact, the elimination of poverty as such was treated with niggardly interest in the plans right up to the Fifth plan (1974-79), when the satisfaction of minimum needs came to occupy a fairly central position in the objectives and strategy of the plans. While the

Second five year plan had referred to creating a milieu for the small man, the Fourth five year plan had alluded to the improvement that could be achieved in respect of the common man and the weaker sections, especially through the provision of education and employment. It emphasised the goal of a 'national minimum' as an essential pre-requisite to improve the condition of the lower income groups. It recognised that the small farmer and the landless labourer constituted the bulk of the agricultural population with no productive base and dependent for its livelihood on wage employment. This situation was to be remedied through greater and more sustained investment by the plan in those areas of economic weakness and social backwardness.⁵ But beyond these general indications, no serious and concentrated efforts were undertaken to relieve the poverty of these sections of society.

In the Fifth plan, the inability of economic growth by itself to bring about a more equitable distribution of the surplus wealth created by plan investment was recognised. Two major objectives of the Fifth five year plan were therefore "the removal of poverty and the attainment of self-reliance."⁶ One of the important elements of the plan strategy to realise these objectives was the provision of a minimum level of social consumption for different areas and sections of the community.

The first step in the formulation of the minimum needs programme was to identify the priority areas of social consumption and to lay down for each of these a minimum norm for attainment by the end of the Fifth plan period. The areas chosen were elementary education, rural health, nutrition, drinking water, provision of house-sites, slum improvement, rural roads and rural electrification. In each of these areas concrete targets were determined.

In regard to elementary education, the objective was to cover 97 per cent of the children in the age group 6-11, and 47 per cent in the age group 11-14. This was to be achieved by building primary schools not more than 1.5 km and middle schools not more than 5 km away from the homes of the children. Besides,

other facilities like midday meals, free text books, additional classrooms, etc. were to be provided. The enlargement of public health facilities was to be made possible through the establishment of one primary health centre for a block population of 80,000 to 100,000 people, supported by 8 to 10 subcentres, each serving a population of 10,000. Each primary health centre was to have received drugs worth Rs 12,000 a year, and each subcentre drugs worth Rs 2,000 per annum. Moreover, one in four primary health centres was to be upgraded to the status of a 30-bed rural hospital. In this way, additional health facilities of 101 primary health centres, 11,036 subcentres and 1,293 rural hospitals were planned to be set up.

The nutrition programme sought to provide mal-nourished children, pregnant and lactating mothers from the weaker sections with an integrated programme of supplementary feeding, health care, immunisation and nutritional education. No specific targets were mentioned, except that supplementary feeding would be provided to children in the pre-school stage for 300 days and midday meals to be served in schools for 200 days in the year. Some 11 million were estimated to be the beneficiaries of the programme during the Fifth plan.

In 1974, about 152,000 villages of a total of 576,000 suffered from scarcity and supply of good drinking water. What is more, the supply of drinking water in Harijan and backward class localities in most villages was known to be inadequate. About Rs. 554 crores were earmarked in support of this programme. Similarly, all weather roads were to be made available to villages above a minimum size of 1,500 persons. Electricity was to be extended to reach 30 to 40 per cent of the population in every State by the end of the plan. A master plan for sanitation in slum areas and environmental improvement for every town with a population of five lakhs and cover was also envisaged. It was intended to continue the provision of the Fourth five year plan for financial assistance for the purchase of house-sites with a coverage of 91 sq. metres. For this purpose an outlay of Rs 108 crores was allocated to provide 40 lakh houses.

Obviously, though these provisions were meant to serve a diversity of needs they were meant to be implemented in an integrated manner. Thus villages where primary health centres or schools were to be located, were to be provided with water supply, electricity and link roads. This would imply detailed decentralisation of planning at the district level, in order to bring about a convergence of different facilities at specific points, or growth centres, where economic and commercial markets, agro-processing facilities and other village and small scale industries could be established. An outlay of Rs. 2,803 crores was earmarked for the entire programme.

Unfortunately, investment outlays in the implementation of the programme had to be severely curtailed because of the inflationary crisis of 1973-75 brought about by the rise in the price of petroleum and the drought in these years. The total investment for the four years barely amounted to Rs 800 crores. Apart from the financial aspect, the programme has to be judged on the merits of the results achieved. Some of the aspects of the programme like midday meals for children and the supplementary feeding programmes for pre-school children and pregnant and nursing mothers were an expansion of what was being implemented in the Fourth plan and have no doubt benefited these groups. But financial provision for house-sites, drinking water projects, rural roads and sanitation suffered from the drastic curtailment of investment. There does not also seem to have been much people's participation in their own uplift because of the fact that though the institutions like the panchayats are still functioning in a semi-activated state, they have no real power over the choice and the finances for achieving the targets proposed in the plan.

The Sixth five year plan (1980-85) states: "The programme is essentially an investment in human resource development. The provision of free and subsidised services through public agencies is expected to improve the consumption levels of those living below the poverty line and thereby improve the

productive efficiency of both the rural and urban workers. This integration of social consumption programmes with economic development programmes is necessary to accelerate growth and to ensure the achievement of plan objectives". The plan further says that for optimising benefits, these programmes have to be taken as a package and related to specific areas and beneficiary groups. A sectoral approach in which programmes are formulated and implemented departmentally will not be adequate either for the overall development of the area or for bringing about the desired distribution of benefits. The need for integration is especially greater at the micro-level where the programmes are implemented." The targets and outlays for the Minimum Needs Programmes are given below in the following table.9 (Table omitted)

The success or failure of this programme for the satisfaction of minimum needs will have to be judged not only in terms of physical benefits but also how far this effort impinges on the elimination of wide differences in income and arouses in the beneficiaries a real spirit of self-reliance. This becomes clear from a consideration of the recent International Labour Organisation (ILO) approach to the satisfaction of basic needs, the objectives of the programme and the strategy for their achievement.

Basic Needs

The basic needs approach of the ILO is directed to securing the satisfaction of an absolute level of basic needs as an explicit goal of development planning and its execution. Basic needs have been defined to include certain minimum requirements as well as certain essential services. Thus minimum requirements should cover food, clothing, shelter, while the minimum services would include health, education, water and sanitation. The attainment of these baseline targets must necessarily include the participation of the people who will receive these benefits since basic needs must be placed in the broader framework of the fulfilment of human rights, "which are not only ends in themselves, but also contribute to the attainment of other goals."

In the prevailing economy all over the world, employment enters into the basic needs strategy both as a means and as an end, because it provides the employed person with an income and gives him a recognized status of doing something worthwhile and acceptable in the eyes of his peers. One of the consequences of implementing physical basic needs targets in the developing countries would naturally require a redistribution of goods currently produced which would imply a change in the structure of production. A rapid rate of growth becomes an essential part of a basic needs strategy to be achieved by greater production through higher levels of employment and rising incomes which would in its turn provide the employed with the purchasing power necessary to gain access to the surplus made available by increased growth.

It is true that basic needs constitute the minimum objective of the community, but the actual targets fixed must be fairly precise, where health and nutrition are concerned. Value judgements will have to be applied to determine the minimum in the case of housing and education.

According to the ILO report, there are several ways in which basic needs targets can be achieved within a specific time horizon. One of these could be the direct distribution of accumulated goods and specific services to the poor. One could also strive for a better distribution of the existing stock of capital among the needy. However, an effective strategy would require that basic needs be determined in a simple and straightforward manner in a form that is easily measurable.

Regarding the measurement of basic needs, it is interesting to note that the indicators, both qualitative and quantitative that have been used in India for the measurement of the minimum need-based wage, are practically the same as now recommended by the ILO. For instance, the component of nutrition may be measured by the number of calories and the quantity of proteins absorbed by a person per day and the percentage of calories emanating from cereals, roots, tubers and sugar. FAO has

linked food requirements to a reference man, who is 20-39 years old, weighs 65 kg and is involved in moderate work for eight hours a day. The standard requirement accepted by FAO is 3,000 kilocalories and 17 grams of protein a day. On a wider community basis, however, nutritional shortfalls may be easier to measure than deficiencies at the household level. For children, birth-weights and weights at given height and age should indicate the nutritional status of the child. A combination of all these measures may be used in fixing the required targets.

Clothing requirements can be measured in metres of cloth according to predetermined standards of decency, climatic conditions and the type and intensity of occupation. Quantitative indicators to measure shelter needs would be square metres of space per room or housing unit. To indicate both qualitative and quantitative shelter requirements one would have to consider the quality and quantity of housing materials required.

The need for health services could be determined by indicators like mortality and morbidity rates, evidence of infectious and parasitic diseases and expectation of life at birth. The need for education could be expressed in the form of literacy for everyone and, secondly, basic primary education for children. Similarly, for drinking water, the need can be measured by prescribing the number of wells and water taps for a specific number of households.

Once these targets have been fixed, it becomes necessary to plan the policies and the measures to achieve these targets. However, no strategy can leave out of account the participation of the people in setting the targets and determining the manner in which to reach these objectives. Contradictions may appear at this juncture between the planning and the participatory process, but obviously there should be room for compromise and a convergence of interests on both sides.

Since the ILO regards the satisfaction of basic needs as a world problem in which the developed nations have a part to play, a comparatively rapid increase of per capita incomes of the poor could be feasible through redirection of international assistance in such a way that investment flows be channelled not towards consumption but towards the formation of capital assets to raise production and the income levels of the poor, directly and exclusively. No doubt the same investment could be used more efficiently elsewhere, but it is expected that the net effect of such investment in the form of credit and physical inputs, access to physical infrastructure, the accumulation of human capital, etc. will significantly accelerate the rate of income growth among the poor. It may safely be assumed that an initial redistribution of land through land reform is a necessary step in countries where land ownership is highly concentrated. Naturally the ILO scheme takes in the world as a whole and is not restricted to a single country. It is therefore concerned with production targets of simple basic needs, the target group being the poorest 20 per cent of the population and the time horizon being the year 2000. But there is no inherent difficulty in the revised minimum needs programme to prevent the Planning Commission and the Government of India from adjusting the minimum needs to suit the requirements of the basic needs of the ILO so as to include both the quantitative and the qualitative indicators and the 'hard core' target group of the lowest 20 per cent of the population, as essential elements in the scheme.

However, as the ILO report observes in a quotation very pertinent to the Indian situation "in many countries minimum income and standards of living for the poor cannot be achieved, even by the year 2000, without some acceleration of the present average rates of growth, accompanied by a number of measures aiming at changing the pattern of growth and the use of the productive resources by the various income groups; in a number of cases, these measures would probably have to include an initial redistribution of resources, in particular, land."

One last brief comment before concluding this brief article on minimum needs and the recent evolution of the concept. As E.L.H. Lee observes, "It is important not to confuse basic needs with basic rights". "Basic human rights has, for instance, been included as an item in a list of basic human needs. It is obscure, however, how one can 'need' a 'right'; a right has an autonomous existence, quite independent of whether one has a need for it or not"¹³. And he argues that human rights are inviolable and the setting of basic needs targets does not imply that these targets must be met at any cost, for example, by political repression. Nor in the name of equality must one attempt to lower the average general standard of living to the level of the poorest. All the same, in a situation where great influence is juxtaposed side by side with abject poverty, social justice would require much greater sacrifice from the former category in order to reduce the inequality. Finally, it could be maintained that in a developing country there should take place a fundamental shift in the composition of output in favour of necessities, if the strategy of satisfying basic needs is to be achieved.

Aloysius Joseph Fonseca

Notes on Minimum Needs

1. Report of the 15th Session of the Indian Labour Conference held at New Delhi on 11 and 12 July 1957. Also A.J.Fonseca, *Wage Issues in a Developing Economy*, Oxford University Press, New Delhi, 1975, P. 151 for a fuller discussion of the norms and how they were measured to calculate the minimum need-based wage.

2. *Report of the National Commission on Labour*, Government of India, 1969, P. 246.

3. Government of India, *Draft Fifth Five Year Plan Vol. I Planning Commission, 1974-79*, p. 87.

4. Government of India, *Draft Five Year Plan, 1978-83*, Planning Commission, 1978, p.1.

5. Government of India, *Fourth Five Year Plan 1969-74*, Planning Commission p. 15.

6. *Draft Five Year Plan 1974-79*, op. cit. p.1.

7. Ibid. chap. 8, National Programme of Minimum Needs, p. 87

8. Government of India, *Sixth Five Year Plan 1980-85*, Planning Commission, New Delhi.

9. Ibid., p.266.

10. *Employment, Growth and Basic Needs*, International Labour Organisation, Geneva, 1976, p. 32.

11. *The Basic Needs Approach to Development*, International Labour Office, Geneva, 1977, p. 33.

12. *Employment, Growth and Basic Needs*, op. cit. p 43.

13. E.L.H.Lee "Some Normative Aspects of a Basic Needs Strategy", *The Basic Needs Approach to Development*, International Labour Office, Geneva 1977.

Modern Aids and Appliances for the Orthopaedically Handicapped

Orthopaedically Handicapped

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Before an assessment of aids for the orthopaedically handicapped could be made, it is essential that one should understand as to what types of disability come under the term orthopaedically handicapped. The orthopaedically handicapped can be divided according to the following types of handicaps: —

(a) Partial/full loss of the upper extremities, unilateral or bilateral, (b) Partial/full loss of the lower extremities, unilateral or bilateral, (c) Congenital deformities like absence of limbs, deformed limbs, scoliosis, etc. (d) Deformities caused by diseases like (i) polio or (ii) leprosy and (e) disability due to the process of aging.

In a good number of cases cited above, it is possible to make good to some extent, if not fully, the lost functions by the use of mechanical/electro-mechanical aids.

Historical

Historically, man has striven to use mechanical aids from time immemorial to make up lost functions due to disability. There is evidence of this in the ancient history of Egypt and also in Indian mythology—Coming to modern times we find that in India, the army has been the pioneer in setting up an organised limb fitting centre, primarily meant to assist the disabled due to wars. This limb fitting centre came into existence in 1948. Till the year 1971, there was little other progress made in providing aids to the handicapped in India. There had, however, been sporadic attempts by individual surgeons and charitable organisations, but as a concerted effort nothing came into being. The devices themselves were in a few cases manufactured or fabricated out of imported components, but in most cases

they were made from basic raw material manually. The quality of the product was entirely dependent on the skill of the technicians. It also took anything upto two to three months for a simple device to be fabricated to the satisfaction of the patient and the surgeon.

In 1972 a concerted and organised effort by the Central government came into being in that a major unit for the manufacture of artificial limbs and their components was established. The unit was also charged with the responsibility of assisting various State governments in setting up limb fitting facilities. From 1975 onwards, there is evidence of a large amount of activity towards fabrication of aids and limited applied research being carried out in various parts of India.

Services to the Disabled as in 1975

As stated earlier, the Indian Army had set up a limb fitting facility at Pune as early as 1948. It was importing the materials and augmenting them to a small extent with what could be manufactured in army workshops. The unit had the engineers and technicians trained abroad. The army limb fitting facility was primarily for providing limb fitting services for combatants who became disabled while in action. Because of the forward thinking of the army and the better immunisation facilities available to the army personnel, this limb fitting centre did not have to deal much with disabilities caused by disabling diseases like polio and leprosy. There was also a provision that subject to capacity being available services could be provided to civilian personnel on payment.

A few other centres had also come into being, primarily set up and managed by dedicated individuals, surgeons and charitable organisations. Little concerted organised effort was, however, in hand at higher levels.

A major institute—the All India Institute of Physical Medicine and Rehabilitation— was set up to provide services, but again they were dependent on crudely made components in India and imports to meet their requirements. In Tamil Nadu, the Madras Medical College has started a centre, under the dynamic leadership

of a dedicated individual, which provided services from indigenously manufactured components. An institute for training technicians was also being run by them.

Thus in 1975 in India, there was little else besides locally started units by individual surgeons and charitable organisations both in the manufacturing field and also in the services area.

If one looks at the situation that was existing at the same period in other developed nations, the picture that emerges is vastly different. The United States of America after the second world war has been continuously involved in limited wars in Korea, Indo-China, the Middle East and elsewhere. Even during the second world war, the USA had found it necessary to provide major extended physical rehabilitation cover for their Army men. The numbers of new physically disabled persons ever after the war made it essential for them to expand their orthotic prosthetic cover to the Armed Forces. An organisation, the Veterans Administration (Prosthetic Centre), had come into being much earlier as an inspecting and contracting agency for the rehabilitation material. This agency expanded its role to include research and development also. A large number of training institutions, universities and laboratories were brought into the field by allocation of funds and projects. The services network also was expanded to cover the civil population.

In Germany, a major thrust in the field of rehabilitation of the physically handicapped arose because of the catastrophe caused by Thalidomide, a drug meant for palliation of pregnant women but later found to be causing congenital absence of limbs. Because of the large numbers and the publicity it attracted, the government and other private agencies came into the field of developmental activities to produce useful aids for such disabled children.

During this period, East European countries like Poland and Czechoslovakia, whose land and personnel had been mutilated by the see-saw battles of the second world war, entered the

field of development of physical rehabilitation aids in a big way.

Why has the situation in India stagnated? It is difficult to answer such a question. There are many factors, the important ones being the traditional view that disability is a curse of God and the answer to it is prayer and pilgrimage, low priority, lack of resources, etc. Gradually, as India also got involved with wars on the borders, unawareness of the existence of the problem and the need for a solution came into being. The 1962 border war was the touch-off. In addition to armed forces there were also civilian casualties. The first reaction to this awareness in 1963 was a W.H.O. Committee which was entrusted with the responsibility to carry out a study in this field in India. The Committee's responsibilities included *inter alia* the following: (a) investigating the existing facilities of limb fitting in India; (b) evaluating the possibilities of developing rehabilitation services in India; (c) recommending measures for the establishment of rehabilitation services, especially from the point of view of supply of orthopaedic appliances.

The W.H.O. team after a detailed study and visit to various parts of the country recommended *inter alia* the following: (a) establishment of an All-India Centre for the manufacture and supply of prosthetic and orthotic material; (b) establishment of limb fitting centres in medical college hospitals; (c) establishment of small satellite centres providing fitment, adjustment, training and repair facilities; and (d) changeover from the present time consuming custom making of the aids (then in progress) to the modern modular concept of manufacturing standardized components on mass scale to make them available in a standard quality at reduced prices; and (e) offering prosthetic services free or at token charges to patients.

Post-1975 Developments

It took one more border war, now on the eastern border in 1971, to bring home the need to speed up the implementation of the W.H.O. recommendations. Decisions were taken in quick order: —

- (a) A central manufacturing facility, the Artificial Limbs Manufacturing Corporation of India (a Government of India undertaking) with a capital of Rs4 crores was incorporated in November 1972 and it went into production in 1976.
- (b) The Fifth five year plan, proposed the setting up of the following at a total cost of Rs 408 lakhs:
 Regional Limb Fitting Centres .. 5(6)
 Peripheral Limb Fitting Centres .. 41(28)
 Artificial Limb Sub-Centres .. 3(0)
 Central Training Institute for
 Orthotic/Prosthetic Technicians ...
 and Bio-engineers .. 1(1)
 These Centres started coming into being from 1975 onwards. The actual numbers that came into being upto June 1981 are indicated in brackets against each item above.
- (c) The International Year of Disabled Persons put the final recommendation of the W.H.O. Committee into practice. The Government of India has decided that people having a monthly income of less than Rs. 750 be provided with the devices free and those in the pay group of Rs. 751 to 1500 be given the devices at a 50 per cent subsidised rate. Funds were also made available to implement the scheme.

A distinct national awareness in rehabilitation thus came into being in the year 1975 and from then on there has been a noticeable increase in the activities in the field of rehabilitation and provision of services to the disabled. The IYDP (International Year of Disabled Persons) stimulated this development. New breeds of surgeons, bio-engineers, physical medicine and rehabilitation specialists, clinical engineers, bio-technicians and others have come into being. Designing and fitting of aids to disabled persons has become more and more specialised and sophisticated. The surgeon and the disabled were unhappy with the old custom-made inefficient devices. They demand more and more sophisticated and effective aids. Delays in obtaining aids have also become unacceptable.

Modular Concept

The modern concept in both orthotic and prosthetic appliances is to manufacture them in

modules to ortho-metric dimensions covering the physical parameters of the human being. These modules could then be selected as needed to fit any individual. Such a standardisation makes the components adaptable to mass manufacture resulting in reduction of costs, improvement in quality and standard of accuracy. It also reduces the facilities needed in a limb fitting centre and also the time taken to fabricate the device from its components without any loss of quality. Since the components are standardised and modularised, repairs to be carried out by replacement of components or modules are quick and simple. Such repairs can, therefore, be done by a general mechanic without any specialised training.

Research And Development

The report and recommendations of the WHO team made only a passing mention of research and development in this field. However, there is mention of a few projects. The need for a central institute to stimulate, encourage, fund, organise and exploit the results of research and development on the pattern of VAPC in the United States or the BRADU in U.K. is an essential requirement. Coordination of research is also essential to avoid duplication and unnecessary expenditure of resources and also to ensure a balanced development. Research and development in this field should in all cases be inter-disciplinary in character, invariably needing a task force approach to the problems. This will need obtaining the assistance of the various national laboratories, training institutions in India and abroad and the industry in general. A model for the functioning of such a Research & Development Organisation is at Figure-I.

A question that is asked is, do we really need our own research and development in this field? Cannot we buy the knowhow? Will it not be cheaper to do so? Even if one decides on the easy way out to buy the knowhow, from whom will the knowhow be bought? As it stands today, this will have to be from the western world. A few pertinent questions to ask would be: (a) Are we going to buy the knowhow of a device that permits one to sit on a western type

commode only, when most people in India squat on the floor? (b) Are we going to buy the knowhow for a device which requires a shoe (or other leather items) as a foundation which will not be permitted to be taken into a good number of Indian homes or prayer places?

The culture and customs of a country have great say in the design and development of rehabilitation devices. There is, therefore, no alternative but to have research and development activities within the country which will have to take into consideration the culture, customs and habits of the various zones. In the matter of rehabilitation devices, it will not be appropriate to transplant in toto material developed to meet the requirements of other cultures and customs. It may be necessary in the early stages to have something rather than nothing. A certain amount of acquisition of knowhow from the developed countries in the initial stages is unavoidable. But at the earliest possible opportunity research and development of devices in tune with the customs and culture of the country should commence.

Today in orthotic and prosthetic products and techniques India is nearly 10 to 12 years behind. Unless research and development work is begun in right earnest the gap in technology will increase.

Comparison of Devices and Technology

In the succeeding paragraphs a comparison of the existing products in India and other developed nations has been made. By way of a very general statement it could be said that while in India work has been restricted to purely mechanical devices, the developed nations have gone into more and more sophistication using electronic, mechanical, pneumatic, hydraulic and electrical devices.

The Foot

There are in India three types of foot which are commonly used and popular. Each one has its own merits and demerits.

(i) *SACH Foot*: To start with there is the Solid Ankle Cushioned Heel (SACH) foot. This is basically a foot manufactured by laminating microcellular rubber sheets round a wooden keel. A balata belting inside provides sufficient

flexibility at the toes to accommodate the rolling action of walking. The heel is made of softer rubber sponge in three grades providing a soft, medium or hard heel depending on the weight consideration of the patient.

(ii) *Wooden Foot*: As the name implies, the foot is made of wood. A toe break with rubber foam for cushioning takes care of the rolling action. The foot has a mechanical ankle joint. The dorsi-flexion and plantar-flexion is controlled by graded bumpers— soft, medium and hard.

(iii) *Jaipur Foot*: This foot developed by Dr. P.K. Sethi of Jaipur has a few innovative features. Cosmetically, the foot has been made to correspond with the anatomical foot. The foot incorporates an ankle providing sufficient dorsiflexion and plantar-flexion to enable crouching, tree climbing etc. The design permits enough eversion and inversion providing an extended range of movements.

In the developed nations there has been further development in foots. A Greissinger foot which provides extended controlled angulation in all directions at the ankle is in existence. The use of semi-rigid mouldable expanded plastics have also come into being. Such a moulded foot has the additional advantage of easy, quick and standardised production coupled with longer life than the SACH foot.

Knee

The knee used in our country is of three types:

(i) *Free Knee*: This is single axis joint (though the anatomical knee, in truth, is a poly centric one). The knee bolt works in bushes and has free flexion and extension with stops.

(ii) *Constant Friction Knee*: This also is a single axis knee joint. However, a variable friction could be applied to both extension and flexion by a mechanical adjustment made to suit the patient's walking gait.

(iii) *Stabilised Knee*: Both the free and the constant friction knee suffer from a major disadvantage, i.e., if weight is put on the leg with the knee in a flexed condition, the knee will collapse. In the stabilised knee this has, however, been taken care of, and the knee design is such that when in the flexed condition

weight is placed on it, the knee locks, thus preventing its collapse and collapse of the person.

In all the above three cases the shin and the knee pieces are made out of timber, usually willow.

Though the above three types of knee are also used by the developed nations additional sophistication has been brought into the system to provide variable resistance to flexion and assistance to extension by introducing pneumatic, hydro-pneumatic and hydraulic controls at the knee joints. At the top end of sophistication, the developed nations are also using hydraulic knee joints linking the knee flexion-extension with the ankle dorsi-flexion and plantar-flexion to obtain corresponding extension and flexion in both the joints thereby improving the gait and reducing the energy needed. The developed nations have also gone on to replacing the wooden shin and knee piece with rigid mouldable durathens. They also extensively use rubber and expanded plastic cosmetic covers. These sophistications have brought in certain problems in their wake, mostly in the nature of constant adjustment and frequent repairs which are being improved upon. They have caused a considerable increase in prices of the artificial limbs so made.

Hip Joint

In the hip joint, the development of the joint itself in India is at par with those in the developed nations. However, they have introduced more sophistication in that the hip joints are now being made in high impact variety of plastics.

Total Hip Disarticulation

The current disarticulation units which are popularly used in India are also utilised in the developed nations. There are, however, investigations going on in the developed nations for the production of a double axis and polycentric hip joint with controllable abduction and adduction. The attempt is to bring these joints close to the functioning of the anatomical joint.

Lower Extremity Orthotics

In the case of the lower extremity orthotics which is considerably important to us and other developing nations, because of the fairly large incidence of poliomyelitis, the products that are manufactured in India are fully comparable with the current orthotic devices manufactured in developed nations. They are, however, replacing steel and aluminium used in orthotics with exotic varieties of plastics thereby achieving a considerable reduction in weight without functional losses. Polypropylene and heat formable plastics have been brought into use and are gradually replacing leather. It appears that other than marginal improvements, the development of orthotic components for the lower extremity has reached a plateau. It would also be pertinent to state that the developed nations are not placing a high priority on the development of orthotic devices for the lower limbs since their need is limited as they have eliminated poliomyelitis by extensive immunisation programmes.

Upper Limb Prosthetics

In the field of upper limb prosthetics, though considerable efforts have been put in little has been achieved in terms of functions when compared with the normal hand. This is primarily due to the complicated movements that are normally available in a normal hand which presents major problems in duplication. The basic prosthesis should permit the following functions:

(i) At the shoulder, abduction, adduction, flexion, extension, external and internal rotation. Though these could be provided, because of the lack of a stump in cases where a shoulder joint is needed, the actual action of such joints have to be manual in most cases by the existing other hand.

(ii) At the elbow, flexion, extension with a facility to lock at intermediate points and a certain amount of rotation. Through flexion, extension and locking the joint can be harness operated and is provided, the rotation in most cases is manual by the other hand or with the assistance of some other static object.

(iii) In case of the wrist, a quick disconnect mechanism to accommodate terminal

devices as needed with a working hand capable of rotation becomes necessary. Here again rotation is achieved manually.

(iv) The hand is by far the most important of the terminal devices needed. The hand may be either cosmetic for appearance purposes or a working hand where the movement of the thumb against the forefinger-middle finger combination is provided. This movement could be either a manual one or operated by a cable from a body harness.

India today is in a relatively happy position that devices are being manufactured in our country with all the functions at the shoulder, elbow and hand. It will, however, be seen that the functions at the shoulder and the elbow are reasonably akin to the normal movements (though manual); however, the function at the hand is most inadequate in comparison with the universal purposes which a normal hand can be put to. It is in this field that the developed countries have made advances. In the developed nations the hand operation itself, i.e. movement of thumb against the forefinger/middle finger group has been powered from external electrical sources and are controlled by electrical impulses from the residual musculature of the stump. Electronic, pneumatic and electro-pneumatic power sources have been brought into play. The Japanese are now known to be developing a complete electronic arm with memories which could do most of the normal functions of the shoulder, elbow and the hand. This is, however, in early stages of development. Though such an arm would become a practical proposition within the next few years, the cost of such a system would be prohibitive and would require higher skills in the individual. The maintenance of such an electronic arm would also create problems.

Various other terminal devices can be used with the quick disconnect wrist unit to perform specific individual functions like: (a) typewriting; (b) holding pen and pencil for writing (c) turning of pages while reading; (d) holding spoon, fork and knife; (e) participation in specific sporting activities; (f) shaving and other activities of daily living; and (g) hooks for pulling, lifting etc. These

devices are within the present manufacturing ability existing in India. Of all the above, the hook though not aesthetically acceptable is a very versatile terminal device which is also being manufactured in India.

Upper Limb Orthotics

The upper limb orthotics mainly consists of devices and mechanisms to make good lost functions like: (a) prehension; (b) flexion, extension at the wrist; (c) elbow flexion and extension; (d) shoulder flexion and extension.

In the case of the hand orthotics, it could be said that the range of manufacture in the country is comparable with those in the western world. However, in the case of the elbow and the shoulder the introducing of electrical/pneumatic devices is not being done in India.

Rehabilitation Aids

Wheel Chairs: A wheel chair is by far the most important rehabilitation aid needed continuously by paraplegics and quadruple-gics as a personal mobility aid. Wheel chairs have a large number of modifications made to them to suit individual likes and needs. For instance, they are: (a) introduction of a commode; (b) elevation of the leg rest and locking it at different angulations; (c) removable leg rest; (d) removable arm rest; (e) provision of foot sockets for harnessing, flail/spastic legs; and (f) provision of special drive rim with pegs etc.

In the western world, the development of wheel chairs has gone far ahead in comparison with that in India where the basic wheel chairs are manufactured with a few of the above modifications. In the western world they have realised fully that to the disabled person a wheel chair is more or less his home and from such a wheel chair he should be capable of carrying out most domestic and work related functioning. Some of the facilities that they have built into wheel chairs are: (a) motorised wheel chairs with electronic proportionate control using a joy stick; (b) wheel chairs capable of varying the height of the seat by electrical power so that the patient could reach shelves and also come to a lower level to pick

up objects on the floor; (c) wheel chairs capable of reclining at different angles and finally converting themselves into a bed.

To facilitate wheel chairs negotiate staircases, attempts are afoot to develop appropriate designs. However, modifications already exist to staircases (normal escalators) which could convey a wheel chair up the escalator and down. In certain cases, the wheel chairs also form the base from which electrical, mechanical, pneumatic and hydraulic devices are supported to provide functions to arms and hands.

In the western world, understanding of the need for versatility in the wheel chair has led to carrying out major research and development work in this field. Other minor rehabilitation aids are being manufactured in India. The full range of axilla crutches, elbow crutches, tetrapods, and walkers are being manufactured indigenously.

Environmental Control Systems

A large variety of environmental control systems have come into being in the developed nations. Environmental control systems basically provide: (a) remote control operation of essential services required for living, i.e. starting from a call button to full manipulation of a telephone, wireless receivers and television equipment; (b) modification/re-design of household equipment and machinery to make them capable of being used by a disabled person; (c) modification/re-design of automobiles for use by disabled persons with varying types and degrees of disabilities and (d) sophisticated switching of various controls using the residual body powers of paraplegics and quadriplegics like nudge control, head control, eye control etc.

Most of the above systems, as will be seen, are for the benefit of paraplegics or quadriplegics (to carry out the normal functions required for living). Development in India has been inhibited primarily because of lack of funds, the socio-economic conditions and also the fact that because of non-availability of immediate medicare at the acute

stage the survival rate of paraplegics and quadriplegics is low. If funds are available it will not be difficult for India to develop most of these environmental control systems.

Patient Handling Devices

In this field, again, development is lagging since the requirement is small (the survival rate being poor). The availability of manpower in sufficient numbers whereby immobile patients could be manually handled reasonably well has also been an inhibiting factor. A very large range of equipments have been developed by the Western countries like: (i) *Patient Turning Beds*: By electro-mechanical or pneumatic devices the patient is turned over periodically (in many cases operated by the patient himself) to prevent onset of bed sores, (ii) *Lift*: To transfer patients from stretcher to a bed, from a bed to a wheel chair, from a wheel chair to the bath, from a wheel chair to commode seat and *vice versa* in all cases devices have been developed. These are fairly simple devices which can be manufactured in India.

Conclusion

In conclusion it can be said that in India the manufacture of aids required by the orthopaedically handicapped is well in hand. However, they do not have the sophistication built into them in the developed nations through use of external sources of power and electro-electronic controls.

Major General K. Raghunath

National Cadet Corps

Major General Narindar Singh
Deputy Chairman of the Sports Authority of India.

Prior to 1947, there were a few voluntary organisations in the country, whose aim was to direct the potentialities latent in the youth into proper channels and to strengthen their sense of civic responsibilities. Some of these like the University Officers Training Corps and the Air Training Corps were fairly important. But their appeal was limited to a select few. Except for Lord Baden Powell's Boy Scout movement, which came to India in 1908, there was, generally speaking, no effort to involve the youth in constructive youth programmes. Nevertheless, educationists in the country were aware of the problem and they keenly watched the progress of the boy scout movement.

In 1923, Dr. N.S. Hardikar started the Hindustani Seva Dal and Jawaharlal Nehru became its first President. The object of this body was to organise the youth for national service and utilise it in the attainment of political emancipation through peaceful means. The organisation also undertook social service and relief work. As the Boy Scout movement gained momentum in India, it invoked a feeling amongst educationists and eminent citizens that there should be a youth organisation to cater to youth programmes in colleges and universities as well.

Consequently, the University Training Corps (UTC) was initiated with the aim of imparting military training to the youth. The UTC, however, was considered to be elitist and despite doing useful work never became popular with Indian youth from the middle and lower income classes. The importance of the UTC from the national point of view was, however, obvious and the Auxiliary and Territorial Forces viewed it "as the foundation stone of a national army." Nothing was, however, done to raise its prestige till 1941 when the then Commander-in-Chief emphasised the need for raising its status and consequently changed its title to University

Officers Training Corps (UOTC). But there was hardly any improvement. Changes incorporated were not wide-ranging; nor did they meet the aspirations of the youth. Even earlier, many changes had been incorporated towards the improvement of the corps but these were not adequate. This became evident during the second world war when the corps failed to provide a sufficient number of qualified Indians to officer the Armed Forces-one of the aims for which it stood.

In 1946, the Government of India, after a resolution noting the difficulties experienced in finding a suitable number of qualified officers for the armed forces, constituted a committee to consider and make recommendations for the establishment of a nation-wide Cadet Corps organisation. The initial committee was headed by Lt. Col. Iskandar Mirza. In September 1946, the committee was reconstituted with Pandit H.N. Kunzru as chairman. The committee held a number of meetings in the country. A subcommittee toured England early in 1947 to study the cadet corps organisation in that country. The committee while making its recommendations had essentially considered the problem from the educational point of view. It stated that it was not enough to cover college-going students at the university level but also the impressionable young for their fuller development of character and leadership qualities. The committee's report which took into account the role of the youth in free India, was widely welcomed as it recommended the setting up of a National Cadet Corps with the following aims; (a) the development of leadership, character, comradeship and the ideal of service; and (b) the stimulation of interest in the defence of the country to the widest possible extent. Subsequently, the Defence Minister, Sardar Bal-dev Singh, introduced a Bill on the subject in the Provisional Parliament. There was so much enthusiasm among the members that they expressed concern over the upper ceiling for the corps as proposed by the Kunzru Committee. The members' fears were allayed by the Defence Minister in the following words, "But there is no limit to the future development of the Corps. All I wish to ensure is that we

must not allow our enthusiasm to overrun our present capacity and resources." Indeed, the Cadet Corps since then has progressed remarkably.

Organisation

The NCC is an inter-service organisation under the Ministry of Defence. The apex body that guides its policy is the Central Advisory Committee with the Defence Minister as the ex-officio Chairman. The other ex-officio members of the Committee are the Minister of State for Defence, the Secretaries to the Ministries of Defence and Education, the Financial Advisor to the Ministry of Defence and the Chiefs of Staff of the Armed Forces. Three members are drawn from Parliament, and the non-official members generally include a vice-chancellor of a university, the Secretary to the Association of Indian Universities, a distinguished retired service officer and two others. The Committee meets once a year to review the progress and suggests ways and means to further the efficiency of the Cadet Corps.

The Corps is headed by a Director General in the rank of a Major General. For functional control, there are sixteen directorates in the country with specific territories under their command. The director is generally in the rank of a Brigadier or equivalent from the services. The various units in each directorate are under a Group Headquarter (Gp HQ) headed by a Lieutenant Colonel or equivalent. Group headquarters are designed to cater to seven to ten Battalions (Bns)/Independent Companys (Indep Coys)/Companys (Coys). Battalions may have from four to seven Companys each of which are 160 strong. Independent Companys and specialist companys have a strength of 200. A number of Junior Division Troops (strength of each being 100) are attached to Bns/Indep Coys/Specialist Coys.

The NCC being primarily educational, it is essential for its success that the States should take an active interest in all matters concerning the Corps. Therefore, State Advisory committees exist in all States. These committees are headed by the Minister of Education and its members include vice-

chancellors, principals and headmasters, eminent non-officials, officers of the NCC and representatives of the armed forces.

Students in schools are taken in the Junior Division and college students join the Senior Division of the NCC. There is a separate Girls Division consisting of senior and junior wings for college going and school going girls. The junior and senior boys divisions are divided into three wings, namely, Army, Navy and Air wings. The Army wing of the senior division has armoured, artillery, engineers, signal, infantry, medical, electrical and mechanical engineering, and remount and veterinary units. The Naval Wing, besides normal units, has technical and medical units. The Air Wing of the senior division has flying and technical units. For command and control purposes, all junior division troops are attached with the senior division units located in colleges and universities.

Manpower

With remarkable foresight, the Kunzru Committee had recommended close association between the educational institutions and NCC Units. Before a Unit could be sanctioned, they recommended that the institution must provide a part-time NCC officer from its teaching faculty; the underlying idea was to extend the relationship between the teacher and the taught and provide an excellent link between the NCC authorities on the one hand and the educational institutions on the other. In fact this part-time NCC officer is today the backbone of the NCC organisation. It is on his functional efficiency that the quality of the unit depends.

To provide the part-time NCC officer the necessary expertise to function as an effective link, the NCC has two training establishments- the NCC Officers Training School at Kamptee and the NCC College for Woman at Gwalior. At these two institutions the seemingly impossible task of reconciling soldiering and teaching is achieved. Selected professors and teachers from the institutions undergo a pre-commission course of three months which takes them through various facets of military life. After this stint they are given commissions and appropriate ranks. During the period of camps

these officers are given the benefit of drawing pay and allowances equivalent to their service ranks. In their normal daily functions, a monthly honorarium is fixed to cover their out-of-pocket expenses.

Directors, group commanders and officers commanding units are drawn from the three services. They provide the necessary experience and expertise. There is yet another category of officers which was inducted in the National Cadet Corps in the latter years. In the early sixties when the Cadet Corps expanded rapidly, there was a shortage of officers. A large number of part-time officers were given additional training and inducted on a full-time basis. Though their tenure was fixed and they were expected to go back to their parent educational institutions, due to various factors they continued to serve in the NCC. Subsequently, a number of Emergency Commissioned Officers who were released from the armed forces were brought into the Corps on a full-time basis as well.

For many years these full-time NCC officers had no permanent status. However, in 1978, a decision was taken to create a special cadre of these officers as a one time measure with specific terms and conditions of permanency, gratuity and other benefits. Accordingly, 591 full-time officers, including 33 full-time women officers, who fulfilled the required conditions, have since been granted NCC permanent commission.

The instructional staff is drawn from the services and, in close cooperation with the part-time officers, they impart training to the cadets. Upto the directorate level, the administrative staff is provided by the Central government and the States provide the necessary back-up facilities from the group headquarters downwards.

In the past there has been criticism that the services were giving to the NCC a very large proportion of officers who had retired and had been re-employed or those who had been finally superseded for promotions. It was felt that such officers would not be able to work

with the zeal and enthusiasm required in the NCC. This question was reviewed and in the early seventies qualitative requirements were laid down for officers to be posted to the NCC. The Director General is now associated with every posting to the NCC. The officers who come to the NCC serve a tenure with the NCC, go back to their parent services and look forward to further career advancement in their respective services. Similarly, the permanent instructional staff posted to the NCC do a tenure of two to three years and then return to their parent corps. Permanent instructional staff not coming upto expectations can be returned as unfit for NCC duties.

Training

The NCC syllabus has been worked out on the basis that NCC training in the senior division is restricted to two years, provision being made for the third year's training for those opting to take up the armed forces as a career. With this in view, the essential subjects considered necessary to achieve the aims of NCC are covered in the first two years. Training in the third year concentrates on providing additional opportunities to achieve higher standards.¹

The emphasis is throughout on leadership development and adventure. To develop greater self-confidence and enable cadets to render useful community service some of the distinctive subjects are; (a) leadership training; (b) adventure training; (c) social service; (d) physical fitness and self defence; and (e) obstacle courses.

It has been possible to introduce these subjects by reducing the emphasis on drill and elementary weapon training in which the cadets were found to be disinterested. On the other hand, sports like self-defence, judo, karate and wrestling have been incorporated in the syllabus. The syllabus for the junior division cadets follows more or less the same pattern with the difference that young boys in schools get training in a more diluted form. The cadets of the technical units obtain specialised training oriented towards military utility so that cadets do not get the impression that they are taught in the NCC the same things that they learn in

the institutions. For girl cadets, child care and mother craft now form a part of the syllabus. At selected places they also get training in equestrian skills and are enrolled in the Naval and Air wings.

The training of cadets basically consists of 'Institutional Training' and 'Camp Training'.

Institutional Training: Senior division cadets are required to attend 120 periods per year and junior division cadets 150 periods per year. The period of enrolment in senior and junior divisions is three years and two years respectively. Social service has also been included both in the institutional as well as in the camp syllabi.

Recently, the Cadets' Hand Book for all Wings has been updated. Model lesson plans and check sheets have also been introduced in order to facilitate the PI Staff in imparting training to cadets more effectively.

Camp Training: Camps are the most important feature of the NCC programme as it is here that the cadets receive intensive training over a continuous spell. Institutional training is conducted twice a week (six periods), within the proximity of colleges/ schools. Annual training camps are for a duration of 10 and 12 days for junior and senior division cadets respectively. These camps are basically unit camps. There are various types of camps. Every cadet is required to attend at least two camps in three years of training. Firing, weapon training and field craft are the basic features of these camps. In addition, the cadets are also tested for their knowledge and are awarded various certificates for proficiency.

Centrally Organised Camps: Every year, approximately 40 camps of an all-India character are organised. These are attended by nearly 9,000 cadets, including girls. These all-India camps are generally classified into two categories: (a) Advanced leadership courses with a capacity of 150 cadets each and (b) Basic leadership courses with a capacity of 320 cadets each. The duration of the former is 21 days and that of the latter 14 days for boys and 12 days for girls. The aims of the advanced leadership

course are (i) to enable cadets to discover their own capacities by overcoming mental and physical challenges and giving them a feeling that they have achieved something really worthwhile and have a sense of self-reliance based on a sense of accomplishment; (ii) to give cadets experience in team-work, adventure, personal hardship and a certain amount of risk, which will bring to their mind the value of self-discipline and integrity; and (iii) to encourage cadets to lead through actual experience and example, thereby helping to build character and leadership qualities.

The pattern of training for the first year is more or less common for the army, navy, air wings and the girls divisions of the NCC. It is only in the second and the third year that the training peculiar to the requirement of each service is stepped up.

Naval Wing Training: The Naval wing of the National Cadet Corps was first formed in 1952 with only two units—one at Bombay and the other at Cochin. In 1981 over 56,000 cadets were enrolled in the senior and junior divisions of the Naval wing.

Sailing, boat pulling and ship modelling are amongst the important naval activities. Water ski-ing, yachting and underwater swimming have also been introduced. The cadets are given intensive training in the second and third year on subjects like seamanship, communication, elementary navigation, torpedo and antisubmarine, damage control and ship's safety.

To general enthusiasm and a sense of adventure among the student community, the naval wing has extended its training activities beyond the confines of the parade ground and class room. To foster competitive spirit an annual regatta is held every year in which all directorates take part. NCC Naval wing cadets have also been to the fore in aid of civil authorities in areas which are hit by floods. There they have proved their worth by undertaking rescue operations in boats under dangerous conditions.

Air Wing Training: The primary aim of Air wing training in the NCC is to create an interest amongst the youth in aviation. The cadets who join the Air wing squadrons are taught elementary aviation subjects in the initial stage and then they move on to the advanced form. The standard of training is comparable in content and form to that given at the Air Force Academies and various Civil Flying Clubs functioning under the Directorate General of Civil Aviation. For practical training in flying, gliding was considered to be the most appropriate way of bringing aviation within the reach of the largest number of cadets since it is economical. Therefore, most of the practical training in flying in the NCC Air wing is imparted through gliders. At places where civil flying clubs exist, selected cadets are also given training in flying powered aircraft. Although the NCC Air Wing is not meant specifically to train cadets for employment in the Air Force, a number of Air wing cadets are selected every year for commissions in the Air Force and are today serving as pilots, engineers and administrators in various capacities.

Adventure Oriented Training: A variety of training is offered to cadets as a part of training in leadership and adventure. Every year approximately 200 boys and girl cadets are sent to attend basic and advanced mountaineering courses at the Himalayan

Mountaineering Institute, Darjeeling, the Nehru Institute of Mountaineering, Uttar-kashi and the Mountaineering Institute, Manali. This training is free of cost to the cadets. After training some cadets take part in mountaineering expeditions organised by the NCC and various clubs all over the country. Facilities to a limited number of cadets are also available for attending snow and water ski-ing courses in snow and ice craft as well.

Para-training for the cadets was introduced in the NCC in the year 1972. With the passage of time the number of cadets undergoing this course has progressively increased from 40 to 300. Para-training is the most popular adventure course and there is keen competition among the cadets all over the country for a place for training. Girls are no less enthusiastic and their keenness is matched equally well by

their performance. Hang Gliding, which is one of the most thrilling aero-sports in the world today, is also being actively considered for introduction in the NCC. To begin with, NCC Directorates in Maharashtra and Karnataka have started Hang Gliding Clubs on an experimental basis. If found successful, this aero sport will be extended to other States as well.

Cycle expeditions have been a popular adventure activity in recent years. During their holidays nothing could be more exciting for the young cadets than to discover the country at low cost. Some expeditions undertaken by the cadets have been of an all-India nature covering a distance of more than 20,000 kilometres.

These adventure-oriented activities help cadets inculcate qualities of leadership, discipline, self-confidence, determination and dignity, which go a long way in equipping the youngsters to face the challenges of real life in their careers.

Attachment Training: Every year over 5,000 cadets of the Army, Navy and Air wings are sent on attachment training with regular service units for a period of four weeks. The aim of this attachment is to motivate the cadets to take up careers in the Defence Services. At the same time, the important objective of creating defence awareness among them is achieved.

On the recommendation of the NCC Evaluation Committee in 1974, the Government accepted attachment of 1,000 Girl Cadets to Armed Forces hospitals for a period of 12 days in lieu of annual training camps each year. This enables them to gain knowledge and acquire practical training of medical sciences in the armed forces hospitals.

To acquaint cadets with the functioning of naval equipment, 150 naval cadets are permitted to attend attachment training for a duration of four weeks with various Indian Navy ships during their summer vacations each year. This affords them an opportunity to acquire practical knowledge and training. Similarly, every year, 135 cadets attend sea training for a duration of seven to 12 days. In order to enable

naval cadets to get a feel of sea life aboard Indian Navy ships, six cadets were sent to Mauritius in November 1980 and six cadets to Bali, Surabaya and Jakarta in Indonesia in May 1981.

Character Building Activities: During the last few years or so, increasing stress has been laid on building character and readership qualities. The syllabus provides for rigorous and adventurous training which presents each cadet with a set of conditions giving him an opportunity to discover himself. These conditions involve self-discipline, team work, adventure, physical hardship and some risk. Among the subjects included now are: (a) physical proficiency tests; (b) cross country run and endurance training; (c) self-defence training like judo, karate, boxing and survival techniques, and navigation by night. Similarly, the syllabus for the Basic Leadership Course has also been re-oriented. It includes endurance exercises, survival techniques and range firing. For the Naval and Air wing cadets special *Nau Sainik* and *Vayu Sainik* camps are planned at Cochin and Bangalore respectively. To provide thrill and keenness at camps, competitions like archery, bayonet fighting, skeet shooting, home nursing, range firing, initiative exercises and treasure hunts are organised.

YOUTH EXCHANGE PROGRAMME

With a view to foster understanding and the ideal of universal brotherhood in the youth and also to broaden their outlook, the Government have agreed to the exchange of cadets on a reciprocal basis with the Canada World Youth. Under this scheme during 1980-81, 50 cadets—25 each from India and Canada—took part in the programme in two phases. The first phase was conducted in Canada from 25 October 1980 to 10 January 1981 and the second phase from 11 January 1981 to 18 April 1981 was completed in India. During these periods all the cadets worked on project sites.

Cadets from NCC type organisations from friendly neighbouring countries are invited every year to witness our Republic Day celebrations. Similarly, NCC Sing'apore invites our NCC Air wing cadets, both boys and girls, to

attend their annual training camps on reciprocal basis.

Social Service

Social service was reintroduced in the NCC in 1975. The cadets used to take part in these activities till 1968 when the National Service Scheme was introduced. Till then the social service work done by cadets was largely on an *ad hoc* basis. Under the revised scheme, NCC units as a long term measure adopt villages where regular constructive work is to be carried out and lend a helping hand in development works. Besides, there are a large number of welfare institutions where voluntary social work is welcome. All over the country the cadets are encouraged to go to these institutions during their spare time to help the staff and inmates.

Agriculture is another area where the services of cadets have been found useful. During the harvest season when there is an acute shortage of semi-skilled and skilled workers, NCC cadets have helped in harvesting and thrashing.

There is a woeful shortage of voluntary blood donors in the country. The NCC has been helping hospitals to meet a portion of their annual requirement of blood. This scheme is being carried out in collaboration with the Indian Red Cross Society. More than donating blood, the cadets have been successful in removing baseless fear about the ill effects of blood donation. The experience has also helped in suggesting methods for the improvement of blood collection by various agencies. As an incentive an Inter-Directorate Competition is held every year. Based on the cadet strength, the Directorate which achieves the maximum result in collecting blood units is awarded a handsome trophy.

During natural calamities like floods and cyclones, NCC officers and cadets undertake relief work and render help to civil authorities in establishment of relief camps, evacuation of casualties and distribution of medicines, food and clothes. They also carry out such work during riots. Construction of bridges, roads and tree plantation also form part of their social service activities.

Evaluation and Problems

From time to time evaluation of the NCC has been carried out both by private individuals and semi-official agencies. The first such study was attempted by the Kunzru Committee in 1964. After circulating an elaborate questionnaire and interviewing people, the committee testified to the fine work being done by the NCC.² A non-official investigation in 1967 by Dr S.K. Sinha revealed that NCC trained cadets in general proved to be better organisers and showed greater self-confidence and self-reliance than those not exposed to the NCC programme.³ In 1973, the Mahajani Committee while evaluating the NCC programme noted "we feel that in spite of the vicissitudes through which the NCC has passed over the last 25 years, this organisation continues to be an alive and active force fulfilling the aspirations of the youth in the country and has succeeded to a large measure in inculcating the ideas of discipline, leadership and cooperative working amongst our young men and women."

It is not that there is nothing wrong with the NCC and everything is sailing smoothly. There is legitimate criticism that the Cadet Corps is unable to find resources to meet the large ^strength and possibly it has expanded beyond the limits of effective management. India is a developing country and priorities have to be carefully managed. However, with better quality of equipment, clothing, and training aids, the training courses can be made more interesting and acceptable to cadets. Therefore, a constant review of training is made and whatever equipment the three armed forces can spare comes to the Cadet Corps expeditiously. The introduction of compulsory NCC in 1963 appeared to be a very good step but, as events turned out later, the experiment was not a happy one as, due to financial constraints and deficiencies, both in manpower and equipment, dilution set in. In fact, for a considerable time after 1968 when the compulsion was removed, the after-effects continued. It is only in the seventies that stabilisation was achieved and today the Cadet Corps is in a happy position to provide a reasonable standard of training to students who desire to join the Cadet Corps.

It is a happy situation that today there is a constant demand for raising more NCC units and there is a general feeling that the ceiling imposed on the strength of intake into the NCC should be removed. Supporters of the NCC also feel that in view of the expansion of education in the country and the inadequate number of other youth organisations, the NCC should once again expand. A critical balance will, therefore, have to be struck between the availability of resources and the number of cadets that can be enrolled in the NCC. Pitfalls of the 1962 and 1963 experiment, when the Corps expanded rapidly, will have to be avoided.

Future Perspective

The NCC being the premier youth organisation has a bright future. The emphasis in future will be on the following:

(a) Adventure-oriented activities like mountaineering, trekking, sailing, horsemanship, para-jumping, sky-diving and hang-gliding;

(b) Inculcating in the youth the awareness of their responsibilities towards society and the country. To achieve this objective, participation in activities like blood donation, community development projects with rural bias like building of roads, flood control, tree plantations, construction of bridges, school buildings, community halls, public parks and so on. Besides, developing a positive attitude towards dignity of labour, these activities will also improve physical fitness and manual dexterity of the youth;

(c) Besides Canada, the feasibility of extending the youth exchange programme with other countries is also being explored;

(d) National integration with a view to removing from the minds of the youth the prejudices of parochialism, regionalism, casteism, and fanaticism. To achieve this objective, national level activities in which cadets from all parts of the country take part, will be expanded and reinforced further. The scope of NCC coverage in remote areas of the country is being expanded to integrate the youth of these regions into the national mainstream.

The National Cadet Corps is a commitment to the youth. The country has a big stake in this organisation. There has to be a deep involvement of the educational authorities and all others connected with its development. Its success or failure largely depend on the quantum of support and cooperation it receives from the Centre and the States. There is no doubt that in the years to come the National Cadet Corps will continue to prosper as it has during the last 32 years.

Major General Narindar Singh

Notes on National Cadet Corps

1. Report of the National Cadet Corps Committee-1947, Ministry of Defence, New Delhi, 1948. P.I.
2. Report of the Committee for Coordination and Integration of Schemes operating in the field of physical education, recreation and youth welfare, Ministry of Education & Culture, 1954, P.25.
3. Dr S.K. Sinha, Impact of NCC Training on the Development of Personality of Secondary School Boys in Bihar, a thesis submitted for M.Ed. Degree of Ranchi University in 1969.
4. Report of the NCC Evaluation Committee-1974, Ministry of Defence, New Delhi, 1979.

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National Service by Student Youth

L.R. Shah

Union Education Minister appointed a committee in 1958 under the chairmanship of Dr C.D. Deshmukh to prepare a scheme for national service. The Committee considered different aspects of the scheme and after laying down the guiding principles made recommendations for working out a suitable programme. The Committee was of the view that one of the glaring defects noticed in the system of education in schools and colleges was the extremely poor contact or lack of contact between the students and teachers in educational institutions on the one hand and the work of national reconstruction, particularly in the rural areas, on the other. An unfortunate result of this state of affairs was that the educated youth continued to adhere to certain false values and unrealistic standards.

The Deshmukh Committee was emphatic that any such programme must be predominantly educational, aimed at improving the quality and training of manpower required for rapid national reconstruction. The primary objective of national service should be to provide more lively awareness among the educated youth of the purposes and processes of the nation's reconstruction efforts, especially in the rural areas and to inculcate in them a sense of discipline, a spirit of social service, dignity of manual labour and dedication to the cause of the country, and thus prepare the educated youth who are the future leaders of the country. The Committee was of the view that it was necessary that any scheme of national service must be compulsory if it was to be effective and was to make a real impact in improving the quality of manpower needed by the country. It was also essential that national service should be of a sufficiently long duration of nine months to a year in order to expose young minds to good influences.

With the advent of independence, the need for involving students in social and national service had been urged, both as a measure of educational reform and as a means to improve

the quality of educated manpower. The Central Advisory Board of Education, at its meeting in Cuttack in 1950, after examining various aspects of the matter recommended that students should devote some time to manual work on a voluntary basis and that teachers should also associate themselves with such work. The First five year plan indicated the need for compulsory social and labour service as a part of training of young people with a view to building up the students as workers and disciplined citizens. It suggested, however, that initially the scheme should be introduced on a voluntary basis.

Pursuant to the recommendations made in the First five year plan, a number of schemes such as labour and social service camps, campus work projects and village apprenticeship scheme were put into operation on a voluntary basis with the object of inculcating a sense of discipline, a spirit of social service, and dignity of manual labour among the students and developing among them an awareness of an identification with the problems of social and economic reconstruction of the country, specially in the rural areas. The response of students in participating in these schemes was encouraging. The then Prime Minister, Jawaharlal Nehru, also endorsed the idea that every graduate, before he got his degree, should put in a certain period of service in an allotted sphere, depending upon his training and capacity, including work in a village or a tribal area.

On the recommendations of the Conference of State Education Ministers, the The Education Commission Report (1966) recommended, *inter alia*, that a programme of national service should be developed as an alternative to the National Cadet Corps (NCC). It also recommended that the programme of games and sports should be promoted. These recommendations were considered in the conference of Education Ministers of States in 1967 which adopted a resolution to the effect that the NCC and NSS programmes should be alternative to each other in the sense that a student should be required to opt for one of the two.

The Deshmukh Committee had suggested that students should render one year of compulsory national service before they entered the university. The other view was that students might be allowed the first two years as a period of uninterrupted study and they should then be given a longer vacation during which national service could be organised.

A Task Force appointed by the Planning Commission considered the various alternatives in 1967-68. It was of the view that students should undertake national service while on the rolls of the university institutions. For this purpose, national service should become an integral part of the university curriculum. This would involve restructuring of time tables of indoor studies and outdoor work. There should, however, be no rigidity about the period of the year when the National Service was organised. It should be left to a university to organise the scheme in a manner suiting its local situation. There was considerable discussion across the country on the issue of compulsion. Many felt that compulsion was self-defeating, it would arouse unnecessary antagonism and would turn our students into liars and cheats.

The various proposals were then examined by a committee headed by Dr K. G. Saiyidain which made the following recommendations:

- (a) The idea of introducing a National Service Scheme in India has high educational justification and possibilities.
- (b) The proposal to introduce it on a compulsory and universal basis for boys and girls for a continuous period of about nine months is not likely to prove practicable at present. The conditions necessary to ensure its successful implementation—education of public opinion, training of requisite leadership, provision of material equipment and resources, formulation of the right programmes, etc—can only be fulfilled in due course of time.

Dr Saiyidain, therefore, recommended the adoption of a voluntary approach and the working out of a number of pilot projects on the basis of which carefully evaluated experience

might be gained and utilised in the gradual expansion of the scheme. It was also recommended that camps should be open to students as well as non-students within the prescribed age-group.

In 1967, the Conference of Education Ministers of States considered the subject of involving student youth in social activities and recommended that all student youth should take part in one of the following activities: National Cadet Corps (NCC), National Service Scheme (NSS) or National Sports Organisation (NSO). As a result of this decision, the NSS was launched in September, 1969. Every student is expected to do 129 hours per annum for two years at the end of which he is given a certificate.

GROWTH

Starting with an involvement of 40,000 students in 37 universities in 1969, the national service scheme is now in a position to claim a much wider involvement. The national service scheme is in operation in all the universities and the total number of colleges implementing the NSS in 1980 was more than 3,000. The scheme is being implemented largely in the first two years of the three year degree course. In 1980-81, the strength of NSS allocated to various universities was 4.75 lakh students. The scheme is being implemented in all the States.¹ The aim of the NSS is to involve the youth in the development of the country, to give them a sense of participation so that they can learn at first hand the problems facing the community.

The year 1971 faced a large influx of Bangladesh refugees followed by the war with Pakistan and creation of Bangladesh. During this year, national service volunteers rose to the occasion. Thousands of them participated in rendering social service and relief work in the camps organised by the Government of West Bengal all over the State. During 1970-71, the government celebrated the centenary of Deshbandhu Chit-taranjan Das and developed the Chittaran-jan mobile hospital scheme as a combined venture of the National Service Scheme and the Ministry of Health and Family Planning. Mobile units were started in selected

medical colleges in 16 States which did laudable service in the Bangladesh refugees camps.

The year 1973 was a gloomy one for the country due to the failure of rains. There was a widespread drought in most of the States. It was decided that National Service volunteers should participate in a combined operation with voluntary organisations and non-student youth to work in drought affected areas for alleviating the effects of famine. A development-oriented educational programme called "Youth Against Famine" was launched through NSS units of the universities and 747 camps involving about 64,000 participants were organised in different parts of the country. The response of the students and non-students to the 'Youth Against Famine' campaign was so overwhelming that the Ministry of Education decided to make the special camping programme a part of the National Service Scheme. The special camping programme continued in the subsequent years with the theme of 'Youth Against Dirt and Disease' (1974) and 'Youth for Afforestation and Tree Plantation' (1975). From the year 1976, the call to the youth has been to engage themselves in the task of 'Rural Reconstruction'.

A few years later, Bombay University took the initiative of launching two studies in connection with the participation of both undergraduates and graduates in doing practical field work related to their subject studies. The undergraduate scheme involved placement of selected students in a multipurpose development programme of land grant university type for a period of four months. The student leaders incharge of placement were given orientation training by the Tata Institute of Social Sciences, Bombay, and Mahatma Phule Krishi Vidyapeeth, Rahuri. The national graduate scheme involved placement of 20 selected graduate volunteers of various faculties working on rural developmental projects in small groups of three to six persons on specified projects.

Valuable experience has been gained in developing the National Service Scheme on an experimental basis during the last 12 years in the field of administration, education, public cooperation and programme development. In

the field of administration an attempt has been made right from the beginning that NSS should become a programme of teachers and students themselves and, therefore, only general guidelines of educational and social welfare activities were given in the form of seminar records. A teacher is to be identified by the head of an institution and he is to be assisted by a small committee of teachers and student leaders for implementing local programme. Similarly, coordination at the university level is done by an University advisory committee with the Vice Chancellor as chairman and the Programme Coordinator as the secretary of the committee. An out of pocket allowance in the form of a fixed honorarium is permitted for programme officers at the college level and NSS coordinators at the university level. The schools of social work and more particularly the Tata Institute of Social Sciences, Bombay, the Delhi School of Social Work (Delhi) and the Indian Institute of Technology (Kharagpur) have played a significant role in producing suitable literature, organising national and regional seminars and conducting orientation courses for college teachers involved in the programme.

Organisation

The NSS has so far been essentially a programme for involvement of students at the first degree level in activities relating to community service. From the very beginning it has been implemented through universities and colleges. As regards financial outlays, there is a provision of Rs 60 per head per year for meeting expenses on regular activities (concurrent programmes) and Rs 80 for meeting expenses on holding camps for half of the total NSS strength for 10 days. The entire expenditure on maintaining the zonal and regional centres of the NSS, the training and orientation centres, publications and research relating to the NSS is met by the Union Ministry of Education on a cent per cent basis. The expenditure on regular programmes and camping programmes, which is about Rs 100 per volunteer, per year, is shared between the Central government and the State government concerned in the ratio of 7:5.

At the Central level there is a Youth Board which has a standing committee to deal with the NSS. At the State level, there is a State advisory committee for the NSS with the Minister of Education or Youth Affairs as chairman, vice-chancellors of universities, senior officials of various development departments and some non-officials as members. At the university level there is in each university an advisory committee with the vice-chancellor as chairman and some principals, faculty members and non-officials as members. The NSS coordinator of the university works as its member-secretary.

Similarly, at the college level there is a college advisory committee with the principal as chairman, some faculty members, non-officials and students, as members. The NSS programme officer of the college works as the member-secretary. The advisory committees at different levels lay down the programmes and activities to be undertaken by the respective units and oversee and evaluate the NSS programmes.

During the period 1978-81, an attempt was made to introduce the NSS at the plus 2 stage in four States to begin with—West Bengal, Karnataka, Kerala and Tamil Nadu. It is contemplated that the coverage at the +2 stage level will increase in the years to come.

The scheme is voluntary and provides for the enrolment of a limited number of undergraduate students. It has had a good response from students and, despite initial administrative difficulties, it has made significant headway. In several places students and teachers have been able to make a valuable contribution to development and relief work.. There exists now in many colleges and universities a devoted band of students and teachers who are doing useful work without much recognition and publicity. However, it is necessary to sustain their enthusiasm.

PROGRAMMES

Social service rendered by university students covers several activities like adoption of a village or villages by a university or college for intensive social uplift work, carrying out of medico-social surveys, setting up of medical

centres, imparting training to rural women in sewing, embroidery and knitting, etc. Work in the urban areas includes social service to slum dwellers, mass immunisation, a sanitation drive, running welfare centres, adult education programmes for the weaker sections of the community and blood donation. Social service has also been rendered in the form of help to patients in hospitals, to inmates of orphanages, and through welfare institutions for the physically handicapped. Work projects, like desilting of ponds and tanks, deepening of wells, construction of roads, repair of anicuts, and building houses for the poor, especially Harijans, have also been carried out.

Some of the broad areas and activities which form part of the programmes of rural reconstruction under the NSS, including special camping programmes, are as follows: (i) education and recreation, including participation in the national adult education programme; (ii) relief and rehabilitation work during national calamities; (iii) environmental enrichment and conservation; (iv) health, family welfare and nutrition; (v) production oriented programmes for improved agricultural practices; (vi) social service in welfare institutions; (vii) improvement of status of women; and (viii) preservation of ancient historical monuments.

The selection of the programmes to be undertaken in each institution depends upon the needs and requirements of the community, initiative, aptitude and capabilities of students and teachers and availability of resources. Efforts are made to help the people to design programmes for their own development with NSS volunteers acting as catalysts

Orientation and Training of NSS Personnel

A crucial factor for the success of NSS programmes is the selection of the right kind of teachers (who are to lead the NSS volunteers), and their orientation and training. For the orientation of teachers, institutions have been identified in 17 places and they have been designated as training and orientation centres (TOC). The methodology and content of training have been reviewed from time to time and

broad guidelines concerning syllabus and content of orientation programmes for teachers have been circulated for the use of the TOCs. In addition to orientation of untrained teachers, refresher courses are held periodically for teachers who may have received orientation training earlier. The TOCs also assist the universities in the planning and conduct of university level pre-camp orientation courses for the special camping programme; provide consultancy services to the universities and colleges in the area of programme planning, training, supervision, and evaluation; undertake research and evaluation studies; develop demonstration projects; and act as clearing house of information on NSS. An effort is being made to identify at least one such TOC in each State. Among recent additions to the list of TOCs are the Indian Institute of Technology, Kanpur, Indian Institute of Management, Bangalore, Punjabi University, Patiala, University of Roorkee, Birla Institute of Technology and Sciences, Pilani, Orissa University of Agriculture and Technology and Gujarat Agriculture University.

Organisational Set-Up

For establishing liaison at the State and university level and for coordinating various youth programmes, four NSS zonal centres and eleven regional centres have been set up at the state headquarters in different States. These offices liaise with the State governments and universities to ensure that the activities under the national service scheme are properly coordinated and the various agencies complement each other. It has been observed that the NSS programmes have, by and large, flourished in States where the leadership of the NSS field offices has been good. However, these field offices would need to be considerably strengthened if they are to be effective.

Monitoring And Evaluation

Any educational programme like the NSS would need continuous monitoring and evaluation. While the special camping programme has been evaluated every year by independent institutions, for the first time evaluation of regular NSS programmes was

taken up from 1977-78 and entrusted to four institutions:

Eastern region- Department of Social Work,
Visva Bharati, Sriniketan

Western region- Tata Institute of Social
Sciences, Bombay

Southern region- Madras School of Social Work,
Madras

Northern region- Delhi School of Social Work,
Delhi.

These institutions were evaluating not only the special camping programme but also the regular NSS activities. They prepared evaluation reports for each State which were sent to the State government and universities. On the basis of experiences of the evaluating institutions it can be stated that while the special camping programme is working well, the programmes of regular NSS activities are, by and large, weak both in terms of the number of volunteers involved and the quality of performance.

In 1979-80, it was decided that the evaluation of NSS programmes should be done at three levels: (a) *College level*: This was to be a built-in evaluation—a self-appraisal to be done by the colleges participating in NSS each year. At the end of each year a committee consisting of the principal, the programme officer, three or four interested teachers, and two or three students was expected to sit together for half a day or a day and prepare a brief report on the NSS programme during the year bringing out how far the targets set had been achieved, the problems confronted, attempts made to overcome the problems, and the improvements required to be effected in the subsequent year. This was intended to be only a part of the total system of evaluation rather than for the purpose of taking any punitive action against a college which had not done well, (b) *University level*: Similarly, at the University level an annual review was to be made with the assistance of one or two departments of social sciences and with the help of students, (c) *Institutional Evaluation (independent agencies)*: such evaluation was to be undertaken on a sample basis of institutions in selected States/universities which would include one or

two institutions where the programme was doing well, one or two institutions where the programme was not good enough and one or two institutions where the programme was weak, from each university in the State under review. The object of the study was to find out the status of the programme in these institutions and to ascertain the reasons for the success or weakness of the programme. In a way, these were intended to be in-depth studies of NSS activities undertaken in selected institutions covering both regular NSS activities as well as special camps.

In 1980 a decision was taken to entrust the responsibility of evaluation to the universities and colleges themselves. Detailed guidelines for self-evaluation were formulated in two workshops and these were circulated to the NSS units across the country. Hereafter, each college/university will be expected to evaluate its own programmes.

Retrospect and Prospect

On the basis of the experience gained during the last 12 years and the interest which the scheme has generated in many parts of the country, it can be safely said that the NSS has come to stay. In several parts of the country the scheme is popular with students and teachers. Its usefulness and relevance is now being increasingly recognised in the academic circles of universities and among intellectuals, social workers and leaders of public opinion in different walks of life. Several benefits, both tangible and intangible, have accrued to the community as a result of various developmental activities taken up under the NSS. It has brought the institutions of higher learning closer to the surroundings and the communities in which they function. It has aroused among the student youth an awareness of the realities of life and a better understanding and appreciation of the problems of the people. In many places, the NSS units have been able to arouse enthusiasm among the villagers for improving their own lot. The communities are now conscious of the benefits of NSS programmes and there is greater respect in the community for the youth and appreciation of their capabilities than ever

before; this is, in itself, a very significant achievement of the National Service Scheme.

The programmes developed under the NSS have to be of a challenging nature. This should stimulate a feeling of meaningful participation in nation-building activities, specially in the removal of inequalities. In the development of such programmes, active interest and participation of the development departments is essential. The district development officer or the district collector must regard student power channelised through the NSS as something which he can put to good use both in periods of emergency and in normal times. The initiative in this regard must necessarily come from the administration. In any case, it cannot come from the teachers who have no status in the administrative hierarchy, whose contacts with administrators are marginal and whose understanding of the local administrative system and programmes is also limited. It will not be prudent to regard the NSS only as an educational scheme. It must be considered as an integral part of the effort for national development. It is certain that an organised group of students can accomplish a great deal, specially during periods of long vacations.

Special efforts need to be made to involve teachers, specially those who command the respect of students, so that they take interest in the scheme and provide the required leadership. The success of the scheme will to a large extent depend on the importance that is attached to it by academicians and administrators. The time devoted by teachers in helping students in preparing and implementing programmes under the scheme must be taken into account while considering their work-load and must be given the same importance as time devoted to academic work. The present system of paying honoraria to teachers incharge of the NSS in colleges has tended to isolate these teachers inasmuch as the rest of the teachers cease to take much interest in the scheme. It is important to devise ways of giving recognition to both teachers and students who are involved in the scheme.

There are several instances of excellent work and exemplary conduct of NSS units which have earned for them the respect and confidence of the community. Many teachers have succeeded in arousing lively interest of youth in NSS programmes. It has undoubtedly generated considerable enthusiasm and urge for social service among the youth. In fact, wherever there has been good leadership, the students have responded adequately and they have done excellent work which has earned them considerable goodwill of the community.

During the summer months of 1981 more than 40,000 students from six States (Andhra Pradesh, Orissa, Maharashtra, Punjab, Tamil Nadu, and Uttar Pradesh) participated in the eco-development camping programme. By all accounts and reports pouring in from various parts of the country, it was felt that the programme had been well received and it had generated considerable interest among the students in environment and ecology.

The Central Social Welfare Board is keen that NSS units in different parts of the country undertake activities which would strengthen the programmes of the board. There is a great scope for involvement of young NSS volunteers—especially women in activities which would help the women, particularly those belonging to the weaker sections of the society.

The Union Ministry of Health & Family Welfare is also of the view that in effectively carrying the message of health (especially the preventive aspects), nutrition and small family norms, NSS volunteers could play a very useful role. Similarly, there is a growing feeling among administrators and planners that NSS volunteers could be very helpful in effectively implementing various schemes which are intended to help small farmers and the marginal farmers in integrated rural development and the programmes undertaken to alleviate poverty in rural areas and in urban slums.

Some perspectives are now emerging. One can visualise lakhs of young students, men and women, going round the rural areas and in urban slums participating in activities which

could help the deprived sections of society. At the same time, the involvement of young students in such programmes could be relevant education for them. It would help enriching their personalities and help them in becoming better citizens. Indeed, NSS has the promise and possibility of becoming a vital youth force in national development.

L.R. Shah

National Small Savings Programmes

K. Ganesan

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Welfare measures like old age pension, health services and family benefits are not available in India adequately to the vast majority of citizens. Individual savings thus acquire greater significance and purpose. Furthermore, traditional methods of savings and investment like hoarding in gold and other fixed assets do not contribute to the economy of the country. Hence education in productive savings is essential for all citizens.

Poverty is not always an economic problem alone. Very often it is a social or a human problem too. An agriculturist or an industrial worker may have a good income, but he may spend his entire earnings on socio-religious occasions, fairs, festivals, etc. Here again, the National Savings Organisation has a role to play in educating the people in thrift and savings. The savings movement endeavours to bring a change in the thinking of the people. It enables individuals to assess future specific needs and build up a financial provision for the purpose.

Functions

Though engaged in the mobilisation of savings, the efforts of the National Savings Organisation (NSO) differ from those of other financial institutions in public and private sectors working with a similar objective but purely on commercial lines and with only financial perspectives. The NSO has among its main objectives promotion of thrift and raising household savings from the largest number of people. The volunteers of the organisation work not only among people who have the capacity to save and invest in savings schemes but also among the poor people for whom special new projects, schemes and benefits have led to the generation of more savings. The NSO undertakes special campaigns for mobilisation of savings to provide resources for development plans and to combat inflationary pressures.

Objectives

The main objectives of the National Savings Organisation are promotion of the idea of thrift as a way of life among people, and mobilisation of household savings for investment through small savings schemes and thereby harnessing resources for national development. The aspiration of the organisation is to make the people, rich as well as poor, save through small savings schemes and thus participate in the country's development programme; the aim is to make the movement a people's movement in the real sense.

During periods of rising prices, small savings schemes serve as instruments for mopping up the extra purchasing power. In addition to waging a war against waste, unwise spending, hoarding and other activities, the organisation takes upon itself the duty of propagating thrift, savings and family budgeting, and postponing expenditure which can be deferred in favour of better utilisation in future.

Small savings schemes offer many facilities to all sections of the community to save according to one's own ability. Schemes are designed to suit various needs and occasions. There are some schemes in which even the humblest of the citizens in the country can save and participate. There are others in which the rich and affluent class can profitably invest and earn a decent interest. Some schemes also offer attractive tax concessions to tax payers.

Organisational Set-Up

The National Savings Organisation functions under the Ministry of Finance, Department of Economic Affairs, and is headed by the National Savings Commissioner for India, with headquarters at Nagpur. One joint national savings commissioner shares his responsibilities and of the four deputy national savings commissioners in the same office, three look after regional offices and one is assigned exclusively for training of staff and extension agencies and volunteers. The field organisation is spread all over the country to propagate the message of thrift and savings. It consists of 29 regions, one each under a regional director or

deputy regional director. The offices are located in State capitals, except in the case of States like Maharashtra, Uttar Pradesh, West Bengal, Andhra Pradesh and Madhya Pradesh where there is more than one office of a regional director. In each region, the regional director is assisted in the field by assistant regional directors, whose offices are situated at divisional headquarters, controlling one or more districts. The grassroots officer is the district savings officer who is in charge of the district or a part of it and discharges multifarious functions.

To assist and advise the official organisation at the apex level, a Central Advisory Board has been set up, with the Union Deputy Minister for Finance as chairman and the National Savings Commissioner as secretary. Other members include Chief Ministers /Finance Ministers of States, Members of Parliament and State legislators, economists, social workers, and trade union leaders. At the State level a similar body exists to advise a State government. In some States, at the grassroot level like panchayats, a small non-official committee assists the local officers in small savings work.

Publicity

Mobilisation of savings is a highly competitive job in which private moneylenders, firms, companies, industries, banks, financial institutions and many others engage themselves in aggressive canvassing and publicity for collecting funds. Small savings, as a government organisation, has its limitations in such publicity, both in terms of money and media and methods. Despite various constraints, like lack of adequate funds, technical manpower, etc, small savings is utilising different media, both modern and traditional. The organisation has 120 publicity vans for this purpose. Folk music, puppet shows, *jatras*, quawalis, rural sports like cart races, etc. have been introduced in rural areas for publicity.

Role of the State Governments

Apart from the National Savings Organisation, the State governments are involved in the small savings programme and are taking keen interest in stepping up the collections in view of the fact that two-thirds of the net collections made in a

State are made available to that State as loan on easy terms, repayable over 20 years. Some State governments have set up their own organisations with a director and field staff. This has given a further fillip to small savings collections.

Role of Post Offices

The Post Office Savings Bank is the forerunner in the savings movement with a history of over 100 years. All the small savings schemes are operated and serviced by the post office through a network of 1.3 lakh post offices (1981) spread all over India and engaged in mopping up savings and educating the rural folk in the art of banking in the remote areas.

Role of State Bank and Other Institutions

Of late, the State Bank of India and other nationalised banks have also been entrusted with the task of receiving money for small savings securities like National Development Bonds, Public Provident Fund and bank series of certificates. These are expected to make an important contribution to the small savings movement.

Extension Workers and Agencies

The ultimate objective of the Organisation is to make savings a voluntary movement. While the government lays down the policies, volunteers and various extension agencies propagate and collect the savings of the people. There are more than two lakh extension workers, agents, group leaders, *sanchayika* leaders, national service scheme volunteers and extra-departmental branch postmasters. Five extension agencies are directly involved in collections of small savings.

Authorised Agents: Authorised agents canvass and collect directly from investors and deposit the collections in the post office or the State Bank. Over 56 per cent of them were really active and collected from the public Rs 429 crores during 1980-81. During the five years beginning 1976-77, the collections more than doubled, and a very bright future in collection was seen under this category. These agents get 1.5 to 2.5 per cent commission on the deposits obtained by them from the public. Agents are

selected and trained in canvassing and salesmanship. Though the agency system has begun operating in the rural areas also, it has more impact in the urban areas. In addition to the problem of finding a suitable agent in the rural areas, prospecting an investor for the small savings scheme is an equally difficult task. However, in recent years, more agents have started operating in the rural areas also.

There are a number of social service institutions, voluntary organisations, women's organisations and social workers, which have taken up the agency and are working in a spirit of social service and earning some remuneration also.

Pay Roll Scheme

The National Savings Organisation has introduced with success a scheme of Pay Roll deduction for savings. The scheme operates through the simple mechanism of ensuring that a certain sum is deducted every month from the pay of the employees on the strength of a written authorisation to this effect and the amount so deducted is credited to his account in the post office. To secure the consent of the employees, group leaders and volunteers are created in each establishment to help the officials of the organisation. Employers are also persuaded to provide support. The most popular scheme is the 5-year Post Office Recurring Deposit scheme in which after five years, the deposit is repaid with interest. This scheme also enjoys special benefit protected savings. Should the depositor die during the currency of the account, the nominee or the legal heir of the depositor is entitled to receive the full maturity value upto Rs 20 denomination Recurring Deposit Account provided the age of the depositor at the time of opening the account was between 18 and 53 years and the account was current with at least 24 monthly deposits.

The pay roll scheme made very good progress with about 85,000 establishments operating the scheme for the benefit of 84.93 lakh employees by the end of March 1981. The collections during the year were Rs 185.83 crores. A good percentage of the total wage earning

population in the organised sector of the country has been brought into the scheme. The aim is to enrol under the scheme all the salaried and wage earning population in the organised sector.

Mahila Pradhan Kshetriya Bachat Yojana

This scheme seeks to create awareness among housewives for thrift and savings. Women with an aptitude for social work are selected for approaching housewives in a particular ward, area or village in the neighbourhood. They propagate not only schemes of savings but also ideas of consumer protection, family budgeting, child care, food and nutrition, home economics and similar home science subjects. While doing this work as a social service they also earn money by way of commission for canvassing for small savings schemes. For unemployed graduate girls, the scheme affords employment and earnings in urban areas.

The agency is also open to women's organisations, social service institutions, trade unions, service associations and professional associations which can propagate the savings scheme among its members and also among the public and earn a commission which will be a source of income for welfare activities.

In 1980-81 there were 32,272 *mahila pradhan* agents bringing in a collection of Rs 40.34 crores. The scheme is popular in Uttar Pradesh, Tamil Nadu, Kerala, Maharashtra and Gujarat.

Sanchayika

Sanchayika is the name for the School Savings Bank. The scheme aims at educating children in regard to thrift and money management and train them in the art of banking. In the children's bank, all the operations—manning the counter, receiving money, pass book entry, ledger posting and interest calculation are done by senior student trustees and volunteers under the supervision of the teachers.

There were in March 1981, 37,105 *sanchayikas* in India with a membership of 1.22 crores and a collection of Rs 4.33 crores.

Extra-Departmental Branch Post Masters: Carrying the message of savings and promoting savings among rural folk has been a problem. The National Savings Organisation has depended on the extra-departmental branch postmaster as an effective link to propagate the scheme. He occupies an important place in rural society and is perhaps next only to the village headman or village teacher in wielding influence over the villagers. There are more than one lakh such postmasters who are activated for small savings work by special training and incentives in the shape of commission on investment secured. In March 1981, 29,632 of them took interest in this work.

Nothing is Small

There are on the whole five types of accounts and six types of certificates catering to the needs of individual savers in small savings. The schemes have been devised that they afford benefits and appeal to different classes of people by virtue of certain special features and characteristics. Without going into the details of rates of interest to denominations and other terms and conditions attached to each and every investment scrip under small savings, the following information will indicate the purpose and principle involved.

One broad classification of the scrip is 'taxable' and 'tax free' investments. Such a classification of scrips for investors as well as savers may not be available in any banking industry. This special classification has a historical background. Small savings schemes launched directly as government schemes have to treat all citizens in a fair, equal and equitable manner in the case of taxation. Realising that payment of a disproportionately high rate of interest to attract savings and investments from affluent persons and income tax payers will mean a premium and will also starve the capital market of funds for commercial and industrial purpose, only some tax benefits are given, limits for investments are fixed and a reasonable rate of interest is allowed, keeping in view that the rate of interest paid and tax concession given largely balance each other, and there is no undue benefit. Thus, for the tax payers, certain

certificates like 7-Year National Savings Certificates II and Post Office Savings Bank account may give a little lower rate of interest (6½ per cent plus bonus for certificates and 5½ percent for savings bank) but being tax free interest, it will still be attractive and profitable to this class of people. To encourage the tax payers to save in long term securities, particularly for family welfare and retirement benefits, some more concessions in tax structure are also given. These concessions are made available not only to small savings schemes but also to such other schemes like insurance, provident fund and unit-linked insurance. They permit deductions in taxable income in a year and are based on a formula which takes into consideration, total income, amount of deposit, insurance, provident fund, cumulative time deposit etc. This concession helps to divert a portion of the tax payer's income into long term investments like public provident fund, 10 year cumulative time deposit, small savings account, provident fund account, insurance, unit-linked insurance, etc. In public provident fund account there is a special provision to the effect that the account cannot be attached even by a court of law for the liabilities of the holder. This special provision protects the genuine purpose of opening an account for family needs, old age and retirement benefits. Furthermore, for the general public who are not paying income tax and other related taxes, deposits and securities have been thrown open with attractive interest rates in some cases and having an edge over the commercial bank.

There are a few other salient features of small savings that are unique in the savings field:

(i) Protected Savings: The Protected Savings Scheme provides benefit of an insurance cover, if the saver in a 5-year recurring deposit account dies after two years of operating the account. Though the maximum amount payable to the nominee of the account was Rs 1,556.20 (as per terms operative in October 1981), it is a welfare scheme providing some relief to the saver's family in distress.

(ii) Post Office Savings Bank Prize Incentive Scheme: To give a fillip and attract new

deposits, a prize incentive scheme was introduced in 1973, offering a first prize of Rs one lakh, and 11,116 other prizes in lucky draws conducted twice in a year. To be eligible to participate in the draw, the post office savings bank account should have a minimum deposit of Rs 200 continuously for six months.

(iii) Public Provident Fund: Subscribing to a provident fund has hitherto been a privilege of employees in government and in organised industry and trade with certain tax benefits and terminal benefits. Self-employed and other citizens did not have the benefits of provident fund for old age and security. The public provident fund scheme, promoted by small savings, now enables all citizens to save subject to certain minimum and maximum limit of contributions. During 1980-81, the number of accounts and amount deposited was 45,099 and Rs.27.69 crores respectively.

Progress

The total amount standing to the credit of small savings was more than Rs. 8,587 crores as of September 1981. The net collections during the preceding 5 years are as follows: (Table Omitted)

Assessment

It is indeed difficult to assess the benefits and progress of the schemes under such programmes. Owing to these efforts one may ask, "how many have started saving?" "How many have been saving regularly and continuously", "Ultimately, how many new savers has the movement been able to enrol?" The index of progress upto March 1981 is given below (Table Omitted)

The four small savings schemes mentioned above have covered 9.5 per cent of the population or about 38 per cent of the households. More than a crore of people have invested in savings certificates.

Conclusions

Rising prices and inflationary trends not only inhibit the savers and make a claim on that part of their money that would have gone into savings; they also create the problem of erosion

of the intrinsic value of money and fall in its purchasing power, particularly in the case of long term securities.

When an investor poses the question, "What will be the value of my savings of Rs. 10,000 in Public Provident Fund after 15 years? Can I own a house of the value of Rs.60,000 today, if I save Rs.500 every month in Cumulative Time Deposit for 10 years, even after adding the interest? These questions are very difficult to answer and in no country has any savings scheme given the proper answer, except perhaps when the savings is "tied down to the index".

The scheme of small savings has not developed as an independent institution. It has to depend on other departments and organisations for its functioning. Though the Ministry of Finance, Department of Economic Affairs, is the custodian of the scheme, post offices, the State Bank and other nationalised banks are the 'selling counters' on which it has little control. State governments have also deployed officials and set up organisations for stepping up collections. Publicity for small savings is mostly done by the Directorate of Advertising & Visual Publicity. Thus, the problem of proper coordination of functions and activities has to be faced.

Communication with agents, group leaders, *sanchayika* volunteers, counter clerks, extra departmental branch postmasters— over six lakhs of people—engaged in small savings is a strenuous job, and training them in the area of canvassing and serving small savers is a massive problem.

Despite constraints, the small savings movement has come a long way since the idea was first mooted and is making a significant contribution in spreading the habit of savings among people of modest means and in mobilising resources for the country's development programmes. Its contribution in the years to come is expected to be still greater.

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Nonformal Education for Adults

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A concept of recent origin, nonformal education has, during the last decade, received considerable attention as an instrument of educational reform, life long education as well as the expanded concept of development. A vast quantity of literature ranging from intellectual explorations to action models has been generated; however, the major parameters of nonformal education have not yet been adequately conceptualised. Among the definitions of the three educational models (formal, informal and nonformal) attempted till now, the ones provided by Ahmad and Coombs have been accepted generally, though not without reservations. Formal education refers to the "institutionalised, chronologically graded and hierarchically structured educational system spanning lower primary school and the upper reaches of the university". Informal education is "the life-long process by which every person acquires and accumulates knowledge, skills, attitudes and insights from daily experiences and exposure to the environment". And nonformal education is "any activity carried on outside the framework of the formal system to provide selected types of learning to particular sub-groups in the population, adults as well as children."

A major criticism levelled against these definitions is that they tend to treat the three educational processes as discrete entities while, in practice, they function merely as modes of emphasis or predominance. Formal education, for instance, may have predominant formal characteristics and also nonformal and incidental implications at the same time and vice versa. While this calls for a broader perception of the primary and secondary characteristics of educational modes, the major differences between the formal and nonformal process need nevertheless be recognised. The former is finite, limited to a particular period of time with fixed points of entry and exit, geared

to impersonal goals of acquiring knowledge and motivated by employment and status orientation; the latter is recurrent, integrated with life and work, flexible with multiple points of entry and exit, geared to an understanding of one's situation and motivated by self-renewal and realization of one's potential. Additionally, nonformal education does not foster an uncritical command-obedience syndrome in which one gives and the other receives, but attempts learner participation and awareness through a diversified, flexible and need-based curriculum instead of a predetermined one. It does not weed out failures, nor does it nurture a status quo like the formal school. It simply seeks universal learner satisfaction towards change and perpetual becoming. It is important to bear these differences in mind for a proper understanding of the concept.

The relevance of nonformal education both for developed and developing countries has been recognized. However, the chief focus of the programmes today has come to be the marginal urban and rural adult youth of the third world for whom the formal school is either inappropriate or inaccessible.

Such out-of-school educational programmes designed to provide specific learning experiences to specific target groups are varied and include agricultural extension, community development, consciousness-raising, technical/vocational training, family welfare, health education, basic education, workers education, adult education, functional literacy and so on. The basic objective is to enhance the power and status of the participants by imparting new skills and knowledge to them and by altering their attitudes to work and life. The programmes have, by and large, been inspired by two distinct theories, namely, dependency liberation and deprivation development, which have reference to two different ways of assessing and interpreting the situation of the poor in the developing countries. Dependency liberation theorists explain the situation of the poor in terms of external and internal controls created by the economic dependence of the poor nations on the rich and that of the masses on the decision-

making elites. The educational programmes that have developed as a response to this interpretation aim at liberation (both as a process and as an objective) concerned chiefly with equitable distribution of decision-making power leading to control over the change process as against adjustment to it. The entire educational process, in effect, becomes a process of consciousness-raising (through a group oriented dialogue) which is expected to enable the individual to become aware of his reality, to reflect on it and to change it in accordance with humanistic principles.

The deprivation development theorists, on the other hand, assess the situation of the poor in terms of under-development caused by lack of opportunity, lack of technology, lack of information and motivation—a condition that can be altered with intervention programmes giving them access to technology and capital, organisational and decision making structures, entrepreneurial behaviour patterns and modern attitudes common to developed countries today. The remedy, according to them, lies in projects designed to assist the poor with supplies, equipment, skills, credit facilities, organizational alternatives like cooperatives, trade unions and other community enterprises, leading to a more effective participation in the national and international markets. The educational response, therefore, has to be an attack on ignorance and an overall attempt towards motivation for programmes of literacy, skill training and other comprehensive need-based adult education programmes.

Research studies made during the last decade have shown that neither of the two approaches discussed above, taken individually, have made a decisive impact on the change processes in favour of the poor and weak. This evidence has led to the view generally held today that integrated social change calls for attention in a holistic way to each of the areas of social organisation, technology, information and motivation and for this purpose, it may be useful and necessary for the two competing viewpoints to learn from each other. This may perhaps apply more to the advocates of the deprivation development theory whose

emphasis seems to be more on efficiency and social control as against the value the liberationists attach to social justice and to the creation of a new man. At any rate, a lot more research has to go into the issues involved before a more reliable conceptual framework can be evolved and accepted. While the programmes cannot wait till such time as this happens, it is obvious that the nonformal educator will have to treat with great caution and gain insights for his own guidance as he goes along the path till a consistent theory to guide and link the wide range of programmes becomes available to him.

A Historical Perspective

A certain conceptual confusion is understandable since the concept of nonformal education has not emerged out of any systematic investigation nor in a meeting of experts. Even as the concept is new, nonformal education as an educational channel is ancient and has developed gradually in response to the changing needs of society. The primitive tribal society did, however, depend solely on informal or incidental education for the education and socialisation of its members. But nonformal channels of education developed and have continued to develop and grow in variety and sophistication ever since the quantum of knowledge grew and the need for specialised skills arose. Even when the formal school came into existence in response to further growth and complexity of knowledge and society, it remained and continues to remain severely limited in access and the bulk of people all over the world have from times immemorial continued to receive their education through nonformal channels.

At all times in the course of human history, individuals, due to either internal urges or external incentives, sought learning necessary to fit them into their traditional and customary scheme of things as well as learning necessary to carry them beyond the needs of their accustomed status. Among the primitive people also the aspiration to master the lore of the community or the tribe has always inspired adults to seek learning beyond their work-a-day lives. For a majority of people it may not have

been education in terms of the three Rs and the study of books '(which were not needed any way) because when people were illiterate and conditioned by custom and tradition and even as they experienced little change in their daily lives from generation to generation, a great deal was learnt by ways other than the printed word. The extended family, festivals and other cultural modes, family re-unions, places of worships, religious discourses, places of study, the apprentice system, precept and example, information delivery systems of various kinds, all these have provided instruction and information to the members of various communities from times immemorial.

In India, varied forms of nonformal education developed over the centuries, so that an average Indian who may have been illiterate for lack of formal schooling, was still able to acquire knowledge, skills and values. Two of the forms that merit a special mention are the *akhadas* (institutions of physical education and military training) which trained young men, irrespective of their caste, for a career in the army and the great oral tradition which handed down ancient literature, philosophy, religion, art and other sciences from generation to generation. The other set of institutions was that of the village bards (minstrels) *kathaks* (story-tellers), *kirtans* (religious songs), theatre and the village 'hats' and 'me/as' which developed to cater to the educational needs of the common people outside the formal system. At another level, the society took care of its economic and other social needs also, by imparting professional skills to agriculturists, artisans, carpenters, blacksmiths, tailors, bricklayers *dais* and others through nonformal and incidental channels. Although the education imparted by these agencies caused people to be tradition-bound and restricted their social mobility, the important functions they performed within the system lent them great strength and vitality.

A sea-change has, however, come over the world educational scene over the last two hundred years, which incidentally explains the recent worldwide interest in the concept of nonformal education. As the forces of rapid change gathered momentum from the middle

of the eighteenth century and destroyed the small, stable and self-contained communities of an earlier age, the need for education in the larger sense began to be felt. There has consequently been tremendous expansion of the formal system in response to the demands of the modern industrial civilization. By the middle of the twentieth century, the first world had, to its great satisfaction, provided for universal elementary and secondary education and a good higher education to a fair proportion of its youth. Greater attention was now being paid to qualitative improvements at various levels and to adult education programmes. The developing countries also were convinced that the road to prosperity lay in giving the highest priority to the expansion of their formal education systems and vied with each other to invest more and more in this direction. In India, the expansion has simply been of gigantic dimensions. The country in 1980 had no less than 7,00,000 educational institutions, with 35 lakh teachers and 10 crore students with an annual expenditure of Rs. 2,500 crores. Even so, there seems to be no end to the demand for further expansion.

It was in the late sixties that a fierce attack on the formal education system was launched from various quarters and the idea of nonformal education was put forth. The idea which has attained the proportions of a worldwide movement today had its birth, in fact, in the efforts of the people to solve certain fundamental problems of the industrial culture for which the existing school system proved miserably inadequate. Among the pioneers of the movement mention must be made of Ivan Illich, Paulo Freire, Paul Goodman, John Holt, Everett Reimer, Neil Postman, Edgar Friedenberg, Christopher Jenks, James Coleman, Marshall McLuhan, Rosalie Cohen, George Leonard, Charles Wein Gartner, Robert Dreeben and Colin Greer—scholars who generated brilliant and compelling critiques of the formal school and underlined its negative role vis-a-vis the problems of development. The line of attack, however, had different contexts in the developed and the developing countries. In the developed countries, it was based on the realisation.

- that some form of continuing education had become indispensable in societies where rapid increase in knowledge and the concomitant changes called for continuous social and occupational adjustment by individuals;
- that some form of deschooling had become necessary to replace formal teaching and learning and to reduce the gap between the educational opportunities available to the youth and older generations; and that the formal system and its expansion had become a vested interest perpetuating privilege, conformity and social injustice.

In the developing countries, the attack had some additional dimensions. The most important one was the context of the changing development goals, replacing the exclusive emphasis on historically pursued economic growth with pursuit of nutritional, health, employment and distributional goals—those dimensions of development that are most directly related to the human condition of the masses of people in these countries. Closely related to this was the problem of limitations on resources. The poor countries realised that despite immense investment which often distorted developmental priorities, they simply did not have the resources to develop a formal educational system even remotely comparable in quality and quantity to that of the developed countries. They also realised that the large majority of the underprivileged masses remained outside the formal system with the result that while the adopted model had created inconvenient problems like that of the rising numbers of educated unemployed, and the illiterate adults (including those whose knowledge lapsed through disuse), it did not mobilize people to participate in the developmental process and left the vast reservoir of human potential untapped.

Consequent upon the deep disenchantment with the massive formal education system, alternatives to the system were naturally sought and discussed and, among the models considered, nonformal education received attention and approval as a viable alternative model with far reaching possibilities.

Life Long Education

The above analysis should explain why the focus of nonformal education for adults has come to be the master concept of lifelong learning which is essentially a response to the persisting problems of education and development. The report *Learning To Be* published in 1972, proposed "life long education as a master concept in the years to come for both developed and developing countries.² The concept embodies a whole range of educational forms such as 'school education', 'concurrent and recurrent education', 'adult education' and 'functional education' and provides a rationale for selection between alternatives.

After the publication of this Faure Report, the idea and the forms it comprises were discussed with varying degrees of interest. In many parts of the world, the concept has been accepted as the organising and integrating principle for educational development. The acceptance, in turn, has led to a conscious attempt to refine the concept further and to examine its implications more closely vis-a-vis its transformation into educational policy and practice. While the nature of problems varies from country to country, the two fundamental goals of life-long education accepted by all are 'learning to be and the 'learning society'-the liberation and development of human potential, both individual and social. The first incorporates the quality of education of the individual, his desire and means to go on learning, the process of self-discovery, awareness of his potentialities and limitations and a high level of participation as a member of the society. The second one is a society whose stock of knowledge is continually expanding, being evaluated and updated and where the process of learning is as important as the product.

The relevance of life long education to the third world countries is sometimes questioned. It is obvious that in societies where 80 per cent of citizens are illiterate and not all children receive even basic education, the idea of a learning society where every individual has the opportunity to improve his own education

sounds Utopian. But as a long term objective, the principles underlying life-long education provide a direction of change which means an awareness of the goals, facilities for integration, flexibility and diversification of learning styles, maintenance and improvement of opportunities that have traditionally existed, experimentation and innovation, and these surely have great relevance to the developing countries.

Adult Education

Even as the concept of life-long education is universally acknowledged on theoretical and political levels, there is not much to show in terms of concrete achievements. The 'experiments' and 'projects' are still at the stage of being regarded as a reaction against the outmoded school system. On the other hand, the impact of the concept on developments in adult education is far stronger. An important trend in the development of adult education one finds today is that it is no longer conceived of as a prolongation of school but as an independent and integrated totality of educational experiences in which the distinction between education for economic purposes and education for cultural purposes loses its meaning and which corresponds fundamentally with the concept of life long education. It has come to encompass the minimal right to education for all individuals as defined by the Marly Conference organised by the Council of Europe in 1967:

- a basic education variable in length according to country;
- a professional training generally apart from compulsory school attendance;
- a continual education involving both the improvement of professional training and access to cultural leisure activities.

This is a significant advance on the kind of adult education imparted so far which lacked order and cohesion, had varied aims (professional, cultural, political, trade union, administrative, social, military, commercial and so on) with or without an ideological framework, sometimes based on a profit motive and sometimes that of service. The emerging trend is that of integration and rationalisation wherein adult education allows a great variety

of human activity with emphasis on participation, communication and expression rather than on distribution and transmission. This is also indicative of the transition from a civilisation of quantity to one of quality.

These new trends are reflected amply in the guidelines provided for the future development of adult education by the UNESCO General Conference (1976) held in Nairobi. The Conference stressed that adult education

- should be considered an integral part of a global scheme for life long education and learning;

should give the highest priority to the needs of the underprivileged;

- should take into account social, cultural, economic and institutional factors of each country and society to which the learners belong;
- should be based on needs of participants for their individual fulfilment and fuller participation in social life;
- should seek the participation of individual adults, groups and communities in decision-making at all levels of the learning process; and
- should promote peace, international understanding and cooperation.

Accordingly, the report has also provided a definition sufficiently flexible for use in countries with differing educational systems. Adult education, it says, "denotes the entire body of organised educational processes, whatever the content, levels and method whether formal or otherwise, outside initial education in schools, colleges and universities as well as in apprenticeship, whereby persons, regarded as adult by the society to which they belong, develop their abilities, enrich their knowledge, improve their technical or professional qualifications or turn them in a new direction to bring about changes in their attitudes or behaviour in the two-fold perspective of full personal development and participation in balanced and independent social, economic and cultural development.

Functional Literacy

Looked at historically, nonformal adult education is the struggle of ordinary people to survive, to live better, to understand their environment and adjust to the slow or rapid changes of each successive age. At the present moment in history, as indicated earlier, in the western world, problems like the growth of knowledge, great complexity of social groupings and the use of leisure make continued education an urgent demand. In the developing countries, however, the failure to solve urgent problems is basically the failure to develop their human resources. It has been argued time and again that it is not the children who hold the present destiny of the third world in their hands but the adults. The third world cannot wait a generation to mobilise its rich resources for tasks of national development. Fortunately, the present leadership seems to be aware that it is only by establishing effective communication with the adult population and by helping them to adjust to a rapidly changing world that an impact can be made on problems and essential progress can be brought about. Consequently, coherent national approaches to the requirements of each country are being worked out. A general constraint, however, is that people who can profit by adult education programmes today are a tiny minority of the total population of the third world, because the written and the printed word has no access to them and they lack the elementary knowledge of the processes that would enable them to change their situation. Some kind of modernisation (not exploitative) has, therefore, to be obtained. Some major studies have suggested that adults can not only learn new information but through processes of late socialisation, they can also be transformed into new persons with new personal identities. It is for this reason that the case for functional literacy in the third world has come to be overwhelming.

According to UNESCO, functional literacy in simplest terms should be taken to mean "any literacy operation conceived as a component of economic and social development project." Literacy work is not to be viewed merely as the ability to read and write, but a prerequisite for

the social, cultural and economic development of individuals, and societies. In effect, functionality links literacy to meeting man's fundamental requirements, ranging from his vital needs to effective participation in social change. The functional literacy campaigns operative now aim at:

- 1) preparing individuals and groups as agents of change;
- 2) helping them to adapt to change; and
- 3) giving them skills of communication to equip them better for life in general and for acquiring new knowledge and its constant adaptation to situations and problems in particular. Inevitably each campaign must adapt itself to a particular environment, to specific objectives and circumstances, making it obligatory for functional diversification of programmes and reciprocal adaptation of literacy campaigns and socio-vocational environments, to go together. The relevance of functional literacy to the third world lies precisely in the fact that, in a given socio-economic context, it not only imparts technical and vocational skills but also helps develop mental powers of analysis and communication that facilitate adaptation to standards, conditions and values implied in the process of change. The comprehensive nonformal education programme for adults, the experimental world literacy programme sponsored by the UNESCO and UNDP in 1967 and comprising 12 projects in 1980 was started in pursuance of these very objectives as a method of training for development and an opening to continuing education.

Nonformal Adult Education in India

Since the beginning of the nineteenth century as already reported, emphasis came to be placed on the expansion and development of formal education in India in line with developments elsewhere. Nevertheless some efforts in favour of nonformal education, as understood today, resulted in the development of two kinds of programmes proceeding side by side as two distinct entities. The first of these had two dimensions, namely, adult literacy and provision of libraries as a followup. The second was confined to the

setting up of agencies which catered to the cultural and recreational needs of the people. During the British period, soon after power was transferred to the crown, two significant nonformal programmes for adults, namely, the night schools and the jail schools, were developed. Bombay, Madras and Bengal ran 136, 223 and 1000 night schools respectively and about 5,000 persons were enrolled in the 44 schools for the prison inmates, started as early as 1865.⁵

With the introduction of dyarchy, the provincial governments paid serious attention to the spread of literacy with the result that by 1927, there were 2,88,932 learners attending 11,171 literacy classes.⁶ Literacy programmes were also started in the beginning of the century, in some princely states. In Mysore and Baroda, besides regular literacy classes, a public library system was set up and a large number of neoliterates availed of these facilities.

A big advance, however, came with the launching of mass literacy campaigns encompassing towns and the countryside by the popular ministries formed in 1937. Even as the paucity of funds prevented any post-literacy followup and the net result of the movement was not significant, this was the first time when the government acknowledged the responsibility and necessity of fighting the problem of illiteracy on a mass scale. This led to considerable rethinking and enthusiasm on the part of Indian planners with the advent of independence. The First five year plan declared that democracy could not take roots as long as 80 per cent of the Indian people were illiterate and the Second five year plan underlined the link between democracy, development and education. Two significant trends emerged: (i) a countrywide concern about the magnitude of illiteracy in the adult population and its effect on the social and economic development of the country; and (ii) a broadened concept of adult education called social education which comprised civic education, health education, information for economic improvement, literacy work, library development, folk art and literature, and a universal ethics of right conduct. An attempt was made to run social

education programmes as an integral part of the community development programme launched in 1952. Community centres, youth clubs, women's organisations, adult literacy centres, farmers groups and recreation centres were set up with funds provided within the community development programme. Though a measure of success was achieved in certain areas, the programme did not, by and large, make much of an impact due to: (i) insufficient resources; (ii) inadequate organisational and administrative structure; and (iii) lack of political and social will. A typical illustration of this fact was provided by an evaluation undertaken by the Planning Commission of the *Gram Shiksha Mohim* (the village education movement) of the Maharashtra state—a programme which, when launched on an experimental basis, in the Satara District in 1959 and extended to cover 25 districts by 1963, made over ten lakh adults in the age group of 14-50 years literate but failed for lack of post-literacy programmes which led to a massive relapse of these adults into illiteracy. All in all, not more than 500,000 adults were made literate every year during this period and the total expenditure incurred on adult education was less than one per cent of the total expenditure on education.

The Education Commission (1964-66) re-examined the adult education scene in the country and recommended a continuing education programme:

- to eradicate illiteracy by 1985-86;
- to help educate those who have missed school for one reason or another;
- to enable the educated to pursue further education;
- to keep pace with the growth and complexity of knowledge.

The National Policy on Education issued by the Government of India in 1968 reflected the enthusiasm with which the recommendations of the commission were received: "The liquidation of mass illiteracy is necessary not only for promoting participation in the working of democratic institutions and for accelerating programmes or production, especially in agriculture, but for quickening the tempo of national development in general."

The decade that followed set in a significant transformation of the educational system both in its theoretical and practical aspects. The process had four distinct dimensions; (1) Increasing dissatisfaction with the existing educational system underlining a) its irrelevance to the learner, the society and to the educational goals; b) its failure to integrate education with the people's total needs and societal goals; c) its limitations in reaching all potential learners, particularly the deprived; and d) its inability to fight social inequality, economic backwardness and psychosocial prejudices. (2) The realisation that the answer to the impasse was nothing less than a radical change which rendered the search for alternatives and bold innovations imperative. (3) The emergence of nonformal education as a major solution both to the irrelevance and structural limitations of the formal school with three role parameters at different points of educational transformation: a) a remedial role to correct imbalance; b) a restorative role to discover a correct focus and perspective; and c) a positive role of rejuvenating education into new and appropriate directions. 4) The emphasis on a synthesis of the democratised formal, nontormal and informal forms of education towards building up of a participative society in which learning could become total, flexible, continuous, organically related to life and nonprescriptive.

The first half of the seventies saw the crystallisation of this thinking and the recommendation made by the Central Advisory Board of Education in 1974 reflected the policy implications for nonformal adult education: "Programmes of adult education are of great significance for the success of the programme of universalisation of elementary education as well as for securing intelligent participation of the people in all programmes of national development. They should, therefore, be developed on a priority basis. In particular, the Board recommends that the functional literacy programme which represents the single largest ongoing effort of intensive nonformal education linked to a developmental activity, should be strengthened and expanded; and that similar functional literacy programmes should be

developed in relation to other developmental schemes appropriate to rural and urban situations... Adult education programmes should form an inbuilt part of every developmental activity whether in the rural or urban, public or private sector, and every Central and State Ministry/ Department should make appropriate provision in the respective scheme."

The educational strategy of the Fifth five year plan was, accordingly, based on a composite view of education with two major components, formal and nonformal, working in the backdrop of the informal educational experiences of the people. In its document on nonformal education published in October 1975, the Ministry of Education stated the macro-perspective of the educational needs of individual and society, which the Indian planners must keep in mind while formulating programmes. From the points of view of the learners they were stated to be: a) the need for a large number of men and women, boys and girls of all ages who have never been inside the school system or who have dropped out of it too early to make use of educational facilities; b) the needs of the large number of workers in the organised and unorganised sectors who are illiterate or semi-literate, unskilled or semi-skilled, who have to be helped to develop their total personality and equip themselves for the world of work; c) the needs of wide masses, both in rural and urban areas, who could be helped to understand better their surroundings and get more involved in solving problems in the 'close environment, through a real participation in the life and working practices; d) the needs of individuals with various levels of education for further upgrading their knowledge and skill, and widening their mental horizons.

From the point of view of societal goals nonformal education was to work for: a) creating awareness in individuals and society of the existential situation and the need for and direction of change; b) creating a rational, objective and scientific temper among all the people enriching the human potential and thereby community resources and individual and group creativity; c) achieving increasing

degrees of social, cultural and economic quality through democratic sanction.

Concerted efforts to start new nonformal education programmes and to strengthen the ones initiated in the fifties and sixties followed. The launching of the national adult education programme on 2 October 1978 became a massive and ambitious non-formal adult education effort. Some of the significant programmes developed during the period are described below:

1. Farmers functional literacy programme:

Financed by the Central Government, the inter-ministerial functional literacy programme launched in 1967-68 to educate and inform illiterate farmers and landless labourers on the high yielding varieties of seeds and a package of better agricultural practices benefited about three lakh farming men and women by the end of the Fourth plan and covered 144 districts (with 60 centres per district and 30 learners per centre). The programme was to be integrated with the National Adult Education Programme. At present, however, the programme is being implemented separately as Rural Functional Literacy Programme.

2. Polyvalent Adult Education Centres (Shramik Vidyapeeth):

Launched in 1967 with the assistance of UNESCO, the scheme set up a network of Polyvalent Adult Education Centres in urban and industrial areas to provide educational facilities including literacy, functional training and civic and cultural education to workers and those seeking work. Under the scheme financially self-sustaining programmes of continuing education through integrated educational and training courses of varying duration, were developed for a large number of workers in eight major cities. By the end of the Sixth five year plan (1980-85), the number of these centres was to be raised to 50 each covering about 4,000 to 5,000 workers annually.

3. Workers' Education Programme: This was launched by the Ministry of Labour through its Central Board for Workers Education to provide education to unionized labour for (i) developing

effective trade union leadership from the rank and file and (ii) promoting among workers greater understanding of their environment, their role in socio-economic development, and their responsibilities and privileges as members of the union. It was extended to the unorganised rural sectors during 1977-78. The scheme has trained over 50,000 worker-teachers and covered over 20 lakh workers by the end of the Fifth five year plan. In 1980, the Board had programmes for industrial and unionized workers in 14 States and two Union Territories through 40 regional centres.

4. Extension Education: This programme is run by the extension departments of 18 Agricultural Universities of the country with the help of agricultural communication centres through field demonstrations in cultivators' fields, on-the-spot guidance to farmers on problems of farm and home, mobile exhibitions, correspondence service, the media or mass communication, special courses for rural youth, and on-the-job training courses for functionaries at different levels, the objective being dissemination of knowledge and technical knowhow.

5. Nonformal Education Programme for Youth in the Age Group 15-25 years: This programme was started in 1974-75 and was integrated with the national adult education programme. The Government of India provided assistance (Rs.1 lakh for 100 centres) for implementation of the scheme in one district in each State to start with, on condition that the States started the programme simultaneously in at least one other district. The scheme was estimated to cover 18 lakh learners through the centrally financed centres, and agencies like Nehru Yuvak Kendras, youth clubs, and educational/vocational institutions. Voluntary agencies were associated with the programme.

6. Functional Literacy for Adult Women: Financed fully by the Central government and implemented through the infrastructure of the Integrated Child Development Services projects, the programme, which began in 1975-76 in 33 project areas, was extended to 200 project areas by 1980-81. Elements of health and

hygiene, food and nutrition, home management and child care, civic education and vocational/occupational skills are taught through class training, printed materials, documentaries and slides.

7. Scheme of community health workers: Launched in 1977 and financed by the Union Ministry of Health and Family Welfare, the scheme provides integrated maternal and child health services in the rural areas and educates rural communities on matters of health, sanitation, maternal and child care, women's rights, nutrition, family welfare, curative and promotive services and dispensing of common medicines for common ailments. Sixtyfour thousand centres covering 74,000 villages were functioning in 1980 under the supervision of the medical and health officer or family welfare officer in Primary Health Centre or subcentre with the assistance of one community health worker and one health attendant (village dai) for every village/community with a population of 1,000 and one male and one female multipurpose worker for every 10,000 population. Besides health instruction and health education, demonstrations, exhibitions, posters, simple reading materials, special camps and medicine kits are made use of.

8. Cooperative Education Programme: Funded by the Government of India and implemented by the Directorate of Cooperation, the programme involves five agencies, namely, National Cooperative Union of India, National Council of Cooperative Training, Vaikunth Mehta National Institute of Cooperative Management, Pune, 16 cooperative training colleges and 69 cooperative training centres. Introduced in 1956 for the promotion of the cooperative movement in India, (there were about three lakh cooperative societies in India in 1980 with a membership of 65 million) the scheme trained between 1960 and 1977 about 272,344 managing committee members and 32,67,333 members or prospective members through orientation courses, conventions, seminars, conferences, case studies, field laboratory methods and printed material.

9. National Adult Education Programme:

With a financial allocation of Rs. 200 crores for the five year period (1978-83), the programme launched in October 1978 by the Union Ministry of Education set a target of covering 10 crore adults (15-35 age group) all over the country by 1984. The Sixth plan included adult education as part of the Minimum Needs Programme and goal of reaching 100% literacy by 1990 was indicated in the New 20-Point Programme accepted by the nation. In the mid-term appraisal of the Sixth plan, it is stated that the plan envisaged a balanced strategy of educational planning with the long-range goals of making available diverse networks of facilities and programmes for education, combining formal and non-formal modes of learning to enable all citizens to acquire literacy, numeracy, computational skills, basic understanding of the surrounding world and functional skills of relevance in daily life and to local environment. It also emphasised that planning effort should shift from provision of inputs and expansion of facilities in general terms to results to be achieved and tasks to be performed with specific reference to target groups of population, particularly the socially-disadvantaged. Other important objectives envisaged included development of scientific outlook, sensitization to ethical, social and cultural values which go to make an enlightened nation, and imparting knowledge, skills and attitudes enabling better contribution to productive programme in national development. While no physical targets were laid down, adult education programmes were to be developed on a large scale for the age-group 15 to 35 to combat the problem of illiteracy. The appraisal of the implementation of the programme indicated considerable progress, yet there were certain areas which required special attention in order to achieve the objectives of the Sixth plan in full measure.

Thus a goal of covering, through programmes of literacy, the estimated illiterate population of 110 million in 15-35 age group by 1990 demands that there be a substantial increase in the coverage and that the qualitative aspects of the programme also improve significantly. The achievements of the first three years of the

Sixth plan indicated that the coverage had been slightly over 10 million. Assuming that the programme was able to accomplish the target fixed for 1983-84 and the proposed targets for 1984-85 were also reached, we will be left with a balance of 87.7 million persons to be covered during the Seventh five-year plan. The task is definitely quite stupendous and has to be managed within the constraints of available financial resources and their manageable mobilisation. An appraisal of the implementation of the Adult Education Programme during the Sixth plan (1980-85) has indicated considerable progress.

By the end of December 1984, 1,86,510 centres were functioning in 21 States and Union Territories with an enrolment of 55,34,763 adult learners. In 1980-81 there were 92,105 centres with an enrolment of 2.59 million adult learners.

Since two-thirds of the adult learners in the age group 15-35 are women, priority has been given to opening new centres for women. Enrolment of women steadily increased during the Sixth plan period. As on 31 December, 1984, out of the total learners, 52.26 per cent were women. In 1980 out of the total learners, only 38.58 per cent were women.

A comparative strategy to make adult education' a mass programme has been proposed for the Seventh five year plan. Special emphasis is being laid on areas which require more attention.

The Future

Nonformal education has come to stay. There are compulsions which make it imperative. For obvious reasons, the questions posed by the failure of the formal system have attained the utmost urgency. It is true, that nonformal education as a total educational approach is an idealised, unformed concept. As a practical proposition too, it does not have much to show. We are unsure of its role and possibilities. We have yet to explore with any precision its forms, content and methodology. We do not know how to relate it to other educational modes, and when we talk about it in the context of

another development or a just social order, we ignore the fact that problems are too complex to bear the simplistic solutions it offers. And yet here is an alternative which provides an enlarged concept of education which is precisely the reason why in India today it has come to be an integral part of the total educational system. The commitment is reflected in the Sixth five year plan. Active participation of people in the developmental processes has become the crucial issue. Nonformal educational programmes for adults have consequently been introduced at key points with substantial increase in financial allocations. However, we are painfully aware of the wide gap between the ideas and their execution. The future, therefore, demands total conviction and involvement, cadres of committed, competent, professionally trained workers, sustained hardwork backed by political will and an unlimited faith in innovation and experimentation. It is only through such a process that issues and concepts can be clarified, objectives can be focussed and nonformal education programmes given a direction.

Susheela Bhan

Notes on Non Formal Education for Adults

1. M.Ahmed and P.H. Coombs (Ed.), *Education for Rural Development : Case Studies for Planner* Praeger, New York, 1975, pp. XXVII—XXXIII
2. E.Fature et al.. *Learning To Be: The World of Education Today and Tommorrow*, UNESCO, Paris 1972, p.182
3. *Records of the General Conference Nineteenth Session Nairobi 26 Oct. to 30 Nov. 1976 Vol.1*, UNESCO, Paris, 1977, pp.3-15
4. Ibid,
5. A.B. Shah and S.Bhan (Ed.), *Non-Formal Education and the NAEP*, Oxford University Press, Delhi 1980, p.58
6. Ibid?
7. Planning Commission, *Report on Gram Shikshan Mohim of Maharashtra*, Ministry of Education and Youth Services, 1969, pp. 13-22
8. Report of the Working Group on Adult Education in the Seventh Five Year Plan

(1985-90), Directorate of Adult Education, Ministry of Education & Culture, Government of India, 1984, pp.6-7 (Mimeograph)

9. Government of India, *Employment News Weekly* (July 6, 1985), Vol.X, No. 14, Publications Division, Ministry of Information and Broadcasting, p.l

Nonformal Education

Nonformal Education for Out-Of-School Children and Adolescents

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Nonformal education may be defined as educational activity organised outside the established framework of the formal school and university which aims at communicating specific ideas, knowledge, skills, attitudes and practices in order to meet the needs of the learner. It focuses on the improvement of social and personal living and occupational capabilities. It is important because of the immediate and practical utility of the learning it produces. It encompasses the full range of learning activities and is of value only to the extent it can help an individual young or old, male or female—to make practical changes in himself, his daily life and his environment in accord with his own goals and wishes.

Nonformal education is more oriented toward helping an individual solve problems than to absorb a particular curriculum content. It is strongly identified with specific felt needs, local culture and local ways of expression. Instruction may be given by many kinds of teachers—workers, health educators, community development personnel, agricultural extension workers—who may use a variety of communication media like posters, charts, flash cards, displays, exhibits, comic books, puppets, wall newspaper, audio-tapes, video tapes, slides, film strips, radio and television, wherever possible.

Nonformal education need not necessarily be linked to the formal school system, but may be organised under the auspices of a wide range of governmental and nongovernmental agencies. Learning in this way is often accomplished through learning by doing, being instructed or inspired by others to perform specific tasks, through association with peers and fellow

workers, or simply by participating in a working environment or in the affairs of community life.

Categories of Out-Of-School Children And Adolescents

Out-of-school children consist of the following categories:

- (a) Children who do not enrol in Class I at the age of six years, but would like to join school after two or three years, and children who enrol in Class I at the age of six but drop out after a few months or at any point before completing the first stage of five years.
- (b) Children, who on completion of five years of schooling, enter Class VI at the age of 11 or so but drop out after a few months or at some point before completing middle school stage.
- (c) Children who drop out after completing Class V but would like to resume studies at a later date.

Causes of Non-Enrolment and School Dropouts

Several reasons have been put forward by educationists for non-enrolment of children in the primary school. Among these, the major ones are:

- (i) Lack of appreciation by the parents of the value of education. This is particularly true of illiterate parents, (ii) Poverty of the family resulting in children being put to work to supplement the family income, (iii) The school is too far from the home, (iv) Girls have to look after younger children at home while the mother goes to work.

As regards the reasons for dropout, the following reasons were advanced by the participants of a seminar on "Nonformal Education for School Dropouts and Youth" organised in 1975 by the Indian Adult Education Association: (a) examination system; (b) lack of adjustment to school; (c) lack of facilities; (d) irregularity in attendance because of various circumstances; (e) inconvenient school timings; (f) undernourishment and frequent illness; (g) economic backwardness of the family; (h) social and domestic reasons; (i) environmental reasons; (j) frustration from not making any progress in school; and (k) shyness about age.

Relevance of Nonformal Education

The high rate of dropouts due to various reasons is indicative of the inadequacy and ineffectiveness of the formal system of school education. In such a situation, non-formal education for school dropouts and adolescents becomes relevant, since nonformal education, by its very nature, is oriented towards meeting the needs of the learner, particularly in helping him to analyse his problems and to find a solution for them. Thus, nonformal education has a high potential to be an alternative system of education suited to the needs of school dropouts, adolescents, youth and adults. However, it has a serious limitation which needs to be kept in view. As the needs of the learners are multifarious in nature, a variety of nonformal education programmes will have to be developed, a task which might not be quite practicable, especially in the preparation of teaching/learning materials suited to the varying curriculum content.

Strategies for Nonformal Education

The educational strategy in the Fifth five year plan (1974-79) was built on the assumption that formal and nonformal education should be correlated and integrated since in a country like India, with enormous educational needs, formal education—through full time and institutional education only— cannot be sufficient for the achievement of major educational objectives. The strategy was also based on the assumption that nonformal ways of imparting and acquiring education would be developed for all categories of learners and on all levels of education— children, youth and adults from elementary to higher education. The main emphasis was to be laid on the following programmes: (i) Nonformal education for non-school going children in the age group 6-14; (ii) Nonformal education for youth in the 15-25 age group; (iii) Functional literacy linked with development schemes. The progress of the programmes based on the above strategy was reviewed by the Standing Committee of the Central Advisory Board of Education at its meeting held on 17 July 1976 which adopted the following resolution:

"After reviewing the progress of the programmes of nonformal education in the Fifth five year plan, the Standing Committee noted with satisfaction that the idea of nonformal education, which has a long tradition in our country, is again coming into its own and that it is being increasingly accepted as an indispensable component of the education system, a significant step towards our growth as a learning society, and as an instrument of national development by making all citizens conscious of their duties, rights and responsibilities and preparing them continually to participate in the creation of a new democratic, secular and socialist society. This is an important achievement of the first two years of the plan; and we must so promote the programme in the remaining three years that we gain the necessary experience on an adequately large scale, train the key personnel, prepare the needed materials, create the essential infrastructure at the national, state and district levels, and also a strong public opinion in favour of the concept."

Programmes for nonformal learning would be organised and oriented towards target groups and decentralised in regard to their content, course duration, place and hours of learning and pattern of instruction. However, there would be a basic minimum package of inputs identified by the public educational authorities which would have correspondence to the formal system of education. In both formal and nonformal systems, the emphasis would be on the retention of students and effective delivery of services to children. It is also essential to ensure appropriate incentives like free midday meals, supply of uniforms and learning materials, and compensation to the families of scheduled caste girls towards the opportunity cost involved. Efforts should be made by the State governments to introduce measures with a view to eliminating wastage and reducing dropout in elementary education.

Nonformal education programmes have been initiated in the States recently and these would need to be developed and expanded, in the light of experience gained, to cover all those

children who would require, and benefit only by such modes of learning.

It would be unrealistic to lay down any specific target for this purpose but it was expected that 80 lakh children would have been covered during the Sixth plan.

The provision of nonformal education requires considerable imagination and innovation. The State Institutes of Education, in collaboration with the National Council of Educational Research and Training, would draw up feasible programmes for this purpose outlining the curriculum, syllabus and reading material for these courses and for the training of teaching personnel. The scheme to help the educationally backward States with financial assistance for programmes of nonformal elementary education would be continued.

It is proposed to establish special monitoring arrangements at the Central and State levels to review the progress of elementary education, particularly of the target groups which are yet to be provided with universal elementary education.

Developments in Other Countries

Besides India, several countries such as Afghanistan, China, Indonesia, Malaysia, Thailand, Sri Lanka and Cuba have been interested in nonformal education for different age groups to meet specific needs, which include increasing agricultural production, pre-vocational preparation so as to benefit from vocational training of artisans in handicrafts, developing leadership qualities and community service.

In Afghanistan, the programme of Agricultural Credit and Cooperation is an attempt to combine and coordinate the precision of training extension and various services necessary for increased agricultural production.

In China, the breaking of the old rigid mould of the formal educational system, decentralisation of control and financing of lower levels of education, use of the commune as an instrument for achieving widespread first-

level education and reliance on mass media for educational purposes are based on nonformal approach to education and development.

Similarly, in Indonesia, a comprehensive locally initiated youth programme series tries to meet a wide range of learning needs of boys and girls below the age of 20. The programme has also practical activities in agriculture, cottage industry etc. linked to the appropriate educational content. In addition, the programme provides remedial work in primary school subjects and work opportunities for earning by the learners.

In Malaysia, efforts are being made, especially through the Ministry of Youth, Culture and Sports, to strengthen and coordinate various out-of-school educational opportunities for youth and to give the youth a voice in the shaping of such programmes and broader opportunities to participate in national development.

Like many other developing countries, Sri Lanka is endeavouring to convert its highly academic secondary schools into multipurpose schools offering pre-vocational studies, predominantly nonformal in character, but containing certain features of formal education.

T.A. Koshy

Nutrition Education

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Nutrition education is a teaching-learning situation where people are made knowledgeable about the significance of consuming an adequate and quality diet and where such knowledge is expected to have an enhancing effect on food behaviour. The requirements of a balanced diet and recommended allowances will not be laboured in this discussion. Primary principles and textbook tables exist which are useful as reference guides.¹ Rather, transfer of knowledge about food resources, their utilisation and their assimilation as a part of the life styles of communities will be considered here.

The concept of nutrition education connotes the need for a straight approach— simple messages easily conveyed and lastingly implemented in everyday living. It further connotes that the educator himself is sufficiently knowledgeable in translating the technical concepts into realistic practices which is easily assimilated by the people. This underscores the utmost sophistication in converting a knowledge of 'balanced food charts' into 'realisable charts', and types of 'recommended foods' into types of 'food easily available' and utilisable. The technical aspects of nutrition, that is the biological and biochemical indicators for specific requirements in health and disease, according to age, sex and occupation, should exist in the repertoire of the educator. At the same time it must be judiciously decoded through a communication process which makes sense to the person and not leave him more confused than before.

The essential and necessary conditions for the transfer of knowledge must exist *a priori* to the possibility of implementing knowledge at the individual family-unit level. Before these conditions are examined it is useful to have a brief overview of the prevalence of malnutrition in India.

Prevalence of Malnutrition

A low nutritional status of the average Indian is a stark reality documented by figures on food availability,² poverty levels³ and consumption patterns.⁴ Viewed historically, the documentation of deficiency diets and the prevalence of protein calorie malnutrition together with the deleterious consequences on health status are emphasised in the work of the Indian Council of Medical Research (ICMR), the Indian Council of Agricultural Research (ICAR), their affiliate bodies and innovative action research programme (for example: Pallghar, CINI and the Nutrition Rehabilitative Programme at Madurai). With the refinements in compilation of vital statistics, like the Model Registration System and insights into the causes of death,⁵ the problems of provision of adequate high calorie diets have been highlighted. Coupled with the synergistic role of infection, the nutritionally 'at risk' individual lives in families with the least facilities for care. While national data relating mortality to degrees of malnutrition are not detailed, some indication exists in the data of the National Nutrition Monitoring Bureau of 12 states that over 8 per cent of its sample of vulnerable children are severely malnourished.⁶ Micro studies reflect the same pattern.⁷ Among states, variations in both levels of intake and degrees of malnutrition imply that food availability, purchasing power and 'unknown variables' are operating. In most states it is the pregnant and nursing mothers and the child under five who are more vulnerable to severe states of malnutrition. Where some states indicate adequacy and indeed overadequacy in proteins, there is a concomitant inadequacy of calories, indicating that the former are utilised for energy calories, thus withdrawing essential amino acids from the diet. Again, on the agricultural and community development front, various laboriously collected figures identify those with less access to food, like the landless and the traditional artisans. Integrated Area Development, the Small Farmers' Development Agency, the Minimum Needs Programme and the Food For Work Programme are the major planned attempts to provide basic facilities to these groups. However, the problem is not just

availability, but the use of available food sources for a nutritionally sound diet. In places where rice is the major food source for practically every meal, vitamin deficiencies occur; in places where iodised salt is lacking goitre may be endemic; even in places and with people of economic viability, the average diet may be overbalanced in terms of fat leading to obesity and its affiliative diseases. Besides protein calories malnutrition (PCM) the greatest overall deficiencies are vitamin A, iron and folic acid and calcium in the vulnerable groups and also in vitamin B complex for the school age child.

The above telescoped description of the prevalence of malnutrition is intended to arrive at indicators in nutrition education programmes which affect the efforts to increase the nutritional status of those in need. These indicators at the macro level are: (i) low educational groups; (ii) poor economic viability in groups; (iii) those who live in areas with low agricultural yields; (iv) those groups where infant mortality and age specific death rates in the under-five-year olds is high; (v) those who live in subsistence economies in flood and drought prone areas; (vi) those who are seasonal agricultural labourers or daily wage earners in unskilled jobs, working mothers with large family sizes.

These macro level indicators serve as guides for those planning nutrition education. It is the micro level analysis of the given ecology, the attitudes and the value systems of the community which form the nuclei of a nutrition education intervention. For instance, a particular voluntary agency uses food as an incentive for nutrition education in a maternity and child health (MCH) centre where health measures are the primary input.⁹ In the school feeding programme, food is mainly used as an incentive to get regular attendance from the children,¹⁰ and in seasons of low agricultural employment food is used as an incentive to create employment on community development projects.

Target Groups

Targeting nutrition education implies the identification of the nutritionally needy. These have little or no awareness of the scientific basis of food for health. It is the poor who are generally the least aware, the most in need and the least equipped. This is stated knowing that often there is a native wisdom among the poor who live in close proximity to nature, to wrest the essentials for living from these ecologies, who select berries, leaves and nuts when there is no food in their environment during lean seasons.¹² The most reliable index in identifying target groups is the catchy phrase "low/less/large." The target individuals are those in large families where mothers have many deliveries, live in deprived ecologies in poverty and are socially underprivileged. They are frequently those with little or no land, in low paid occupations with hardly any education. At the geoecological level, the families of these individuals are more frequent in urban crowded slums and in subsistence level farming areas. In these families it is the child under five, and more especially the child at the weaning stage between 4 to 6 months, the pregnant and the lactating mother who are the nutritionally needy. The critical members in the individual families for exposure to nutrition education are the female heads of households responsible for procurement, preparation and distribution of the household food. From the available demographic data indications are that female literacy has not increased much. This has relevance for simple types of nutrition education media and messages for the illiterate mothers in these families.

Socioecological Milieu of Food Habits

If the female heads of households are the major decision makers about diet provisions, then what critical factors exist in the milieu which inhibit or reinforce change in food habits? It is well known that change in dietary patterns is a slow process as it is concomitant with other spheres of development. The major national development infrastructures where nutrition education is possible are the *mahila mandals*, the *balwa-dis*, the primary health centres and to a growing extent the school system. The major programme which is currently in the limelight is

the Integrated Child Development Scheme which uses the *anganwadi* as its infrastructure; the maternal and child health centres which use the primary health centre as its base for ante and postnatal and family planning instruction; the composite programme for women and children as in Kerala which uses the *mahila mandal* as its basic infrastructure. However, it is the conviction of the individual mother who practises what is preached in her individual home which is pivotal. What are the critical factors in the environment which influence her in the type of food consumption patterns she maintains?

(a) Patterns of early socialisation: One of the first behaviour patterns that a child in a niggardly ecology learns is adjustment to the scarcity syndrome of food. He is presented every day, all the time with a particular invariant food pattern, which is one hot meal a day (if fortunate), consisting of the main staple and common spices, an occasional handful of gram, peanuts, pressed/puffed rice and sometimes in season a few fresh vegetables like a radish, green gram, a handful of *jamoons* or *her*. The monotony breaking occasion is perhaps during a ritual or festival where food may either be a little elaborate or in greater quantity. The timing and types of food, the behaviour mechanisms during eating, the avoidance of weakening foods and the inclusion of strengthening foods is a habituating pattern in early childhood. The habituation to a variety and therefore to balanced diet introduced early in the process of growing up is generally lacking in the target groups.

(b) Food Distribution: The food givers are generally female adults, and the pattern of intra-family distribution is well known: the males first, older children and then the females. The last to eat is usually the mother or the youngest daughter-in-law. Children during the weaning stages are usually fed little bits from adult shares, but insufficient in terms of their total needs. Thus unwittingly, the youngest child and the youngest child-bearing female are the least nutri-tioned. There is a socially approved value of ranked sharing among family members.

(c) Food Preferences: Anything unknown is suspect. With a mainly cereal/millet based diet, additions are generally eschewed if radically different from accustomed foods. Food items generally consumed by the upper social classes are generally preferred with an increase in incomes. *Desi* (natural) ghee and *desi* (indigenous) wheat are generally preferred to millets.¹³ Therefore, varied utilisation of local foods should be stressed in nutrition education, as often high status foods are not only expensive but lack nutrients as in soft drinks and tea which are high prestige entertainment patterns slowly enveloping the rural areas.

(d) The less accessible and the more needy: By the very nature of structural arrangements and relationships, the vulnerable group is relatively inaccessible. The mother is usually busy in traditional chores, the young infant is nonambulatory either at home or hipcarried by his mother or older siblings while they do their chores. He is, therefore, entirely dependent upon his mother/surrogate during the breast feeding period, which, in some traditional areas, is upto three years.¹⁴ Studies have invariably indicated the periods of under one month and between 4 to 6 months as critical risk periods in terms of morbidity and mortality.¹⁵ The most needy empirically is the under-three year-old child. Studies have indicated the parameters of the 'at risk' child which have been helpful in identifying the needy. These are children with low birth weight, of latter birth orders, with frequent morbidity episodes and are in general mortality risks.¹⁶ In several empirical studies female mortality is higher than males during the infant years,¹⁷ with age specific death rates being more for the under-four-year-old child.¹⁸ No doubt an economically well placed mother has greater access to ante and postnatal care, and can, therefore, maintain a higher survival rate of healthy children. Ironically, however, it is the low income group mother who has a larger family size, indicating the almost unbearable low capacity of such highly anaemic mothers to bear and sustain healthy children¹⁹. Therefore, a primary purpose of nutrition education goes even deeper into the whole gamut of health status of which nutrition education is a major indicator. The primary purpose of nutrition

education is the recognition of and the practice in consuming nutritious foods for the pregnant mother especially in the third trimester, so that both mother and child have a strong probability for survival²⁰. The costs of nutrition rehabilitation and the intermittent nature of rehabilitation after relapse of the severely malnourished are indeed high. Therefore, the need for preventive nutrition education during the foetal stage is imperative and more economical. In intervention programmes, the most needy are the more ambivalent and suspect about such programmes.

(e) Age and stage prescribed foods: The pregnant mother and the weaning child are hardly conceived of as needing extra foods in many of our little communities.²¹ Extra foods are taboo for the pregnant mother because of the fear of the increased size of the unborn child and a difficult delivery for which the average rural home or primary health centre for that matter lack in expertise and equipment. The inclusion of solids in the diet of the breast fed child is not fraught without the effect of insanitary habits leading to diarrhoea which unfortunately is ascribed to the new food. In many cases solid food even enough food with nutrition is withheld, so that often the child is dehydrated. Taboos and superstitions about hot and cold foods vary from one subculture to another, and their repertoire should be thoroughly gauged before launching on a nutrition education project. In most infrastructures nutrition education is linked with one or more components of development, and the degree to which it is given priority varies from one programme to another, and even within the programme from one geographical area to another.

Infrastructures for Nutrition Education

The teaching-learning situation is generally focussed on the mother-child unit in both formal and informal infrastructures. The emphasis in this discussion is on their potential for channelling nutrition education. The formal infrastructures are governmental, where direct intervention takes place. These are the supplementary nutrition programmes (SNP), the mid-day meals programmes (MDM), the

Integrated Child Development Scheme (ICDS) and the Applied Nutrition Programmes (ANP). The major nutrition intervention is a feeding process in the schedule of activities, and because of the latter, nutrition education has a reinforcing effect and is itself reinforced. However, there are different intensities in the education component for influencing knowledge, attitudes and practices. The supplementary nutrition programme, by and large, is still a feeding programme and is only now adding the component of nutrition education wherever possible and feasible.²³ The mid-day meals programme is a straight school snack programme, and has only a covert influence on the primary school children who have a regular meal on school days. There is no direct attempt to teach, even the child beneficiaries, the effect of food eaten on their health status.²⁴ The ICDS has a regular component of nutrition education which often forms the subject of the functional literacy programme for women in the neighbourhood, while the ANP is, by its structure, directed towards linking food produced to food consumed with nutrition education as a regular feature. There are also a number of aided programmes like the *balwadis* run by voluntary organisations sponsored by the government. There are lessons to learn from these varied programmes. For instance, the SNP was originally conceived as a crash food supplementation programme for children from vulnerable groups in 1971-72. It has come a long way since to become a programme that is being upgraded to include other components of development like health and women's development activities. The ANP, originally conceived as a production and consumption programme, has shown little effect in the latter aspect. Extension teaching methodology prevails through the use of food preparation demonstrations, flip charts, posters, puppet shows, films and flannelgraphs, where scientific detail is worked in with story telling techniques.²⁵ The outcomes of these 'teaching-learning situations' have eluded systematic evaluation mainly because there is little or no baseline data. While some small scale studies exist as departmental research, there is again little knowledge of the 'more permanent

nature' of change in food habits due to nutrition education alone.

Methodology of Nutrition Education

Commercial advertisement on radio and television and in cinema are well known. Catchy messages affect consumer purchasing patterns. The goal of messages emanating from informal infrastructures repeatedly reinforces the 'buy and try' method of commercial products. Sight and sound have greater impact than written material, especially since the majority of the population is illiterate.

Another effective method of persuasion is repeated interface contact with clientele which is well afforded in intervention programmes in the field situation. The work of *gramsevikas*, community health workers, *balsevikas* and *anganwadi* workers takes them into the homes of individual families where creation of rapport is possible and where repeated home visits influence decision-making in food variety and the use of indigenous sources of foods. Some organisations in their take-home-food distributions preface the distribution with health and nutrition demonstrations, which the mothers listen to and recapitulate in order to wait for the reward 'the take home food' component of the programme.²⁷ Where the clientele wait as long as the food distribution occurs there is no opportunity for nutrition education interaction. This is one end of the dimension. At the other end of the dimension are the well known and stabilised *mahila mandals*, the primary health centres which are the most regular infrastructures to which the clientele can keep coming back.²⁸ For example, a mother who gives her child the food supplement can come back the next day and say "I think my child has had diarrhoea because of the *khichdi* or *rava* he ate here yesterday,"; solutions can be found through discussions of other sources of contamination the child might have been exposed to. The doctor who talks about tetanus toxoid might talk in the same vein about spacing and the eating of greens locally common. The success of the Composite Programme for Women and Children (CPWC) in the Kerala *Mahila Sammajans*, the *kappagums* in Tamil

Nadu, and the *anganwadi* in Kosabad are programmes which illustrate the value of a continuous interface and dialogue with the neighbouring communities, which in turn generates a sense of community responsibility. With the increasing population, and the scarcity of infrastructures and financial constraints, the existing 'facilities should be utilised to their fullest extent for they save on overheads, and already have the viability of experience. Effective nutrition intervention requires coordinated action for food production, consumption, and employment to increase purchasing power.

Strategies in Education for Better Nutrition

A single uniform strategy that is applicable for all situations is not feasible as food patterns show distinct differences ecologically, regionally, and even ethnically within a given area. Three strategy models are given below:

(i) An Ecological Economic Model: This model is usually utilised by experts who take the aggregate and distributive aspects of the nutrition problem. In this situation it is assumed that mal-nourished people will eat the right foods given a market economy where income and prices are such that people are able to respond positively: a condition of demand and supply for food and the market mechanism to equate the former to the latter.³⁰ Therefore, the price structure and subsidies of essential commodities become a part of the food policy plans for the poor through rationing, food stamps and octroi exemption for availability to poor segments at a nominal rate. Pulses which are the poor man's protein are in short supply and expensive; hence items in the market economy like *nutrinuggets* and low cost indigenous mixes for weaning foods are part of a deliberate food policy strategy. One state has already shown that the public distribution system of foodgrains has income distribution implications.

(ii) A psychosocial change model: This model views change in development as an evolutionary process, where natural stimuli have their inherent attraction getting properties. As technology originates in urban areas and spreads to the fringe rural areas, tea

and fizz drinks take the place of *lassi* and milk. Items of conspicuous consumption take on new values, as they index a rise in socio-economic status. Consequently, if not compatible with rising expectation and the evolutionarily changing value systems, the content of nutrition education is tangential. Classical contribution to this model is evident in the several socio-anthropological studies on theories of modernisation.

(iii) An adoption process model: This model is based on the Rogerian approach³⁴ which describes the processes involved in the adoption of innovations. It is a mix between the psychosocial and the economic models, and serves as an interactional link between the two. In essence it uses the stages of adoption from the creation of awareness to interest, to trial and then adoption (temporary or permanent), and goes beyond the learning stage to problems in the process and types categories of adopters and non-adopters.

Factors Affecting Nutrition Education

Whatever the conceptualised model and its resilience in actual field situations, certain necessary and adequate conditions must exist for lasting effects in nutrition education with which the media, the content and the message must have relevance. These are discussed below:

(i) Desirability: A food item must have attention getting properties if it is to have a positive appeal. Food demonstrations have shown that if the new food is mixed with the staple, it is more acceptable than when prepared by itself.

(ii) Availability: However desirable, a food nutrition education is of no avail if it is ecologically unavailable. Exploration in indigenously grown nutritive foods as to their quality and quantity needs to be better known. For instance, although chillies and coriander leaves are a rich source of vitamins and are available anywhere in India, they cannot be used in sufficient quantities to make a significant impact on diet in any one preparation. While geographical samples of food and recipe building have been patchy, their geographical extensions and the active propagation of new additives in old recipes is as

yet a challenge, as is the case of iodised salt for goitre prone groups. Seasonal foods which are cheap as custard apples in Andhra and apples in Kashmir and melon in dry arid areas are yet undeveloped for inexpensive use in non-seasonal times. Mobile extension units of the Department of Food of the Central government have done a pioneering job in demonstrating food preservation, but they tend to stay within the periphery of semi-rural areas. In ecologies where there is no market economy, staples should be available in the economy at highly subsidised rates and nutrition education should concentrate on the variety of ways these staples may be used. For those in urban and semi-urban areas where food is available, it should be subsidised for the poor as they spend over 60 to 70 per cent of their income on food purchases.

(Hi) Consistency and continuity of teaching-learning situation: *The related* facets of continuity and consistency are important in moving the contents of nutrition education towards an impact. There are a myriad instances, especially at the block level, where a crash programme is initiated, there is much fanfare, demonstration of how to grow new foods, of the methodology of preparation of the foods, and after a period of time the furore dies down and all is quiet. Frequently time, money and effort is wasted in a campaign which is not carried out to its logical end.

(iv) Simultaneous and parallel development: This is essential if nutrition education is to have an impact. Sectors like health, family planning, housing, water supply, sanitation, education, employment, etc. must move ahead as they have strong linkage with nutritional status.

(v) Observability and measurability of impact: Observability of the impact of nutrition education is one of the most difficult processes; it is dynamic and ever changing and depends upon combinations of food for better nutrition. For example, a vegetarian eating the right foods may be as well nutritioned as a non-vegetarian. Studies in knowledge, attitudes and practices due to the presentation of messages of improved nutrition and health measures have invariably noted a good measure of awareness,

but hardly any in behavioural changes at least for any length of time.³⁶ Food consumption patterns are hard core behaviour and difficult to change; experts suggest that baseline data are essential if practices are to be measured on a longterm basis. Since change in food behaviour cannot be ascribed to the effect of nutrition education alone, many intervention programmes operate a host of other development activities for their interactive effect on changing food behaviour. Several micro development programme are fairly successful in influencing food behaviour through an integrated package of services.

Nutrition Education in a Logical Framework

The parameters may now be placed in a logical framework for a proper perspective in planning and programming:

(1) Prerequisites: (i) A thorough rapport with the community to be educated is a prime requisite, (ii) This should be followed by a survey of the nutritionally at risk children and mothers, as they are the main target group, (iii) The popular modes of communication need to be studied and the content of nutrition education adapted in idiom and message. For example, analogy to the growth of a plant from a seed may be used for the healthy development of the foetus in the pregnant mother, (iv) The aegis of the prevailing power structure should be enlisted for planning the content, the delivery of services, and participation, such as in food demonstrations and follow up visits in the homes.

(2) Activities: The activities planned should be limited and manageable. The suggestions are:-

(i) Encouragement of breast feeding, especially in families of urban slums where the child is otherwise apt to be fed on diluted infant foods unhygienically prepared, (ii) Increased understanding of the food requirements of young children, especially with indigenous foods at the weaning stage, (iii) Use of foods rich in vitamin A, calcium and iron, e.g., drumstick leaves, fruits and flowers, radish and beet leaves combined with the staple food, (iv) Simple measures for environmental sanitation such as ventilation, soakage pit and drainage channels, (v) Simple detection methods and

treatment of weaning diarrhoea, diarrhoea due to intestinal infections, and home remedy for oral rehydration. (vi) Method preservation of seasonal fruits and such a simple nutrition education messages are available in manuals.

3. Goals, strategies and inputs: From a planning perspective nutrition education should fit into a framework of goals, strategies and inputs.

(a) Goals: The major goal is reduced mortality due to malnutrition. However, it is known by now that even if the material inputs of man, methods and materials are available the synergistic role of immunization and safe drinking water are imperative for the proper functioning of improved food behaviour.

(b) Strategies: The strategies to be adopted are dependent upon the rapport gained by interaction with the community to be educated, survey of locally available foods, dietary practices etc. In arid areas, for instance, where millets are the main foods, ways and means for combinations of millets must be tried, and stored for lean seasons while summer gourds form excellent dried vegetables for lean seasons.

Food distribution programmes form only a short-term, stop-gap arrangement. It is the will and action of the people to prepare food for themselves in their own homes on a longterm basis which should be the ultimate purpose of nutrition education. For making self-effort a long term process, nutrition education should be introduced early in the curricula of boys and girls. Among the adult uneducated masses, it has to be included in the informal system of adult education and functional literacy programmes.

(c) inputs: Inputs into a nutrition education programme are the infrastructure (mobile or stationary), personnel, material and funds; but most important are the techniques used by the educators. The methodology of the training programme is crucial. It must provide skills for adjusting to community needs. Many community nutrition education programmes have failed because of their sterile and theoretical foundations.

Nutrition Educators

The training of manpower in nutrition education is by far the most crucial input. By its very nature, nutrition education for community betterment in food behaviour cannot be taught in isolation. Even so, the evaluation of the longest run programme, the Applied Nutrition Programme (ANP), has demonstrated its weakness. The study shows that the methodology and the techniques of the trainers (field level workers) and, therefore, the audience are particularly inadequate, especially in the practical aspects.⁴³ In almost all field programmes, nutrition education should be logically linked to other developmental programmes. In the *anganwadi* it is linked to health and hygiene; in the *mahila mandal* it is linked to income generating activities, health and social education; in the primary health centre it is linked to preventive health measures like the distribution of iron, folic acid and vitamin A doses for the vulnerable groups.

Training in institutions are at various levels. Professionals are trained at national and state institutions, colleges of home science and agricultural universities. These institutions offer nutrition as a course at the undergraduate level mainly in the chemical and the biological aspects. At the postgraduate level there are several intensive courses. Subsumed under a postgraduate programme is a community nutrition course. Extension education is more frequently a bias in those institutions which are rural oriented. In allied fields like health and public hygiene and social and preventive medicine, a geographical area is adopted for experimentation and field learning for the students. However, the major weightage in these postgraduate courses is on theory and laboratory experience rather than practical field experience. At the other end of the dimension is the variety of training programmes for the semi-professionals for whom the professionals set curricula, give lectures, advise and direct on the use of audio-visual aids on what is balanced diets, good nutrition and nutritious recipes. In the final analysis it is the semi-professional who has to communicate with the community and who has little experience in the skills required to tailor scientific conditions to a field situation.

Studies of training programmes reveal rather stylised learning experiences,⁴⁴ but experience with community workers has shown that they benefit more from on-the-job training and guidance than from their pretraining.⁴⁵ In newer thinking there is considerable thought being given to this aspect of inservice periodic training for semi-professionals and orientation courses for allied workers (both at the supervisory and co-worker levels).

There are several orientation workshop types of training programmes by national and state voluntary organisations such as the Indian Council of Child Welfare, where nutrition education is a component of integrated activities. Table I gives a macro level view of the types of training programmes for professionals and semi-professionals in which nutrition education is a component of their training.

Because of the synergistic role of health and nutrition, the medical world is slowly accepting the fact that community nutrition and nutrition education are fundamental to their health programmes. In the area of social work and rural development, not only has nutrition education occupied an important place but there is explicit programming for nutrition rehabilitation of severely malnourished children through domiciliary intervention. The case of the Tamil Nadu nutrition project is a good illustration of the investment made in nutrition education. But apart from this newly launched programme, nutrition education at the State level has received very uneven attention. This is particularly due to the fact that changes in food habits depend upon the synchronisation in time and place upon other factors.

There are three levels of training which have to be cogently perceived and dovetailed, so that at the level of community and individual decision making level, the education is easily transferable into practice. These levels are: the trainers in the training institutions; the field level workers and the individual mother in her home who is to practise and accomplish the techniques of food production and consumption.

Directions for Research and Development

The most important direction by far is the setting up of realistic objectives and their corresponding goals. Country level exercises over the past Five year plan periods have come closer to realising that the lasting effects of community and individual nutrition are more cost-effective in the last analysis than short-term feeding programmes. However, parallel and often overlapping ad hoc programmes are operating in the same area and often for the same beneficiaries. The ministries of Health and Social Welfare are formulating perspectives, the Planning Commission is reviewing ways and means of making communities responsible for their nutritional standards. This is a necessary process at the macro level. In many developmental programmes objectives and goals are well defined, but the corresponding mechanism strategies and management techniques are lacking. This is more true of nutrition education where the objectives are clear but the measurement of goals elusive. For instance, while one can set goals for reduction in infant mortality rate in figures, the enumerative effect of nutrition education is not on par.

Summarising the major findings of research in nutrition education, a study indicates that methodology is the major influencer. However much a homemaker knows about nutrition it does not influence change to the extent that involvement in decisions do. The 'discussion and decision' and 'tell and show' methods are more effective. The age and interest level of the learner are more important than the length of time to which the learner is exposed.

Research and development are simultaneous processes. What are their future prospects? One major aspect is the timing of nutrition education. There is no doubt that nutrition education should be taught as a life style in scientific living, as early as the primary school years. However, change in food habits means the creation of an essential base, with opportunities for realising additional purchasing power among the urban and rural poor besides increasing the quality.⁴⁸ Further, an administrative infrastructure that allows

multisectoral participation is important, so that other experiences like production of pulses, improved efficiency in distribution of food grains, and the utilisation of leadership channels in cohesive ethnic groups is possible. And still further, it must be underscored that many traditional diets are good mixtures of the most seasonal local ingredients, and form a logical base for nutrition education, rather than the analytic 'food groups' approach⁵⁰. Even among these traditional diets in various geo-ecological regions, because the dimensions of poverty vary, seasonal variation must dictate the content of nutrition education such as cold and hot foods, foods prescribed and foods avoided.

Research and development should cover conceptualisation in a training programme. The curricula of nutrition education must be revolutionised and should be simplified at all levels. If the content is to make sense to the individual mother who is to practise what is preached, a few manageable and meaningful units should form the modular curriculum. For instance, with factory hands* there will be different learning experiences vis-a-vis landless agricultural labourers. The content of nutrition education should start on a problem solving basis, the methodology being such that the people will recognise their own problems through a logical step process. Baseline information is essential to assess the effect of learning in changed behaviour. Often case study approaches have been found useful⁵¹ Another concern of research and development is to carefully examine existing programmes which show a fair amount of success and those which do not and to draw from these examples the critical indices for success in nutrition education. This information will also form a feedback for other programmes in terms of comparative costs of nutrition education programmes, with and without other components. Programmes tried on an experimental basis with large costs cannot be replicated on a large scale owing to financial constraints. Therefore, viable, geographically extendable, and community managed development programmes in which nutrition education is a major component should give the direction in nutrition education.

Margaret Khalakdina

Notes on Nutrition Education

1. C.Gopalan, et al, *Diet Atlas of India*, National Institute of Nutrition, ICMR, Hyderabad, 1971, p. 133 and C.Gopalan and K.Vijayaraghavan, *Nutrition Atlas of India*, National Institute of Nutrition, ICMR, Hyderabad, 1971, p. 188.
2. *Economic Survey Net Availability of Cereals and Pulses*, Department of Statistics, New Delhi, 1978.
3. S.M.S. Ahluwalia, *Rural Poverty in India*, World Bank India Occasional Paper No. 279, World Bank, Washington, May 1978.
4. *Consumer Expenditure*, National Sample Survey, Delhi, Tables with notes no 216, 1976, p. 304.
5. "Model Registration System," *Causes of Death 1974*, Office of the Registrar General of India, Ministry of Home Affairs, Delhi, 1978.
6. *National Nutrition Monitoring Bureau Reports*, National Institute of Nutrition, Hyderabad, 1975-1979.
7. *Punjab Nutrition Development Project*, Government of Punjab and CARE, Chandigarh, 1974 and *The Tamil Nadu Nutrition Study*, Vol III, Haver-ford Penn, USA, 1973.
8. *Evaluation of the Title II Programmes in India*, Community Systems Foundation, Ann Arbor Michigan, 1979 (mimeo).
9. Catholic Relief Services Evaluation of the Nutrition Education Project of the Maternal and Child Health Centres, Delhi (in progress).
10. *School Feeding in Karnataka; Impact of enrolment and attendance*, CARE India, Delhi, 1977.
11. *Evaluation of Food for Work Projects*, Plan Evaluation Organisation, Planning Commission, New Delhi, 1979.
12. R. Chambers, R. Longhurt, D. Bradley and R. Feachman, *Seasonal Dimensions of Rural Poverty: Analysis and Practical Implications*, p. 21 (mimeo).
13. A. Berg, "Economic Growth, income and nutrition", *The Nutrition Factor*, The Brookings Institutions Washington, 1973.
14. A Bailur, "Food consumption Patterns of Preschool Children in India," *First Asian Congress on Nutrition*, Hyderabad, 1971, p. 256
15. 1979 and *The Rural Health Centre: The Narangwal Experiment*, Harvard University Press, 1974.
16. M. Khalakdina, *Critique on Available Research on the Young Child in India: Infant Feeding Practices* UNICEF, SCARO, 1977 (mimeo).
17. G.B. Simmons et al "Some Aspects of Infant Mortality in Rural North India," *Social Action*, Indian Social Institute Vol. 20 (3), 1979.
18. Office of the Registrar General, Op. Cit.
19. Aaron Lechtig et al, *Effects of Maternal Malnutrition on Infant Health: Implications for Action, Guatemala, March 1979* (mimeo).
20. A. Mitra, *India's Population*, Vol. I, Part II, Family Planning Foundation and Indian Council of Social Science Research, Abhinav Publications, 1977.
21. D. Deulkar et al, *Child Upbringing Practices in a rural community development block*, Delhi, 1977 (mimeo).
22. G.M. Desai and V.R. Gaikwad, *An Evaluation of the Applied Nutrition Programme*, Indian Institute of Management Ahmedabad, 1971 (mimeo).
23. *Regional Seminars on Special Nutrition Programme*, Goa, January 80 and Calcutta April 1980, National Institute of Public Cooperation and Child Development, New Delhi.
24. P. Roy et al, *The Orissa School Lunch Programme*, 1974 and *The Impact of the Midday Meal Programme in Madhya Pradesh*, CARE-India, Delhi, 1980.
25. S. Ghose, R. Parlato, M. Parlota and L. Krishnamurthi, *Nutrition Mass Communication Project*, CARE-India Delhi.
26. *The Evaluation of the Applied Nutrition Programme*, National Institute of Rural Development Hyderabad, 1979 (mimeo).
27. S. Rewal, *Modified Supplementary Nutrition Programme*, 1979 (mimeo).
28. *An Outline of the Integrated Health Package Programme*, Government of Kerala and CARE, 1977, p. 128.
29. J. Clinton, *Health Population and Nutrition Systems in Lesser Developing Countries*, A Handbook, Family Health Care Washington D.C., 1979, p. 80.

30. "Integrated Nutrition Planning Models," *Workshop on Nutrition Planning*, Administrative Staff College of India, Hyderabad, March 1980 (mimeo).
31. P.S. George, *Public Distribution of Food Grains in Kerala: Income Distribution Implications and Effectiveness* Research Report No. 7, International Food Policy Research Institute, March 1979.
32. A. Berg, "Nutrition Education: Notes for the Practitioner" in *World Nutrition*, AUS View Voice of America Forum Services 1C A, Washington, 1978, pp. 287-295.
33. M. Singer, *When a Great Tradition Modernises*, Vikas Delhi, 1972.
34. E.M. Rogers, *Diffusion of Innovations*, Free Press Glencoe N.Y., 1962.
35. National Sample Survey 22nd Round No. 216 op. cit.
36. *An Experiment in Nonformal Education for Rural Women*, Council for Social Development, Delhi, 1972.
37. Gopaldas et al, *Project Poshak*, Vols. I and II, CARE-India Delhi, 1975.
38. A. Aarons, Hawes and J. Gayton, *Child to Child*, MacMillan Press, 1979 p. 104.
39. D. Werner, *Where there is no Doctor*, Illrd Ed., Hesperian Foundation California, 1978.
40. *A Field Guide for Evaluation of Nutrition Education: An Experimental Approach for Determination of Effects on Food Behaviour in Lesser Developed Countries*, Syntectics Corporation, 1975, p. 112 (mimeo).
41. *Guide Book for Balsevikas*, National Institute for Public Cooperation and Child Development Delhi, 1974 and *Guide Book for Anganwadi Workers*, National Institute for Public Cooperation and Child Development Delhi, 1975.
42. *Health Care*, Voluntary Health Association Delhi, 1974 and *Integrated Child Development Services and Functional Literacy for Adult Women*, National Institute of Public Cooperation and Child Development, Delhi, 1979.
43. National Institute for Rural Development, op. cit., 1979, p. 60.
44. M. Khalakdina "Intervention in the Life of a Young Child in India: A Review" in A. de Souza, ed., *Children in India* Manohar Press, New Delhi, 1979 p. 37-53 and Committee on International Union of Nutrition Science, "Existing Training; Programmes in South East Asia Training Schools of Homo Economics, Nutrition, Dietetics and Allied Health Professions, UNESCO, 1972, pp. 51-55.
45. M. Swaminathan, 'Innovative Approaches in Management of Child Welfare Approaches', *Indian Journal of Public Administration*, xx(3), 1979, p. 689-699.
46. J. Austin, "Position Paper for the National Academy of Sciences Workshop on Effective Intervention to Reduce Infection in Malnourished Populations", 1977, p.30 (mimeo).
47. P.E. Whitehead, *Nutrition Education Research*, AID and Report Distribution Centre, 1973, p. 59 (mimeo)
48. M.S. Swaminathan, "Relating Research Expenditure to Nutritional Goals", *Science* Vol. 188, 1975.
49. B.A. Underwood, *Success or Failure of Supplementary Feeding Programmes as a Nutrition Intervention*. Department of Food Science MIT Mich., P. 17 (mimeo).
50. M.A. Church, *Nutrition Rehabilitation: An Approach to the Management and Prevention of Childhood Malnutrition* Document No. 629, Nutrition Planning Information Service P.O Box 8080 Ann Arbor Mich. Undated (mimeo)
51. *Using Modern Marketing Techniques for Nutrition Education*, Manoff inc. 1973 p. 73 (mimeo)

Nutrition Policies and Programmes

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The widespread problem of nutritional deficiency disorders prevailing in India has been very well documented through several surveys carried out during the last two or three decades. These studies^{1,2,3,4,5} clearly point out that the most vulnerable segments for nutritional deficiency disorders are growing children and women in the reproductive age group, particularly among the low socio-economic groups, which constitute the majority of our population. The high morbidity and mortality amongst these vulnerable segments has been well-established. A third of the total deaths occur in children under the age of five years. Under-nutrition and anaemia contribute to a large extent to maternal mortality in the country. The infant mortality rate, though it was brought down from above 200 to the level of 136 (in rural areas) in 1978, is still high; the age specific mortality between the ages of 1 and 4 years which reflects nutrition in the childhood is observed to be almost stationary. The inter-relationship between common infections like diarrhoea, respiratory diseases and under-nutrition are also known, and nutritional deficiency disorders are the underlying cause for most of the deaths among children suffering from these infections and infestations.

Protein energy malnutrition: A recent review of the community surveys⁶ carried out in the country indicate that at any point of time 40 per cent of the children under five years of age belonging to the weaker socio-economic groups suffer from one or more of the nutrition deficiency signs. By far the most common nutritional deficiency disorder among children is protein energy malnutrition (PEM). The prevalence of severe forms of PEM, namely, kwashiorkor and marasmus, in pre-school children, is normally about 3 per cent with peak incidence around the age of 2 to 3 years. In its milder form, PEM constitutes one of the widespread nutritional problems amongst

growing children. Taking into account the proportion of poor households, an estimate of the severe forms at a point of time in the country will be between 20 to 30 lakh children below the age of 5 years. If milder forms are considered, it can be expected to be roughly ten times more. Based on body weights, this estimate will increase further. It is estimated that the proportion of children belonging to the poorer sections, who have body weights below the average of children belonging to well-to-do sections, is as high as 90 per cent or more. In other words, only about 10 per cent of the poor children have equal or above the average body weights observed in children of the well-to-do groups.

The dangerous consequences of PEM lie in possible permanent defects that may take place as a result of early experience of malnutrition among these children. There could be defects in both physical growth and in the mental capacity to learn. Even though it has been shown that this deficiency in physical and mental capacity could be overcome in course of time, it is possible that the delay or lag period during the early years resulting from malnutrition could unfavourably influence the contribution of these children to the social and economic well-being of the community.

Vitamin A deficiency: Another important nutritional deficiency disorder which is invariably associated with PEM is vitamin A deficiency. In young children, particularly around the age of 1-3 years, vitamin A deficiency in its severe form affects the cornea, leading to irreversible blindness. Depending on the area, the prevalence of vitamin A deficiency could vary from a low level of 1 to 2 per cent to as high as 10 to 15 per cent particularly among growing children. Though precise information on the proportion of blindness due to vitamin A deficiency is not available, it is estimated that about 0.1 per cent of the pre-school children suffer from corneal defects mostly attributable to vitamin A deficiency, either directly or as an underlying cause.

Anaemia: Anaemia, particularly due to iron deficiency, is very common among children and

women during the reproductive age. Prevalence of anaemia in a community varies from 20 per cent to as high as 70 to 80 per cent, and approximately half of the children and women suffer from anaemia. During pregnancy, severe forms of anaemia increase further. Quite a proportion of pregnancy-wastage and complications during delivery and post-natal period can be attributed to anaemia. In addition, the functional capacity of people, especially young adults and women, is affected by anaemia and results in low productivity. In many areas, other contributory causes for anaemia are poor hygienic conditions leading to parasitic infections like hookworm infestation. In these areas, both nutritional and environmental factors play an important role in the prevalence of anaemia.

Other nutritional disorders: There are many other important disorders like vitamin B complex deficiency, pellagra, and vitamin D deficiency (rickets), which are widely prevalent but their magnitude or severity is not so high as compared to those mentioned above. There are some which are localised due to the specific conditions in the environment like lathyrism, goitre, fluorosis etc. Obviously, these conditions also affect the economy of the region and are likely to affect the development of these areas.

Malnutrition and Socio-Economic Development

The main causative factors for the widespread prevalence of nutritional deficiency disorders in our country are poverty, ignorance, illiteracy and infections. It is estimated that about 50 per cent of the families are below the poverty line and it is, therefore, expected that nutritional deficiency disorders will be widespread among this segment of the population. Except for better availability and consumption of staple cereals, many of the nutritious foods are beyond the reach of the major segment of the population. The diets are inadequate in many of the nutrients. Among children, calorie deficiency is predominant. Fortunately, even the poor lactating mothers are able to provide sufficient nourishment to the infant through breast milk at least upto the age of 4-6 months and continue to breastfeed beyond this age for prolonged periods except

that adequate supplements are not provided along with breast milk. Apart from poor purchasing power in this segment, the literacy rate is also very poor and there is widespread lack of knowledge about the relationship between food, health and disease. Knowledge about the nutritive value of locally available foods and their proper utilisation is practically absent. Knowledge about good feeding habits for children and mothers and about the special need for nutritious foods is not adequate. Some of their current concepts and values about foods have a deleterious influence on health. There are situations where inspite of better food production and better socio-economic status nutritious foods are not utilised properly because of poor knowledge leading to little improvement in the nutritional status of these population groups; the sufferers are mainly children and mothers.

Another factor contributing to widespread malnutrition is poor personal and environmental hygiene. Concepts regarding hygiene are outdated; facilities available for improvement of hygiene are also very poor in these communities, resulting in high prevalence of infections and infestations which in turn leads to malnutrition and poorer productivity. It is obvious that children of the poor socio-economic groups of population are at a disadvantage right from birth onwards. The poorly nourished mother gives birth to a child with low birth weight who lives in an environment which is favourable for dissemination of infections; by the time the child reaches five years, he has had an early experience of malnutrition and under-nutrition due to inadequacies in the diet and poor health care. This effect persists during the growing period and is also observed in adulthood, particularly among women during the reproductive period.

In our attempts to raise the level of health and nutrition in the community, steps have to be taken simultaneously to remove all the deficiencies and bottlenecks affecting the community and this has to be planned in an integrated manner. Without this approach, it is difficult to achieve the goal of improving the

nutritional status of the population, particularly the vulnerable segments.

The results of the surveys carried out by the National Institute of Nutrition (NIN) which are given in table 1 to 3 which follow, seem to confirm the above observations.

Trends in Nutrition Policies

Pre-Independence Period: In the early days, emphasis was mainly placed on dealing with famine, drought and hunger on an emergency basis. At the level of the community, suitable measures were available for dealing with the problem of hunger and poverty among certain sections as a social obligation or fulfilment of vows through charity feeding, doles, etc. with no large-scale involvement of government. During this period, there was also very little information on the prevalence of nutritional deficiency disorders, concept of nutritional requirements and knowledge about contributory factors. A number of commissions, particularly in relation to famine and agriculture, pointed out the need for taking steps to increase food production and improve the level of nutrition. It was also observed that different departments expressed different needs in terms of nutrition. The defence services were very much concerned by the low level of health and its effect on recruitment policy. Health agencies regarded nutrition problems as clinical disorders and laid stress more on curative services as against preventive services; and even the latter was confined to sanitation and control of communicable diseases. The Department of Education was concerned about the health of school children and its relation to poor enrolment in educational institutions.

Thus, there was no clearcut policy on nutrition though there was a desire from all quarters for improvement of the nutritional status of vulnerable segments.

With the advancement of science, the whole problem of nutrition was investigated from the scientific point of view resulting in a proper understanding of the science of nutrition and its relation to health and disease. This was available from clinical reports, research studies

and limited surveys undertaken by health agencies. In this respect, the contribution of British Army Medical Officers, in particular that of Dr. Robert McCarrison, in the establishment of an institution of nutrition research, the forerunner of ICMR (Indian Council of Medical Research) and (NIN) should be recognised. It was increasingly realised that the widespread problem of diseases, high mortality and low level of health could be attributed to the low level of nutrition in the population. The Bhore Committee 13 on health policy clearly recommended, on the basis of enough evidence, that the Department of Health should take adequate steps to improve the nutrition of people, in particular children and mothers through various steps recommended for improvement in the maternal and child health services. This also included the establishment of feeding programmes on a large scale. The earliest nutrition programme to be implemented was milk (skim) feeding programme initiated during and immediately after the second world war as an emergency measure with the help of international agencies like UNICEF, through primary health centres (PHCs), Maternal and Child Health (MCH) centres and other health agencies. This was a result of the policy of maintaining the health and nutritional status of vulnerable segments of the population during emergency periods. This programme was discontinued only in 1969 as a result of the global policy of the UNICEF to withdraw from such feeding programmes.

Nutrition and five year plans

Since the raising of the level of nutrition among the people has been included in the Directive Principles of State Policy (Article 47) of the Constitution of India, nutrition was given a place in the five year development plans.

A review of the five year plan allocations and policies gives an idea of the trends in nutrition policies and programmes.¹⁴ The First five year plan (1951-56) stressed the adverse effects of malnutrition on children, expectant and nursing mothers and recommended organization of feeding programmes through child welfare centres, nutrition education among communities, equitable distribution of available

foods, attention to agricultural practice, better methods of food processing and improvement of food habits of people. An important recommendation was the establishment of a nutrition section in the public health departments in different States and at the Centre.

In the Second five year plan (1956-61), the same emphasis was continued for improving the nutrition of vulnerable segments of the population and provision was also made for nutrition research and surveys and improvement of diet in hospitals.

During the Third five year plan (1961-66), a recommendation was made for large scale production of nutritious foods and their preservation; stress was also laid on coordination between various departments concerned with nutrition, namely, health, agriculture, animal husbandry, fisheries. In this period, the expanded nutrition programme was started in the states of Andhra Pradesh, Orissa and Uttar Pradesh as an experimental measure which was later extended and implemented as the Applied Nutrition Programme (ANP) all over the country. The emphasis was on training of villagers and extension personnel for local production and for encouraging consumption of nutritious foods.

On the recommendation of the School Health Committee¹⁵ appointed by the Government of India, the mid-day meal scheme was implemented by the Department of Education. This programme not only stresses the value of good nutrition to growing children but also attempts to enlist the support of the community for increased enrolment of children in the primary schools. The mid-day meal provided to the school children was started in 1962-63 with assistance from the Central government. Earlier; the municipal corporations of metropolitan cities had initiated such programmes with the purpose of increasing the enrolment of children; the earliest was implemented in Madras in 1920. For this purpose, the rural area community support was also forthcoming. In 1981-82, the school meal programme with the assistance of CARE in the form of food

commodities was targeted to cover about 90 lakh children. In the earlier days, the emphasis was mainly on school children and on protein-rich foods like milk. Research studies and surveys carried out under the auspices of ICMR and NIN on the nutritional problems of pre-school children, clearly brought out the significance of PEM as a major public health problem among children. It was observed that PEM could have a permanent effect on physical growth and mental capacity of children. It was also shown that this problem could be treated and prevented by the use of locally available foods or by slight modifications in existing diets and there was no need for relatively expensive protein-rich foods. The importance of calorie in relation to protein ¹⁶ was also brought out by these studies. Based on the findings of NIN, it was recommended that supplementary feedings with locally available nutritious foods, which provides 300 calories and 10-15 gms. of protein so as to meet the deficit in the diets, could raise the level of nutrition in pre-school children and mothers, and this could be organized through local community effort. Thus, the emphasis shifted from school children to pre-school children who are relatively more vulnerable to protein calorie deficiencies. In 1967, the Government of India had set up a committee under the Chairmanship of Sri G.C. Sinha to prepare a programme for child welfare.¹⁷ This committee considered the nutritional problems prevalent among pre-school children and recommended that nutrition services should be offered to both urban and rural areas, particularly among the underprivileged classes.

In the Fourth five year plan (1969-74), the task force of the Planning Commission on nutrition policy and programmes reviewed the progress¹⁸ and suggested that there should be programme to: (i) provide for progressive growth on knowledge of nutrition through research and its dissemination through education, training and extension; (ii) improve dietary habits and promote awareness and progress of nutrition; (iii) provide for identification of nutritional deficiencies and feeding of vulnerable groups, both school and preschool children; (iv) ensure coordination

between all agencies concerned with implementation of nutrition programmes and activities of administration, organizations at all levels.

An inter-departmental Nutrition Coordination Committee has been constituted by the Ministry of Social Welfare. The Food and Nutrition Board of the Ministry of Food has been providing advisory services and periodically reviewing the implementation of food and nutrition programmes.

During the Fifth plan period, the Department of Social Welfare, Government of India, initiated two types of feeding programmes under the Central sector. Supplementary feeding for the age group 3-5 years was organised through major national voluntary organisations with assistance provided by the Ministry of Social Welfare for organising *balwadis* with supplementary feeding as one of the inputs. The special nutrition programme for pre-school children and expectant and nursing mothers, directed primarily to the weaker sections in tribal areas, urban slums and drought prone areas, was introduced during 1970-71. In the Fifth five year plan (1974-78), a coordinated approach to nutrition programmes was attempted with the participation of departments concerned with nutrition, health, agriculture, education etc.¹⁹ so as to provide integrated services to the vulnerable segments. The national programme of minimum needs launched in the Fifth plan included nutrition which began to be considered as a developmental programme. It was also realised that the desired results could not be achieved merely by supplementation with food and there was need to tackle factors contributing to malnutrition like infections and infestations. The general policy was towards providing health care to the beneficiaries under nutrition programmes. This concept of integrated health care received impetus with the launching of the Integrated Child Development Services scheme in 1975-76 which envisages for children in the age group of 0-5 years and pregnant and nursing mothers a package of services such as health and nutrition education, supplementary nutrition, immunization, health check-up,

referral services and nonformal preschool education.²⁰ By 1985-86, 1225 projects had been sanctioned in rural, urban and tribal areas of the country. In 1974, a National Policy for Children was also adopted by the Government of India. The policy envisages that in formulating programmes, adequate services to children will be provided before and after birth and throughout the period of growth to ensure their full physical, mental and social development. Preventive and promotive aspects of child health including nutrition for the child and the mother have been given an important place in the policy.

The Sixth five year plan takes a comprehensive view of nutrition planning and policy making. It has observed that the limited success of nutrition intervention programmes in the past was due to inability to provide linkages, in a satisfactory manner, with employment, health services, protected drinking water, and improvement of environmental sanitation and hygiene. It has suggested the role of related intervention programmes in tackling the problems such as measures to eradicate poverty, high-fertility, unemployment and underemployment, illiteracy specially of the mothers, lack of sanitation and safe drinking water etc. It suggests that "several schemes would need to be taken up for implementation in a coordinated manner". These include: (1) employment and income generation, creation of capital assets for the nation through conversion of human labour; (2) family limitation; (3) community organisation and its participation; (4) education with special stress on nutrition and health; (5) equitable food distribution through expansion of public distribution system and production of nutritious foods and ensuring balanced production of cereals, pulses, vegetables and animal products; (6) provision of safe drinking water supply; (7) awareness of public health and personal hygiene; (8) control of communicable diseases and intestinal disorders and (9) provision of housing and clothing for poorer sections. These would be taken up for implementation in a coordinated manner.

The direct nutrition intervention programmes will still, therefore, be necessary to cater to certain specially vulnerable age and sex groups who are prone to malnutrition and nutritional disorders. The governmental efforts would have to be substantial but selective to benefit children and mothers living in the most backward rural, tribal and disaster prone areas and urban slums. Ongoing intervention programmes would have to be restructured to make them effective.

Thus, the policy on nutrition in the country has undergone considerable changes from the early pre-independence period when emergency measures and social obligations were given importance. With increasing knowledge through research and community studies, the need for a scientific basis for application of this knowledge about nutrition and health has been realised. Attempts are being made to pool all the available resources on a self-reliant basis to meet the needs of the vulnerable segments of the population on a priority basis. From an ad hoc approach, the policy on nutrition now forms an integrated part of the overall development policy of the country and the expertise available in different agencies are now being harnessed to develop human resources.

Approaches to Problem of Malnutrition

The efforts made in the country to raise level of nutrition among the vulnerable segments are briefly considered below :-

Availability of Foods: Production of cereals has been considerably augmented by the implementation of programmes for utilising improved agriculture technology, particularly high yielding varieties of seeds, prevention of crop loss and improved post-harvesting technology. Though uneven distribution exists to a large extent, the amount of cereals produced in the country more than meets the total requirements of the population. However, this augmentation of food production has been confined only to cereals. There has been a slight increase in the production of other foods but it is much below the needs of the country. The implementation of a public distribution system and its expansion to rural areas as well as

appropriate measures to control prices of foods from time to time has definitely improved the availability of foods to all sections of the population. The food for work project is also a welfare measure to create employment and improve availability of foods to the weaker sections. Another area of development is the increased utilization of foods which hitherto have not been fully exploited like oilseeds, groundnut, soyabean and cotton seed. The production of processed and fortified foods is receiving adequate support as low cost substitutes for expensive animal food sources. There has been a considerable increase in the development of dairy products. The extensive use of simple methods of preservation of foods, prevention of losses by improving storage, milling and other processing methods, and control of contamination by fungi and other toxins are important developments in the application of food technology to augment food production. Agro-economic conditions and habits limit the use of fortification and enrichment of staple foods with required nutrients. However, in the prevention of goitre, iodised salt is being extensively used in the country in the sub-Himalayan region.

NUTRITION PROGRAMMES

Applied nutrition programme: In this programme an attempt was made to develop a coordinated strategy of local production of nutritious foods with the sole purpose of training and educating the community in the production and consumption of nutritious foods to prevent malnutrition among the vulnerable groups. This started as an Expanded Nutrition Programme, so termed because it was an expansion of the earlier milk feeding programme implemented during and after the war as an emergency measure. This programme basically is a production-oriented programme which encourages self-help by the rural communities, on a long term basis. The major components of the programme are training in the production of nutritious foods, their consumption by vulnerable segments, and community education on nutrition. Voluntary groups like women's clubs, youth clubs are encouraged to participate in this programme with necessary incentives. The production

components earlier included only horticulture, poultry and pisciculture but now it is based entirely on local resources and nutritional needs of the population. The programme was started during the Third five year plan and expanded in a phased manner. Both Central government assistance and UN-ICEF support was available to the State governments for the programme. The programme was transferred to the State governments in the Sixth plan.

Supplementary feeding programmes: The midday meal programme for school children has been in operation from 1962-63 and is being implemented by the Ministry of Education. The programme covered about 1.74 crore school children by the end of March 1980. Under this scheme, primary school children in the age group 6-11 years are provided with a meal consisting of 8-12 gm of protein and about 300 calories. This is expected to meet at least one-third of the nutritional needs of the children. Feeding is undertaken for about 200 days in a year. CARE (Cooperation for American Relief Everywhere) has been supporting the programme from 1973 in the form of corn, soya or bulgar wheat with or without skimmed milk and, soyabean oil or butter oil. In many schools, some of the local foods like milk and recently some ready-to-eat foods based on soya or groundnut with or without milk are being utilised.

For pre-school children, expectant and nursing mothers the special nutrition programme is implemented by the Department of Social Welfare in the States and is confined to vulnerable segments of preschool children below six years, and expectant and nursing mothers belonging to tribal areas, urban slums and drought-prone rural areas. In the urban areas, mostly bread and milk are supplied by local government dairies and public sector bakeries. In the tribal areas, the supplements are usually based on locally available cereals and pulses. The programme covered about 103 lakh children by the end of 1983-84. The World Food Programme, CARE and locally procured food are utilised. The food supplementation provides about 300 calories and 10-12 gms. of protein.

The Ministry of Social Welfare gives grants to national level voluntary organisations for providing supplementary feeding to about 2.39 lakh children attending balwa-dis.

In both the midday meal and SNP, the food is cooked at the feeding centre or schools. However, in some areas, it is centrally processed or cooked and distributed to the various feeding centres.

Preventive Measures against Vitamin A Deficiency and Anaemia

The Department of Family Welfare in the Ministry of Health is implementing a programme for the prevention of blindness in children due to vitamin A deficiency and the programme for prevention of anaemia among women and children. Children in the age group 1-6 years are fed an oral dose of 200,000 I.U. of vitamin A solution once every 6 months upto the age of 6 years. This was initiated in 1970 in areas where vitamin A deficiency was a serious problem and now extends to almost the entire country. Vitamin A is being distributed through the existing health agencies in rural and urban areas as a preventive measure. The programme against anaemia benefits children and women of the reproductive age. They receive a daily supply of tablets containing iron and folic acid.

Integrated Child Development Services

Based on the concept of integrated approach to early childhood care, the Integrated Child Development Services scheme is being implemented by the Ministry of Social Welfare. Initially it was started in 33 projects in selected tribal, rural and urban areas of the country. By 1985-86, 1,225 projects had been sanctioned. The programme provides a package of services to preschool children and expectant and nursing mothers which includes supplementary feeding, health care (immunisation, health check, referral) nutrition and health education, and non-formal pre-school education.

Goitre Control Programme

This is implemented by the Department of Health in the sub-Himalayan regions by the supply of iodized salt to the population at risk.

The iodized salt is manufactured at three locations in the country.

Nutrition Research, Training and Community Education

With a view to improving knowledge in the community about nutrition and health, emphasis is being given to adequate training and orientation of different categories of personnel implementing health and nutrition programmes. High level training is imparted in specialised institutions like the National Institute of Nutrition, the All-India Institute of Hygiene and Public Health, the Central Food Technological Research Institute and post-graduate institutes of medical sciences located in different parts of the country. Home science colleges and medical colleges also undertake training of health workers and social workers. The Department of Food has established regional centres for training in food technology and catering and also a number of food craft institutes in the country. Currently, there is a policy to include the subject of health and population under general education as part of the curricula of the secondary school, undergraduate level and, if possible, at the post-graduate level. Human nutrition is also being included in the curricula of agricultural universities for graduates in the agricultural and veterinary sciences. The Indian Council of Medical Research has been playing an important role in encouraging research studies, both academic and applied, on the various problems of nutrition and health in different parts of the country. The National Institute of Nutrition has brought out a number of publications to suit different personnel connected with health and nutrition and also for trainers of community workers on the current status of nutrition. Apart from this, channels of health and nutrition education are being utilized on countrywide basis through various departments concerned with nutrition. Special measures are being undertaken to provide health education and dissemination of knowledge about nutrition and utilization of local food resources through the regional mobile food and nutrition extension units of the Department of Food, Government of India.

Monitoring and Evaluation

The Sixth five year plan document, while reviewing the progress of the previous plans, states that nutrition programmes introduced in the past did not succeed as their implementation was not closely linked with other programmes like provision of employment, health, safe drinking water and improvement of environmental sanitation and hygiene. Besides, those programmes which were implemented as ameliorative measures did not produce any lasting impact on the community, supplementary feeding programmes in isolation did not make any dent by way of improving the nutrition status of the communities. The plan stressed that the problem of malnutrition was closely linked with that of poverty, large family size, unemployment, illiteracy, lack of environmental sanitation and hygiene and safe drinking water. Therefore, nutrition planning should aim at improving the physical capacity of the populations, enhancement of the span of working life and increased longevity by enhancing the levels of nutrition, health and quality of environmental sanitation and hygiene. Beyond intervention programme in favour of individuals in the households like children, mothers and the aged, strategy should aim at alleviation of hunger and malnutrition in all sections of society through family-centred poverty alleviation

The nutrition divisions of the State health directorates have been regularly conducting diet and nutritional assessment surveys of selected groups of populations. These have been earlier reported annually by NIN and now by the Directorate General of Health Services as the "Report of the Work done in States". These reports give a general idea of the diet and nutrition status of different groups in different parts of the country. In view of the defects in the collection of data, the ICMR in 1972 established the National Nutrition Monitoring Bureau which is operating in ten states. Its main aim is to collect data among statistically selected population groups in a standardised manner. The NIN as a central reference laboratory is providing the necessary technical guidance in terms of selection of samples,

training of workers and analysis of data collected. The annual reports of these studies are published regularly by NIN.

Departments implementing nutrition programmes have their own arrangements for planning, monitoring and evaluation though these are inadequate and unsatisfactory specially in relation to monitoring.

Some of the recent reports^{22-23-24'25} of evaluation studies undertaken in the country indicate the undermentioned problems and observations; (i) widespread implementation; (ii) unsatisfactory selection of beneficiaries; (iii) mainly based on supplementation; (iv) supplements not reaching the beneficiaries; (v) poor organization and supervision with minimal monitoring and evaluation; (vi) lack of coordination between agencies; (vii) lack of awareness of objectives at all levels; (viii) absence or inadequate health inputs; (ix) lack of educational effort; and (x) virtual absence of community participation.

Among the problems mentioned, the most important seems to be lack of coordination between the various agencies concerned with health and nutrition. The absence of community education and nation of knowledge about the aims and objectives of the programmes limits effective participation by the community which is one of the most essential needs for the success of the programme. Though the Applied Nutrition Programme is an educational effort, it has always been production-oriented. In the Supplementary Nutrition Programmes the problem of reaching the most vulnerable segments, namely, less than 3 years old children and mothers, associated with the observation that it is virtually impossible to prevent sharing of the supplements with other members of the family (or alternately the supplements are utilised as a substitute and in home diets) results in deprivation for these vulnerable segments. The problems associated with the goitre control programme mainly relate to manufacture and supply of iodised salt.

These studies emphasize the lack of adequate participation of health agencies in providing

support to these programmes in terms of curative and preventive health care and lack of utilization of these programmes for educating the community on the principles of nutrition and health. These studies also indicate that in areas where the programme is well understood and properly implemented with community support, successful results could be achieved. The setting up of nutrition coordination committees consisting of subject matter specialists and representatives from different ministries concerned is expected to ensure effective coordination between agencies and proper implementation of the programmes. In addition, with national and international support, group activities like seminars and workshops which have been held from time to time at the national and regional level have helped to foster understanding between the various agencies and between field level workers and decision makers and administrators.

In the light of the current implementation of the *Community Health Workers' Scheme* (CHW), now termed as *Community Health Volunteers Scheme* (CHV), by the Ministry of Health for the delivery of health services to the community through a volunteer selected by the community itself, the delivery of integrated nutrition and health services may be possible, provided adequate training is given to these volunteers for the purpose. A recent evaluation study²⁶ on the performance of the CHV scheme indicates that the nutrition component in the delivery of health services to the community was practically absent, but there is scope for improvement.

M.C. Swaminathan

Notes on Nutrition and Food Policies

1. *Report on the Results of Diet in India* (1935-1948), India Council of Medical Research, sp. rep No. 20, 1951 and supplement sp. iep. No. 25, 1953.
2. *A Review of Nutrition Surveys Carried Out in India*, Indian Council of Medical Research, sp. rep. ser. No. 36, 1936.
3. *Diet Atlas of India*, National Institute of Nutrition, 1971.

4. *Nutrition Atlas of India*, National Institute of Nutrition, 1971.
5. *Studies on Pre-school Children*, Report of the Working Group on Pre-school Children, 1973, Indian Council of Medical Research, 1973.
6. M.C.Swaminathan, *Nutrition in India: Nutrition in the Community*, D.S.Mclaron John Wiley, London, 1976
7. *Growth and Physical Development of Indian Infant and Children*, Tech. rep. ser. No. 18, Indian Council of Medical Research, 1972.
8. Vijayaraghavan, K.D. Singh and M.C. Swaminathan, "Heights and Weights of Well-nourished Indian School Children", *Indian Journal of Medical Research*, Vol. 59, 1971, p. 648.
9. N.Gangulee, *Health and Nutrition in India*, Faber and Faber Ltd., London, 1938.
10. G.C.Pandit and K.Someswara, *Nutrition in India (1946-58)*, Indian Council of Medical Research,
11. Government of India, *Report of the Health Survey and Development Committee*, Ministry of Health, New Delhi, 1946 and *Report of the Health Survey and Planning Committee*, Ministry of Health, New Delhi.
12. P.N.Patwardhan, "Nutrition in India", *Indian Journal of Medical Sciences*, Bombay, 1961.
- (13. *Report of the Health Survey and Development Committee*, op. cit.
14. Government of India, *Five Year Plan* (all the plans), Planning Commission, New Delhi.
15. Government of India, *Report of the School Health Committee*, Ministry of Health, 1961.
16. Narasinga Rao, B.S.K. Visweswara Rao and A.Nadamuni Naidu, *Calorie and Protein Adequacy of the Dieters of Pre-school Children in India*, J Nut. Diet. 6,238, 1969.
17. Government of India, *Report of Committee for the Preparation of Programmes for Children*, Ministry of Education and Social Welfare, New Delhi 1967.
18. *Task Force on Nutrition* (XI CST), Planning Commission, 1973.
19. Government of India, *Report of the Study Group on the Development of Pre-School Child*, Ministry of Education and Social Welfare, 1972.
20. Government of India, *Integratated Child Development Services Scheme*, Ministry of Education and Social Welfare, 1975.
21. *Sixth Five Year Plan 1980-85*, Planning Commission, New Delhi.
22. K.Vijaraghavan, V. Pralhad Rao, *National Programme for Prevention of Vitamin A Deficiency— An Evaluation*, National Institute of Nutrition, 1978.
23. G.M.Desai and V.R.Gaikwad, *Applied Nutrition—An Evaluation*, Indian Institute of Management, Ahmedabad, 1971.
24. B.C.Muthayya, C.Y.Sastri and K. Krishnama Naidu, S.V. Rangacharyulu, *Evaluation of ANP*, National Institute of Nutrition, Hyderabad, 1978.
25. N.Pralhad Rao, K.Vijayaraghavan, D.Hanuman-tha Rao and J.G.Sastri, *An Impact Evaluation of ANP*, National Institute of Nutrition, Hyderabad, 1978.
26. *Repeat Evaluation of Community Health Volunteer Scheme*, National Institute of Health and Family Welfare, New Delhi, 1979.

Placement of Physically Handicapped

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The attitude of society towards the handicapped has passed through different phases. Ancient society virtually denied to the disabled the right to exist. The evolution of civilisation led to the gradual recognition of society's duties towards them. The era of scientific thought and development, whose notable contribution to human thought has probably been the development of a rational and scientific approach to many human problems, has revolutionised the traditional concept of disability. Today, it is being increasingly appreciated that loss of sight, hearing, an arm or leg does not necessarily close for the victim the realm of knowledge nor does it always deprive him of the ability to do productive work. It has been rightly said that emphasis should be placed on what a physically handicapped person has, not on what he does not have. This, in essence, is the philosophy of modern rehabilitation services which aim at the complete integration of the handicapped individual into the community.

Rehabilitation medicine, which is one of the most recent additions to the family of clinical sciences, has, inspite of its comparative newness, influenced the entire concept of care of the physically handicapped. Advances in social sciences have resulted in a better appreciation of the need to rehabilitate the physically handicapped. In almost every country, including India, services for the handicapped were initially built up by the zeal of charitably disposed persons whose main concern was the alleviation of human suffering. The primary purpose of most of the early institutions was to provide a sanctuary for the disabled and to offer training in occupations which might have some economic value. Consequently, although educational and

training institutions have existed in India for about 70 years, it is only during the last few years that a concerted effort has begun to be made to place the handicapped persons in remunerative occupations—a step which is of paramount importance for the socio-economic rehabilitation of the handicapped.

Today we have begun to appreciate that even in normal human beings, physical and mental abilities are not boundless. The so-called handicapped person lacks merely a particular physical function and is not, therefore, fundamentally different from the non-handicapped person who has limitations of his own. In other words, every human being has some limitations which do not necessarily destroy his capacity to do productive work.

The handicapped person usually retains a substantial working capacity which is intensified by his keen desire to compete on equal terms with more fortunate counterparts. The handicapped worker does not ask for charity but a chance to utilise his latent working capacity to his own advantage and to that of the community. Given an opportunity for training and employment there is no reason why the large handicapped population of our country, many of whom are endowed with intelligence and dynamism, cannot make an equally valuable contribution to our developing economy.

During the second world war remarkable strides were made in the placement of the handicapped in occupations where they could function effectively. The acute shortage of manpower obliged several warring nations to afford to the handicapped an opportunity of making their contribution to the war industry. The success of this experiment during the war opened up new vistas of employment opportunities for the handicapped in industry, commerce and in the public services. The potentialities of the handicapped worker, whose capacity for concentration and devotion to duty are noteworthy, began to be better appreciated. Several advanced countries initiated special placement services for the handicapped.

The United Kingdom enacted legislation in 1944 providing for the compulsory employment of handicapped persons in a certain percentage of jobs in establishments employing 20 workers or more. The Government of the United States appointed in 1947 the President's committee on the employment of the physically handicapped which undertook with considerable success a nationwide campaign for the placement of the handicapped persons. The Civil Services Commission in the United States modified suitably physical requirements to facilitate the entry of qualified handicapped persons into the public services. Provision for the compulsory employment of disabled persons in public and private undertakings was also made in war-ravaged West Germany.

A steady rise in public interest and state attention to problems of disadvantaged groups like the physically handicapped have characterised the post-independence period in India. The traditional approach of charity has begun to be gradually replaced by the modern concept of rehabilitation although progress in this direction has been retarded due to lack of resources.

Employment of the Handicapped-Four Forms

Rehabilitation is a philosophy and not a specific programme. Varying mechanisms can be evolved to achieve the ends of rehabilitation. Generally speaking, four main forms of employment are open to the handicapped: home work, sheltered employment, open employment and self-employment.

In keeping with their economic development and prevailing social and cultural patterns, different countries have laid varying emphasis on one or more of these ways of rehabilitating the physically handicapped. Countries like the United States and the United Kingdom lay greater emphasis on the placement of the physically handicapped in open industry. On the other hand, socialist countries have developed excellent workshops.

Severely handicapped persons are often assisted in working in their own homes. This form of employment is meant for such

handicapped as quadriplegia, amputees etc. Welfare organisations undertake to provide raw material, arrange for the disposal of finished goods and provide technical assistance, wherever necessary. On account of enormous distances and poor modes of communication, it has not been possible to develop this form of employment in India.

The main objective of a sheltered workshop is to provide employment under sheltered conditions to those handicapped persons who are unable to hold their own in the open field. The movement towards bringing industrial operations into sheltered workshops seems to have commenced only after the experience of the second world war when it was found that the physically handicapped could make very valuable contributions to increasing national productivity. An important function of a sheltered workshop is to provide the initial working experience for those who can subsequently be placed in open employment. Some of the important objectives of a workshop are: (i) to get a physically handicapped person accustomed to the grind of the routine of industry in

preparation for his possible movement to open industry; (ii) to offer long term employment to those for whom entry into open employment is not considered feasible; (iii) to demonstrate to the community the range of skills, both vocational and social, that can be acquired by the physically handicapped; and (iv) to minimise personal dependence by sharpening the vocational and social skills of physically handicapped individuals. Sheltered establishments for the handicapped are just beginning to be developed in India, keeping up with the modern trends abroad.

The most important and profitable form of employment for the handicapped is known as open employment. This type of employment is suitable to those physically handicapped persons who can compete with their able bodied counterparts by virtue of their work capacities; their disability normally does not come in the way of their performance.

Due to the paucity of salaried jobs, self-employment is gaining ground. In this form of employment, a physically handicapped engages himself in an income generating activity with his own efforts or with external assistance in the form of money or guidance or both.

Organised Efforts to Place the Handicapped

The I.L.O., in its Recommendation No. 99 on 'Vocational Rehabilitation of the Disabled' emphasised the importance of employment and put forward suggestions designed to add an increasing number of job opportunities for this category of workers. Para viii of the Recommendation reads: "Measures should be taken in close cooperation with employers' and workers' organisations to promote maximum opportunities for disabled persons to secure and retain suitable employment. Such measures should be based on the following principles: (a) Disabled persons should be afforded an equal opportunity with the non-disabled to perform work for which they are qualified; (b) Disabled persons should have full opportunities to accept suitable work with the employers of their own choice; and (c) Emphasis should be placed on the abilities and the work capacities of the disabled persons and not on their disabilities." It would, therefore, be in keeping with the spirit of this Recommendation to provide all possible opportunities to the physically handicapped to develop their own personality and to give them facilities to gain economic independence. The United Nations adopted a resolution declaring 1981 as the International Year for Disabled Persons. The ball was set rolling for undertaking a series of new programmes for the rehabilitation and welfare of the handicapped throughout the world.

Vocational Rehabilitation

Vocational Rehabilitation is a process of restoring the handicapped individual to the fullest physical, mental, social, vocational and economic usefulness of which he is capable. This definition connotes a process aimed at helping the handicapped individual reach the highest possible capacity for usefulness.

Any programme of vocational rehabilitation has to cover a large number of areas. Some of

the more important ones are: evaluation, including medical diagnosis; counselling and guidance; training including pre-vocational and adjustment training; services in sheltered workshops; provision of tools, equipment and licences for helping the handicapped to set up small business; placement in open industry; and home employment.

Evaluation of the Handicapped

An obvious pitfall is to put a physically handicapped person in a job without proper appraisal of his residual abilities, and without assessing his suitability for the job. Assessment of work capacities and potentialities of the handicapped individual constitutes a very important step in his rehabilitation. The employer of the physically handicapped is kindly disposed towards the employment of such a person so long as he is able to do the job as efficiently as the non-disabled worker

Vocational Rehabilitation Centres

In order to assess the vocational and psychological needs of physically handicapped persons and also to render assistance in the rehabilitation of such persons, two vocational rehabilitation centres, one each at Bombay and Hyderabad, were set up by the Government of India (Ministry of Labour) in June, 1968. Subsequently, nine more centres were set up by March 1981, at Delhi, Jabalpur, Ludhiana, Kanpur, Ahmedabad, Madras, Trivandrum, Calcutta and Bangalore. These centres assess the residual capacities of the physically handicapped client taking into account his disability, aptitude and interests. Based upon the assessment of the centre, a vocational plan is prepared for him. Such a plan may direct a client to vocational training or on the job training or work adjustment training or even immediate employment in open industry, sheltered employment or self-employment.

Vocational Training

There can be no two opinions that after evaluation, the training of the physically handicapped constitutes a very important step in the process of their employment in open industry. In arranging the training of the physically handicapped, considerations such as

their residual capacity, ways to harness this capacity to the maximum advantage for employment and the actual employment prospects are borne in mind.

Evaluation of disabled persons in different workshop trades through job samples and psychological tests has helped vocational rehabilitation centres to study disabled clients with reference to their economic potential, work habits and their personality problems. The employers have found the evaluation programme useful, as they can safely engage physically handicapped clients, who have been evaluated and assessed at the centres.

Experience of vocational rehabilitation centres has, however, shown that lack of skill training (which is generally found in 80 per cent of the clients who approach vocational rehabilitation centres) is one of the major impediments in their rehabilitation. It is, therefore, necessary to impart employment oriented training in consultation with local industry, so that soon after their training, it should be possible to provide them with employment. A beginning in this direction has been made by establishing a skill training workshop at the Vocational Rehabilitation Centre, Bombay. Such workshops are proposed to be added to other vocational rehabilitation centres during the Sixth five year plan.

Employment of Handicapped.

Although institutions for training the handicapped have been in existence in India for almost a century, concerted efforts to provide them employment assistance through government institutions are of recent vintage. Normal employment exchanges under the national employment service had been handling their placement so far. After the setting up of special employment exchanges for the physically handicapped, it has been possible to secure for the disabled employment suited to their physical and mental capacities. The first special employment exchange for the physically handicapped was set up in 1959. By December, 1980 there were 19 special employment exchanges which provided placement to 22,499 persons. Keeping in view the magnitude of the numbers involved, the existing facilities are

hardly adequate to touch the fringe of the problem. Moreover, the existing special employment exchanges cater only to the needs of handicapped persons living in urban areas. The rural handicapped have not received any attention so far.

For the convenience of the physically handicapped staying at places other than those where a special employment exchange exists, facilities for registration and placement are made available by the normal employment exchanges. The dimensions of the problem and the constraint of resources limit the assistance presently given through the special employment exchanges to the blind, the deaf and dumb and the ortho-paedically handicapped. As an experimental measure, the scope of special employment exchanges in Bombay and Delhi has been expanded to cover mild neurological and non-infectious respiratory cases.

The special employment exchanges follow the selective placement approach. Some of the guiding principles on which these offices operate are: job referral on the basis of ability; individualised approach; positive attitude towards the client; correction of disability prior to placement; and placement at the highest level of skill.

Placement of the physically handicapped becomes a complex problem mainly due to the uncertain response of the employers, the public and to some extent the disabled persons themselves. Some of the attitudes and apprehensions of employers that stand in the way of intake of disabled persons would be that they have lower production rates and greater absenteeism; the disabled can perform a relatively limited number of jobs; and fellow workers may not appreciate working alongside the handicapped. The experience of the special exchanges during the last decade, however, suggests that there is hardly any evidence to sustain these apprehensions. The percentage of placements to registration in respect of physically handicapped applicants registered with the special employment exchanges for the period January to December, 1980 stood at 23.1 per cent. It may be of interest to note that the

corresponding percentage of placement to registration in the case of the able bodied is 7.8 per cent.

Concessions

It often happens that for lack of deeper understanding on the part of society, the physically handicapped persons are denied, for no fault of their own, even the opportunity of showing their capabilities. In their vocational rehabilitation both government and community have a vital role to play. Creation of the necessary climate in which a physically handicapped person is provided facilities enables him to compete on an equal footing with others. Of late a number of steps have been taken for the creation of facilities for their education, training and placement in suitable employment. Concessions in the age of entry, travel, medical fitness and preference in sponsoring against vacancies are now available. Loans at a differential rate of interest (the rate in 1980-81 was 4 per cent) are provided to the physically handicapped persons by the banks for self-employment ventures. Ten per cent of all dealership/agencies of oil companies have been reserved for handicapped persons. Weighted deduction in respect of salary paid to handicapped persons is allowed to employers under the Income Tax Act to encourage them employ the handicapped.

The Government of India has decided to reserve one per cent vacancies each for the blind, the deaf and the orthopaedically handicapped with an overall ceiling of 3 per cent in Group C and Group D posts in Central government and in comparable posts in Centrally controlled public sector undertakings. Similar reservations have been made by several States.

The government has extended the facility of supply of petrol/diesel at concessional rates to physically handicapped persons owing motorised conveyance. This facility extends up to 50 per cent of the normal price.

Awards for Handicapped and Their Employers

With the twin objective of persuading employers to accept the physically handicapped persons and to encourage disabled workers to

improve their standard of performance, the Central government has instituted a scheme for grant of national awards to the most outstanding employers of the physically handicapped, the most efficient physically handicapped workers, the most efficient self-employed worker and the most outstanding placement officer of the handicapped, in each of the four categories, namely, the blind, the deaf, the orthopaedically handicapped and the mentally retarded. While employers are awarded a citation and a silver shield, the employees are given a citation and a cash award of Rs. 500.

Steps to Promote Employment of Handicapped

A Working Group was constituted in 1981 in the Ministry of Labour to draw up concrete and detailed programmes in the areas of employment—open and sheltered. Some of the important recommendations relating to evaluation, training and placement of physically handicapped persons made in the report are as follows:

(1) Considering the size of the problem and the fact that the 18 Special Employment Exchanges for the physically handicapped presently functioning in the country have hardly touched the fringe of the problem, special employment exchanges should be set up in all the States/Union Territories which do not have a special employment exchange for promoting the employment of the disabled.

(2) A special cell may be set up at each normal employment exchange to provide assistance to the disabled. The staffing of such Cells may be decided with reference to the number of the disabled available on the register of the employment exchanges.

(3) Some transport, failing which a conveyance allowance, should be provided to the officer incharge of the special employment exchange to perform effectively his functions relating to proper job development, close contact with the employers, escorting the disabled to the employer at the time of interview to ensure his placement and followup visits.

(4) An additional placement officer may be provided to each special employment exchange for a specific number of disabled of each category depending on the number of the disabled on the register of the special employment exchange, particularly the blind.

(5) Vocational rehabilitation centres may be set up in all the remaining States as early as possible and the special employment exchanges and the vocational rehabilitation centres may be located as far as possible in the same campus for the convenience of the disabled.

(6) Skill training units may be set up at all the vocational rehabilitation centres to provide 'job-oriented training' in close collaboration with the local industries to ensure the employability of the disabled.

(7) Job-oriented training may be provided to the rural disabled in rural crafts and occupations with facilities for payment of adequate stipend during the training period.

(8) The national apprenticeship scheme may be extended to all the categories of the disabled; the in-plant training scheme should be substantially expanded and developed, paying stipends to the disabled trainees.

(9) The rate of stipends paid to disabled trainees by the workshops may be reviewed. It should be at least 60 per cent of the wages paid to the employees of a corresponding category. The payment of a stipend to disabled persons may be subsidised by the government, if necessary.

(10) With a view to developing a trained cadre of employment officers/rehabilitation officers training courses may be organised by the Central Institute for Research and Training in Employment Service, New Delhi.

(11) With a view to ensuring that industry gets adequately trained disabled personnel, training of the disabled be made job oriented in the industrial training centres keeping in view emerging job opportunities.

(12) Noting the urgency of providing rehabilitation services to the disabled in rural areas and keeping in view the financial constraints, the vocational rehabilitation centres may be provided with at least one trained extension officer, who should visit the rural areas to (a) identify the disabled; (b) give them suitable guidance in the pursuit of rural occupations; and (c) provide the required assistance by utilising the services of agencies in the area for effecting rehabilitation of the disabled in rural areas.

(13) The scheme for training of rural youth for self-employment (TRYSEM) may be extended to cover the disabled with special provision for (a) payment of stipend to disabled trainees, (b) appointment of properly trained technical personnel to train the disabled; and (c) supply to each trainee, at the end of the training programme, tools and equipment as well as raw materials for six months free of cost.

(14) The occupational analysis unit of the D.G. Employment and Training may be suitably strengthened to carry out studies on a regular basis to identify occupations that could be performed by the disabled, both in the rural and the urban areas. The vocational rehabilitation centres and the special employment exchanges for the disabled and appropriate national voluntary organisations may be actively associated in the identification of jobs at the local level. A manual of jobs so identified may be printed and circulated among all the agencies involved in the rehabilitation of the disabled.

In addition to the suggestions made by the Working Group the following proposals for action merit consideration:

- i) Compilation of statistics and their analysis to determine the nature and dimensions of the problem.
- ii) Identification of diverse trades which the disabled can do with the help of modern technology.
- iii) Research in techniques of educating employers regarding job potentials of the physically handicapped.
- iv) Establishment of a Corporation for running a network of training-cum-production units

throughout the country to provide sheltered employment to the disabled and finding employment for home-bound disabled workers.

- v) As marketing poses a problem to small units of production, a specialised marketing system can be considered at the national and state levels. Trading losses could be underwritten by the state, as the severely disabled cannot always be expected to be as productive as their able-bodied counterparts.
- vi) Reorganisation of the training facilities for the handicapped after a survey of the job opportunities arising from the changing pattern of production and employment.
- vii) Liberalisation of rules regarding advance of loans to the physically handicapped for establishment through self-employment.
- viii) Manufacture of aids and their supply to the physically handicapped persons at reasonable prices.
- ix) Training of adequate number of professional workers in the field of rehabilitation.

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Population Trends

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India is the most populous country in the world after China. According to the latest census the population of India was 685 million¹ in 1981 which is more than three times the population of the United States of America in 1980 and constitutes 15 per cent of the world's population. The population has grown by 137 million in the last decade, from 548 million in 1971. With this large population base, the annual addition to the population at the present rate of growth is around 16 million, which is more than the population of Australia.

Density

With this vast population, the country occupies a land area of 3.29 million sq. kilometres which constitutes only 2.4 per cent of the total world area. The density² of population was 216 per sq. km. in 1981. With the high growth of population, the density which was only 77 per sq. km. in 1901 has nearly trebled by 1981. However, the population is not evenly distributed over the country and the density varies widely over the various topographic regions. The Indo-Gangetic and coastal plains are densely populated regions and the northern and north-eastern hilly areas and some of the central parts of India constitute the thinly populated regions of the country. In the most densely populated districts the density is over 700 per sq. km.

Sex Composition

The sex composition of India's population, unlike that of most countries of the world except some in South Asia, is favourable to males and stood at 934 females per 1,000 males in 1981. The sex ratio has generally declined from 972 in 1901 over the decades, though in the last decade it has slightly improved. It had declined to 931 by 1971 and then rose slightly to 934 in 1981. International migration being negligible for the country as a whole, given the ratio at birth, the sex ratio in the population

largely depends on the sex differentials in mortality. The sex ratio at birth in India is not very different from that in some other countries and as such the preponderance of males over females and the decline in sex ratio over the decades in the population seems to be due to the higher female mortality. The reversal of the trend in sex ratio during 1971-81 seems to indicate a narrowing of the sex differentials in mortality.

POPULATION GROWTH

The population which was only 238 million in 1901 has nearly trebled; since 1951 it has nearly doubled from 361 million. During the last decade it grew by 25 per cent recording an average annual growth rate of 2.25 per cent. The population growth shows three distinct patterns since 1901. During the earlier decades upto 1921, the population grew little due to high but matching levels of fertility and mortality. The high level of mortality was mainly due to wide-spread famines and epidemics. During the decade 1911-1920 the population actually declined on account of the influenza epidemic of 1918. After 1921 the population grew steadily with a decline in mortality brought about by better control of the intensity of famines and epidemics through improvement in communications and transport and public health measures. Between 1921 and 1951 the population grew steadily and moderately by 11 to 14 per cent per decade. After 1951, the growth of population accelerated and during the following decades it was over 20 per cent per decade. This high growth rate resulted from a steep decline in mortality due to developments in the field of medicine, especially the introduction of antibiotics and control of diseases like malaria and small pox which used to contribute substantially to the death rates. This along with improvements in public health and implementation of developmental programmes brought about a steep decline in mortality. Fertility itself remained fairly high and started declining only around 1971. Thus the gap between the birth and death rates widened during the decades 1951-61 and 1961-71 and resulted in a growth rate of 2.25 per cent during 1971-81.

Birth and Death Rates

Population growth in India is dependent on the birth rate and death rate only as the net international migration for the country as a whole is insignificant in relation to the population size. Thus the growth is mainly due to natural increase which is the balance of births over deaths.

In the early decades the birth rate was very high, even more than 45 per 1,000 population, and up to the decade 1961-71 it remained at a level of even 40 per 1,000. Around 1971 a declining trend in birth rate seems to have set in with the impact of the family planning programme. The annual estimates of birth rate indicate a decline during the seventies reaching a level around 33 in 1982. Though the family planning programme was initiated during the 1950's its impact on the birth rate was felt only from the late 1960's.

The death rate which was very high at over 40 per 1,000 in the early decades upto 1911-21, started declining slowly at first upto 1941-51 and then steeply in the next decade. This declining trend continued at a slower pace in the succeeding decades. During the last decade the decline has been slow and steady and the death rate reached a level around 12 in 1982. As mentioned earlier, due to the frequent occurrence of widespread famine and epidemics, the death rate was very high and after 1921 with the control of such calamities, or at least, their intensity the death rate started to decline. During the period following the second world war with the use of antibiotics and public health measures like vaccination, DDT spraying and malaria eradication programme etc. the death rate declined steeply. In recent years the extension of medical and public health facilities to the rural masses through primary health centres and development programme such as the Integrated Rural Development Programme and the Integrated Child Development Scheme brought about a further decline in the death rate.

Life Expectancy

The expectation of life at birth which is also a measure of the mortality of the population has

shown a rising trend from a low level of only 23 years during 1901-1910. It has risen (except for the decade 1911-20 during which expectation of life at birth declined) gradually to the level of over 55 years in 1982. The rise upto 1941-50 was slow but after 1941-50 it rose faster especially during the decade 1951-60. While in the very early decades upto 1920 females enjoyed a higher life expectancy than males, the rise in life expectancy for males overtook that for females and in subsequent decades the male life expectancy was higher. However, in recent years the gap between male and female life expectancy seems to have been narrowed and the female life expectancy seems to have overtaken the male expectancy of life around the year 1980.

Infant Mortality

Infant mortality in India has also declined rapidly over the decades from a very high level of over 200 per 1,000 live births at the beginning of the century. However, the pace of decline seems to have slowed down during the last decade. The level of around 114 in 1980 is very high compared to the levels reached even by some developing countries. Within the country also, a level of around 40 per 1,000 live births has been reached in the State of Kerala. Prematurity, tetanus, bronche-pneumonia, asphyxia, nutritional deficiency and diarrhoea are the major causes of infant mortality in the country. The wide variations in levels of infant mortality over the country appears to be due to the influence of public health, social and economic factors.

Nuptiality

In 1981, 42 per cent of males and 46 per cent of females were married, 55 per cent and 46 per cent were single and the remaining 3 per cent and 8 per cent were widowed or divorced respectively. Thus more women were widowed than men, perhaps, due to the husband being the older partner among the spouses and also because more men remarry than women. The higher percentage of married among females is due to the lower age at marriage for women. Considering marital status by age group, the highest percentage married is around 94 per cent both for males and females, indicating the

universality of marriage among both sexes. However, the age pattern of marital status is different for males and females on account of the younger age at marriage of women as compared to men. The highest percentage of married is in the age group 30-34 for females, whereas it is in the age group 35-39 for males. However, even in the age group 25-29, 77% of males are married. This indicates prevalence of marriage at very young ages among both males and females. The age at marriage has been very low in India, particularly for females. During 1971-81, the estimated mean age at marriage was 23.3 years for males and 18.3 years (by Hajnal's method) for females. However, at the beginning of the century the age at marriage for females was much lower at 12.8 years than for males at 20 years. Thus, there has been a rising trend in the age at marriage over the decades.

Age Composition

The percentage of children under 15 years of age in the population is very high, around 40 per cent in India. This percentage had been rising for some decades and reached the peak level of 42 in 1971. The 1981 census, however, showed a decline in the proportion of children to 40 per cent. The rising trend upto 1971 was due to the high birth rate but, under the impact of the family planning programme, the trend has reversed during the last decade. The percentage of population in the working ages 15-59 was 54 in 1981. This percentage was declining upto 1971 and reached a level of 52 per cent due to the rising proportion of children. However, in 1981 it rose to 54 per cent. The percentage of old persons in the population is gradually rising in recent decades as a result of improvement in expectation of life. Children and old persons form the dependents of the population in the working ages 15-59 years. The dependency ratio with the proportion of these dependents to the population in working ages had been rising gradually upto 1971 due to the high birth rates in earlier decades and the rising expectation of life in recent years. During 1971-81 the dependency ratio declined due to the decline in birth rate in spite of the rising proportion of the aged.

Literacy

The extent of literacy in India is very low both for males and females, below 50 per cent. At the 1981 census, the literacy rate, i.e. the percentage of literates in the population was 36 per cent, 47 for males and 25 for females. At the beginning of the century, the literacy rate was as low as 5 per cent with female literacy below 1 per cent. Over the decades the literacy has gradually risen but very slowly. The increase has taken place in case of both males and females. However, the gap in the literacy rates between males and females has remained more or less stationary in the last three decades. The literacy rate for the urban areas is 57.4 per cent which itself is low and for the rural areas it is as low as 29.6 per cent. Considering that children under five years of age would be illiterate, the percentage of literates among the population aged 5 years and over is somewhat higher at 41 per cent.

During the last decade 1971-81, the literacy rate has risen by around 7 percentage points for both males and females. This rise has been shared by all younger age groups. According to the 1981 census, only 32 per cent of children between the ages 5-9, 50 per cent at ages 10-14 and 26 per cent at ages 15-19 attended school/college. These percentages were higher for males than for females and for urban areas as compared to rural areas. The highest percentage attending school was in the age group 10-14 years, 77 per cent for urban males.

Working Population

At the 1981 census the work participation rate i.e. the percentage of main workers to the population was 52 for males and 14 for females. The rates were over 90 per cent at ages above 25 for males. However, for females it was not more than 26 per cent even at the higher ages. This low level of female work participation is on account of the nature and duration of work performed by females mainly engaged in household work. The work participation rates are higher in the rural areas than in the urban areas as both male and female main workers are engaged in agriculture and allied pursuits. In 1981, 66 per cent of male and 81 per cent of female main workers were engaged in such

occupations. Among males, 66 per cent of main workers were engaged in the primary sector, 14 per cent in the secondary sector and 20 per cent in the tertiary sector. The share of the primary sectors has declined for males from 70 per cent while the share in the secondary and tertiary sectors has increased. However, for females the share in the primary sector has declined while that in the secondary sector has increased but it has remained more or less the same in the tertiary sector. Apart from the main workers, 22.1 million—3.5 million males and 18.6 million females—were engaged in marginal work.

Urbanisation

In 1981, 160 million people³, constituting 23.3% of the total population, resided in the urban areas. The urban population has grown by nearly five times since 1931 and doubled in only 20 years from 1961. The share of the urban population in the total population has been rising steadily from a level of 10 per cent in 1911. Since then it has been growing at a much faster rate than the general population and since 1931 the urban growth rate has accelerated to over 30 per cent, except during the decade 1951-61 (due to the declassification of a large number of towns resulting from the adoption of a rigid definition of towns at the 1961 census). This phenomenal growth of urban population is due not only to migration from the rural to the urban areas but also to the emergence of new towns arising from reclassification of rural areas as urban areas and extension of the areal jurisdiction of existing towns on account of population growth and development of urban characteristics in the adjoining areas. It is estimated that the rural-urban migration accounts for about 9 per cent of the growth of urban population between 1971 and 1981. The number of towns has also steadily increased, except for 1961, from 1,776 in 1911 to 3,245 in 1981. However, in this urbanisation process the share of smaller towns in the urban population has been declining over the past several decades and that of cities (towns with a population of one lakh and over) has been rising. This trend seems to have accelerated, particularly after 1931, the share of cities in the urban population having doubled from 30% in 1931 to 60% in 1981 and the share

of towns with less than 50,000 population having nearly halved during these 50 years. During this period, with the exception of the decade 1951-61, cities have grown at over 50 per cent every decade, and towns with a population between 50,000 and 100,000 have grown at around 40 per cent every decade since 1951. This unprecedented urban growth particularly of the larger towns has led to the emergence of several urban agglomerations constituting two or more towns and the urbanised area between and around them and big metropolises. In 1981, there were 216 cities of which 12 had a population of one million and over, accounting for 6.4% of the population of the country and 27% of the urban population. All the million plus cities except Greater Bombay are urban agglomerations. The largest of these, Calcutta urban agglomeration and Greater Bombay had a population of over 9 million and 8 million respectively, and are also among the largest metropolises-of the world.

Outlook for the Future

The population is currently growing at a rate of 2.1% per annum. The average annual growth rate which has been rising over the decades had been around 2.2% over the last two decades. This is the result of a steep decline in death rate which commenced during the forties and a continuing high birth rate. However, the last decade 1971-81 experienced a small decline in birth rate arresting the rising trend in the growth rate. The recent decline in the birth rate seems to be the beginning of a trend and is expected to accelerate in the coming years. The death rate which has already reached a moderately low level can be expected to decline further only slowly, not to any great extent. As a result, the growth rate is expected to decline in the coming years.

The family planning programme which was adopted officially in 1952 aimed at control of fertility so as to curb the accelerating growth rate and stabilise it at a low level. The programme started with a clinical approach but changed later to an extension approach. During the 1950s and 1960s the infrastructure for providing family planning services to the population was built up and through it an

awareness of the small family norm was created and knowledge of contraceptive methods and service facilities was provided to motivate people to accept family planning. During the 1970s the programme was integrated with the public health programme, especially the Maternal and Child Health (MCH) programme, operated through primary health centres in the rural areas and urban family planning centres in towns and cities and was redesignated as the family welfare programme. After the 1974 World Population Conference, a population policy was formulated and a concerted effort was made to make the programme effective in bringing down the population growth rate. Under the policy, the minimum age for marriage was raised by law to 18 years for girls and 21 years for boys. Several incentives for accepting family planning were provided. All these measures resulted in a significant increase in family planning acceptors and an appreciable impact on the level of fertility. The programme had a temporary setback after 1977 but has since recovered and gained momentum. The programme has now become an integral part of development planning and is linked with several developmental variables such as mortality level, infant mortality, maternal health, female literacy, population education and so on.

The recent decline in the birth rate is due to the rise in age at marriage and partly due to the impact of the family planning programme. From the Third plan period onwards the programme began to show some achievement and during 1970-75 the annual acceptors averaged 4.7 million. In the next two years the performance was spectacular reaching 12.5 million acceptors, but this achievement was shortlived. There was a steep decline in the acceptors during the period 1977-80 and then it began to gather momentum. During 1983-84 a record level of 14.4 million acceptors was reached.

The continued high rate of population growth revealed by the 1981 census has caused great concern. The National Health Policy adopted in 1983 has set a long-term demographic goal for the country to reach a replacement level of fertility, that is, a net reproduction rate of 1.0 by the year 2000 at the feasible level of

mortality. This would imply a birth rate of 21 per thousand, a death rate of 9 per 1000, an infant mortality rate (IMR) of 60 per 1000 live births and a life expectancy at birth of 64 years.

With the present crude death rate of around 12 per one thousand and continuing declining trend of mortality the goal of death rate is not difficult to achieve. As for the infant mortality rate it seems to have reached a level of around 114 and has remained stagnant. However, the prospects for a decline in this rate are bright. Some simple remedies now available for preventing tetanus and other infections arising at the time of birth and for control of diarrhoeal diseases which is a leading cause of infant mortality, can be easily applied even in rural areas. These together with improvement in female literacy should help to bring down the IMR to the level of 60 per one thousand. (Table omitted)

The birth rate has shown a decline of about 8 points from a level of 41 to the current 33 per one thousand. As a result of the execution of the family planning programme, 36 million couples in the reproduction ages were effectively protected as of April 1984. This constitutes 29 per cent of all the couples in the reproductive ages. The demographic goal for 2000 A.D. implies a couple protection rate of 60 per cent. The momentum gained by the family planning programme and the rising trend in age at marriage are favourable to a continued rise in the couple protection rate. However, at present 80 per cent of the couple protection is through sterilisation. In order to raise the couple protection rate to 60 per cent, it would be necessary to raise protection through other methods and to provide contraceptives among younger couples for spacing. As steps in this direction have already been initiated, it should be possible to achieve the fertility goal also for 2000. With the achievement of these goals, population is likely to stabilise in the middle of the 21st century at around 1,300 million. With the decline in birth and death rates, the age distribution of the population will undergo change. While the low birth rate and fewer births will reduce the percentage of children in the population, the rising expectation of life will

raise the percentage of old population. Thus though the dependency ratio may decline, the increase in the aged population will increase the social security burden on the country.

K. Srinivasan & U.P. Sinha

Notes on Population Trends

- 1 Includes the projected population of Assam.
- 2 For the purpose of comparison of demographic indicators over different censuses, the 1981 figure is exclusive of Assam whereas for the renaming years it is inclusive of Assam.
- 3 Except for the total urban population, the other details have been taken from paper-2 of 1981, Provisional Population Totals, Rural-Urban Distribution.

This article was updated by the Central Statistical Organisation.

Sources; Census of India, 1971, *General Population Tables*, Series I-India

Part II-A(i), pp. 126 and 131; *Union Primary Census Abstract*, Series I-India, Part II-A(ii), p. (xxiv); *Registrar General Pocket Book of Population Statistics*, Office of the Registrar General, India. New Delhi, 1972, p. 65; D. Natarajan, *Extracts from the All-India Census Reports on Literacy*, Census Centenary Monograph No. 9. Office of the Registrar General, India, New Delhi, 1972, p. (ii). For 1981, Part II Special Report & Tables Based on 5 per cent sample data.
(Series of tables omitted)

Poverty

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Although poverty is a widely prevalent phenomenon, and the most concrete reality for millions of people in our land, it is not easy to give it a simple definition. 'Poor' and 'rich' are relative terms and hence a definition of poverty will call for a definition of its opposite and some norm to demarcate the two. Sometimes this problem is sought to be overcome by defining poverty in an absolute sense by stating that it is life at or very close to the subsistence or survival level. But even that is not a satisfactory definition because it still leaves the concept of 'subsistence level' undefined. It is generally accepted that what is considered as subsistence level will differ over time and from culture to culture. Hence even a definition of 'absolute' poverty becomes relative.

Perhaps what is needed is not a formal definition of poverty, but some statements of what the term conveys. In the recent discussions on poverty the term is used to depict at least three different states of affairs. First, it is common, particularly in the context of international discussions, to refer to the poor countries. In this sense India is considered to be a poor country, meaning usually that it has a very low level of per capita income. Secondly, the term poverty is used to identify individuals and groups of people within a country who are considered to be below some specified level of living explicitly recognising thereby that there are others who are not poor. Thirdly, poverty is also used to refer to the economic processes which leave large numbers of people at very low levels of living while a small section continues to become more and more affluent. Obviously, these three approaches to poverty, or three different levels of understanding of the problem of poverty, have much in common. In particular, the difference between the first and the second may not be very significant. But the distinction is important both for the diagnosis of poverty

and in deciding upon policy measures to ameliorate and eradicate poverty.

Poverty in India

The systematic treatment of India as a poor country is more than a century old. One of the earliest publications relating to the theme was Dadabhai Naoroji's book *Poverty and Un-British Rule in India* which appeared in 1871. Dadabhai calculated that the annual per capita income of an Indian at that time was around Rs. 20 and held it out as evidence of the miserable poverty of India. There were subsequent estimates also, including one by Viceroy Curzon himself for 1901, which put the annual per capita income at Rs. 30. As may be expected, there were some controversies about the procedures used in these calculations and consequently about the estimates themselves. But the figures, with all their imperfections, were enough to show that India was a poor country especially in comparison with Britain. To the Indians this was self-evident and hence their main concern was to identify the causes for the poverty of India. In the late nineteenth century and the early part of the present century there was a lively discussion on all these aspects in which many leading personalities such as Dadabhai Naoroji himself, R.C. Dutt, M.G. Ranade, G. Subramania Iyer, Gopal Krishna Gokhale and Gandhiji participated.¹ Most of them saw Indian poverty as causally related to the British domination over India and hence poverty became a central issue in the emerging nationalistic feelings of the times. The poverty of India was linked to the British exploitation of Indian resources through trade and transfer—what Dadabhai described as 'the drain' and what subsequently came to be known as 'the Drain Theory'—the British refusal to permit the growth of industries in India, the British policy of land settlement patterns in India and even the British educational system which was alleged to be meant to produce clerks for the *Raj* rather than to train people to solve the country's problems. During the course of the discussion the causes of poverty came to be more adequately spelled out. These were classified into 'external factors' and 'internal factors'. The external factors were related to the British domination. In 1928, an economist, in response to Gandhiji's invitation to identify

the causes of the poverty of India, produced a list of 'internal causes' which included too much of dependence on agriculture which was seasonal in character, the absence of industries to utilise labour regularly, the climate of the country which comes in the way of continuous and sustained work either physical or mental, "the want of the economic motive either due to the philosophic idea of renunciation of all desires, or to the continuous state of helplessness and poverty in which the people have been living and the faulty or one-sided educational system:2 In more recent discussions on the poverty of nations the tendency has been to leave aside the non-economic factors, such as climate and basic attitudes, although one major work on the subject has made them once again the crucial factors in the understanding of poverty.

Discussions on the poverty of nations assumed international dimension soon after the second world war and a well worked out 'theory', almost exclusively in terms of economic categories, was put forward in the early fifties which holds sway in university circles even today. It is known as the 'vicious circle' theory of poverty. Poor countries (more respectably referred to as underdeveloped or developing countries) were identified as those with a low per capita income with 100 U.S. dollars per annum accepted as the cut-off point. Most countries in Asia and Africa and many in Latin America were designated as underdeveloped or poor on this basis. It was contended also that low productivity per person was the basic cause of poverty. Low productivity would result in low levels of income and consequently of low levels of savings and investment which would perpetuate low levels of productivity and poverty. Thus the vicious circle was complete. Rapidly growing population would reinforce the vicious circle by exhausting whatever surplus was available for savings and investment. The remedial measures for poverty also could be inferred from the analysis—reduce growth of population, increase productivity and, where possible, augment internal resources through external aid. In many parts of the world, including India, this analysis of poverty and the policy measures flowing

from it were accepted and acted upon in the fifties and sixties.

It can be seen that low productivity occupies the central position in the diagnosis of poverty given above. A correlation between poverty and low productivity can be easily established at this level of analysis of poverty. In the poorer countries of the world, output in agriculture both per unit of land and more so per person is considerably lower than in the richer countries. The same is true of industry as well. Some explanations can also be put forward. Many poor countries of the world, particularly those in Asia, experience severe pressure on land because population is excessive in relation to land. The per capita availability of land, therefore, is very low, 0.62 acres in India in terms of the 1971 census figures. For various historical and institutional reasons, land is also very much fragmented with the average farmer cultivating a number of tiny plots scattered in different parts of his village and, not uncommonly, in other villages also. Fragmentation prevents the introduction of modern methods of cultivation and hence the technique of production continues to be primitive. Add to these the non-availability of water and the farmer's lack of education, and the inference has to be that agricultural production will be very low. Granted that over 70 per cent of the labour force is engaged in agriculture, there is enough explanation for the deep and deepening poverty of countries of this kind. The industrial sector does not present much of a contrast either. Not only it shares many of the features of agriculture, even where it can be considered as the progressive and dynamic sector of the economy, it is too small in size to provide additional employment to those engaged in seasonal operations in agriculture or to siphon off those who unnecessarily depend on agriculture or to absorb the natural increase in the labour force.

Measures to improve the overall productivity of the economy and to reduce the rate of population growth naturally suggest themselves as the steps to be taken to overcome poverty at this level of analysis. Economic policy in the early years of Independence and the first three or four five year plans was geared to these

ends. The construction of major irrigation projects, improvement of agricultural practices, provision of credit and other facilities to farmers, introduction of high yielding varieties of seeds and of the 'green revolution', expansion and rationalisation of industries, improvements in transport, generation of additional power, building up of basic and heavy industries, encouragement given to cottage and village industries — all these can be seen as efforts to increase production and productivity either immediately or in the long run. These, together with all the measures adopted to curb the growth of population by bringing down the birth rate in view of a rapid decline in the death rate, were deliberate steps taken to reduce the poverty of India.

Identifying Poverty

The policy measures listed above did not, in all cases, come up to expectations, but their overall impact was quite significant indeed. In spite of the unprecedented increase in population, the per capita income also increased. The population of India which was around 35.5 crores at the time of the beginning of the planning process in 1950-51 had shot up to above 49 crores in 1965-66 at the end of the Third five year plan. Even so per capita income during the same period increased by over 25 per cent in real terms. Production and productivity in many sectors of the economy, particularly in agriculture, also registered considerable improvement. Thus the poverty of India appeared to be receding (and with minor interruptions the trend has continued to be so). But in the early sixties considerable dissatisfaction was expressed about the approach to poverty in terms of national averages which concealed within them significant disparities. The idea that an identification of the poor within the country—those for whom poverty was a real experience - was necessary to understand the nature of poverty and to deal with it effectively gained ground. This was not altogether a new position. Even during the early years of the debates on the poverty of India Gandhiji, among others, had sought to identify those who were most affected by poverty and to do something to relieve their condition. His constructive

programme arose from such a perspective. This emphasis, however, had been relegated to a secondary position during the early years of planning when the accent was on macro-analysis and on growth of the economy as a whole.

The shift to an examination of poverty necessitated an explicit criterion to measure poverty and to identify the poor. A Study Group set up by the Planning Commission in 1961 was entrusted with the task of providing norms for the identification of poverty in India.⁴ The Committee recommended that "the national minimum for each household of 5 persons (4 adult consumption units) should be not less than Rs. 100 per month in terms of 1960-61 prices or Rs. 20 per capita" excluding "expenditure on health and education, both of which are expected to be provided by the State..." From then on an expenditure of Rs. 20 per month (at 1960-61 prices) per capita has come to be regarded to be "the bare minimum" and has been accepted as the norm to designate poverty, or to draw "the poverty line" as it is frequently referred to. When this norm was applied to the figures on consumption expenditure for 1960-61, the finding was that "half of the people live in abject poverty," i.e., below the poverty line or with per capita consumption expenditure of less than Rs. 20 per month. In subsequent discussions on poverty in India this figure, with necessary modifications to account for changes in prices, has been accepted as the guideline for the identification of poverty, although minor variations have been introduced by individual scholars in their estimates of the poor.

Estimates of the Poor

There are some half a dozen well-known estimates of the extent of poverty in India, some for the country as a whole, some separately of the rural and urban areas. The procedures adopted and the data used are not always the same and hence there are wide variations in the estimates.⁵ They also differ in their assessment of the change in the magnitude of poverty over time. P.D. Ojha used an average calorie intake of 2,250 per capita per day as the standard and on that basis estimated that in 1960-61, 19 crore persons representing

44 per cent of the total population came below the poverty line. Of these, 18.4 crore persons were in the rural areas (51.8 per cent of total rural population) and 60 lakhs in the urban areas (7.6 per cent of urban population). His estimates for 1967-68 indicated that 28.9 crore persons in the rural areas, or 70 per cent of the total rural population, were below the poverty line indicating an increase in rural poverty in the sixties. P.K. Bardhan also came to the same conclusion following a somewhat different methodology. According to him 38.0 per cent of the total rural population was below the poverty line in 1960-61, but the figure went up to 73.2 per cent in 1967-68. B.S. Minhas's estimate showed rural poverty progressively coming down from 1956-57 to 1967-68. He estimated 21.5 crore people to be below the poverty line in 1956-57 constituting 65.0 per cent of the rural population with the figure coming down to 21.0 crore in 1967-68 i.e., 50.6 per cent of total rural population of that year.

The most commonly referred to estimates of poverty in India are those made by V.M. Dandekar and N. Rath. Dandekar and Rath first accepted a per diem intake of 2,250 calories per person as the minimum required under Indian conditions and on this basis estimated that in 1960-61 about a third of the rural population and nearly half the urban population lived on diets inadequate even in respect of calories. Then they took the Study Group's figure of Rs. 20 per month per person as the national minimum and taking food habits and prices into account arrived at a figure of Rs. 15 per month for rural areas and Rs. 22.5 per month in urban areas as the corresponding amounts required for a minimum level of living. On this basis they calculated that in 1960-61 about 40 per cent of the rural population and about 50 per cent of the urban population lived below the desirable minimum. In absolute numbers their estimate was that in 1960-61 between 17.5 crore to 18 crore people in the country lived on diets inadequate even in respect of calories.

The Sixth five year plan (1980-85) document reports that in 1977-78, 50.8 per cent of the rural population, 38.2 per cent of the urban population and 48.1 per cent of the total population lived below the poverty line. As

already indicated these different estimates of the poor in India are not strictly comparable. But two conclusions seem to be in order. First, there is little evidence to show that the percentage of population below the poverty line may have declined much, if at all, during the past two or three decades when the poverty of India appears to have decreased a little. Secondly, and more conclusively, the number of people below the poverty line has increased during this period, reaching a staggering total of over 30 crore according to the latest official estimate. The poverty of India seems to have decreased, but the poor in India have increased. Is this possible? If so what does it tell us about the nature of poverty?

Poverty and Population

The growth of population would appear to be one reason for the absolute increase in the number of people below the poverty line. Studies on the relationship between poverty and population have shown that the poorer sections, on the whole, have larger numbers per household than the more well-to-do.⁶ And certainly one reason for low levels of consumption at lower levels is the fact that there are more dependents per earner in such cases. But these findings should not lead to an identification of population growth as a cause of poverty and a reduction in population as the best procedure to eradicate poverty. The relationship between poverty and population is neither so simple nor straightforward. The frequently heard argument that a reduction in the growth of population can lead to an increase in per capita income and thus to a reduction in poverty is rather naive, if not fallacious. Even if a reduction in population growth improves per capita income in an arithmetic sense, it is not clear how it will bring about any difference to the poverty of the poor. A reduction in the family size of upper income groups in urban areas, for instance, is no solution to the poverty of the rural agricultural labourers, however satisfactory it may be from the point of view of national statistics on population. Even in the case of the poor (say an agricultural labourer family) a reduction in family size will have the desired effect on the poverty situation only if it will reduce

expenditure on dependents more than it will reduce earnings by members of the family over a period of time. If in the 'national interest' a fall in the rate of growth of population is desired, a family of peasants or agricultural labourers will be convinced about the desirability of reducing their own family size only if the reduction in infant mortality suggests to them that children born have a reasonable chance of attaining adulthood and if improvement in economic conditions will enable them to see that the family's earnings through its adult members will be adequate for their needs. Both these conditions are closely linked with the rising standards of living of those at the bottom. Hence the reduction in the growth of population is likely to come about with reduction in poverty rather than the other way around. This is, of course, no argument against a proper educational programme to help people, particularly the poor, to understand that they can limit the size of their families if they so desire.

Identification of the Poor

Minhas and Dandekar-Rath have tried to identify groups of people who come below the poverty line. According to Minhas, "A large bulk of the rural poor belong to: (i) agricultural labour households without land, which formed 58 to 61 per cent of all agricultural labour households between 1956-57 and 1963-64, (ii) other rural labour households without land, (iii) agricultural labour households with land, which formed 42 to 39 per cent of all agricultural labour households between 1956-57 and 1963-64, and (iv) all small land operators, operating holdings below 5 acres in size."⁷ Dandekar-Rath also show that "rural poverty at the lowest level is largely accounted for by the agricultural labour households,"⁸ of whom about 60 per cent were estimated to be landless and consequently depending solely on their personal labour for their livelihood. Agricultural labour households, according to the calculation of Dandekar and Rath, constituted about a half of the rural poor, the remaining being small cultivators and village artisans. As for the urban poor, Dandekar and Rath are of the view that they "are an overflow of the rural poor into the urban area. Fundamentally, they belong to the

same class as the rural poor. However, as they live long enough in urban poverty, they acquire characteristics of their own. Little is known of their life and labour in the growing cities."⁹ To these must be added the statement in the Fourth five year plan document to the effect that the poorest ten per cent of the population "consists mostly of destitutes, disabled persons, pensioners and others who are not fully in the stream of economic activity."¹⁰ Thus the poor in the country can be said to consist of three specific groups: (i) those who are not fully in the stream of economic activity, (ii) those who have nothing other than their personal labour to earn a livelihood, and (iii) those with very little land or other resources to support them in their effort to earn a living.

Basis Cause and Suggested Remedies

If the poor consist of these groups, it is necessary to re-examine whether the causes of poverty enumerated earlier—particularly low productivity—are indeed the basic cause of poverty. The poor, it would appear, are those who are denied the opportunity to enter fully into the production process, or are not in a position to get a due share of the produce because they have little or no access to non-labour resources whose ownership is seen to be the key factor in determining the process of production and the share in the produce. If so, poverty is related not primarily to production but to distribution. The distribution referred to here is not the distribution of the produce, although it is the unequal distribution of the produce—of income and consumer expenditure—that forms the visible manifestation of poverty. But the basic *cause* of poverty must be the unequal distribution of the resources of the economy which determines the pattern of production and accessibility to social services and also the way in which the produce is distributed. Dandekar and Rath rightly observe: "At the root of the inequitable distribution of the national product is the inequitable distribution of the means of production."¹¹ And the means of production are very unequally distributed in India. This was clearly established in the early sixties by the official Committee on the Distribution of Income and Levels of Living (1964). According to the findings of the

Committee, the top one per cent of households in the country owned 16 per cent, the top five per cent owned 40 per cent, and the top 10 per cent owned 56 per cent of land holdings, while the lower 50 per cent owned only four per cent of the land and the bottom 20 per cent did not have any land at all. Similarly, the top 10 per cent of houseowning households in the urban sector accounted for 57 per cent of the total wealth held in the form of owner-occupied houses and the top 20 per cent accounted for 73 per cent of houses, while the bottom 10 per cent owned only one per cent of house property. As for the ownership of industrial capital, it was estimated that the top one-tenth of one per cent of households, when ranked by dividend income, own more than half of the total personal wealth in the form of shares. Such a comprehensive examination of asset distribution has not been done since then, but successive rounds of the National Sample Survey show that although there has been some reduction in the inequalities of land ownership the heavily skewed distribution still continues. The findings of the All India Debt and Investment Survey 1971-72 conducted by the Reserve Bank of India and quoted in the Draft Five Year Plan 1978-83 show that 20 per cent of rural households, each having less than Rs. 1,000 of assets, account for less than 1 per cent of all rural assets, while 4 per cent households with asset-values of Rs. 50,000 or more own over 30 per cent.

These features make it possible to distinguish between the poverty of India, represented by low levels of per capita income reflecting low levels of production and productivity, and the condition of close to 50 per cent of the people in India described as being below the poverty line. Whatever may be the causes of the former, the latter is the direct consequence of the heavy concentration of the ownership of the means of production which excludes many from putting the only resource they have—personal labour—into productive use and denies them a due share in the total product. This realisation of the nature of poverty has also led to a re-examination of the measures to eradicate poverty. It is now widely recognised that increase in production or 'growth' alone is no

effective solution to poverty and that redistributive measures have to be taken up along with growth if the benefits of growth are to reach those who are really poor. In the Indian context this came to be known as the New Strategy of Development. Officially, it was first stated in the Approach to the Fifth Plan 1974-79. According to the document: "The twin causes of poverty are underdevelopment and inequality. It is inadmissible to ignore or underplay either factor. The problem cannot be overcome within the foreseeable future by efforts in one direction only. No rate of growth that can be realistically envisaged could make a major impact on the problem within the foreseeable future if inequality remains as acute as at present. Nor could any feasible egalitarian policies alter the position significantly in the absence of an accelerated rate of growth."¹² The necessity to have direct measures to reduce poverty has received international recognition also. The World Bank's World Development Report, 1978, for instance said: "Past experience has served to create a broad consensus about the goals for the future. The development effort should be directed towards the twin objectives of rapid growth and reducing the numbers of people living in absolute poverty as rapidly as possible—Rapid growth and alleviating poverty are inextricably linked... Special action programmes to improve the quality of life of the poor should be an integral part of a development strategy, but they need to be accompanied by growth in productivity and incomes to expand the resources available to raise living standards."

A number of 'special action programmes, to improve the quality of life of the poor' have been suggested. Dandekar and Rath, who share this view of fighting poverty, have recommended a massive employment programmes under State auspices and to be financed by additional taxation of the rich. The *garibi hatao* thrust of the draft Fifth Plan indicated reducing the consumption of the rich to divert resources to increase the incomes of the bottom 30 per cent although no operational strategy for such a transfer of resources or the reorganisation of production for this purpose was spelt out. It must be recalled also that

special schemes and programmes to bring in an element of social justice and to support 'the small man' as the Second five year plan put it, have always formed a part of our economic policy, particularly from the commencement of planning. In the early stages the emphasis on land reforms was meant to achieve this objective. So was the special position always accorded to village and small scale industries. In the late sixties and early seventies, several policy measures to reach the 'weaker sections' were taken up. The Small Farmers Development Agency (SFDA) and the Agency for Marginal Farmers and Agricultural Labour (MFLA) and steps taken to give house sites to agricultural labourers in the rural areas and housing schemes for slum dwellers in urban areas have all been measures of this kind.

The *Sixth five year plan (1980-85)* has adopted a strategy of "moving simultaneously to strengthen the infrastructure of both agriculture and industry so as to create conditions for an accelerated growth in investments, output and exports, and to provide, through special programmes designed for the purpose, increased opportunities for employment especially in rural areas and the unorganised sector and meet the minimum basic needs of the people." The document states further: "An increase in the productive potential of the rural economy is an essential condition for finding effective solutions to the problem of rural poverty. At the same time, recognising the constraints which limit the scope for higher growth rate in medium-term more direct means of reducing the incidence of poverty and destitution would have of be employed ... Households below the poverty line will have to be assisted through an appropriate package of technologies, services and asset transfer programmes."

Systemic Approach to Poverty

It is too early to evaluate the full impact of the special action programmes on the eradication or amelioration of poverty in the country. But the basic philosophy underlying the approach seems to be that growth is for the rich and distributive justice for the poor. An examination of the development process in the

past lends support to the view. Dandekar and Rath gave special attention to this aspect in their study of poverty in India. Examining the experience of the sixties (specifically the period from 1960-61 to 1967-68) they came to the following conclusions:¹⁴ "The consumption of the 20 per cent poorest rural population increased by less than 2.0 per cent in seven years from 1960-61 to 1967-68 and the consumption of the poorest 5 per cent actually declined by about one per cent. The consumption of the lower middle sections lying between 20-40 per cent increased by between 2.2 and 2.6 per cent; that of the middle sections lying between 40-60 per cent increased by between 3.7 and 4.1 per cent; and the consumption of the upper middle and the richer sections constituting the upper 40 per cent of the population increased by 4.4 per cent. It is possible that the consumption of the richer sections such as the top 10 or 5 per cent actually increased by even more." As for the urban sector: "The lower middle and poorer sections constituting bottom 40 per cent of the urban population have not benefited at all by the economic development of the past decade. Indeed the evidence is that their per capita consumption has declined and greatly so among the poorest 10 per cent... The per capita consumption of the middle sections lying between 40-60 increased by between 1.0 and 3.0 per cent; of the upper middle and richer sections constituting the top 40 per cent of the urban population, the per capita consumption increased by 4.8 per cent. All visible and audible evidence points to the possibility that the consumption of the richer sections, the top 10 per cent or the top 5 per cent certainly has increased much more greatly." Their views on this subject have not gone unchallenged. In particular, it has been argued that it was the slow and inadequate growth of the sixties that resulted in such unequal distributions of benefits and that more adequate and sustained growth would remedy these problems. But there is no evidence to support that contention. In fact the Sixth five year plan (1980-85) document frankly admits: "In spite of various measures taken so far, there has been no significant dent yet in the problem of income disparities. While this is attributable partly to

the limitations of the measures adopted and shortcomings in their implementation, the development process itself has also tended to benefit more the favourably placed sections of the community."

A question that needs to be examined in this connection is whether the problem is with the development process itself or with the socio-economic system which determines the dynamics of development. A proper understanding of poverty calls for such a systemic approach to it.¹⁵ The draft Five Year Plan 1978-83 document gave a clue to the question. Dealing with the pattern of industrial development of the past it said: "The pattern of industrial development that has emerged obviously reflects the structure of effective demand, which is determined by the distribution of incomes. An unduly large share of resources is thus absorbed in production which is related directly or indirectly to maintaining or improving the living standards of the higher income groups." In sum, what determines the pattern of production—what goods will be produced, what techniques of production will be used and how the produce will be shared—is determined by the pattern of demand which is determined by the distribution of income which, in turn, depends largely on the distribution of resources. Hence it is important to examine how the extremely skewed distribution of resources of the kind we have and the production processes interact and what the natural outcomes of such interactions are. In terms of the distribution of resources the vast majority of people in our economic system can at best expect to survive while a small minority almost automatically have a surplus and can get this surplus to grow. The production processes in the economy are directed by this affluent minority, naturally in their own interest. What is usually described as economic growth is the increase in the goods and services available to them and their increasing surplus. The natural propensity of the system, therefore, is to respond to the requirements of those who own and control resources, and in that process make those who have little resources even more dispossessed. This is the clue to the paradox noted earlier of the poverty of India getting

reduced without much of an impact on the poor in the country. In other words, the growing affluence of the few (which in an arithmetic sense shows a rising *average* level of living) and the continuing misery of the many are the twin manifestations of the normal dynamics of an economy like ours, where production decisions are based not on considerations of social priorities, but on the strength of the economic power of those who own and control the resources. Mass poverty of the kind we have is, therefore, an aberration of our economic order, but is intrinsically related to its natural functioning. In this sense a legitimate conceptualisation of poverty is that it is a socio-economic order where the resources available to society are used to satisfy the growing wants and accumulative urges of a few while the many do not have even their basic needs met.¹⁶ One of its implications is that although it may be possible to identify the poor in terms of some objective criteria, it is not possible to remedy poverty in terms of what is done for those who are designated as the poor because their poverty is the consequence of the total operation of the economic system. Neither can poverty be eradicated through efforts to stimulate or direct the working of the system; a radical reorganisation of the basic features of the system and that more adequate and sustained growth would remedy these problems. But there is no evidence to support that contention. In fact the Sixth five year plan (1980-85) document frankly admits: "In spite of various measures taken so far, there has been no significant dent yet in the problem of income disparities. While this is attributable partly to the limitations of the measures adopted and shortcomings in their implementation, the development process itself has also tended to benefit more the favourably placed sections of the community."

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A Social and Political Task

The systemic approach to poverty suggests that major changes in the structural characteristics of the economy and its working arrangements are necessary if the objective is not merely to do something for the poor, but to eliminate the conditions that generate and perpetuate poverty. The pattern of the ownership of resources is the most important structural aspect of the economy. Without a substantial reduction in the existing concentration of the ownership of resources, especially land, there can be no effective solution to poverty. Along with it must be brought about necessary changes in the working arrangements of the economy to ensure that production decisions are made not on the basis of profits and growth for the few, but of social considerations of meeting the needs of all. The changes required in the structure and working of the economy cannot come about from its own dynamics, but must be brought about through a deliberate exercise of social power. In this sense the eradication of

poverty is a political task, and the prospects for the future will depend on the extent to which the political processes are geared to the purposive mobilisation of social power to achieve a major transformation in the socio-economic order.

Christopher Thomas Kurien

Notes on Poverty

1. B.N. Ganguli, *Indian Economic Thought-Nineteenth Century Perspectives*, Tata McGraw-Hill Publishing Co. Ltd., New Delhi, 1977.
2. This has reference to a series of articles written by C.N. Vakil and published in *Young India* July and August 1928 and reproduced in C.N. Vakil, *Poverty, Planning and Inflation*, Allied Publishers Private Ltd., New Delhi, 1978.
3. Gunnar Myrdal, *Asian Drama—An Inquiry into the Poverty of Nations*, Penguin Books Ltd., Harmondsworth, 1968.
4. T.N. Srinivasan and P.K. Bardhan (ed), 'Perspective of Development : 1961-1976', *Poverty and Income Distribution in India*, Statistical Publishing Society, Calcutta, 1974.
5. P.D. Ojha, 'A Configuration of Poverty : Inequality and levels of Living', *Reserve Bank of India Bulletin*, January 1979; P.K. Bardhan 'The Green Revolution and Agricultural Labourers', *Economic and Political Weekly*, Special Number, July 1970; B.S. Minhas, 'Rural Poverty, Land Distribution and Development', *Indian Economic Review*, April 1970; and V.M. Dandekar and N. Rath *Poverty in India*, The Ford Foundation, New Delhi 1970, (subsequently serialised in *Economic and Political Weekly*, January 2 & 9, 1971).
6. "The average size of a household in the poorest 10 per cent of the rural population is 5.87.....As we move through the successive ten per cent sections of the population with increasing per capita consumer expenditure, the average size of the household steadily declines until for the richest 5 per cent population, it is as low as 3.78. The phenomenon is even more marked in the urban area. Here, in the poorest 10 per cent

of the population, the size of the household is as large as 6.09.. It declines steadily and rapidly as we move to the better sections until for the richest 5 per cent of the population, the size of the household is as small as 2.25." V.M. Dandekar and N. Rath *op.cit.*, pp 14 & 17.

7. B.S. Minhas, *Planning and the Poor*, S. Chand and Company (P) Ltd., New Delhi, 1974, p.73.
8. V.M. Dandekar and N. Rath *o.p. tit.*, p.23.
9. *Ibid.* , p.25
10. Government of India, Planning Commission, *Fourth Five Year Plan, 1969-74*, p.33
11. V.M. Dandekar and N. Rath *op.cit.*, p. 69.
12. Government of India, Planning Commission, *Approach to the Fifth Plan, 1974-79 (January 1973)*, p.1
13. *The World Bank, World Development Report, 1978*, p.1.
14. V.M. Dandekar and N. Rath *op. cit.* p. 38 and pp. 40-44.
15. C.T. Kurien, *Poverty, Planning and Social Transformation*, Allied Publishers, Private Ltd., New Delhi, 1978.
16. *Ibid.*, p.8

Pre-School Education

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Pre-school education refers to the education of the young child, usually 3 to 5 or 6 years of age, that is, up to the age of entry into primary school. The aim is the total integrated development of the child. The objectives of pre-school education as drawn up by the National Council of Educational Research and Training and subsequently approved by the *Kothari Education Commission*¹ are: (i) to develop in the child a good physique, adequate muscular coordination and basic motor skills (ii) to develop in the child good health habits and to build up basic skills necessary for personal adjustment such as dressing, toilet habits, eating, washing, cleaning etc; (iii) to develop desirable social attitudes and manners; and to encourage healthy group participation and making the child sensitive to the rights and privileges of others; (iv) to develop emotional maturity by guiding the child to express, understand, accept and control his feelings and emotions; (v) to encourage aesthetic appreciation; (vi) to stimulate intellectual curiosity and to help him understand the world in which he lives and to foster new interests through giving opportunities to explore, investigate and experiment; (vii) to encourage independence and creativity by providing the child with sufficient opportunities for self-expression; and (viii) to develop the child's ability to express his thoughts and feelings in fluent, correct, clear speech.

Brief History of Pre-School Education in India

Organized pre-school education was unknown in India almost upto the end of the nineteenth century. It is around this time that the European missionaries introduced the concept of kindergarten education for the first time. In the nineteen-twenties the Nutan Bal Shikshan Sangh was set up in Maharashtra to work for the cause of child education. Madam Montessori's visit to the country in the late

thirties provided a fillip to the movement. Soon Montessori Schools sprang up all over the country, particularly in Madras, Maharashtra and Gujarat. Gi-jubhai Badheka and Tarabai Modak in western India and the Arundales in the south were some of the pioneers who took up the cause. Gandhiji's philosophy of basic education gathered momentum around the same time. The Aryanayakams and their colleagues in Wardha extended it to the pre-school stage and termed it pre-basic education. Disciples of Gandhiji like Jugat-ram Dave and Nanabhai Bhatt worked extensively on this system. These experiments were followed by the setting up of the Kasturba Gandhi National Memorial Trust under the auspices of which many centres were established for training women to work in rural balwadis. In 1945 Tarabai Modak, inspired by Madame Montessori, started a pre-school teacher training institution at Bordi, Maharashtra, from where she moved it to Kosbad hills to work for the tribal children. The anganwadis as conceived by Tarabai took pre-school education literally to the doorsteps of the tribal children.

Since independence, there has been a growing awareness of the significance of early childhood and the need to provide care and education for the young child. The fifties saw the setting up of the Central Social Welfare Board which made headway in giving grants to voluntary organisations for welfare services. This step led to considerable expansion of pre-school education in rural areas. In 1959, a Sub-Group on Child Welfare set up by the Working Group on Social Welfare made a recommendation that it was necessary to create a new cadre of child welfare workers with training in the new integrated approach, covering preschool education, preventive health, nutrition, recreation and social work. To meet this end, the Indian Council for Child Welfare was given the necessary financial support to start the balsevika training programme. The first pilot centre was started in 1962. Under the Third five year plan (1961-66), pre-school education received some attention. In 1963, the Ministry of Education opened a child study unit in the National Council of Education Research and Training with the

objective of conducting studies on the child and evolving methods of childhood education.

The Education Commission (1964-66) recommended expansion of pre-school education facilities, particularly to children from disadvantaged areas, and fixed the target of enrolment of five per cent of children in the age group of 3 to 5 years. The Committee on Programmes for Child Welfare, however, went a step further in 1968 and recommended that the enrolment should be expanded to cover 10 per cent of children of 3 to 5 years within a period of 10 years.² In 1971, The Ministry of Education set up a study group to prepare a programme of action for the development of the pre-school child. The group in its report indicated in detail the different models of pre-school programmes that would be required to meet the target of making such education available to 10 per cent of the children in the 3-6 age group.

During the Fifth five year plan, the Integrated Child Development Services Scheme was launched in 1975 on an experimental basis in 33 selected project areas. One of the components of the scheme is nonformal pre-school education. The other services are supplementary nutrition, immunisation, health check-up, referral, health and nutrition education. By March 1981, 200 projects were sanctioned. The Sixth Plan (1980-85) target was to have 1,000 projects.

Thus it is clear that pre-school education has received considerable attention from both government and voluntary organisations. However, it needs to be stressed that in spite of the recommendations made by several committees, pre-school education facilities even at the moment cover only about 5 per cent of the total population in the age group of 3 to 6 years.

Significance of Pre-School Years

There is a growing awareness of the crucial significance of the pre-school years for the optimum development of the child not only in India but the world over. During the sixties and seventies a large number of research studies and intervention programmes were initiated to study and help the pre-school child. No

conclusive evidence is as yet available; yet the direction of results indicates the significance of the early years.

Hunt,⁴ for example, in early sixties came out with the provocative work on "Intelligence and Experience" which, on the basis of both human and animal studies, showed that the development of intelligence was based on the interaction between genetic potential and the quality of environment. This was soon backed by Bloom⁵ when he stated that the rate of development, particularly intellectual development, was most rapid in the early years of life and that environmental enrichment or deprivation makes its maximum impact on the organism during the period of its most active growth. Side by side with their studies came the studies of Bernstein⁶ on English families, Smilanski's⁷ on Israelis, Hess and Shipman's⁸ on American Negroes which showed distinct differences in child rearing patterns between the different socio-economic groups. It was seen that at the point of school entrance children from the disadvantaged homes were not quite as well equipped in cognitive, verbal and attention-al skills as compared to their relatively affluent counterparts, and that thus they started school with a handicap. All these studies advocated an appropriate compensatory education programme to help these children acquire the necessary skills for learning and adjusting in the school. As a result came a large number of intervention studies such as Head Start, Gray and Klaus' Early Training Project, Deutsch's Preschool and Early Elementary Education Project, Weikart's Perry Pre-school Project etc. Around the same time, in the United Kingdom the Plowden Education Commission was appointed. It recommended that facilities for early childhood education should be increased considerably and play centres should be started to help a larger number of pre-school children. The U.S.S.R. is another country where preschool education is available to a large majority of children. Pre-school teachers in the USSR are carefully trained and supervised, the curriculum is spelt out in detail, and the best of buildings are made available to these schools.

Pre-school years are thus considered crucial in these different cultures. The foundation for later development is laid at this stage. Damage or impoverishment suffered at this stage is likely to be irreparable. Particularly in India, the problems encountered at this stage are stupendous. First of all, we have approximately 137 million children in the age group 0-6 years constituting about one-fifth of the total population. The rate of infant mortality is very high— 125 in 1978. Malnutrition is another major problem that complicates matters and leads to increased mortality and morbidity in young children. Yet another problem that has been plaguing our schools for the past thirty years is the high rate of wastage and stagnation which is at its worst in the early primary classes. It is as high as 60 per cent; only 40 per cent of children entering class I reach class III without any break. This leads to colossal wastage of resources. Another problem which is peculiar to India is the low rate of adult literacy and the poverty of the parents. The bulk of the children are thus by and large first generation learners and are deprived of stimulation at home, as the parents being poor and illiterate are not in a position to give them much support. Therefore, the responsibility to give stimulation and compensatory education has to be borne by organized agencies such as pre-schools.

Programmes in Pre-Schools

There is a good deal of confusion in India regarding programmes in pre-schools. A large number of pre-schools, particularly in urban and semiurban areas, operate as downward extensions of primary schools, making children sit in well formed rows and teaching them to read, write and count. The activities followed in such schools are mostly geared to the demands of the primary school. This is partly because of the parents' pressure and partly due to expectations of the primary schools that the pre-schools develop formal skills of reading and writing before the children enter class I.

Parents and teachers need to be convinced of the fact that the pre-school programme does not aim at teaching the three R's. It aims at the total integrated development of the child and helps to make him ready for school. The

programme provides activities for the child's muscular development, language development, socio-emotional development, cognitive development and development of creativity.

Activities such as climbing, swinging and running occupy an important place in the pre-school curriculum not only because these activities help him to develop the required large muscle coordination but also because it gives him a great deal of joy. Similarly, activities like threading the beads, cutting, tearing, pasting, drawing, etc., help him to develop his finer muscle coordination. This in turn helps him to wield the paper and pencil when he goes to the regular school.

Habits of health and hygiene need to be developed from early years. Habits such as washing hands before eating, brushing the teeth regularly, bathing, keeping one's clothes clean, keeping the surroundings neat, etc. can be inculcated in children through activities such as story telling, puppetry, free conversation, etc. Similarly, desirable social attitudes and manners are also developed at the pre-school stage. Taking turns to play with toys, sharing play materials or food with other children, respect for school's property as well as for his own, conforming to the demands of the group, and so on are learned by children in pre-schools through various kinds of activities. For instance, children very soon learn that the school cannot maintain sets of toys and equipment for every child; if they want to play, they have to share them; that each one has to wait for his turn and cannot rush for the same toys or equipment at the same time. By proper and careful handling on the part of the teacher, children gradually gain better emotional control; they are able to take 'No' for a response and learn to work according to the demands of the group.

Cognitive development is another area on which the pre-school curriculum should place a lot of emphasis. This is particularly true for children from disadvantaged homes. Opportunities for development of language and concepts are crucial for these children as many of them come from homes where exposure to language is minimal. These children first of all get very little opportunity to use and listen to

language and, secondly, the language model to which they are exposed is most often faulty. Such children when they start regular schooling are found to have a limited vocabulary; their spoken language itself is often faulty; they are not able to discriminate between the various sounds; and their speech is often not clear. Children from such homes need plenty of exercise in speaking. The pre-school teacher should avail of every possible opportunity to get the children to talk or to listen to good language. Activities such as free conversation, dramatisation, story telling, puppetry, picture book reading etc. are of immense importance in the pre-schools. These language experiences not only improve the child's language but also help him to develop concepts. By drawing up the curriculum carefully it is possible to give opportunities to children for the development of concepts. Concepts of form, number, etc., need to be developed in children before they enter a primary school. Games such as 'Pick out the round shaped objects in the class-room', help the children to understand what is 'round'. Similarly games can be played to strengthen the pre-number concepts in children such as many-few, long-short, beginning-middle-end, thick-thin, etc. Colour concepts can be developed in children through games involving matching, identification, naming etc. Research studies⁹ show that rural children are far behind in colour concepts in spite of the fact that colour is all around the rural children. It must be only because the adults had not taken the trouble to point out to children what is 'blue' or what is 'yellow'. Pre-school curriculum, therefore, should involve a large variety of experiences which help the child in his concept formation.

The numerous experiments of Piaget, the well-known developmental psychologist, have shown that development is sequential in nature and that, though it appears to be not too fruitful to train the child in specific concepts, it is possible to help the child in his development from one stage to the next by giving him a wide variety of simple experiences at a level at which he can understand. But what children from deprived homes lack is this richness in experience. Through activities such as identification, matching and seriation, children

are to be encouraged to discover for themselves similarities and differences and to classify the stimuli accordingly. Disadvantaged children need a more structured curriculum which is geared to bridge the gaps in their day to day life. However, it does not mean that it should go to the extent of complete drilling or rote learning. What is required is to take into account the child's needs and his assets and deficits and to work out a curriculum which should help him to give a head start in life. It is, however, important that the programme is developed around the child's environment so that it becomes meaningful to him. It should aim at arousing the child's interest in his environment and should lead to awakening his curiosity to know more about it.

At times such a programme may come into conflict with what is traditionally accepted in the society. For instance, a programme of encouraging the child to think, question, reason and then arrive at a conclusion on his own may go against the time-honoured authoritarian child-rearing practices that are used in the homes. Reasoning or arguing with an adult is frowned upon by the society. Under such circumstances, parent education programme becomes essential for the success of the pre-school programme. Pre-schools, however efficient they are, cannot stimulate the children adequately unless they work in close collaboration with parents. The parents should know what the objectives of pre-school education are, how the school aims to fulfil these objectives and what role the parents can play in helping the school to achieve the objectives. Pre-schools in countries like India are required not only to guide the children but also to educate the parents. In fact, many a rural development programme can be built round the pre-schools so that these programmes become vital and meaningful to the parents.

Experiments in Pre-School Education

Many innovative experiments have been done in India in the field of pre-school education. Though coverage in terms of percentage of children availing such facilities are limited, India is one of the countries where a

good deal of serious work has been done in pre-school education as well as pre-school teacher education. Finances have always come in the way of expansion of facilities. Yet some of the innovative projects can serve as useful models for future expansion of the programme.

Tamil Nadu Pre-School Scheme:

In 1962, Tamil Nadu launched the scheme of rural pre-schools in a large number of villages. These pre-schools employed local village women with minimum educational qualifications as teachers on a small honorarium. They were given a short training course and were supplied with a set of play materials. Accommodation was provided by the village community. The chief advantage of the programme is that it is a local programme and it provides a low cost model for reaching the pre-school children. However, it needs further strengthening, particularly in teacher training. More follow-up training courses have to be organized so that the village women are able to handle children better. With more careful teacher training and continuous guidance from good supervisors, this scheme will provide a good model for work in other states as well.

KOSBAD SCHEME: The Gram Bal Shiksha Kendra, Kosbad, under the leadership of Shrimati Tarabai Modak, began a programme of education for the tribal children of Kosbad Hills. It now runs a complex of educational institutions beginning from a balwadi to a high school, training institutions for teachers at different levels and a workshop for educational materials. Tara-bai's famous Meadow School where teachers went to the meadows to teach the children who could not leave their cattle, was a model which was tried out years ago in nonformal education. Similarly, her angan-wadi which she ran in village courtyards or under the trees, was an eye-opener to people working with pre-school children. The trainees of Kosbad after full training in the institutions are sent to the villages to set up anganwadis to devise play equipments out of locally available materials and elicit community support. What is important in this model is the careful institutional training that the balsevikas receive before they are sent to the field.

MOBILE CRECHES: The mobile creches experiment was started in 1969 by the late Meera Mahadevan for children of migrant construction workers of Delhi. This experiment has proved successful and by the end, of 1980 covered 101 centres in Delhi and 47 in Bombay. The programme offered by these centres is a composite one comprising health care, supplementary feeding and creative and educational activities for children from birth to twelve years. These centres are set up at large-scale construction sites and are run till the construction is completed, after which they are shifted to other sites. The staff of the mobile creches are trained on the job by a team of trainer-supervisors, as the organisers are of the opinion that in view of the special nature of the problems the community presents, on-the-job training is far more desirable than any kind of pre-service institutional training. The success of this model, therefore, depends on the availability of continuous in-service training.

OTHER MODELS: Gandhigram (Tamil Nadu) runs a chain of balwadis in the rural areas in and around Gandhigram. The balsevikas trained in Gandhigram run these village balwadis. They are given regular refresher courses by the university staff. The State of Rajasthan has gone a step forward by starting a project for establishing play centres attached to primary and upper primary schools in Rajasthan. The teachers of classes I and II are given charge of the play centres by reducing the working time for the early primary classes, thus avoiding the additional cost of employing a separate teacher. This programme is in operation in 35 lower primary schools of Rajasthan under the extension services centres.

The variety of these models makes it clear that there is a growing awareness of the need and importance of pre-school education. Yet it should be admitted that the coverage of children is still very minimal. Though one committee after another has underlined the importance of such education, adequate financial allocations have never been made for its expansion.

There is a good deal of variation from state to state with regard to the interest and effort taken in furthering preschool education. There are certain areas where no significant work has yet been started at all. Much needs to be done if at least a sizeable proportion of children in the age group of 3 to 5 years have to be given the facilities of this education.

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Notes on Pre-School Education

1. *Educational and National Development : Report of the Education Commission 1964-66*, Ministry of Education, Government of India, New Delhi, 1966.
2. *Report of the Committee for the Preparation of Programme for Children*, Department of Social Welfare, Government of India, New Delhi, 1968.
3. *Report of the Study Group on Development of the Pre-school Child*, Ministry of Education and Social Welfare, Government of India, New Delhi, 1972.
4. J. Hunt, *Intelligence and Experience*, The Ronald Press, New York, 1961
5. B. Bloom, *Stability and Change in Human Characteristics*, John Wiley, New York, 1964.
6. B. Bernstein, "Language and Social Class" *British Journal of Sociology*, 11, 1960, pp.271-276.
7. S. Smilanski, "Evaluation of Early Education", *Educational Studies and Documents*, UNESCO, 42, 1961, pp.3-17.
8. R.D. Hess and V. Shipman, "Early Experience and the Socialization of Cognitive Modes in Children", *Child Development*, 36, 1965, pp.887-898.
9. R. Muralidharan, "Developmental Norms of Indian Children, 2V2 years to 5 years", Department of Psychology and Foundations of Education, NCERT, New Delhi, 1970 to 1972 (Mimeo).
10. Devika Singh, "Mobile Creches" in Government of India, *Profile of the Child in India, Part II*, Ministry of Social Welfare, 1982.

Prisons and Prison Reforms

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Prisons are known to have existed throughout history. Originally the dungeons of old castles were used for confining enemies and rivals for enforcing on them the conditions of release. But this was private or political use of prisons. Later, they were used for detaining offenders while awaiting trial or until such time as punishment was meted out. Sentencing offenders to terms of imprisonment is comparatively a recent development. It started in the fifteenth century and became a major form of punishment in the nineteenth century. Prisons were managed by private persons trying to make profits which resulted in corruption and cruelty. Gradually, influenced by the writings of social workers highlighting the pathetic conditions in prisons, governments took over their management and control. It was believed that rigorous isolation and custodial measures would reform the offenders. Experience, however, belied this expectation and often imprisonment had the opposite effect. With the development of behavioural sciences, it began to be realised that reformation of offenders was not possible by detention alone. The traditional approach of retribution and deterrence is being gradually replaced by the modern concept of social defence which means protection of society and prevention of crime.

Development of Prison System in India

In ancient India the aggrieved party offered satyagraha at the house of the accused (which thus became a prison) until his claim was satisfied. In the reign of Harsha, abandoned small fortresses were used as prisons. Jail deliveries are known to have been made on important occasions in the time of Ashoka and prisoners were regularly visited by officials to see that prisoners were not ill-treated. During the Muslim period, Quranic laws were followed and imprisonment was rarely awarded.

During the British period, the East India Company introduced various reforms in the

administration of justice. There were at that time 143 civil jails containing thousands of prisoners, most of whom were employed on the construction of roads. Every effort was made to run the prisons profitably. There was widespread corruption and abuse of powers by the prison keepers. In 1835, Lord Macaulay drew attention to the horrible conditions in Indian prisons and emphasised the need for making imprisonment a deterrent to the prisoners so that acts of violence and indiscipline in prisons could be avoided. A committee was appointed in 1836 to review prison administration. This marks the beginning of prison reforms in India. In its report of 1838, the committee recommended construction of central prisons and the appointment of an Inspector General of Prisons for each province. The first central prison was constructed at Agra in 1846 and the first Inspector General of Prisons was appointed for the North Western Province (partly present Uttar Pradesh) in 1844. Many more central prisons were constructed in the different provinces during the next two decades. During the nineteenth century, four more committees were constituted from time to time in 1864, 1877, 1888-89 and 1892. In view of the very high incidence of deaths in prisons, the 1864 committee recommended that better medical facilities be provided in jails. Wholtime medical officers were thus appointed and district jails were placed under the superintendent or civil surgeons instead of district magistrates. This committee also recommended the separation of juveniles from adults and the provision of educational facilities to the former. This marked the beginning of the classification of prisoners. The 1889 committee urged the separation of undertrial prisoners from convicted prisoners and the classification of tk~ latter into casuals and habituals. The Prison Conference of 1892 consolidated the jail rules, this was followed by the enactment of the Prisons Act of 1894 and the Prisoners Act of 1900.

The first comprehensive enquiry during the twentieth century was carried out by the Indian Jails Committee of 1919-20 which also had the opportunity of studying the prison systems in the United Kingdom and the United States of

America. According to this committee, the aim of prison administration should be the prevention of further crime and the restoration of the criminal to society as a reformed character. The committee recommended expert superintendence, better classification and separation of prisoners, introduction of reformatory influences in prisons, measures to shorten long periods of imprisonment and prevention of imprisonment specially for the children and the young. The committee also suggested a number of improvements in the physical care of prisoners and introduction of educational and library services, probation and parole systems and progressive system of awards were some other recommendations of this committee. While some of these recommendations were implemented by the provincial governments in subsequent years, a large number of them were held up for want of funds. In some provinces Borstal schools and Probation of Offenders Acts were passed. Long-term casual and habitual prisoners were kept in separate jails. Discharged prisoners aid societies were formed in some provinces to assist the prisoners on release. Non-official visitors were appointed for jails. Some provinces (such as the United Provinces and the Punjab) also appointed jail reforms committees. Thus the concept of reformation of prisoners was introduced in the administraton of jails.

On the introduction of provincial autonomy in 1937, a good deal of attention began to be given to prison reforms, particularly in the provinces governed by the Congress Party. Some provincial governments appointed jail reforms Committees which made useful recommendations regarding recruitment and training of staff, improvement of diet and clothing, introduction of educational and vocational training programmes, etc. As the Congress governments were shortlived and there were also financial difficulties, much progress could not be made. In the United Provinces, however, a significant step towards reforms was taken, in that a school for the training of prison staff was started at Lucknow in 1940. A period of stagnation followed the outbreak of the second world war. During the struggle for independence national leaders had

gained first hand knowledge and experience of conditions in the prisons. It was natural for them to give attention to the improvement of conditions in prisons. Many State governments such as Uttar Pradesh (1946 and 1955-56), Bombay (1948), East Punjab (1948-49), Madras (1950-51), Orissa (1952-55) and Travancore-Cochin (1955-56) set up reforms committees to review their jail administrations and suggest improvements. Despite the prior claims of developmental activities and financial constraints, a considerable effort was made to humanise prison treatment and to meet the basic needs of prisoners in respect of their food, clothing, medical attention etc. Educational and vocational training programmes along with recreational facilities were introduced in most of the States. The post-independence period was also marked by the study of criminology and penology by the younger prison administrators. This was helpful in the introduction of new ideas and experiments in the field of prison reforms. Introduction of open prisons in several States was a progressive feature of prison administration during the fifties. They offered an atmosphere of minimum security, greater opportunity for developing self-confidence and a sense of social responsibility in the inmates besides offering training in modern agricultural practices, animal husbandry, poultry farming etc.

In 1951-52, the Government of India arranged for a United Nations expert, Dr. W.C. Reckless, to review jail administration in India. He submitted a valuable report suggesting a number of measures for introducing programmes of rehabilitation of prisoners. His services were also utilised in training a batch of 47 senior jail officers drawn from different States in modern methods of jail administration.

Another major development was the appointment of an All India Jail Manual Committee in 1957 which presented its report and finalised a model Jail Manual in 1959. This provided guidelines to State governments to amend their manuals. While some State governments have gone ahead and revised their manuals, other State manuals are still in the process of 'revision'. The implementation has

been somewhat tardy on account of the financial burden involved.

The establishment of a Central Bureau of Correctional Services at the Central level in 1961 (renamed as the National Institute of Social Defence in 1975) was yet another important development. This was the first Central agency to undertake research, training, documentation etc. in social defence and assist and advise the States on matters relating to social defence. Financial difficulties stood in the way of achieving significant progress in the field of social defence. There has, therefore, been a pressing demand that like other social services prison administration, which is at present treated as purely a law and order subject, should be brought within the purview of the five year plans.

The Central Ministry of Home Affairs appointed a working group in October 1972 to study the existing conditions of prisons and to suggest ways and means to streamline prison administration and conditions of living in prisons. In its report submitted in December 1972 the group recommended the inclusion of prisons in the five year plan and a provision of Rs. 100 crores, as it thought that prison administration could not be streamlined unless the Government of India and the State governments made available more resources for developing every aspect of the existing system. The Working Group further reiterated the recommendations of the previous jail reforms committees and the All India Jail Manual Committee (1957-59) regarding introduction of alternative punishments for short sentences, coordination of various correctional services, organisation of State prisons set up on a regional basis, separation of clerical and executive staff with better service conditions, training facilities and promotional avenues, abolition of convict officers' system, improved diet and cooking services, better and varied vocational training and work programmes, improved leave and parole privileges, introduction of wages, panchayats, etc. The group also highlighted the need for classification of prisoners and diversification of institutions and recruitment of correctional staff

for the purpose. As a follow-up of this report, the Ministry of Home Affairs initiated efforts for the improvement and modernisation of jail administration by making a provision of Rs. 2 crores in the budget for 1977-78 and of Rs.4 crores in 1978-79. This amount was to be used for the improvement of existing buildings and construction of new prisons as also for the modernisation of industries and agriculture in jails. Provision has also been made for the construction of residential quarters for the staff.

It is heartening to observe that the Seventh Finance Commission (1978) having been apprised of the deteriorating conditions in jails, recommended a provision of Rs. 48.31 crores for grants to State governments for the upgradation of jail administration, particularly for the improvement of the living conditions of prisoners. It is unfortunate that they did not cover the development of correctional services. Nonetheless, this will be a real breakthrough in bringing about basic uniformity in certain aspects of prison administration in accordance with the guidelines laid down in the model Jail Manual. However, for the proper and effective use of funds thus made available, the States will require competent professional leadership in this field.

Main Types

The classification of prisons on the basis of their capacity seems to be a common feature in all the States. The larger jails are called central prisons and the smaller ones are known as district jails. In some States, the district jails are called as subsidiary jails. There are sub-jails also which are usually situated at *tehsil* or *taluka* headquarters. Special institutions for young offenders are called borstal institutions or juvenile jails.

Central prisons ordinarily accommodate long-term adult prisoners including those sentenced to life imprisonment. Some central prisons have been reserved for habitual prisoners.

In 1949, the central prison at Lucknow in Uttar Pradesh was converted into a 'model prison' for accommodating star class prisoners who are the best behaved. Here, every prisoner is studied and given educational and vocational

training whereafter he gets an opportunity for self-employment in an environment similar to the outside world as far as possible. On the basis of his progress, as assessed from time to time, a prisoner is given graded freedom from maximum security to free-living conditions without any watch and ward during day or night. The prisoner pays to the State the cost of his maintenance from his earnings.

District jails are situated at district headquarters and accommodate civil prisoners, prisoners awaiting trial and convicted prisoners with sentences upto five years or so.

Borstal institutions and juvenile jails accommodate adolescent prisoners (between 16 and 21 years) who are given educational and vocational training, etc.

In some States, reformatory schools run under the Reformatory Schools Act, 1897 are under the control of the Prison Department.

Open prisons are wallless prisons with the minimum security. In Uttar Pradesh and Rajasthan they are known as Sampurnanand Camps where selected prisoners are sent. Here the prisoners have freedom of movement and association; group responsibility is encouraged. Open prisons serve a purpose in the final stages of long sentences providing a necessary transition between the sheltered conditions of prison and the demands of outside life.

Women prisoners are kept separate from male prisoners in separate wards of the same prison. There are two prisons for female offenders in India- one at Yervada (Maharashtra) and the other at Lucknow (Uttar Pradesh).

Programmes in Prisons

To ensure good discipline and administration, an initial classification is made to segregate males from females, the young from the adults, the convicted from the unconvicted criminal prisoners, civil from criminal prisoners and casuals from habitual and convicted prisoners. The purpose is to reduce the danger of moral contamination. It is a matter of concern that

with the abnormal increase in jail population at certain places, even this segregation breaks down. Only at a few places, partial facilities are available to classify prisoners according to their individual needs for rehabilitation. The State of Maharashtra has incorporated detailed rules in its Jail Manual for the scientific classification of prisoners but, due to inadequacy of staff, the classification is done in a mechanical and routine manner. The same also applies to the Model Prison, Lucknow, where star class prisoners are kept and classified for treatment purposes.

In 1969, an attempt was made to establish in every central prison in Uttar Pradesh a reception-cum-training centre where every prisoner was thoroughly examined and his case history was recorded and after ascertaining his interests, a programme of educational and vocational training was arranged with a view to making him literate, socially conscious and a fairly well skilled worker in six months. He was later employed in production centres. But for want of adequate staff, action along these lines did not gather sufficient momentum.

In the juvenile jails at Bareilly (U.P.), a programme for the correction and rehabilitation of adolescent prisoners was introduced in 1939. Under this, the case history of each prisoner was taken, and prisoners who did not respond to the general programme of training were taken up individually and efforts were made to motivate them to take interest in the varied activities of the institution, including training in scouting and National Cadet Corps, etc.

Selection of prisoners for open prisons is made on the basis of their health, antecedents, conduct and work in prison, family ties etc., but for want of staff the selection sometimes lacks objectivity. Classification for a modern prison system requires specialised staff such as a psychologist, a social worker, an educator, a vocational supervisor, etc; these are often not available and, when available, their number is not adequate.

About 70 per cent of convicted prisoners admitted in jails are illiterate. After

independence greater attention has been paid in jails to imparting literacy to illiterate prisoners during working hours. Whole time education teachers have been appointed for some jails, but their numbers and standards are not yet satisfactory. At some places educated prisoners with or without training are utilised for imparting education to other prisoners. Suitable prisoners are also given facilities to get education in schools and colleges outside and also to appear in public examinations as private candidates. Jails have libraries but they are poorly stocked. Newspapers are also not supplied to the prisoners. Educational programmes in jails are thus half-hearted and have yet to become an integral part of the daily routine- They continue to suffer for want of funds, adequate staff and lighting arrangements.

Daily prayers are now held in prisons and persons are appointed in honorary capacity to give religious talks to prisoners on holidays. This system is now on the decline due to lack of interest and enthusiasm among non-officials. Prisoners are now allowed to observe important festivals.

Although the importance of vocational training in the rehabilitation of offenders is realised, there are very few institutions which give scientific vocational training to prisoners. The quality of instructors and of tools and equipment which are outdated have to be improved. These programmes have not yet been diversified or developed properly to meet the rehabilitational needs of individual prisoners with the result that they, on release, generally do not practise what they learn.

Wages are now paid to prisoners at some places but the amount earned is nominal and hardly offers any incentive or encouragement. At very few places are the wages substantial or according to market rates.

In many States open prisons with the minimum security, based on the principle of self-discipline, constructive work and community living have been established and at some places a phased programme from

maximum security to free living conditions within the same institution has been implemented with good results. In some institutions, the inmates are encouraged on a selective basis to participate in the social and economic life of the community outside.

Prisoners are permitted to receive letters and visits from relations and friends. They can also write to them. The privilege of visit is only partially utilised as the visitors are too poor to meet the journey expenses and there is no agency to assist them. The prisoners are also now allowed the privileges of leave and parole under different schemes and rules of entitlement differ from State to State. These privileges are available to a limited number of prisoners and the procedure is also cumbersome. It is, however, noteworthy that they are rarely misused. Supply of newspapers, seeing television shows and listening to radio programmes also provide contacts with the outside world. Such facilities reduce tensions and make life inside prisons normal.

Prisoners get remissions periodically for good conduct and work. Special remissions are also given for specific special services. The sentences are reviewed from time to time according to various rules and the prisoners are released before time if they satisfy the prescribed conditions. This should give them encouragement for self-improvement but in actual practice it is found that very few prisoners get any advantage from such reviews with the result that the uncertainty about their release creates tensions and frustrations in the minds of prisoners. There is, thus, need for liberalising releases under schemes of 'review of sentences', which should be based on the progress made by an individual prisoner and the possibility of his rehabilitation. In some States such as Uttar Pradesh and Punjab, prisoners convicted of specified offences are, on completion of the prescribed period of sentence, also released on probation under the guardianship of some suitable person or a probation officer under the Release of Prisoners on Probation Act. The concept of conditional release, though distinct from indeterminate sentence, comes very near to it in practice as

the release is supposed to be related to the offenders' responsiveness to the treatment programme.

The All India Jail Manual Committee and the Working Group of 1972-73 recommended that the general policy and the procedure for the review of sentences should be simplified and made uniform in all the States. It is also necessary that premature release should be made under the supervision of a probation officer or some other competent person as that will facilitate the rehabilitation and reassimilation in society of the released prisoner.

Prisoners are also released by government if they are seriously ill and not likely to survive. Similarly, old and infirm prisoners are also released periodically.

Recreational programmes in prisons are a post-independence development. Physical exercises, games and sports are encouraged and quite a few jails have been provided with radio sets. A few prisons also have facilities to enjoy watching of television programmes, inter-jail tournaments, prison weeks and prisoners' welfare days are now organised once a year in many States. Musical programmes, poetic gatherings, dramatic shows are also arranged by prisoners.

Panchayats of prisoners and canteens have been introduced in many States. The panchayats supervise the preparation and distribution of meals, organise recreations and also deal with minor complaints. Cooperative canteens at many prisons have been running successfully and the profits made are used for the recreation and welfare of prisoners. Under supervision, the panchayats seem to function well.

In some States welfare officers have been appointed but their number is nominal. They keep in touch with the prisoners and help them to adjust to their new situation. They also help prisoners in maintaining family ties. They have thus a very important role in the rehabilitation of offenders.

Many of the new programmes of rehabilitation mentioned above have come from the efforts of individual thinkers, leaders and workers rather than from scientific plans of prison reforms. Nevertheless, they have made a significant contribution to the growth of a progressive penology and a professional approach in the treatment of offenders.

Organisation

Custody, care and treatment are the three main functions of a modern prison organisation. For over 100 years, there was emphasis on custody which, it was believed, depended on good order and discipline. The notion of prison discipline was to make imprisonment deterrent. Consequently, hard punitive labour with no regard for the human personalities and severe punishments were the main basis of prison treatment. More than 40 prison offences have been listed in the jail manuals of many States and any infraction was visited by quite a few barbaric punishments. Gradually, the objective of imprisonment changed from mere deterrence to deterrence and reformation. This led to the abandonment of some of the barbaric punishments and introduction of the system of awards for good work and conduct in the form of remission, review of sentences, wages for prison labour, treatment in open conditions, parole, furlough, canteen facilities etc. Provision has now been made to meet adequately the basic needs of food, clothing, medical care etc. Educational and vocational training programmes along with training in scouting etc. have been introduced in jails. Custodial requirements for individuals are now at some places determined on the basis of their antecedents, conduct and performance etc.

Control and Management

According to the Constitution of India, maintenance and development of prisons is a subject on the State list. The bulk of the services for the treatment of offenders and prevention of crime are wholly managed and financed by the State governments. The role of the Union government is restricted to coordination, exchange of information among States and with foreign governments and the United Nations,

collection and compilation of statistics and furnishing model legislations. At the level of the Union government, the Ministry of Home Affairs deals with prisons and the Department of Social Welfare deals with welfare services in prisons.

The Central Acts which govern the working of prisons are: (i) The Prisons Act, 1894; (ii) The Prisoners Act, 1900; (iii) The Transfer of Prisoners Act, 1950; and (iv) The Prisoners (Attendance in Courts) Act, 1955. There is thus overall uniformity in the functioning of prisons in different States. Besides these acts, the State governments have passed their own laws to regulate temporary leave and release of prisoners on probation. Some States have also passed Borstal acts to provide for specialised treatment of adolescent prisoners. All States have their own jail manuals based on the Central acts as amended by the State governments from time to time to meet local needs and requirements.

The administrative pattern of dealing with social defence subjects varies from State to State. In general, matters concerning prisons and adult offenders are looked after by the home department of the State government. Other subjects like the prevention and control of juvenile delinquency and after-care are under the social welfare department. Some State governments such as Tamil Nadu and Andhra Pradesh have also constituted State advisory boards of correctional services.

The executive head of the State prison department is the Inspector General of Prisons who exercises general control and superintendence over prisons. In some States the Inspector General is assisted by one or more Deputy Inspectors General who work on a regional or functional basis. In Andhra Pradesh and Kerala, the Inspector General is also responsible for probation and for juvenile, adolescent and adult correctional services. In Bihar, Haryana, Punjab, Madhya Pradesh, Maharashtra, Tamil Nadu, Orissa and West Bengal, the Inspector General also controls probation and adolescent and adult correctional services. In some of the States the head of the department is known as the Inspector General

of Prisons and Director of Correctional Services. There has been a growing demand for integrating all the correctional services under one department.

Very few states have Inspectors General from the prison service itself. In quite a few States, there is a tendency to appoint the Inspector General from the cadre of the Indian Police Service, which is obviously not a healthy practice. In other States the Inspector General is appointed either from the Indian Administrative Service or the medical service.

At the local level, every prison has superintendent (whole-time or part-time), a medical officer who may also be the Superintendent, a medical subordinate, Deputy Superintendent, Jailor, Deputy and Assistant Jailor, and such other staff as may be considered necessary by the State government. The Superintendent manages the prison in all matters relating to discipline, labour, expenditure, punishment and control.

As recommended by the All India Jails Committee 1919-20, some provincial governments such as Punjab and Uttar Pradesh appointed whole-time Superintendents of some district jails. They are now appointed through direct recruitment or by promotion. Similarly, Deputy Jailors are appointed either through direct recruitment or by promotion. Jailors and deputy superintendents are appointed by promotion. The minimum educational qualifications for the superintendent and deputy jailor is a graduate degree. Some States give preference to graduates in social sciences. The minimum qualification for assistant jailor varies, from State to State, from matriculation to graduation. Many committees have recommended the separation of executive and clerical duties so that the executive staff may be able to devote more time to the study and welfare of prisoners, and prevention of irregularities in prisons. This recommendations has been carried out in varying degrees by different State governments.

For custodial staff, jails have three grades. The basic recruitment is made at the level of warders who are promoted to higher grades on

the basis of seniority and performance. Although better educated men are now recruited as warders and they are now better trained and paid, their impact on prisoners is still not very significant except in individual cases. This is mainly due to long hours of work, inadequacy of housing facilities and rising prices which neutralise increases in salary given from time to time.

The institution of convict officers is a special feature of prison administration in India. It resulted from the need for economy in expenditure. Suitable prisoners are appointed as convict officers to control and guard gangs of prisoners. Many evils in jails are due to them and successive committees have recommended the abolition of the institution but it has persisted on grounds of economy. In the open prisons of Uttar Pradesh, convict officers have been replaced by leaders of gangs who worked and led others but had no authority. This gave them a feeling of self-respect and sense of responsibility.

There are official and non-official visitors for all jails. The Divisional Commissioner, the District Magistrate and the District Judge are the official visitors. The members of the legislature are ex-officio non-official visitors. State governments also nominate non-official visitors for all jails. The institution of non-official visitors could be of great help in the rehabilitation of prisoners.

There is also a board of visitors for each jail with a judge as president but this body has now more or less become defunct or inactive.

The shift of emphasis from deterrence and custody to reformation and rehabilitation of offenders has necessitated recruitment for prison services of men with humanity, integrity and a sense of social service. They have to have a stable temperament, energy, tact and patience and ability to get on well with others. New recruitment policies are being developed and new cadres for providing psychological, educational and welfare services are being introduced in jails. Training of staff in the service and art of handling prisoners is also

essential. Consequently training schools for prison officers have been started in many States.

It was in Uttar Pradesh that the first training school for jail officers was started in August 1940. For a long time to come, this was the only institution of its kind in the country. The school also received officers from other States for training. There are three types of training courses organised by the school— a diploma course of nine months duration for senior officers and two certificate courses for four months each in prison management and correctional treatment for assistant jailors and custodial staff. Refresher courses are also arranged from time to time for different categories of staff. Later on, specialised courses for the training of officers were started at the Tata Institute of Social Sciences, Bombay. Jail officers' training schools have also been set up at Pune (Maharashtra), Hissar (Haryana), and Mysore (Karnataka). Several States such as Gujarat, Kerala, Punjab, Madhya Pradesh, Andhra Pradesh and West Bengal have less formal arrangements for the training of warders. Andhra Pradesh has recently started a school at Hyderabad for the training of middle and lower levels of the executive staff. A regional training centre has also been started for the southern States at Vellore (Tamil Nadu) and there is a move to develop the jail training schools at Lucknow, Pune and Hissar as Regional Training Institutes in co-operation with the States concerned.

Training facilities for senior officers are also now available at the United Nations Asia and Far East Institute for the Prevention of Crime and the Treatment of Offenders at Tokyo in Japan.

Demographic and Other Characteristics of Prison Inmates

The National Institute of Social Defence compiled some information about prisons in connection with a conference of Inspectors General of Prisons and Chief Secretaries of States held in April 1979. At the end of 1978, there were in all 1,225 institutions under the prison departments of the various States. These included 74 central prisons, 234 district jails,

one women's prison, 848 sub-jails, 26 open jails, 20 special jails and 22 juvenile jails and borstal institutions. The total capacity of these institutions was 1,86,406. The actual population was 1,86,013 which included 1,19,338 under trials, 65,538 convicted prisoners and 779 lunatics. The number of female prisoners was 4,842; 1,007 prisoners were upto 16 years of age and 9,159 were between 16 and 21 years. The percentage of juvenile prisoners upto 21 years was thus 5.46.

The percentage of undertrial prisoners was 64.15 which was very high. About 25 per cent of the undertrial prisoners were detained for periods of over six months to ten years. The daily average population of the jails was as 225,900 in 1976-77 and 184,378 in 1977-78.

The total expenditure on prisons during 1976-77 was Rs.4,547.1 lakhs. Expenditure per prisoner per day varied from State to State from Rs. 4.35 (Uttar Pradesh) to Rs 8.80 (Haryana).

PRISON LABOUR: The objectives of 'prison labour' have varied from time to time. The first All India Jails Committee of 1936-38, advocated that monotonous and uninteresting task should be provided to prisoners and remarked that the criminal was least eligible for being taught useful arts which was considered as a reward neutralising the pain of punishment. On the contrary, the All India Jails Committee of 1919-20 recommended that the main objective of prison labour should be the prevention of further crime by the reformation of criminals, for which they were to be given instruction in up-to-date methods of work enabling them to earn a living wage on release. The other objectives were to keep the offenders usefully engaged to prevent mental damage and to enable them to contribute to the cost of their maintenance.

Work is allotted to prisoners on the basis of their health, length of sentence, prior knowledge of a trade, and the trade which was most likely to provide a living wage on release. After independence, punitive labour such as extraction of oil by manual labour was abolished and more useful programmes were

introduced to train offenders as technicians. Some effort has also been made during the last three decades to train prisoners largely drawn from among agriculturists in modern methods of agriculture and animal husbandry but, for want of land, only limited progress could be made in this direction.

Initially, payment of wages to prisoners was opposed on the ground that they were already a burden on the State. Gradually, prisoners were realised and it was considered that some monetary reward would develop interest in work and provide the necessary incentive, more so if the prisoner was allowed to use the earnings on himself or his family. The All India Jail Committee 1919-20 had recommended rewards for extra work over and above the prescribed task. After independence, some States introduced the system of payment of wages in some form or the other but the effort everywhere was to keep the cost as low as possible. In Uttar Pradesh, in the Kanpur and Unnao jails, some monetary reward began to be paid to prisoners employed in factories making uniforms for the police department. Later, in the Juvenile Jail, Bareilly, and the Model Prison, Lucknow, where prisoners worked on their own, they earned wages at market rates. They could use a portion of their earnings for themselves and their families. Maharashtra was the first State to introduce in 1949 a very comprehensive system of wages.

In some of the open prisons, prisoners are paid wages at market rates out of which they pay to the State their cost of maintenance. There is now a growing realisation that such liberal system of wages would provide greater incentive for higher and better production.

There is need for the introduction of a greater variety of trades and professions, keeping in view the possibilities of self-employment of prisoners on release. Better qualified instructors, modern tools and equipment and a proper wages system would provide meaningful work experience to the prisoners.

Penal Reform

Prisons are now generally overcrowded with undertrial prisoners and short-termers. Despite the enforcement of Children Acts in various States, a large number of children still continue to be admitted in prison. Probation and other alternatives to imprisonment have not yet caught the imagination of the courts in general and they have a tendency to resort to the easiest method of imprisonment of offenders. Prisoners sentenced to fine only are sent to prison without giving them any time to make the payment. We have, therefore, to seek legal and administrative remedies to these problems to avoid overcrowding in prisons which affects the efficiency of administration as the staff is overworked and involved in routine with no time for reformatory work.

Even now only a few States have efficient enforcement and administration of Children Acts. Children's Courts, too, have been established only at a few places. The criminal law, therefore, needs to be amended so as to make it impossible for the courts to send children and youthful offenders to prisons except for reasons of depravity and likelihood of exercising evil influence on others.

About 80 per cent of convicted prisoners are sent to jails for short periods not exceeding three months, which only expose them to moral contamination and result in economic hardship and distress to their dependents. There is thus need for greater use of existing alternatives to imprisonment such as warning, probation, suspension of sentence, fines, release on personal bond etc. and also for introducing other alternatives of a non-custodial nature such as service to the community, payment of compensation to the victim of crime etc. Such punishments will involve the positive cooperation of the offender which is likely to be effective in his reformation. The addition of such punishment will add a new dimension to the penal system which will emphasise the idea of reparation to the community.

A large number of ticketless travellers are now admitted in jails for very short periods which is a wasteful use of limited resources.

It would be more useful to detain them in camps at suitable places where some kind of unskilled work is being done for the Railways. Here, they could earn wages out of which fines imposed could be recovered along with their maintenance cost in the camp.

There is also need for legal provision for fixing fines on the fine system as in Sweden and to give time to the offender to make payment in easy instalments.

Undertrial prisoners constitute a majority of the prison population and it is significant that between 1901 and 1978, while the population of convicted prisoners has been going down gradually that of the undertrials has been increasing at an alarming rate. Undertrial prisoners are presumed to be innocent and, in fact, a major proportion of them is ultimately discharged or acquitted after immeasurable physical and mental suffering caused by long detention due to delay in investigation and trial. It is painful to observe that it is usually the poor and uninfluential persons who suffer as they are undefended or are unable to provide bail and bond of the amount fixed by the court. Only radical changes in the administration of justice and in legal procedures could rectify such a sad state of affairs. It should be possible to release a large number of simple persons not charged with major offences on a personal bond or on the assurance of some responsible person in the neighbourhood of the accused. Sometimes even a hurried study of the environment of the accused and his family may be enough to judge the reliability of the accused to appear before the court when required. In any case, there is the urgent need of liberalising the bail procedure so that a large number of prisoners could take advantage of bail. New methods to replace the system of bails also need to be evolved in collaboration with voluntary agencies.

The undertrial prisoners are rightly not obliged to work under the law but remaining unemployed is not only against their own interest but also a national waste. A policy of persuasion rather than coercion to engage undertrial prisoners in work was thus advocated

and if they chose to work they were to be paid wages. But in practice when they opt to work, they are employed on prison services and are in lieu thereof given labouring diet and no wages. Recently, the criminal law has provided that the period of detention as undertrial shall be counted towards the sentence of imprisonment. This will mitigate some hardship but will not by itself encourage undertrials to volunteer for work.

Quite a large number of undertrial prisoners are detained in jails for long periods as they are unable to afford fees of lawyers to defend them. In recent years, the government have given some attention to this problem and efforts are being made to give free legal aid to the poor. If this facility is extended to a large number of poor persons, it would only in the long run result in the shortening of the period of detention of undertrials but might in some cases result in acquittal also.

There is also need for streamlining the legal aid and administrative procedures to prevent long detention of undertrials. Courts can now release an undertrial prisoner, if a chargesheet is not filed within the prescribed period of sixty days. This provision is permissive and needs to be made obligatory. Inspection of undertrial persons detained in jails at regular intervals by the relevant authorities could also exercise indirect pressure on the courts to expedite the trials.

A very small number of convicts at present get the benefit of facilities of leave and parole as the rules regulating them are rigid and the procedure cumbersome. Similarly, rules for the premature release of prisoners under different schemes apply to a limited number of prisoners. These rules need to be reviewed with a view to integrating them and enlarging the scope of eligibility of prisoners and simplifying the procedure so that a much larger number of prisoners could be benefited and rehabilitated.

While attention is now being paid to the rehabilitation of offenders, the victims of the crime are neglected and forgotten. No doubt, they could claim damages through a civil court but it involves a long and expensive procedure.

It would make matters easy if provision is made in the criminal law requiring the convicting court to pass orders also regarding financial relief to the victim.

The Prisons Act and other allied legislations need to be consolidated and revised in the light of the modern trends in the treatment of offenders.

Problems and Issues

In spite of the recommendations of various jail reforms committees that the primary objective of punishment should be reclamation and rehabilitation of the offender, no such clear policy has yet been enunciated, even though many schemes and programmes introduced after independence do have a bearing on this aspect of treatment. As a result, the aspect of punitive custody continues to persist more so because the old buildings, equipment and staffing patterns continue to exist more or less on the same basis. The prisons are more than a hundred years old and their general layout is dominated by custodial requirements. It would help the future development of prison administration on modern lines if a policy regarding treatment in prisons is laid down in clear terms.

Prisons are not normal places. The prisoners are deprived of freedom and normal contacts with families and friends. The deadening discipline, fear, helplessness which are inherent in the prison system produce mental stagnation. The emotional and material deprivations cause frustration. This results in corruption involving the introduction of contraband articles. This is the primitive aspect of prisons and by and large it still persists. The recent tendency is to diversify the institutions based on increasing freedom and facilities depending on the improvements shown by individuals to mitigate the abnormality in the prison system. Thus for modern development, it is necessary to expand the facilities of open prisons.

There has been a continuous record of overcrowding in jails. The position is further complicated by frequent agitations resulting in confinement of a large number of political prisoners, who claim special treatment. Overcrowding results in restlessness, tension,

inefficiency and general breakdown in the normal administration.

Magistrates and judges have not yet made adequate use of alternative sanctions such as probation etc. The State governments have also not yet shown adequate interest in expanding probation service. The Indian Penal Code (Amendment) Bill 1972 provides for new forms of punishments such as externment, payment of compensation to the victim, corrective labour, public censure etc. Although some States have passed the Habitual Offenders Restriction of Movements Act but they are still not being enforced properly. Thus laws alone are not enough; there is also the need for the proper training of magistrates and judges with regard to the selective use of various sanctions. It is equally necessary to provide for efficient services to assist the courts in determining suitable punishment depending on the background of the individual offenders.

At present classification is done by the courts but there is also the need for an internal classification based on the prisoner's past history, his present mental, physical, moral and educational background and his future needs of rehabilitation so that a programme of treatment could be directed to cater for his needs. Such a comprehensive classification of the entire convict population would require a large number of specialists such as social workers, psychologists, educational and vocational experts, which is beyond the financial resources of the State governments. Prison reformers have been giving a rather exaggerated picture of the programme in terms of staff requirements etc. The human material available in our prisons is good and can easily be reshaped into useful citizens. Classification is a process to achieve the rehabilitation of offenders. Classification of eighty per cent of the convicts admitted for short periods will, therefore, be wasteful. The immediate problem is to find out some short and quick method for the separation of prisoners who are high escape risks or are of a dangerous and aggressive type and not easy of adjustment so that they could be segregated in different institutions where proper care is taken of their custody and other problems. They are at present scattered all

over, corrupt others and create administrative problems. The old and infirm could be transferred to geriatric centres where they could be treated and trained to live a contented and a worthwhile life free from pain, agony and a sense of isolation. Similarly, those in need of mental treatment could be transferred to specialised institutions. Thus it will be seen that by excluding such prisoners and short-termers, the number of persons requiring internal classification will be greatly reduced and perhaps the specialised staff required for the purpose can be obtained. But any such system can only be devised after preparatory research work which needs to be undertaken immediately in some selected institutions where specialised staff should be provided. Effective steps should be taken to take up this important experimental work. After the experimental stage, to begin with, the internal classification may be confined to prisoners with sentences of one year and above.

The programmes of work and educational and vocational training should be such as would benefit the offender after his release. Education as a process of learning the art of living in society represents the best means of countering criminogenic situations. So far in jails there has been emphasis only on literacy and not on correctional or social education. Similarly, vocational training and work programmes are limited and are not geared to the needs of rehabilitation of individuals on release. Work is not now to be treated as additional punishment but should be treated as an important means of imparting useful values to inmates for vocational and social adjustment and rehabilitation. These shortcomings are due to lack of finance. Good and efficient educators and vocational instructors with modern tools and equipment need to receive special attention, and production and training programmes require to be properly balanced.

The staffing pattern consists of four broad groups—warder or guarding staff, the middle level supervisory officers, the higher level executives, and specialists, technical staff etc. The middle level supervisory or executive staff consists of jailors, deputy superintendents, etc.

Some States have separated the executive and clerical staff while in others this is still under consideration. A few welfare officers have been appointed but their number and functions are so limited that they have failed to make any significant impact on the reformatory aspect of prison administration. At many places, civil surgeons of the district are still part-time superintendents of jails. They have neither the time nor the will or training to improve the jail atmosphere. Jail service is now being slowly developed as a career service. More care is now exercised in recruiting suitable persons who are given the necessary training. It is, however, true that the staff is still made to feel that their primary concern is custody. They need orientation in modern methods and principles of prison correction and rehabilitation. By and large the morale of prison staff is low due to their hazardous and exacting tasks, long hours of duty with inadequate housing facilities and low emoluments. If there are adequate and better educated staff with proper status, they would be able to exercise a healthy influence through their personal example and close contact with prisoners.

There have been a number of schemes and experiments in operation during the last two or three decades. New institutions like open and semi-open prisons have been established and schemes for parole, leave etc. have been introduced. It is time that a review of these new measures was made so that further reforms could be introduced in the context of the present trends, changing provisions in laws, and in the types of crimes and criminals. There is thus urgent need for research, particularly of an evaluative nature, on various aspects of prison administration so that a planned, coordinated and integrated scheme for future work and development could be chalked out. In public interest, research workers cannot be given free access to prisons, but given sufficient understanding, it should be possible for the prison department to use their training schools to carry on research in collaboration with university scholars to permit some independence in interpretation. In Uttar Pradesh, towards the late fifties, a psychiatric help and research centre was established in the

office of the Inspector General of Prisons with an advisory body consisting of prison administrators and university teachers, but for want of staff and funds not much work could be done and it had to be closed. The prison department should, therefore, have a wing for research on prison matters for which specific allotments should be made.

The State Jail Manual of Maharashtra has been revised in accordance with the Model Jail Manual drafted by the All India Jail Manual Committee of 1957-58, but in actual practice, many of its provisions could not be implemented in their true spirit for want of adequate funds. In other States, the manuals are in different stages of drafting. It is no use revising the jail manuals unless a firm commitment can be made to provide the services required for the implementation of various correctional measures envisaged in the Model Jail Manual. A pragmatic approach would be to draw up a time-bound programme or plan, say, for five years, and to implement the various measures in stages.

As elsewhere, in India also the jail department is the most disadvantaged department and gets a very low priority. The financial grants recommended by the Seventh Finance Commission are in respect of only basic amenities and additional prison capacity. They have not provided any funds for correctional programmes. It should be realised that if jail services in respect of reformatory schemes are improved and facilities given, they can do a very important constructive job of rehabilitation. Developmental activities of the prison department, particularly in respect of welfare and production, should be incorporated in the five year plans.

The courts have in recent years been giving serious thought to the violation of human rights of prisoners and, have, on that ground, interfered with the exercise of powers of superintendents of jails in respect of measures for safe custody and good order and discipline. Penology is now concerning itself with the victim, but neither law nor the society have done much for him. These are new

developments which will grow further and it is time to think of measures to avoid conflict between the exercise of the superintendents' authority and the human rights of prisoners.

At present police lock-ups and sub-jails, though under the superintendence of magistrates or judicial or medical officers, are guarded by the police. This is in contravention of the basic judicial principle of keeping accused persons away from the influence of the police. This also involves the question of human rights and it is high time that the administrative control of these institutions is brought under the Prison Department.

Future Perspective

Recently, the Supreme Court of India took exception to the unduly long detention of a large number of undertrial prisoners and the Central and State governments have now started taking vigorous steps to remedy this situation. The system of bail will have to be liberalised and new institutions to act as sureties for the appearance of the undertrial prisoners when required in courts will have to be evolved. The need for introducing radical changes in legal and administrative procedures to prevent long detention of undertrials has been stressed. Legal aid to needy prisoners is also being given due importance. There is thus a clear trend to reduce the number of undertrials and to expedite their trial in recognition of their human rights.

After-care for ex-prisoners will assume greater importance when correctional programmes in prisons are enforced properly. Both voluntary and statutory after-care will have to be organised in future.

Research into crime and the criminal is still in its infancy. The immediate need of research is to evaluate the existing methods of treatment and to suggest new approaches to the prevention of crime. The value of probation, open prisons, parole and home leave as reformatory measures needs to be established. The universities have been taking some interest in research but there is lack of coordination between them and the prison

administrators in determining the priorities of subjects of research from the point of view of their utility and value in prison administration. The constitution of research advisory committees consisting of representatives of the relevant departments of the universities and prison administrations will be helpful in undertaking research and evaluation studies which can develop useful prison reforms.

One can now hope that in the years to come the present gap between the prisons in theory and practice will be bridged quickly and a well planned and well coordinated programme of treatment and rehabilitation of offenders in jail will be implemented for which adequate and efficient staff and financial resources will be provided. The financial assistance extended to the upgrading of prisons by the Seventh Finance Commission and the recent unprecedented concern and awareness shown at the level of the State and Central governments for improving prison conditions will, it is expected, bring about marked changes in correction and rehabilitation of offenders confined in prisons.

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Probation and Parole

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Applied to the processing of offenders, both probation and parole mean placing them in free society subject to certain conditions. When liberty is granted by a court prior to the infliction of punishment to test whether in the circumstances of his personality, social situation and the nature of his offence, he should be punished or not, the process is known as probation. When, however, the same is granted by authorities executing a sentence of imprisonment or holding a person in detention, either as an amenity or to test his fitness for premature discharge, the step is generally known as parole. Both probation and parole imply compassion to the offender, and can be effective measures of correction and rehabilitation. Probation has come to mean in progressive countries something more, namely, a device to screen, away from punitive processes, those offenders who do not need the same and has thus become not merely an alternative to punishment but also an essential instrument in the processes of sentencing. It has thus helped to lift criminal justice itself to the plane of a socially meaningful operation.

Measures for extending compassion, compounding, and permitting releases on guarantees offered by the offender himself or others on his behalf have existed since ancient days in various systems of criminal justice, including India. However, the origins of probation in the present judicial systems are traced usually to the suspension of sentences under common law which started in England in 1820 when a court suspended the imposition of sentences of some youthful offenders and required their parents and employers to supervise them better. Later, personal care came to be associated with the idea when in the U.S.A. in 1841 John Augustus, and later other pioneers like him, started helping those for whom they had stood forth as surety to secure the suspension of sentences.

Probation received statutory support for the first time in 1878 when the State of Massachusetts in the United States passed a law enabling courts to release on probation youthful offenders, and took steps for the appointment of probation officers. Britain followed suit almost immediately in 1879 and a number of countries of Europe and the British colonies, U.S.S.R., Japan, U.S.A., Philippines, and some countries in Africa and Latin America as well passed similar laws by the thirties of the present century for covering youthful offenders and practically all adult offenders, not punishable with death or other punishments fixed by law, by the fifties of the same.

The probation, no longer, rests merely on the judicial initiatives; it has become a statutory part of the judicial process. Scientific enquiries into the personality and social situation of offenders have become the basis of dispositions made. In the matter of supervision of probationers organised professional care has mostly replaced the initiative of philanthropic individuals. Paradoxically, specialised correctional techniques have developed in a field recognised primarily as non-punitive in character.

As the list of human activities recognised as crime and delinquency or matters of public concern expands the need is felt for a kind of social control which restrains the deviant without jeopardising his existing and future capacity to contribute to the social good. Probation fulfils this need admirably. As a result, there has been a phenomenal increase in the number of cases to which it is applied in recent years. In 1967, the number of those released on probation in England and Wales was 45,000 as against 35,009 convicted prisoners confined in prisons on a daily average. In 1970, in the U.S.A. for every person sent to prison or institutions two were placed in the community for treatment after conviction. A similar development has taken place in recent decades in other progressive countries, and while pre-sentence enquiries are made in practically all serious cases, the placing of the offenders in the community is generally preferred to imprisonment.

Salient Features

The salient features of probation may be summed up as follows: —

(i) In the first place, the court informs itself regarding the personality and social circumstances of the offender, and the causative and motivating factors behind the crime, before making its disposition. Often it gets the same collected through professional men with knowledge of behavioural sciences. The report obtained is often known as a pre-sentence, pretrial or preliminary report, and the same helps courts to choose the disposition and fit it to the case, and also the institutions to treat the offender according to his needs. Courts are generally free to use probation even without the same. In trials before the people's court in the U.S.S.R. local communities of workers often come forward to inform the court regarding the offender's circumstances and stand surety collectively.

A consideration of factors extraneous to the crime may appear unwarranted under the classical theory of punishment. In applying the probation approach this is not the case; for it is used not in a discriminatory but in a discriminating manner, and people situated alike in the matter of motivation and social circumstances are dealt with similarly. Modern penology emphasises the need for taking into account the social situation, personality of the offender and the motivation while making dispositions. Shackled no longer to inflicting prescribed punishments, the court takes into account the interests of the offender and takes positive steps for securing a better adjustment between him and society. It is often required explicitly to do so by laws relating to youthful offenders and even where the laws are silent it cannot ignore the considerations urged by modern penology and the demands of a welfare state.

ii) Courts have before them now a variety of institutional and non-institutional measures to choose from, and to apply them to offenders according to their needs of restraint and liberty, and variations in programme; and they can thus make a

rational choice of the ends and the means while making their dispositions. When the offender is placed by it in the community for treatment, the court generally retains an interest in him and his behaviour. This changes the complexion of criminal justice and makes it an instrument of social welfare in a very positive and constructive sense. Sentencing becomes a delicate art of healing and is now increasingly practised as such by enlightened courts.

- (iii) Once the court decides to place an offender on probation, it orders the punishment to be kept in abeyance and binds him down to observe certain conditions for a specified period (not being less than one year). If he completes the period, duly fulfilling the conditions of the bond, no punishment for the original offence is inflicted, and the probation order is terminated either automatically or after a further order by the court. Courts have usually the powers to modify the conditions of the bond, either to strengthen supervision or facilitate helping the offender, and to revoke the bond in the case of serious breach of conditions. On revocation the offender is liable to be sentenced for the original offence. The manner in which the punishment is kept in abeyance varies with laws of different countries. In countries under the Anglo-Saxon system there is usually a suspension of the infliction of punishment and no further action by the court is taken after the successful completion of probation period. In countries under the continental system, the usual pattern is the suspension of the execution of the sentence and a further action by the court on successful completion by way of quashing the previous sentence. The period of probation, however, is not the same as the period of imprisonment or detention ordered, and varies with the individual needs of each case. In some countries such as Japan and the U.S.S.R., in cases of minor offences when the offender pleads guilty or when his offence is patent, the court can suspend the prosecution itself and place

the offender on probation if by virtue of his character and social situation it is considered expedient to do so. The Central Provinces and Berar Probation of Offenders Act of 1936 had a provision for suspension of prosecution in similar circumstances but latter Indian legislation does not contain this provision.

Some countries nowadays make probation a fullfledged disposition by itself, so that in cases of revocation of the bond the offender is punished not for his original offence but for the breach of the conditions. Even where a probation order has not become a fullfledged disposition, it is generally a final order, which is appealable. It is provided simultaneously that no disqualification usually attaching to conviction would attach to a probation order.

- (iv) A probation order can be with or without the condition of supervision over the probationer. When there is an order of supervision in the bond, a probation officer or one appointed to act as such is expected to see that the probationer fulfils the conditions of the bond and to help him to solve his problems and to get him better adjusted to society. Once supervision was considered essential to probation but now the presence of a law enforcement agency on the scene is not considered necessary in every case either for ensuring compliance with the bond or for helping the probationer suitably. There are now various other agencies available generally in the community to ensure this. Reliance is, however largely placed on professionally competent probation officers and a specialised correctional casework service has developed to fulfil the requirements of supervision, specially in countries with Anglo-Saxon traditions.

In countries with the continental traditions, supervision is largely entrusted to voluntary social workers as leaving it to public servants is considered analogous to police surveillance and derogatory to the freedom granted by courts. In view of the vastly increased dimensions of probation work, it is considered advisable

nowadays to have a nucleus of professional service with voluntary workers in adequate numbers to assist the organisation. A distinguishing feature of probation is that unlike every other disposition it enlists the willing cooperation of the offender, his family, teachers, workers, neighbours and other social and professional workers as needed. Probation is, essentially, a treatment in the community, but systems of institutional approach consisting of probation hostels and homes for select cases have become a part of the system of supervision in some countries. Such institutions are generally meant for a shortterm voluntary stay of probationers to extend to them intensive care and they seek to meet the special needs of a case for psychiatric treatment, education, vocational training or rehabilitation.

(v) Criminal justice generally confines itself to punishing the offender; but where it adopts the probation approach, it often takes the sentiments and losses of the victim into account and often makes the payment of compensation a condition of the probation order.

Norms of Probation

Originating as leniency to young offenders for trivial offences and recognised commonly as a suitable correctional device, probation has become an essential instrument in the process of sentencing and has revolutionised criminal justice itself. In 1948, Max Grunhut wrote; "The rise of probation is the most remarkable feature of the recent history of criminal law; within the lifetime of the present generation, it has profoundly changed the prevailing penal policy."¹ In 1951, the United Nations urged all governments to consider the adoption and development of probation. The American Bar Association considered "Standards for Probation" in 1970. It advocated that the court should have powers to grant probation in every case without exception, that it should be treated as a disposition by itself, and that no order of supervision need be made when it is considered unnecessary by a court. It indicated that "probation should be the sentence unless the sentencing court finds that: (i) confinement is necessary to protect the public from further criminal activity by the offender; or (ii) the

offender is in need of correctional treatment which can most effectively be provided if he is confined, or (iii) it would unduly depreciate the seriousness of the offence, if a sentence of probation is imposed".

About the advantages of probation it has noted that it maximises the liberty of the individual while vindicating the rehabilitation of the offender by continuing community contacts, avoids the negative effects of confinement which complicate reintegration of the offender into the community, reduces costs to the public treasury, and minimises the impact of conviction on the dependents of the offender. The consideration, mentioned last, is of special significance to a welfare state like India at a stage when it has still to develop a comprehensive social security system

Probation Legislation

Provisions for releasing youthful offenders on bond existed in the Apprentices Act of 1850 and the Reformatory Schools Act of 1897; but these were sparingly used. After provincial autonomy of 1920, the then provinces of Madras, Bengal and Bombay passed Children Acts, which provided inter-alia that a youthful offender could be released on bond and placed in charge of parents, guardians, relatives, or other trustworthy and respectable persons. The court could also order supervision of those placed with parents, guardians and relatives. The work of probation under these Acts was entrusted initially to voluntary agencies and the laws were enforced only over restricted areas. Bombay revised its law thoroughly in 1948 and Juvenile courts with their specialised procedures started working with the assistance of probation officers. Probation Officers were appointed by the State. The Bombay Children Act was applied initially to Delhi also and was replaced by the Central Children Act of 1960 applicable to Union Territories. States passed similar laws in subsequent years but the implementation of most of these measures is still very restricted.

Section 562 of the Criminal Procedure Code of 1898 enabled courts to release first offenders committing offences punishable with imprisonment not exceeding two years on

execution of bond of good behaviour. An amendment enlarged its scope in 1923. First offenders committing offences punishable with imprisonment not exceeding seven years as well as those below 21 years or a woman not committing an offence punishable with death or life imprisonment could now be released conditionally on execution of a bond. In the absence of machinery to enquire into the character of offenders and exercise supervision over them, no system of probation, however, developed under these provisions. After nationalist governments were formed in the then provinces in 1936, some provinces passed laws envisaging probation work on proper lines for young offenders. Madras applied its law initially to five districts and entrusted the work of probation to the Presidency Discharged Prisoners Aid Society. The act was applied to the whole State in 1951; and a State service for probation work was constituted in 1946. The then United Provinces acted likewise, applying its law initially to five cities and entrusting probation work to the Discharged Prisoners Aid Society in the State. It formed a regular State cadre of probation officers in 1947 and applied its enactment to the whole State. Developments in Maharashtra were on similar lines. Initially it enforced its law partially and entrusted the work to Maharashtra Probation and Aftercare Associations. Later the legislation was extended to the whole State. While the work of probation remains largely with voluntary agencies in Bombay City other areas are covered largely by probation officers belonging to the State service. There was hardly any enforcement of the other provincial probation laws.

Probation of Offenders Act, 1958

To provide a uniform law for probation work on modern lines throughout the country, the Central Government enacted the Probation of Offenders Act of 1958. Except Nagaland and Sikkim, all other States in India have enforced the Central legislation by framing their own rules. Uttar Pradesh had until recently its own legislation in force, viz., the Uttar Pradesh First Offenders Probation Act, 1938. Now this has been replaced by the Probation of Offenders Act, 1958. This act enables courts to release on probation an offender, regardless of his age,

sex, or habituation to offence, provided, he is not liable to be sentenced to death or life imprisonment. Courts have further powers to release on admonition persons liable to be sentenced upto two years or for theft, cheating, dishonesty and misappropriation. The power thus given to the courts is now practically as wide as available to those in other progressive countries. The procedure indicated in the act is like the one adopted in the Anglo-Saxon system and involves the suspension of infliction of punishment after the finding of guilt and release on bond. Courts are to take into account the character of the offender and the nature of the offence while sentencing. It is mandatory for courts to consider a pre-sentence report before denying probation to one below 21 years eligible for probation under the act. An order of probation can be with or without supervision, and the conditions imposed may include, *inter alia*, the furnishing of surety, residential requirements, supervision and compensation to the victim, as deemed fit in a case by the court. The period of probation may extend from one to three years. On failure to fulfil the conditions of the bond, one is liable to be sentenced for the original offence. No legal disqualification normally attached to conviction attaches to a probation order and either party can appeal against a probation order. The court granting probation can modify the conditions of the bond to suit the needs of the offender and also revoke them.

The act requires probation officers to "enquire into the circumstances or home surroundings of the accused with a view to assisting the court in determining the most suitable method of dealing with him."² While awarding sentence the judge is expected to apply his mind not merely to punishments prescribed but also to the interests of the offender and of his family.

A measure of national uniformity exists today in the processes of probation work as the rules under the above act were finalised with the approval of Government of India. These rules seek to build up for probation work an administrative framework, systematic pre-sentence reporting and supervision practices on modern lines. The Bihar Probation Rules of 1959

and instructions thereunder may be cited as an example for this was the first of such Rules to be drawn up in the country under the Act and served as a model. It provides *inter alia* for the supervision of the progress made by probationers by technically qualified personnel making available where necessary material assistance to probationers, for various purposes including travelling expenses to probation officers and back, treatment, education, employment and rehabilitation. The setting up of probation homes and hostels, and of case committees (designated incidentally as probation committees in these Rules) and active association of voluntary workers and societies in the work of probation with a provision for remuneration to them forming part of the scheme envisaged under these rules.

Recent Development of Probation

Apart from adequate laws and rules, the development of probation work in India on modern lines required funds, technical knowledge, planning and concerted effort to win the support of the judiciary and the public in general. The provision of funds in the successive plans helped the States to start or develop the work. Some dedicated officers in the States and the Central Bureau of Correctional Services (now the National Institute for Social Defence) set up by the Government of India in 1961, helped to provide technical knowledge and direction. The training and orientation camps, seminars and conferences which were organised by the States, the Government of India and some voluntary organisations during the period helped to inspire, orient and train workers and create public interest. Special mention should be made of the seminars organised for judicial officers, the organisation of a Probation Year in 1971, and the guidance given by some of the judges of the Supreme court and High courts at a national conference held to promote probation as well as in their learned judgements.

Probation Statistics

There has been notable progress over the years. The number of those released on probation in 1977 was 23,442 as against 6,690

in 1962; in addition, 147,420 persons were released on admonition.³ The number of persons admitted to prisons on conviction in 1977 was 97,620.

The number of persons admitted to prison in India on conviction in 1974 was 843,240, including those detained for nonpayment of fines or security demanded of them. This means that the number of those dealt with by the probation approach was about a quarter of those imprisoned in 1974, and while youthful offenders received special consideration, the number of adults released formed a substantial proportion of such releases in some States. As it was thought that courts were not using the approach sufficiently the new Criminal Procedure Code of 1973 has tried to bring probation into the mainstream of criminal justice. Sec. 235 of the Code provides that the court must give a hearing to the accused on the question of sentence after the finding of guilt and indicates at Sec.361 Cr. p.c that it must consider the grant of probation in every case in which laws permit its use and indicate in its judgement its special reasons for denying it. The new Code was brought into force in Bihar in 1974, and the number of releases on probation in 1977 increased to 3,789 from only 630 in 1974. The number of pre-sentence enquiries made is an important index of the level of probation work. In Bihar the number in 1977 was 5,876 as against 2,356 of 1962. It is likely that there has been a similar increase in other parts of the country in respect of pre-sentence reporting as well as releases.

Probation services in India have to perform a number of functions other than proper probation work in various parts of the country, namely, (i) assisting children before children courts; (ii) making enquiries relating to releases on parole and of licencees released or about to be released from institutions; (iii) doing welfare and aftercare work in relation to some types of discharged offenders; (iv) helping women in maintenance and matrimonial cases, as in Tamil Nadu; (v) helping nyaya panchayats as in Uttar Pradesh; and (vi) making enquiries under Sec.202 of the Criminal Procedure Code to find out whether it is at all desirable to proceed with

some complaint cases before courts. A well organised probation service has to help in practically all areas of social defence, and becomes a catalytic agent in the development of the necessary services and institutions.

Problems and Prospects

The principal problems relating to the extension of probation approach in India today relate to provision of probation officers in adequate numbers, building up of a proper administrative framework and making available adequate resources for its rapid development. The probation officers increased from 362 to 664 between 1962 and 1977; this means only a slight increase and the numbers are grossly inadequate for the needs of the courts.⁴ The Criminal Procedure Code makes the consideration for release on probation obligatory in the bulk of cases, and it is a legal necessity to provide each court with adequate probation service support. A comprehensive reorganisation of probation work has become necessary in the circumstance in every State. The dimensions of the work have to be expanded rapidly immediately to meet the situation. To provide competent leadership and guidance to this vast enterprise, it would be desirable to create a separate department for probation work in each State and put it under a technically qualified and experienced person with status and emoluments comparable to those of a district and sessions judge, with whom such a functionary has to be in close functional contact. It is necessary to build up simultaneously adequate cadres of properly qualified and trained probation officers, with emoluments and prospects of promotion comparable to those of other State services employing persons with similar qualifications. It may not be possible in short period to employ salaried wholetime officers in sufficient numbers or to cover remote rural areas; it would be necessary, therefore, to employ voluntary probation officers in adequate numbers, pay them their expenses and give them suitable remuneration. The country has already built the necessary legal framework and the required infrastructure to develop probation and its social climate and traditions are highly favourable to the same. It may,

therefore be hoped that with proper reorganisation and provision of funds, the country will use the approach extensively, bring about economy in dealing with offenders and reduce the social costs of imprisonment and other punishments.

Parole and Allied Measures

Often granted to induce good conduct in custodial institutions, parole helps the inmates to be in contact with their families, friends and prospective employers, solve their property and family problems and, if necessary, get themselves treated and trained. While counteracting the evils of long-term institutionalisation, it contributes positively towards social and vocational rehabilitation. Like probation, parole serves as a device for trying out a case in the freedom of society prior to final discharge from legal obligations and assist the offender in getting suitably adjusted to the community before discharge. Some of the progressive countries have now made it an essential part of their correctional processes, seeking effective social readjustment of those institutionalised and not released on probation initially, and presumably more difficult cases, through specialised case work techniques, analogous to those of probation approach, after putting them on parole.

Comprehensive powers for suspending sentences, releasing conditionally as well as unconditionally and remitting sentence have been conferred on appropriate governments by Sec.432 of the new Criminal Procedure Code which corresponds to Sec.401 of the old Code of 1898. But in the past this provision was not considered adequate enough for systematic conditional releases of long-termers and a number of the then provinces passed special laws for securing the same. The first to pass such a law in 1926 was the then province of Punjab. It was followed by the then United Provinces and Assam in 1938 and the Central Provinces and Berar in 1939. The Punjab Act is now in force in India in Punjab, Haryana, Himachal Pradesh and Delhi. Madhya Pradesh passed a new act in the matter in 1954. These acts empower State governments to order conditional release of suitable long-term

prisoners and for placing them under the supervision of officers indicated by them in the order till the expiry of their sentence and the remission of the unexpired portions of their sentences, on successful completion of the period indicated in the bond on the execution of which they were released. The rules framed under these acts usually prescribe that a prisoner should have completed at least one third of his sentence including remission or a total period of at least five years in the prison before being considered for such release, and that he should be well behaved and not a habitual offender. The enquiries relating to social conditions are usually made through the district authorities as well as probation officers where they are available. The supervision of parolees in some States is done by probation officers. In Uttar Pradesh it is entrusted to **gaon panchayats**. In States without such special laws, the premature conditional release of well behaved long-term prisoners is considered under the provisions of their respective prison manuals, and effected under those of the Criminal Procedure Code. The enquiries in relation to such releases are usually made through the district magistrate and superintendents of police of the districts to which the prisoner belongs. The existing procedures do not prescribe post-release supervision or assistance and releases are generally without such help. Considerable improvement in existing practices are needed to make the enquiries meaningful and related to circumstances incidental to the offender and his future, and make available to him the required supervision and help. In 1959, as a part of the extension of social defence programme during the Second five year plan, Bihar utilised the above mentioned conditional release procedures for effective pre-release training in self reliance, direction and control to those released, and made the stay in a probation hostel, specially set up for the purpose at Deoghar, a condition of such release in some cases. The conditionally released prisoners who were generally serving sentences of life or for long terms and had served half of their sentences in prisons, were required to live in the hostel for a year, and were supervised and assisted in their home or places of employment

by local probation officers for periods extending up to three years as ordered by the government. The hostel was functioning entirely in free society, the inmates worked on full wages for themselves or maintained cattle on their own or ran shops. They not only maintained themselves but also often had net savings amounting to over Rs.3,000 from their earnings during a year. Every case sent to the hostel was effectively rehabilitated before the termination of the bond and there was no case of revocation. A similar hostel situated at Ranchi, received boys licenced for release under the Juvenile Jail Rules and helped to get the boys apprenticed to manufacturing firms at Ranchi and secured satisfactory employment for them after release. A probation officer exercised supervision and guidance during the stay.

Two institutions organised in Rajasthan as open prisons deserve to be classed as parole camps. These are the Open Prison of Durgapur and Sanganer. They are without impediments against escape and without the regimentation of institutional programme; this permits inmates to work entirely for themselves and live along with their families and children. At Durgapur prisoners and their families work for full wages on an agricultural farm, while at Sanganer they tend their cattle or work on handicrafts and earn their living. They are in the legal custody of the officers in charge of the Jaipur jail which is several miles away from these institutions. This experiment was also noticed in the U.K. publication noted above.

The fact, however, remains that from the point of view of numbers or proportions of convicts processed through parole, the measures mentioned in the foregoing paragraphs have proved very limited in the scope of their operations. There are procedural delays in selection, lack of proper appreciation of the ends to be served, and, occasionally, a perverted preference for intramural employment where there are shortages of prison labour which appear to be responsible for the poor results and occasional closing down of some of the successful experiments made in the field. Laws relating to institutionalisation of

youthful offenders such as the Borstal Schools Act and Children Act in India contain provisions for treatment in the community at a suitable stage of detention, and delinquents are released under supervision but not on their word of honour but on statutory requirements and are not on parole, but on licence.

Apart from the conditional release described above granted mostly as pre-release training, most States grant to prisoners temporary releases of varying duration (of a fortnight to six weeks) in the course of their detention. Such releases are related to agricultural operations or to the period served in prison or to special emergencies like illness, death or marriages in the family or looking after property affairs or finding employment, and the rules vary from state to state in the matter. Bihar and West Bengal operate the system under special laws enacted for the purpose. In Bihar the releases are effected on the basis of reports from probation officers while in most States district authorities have to be consulted. This has helped to liberalise procedures and extend the benefit to larger numbers in Bihar.

Darshanand Narayan Ray

Notes on Probation and Parole

1. Max Grunhut, *Penal Reform*, Oxford University Press London, **1948**, p.297.
- 2 See Section 14 p.293 of Probation of Offenders Act 1958.
- 3 The cases released on probation for the year 1977 were 23,442 which pertained to 16 States and 4 Union territories.
- 4 The number of probation officers shown for 1977 are in respect of 19 States and 2 Union territories.

Prohibition

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Prohibition is one of the few social security measures which are founded on moral and spiritual values. At the philosophical level, it seeks fulfilment of an ideal—the ideal of creation of a society which is free from all kinds of vices and exploitation. At the most mundane level, it is an instrument of maintaining law and order, a means of saving the poor from squandering their meagre income and protecting them from social deprivation and health hazards. In spite of these laudable objectives, prohibition has suffered serious setbacks in execution.

This article is an attempt to trace the evolution of prohibition policy, especially in the post-independence period, examine the weaknesses inherent in the policy and offer certain practical suggestions that might help wean the public away from the temptation of alcohol as well as the deleterious effects it causes on human health.

Basic Dilemma

At the outset, it is necessary to note that the attitude of Indian society towards the consumption of alcohol has all along been a mixture of approval and disapproval. From time immemorial, society has given approbation to the use of fermented beverage. On ceremonial occasions or rituals, alcohol had even acquired a social value. Among the tribal societies, it has been customary to use alcohol at important events like marriage, child birth, death, etc.¹

At the same time, society had always frowned upon the use of alcohol. Among the Hindus, at one time in the early history, manufacture, transportation and sale or use of alcoholic beverage was made a capital offence. Emperors like Ashoka and Akbar, law-givers like Kautilya and Manu had not only condemned drink and drugs, but also made laws against the use of the fermented beverage. There were strong

religious and traditional sanctions against the use of liquor.

This ambivalence arising out of the approbation—reprobation syndrome has become a part of the body politic leading to far-reaching consequences like fast rise in production and consumption of liquor and dilution of the force and spirit of the philosophy behind prohibition.

Recent Trends

Over the years, consumption of liquor in India has been showing an upward trend. From 1,842 lakh litres in 1976, the consumption of liquor rose to 3,197 lakh litres in 1982—an increase of 75% in a matter of six years.³ In terms of the volume of sales, the total annual sale of Indian Made Foreign Liquor (IMFL), country liquor and beer put together was of the order of Rs. 2,200 crores in 1982. The excise revenue earned by the State governments rose from Rs. 449.31 crores in 1976 to Rs. 1,330.47 crores in 1982.

No wonder, the liquor industry has become a highly lucrative enterprise. Alcohol is easy to make and simple to sell. In the words of a study team on prohibition, the industry thrives by trying to make "every non-drinker, into a drinker; every casual drinker into a regular drinker and every regular drinker into a heavy drinker".⁴ Liquor production has registered an increase in spite of a ban on licensing additional capacity in the liquor industry, which was introduced in 1975. According to a study of small industries conducted by the Indian Institute of Public Administration, most liquor companies have extended their capacity.⁵ For instance, the installed capacity for beer was 124,240 kilolitres in 1980. As against this, the production in the same year was 146,000 kilolitres. This went up to 155,000 kilolitres in 1981 and 165,000 kilolitres in 1982.

Today, barring Gujarat all the States have stepped back from prohibition. The main reason for this appears to be the loss of revenue through excise duty because of the introduction of prohibition. According to a recent report, by liberalising the prohibition policy, Tamil Nadu was able to wipe out its budgetary deficits.⁶ In 1981-82, liquor duties brought in Rs.92 crores.

Against the net additional yield from all budget proposals of Rs.105 crores in Maharashtra, the revenue by way of excise and licence fee for the liquor industry was about Rs.130 crores.

Extent and Prevalence of Alcoholism

Studies on the prevalence and extent of alcoholism have been very limited. However, a few studies conducted on drug abuse, which included alcohol, opium, LSD and other drugs, have thrown up interesting findings.

A study conducted by the All India Institute of Medical Sciences, New Delhi, in a few villages in Punjab on a sample of 1,276 households found that alcohol was the most commonly used drug among the male respondents, its prevalence rate being 58.3 per cent. Alcohol abuse was more common among those who were better educated and having a higher per capita income. Another finding was that alcohol abuse started in many users around the age of 10 and in the age group of 15-19 years 35 per cent were found taking alcohol. It immediately increased in the next age-group 20-29 years and remained fairly high for the rest of the age groups. Opium and cannabis abuse, on the other hand, started later in life and was more common among the older age groups. Among the problems related to drug abuse, acute alcoholic intoxication was given the first ranking. This was reflected as fighting with the spouse, imbalance and loss of interest in work. As for the long-term consequences of the abuse, women felt that sexual demands of their spouse increased, the person worked mechanically, fought with his spouse, stole money, lost ability to concentrate, lost interest in job and status. Men put greater emphasis on sexual misbehaviour, loss of work efficiency, loss of interest in family. In both sexes, the perceived common effects of alcohol was general impairment of family relations, reduced work status and reduced social status. Another study related to drug use among the industrial workers which was conducted by the Delhi School of Social work. The study covered a sample of 4,000 workers employed in 16 factories. It was found that of the total drug users (417), 95.44 per cent used alcohol, followed by *charas* (18.47 per cent), *bhang*

(8.39 per cent), *ganja* (6.95 per cent) and opium (2.16 per cent). A large majority of the users (72.90 per cent) became regular users of drugs between 21 and 35 years of age. Strain of working in the industrial settings, lack of recreational facilities, environmental factors such as drug user in the family and in the circle of friends and co-workers, etc., were largely found to be responsible for the incidence of the problem.

A series of seven studies on "Drug Abuse among College/University Studies" conducted in the cities of Bombay, Madras, Delhi, Jaipur, Hyderabad, Varanasi and Sagar (Madhya Pradesh) found that although the overwhelming majority of students did not take any kind of drug, among the users, the most commonly used drug was alcohol. The drug abuse was noticed more among students belonging to the urban areas and higher income group families with the background of education in military, public and convent schools, and those residing in college hostels and studying in professional courses like medicine and engineering. Relieving tension, removing boredom, socialising and solving personal problems were found to be among the causes of drug abuse.

Evil Effects of Alcohol

It is universally accepted that alcohol causes considerable deleterious effects on health. It creates, for example, inebriety, stupefaction, deterioration of intelligence, perversion and unhappiness. It creates social problems like disruption of family and neglect of children and industrial problems as a result of accidents and absenteeism. Alcohol also causes corruption and law and order problems.

The medical opinion is that far from having any health giving and disease-curing properties alcohol causes many diseases and contributes to many more in an indirect manner by adversely affecting the normal resistance of the human body to diseases. According to the Expert Group on Alcohol, Human Health and Nutrition,⁸ consumption of alcohol among the poorer sections of the people tends to divert the meagre financial resources and adversely affects optional intake of essential nutrients

such as protein and vitamins by the family as a whole, producing damaging effects particularly among pregnant and lactating women and pre-school children. Also, there is "evidence to suggest that pre-existing nutritional deficiency, by interfering with the production or activity of ethanol oxidizing enzymes may not only intensify the toxic effects of alcohol, but may also impair the regenerative and reparative activities of the damaged cells of the liver".⁹ The Expert Group has listed the following deleterious effects that liquor causes on human health:

- it damages the liver, it makes the liver fatty in the beginning, thereafter it causes alcoholic hepatitis which develops into cirrhosis, finally resulting in liver cancer;
- it causes gastro-intestinal dysfunction, and impairs the intestinal transport of nutrient substances;
- it directly affects the nervous system impairing task performance (like typing, driving, mountain climbing, etc.) which is dependent on well-functioning conditioned reflexes. Functional disorders of other organs like the liver will also affect adversely the functioning of the nervous system;
- it affects the heart, causing beri-beri, heart and alcoholic cardiomyopathy;
 - it causes diseases of the muscle;
- it inhibits secretion of anti-diuretic hormones and oxytocin;
- it suppresses the formation of red blood corpuscles;
- it leads to malnutrition, by impairing normal processes of food digestion and absorption. It also reduces intake through loss of appetite.

Evolution of Prohibition Policy

Historical Background: The prohibition movement in India can be traced to the agitation against the British in 1888 in which one major item was the demand to ban by law the manufacturing and drinking of alcohol. The British authorities pleaded that alcohol earned excise revenue which was being used for the purpose of education of the people. It was, however, felt by the leaders that introduction of the excise system served only to increase the drinking habit among the people. Things came to a head when Lokamanya Tilak launched a

people's agitation in 1906 by picketing liquor shops in Pune. In 1920, prohibition was adopted as an essential part of the Constructive Programme under the leadership of Mahatma Gandhi. Gandhiji was so decisive in his views against drinking that he said: if he were to be a dictator for a single day, his first act would be to close all liquor shops. He wrote in 1921: "you will not be deceived by the specious argument that Indians must not be made sober by compulsion and that those who wish to drink must have facilities provided for them. The state does not cater to the vices of the people. We do not regulate or licence houses of ill-fame. The state does not provide facilities for thieves to indulge in thieving. I hold drinking to be more damnable than thieving and perhaps even prostitution. Is it not often the parent of both? I ask you to join the state in abolishing the liquor shops."¹⁰ Prohibition was not a programme in isolation; it was part of a general programme of reconstruction arising out of the social, moral and spiritual uplift of the country's freedom struggle. In 1937, when the popular governments were established, comprehensive prohibition laws were enacted by the governments of Madras, Central Provinces and Berar, Bihar, Orissa and North West Frontier Provinces and in selected areas of Bombay and the United Provinces. These laws were, however, annulled after the resignation of the popular Ministers in 1939.

Constitutional Obligations: After India became independent, the overall policy of the Government of India was directed towards achievement of total prohibition in the country. Article 47 of the Constitution states: "The State shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of the consumption except for medical purposes of intoxicating drinks and of drugs which are injurious to health."

Under Schedule VII of the Constitution, the production, manufacture, transport, purchase and sale of intoxicating liquors and duties of excise on them have been brought under the

State list. Therefore, prohibition is a State subject. The Central government helps the State governments in taking appropriate steps in fulfilling the constitutional obligations.

Prohibition Enquiry Committee: In 1954, a Prohibition Enquiry Committee under the chairmanship of Shri Shriman Narayan was set up by the Planning Commission to suggest a nationwide programme for prohibition. The Committee in its report (September 1955) suggested that prohibition should be regarded as a national policy and it should be made an integral part of the five year plan. The Committee also suggested enforcement of prohibition on two lines—(a) educative and preventive, and (b) legal and administrative—and enactment of a prohibition act in every State. To review the prohibition programme and to coordinate the activities in the States, the Committee recommended setting up of a Central Prohibition Committee.

Central Prohibition Committee: In 1960, the Ministry of Home Affairs set up a Central Prohibition Committee to advise the government on various measures to be taken in the implementation of the prohibition policy. The Committee, which was presided over by the Minister of State in the Ministry of Home Affairs, was represented by the Minister in charge of Excise and Prohibition in each State and Lt. Governors/Chief Commissioners of the Union Territories and a nominee of the State Prohibition Board/Committee as well as non-official representatives. The Committee was required to undertake periodical review of the prohibition policy and progress of prohibition in the States, study the problems encountered in the process of implementation of the programmes, promote research and studies on the socio-economic implications of prohibition, and recommend suitable measures to assist official and non-official agencies in the implementation of the programme, including temperance propaganda. In September 1968, prohibition work was transferred to the Ministry of Social Welfare. The Central Prohibition Committee, which is now headed by the Minister for Social Welfare, serves as a standing advisory committee on prohibition.

Study Team on Prohibition: To study the working of the prohibition programme for the country as a whole, the Planning Commission appointed a study team on prohibition in April, 1963 under the chairmanship of Justice Tek Chand.¹² The study team covered various dimensions of the prohibition programme like enforcement of prohibition and excise law, measures to reduce illicit traffic in liquor, improve administrative efficiency and secure public support for the programme through the cooperation of both official and non-official agencies. This report can be considered the most comprehensive document produced in India on the problem of alcoholism and the measures needed to implement the total prohibition programme. One major contribution of the study team was its attempt to identify the pattern of drinking in the country. Making an analysis of the budget of 21,197 working families in 50 different centres in the country, the study team found that 10-24 per cent of working class families in wet states and 12 per cent in both dry and wet areas were given to drinking. Expenditure on drinking among these families was Rs 13/- per month, on an average, which constituted about 9 per cent of an average income of about Rs. 150/.

Commenting on the loss of revenue as a result of introduction of prohibition, the report states that the loss is "more illusory than real". In a wet state, out of every Rs.4 paid by the consumer for his liquor, only Re.1 goes to the government as liquor excise. "The other Rs.3 go to the liquor trade—the middlemen, contractors, vendors, etc."

Expert Group on Alcohol, Human Health and Nutrition: The Expert Group on Alcohol, Human Health and Nutrition, appointed by the Department of Social Welfare, after identifying the deleterious effects of alcohol on human health, supported the recommendations of the Tek Chand study team.¹³ The group further felt that research should be encouraged in the drinking pattern among various communities and the alcohol-nutrition interaction to identify the hazards of alcohol consumption as well as the effects of the consumption of adulterated alcohol. The group found that frequency of

alcohol abuse was greater among the poorer sections of the community.

Major Initiatives

On the basis of the recommendations of various study teams and the Central Prohibition Committee, the Government has been advocating several measures to reduce the consumption of alcoholic beverages. However, major programmes towards introduction of total prohibition in the country were launched in 1975 and 1978. These are briefly reviewed in the following paragraphs.

(a) Prohibition Policy-1975: To reduce the consumption of alcoholic beverages and prepare the ground for the introduction of total prohibition, the Government of India announced in 1975 a 12-point programme for implementation.¹⁴ The major thrust of the programme was to build up social pressure at the national level against drinking. The programmes is indicated below:

- Discontinuance of advertisements and public inducements relating to drink;
- Stoppage of drinking in public places like hostels, hotels, restaurants and clubs and at public receptions;
- Banning of liquor shops near industrial, irrigation and other development projects in order to keep away the workers from drinking;
- Not allowing any liquor shop along highways and residential areas in towns and villages; or anywhere near educational institutions, religious places and colonies of labourers;
- Declaring pay days in different areas to be uniformly 'dry' days;

- Strict enforcement of restrictions on motor vehicle drivers and pilots; anyone infringing the rules to be punished with the cancellation of their licences for a sufficiently long period;
- Prohibiting government servants to drink in public and awarding severe punishment for drunkenness while on duty;
- Barring new liquor shops being opened in any part of the country merely to earn more excise revenue;
- Stopping issue of licence for creation of additional capacity or expansion of the existing capacity for distillation or brewing of alcoholic drinks except in 100% export oriented cases;

Tightening the existing legislation with a view to punishing the guilty more effectively;
Carrying on widespread and concerted propaganda by official as well as non-official agencies against the evil of drinking; and
Setting the tone through personal example by the leaders of public opinion.

State governments, voluntary organisations and the public at large were urged to extend full cooperation in the implementation of the programme.

The above minimum programme was supplemented by guidelines for the implementation by the State governments. The guidelines related to discontinuance of advertisements and public inducement, banning of drinking in public places, banning the location of liquor shops near industrial, irrigation and other development projects, reducing the percentage of alcoholic content in the beer, putting control on production and consumption of liquor, restrictions on drivers of vehicles, tightening the legislation and organising widespread publicity and propaganda on the evils of drinking.

(b) Excise Policy in Tribal Areas: The objective behind the introduction of the excise system in India was to regulate the production, transport and sale of liquor and to penalise the illicit liquor trade. The intention of the excise policy was also to discourage excessive drinking and to diminish the temptation for non-drinkers. While one cannot deny that the first objective continues to be met, partially or wholly, the second objective has remained, at best, a pious hope. Because the system had given licence to people to freely procure the distilled beverages, it virtually helped increase the drinking habit among the people, thereby also augmenting the revenue through excise duty.

Excise policy had adversely affected the tribal people also. The tribals traditionally prepared and used indigenous beverages which also had some food value. With the introduction of excise policy, distilled liquor came to be easily available in the tribal areas through both legal

and illegal shops which had infiltrated every village throwing great temptation in the path of the tribal youth. This resulted in a level of drinking unparalleled anywhere else, thereby causing for the innocent tribals problems of debt and land alienation and leading to consequent misery.

As early as the 1930's, W.B. Grickson in his *Mariya Gonds of Bastar* wrote that introduction of an alien system of outstill in Bastar not suitable to the local conditions introduced the contractor who was interested in maximising his profit.¹⁵ The vendors were the greatest source of exploitation. It was found that through the liquor shops anti-social elements penetrated into the tribal world and created havoc. In 1938, D. Symington noted that "the excise policy of British Administration in making the sale of liquor a source of revenue in the State had devastating effect on the tribal people."¹⁶ It was found that for every rupee the State earned as revenue from the excise the actual burden on the tribal was 4 to 5 times as much.

Realising the gravity of the situation, the Scheduled Areas and Scheduled Tribes Commission (Dhebar Commission) in 1969 recommended that the "sale of distilled liquor should be discontinued forthwith."¹⁷ However, this recommendation was not implemented by the State governments and in 1975 the Government of India issued certain guidelines to State governments on the excise policy to be followed in future in all areas where the tribal population was preponderant. First, in the tribal areas where prohibition was not in force, there should be greater educational effort so that there was a general atmosphere of temperance among the people. Second, the contract system of liquor vendors in tribal areas should be given up. Third, in areas of tribal concentration where the custom of brewing local beverages still prevailed, there should be no liquor shops at all. Fourth, where prohibition was not in force, the tribal people should be allowed to prepare their own beverages for individual and social purposes.

(c) Prohibition Policy in 1978: In 1978, the Government resolved to bring about total prohibition in four years ending March

31, 1982 in a phased manner.¹⁹ Greater emphasis was laid on the control of drinking habits through such measures as introduction of dry days, non-renewal/withdrawal of licences, where necessary, making drinking unfashionable by incorporating suitable lessons in textbooks, massive publicity and propaganda through mass media against the evils of alcoholic consumption, involving voluntary agencies in the implementation of prohibition policies and programmes, etc. A notable step taken by the Government was to offer compensation to State governments as they were likely to lose excise revenue as a result of the introduction of prohibition. The Government of India offered as incentive to compensate the State governments to the extent of 50% of the established loss.

Policy Changes in 1980

The objective of total prohibition within a period of four years was not found to be practical. Some of the reasons for this were (a) the loss in revenue was too big to be offset by alternative sources of income, (b) the machinery to enforce prohibition was not only costly, but also hopelessly ineffective in curbing smuggling, bootlegging and illicit distillation, and (c) the people who were supposed to enforce the dry laws were not above the temptation of drinking.²⁰ Accordingly, in view of experience in the States, in 1980 the Government felt it necessary to shift the practical emphasis in policy from enforcement of prohibition to temperance in the use of alcohol. While adhering to the long-term direction and maintaining the earlier guidelines for effective implementation of prohibition remained unimpaired including the Centre's decision to continue 50 per cent compensation to the States till 1989-90, greater stress was given to the vigorous use of mass communication media in educating the public on the ill-effects of alcohol as also the increased involvement of voluntary organisations

Conclusion

Experience in India and elsewhere has shown that there are serious limitations on the part of the Government in implementing prohibition by

means of the enforcement of law. Essentially, prohibition seeks to regulate human morality and habits. Enforcement of moral legislation should, therefore, be limited to the possible means of enforcement. Again, if such a legislation is not supported by the majority of the people, it will tend to generate public resentment, which will be exploited and fomented by vested interests and propagandists of the liquor trade. In a plural society like India where religious sanction cannot be uniformly applied, we cannot enforce prohibition on strictly religious grounds. Moreover, the influx of the working population from the rural to the urban and industrial areas makes the problem of prohibition much more complex. "The industrial revolution in India, massing of the peasants in the cities, the creation of an urban proletariat and middle class, and the breakdown of religious taboos will lead to a rise in the consumption of alcohol and the end of effective prohibition. It must fail in the crowd of the streets".

The remedy should and does lie only in the education and re-education of the nation. "Prohibition means a type of adult education of the nation and not merely a closing down of grog shops" said Mahatma Gandhi. Social education and rousing the public consciousness about alcohol and its deleterious effects on health is not only imperative, but should also be a constant endeavour. This should be supplemented by systematic and sustained audio-visual publicity campaigns against the evils of drinking.

The role of the press in instructing and educating the masses is indeed very important. The press can "voice, inform and publicise" the fatal consequences of the distilled beverage.

Equally important is the role of voluntary organisations in creating public opinion in favour of prohibition. Another effective source through which excellent work for prohibition can be done is women's organisations. Women can spearhead the crusade against drinking as they have the first-hand experience of the ruin that liquor brings to their domestic happiness and to that of their children. To make the

campaign more effective, workers of the voluntary organisations, including those of women's organisations should be given adequate training in the field.

Providing counselling and guidance services to alcoholic addicts, establishing social service clubs, entertainment and rehabilitation centres will help in weaning the people away from alcoholic beverages. Last but not the least is the need for conducting research on the effect of alcohol on society. The research findings can provide valuable inputs for devising suitable measures to check drinking. This is one area where very little work has been done and where substantial efforts, on a continuing basis, are urgently called for.

T.K. Sarojini

Notes on Prohibition

1. Government of India, Planning Commission, *Report of the Study Team on Prohibition* (Vol. I & II), Delhi, Manager of Publications, 1964.
2. R.R. Divakar "Alcoholic Drinks and Prohibition", *Yojana* 25(18), October 1, 1981.
3. Compiled by the Ministry of Social Welfare, Government of India, from data received for the meeting of Central Molasses Board on 19.1.1983.
4. Study Team on Prohibition, *op.cit.*
5. "Booze in Big Business", *Business India*, New Delhi, January 30—February 12, 1984.
6. *Ibid.*
7. Government of India, Ministry of Social Welfare. "Note on Research Studies on drug abuse sponsored by the Ministry of Social Welfare" (mimeo).
8. Government of India, Department of Social Welfare *Report of the Expert Group on Alcohol, human health and nutrition*, New Delhi, 1974.
9. *Ibid*
10. V.K. Sthanunathan, "Prohibition—Pros & Cons" *Yojana*, 23 (10) June 1, 1979.
11. Government of India, Department of Social Welfare, *Prohibition : Policy and Programmes*, New Delhi, 1977.
12. Study Team on Prohibition, *op.a'f.*
13. Expert Group, *op. cit.*
14. Government of India, Ministry of Social Welfare Central Prohibition Committee—Agenda Notes of 11th meeting 1982. (unpublished).
15. Government of India, Ministry of Home Affairs, *Tribal Development in the Fifth Plan: Some Basic Policy Papers* Vol.1.
16. *Ibid.*
17. *Ibid.*
18. Central Prohibition Committee-Agenda notes, *op. cit.*
19. *Ibid*
20. "Prohibition—Survey", *Hindustan Times* dated August 6, 1981
21. Sinclair, Andrew, *Prohibition: The Era of Excess*, London, Fever and Fever 1962.

Prostitution and Immoral Traffic

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The practice of prostitution is perhaps as old as civilization. Historically, religious beliefs and social customs prevalent in society from time to time provide the earliest accounts of its origin. The system of substitution of rights of God for the rights of a husband led many primitive and ancient people to practise religious prostitution. For instance, the priestesses of the African West Coast considered themselves to be wives of the gods whom they served; their sexual excesses dedicated to the gods were not regarded with reproach. In India it were the Brahmins—the Kulin Brahmins of Bengal and the Nambudri Brahmins of Kerala—who styled themselves as holy men, the earthly representatives of God to be welcomed for coition by women belonging to castes lower than theirs. Similarly, among the Semitic people of Egypt, Babylonia, Syria, Phoenicia, Canaan, and Arabia, the Hierodouloi or inferior temple ministrants used to express religious rites by worshipping various deities through sex. The De-vadasi system, found in some parts of India, was yet another form of religious prostitution. These *dasis* (slaves) were dedicated and symbolically married to *Deva* (God) to dedicate their lives in religious services.¹ The religious belief of the tantric cult that spiritual union with God can best be attained through sexual union in flesh had further given sanction to prostitution. In such sects promiscuous intercourse was spoken of as an act of devotion to the deity and was regarded as obligatory for all members. Since union with low caste women, dancing girls or prostitutes marks the collapse of caste barriers, their spiritual merits were considered great.² In ancient times the prostitutes and their relatives had definite rights, duties and prerogatives as illustrated in Kautilya's *Arthashastra*, Vatsyayana's *Kamasutra* and a number of other sex manuals, such as Damodaragupta's *Kut-tani Mara* or "Lessons of a Prostitute" and Kshemendra's *Samaya Matrika* or the "Prostitute's Breviary". In recent times,

however, prostitution has become a degraded clandestine trade.

In the Indian context there are ample references to the system of 'guest prostitution', courtesans, maintaining of harems, concubines, mistresses, *Apsaras* (heavenly nymphs), *ganikas*, etc., and the practice of *dasis* (slaves) accompanying Rajput brides for sexual gratification of bridegrooms. *Vishnu Samhita* proclaimed that it was auspicious to circumambulate a prostitute. *Matsya Purana* considered the *veshya* (prostitute) as a good omen, and in parts of South India the *mangalasutam* (thread tied round the neck) of the new bride was made by the prostitute. Similarly, in the North Eastern part of India even now a handful of earth from the threshold of a strumpet's (prostitute's) house is used in the making of the holy image of goddess Durga.

Causes

It is rather difficult to enumerate or identify all the factors conducive to prostitution because it has often been argued that prostitution has its roots deep in the fabric of society. The social and economic subordination of women by men has often been cited amongst the important causes leading to prostitution. In fact, in primitive matriarchal societies prostitution was not known to exist and it is believed to have declined whenever women and men were economically on an equal footing.⁵ The International Congress on Prostitution (1953) concluded that economic and social factors are amongst the most important causes of prostitution and urged public authorities "to take measures to combat these factors efficaciously". The Advisory Committee on Social and Moral Hygiene pointed out that amongst women found in brothels, many had come from poor but respectable families and that they were driven to prostitution by economic necessity, often due to unemployment.⁶ According to the Committee on Status of Women in India important among the causes instrumental in prostitution were dowry, high bride price, and consequent debts. Many a time higher castes or powerful men of the village acted in liaison with procurers and brothel keepers for driving young girls into

prostitution. A survey on exploitation of scheduled caste women undertaken by the Harijan Sevak Sangh for the above Committee found that in Raipur and Raigarh districts, loose marriage ties in which adultery was scarcely regarded as an offence encouraged prostitution; married women could openly live with other men and two men could exchange their spouses at will. There were instances of women being mortgaged to creditors for return of loan or sold to pay off debts. The survey also found that husbands, parents, and parents-in-laws took the initiative in forcing women into prostitution for economic gains.⁷ This clearly indicates that women under such circumstances were considered as property and were treated as mere objects of sex. Poverty has led a large number of women, to begging and there is ample evidence to suggest that these women often became near prostitutes.

Some research studies suggested the following factors to be conducive to prostitution; destitution; desertion; neglect; ill-treatment; strained relations; deception; bad influences; illegitimate pregnancy; illicit sexual relations; ignorance; sex curiosity; sexual urge; desire for easy life; desire for revenge; industrialisation; urbanisation; tradition (as in the case of the Naik girls of Uttar Pradesh); hereditary (as among the "nautch girls"); prohibiting of widow remarriage; and adopting double standards for men and women whereby men are allowed considerable sexual freedom and women ostracised on the score of chastity.

It has, however, been argued that in many countries with a prosperous economy, high standards of living, universal education, full equality between men and women, and well developed social services, the problem of prostitution remains unsolved and that whenever economic conditions improved, the pattern changed but prostitution did not cease to exist. Though the number of persons who drift into prostitution due to economic necessity had decreased appreciably, the number of call girls who take to prostitution for obtaining the luxuries they crave for had greatly increased. This indicates that trade in human flesh goes on unabated not simply because of ignorance,

illiteracy, squalor, and poverty, but also because human beings consciously choose this occupation and are willing to be manipulated by others.

Features

As a concept, prostitution has been defined by social scientists in different ways depending on the extent of its prevalence. The most widely accepted definition, however, is the one given in the Encyclopaedia of Social Sciences which defines prostitution "as the practice of habitual or intermittent sexual union more or less promiscuous for mercenary inducement." It is thus characterised by three elements: (i) payment, usually involving the passing of money, although gifts or pleasures may constitute equivalent consideration; (ii) promiscuity with possible exercise of choice; and (iii) emotional indifference, which may be inferred from payment and promiscuity.¹⁰ According to this definition though both men and women may be involved in the profession, the legal definition almost invariably refers to a woman selling her sexuality and not a person of either sex selling his or her sexuality. This may be due to the fact that male prostitution is of recent origin.

Generally, prostitutes can be classified on the basis of their *modus operandi* for the purposes of prostitution which are as follows:

Brothel Prostitutes: Their operations are carried on in a brothel or an organised 'house of ill fame' to which the male customers come. A 'madam', who is usually an ex-prostitute, owns and operates the brothel and the prostitutes work for a commission, which is based on the money received for her sexual services. Vice of this kind is highly regimented by vice lords, panderers, keepers and pimps.

Call girl prostitutes: Their place of operation is a hotel room or the apartment of the male customers. Generally, she operates independently from her apartment or residence and is available on telephone. She may also solicit customers through an intermediary or middleman and in such situations she also shares her fee with him.

Street or public prostitutes: This type solicits customers on the streets and takes the customer to a place of assignation—a rooming house or hostel that charges a flat rate per assignation. Occasionally, automobiles (belonging to the customer), taxi cabs or tourist camps are also used as places of assignation. She is relatively independent of organised vice, although she may operate on a companionship basis with one or more prostitutes.

Unorganised professional prostitutes: The place of operation, amongst this category, is an apartment or a flat usually located in a decentralised area of the city which she either rents or lives in. Ordinarily, she operates alone; her only connections are a few taxi drivers or other carefully chosen persons who connect prospective customers to her. She is apt to cater to a 'higher' class of patrons.

Other types: Clandestine forms of prostitution are also found in bars, massage parlours, amusement centres, dance clubs, etc. Some prostitutes work on a part time basis as they are generally employed in other jobs.

Incidence

It is difficult to enumerate the number of prostitutes firstly, because of the stigma attached to the act of prostitution and, more importantly, because of the abolition of brothels under the law resulting in the vice assuming clandestine forms. However, some indication of the nature and forms of prostitution are available from the statistics relating to the implementation of the Suppression of Immoral Traffic in Women and Girls Act, 1956 as amended in 1978. The only official statistics available are of cases apprehended under the SIT Act, as reported in *Crime in India*. Though analysis of the statistics indicates that there has been a distinct rise in the number of cases over the years, from 7,746 in 1971 to 13,924 in 1977, it may be noted that these numbers do not refer to prostitutes alone. These indicate the total number of arrests under the SIT Act which include pimps, procurers, brothel keepers, etc. The statewide picture of the number of arrests indicates that Tamil Nadu has the highest incidence (6,453), followed by Karnataka (3,632), Andhra Pradesh

(1,638), Maharashtra (1,130), and Uttar Pradesh (797)." These figures cannot however, be taken as an indication of the extent of the problem in different States as the enforcement drive varies from state to state and from time to time.

Approach

Three major legal systems in vogue the world over for the purposes of controlling immoral traffic in women are: (i) Regulationist Approach, (ii) Prohibitionist Approach, and (iii) Abolitionist Approach. India has adopted the Abolitionist policy, for it subscribes to the idea that prostitution *per se*, if made a legal offence, would entail unwarranted interference in the private life of individuals which would be contrary to Article 12 of the Universal Declaration of Human Rights. Secondly, as long as the demand for prostitution exists, there would undoubtedly be a corresponding supply, despite the penalties contemplated.

Commercialisation of prostitution in India took place in the beginning of the seventeenth century in port towns, and gradually spread to other parts of the country. By the nineteenth century it became a social problem in the sense that it became a matter of social concern. Thus, systematic legal and administrative measures to combat prostitution were undertaken in this country with the enactment of the Indian Penal Code of 1860. Sections 372 and 373 of the Code prevented induction of women under a certain age, against their wish, into prostitution. The Contagious Diseases Act of 1868 was aimed at compulsory examination of common prostitutes and their detention in hospitals until they were cured. This law proved irksome and was, therefore, repealed in 1888. In 1892, a committee was set up to enquire into the practice of prostitution and it was found that procurers made special arrangements for the supply of women to brothels. The need for more vigorous legislation was, therefore, felt. In 1907, the East Bengal and Assam Disorderly House Act was passed. This Act was applicable to certain areas of East Bengal and Assam and provided for the prosecution of brothel keepers. For verifying the facts, police officers were empowered to inspect such houses. Since this Act had very limited scope and coverage, other

provinces passed their own acts, namely, the Calcutta Suppression of Immoral Traffic in Women and Girls Act of 1923 (replaced by the Bengal Suppression of Immoral Traffic Act of 1930); the Prevention of Prostitution Acts of Bombay (1923), Punjab (1935) and Mysore (1936). These Acts provided imposition of heavy penalties for the following: (1) living on the earnings of prostitution; (2) keeping a brothel; (3) importing a female for prostitution; (4) allowing premises for use as a brothel; and (5) encouraging or assisting prostitution. Some states passed special Acts to deal with specific aspects of prostitution. The U.P. Naik Girls Protection Act of 1929, for example, was enacted to deal with the custom prevalent among the Naik caste whereby minor girls were trained for prostitution. Similarly the practice of dedicating women as devadasi to Hindu deities, temples, and other religious institutions prevalent in certain parts of the country, were dealt with under the Bombay Devadasi Prevention Act of 1934 and the Madras Devadasi (Prevention of Dedication) Act of 1947. These Acts declared void all those ceremonies which, according to the customs of several communities, were supposed to effect dedication of a woman with or without her consent.

In 1950, India signed the International Convention for the suppression of immoral traffic in women and girls. In pursuance of this, a Central Act known as the Suppression of Immoral Traffic in Women and Girls Act (1956) was passed by Parliament which replaced all the State and special Acts. This Act (of 1956) was subsequently amended in 1978 to remove lacunae which affected its effective enforcement. Prostitution, according to the amended Act, is the act of a female offering her body for promiscuous sexual intercourse for hire, whether in money or in kind, and whether offered immediately or otherwise. The Act aims at prohibiting prostitution in its commercialised form as an organised means of living. Prostitution *per se* is, therefore, not an offence. The philosophy reflected in the Act is that the law should take cognisance only when women and girls are exploited and dragged to lead a life of vice; persons derive monetary gains from the earnings of prostitutes; and where it is practised

in public places causing a public nuisance. The Act, therefore, prescribes penalties only for: (1) keeping a brothel, or allowing premises for use as brothel; (2) procuring, inducing, or taking a woman or a girl for the sake of prostitution; (3) living on the earnings of prostitution; (4) detaining a woman or girl in premises where prostitution is carried on; (5) carrying on prostitution in or in the vicinity of public places; (6) seducing or soliciting for purposes of prostitution; and (7) seducing a woman or girl in custody. Thus, prostitution so far as it consists of acts of consenting individuals without exploitation and in private is not appropriate for penal sanction. The reasons for restricting the scope of the Act are: (1) morality cannot be legislated beyond a point and, therefore, apparent enforcement difficulties have to be considered; and (2) a complete ban on prostitution may lead to clandestine forms of prostitution which may prove even more detrimental to society.

The Act covers a female of any age and defines a brothel as any house, room, conveyance, or a place which is used for the purpose of prostitution for the gain of another person or for mutual gain of two or more prostitutes. All the offences are cognisable and bailable. The suggestion to make all the offences non-bailable was turned down by the Law Commission probably because it would involve more police work and crowding in institutions and also because it is against progressive legal thinking, for prostitution is basically a social problem which needs to be handled in a non-punitive manner.

The enforcement machinery stipulated under the Act comprises special police officers and women police officers wherever practicable. The amended Act has delineated the powers starting from senior officers of the rank of Assistant Commissioners, Superintendents, and Deputy Superintendents of Police to lower ranking officers of the level of Inspectors of Police. This was felt necessary because senior police officers were hardly able to find time from their already busy schedules resulting in the non-enforcement of the Act. The amended Act has gone a step further by authorising the

District Magistrate to confer all or any of the powers of the special police on any retired police officer who was at least an Inspector of Police before his/her retirement, or on a retired commissioned military officer. This is a step towards ensuring proper implementation of the Act. The special police officer is entitled to remove from any premise a female who, in his opinion, is earring on or is being made to carry on or in regard to whom attempts are being made to carry on prostitution. In case search without warrant becomes necessary, then the Act makes it obligatory that two or more respectable inhabitants (one of whom shall be a woman) of the same locality where the search is being conducted may be associated to witness the search. The women witness, however, need not be from the same area. This provision has been made to ensure that the police does not misuse its powers. In order to advise police officers on questions of general importance regarding the working of the Act, a non-official advisory body consisting of not more than five leading social welfare workers, including women, has been provided for in the Act.

The framers of the legislation have rightly felt that public support is essential for its effective implementation. Section 18 of the act empowered any resident to inform the court about any premises being used for the purposes of prostitution, and section 20(1) enables any resident to inform the magistrate if prostitution is carried on in the vicinity. But in practice the experience has been that the general public, either due to apathy or ignorance, do not make use of these provisions.

The police find it difficult to prove that a female has had sexual intercourse in a promiscuous manner. Such evidence is rather difficult, because immediate medical check up in most situations is not possible. Moreover, no respectable citizen is prepared to witness the raids for fear of possible harassment either by the pimps or the police. Furthermore, by the time the police is able- to contact some citizens for conducting raids it is often too late and the very purpose of the operation is defeated. These problems lead to more acquittals than convictions which is one reason the police

generally tend to lose interest in such cases and the act is enforced half-heartedly. The number of special police officers is also small compared to the magnitude of the problem. It is, however, hoped that as a result of recent amendments to the act, more police officers will be provided to deal with the enforcement of the act.

In order to ensure speedy trial of offences, the act has empowered State governments to establish one or more courts of first class judicial magistrates in any district or metropolitan area by notification in the official gazette in consultation with the High court. These special courts exercise jurisdiction only in respect of cases under the act unless otherwise directed by the High court. No court inferior to that of a Metropolitan Magistrate or Judicial Magistrate of the first class shall try offences under sections 3 to 8. For other sections, categories of magistrates have been specified sectionwise in the second column of the schedule attached to the Act.

The benefit of probation has been restricted to offenders convicted for prostituting in and around the vicinity or public places (See Section 7) and for those seducing or soliciting for the purpose of prostitution (See Section 8). Persons convicted for the offence of maintaining a brothel or allowing the premises to be used as brothel or living on the earnings of prostitutes; of procuring, inducing, and/or taking women or girls for prostitution, of detaining a woman or a girl at the premises where prostitution is carried on, or of seducing a women or a girl in custody, shall not be released on admonition or probation. This reinforces the maxim of the framers of this legislation that exploitation of women and girls by middlemen is viewed as a more serious crime than the individual act of prostitution. The act also views the habitual offender seriously. Under the act the court can order the offender to notify any change in his/her residence for a period upto five years and also ensure security for good conduct behaviour.

Where a prostitute cannot be released on either admonition or probation, then, in lieu of imprisonment, she may be detained in a

corrective institution for a period between two and five years. The Act envisages two types of institutions—corrective institutions and protective homes. In corrective institutions those women and girls who are in need of correction are detained. No separate institution is stipulated for undertrials. These institutions besides serving as shelters for female undertrials are also meant for concerted treatment of hardened cases.

Protective homes are meant for women and girls in need of care and protection. Since the implementation of the act comes within the purview of State governments, the act empowers them under section 23 to enact rules and establish necessary infrastructure for the purpose. The institutions stipulated in the act aim at providing care, protection, training, education, correction, and rehabilitation to women and girls who are in moral danger. Achievement of these objectives requires effective staff and rehabilitation programmes at these institutions. Generally, the programmes offered at these institutions are: (a) vocational courses; (b) educational programmes; (c) casework and psychological services; (d) recreational and socio-cultural activities; and (e) follow-up services.

The inmates sent to these institutions include (1) offenders guilty of carrying on prostitution or found seducing or soliciting for the purposes of prostitution; (2) women or girls in moral danger; and (3) females who were or are prostitutes but have come out of it of their own choice. The programmes, therefore, have to be planned in a manner appropriate to the requirements in individual cases. It will not be a simple task for such girls to give up easy ways of earning, especially in the case of convicted inmates, and settle for a trade or craft that does not provide enough earnings. This fact was clearly brought out by the committees set up in 1954 and 1967 by the Government of India to study existing institutional and non-institutional services with particular reference to needs and requirements in the field of moral and social hygiene. Investigations showed that most of the institutions were located in congested parts of the city in hired buildings which not only

stigmatised the inmates but also restricted their movements within the institutions for want of space. Further, casework and counselling services, very much needed for such women, were lacking and follow-up services were almost non-existent. Consequently, the inmates generally passed their time at the institution in idleness. The majority, on release, went back to the same profession. The committees were of the opinion that inmates admitted to such institutions posed wide-ranging and complex problems which called for a variety of treatment facilities based upon proper classification of the inmates. The institutions, therefore, must have effective educational and vocational training programmes without which no successful rehabilitation can be expected. Further, taking into account the background from which the inmates come, it was necessary to have proper recreational avenues for outdoor life and healthy social experiences as essential components of the institutional programmes. The Committee also proposed that special schools with hostel facilities should be set up separately for the children of the prostitutes and voluntary organisations should be encouraged and assisted by the government to run nursery and kindergarten schools for young children who could not be separated from their prostitute mothers.

Experience of different countries has shown that although intelligent laws, effective and honest enforcement machinery and public vigilance can go a long way to control commercialised prostitution, legal measures alone are not able to check its many shapes and forms. Thus, the role of voluntary organisations in the prevention and control of prostitution and rehabilitation of prostitutes becomes very vital. The involvement of the community also becomes necessary because prostitution is basically a social problem.

Studies have shown that one of the significant obstacles that come in the way of girls wanting to leave prostitution is society's attitude of contempt. Society is not willing to forgive them and accept them back as respectable human beings. By and large men refuse to marry these girls; husbands refuse to

take back their wives who may have been involved in prostitution: so is the case with relatives. Such double standards of morality and possible ignorance on the part of communities regarding circumstances leading women to prostitution need to be tackled through social education, strong public opinion, and mass media such as radio, television, motion pictures, etc. The problem has to be handled from two angles: (1) dealing with women and girls already in prostitution; and (ii) preventing new incumbents from entering prostitution.

The following programmes for tackling the problem become significant:

I. Preventive Programmes: (a) Counselling and guidance services, such as child guidance clinics; marriage guidance bureaus; school counselling services; family life institutes; vocational guidance centres; etc; (b) educational programme to educate the public with regard to the causes and problems of prostitutes; to create public opinion through audio-visual aids against prostitution and not the prostitutes; and to reorient field workers through seminars, workshops, conferences, training camps; sex education, etc; (c) economic work programmes, such as sheltered workshops; training-cum-production centres; economic assistance for purchase of equipment like sewing and embroidery machines, etc.; (d) establishing institutions like working girls hostels, short stay homes, etc.; (e) providing legal aid; and (f) organising V.D. clinics and V.D. control programmes

II. Rehabilitative and Follow-up Programmes: (a) establishing institutions like aftercare homes; sheltered workshops; small-scale industries; cottage industries; rural based work programmes, etc.; (b) providing employment by issuing letters of recommendation; extending small loans; organising producers' cooperatives etc.; (c) providing guidance, counselling, and follow-up services; and (d) arranging and conducting marriage of inmates while in the institution or immediately after release.

The experience in India as in other countries has shown that prostitution is a problem which has to be tackled through a wider approach of social action. In a country like India, raising the

status of women in general and educating the community in particular would surely have a bearing on the prevention of conditions associated with prostitution. Changing sex norms through increasing contacts between men and women in school, work place and recreation centres will diminish gender barriers and reduce the market for various types of prostitution. Law performs an important function insofar as the responsibility of the state to protect women and girls from being inducted into the flesh trade is concerned and also in creating a climate of deterrence for nefarious elements. But it should be used as a last measure primarily because it cannot tackle the problem of prostitution where both parties indulge in it voluntarily.

SnehLata Tandon

Notes on Prostitution and Immoral Traffic

1. See R.A. Edwin Seligman and Alvin Johnson, *Encyclopaedia of Social Sciences*, Volume 11, The Macmillan Company, New York, 1963, p.553; see also S.N. Sinha and N.K. Basu, *History of Prostitution in India*, Ancient Volume I, the Bengal Social Hygiene Association, Calcutta, 1933, p.19.
2. Vern L. Bullough, *Sexual Variance in Society and History*, John Wiley and Sons, New York, 1976, p.259.
3. Fernando Henriques, *Prostitution and Society*, Hacgibbon and Kee, London, 1962; R.Shamasas-try tr. *Kautilya's Arthasastra*, Mysore Printing and Publishing House, Mysore, 1967; S.C. Upadhyay Taraporavala, tr. *Vatsayana's Kama Sutra*, Tara-poravala, Bombay, 1961.
4. S.N. Sinha and N.K. Basu, *op. cit.*, p. 159.
5. United Nations, *Study on Traffic in Persons and Prostitution*, Department of Economic and Social Affairs, New York, 1959, pp.22-23.
6. Government of India, *Report of the Advisory Committee on Social and Moral Hygiene*, Central Social Welfare Board, 1956.
7. Government of India, *Towards Equality—Report of the Committee on the Status of Women in India*, Department of Social Welfare, Ministry of Education and Social Welfare, New Delhi, 1974. See also India Today, Volume VII, No.15, August 15, 1982. ,

8. Vidyadhar Agnihotri, *Fallen Women: A Study with special reference to Kanpur*, Maharaja Printers, Kanpur, 1954; A.S. Mathur and B.L. Gupta, *Prostitutes and Prostitution*, Ram Prasad and Sons, Agra, 1965; S.D. Puneekar and Kamala Rao, *A Study of Prostitutes in Bombay*, Lalvani Publishing House, Bombay, 1962; Promilla Kapur, *The Life and World of Call Girls in India : A Sociopsychological Study of the Aristocratic Prostitutes*, Vikas Publishing House Pvt.Ltd., New Delhi, 1978.
9. United Nations *op. cit.*, p.24.
10. R.A. Edwin, Seligman and Alvin Johnson, *op.cit.*, p.553.
11. Bureau of Police Research and Development, *Crime in India*, 1977, New Delhi.
12. Law Commission of India, *Sixty-Fourth Report on the Suppression of Immoral Traffic in Women and Girls Act, 1956*, New Delhi, 1975.
13. Government of India, *op. cit.*; also Government of India, *Women and Girls in Moral and Social Danger*, Central Bureau of Correctional Services, Department of Social Welfare, New Delhi, 1971.

Red Cross

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Wars are as old as the history of mankind. The dominant features of the accounts of most of them is the use of brute force to inflict death, injury or suffering on the 'enemy'. The victims are not only those in actual combat. The sick and wounded soldiers, the noncombatants, the prisoners-of-war, and even the civilians have often been subjected to tortures or indignities far worse than those in the battlefields.

History also provides occasional instances indicative of the existence of a nobler and more humane expression of the human mind. To quote a few examples from our own country, the laws of Manu forbade the warrior from killing his sleeping or wounded enemy, prohibited the use of poisoned missiles or barbed arrows and enjoined that noncombatants should be spared. The Rajputs always respected the women and spared the children of the enemy. In one of the Sikh battles, Bhai Kanahya offered drinking water to all the wounded because he saw "the image of the Lord in all—friend or foe".

A turning point in the pattern of cruelty and compassion in wars came in June 1859. France and Austria were locked in a fierce battle. In Solferino. North Italy, the battlefield was strewn with nearly 40,000 soldiers--dead or wounded. The heart-rending cries of the latter for food, water, nursing and medical care moved the conscience of a 31 year old Swiss, Jean Henry Dunant. He organised aid for the sick and wounded in the battle field, wrote a soul-stirring book, *A Memory of Solferino*, published in 1982, established the World Alliance of Y.M.C.A. and founded the Red Cross.

A Committee of five persons met on 17 February 1863 in Geneva to give practical effect to Dunant's ideas. This Committee was to become later the International Committee of Red Cross (ICRC). It decided to convene an

International Conference to recommend measures, among other things, to respect the neutrality of the sick and wounded soldiers and remedy the inadequacies in the Army Medical Services in the field. From 26-29 October 1863, official delegates, doctors and civil servants from 16 countries met at Geneva, agreed to the recommendations of the Committee and were responsible for the diplomatic instrument conferring the neutrality of the wounded and of the personnel caring for them. The personnel and the equipment were to be protected by a white ground.

An important milestone in the evolution of the Red Cross was the signing of the First Geneva Convention in Switzerland on 22 August 1864. It lays down that "Wounded or sick combatants to whatever nation they may belong, shall be collected and cared for" This Convention is recognised as the first concrete step aimed at regularising in a permanent manner a structure which till then had been haphazard and based on the temporary or limited agreements only. The ICRC set up a central prisoners-of-war agency in Geneva. Special systems were established to trace missing persons and verify deaths.

Up to the end of World War I, the Red Cross had mainly concerned itself with war and the Geneva Convention had been signed in view thereof. By that time, however, it seemed advisable to direct Red Cross efforts towards peacetime tasks instead of dwelling eternally on wartime situations. It was then (1919) that the League of Red Cross Societies was created in order to coordinate actions of the national societies in times of peace. The ICRC continued to interest itself in the progressive extension of the Geneva Convention. The draft of the Geneva Convention of 27 July 1929 relative to the treatment of prisoners-of-war was approved in an international conference in Geneva. The draft Convention drawn up by the ICRC for treatment of interned civilians was approved by the XVth International Conference of Red Cross at Tokyo in 1934.

World War II (1939-45) put the ICRC to a severer test than World War I (1914-18).

Through the active, energetic and dedicated efforts of the Red Cross movement, four drafts were prepared and submitted to the XVIIth International Conference at Stockholm. These drafts were subsequently approved and established as the four Geneva Conventions of 12 August 1949:

1st Geneva Convention: For amelioration of the condition of wounded and sick in Armed Forces in field;

2nd Geneva Convention: For amelioration of wounded, sick and shipwrecked workers of Armed Forces at sea;

3rd Geneva Convention: Relative to treatment of prisoners-of-war;

4th Geneva Convention: Relative to the protection of civilian persons in time of war.

These Conventions have now been ratified or accepted by all countries including the great powers, consequently they constitute universally recognised International Law.

The Red Cross movement was to have the honour of contributing to the protection of human values by the establishment of the Geneva Law. Showing strong analogy between the situations in war and in internal conflict, legal protection has been won for individual victims in civil war, or internal disturbance. The requirements of the individual are matched by a duty of the state in the name of humanitarian principles.

World War II showed that the Geneva Conventions did not offer protection to the civilians. Bold remedial measures have since been proposed vide Protocols Additional I and II. The former primarily deals with situations in international warfare, the latter with internal armed conflicts.

These two protocols place limitations on the armaments used and the modes of combat employed. They outline the rights and responsibilities of the mercenaries and the guerillas, extend the scope and nature of protection to civilians, others not directly concerned with the conflict and those landlocked or cut off from supplies. They even cover the protection of religious and cultural places and regulate the actions permissible in

respect of establishments vital from civic and allied angles.

From the humble foundations laid by Jean Henry Dunant over a century back, the Red Cross family has thus grown into an international federation of tremendous size, resources and capabilities. Its organisation and functioning merit consideration.

International Red Cross

The term International Red Cross does not refer to a body as such but to a collectivity of: (a) The International Committee of the Red Cross; (b) The League of Red Cross Societies; and (c) The National Red Cross (Red Crescent and Red Lion and Sun) Societies.

Their organisation and role are defined by the relevant statutes.

International Committee of the Red Cross: This has grown from its original strength of five to the present 25 Swiss citizens appointed by co-option. It is assisted by Technical Services in the performance of its humanitarian tasks. Based in Geneva, it exercises its activity especially in times of war— civil war, international and internal conflicts. In times of peace it helps to prepare the national societies for their role in emergencies. It also consistently endeavours to improve the Geneva Conventions and promote their propagation. The International Committee of the Red Cross is the founder body and the neutral intermediary in the event of conflicts. It is the trustee of the Red Cross movement.

The League of Red Cross Societies: It is the federation of the national red cross societies. It constitutes the permanent organ of liaison, cooperation and study between national societies. It facilitates collaboration with them in all aspects of their activities particularly the improvement of health, prevention of disease and mitigation of suffering.

The federal character of the League is expressed in the composition of its governing bodies, i.e. the General Assembly and the

Executive Committee. The General Assembly is composed of all representatives of national societies and usually meets every two years. The Executive Council, a smaller body composed of elected representatives of national societies, meets in Geneva every year. It exercises the powers and functions of the General Assembly between its meetings.

The National Societies: At present there are 128 national Red Cross (Red Crescent) societies. They can exist only in States which are parties to the Geneva Conventions. No country can have more than one national society. They are recognised by their governments as voluntary aid societies auxiliary to the public authorities in their activities for the benefit of the armed forces and civilian population. These societies are organised according to local characteristics and requirements but enjoy autonomy which enables them to carry out activities in conformity with the principles of the Red Cross. They are independent of each other but are all united by a single ideal and identical precepts. Collectively they represent the combined and common humanitarian endeavours of more than 25 crore members spread all over the world. The Red Cross emblem thus signifies a living spirit, a dynamic movement and a wellknit organisation with a worldwide coverage.

Indian Red Cross

The Indian Red Cross Society was founded in 1920 by an Act of the Indian legislature. It is a voluntary relief organisation with its national headquarters in Delhi. States and Union territories have a branch each at their respective headquarters and district or smaller branches to carry out the field work. The National headquarters coordinate the functioning and activities of the branches throughout the country, establishes contacts and liaison with other voluntary agencies and government bodies and provides the link with the international body in Geneva and other organisations at that level.

The society has been actively pursuing the concept that humanitarian agencies should not restrict their activities to situations connected with man-made catastrophes like wars and conflicts only. They should help in preventing or

mitigating the ravages of natural calamities like cyclones, floods, droughts, etc. The society has devoted its attention and resources to a considerable extent in support of preventive measures like health education, mothercraft, child health, first-aid, home nursing and family welfare. Some of the notable activities of the Indian Red Cross Society are briefly described in the succeeding paragraphs.

Relief: The size, situation, geophysical characters, developmental state and socio-economic factors render our country particularly vulnerable to natural calamities. The Red Cross has, therefore, to be alert and active all the year round and almost year after year. The colossal disaster and disruption of life caused by the cyclone that hit the eastern coast in 1977 may be recalled. In addition to providing immediate relief the society embarked upon the largest ever construction programme in the vulnerable states. Nearly 2,000 cyclone resistant houses have been constructed at a cost of Rs. 6,000 each and handed over to the beneficiaries in Andhra Pradesh as a free gift from the Red Cross. As many as 228 cyclone resistant shelters capable of housing 500 to 700 persons each during emergencies have been constructed in the coastal areas vulnerable to cyclones. It will be recalled that two cyclones hit Andhra Pradesh recently—in 1977 and 1979. Both were comparable in their intensity and the damage they caused to crops and property. The loss of human lives in 1977 was over 20,000, while in 1979 it was under 600. Awareness, preparedness and timely use of shelters saved many lives. The results were reassuring. This programme was estimated to have cost over Rs. 6 crores, the Red Cross contribution being fifty per cent.

In 1978, floods caused unprecedented havoc and affected nearly seven crore people in 19 States. The Indian Red Cross Society gave massive help to 81,000 inhabitants of 30 villages of West Bengal, the worst hit State. Immediate relief included provision of milk, baby food, blankets, clothing, shelter and medical care.

In addition to the items of relief routinely supplied to victims of such catastrophes the Red

Cross provided educational aids to children, power tillers to farmers and implements to artisans to promote their socio-economic rehabilitation. In an unprecedented programme the society continued the intensive relief measures till the next harvest. In other less severely affected States large-scale relief was provided to the victims.

In an attempt to pursue the principle of pre-disaster preparedness in combating floods also, the society identified the States which suffered flood damage year after year. Thirty-one mobile dispensaries and twentythree forward warehouses have been planned at strategic sites in eight of these States i.e. Assam, Bihar, West Bengal, Orissa, Uttar Pradesh, Tamil Nadu, Haryana and Punjab. This has enabled timely provision of relief measures to meet the developing flood situations. The results have been very gratifying. Between the flood-prone periods the dispensaries provide health care, health education, motivation for family welfare and allied services, to the population of the neighbouring villages.

The year 1979 was an unusual year from the point of view of natural catastrophes. The cyclone which hit Andhra Pradesh in May 1979 within 18 months of the previous one was an unusual occurrence. Failure of rains gave partial relief from the ravages of floods in some of the States. It, however, resulted in severe drought situations. True to its ideals and objectives the Indian Red Cross actively engaged itself in ensuring timely steps to prevent or mitigate the hardships caused by this threat from a new angle. It has also conducted trials to find out the ideal method of delivering potable safe drinking water to the affected population.

Taking stock of all these factors, the Indian Red Cross Society has planned a massive and comprehensive permanent setup and organisation for disaster preparedness and effective, timely, relief. Zonal, regional, State and district level warehouses will stock ample materials for relief and rescue work to ensure adequate pre-disaster preparedness and timely effective relief. A central training institute will impart training to promote development of a cadre of experienced personnel in this field.

Services to the Armed Forces: The care of the sick and wounded members of the armed forces has been an important activity of the Indian Red Cross Society since its inception. Army, Navy and Air Force hospitals are provided welfare officers, amenity articles and diversional therapy stores. These facilities have been of immense value in ensuring that the stay of patients in hospitals is pleasant, their morale is maintained at a high level and the recovery is speeded up. A Red Cross Home for Permanently Disabled Ex-Servicemen is maintained by the society at Bangalore.

Medical After-Care Fund: Ex-servicemen needing financial support for their treatment are helped by the Medical After-Care Fund started in 1941. By June 1981, grants totalling nearly Rs. 40 lakhs had been given to about 20,000 ex-servicemen from this fund.

Maternity and Child Welfare Services: The Society's Maternity and Child Welfare Bureau was established in 1931. It provides technical advice, assistance and financial support to Red Cross branches and even to other organisations interested in development of training facilities for health personnel for maternity and child welfare work, public health nurses, health education visitors and birth attendants in rural and urban areas. Over ten thousand workers have been trained in this field.

In the underdeveloped areas of Tehri Garhwal, Jaunsar Bawar, Nainital and Almora and Pithoragarh districts of Uttar Pradesh, the Society has through consistent and prolonged efforts established facilities for all aspects of medical care, health education and social welfare. Each district has a hospital with 35 sub-centres including one supervisory unit for providing adequate cover for ailments, maternity and child care, nursery education, health education, family welfare and allied activities. The society has 225 maternity and child welfare centres, 184 *dai* centres, twenty-eight maternity and child welfare hospitals and Red Cross homes and fifty-five nursery schools in different parts of the country.

Health Education: As a means of promoting prevention of disease, the society disseminates information by producing and distributing publicity material on hygiene, sanitation and preventive and curative aspects of diseases common in the country. The society maintains a film library and a film unit for conducting health publicity programmes. It publishes two quarterly journals—*Indian Red Cross Journal* and *The Indian Junior*. In all its activities, the stress is on material particularly suited to the vast majority of our population.

Nursing Services: Taking note of the continuing acute shortage of trained nurses in the country the Red Cross Society has undertaken a number of supportive measures. The fundamentals of the subject are taught to 30 sister tutors. Grants amounting to Rs. 50,720 were, given to 23 student nurses in 1981 for acquiring higher professional skills—seven in masters in nursing, 13 for post-basic B.Sc. in nursing, 3 in post certificate courses. Nearly Rs 7,000 was allotted to nursing training institutions in support of research projects. The Society itself imparted training in home nursing to over 70,000 lay people throughout the country.

Blood Bank: Motivation of voluntary donors to ensure adequate supply of blood to those who need it irrespective of caste, creed, religion or socio-economic status has been actively pursued by the Society. The ultimate goal is to eradicate the unethical and immoral practice of trading in blood. The society has achieved considerable success in setting up a model blood bank at its national headquarters and 30 such banks in the States and providing instruction and propaganda material for the State branches. It has also acquired latest equipment for component therapy.

Junior Red Cross: Promotion of Red Cross activity among the juniors and the youth continues to be an important activity since 1926. At the end of 1980 the Junior Youth Red Cross had a membership of 54,66,670 boys and 24,01,968 girls in 43,259 groups. Albums, greetings and get-well cards, paintings, postage stamps and other items of mutual interest were

exchanged with national societies of Japan, Korea, Thailand, Great Britain, Australia, Canada, New Zealand and USA as well as within the country between various states. Through this organisation, the Red Cross is attempting to imprint its ideals and principles in the fertile minds of the young while tapping this vast and rich source for activities is health, relief, community programmes and schemes aimed at promoting international friendship and service.

St. John Ambulance: St. John Ambulance has given close support to the Indian Red Cross Society as its ambulance wing. It has made commendable contribution in imparting training in first-aid, home nursing and allied subjects for over 77 years. It has also provided first-aid posts and supplemented facilities for rendering ambulance services at public gatherings, sports meets, refugee camps, fairs, festivals, etc. It publishes a quarterly journal *Ambulance & Nursing*.

The Indian Red Cross Society has since its inception been actively engaged in providing relief and succour to victims of calamities—natural or manmade. Over the decades it has been lending increasing support to the authorities in the fields of health education, maternity and child welfare, motivation of voluntary blood donation, family welfare and other activities for the welfare of the weaker sections of society, especially in the rural areas. In the recent past it has earned worldwide acclaim for its planning, organisation and activities in the fields of pre-disaster preparedness.

R.S. Hoon

Rehabilitation of Repatriates **(Sri Lanka, Burma and Other Countries)**

N.R. Hota

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Sri Lanka appears to have been originally inhabited by people from the earliest historical times whose origin is not known, followed by Dravidian infiltration from the Indian subcontinent. Whether Sinhalese or Tamils were its original settlers, has always been a point of political and scholarly controversy. The idea of Sri Lanka for the Sinhalese (Buddhists) is traced to the reign of Dutthagamani (Circa 161-137 B.C.) and has often recurred in the course of its history. By the early years of the thirteenth century, a separate kingdom of Tamils was also established in northern Ceylon, with headquarters at Jaffna, till it was subjugated by the Portuguese in 1618. The politics of Sri Lanka during the twentieth century has also been dominated by this concept.

The Indian Tamils appear to have been the least privileged community in Sri Lanka despite the fact that many of the Jaffna Tamils migrating later to Colombo rose to eminent positions in law, public service and politics. The bulk of Indian Tamils have been tea-plantation workers, whose families were taken to Ceylon from South India between 1850 and 1940. They lived mostly in plantation estates under adverse conditions and despite a need for them in Sri Lanka's chief agricultural industries, feelings of discrimination against them started, growing during the period 1929-48. Under the Citizenship Act of 1948, Indian Tamils born in Ceylon of parents who had also been born in Ceylon were regarded as aliens and denied the right to franchise. Under the Indian and Pakistani Residents (Citizenship) Act of 1949, provision was made for registration of permanent residents and after a number of conferences between the Governments of India and Sri Lanka, repatriation of nearly half the Tamil population was agreed to in 1964 and legislated for by Sri Lanka in 1967.

The Indo-Ceylon Agreement signed on 30 October 1964 between the Prime Ministers of the two countries provided for the repatriation of stateless persons of Indian origin from Sri Lanka to India in a phased manner. The total number of such persons estimated at the time of the Agreement was 975,000 and it was agreed that out of them 300,000 persons along with their natural increase would be granted Sri Lankan citizenship. Of the remaining 525,000 persons along with their natural increase were to be repatriated over a period of 15 years. By a second agreement signed between the two countries in January 1974, India agreed to the repatriation of another 75,000 persons alongwith their natural increase, within a period of two years after the persons covered under the first agreement had been fully repatriated. The Sri Lanka government agreed to grant citizenship to another 75,000 persons by this second agreement.

The original estimate of such repatriation was of the order of 35,000 persons per annum, apart from the natural increase in numbers. The process of repatriation was also to begin under the agreement from October, 1964. But due to various reasons, the actual pace of repatriation during the initial period of about five years was rather slow, and gained momentum only from the year 1970 onwards. The details of such repatriation are indicated in the Table below:

TABLE—1 Repatriation in different years

Year	No. of accountable persons	Natural increase	Total repatriation
64 to 71	70,554	10,132	80,686
1973	21,044	4,067	25,111
1974	30,930	9,112	40,042
1975	34,942	10,709	45,651
1976	33,344	12,579	45,923
1977	28,388	11,430	39,818
1978	20,274	9,156	29,430
1979	15,780	7,987	23,767
1980	12,169	6,701	18,870
Total	2,67,425	81,873	3,49,298

A Rehabilitation Cell has been functioning in the High Commission of India in Sri Lanka since 1969 for collection and analysis of data, including sample surveys to determine

occupational composition, and for planning repatriation of families and relief and rehabilitation measures for them on arrival in India.

In composition, most of the repatriates have been found to be of Tamil origin, though a small number belongs to other southern States. They are also drawn largely from plantation estates, while a smaller number consists of agriculturists or agricultural labour, small traders and employees.

The repatriates are given family cards by the Indian High Commission at Kandy and then they obtain the necessary exchange control permits from the Government of Sri Lanka. They are brought to Rameswaram in India from Talaimannar in Sri Lanka where the Government of Sri Lanka have provided waiting facilities for the families, before they board the available triweekly ferry service. Those eligible for relief/ rehabilitation assistance are accommodated in the two transit camps set up at Mandapam and Kottapattu in Tamil Nadu with facilities to accommodate 700 and 400 families respectively. The Mandapam camp has a 20-bed hospital and Kottapattu camp has a dispensary for the health and medical care of the repatriates on their arrival in the camp. They are also given relief assistance during their stay in the camp and free travel facilities to the rehabilitation site or place of their choice. Relief and free travel facilities are available to those repatriates only who are poor and are able to bring with them liquid assets not exceeding Rs. 5,000. Those who are able to bring liquid assets between Rs. 5,000 and Rs. 10,000 are not given any relief or free travel facilities but are eligible for rehabilitation benefits. Families bringing liquid assets above Rs. 10,000 are not given any relief or rehabilitation benefits and are required to settle down on their own.

Under the Indo-Ceylon Agreement of 1964, the repatriates are allowed to transfer their assets to India, including savings, provident fund, gratuity, etc. upto an upper limit of Rs. 75,000. Should the Government of Sri Lanka pass any law to restrict the amount to be repatriated, it was stipulated in the Agreement

that such amount should not in any case be less than Rs. 4,000 per family. No such law has, however, yet been enacted. The repatriates are also allowed to bring free of customs duty and import control restrictions personal jewellery upto a value of Rs. 16,000. They can also bring They can also bring some petty cash upto a limit of Rs. 120 per person. On their arrival and disembarkation at Rameswaram, passenger and landing dues, excess baggage and portorage charges are paid by the Government of India on their behalf.

After arrival in India, eligible families are straightaway sent to the 'sponsored schemes' if vacancies are available. Otherwise, they stay in the transit camps for a month to three months and are given cash doles and subsidized rations at prescribed rates. Attempts are made to send them for rehabilitation within one to three months at the latest. A family is also free to avail of cash doles and stay at a place/address of his own choice till a vacancy occurs in the scheme.

Repatriate families who bring liquid assets, like currency and negotiable instruments in the form of demand drafts/cheques etc. encashable in India, stock-in-trade and merchandise not exceeding Rs. 10,000 and are covered by the Agreement, are eligible for rehabilitation assistance. Financial assistance for cultivation of own lands is given to those who have lands upto 2.02 hectares or in whose case the value of lands owned and assets brought does not exceed Rs. 10,000 per family. For grant of a business loan, the value of assets brought and owned in India (excluding a house valued upto Rs. 6,000 in urban areas and Rs. 3000 in rural areas) should not exceed Rs. 10,000 per family. For financial assistance to purchase agricultural land, the eligibility is confined to persons who bring assets not exceeding Rs. 5,000.

The assistance given towards relief and rehabilitation of Sri Lanka repatriates is channelised through the State governments.

The pattern of financial assistance for rehabilitation of the Sri Lanka repatriates is elaborated in the succeeding paragraphs.

(1) **Business loans:** Loans are sanctioned for trade and business upto a ceiling of Rs.5,000 per family. The loan is normally granted in two instalments, the first instalment being upto Rs.3,000.

(2) **Resettlement in agriculture:** (a) The assistance given to repatriates for cultivation of their own lands is given below in Table 2. (Table Omitted)

Adjustment between different items of loan at (1) to (v) above is allowed, within the overall ceiling, (b) Repatriate families are given loans for purchase of land upto 1.2 hectares per family subject to an overall expenditure ceiling of Rs. 6,000 per family. Financial assistance for cultivation purposes is also admissible at prescribed scales, (c) **Land colonisation scheme in Tamil Nadu:** (i) Land @ 1.2 hectares per family is given free by the State government; (ii) Assistance for cultivation is given on the same scale as applicable to holdings of 1.2 or more hectares indicated at (a) above; (iii) The State government has been authorised to increase the amount of loan for sinking of irrigation wells upto Rs. 4,000.

(3) **Maintenance assistance:** Repatriate families resettled in agriculture under 2 (a), (b) and (c) above are granted maintenance assistance as in Table 3 below:

TABLE—3 Scales of maintenance allowance (omitted)

(4) **Land colonisation schemes and hous-irag colonies:** Drinking water wells are provided at a cost not exceeding Rs. 6,000 per well per colony, provided that (i) the nearby *panchayat* is not prepared to provide such a facility and no other source of drinking water is available; and (ii) the number of houses in the colony is not less than 20.

(5) **State Farms Corporation:** A scheme of the Tamil Nadu State Farms Corporation for providing employment to about 1,300 Sri Lanka repatriates has been sanctioned. The Department of Rehabilitation, Government of India, has provided a loan of Rs.78 lakhs to the

Government of Tamil Nadu for investment in the equity of the corporation. The balance capital requirement of about Rs. 4 crores is to come from commercial banks under the refinance scheme of the Agricultural Refinance and Development Corporation

(6) **Housing assistance:** Assistance for purchase of plots and construction of houses is given in Table 4 below:

TABLE—4 Assistance for house construction (omitted)

The amounts at (a), (b) and (c) above are admissible to families settled under all the six schemes mentioned above.

(7) **Plantation Schemes:** Eight Plantation schemes were sanctioned upto March, 1981 for providing employment to Sri Lanka repatriates. These schemes are located in Kanyakumari (rubber), Nilgiri (tea) and Annamalai (cinchona) in Tamil Nadu; Sullia (rubber) and Subramanya (rubber) in Kar-nataka, Quilon (rubber) and Pachakanam (cardamom) in Kerala; and Visakhapatnam (coffee) in Andhra Pradesh. In addition, extension of tea plantations in the Nilgiris is being considered along with geranium plantation in Tamil Nadu, coffee in Chintapalli (Andhra Pradesh), oil palm and cardamom in Nellyampathi (Kerala). There is also a proposal to combine the Sullia and Subramanya plantations in Karnataka.

8) **Resettlement in industries:** A large number of spinning mills, mostly in the cooperative sector, have been given loan assistance by the Department of Rehabilitation of the Central Government, with a view to employing repatriates from Sri Lanka. There are 22 such mills (spinning and power looms) in Tamil Nadu and eight in Andhra Pradesh. The total assistance sanctioned by the Department of Rehabilitation upto March, 1981 was about Rs. 6.67 crores resulting in employment of 2,784 Sri Lanka repatriates.

(9) **Repatriates' Cooperative Finance and Development Bank Ltd., Madras:** The Repatriates' Cooperative Finance and Development Bank was set up with headquarters at Madras to advance loans for

business, small scale industries and soon to repatriates from Burma and Sri Lanka, cooperatives of repatriates, other cooperatives and companies employing the repatriates. The bank was registered on 9 September 1969 with the Registrar of Cooperative Societies, Tamil Nadu.

The Government of India and the State governments had contributed upto March, 1981 Rs. 182 lakhs towards the share capital of the bank as under (Table omitted)

In addition, the bank was also advanced loans of Rs. 128.25 lakhs upto March, 1981 by the Government of India.

The bank had been advancing direct loans to individual repatriates and also sponsoring repatriates for the grant of loans by commercial banks against guarantee, generally of one-third of the loan amount. The present policy is to finance generally established industries in public, joint and private sectors in return for employment of repatriates sponsored in consultation with the State authorities. Individual loans are given only in exceptional cases where the repatriates concerned have established their business successfully or where there is a very reasonable prospect of their setting up a new business in the light of its viability and their previous experience in the field.

The total number of repatriates benefited by way of (i) direct loans (ii) indirect loans and (iii) employment schemes in public/ joint and private sector undertakings upto 31st March, 1981 is given in Table 5.(omitted)

(10) **Resettlement of single-member repatriates:** Single member repatriates from Sri Lanka, who are eligible for grant of rehabilitation facilities, are allowed:

- i) Business loan upto Rs. 5,000;
- ii) Employment in plantations if he/she was a plantation worker in Sri Lanka;
- iii) Employment in other offices through employment exchanges, and
- iv) housing' loan upto prescribed ceilings provided his/her family was already in India and had been living either in rented accommodation or with some relative.

No assistance for resettlement in agriculture is admissible to such repatriates.

(11) Educational concessions and employment facilities: The following educational concessions are granted to the children of eligible Sri Lanka repatriates:

- a) Book grants, ranging from Rs. 15 to Rs. 150 per annum to day-scholars for purchase of books.
- b) Stipends ranging from Rs. 60 to Rs. 90 per month to repatriate students reading in middle schools, high schools and colleges, subject to certain conditions regarding marks, if they stay in a hostel away from their families and the income of the parents is not more than Rs. 400/-per month.

The following facilities in regard to employment are also given:

- a) Priority has been accorded for appointment under the Central government through the employment exchanges.
- b) Upper age limit for recruitment through employment exchanges has been relaxed upto 45 years (50 years for Scheduled Castes and Scheduled Tribes).
- c) For appointments made on the results of competitive examinations held by the U.P.S.C., the upper age limit has been relaxed by three years. The Commission has also been authorised to exempt examination fees in deserving cases.
- d) A Special Employment Liaison Officer has been appointed at Madras in order to render employment assistance to the repatriates. A suitable procedure for registration of repatriates for employment has also been laid down since December, 1970.

The resettlement of Sri Lanka repatriates has been confined to the state of Tamil Nadu and some special industrial and plantation schemes in the three other southern states of Andhra Pradesh, Kerala and Karnataka. Resettlement on plantation schemes has been more useful than resettlement in small trades. The southern States have, therefore, been requested to explore possibilities for a larger number of plantation schemes in tea, coffee, rubber, etc. A heavy vehicle mechanic-cum-driving centre established at Gummidipundi (Tamil Nadu) has

been imparting training to repatriates in motor driving and motor mechanic trades since August, 1978. The management of this institute was transferred to the Government of Tamil Nadu in April, 1980.

Rehabilitation assistance in the form of business loans, allotment of land for agriculture and employment in plantations had been given to more than 64,600 families by 31 March 1981. Besides, housing assistance was given to about 23,500 families in rural and urban areas up to that date. The total expenditure incurred on Sri Lanka repatriates since inception upto 31 March 1981 is as follows:

(Rs. in lakhs)

Loans 4,386.46

Grants 571.47

Direct expenditure 316.38

Total :5,274.31

Repatriates From Burma

Consequent on the policy of nationalisation of trade and certain other political developments affecting foreigners in Burma, Indian nationals settled there have been returning to India in large numbers since June, 1963. In all 2,08,959 persons of Indian origin had come to India from Burma upto 31 December 1978. The majority of these repatriates came to India prior to 1974. Thereafter there has been a decline in the pace of repatriation and during 1979-80 and 1980-81 no arrivals were reported.

Indian nationals leaving Burma are not allowed to repatriate their assets or to bring with them any merchandise or stock-in-trade. Emergency certificates are issued by the Embassy of India, Rangoon to the intending repatriates. They have also to obtain exit clearance papers from the local immigration authorities. At the time of finally leaving Burma, the repatriates are allowed to bring only very meagre amounts for meeting their expenses en route to India.

Transit camps were set up by the governments of Tamil Nadu and Andhra Pradesh to provide temporary shelter to the repatriates. In Bihar, Orissa, West Bengal and

Uttar Pradesh where camps for erstwhile East Pakistani migrants were available, the State governments were asked to admit Burma repatriates into these camps. In other states where the number of repatriates was small and where no camps had been set up, arrangements for their reception were left to the State governments.

On admission to transit camps, these repatriates, were given the following relief - assistance:

- i) cash doles at prescribed rates upto a maximum period of seven months;
- ii) cash allowance for purchase of utensils, lanterns, etc.;
- iii) masrjage grant;
- iv) clothing in certain cases;
- v) funeral grant not exceeding Rs. 30 to the family of deceased in the case of death of a repatriate;
- vi) supply of foodgrains at subsidized rates; and
- vii) medical facilities in deserving cases to patients among repatriates staying in transit camps.

The main form of rehabilitation for the non-agriculturist repatriate families was the grant of loan for small trade and business and employment to a limited extent. Loans for small trade and business upto a ceiling of Rs. 5,000 per family are given through the district authorities. The repatriates are also given housing assistance upto a ceiling of Rs. 6,000 in urban areas and Rs. 3,000 per family in rural areas and loans for business premises upto Rs. 1,000 per family in urban areas and Rs. 200 per family in rural areas. Besides, repatriates can become members of the Repatriate Cooperative Finance and Development Bank Limited, Madras which provides credit facilities to the repatriate members settled in the southern States.

For the settlement of agriculturist families efforts were made to allot them land in different states. Some of these families were also settled in:

- (i) agricultural projects started primarily for new migrants from former East Pakistan such as those at Sindhanur in Karnataka and Betul in Madhya Pradesh;

- (ii) special schemes sanctioned for resettlement in agriculture in U.P. and Bihar; and

- (iii) land colonisation schemes sanctioned in Tamil Nadu mainly for the resettlement of repatriates from Sri Lanka.

Training programmes have been undertaken to equip the repatriates with the necessary technical skills to improve their employment prospects. During training the repatriates receive stipends. Book grants or stipends are admissible to the children of the repatriates studying in schools. A few seats are also being reserved for the Burma repatriates every year from the Central government quota in medical, dental and engineering colleges. Admissions are given with reference to the date of repatriation and the educational qualifications.

Maintenance assistance to Burma repatriate families resettled in agriculture is given at full rates and as a grant for a period of six months in the first agricultural season and at half rates and as a loan for another six months in the second agricultural season. In the case of repatriate families who are resettled in non-agricultural occupations such as small trade and business, maintenance assistance as a grant is given for a period of three months at full rates. Maintenance assistance is also given to repatriates who are resettled by finding employment, as a grant for a period of one month at full rates from the date of appointment.

Work relating to rehabilitation of repatriates from Burma is almost over and most of the repatriates who had sought government assistance have received it. The details of the number of families given such assistance are given in Table 6 below:

TABLE—6 (omitted)

Approximate expenditure of Rs. 18.91 crores has been incurred on grant of loans to the State/Union territory governments for the rehabilitation of Burma repatriates upto 31 March 1981. In addition, State governments have also been given grants-in-aid amounting to about Rs. 5.12 crores for this purpose.

Repatriates from Mozambique

In 1961, the Government of India took police action against the Portuguese colonies of Goa, Daman and Diu, with a view to liberating them from foreign rule. As an act of retaliation, the Portuguese Government interned Indian nationals residing in Mozambique, which was then a colony of Portugal. The properties of Indian nationals were seized and their bank accounts were frozen. The Government of India lodged a strong protest with Portugal. As a result, all the Indian nationals who had been interned were set free and ordered to quit Mozambique, but their assets were taken over by the Portuguese Government.

The number of Indian nationals who were forced to leave Mozambique was about 2,450. Most of them were middle class traders and belonged to Gujarat. About 2,300 repatriates arrived in India in 1963. They were given liberal customs facilities to bring to India whatever they could manage to bring with them. The repatriates filed claims for compensation amounting to Rs.5.30 crores.

In view of the dim prospects of securing early settlement of such compensation claims from the Government of Portugal, the Government of India decided that the repatriate families whose claims were valued at more than Rs. 5,000 should be given an *ex gratia* grant of Rs. 5,000 each and wherever their claim was less than Rs. 5,000, full value of the claim should be paid. In addition, financial assistance upto Rs. 100 per month was given to widows, orphans and indigent persons; children were given freeships and scholarships to continue their studies. Fifty agricultural families were allotted land, 87 families were given licence for opening fair price shops and 148 families were given business loans.

In 1974, the interim Government of Mozambique issued a decree rescinding the order of the Portuguese regime which had confiscated the properties of the Indian nationals in Mozambique. Under this decree, a repatriate Indian national became eligible for payment of compensation for the properties left by him. A list of repatriates with particulars of their assets was sent to the Government of

Mozambique. The Government of India is pursuing the question of getting compensation from the Mozambique and Portuguese governments. As there was no favourable response from the foreign governments and the repatriates became restive due to the long delay of some 18 years in the settlement of their claims, the Government of India decided to grant these families a further *ex-gratia* payment of about Rs. 26.00 lakhs against their verified claims on a sliding scale, as was adopted for payment of similar grants to displaced persons of West Pakistan against verified claims

Repatriates from Uganda

The President of Uganda by a decree issued on 9 August 1972 cancelled the entry permits and residence certificates of all persons of Asian origin, extraction or descent, who were living in Uganda but were citizens of India, U.K., Pakistan and Bangladesh. At that time there were about 80,000 Asians in Uganda and 4,800 of them were holding Indian passports. In September, 1972, the Department of Rehabilitation, Government of India, was required to provide immediate relief assistance to Indian repatriates who suddenly arrived from Uganda. A Liaison Officer was appointed for the reception of the repatriates at Palam Airport and a camp office was opened in Bombay. Relief operations were taken up by this Department with the assistance of the State governments.

All the repatriates who reached Bombay and Delhi were met on disembarkation and provided transit accommodation arranged with the help of a number of charitable institutions. They were given immediate relief assistance and monetary help to meet freight, wharfage and port charges, coolie charges, transportation fare for the nearest destination, journey allowance to meet expenses during the journey and a cash allowance for 14 days.

Out of 9,983 persons who arrived in India, 5,727 persons were Indian passport holders. To begin with, relief assistance was given only to repatriates holding Indian passports. Later on, these facilities were extended to U.K. and Uganda passport holders and also stateless persons. The Government of U.K. reimbursed an

expenditure of about Rs. 72,000 incurred by this Government on relief assistance to U.K. and Uganda passport holders.

The Government of India sanctioned a rehabilitation scheme for the Uganda repatriates holding Indian passports. This scheme envisaged business loans upto Rs. 5,000 per family for resettlement in small trade and business, repayable in 15 years. A loan of Rs. 1,000 in urban areas and Rs. 2,000 in rural areas per family was given for construction of business premises and a loan of Rs. 6,000 per family in urban areas and Rs. 2,300 per family in rural areas was given for construction of houses. A family in a rural area was given a grant of Rs. 700 per family for house construction. The families who brought assets worth less than Rs. 2,000 were given a lump sum resettlement assistance upto Rs. 450. Stipends and book grants were provided to the children of repatriates. The repatriates have settled mostly in Gujarat and Punjab.

As a result of the strife in Uganda in March 1979, a few Indian nationals moved to Kenya. Out of them, about 48 persons arrived in India in April 1979 and they were sent to their destinations in India. None of them have sought any rehabilitation assistance.

In January 1976, the Government of Uganda handed over a cheque of \$16,27,114 to the Deputy Minister in the Ministry of External Affairs for payment of compensation to the Indian nationals. The Ministry of External Affairs opened a Uganda Settlement Office at Bombay for the payment of compensation. Compensation amounting to Rs. 116.32 lakhs had been paid to 502 claimants upto the end of 1979.

Repatriates from Zaire

By an order issued on 30th November 1973 by the Government of Zaire (former Belgian Congo), all foreigners including Indians were required to hand over their running business to Zaire nationals. As a result, 35 families who had settled in Zaire about three decades ago came to India. Relief and rehabilitation assistance on the same scale as was sanctioned for Uganda

repatriates was extended to these repatriates. All of them have since been settled in Gujarat.

Repatriates from Vietnam

As a result of the political situation in Vietnam, Indian nationals and persons of Indian origin who had settled in Vietnam had to leave the country in 1976. Even earlier, a number of families had started arriving in India. In 1976, the Indian Red Cross Society arranged flights for the repatriates from Vietnam. By March 1981, 509 families consisting of 2,053 repatriates arrived in India by the flights arranged by the International Red Cross and the Ministry of External Affairs. They disembarked at Madras/New Delhi. The repatriates were provided with transit accommodation and given other assistance for going to their destinations in various States. The repatriates settled mostly in Tamil Nadu and Pondicherry. The rootless indigent families among the repatriates were given immediate relief assistance upto Rs. 400 per family or in the alternative were admitted into the Gummidipoondi Transit Camp near Madras. The Vietnam repatriates who brought assets not exceeding Rs. 10,000 were also given rehabilitation assistance which consisted of a business loan of Rs. 5,000, a housing loan upto Rs. 6,000 in urban areas and upto Rs. 2,300 plus a grant of Rs. 700 in rural areas and loan for construction of business premises upto Rs. 1,000 in urban and Rs. 200 in rural areas. The repatriates from Vietnam included certain families who did not possess Indian passports but who were wives/husbands of Indian nationals or descendants of Indian nationals. They reached India on the basis of emergency certificates issued by the Ministry of External Affairs.

Conclusions

A substantial number of repatriates have come from Sri Lanka and Burma and, in the case of Sri Lanka, the repatriation is likely to continue till the end of the present century. Repatriation from Burma after 1974 has been nominal and was not expected to be substantial even during the Sixth plan period. Repatriates from Mozambique, Uganda, Zaire and Vietnam have been small in number and except for payment of compensation to the repatriates from Mozambique there are hardly

any current issues of significance

Sri Lanka Repatriates: In regard to Sri Lanka repatriates, repatriation of six lakh persons of Indian origin together with their natural increase was required to be completed by October, 1981 in terms of the Indo-Ceylon Agreements of 1964 and 1974. But up to December 1980, only 267,425 accountable persons together with a natural increase of 81,873 persons have been repatriated. At this rate, repatriation is likely to continue at least for another two decades.

A number of factors have been responsible for the slow pace of repatriation. Firstly, it is a voluntary process which by itself tends to be drawn out. Secondly, the depletion in the strength of plantation workers appears to be causing some concern to the tea estates in Sri Lanka and this, in turn, is affecting repatriation. Thirdly, an increase in wages in the tea estates in Sri Lanka has also acted as an incentive for repatriates to delay their departure to the extent possible. Fourthly, there have been routine delays in the completion of formalities for payment of provident fund and gratuity and for preparation of exchange control permits.

So far, the bulk of the repatriates have been settled in Tamil Nadu. Ethnic background, social and cultural affinity, coupled with the tendency to seek and find relatives however distant they may be, have induced the repatriates to seek shelter in that state. These factors notwithstanding, it has been possible to settle about 5 per cent of the repatriates in States other than TamilNadu—mainly in the other southern States of Andhra Pradesh, Kerala and Karnataka. Having regard to the magnitude of the problem, it may be difficult for Tamil Nadu alone to continue to bear the brunt of rehabilitation of the remaining repatriates in future. Efforts are, therefore, being made by the Government of India to provide more and more schemes in other southern States but so far the response has not been quite adequate.

Nearly 73 per cent of the families have been settled in schemes of small trade which, in fact, mean opening of petty shops of merchandise.

Even though assistance upto Rs. 5,000 can be provided to a family for this purpose, the per family expenditure incurred so far works out to only about Rs. 3,000. This shows that to a large extent persons settled under these schemes have not been able to utilise the facilities to the fullest extent. As 90 per cent of the repatriates are from plantations, the most effective form of their resettlement would be in plantations, but the scope of providing employment under plantations has been limited. Lands, wherever identified by the Commodity Boards for the purposes of raising fresh plantations are, to a great extent, tied down with claims, counterclaims and legal wrangles. On account of these limitations, it has been possible to settle only about 6 per cent of the repatriates in this sector; even in future, large-scale employment of repatriates under plantations appears to be rather difficult. In the recent past, efforts have been made by government to create an additional employment potential for the repatriates in industrial schemes with a view to minimising settlement in small trades but here again, there has been very limited success.

Due to the slow pace of repatriation, natural increase has been compounding and, consequently, the government has to settle eventually a much larger number of repatriates. Due to erosion in money value, the quantum of rehabilitation assistance may have to be enhanced thereby increasing the per capita rehabilitation cost in future. For the programme of rehabilitation to be successful in the coming years, additional employment potential may have to be generated in various fields like plantations, industry etc. and the cooperation of all the southern states will be essential.

Burma Repatriates: In the case of the Burma repatriates, it has been seen that most of them belong to Tamil Nadu, Andhra Pradesh, Orissa, West Bengal, Bihar, Uttar Pradesh and Kerala. Only a small number has gone to other States/ Union territories. The Burma repatriates who arrived upto 31 March 1974 were mostly non-agriculturists, but the position changed subsequently and the majority of the repatriates coming thereafter have been agriculturists.

By March 1981, 65,658 families have been settled in business and 3,030 families in agriculture. Resettlement in business of the Burma repatriates appears to have been satisfactory, as the number of families coming up for additional help is not large. These families came from a trading background in Burma. About 7,900 persons have been helped in securing employment by granting them priority through employment exchanges. A large number of families have been settled in spinning mills in Uttar Pradesh, Tamil Nadu and Andhra Pradesh. Settlement in agriculture was resorted to mostly in Tamil Nadu, Bihar and Uttar Pradesh. Since very few desertions from agricultural schemes have come to notice, it may be assumed that resettlement in agriculture has, on the whole, been satisfactory. By March 1981, 37 families in Bihar and nine in Madhya Pradesh were yet to be resettled.

About 26,450 families have been given housing assistance including homestead plots and loans for construction of houses. The Government of Tamil Nadu has provided constructed houses to the repatriates in Vyasarpadi, Madras, and the Government of Andhra Pradesh has ambitious proposals to construct dwelling units in the Visakha-patnam District.

The trend of repatriation in future is uncertain. The government had, however, assumed that 2,500 persons (800 families) might be repatriated during the Sixth plan period. No repatriation had taken place during the first year (1980-81) of the Sixth plan and during the second year upto September, 1981.

N.R. Hota

Notes on Rehabilitation of Repatriates

1. A.J. Wilson, *Politics in Sri Lanka 1947-1973*, Mac-millan, London, 1974 PP.6-7.
2. James Jupp, *Sri Lanka—Third World Democracy*, Frank Cuss, London, 1978, PP.30-35.
3. Schemes other than small trade/business for which the families are recommended for settlement by the Rehabilitation Cell, Kandy.

Orthopaedically Handicapped

**(Rehabilitation of the
Orthopaedically Handicapped)**

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The Orthopaedically handicapped are those who have a physical defect or deformity which causes an interference with the normal functioning of bones, muscles and joints

India, with a population of 68.38 crores in 1981, has a large number of orthopaedically handicapped people'. Reliable statistics on the incidence of the problem in different age groups, socio-economic categories and ideographical distribution are not available. 'The National Sample Survey Organisation in its 36th round (July to December 1981) has done a comprehensive survey of the disabled. It is estimated from the results of the survey that 5.43 million persons suffer from locomotor disability followed by those with visual disability (3.47 million), and hearing disability (3.02 million) and speech disability (1.75 million).

(factors facilitating increase in the number of the handicapped are: the increasing population; increased survival rate of premature infants; increase in average life expectancy; increased use of gonadal irradiation by X-ray and atomic irradiation; increased accidents (road and industrial); use of forceps and late child bearing; increased incidence of drug addiction and alcoholism; nutritional deficiencies; advancement in pharamacology, surgery, nursing care and enhanced survival rate of the handicapped!

A handicapped person, left to himself, hardly contributes to national wealth but consumes goods and services. There is thus the element of national cost which arises from the fact whether the person is partially or totally handicapped. Furthermore, given that the physical handicap does not drastically lower the life expectancy of the individual, the cost will be higher, the

younger the person is at the onset of the handicap. A country, like ours, with its limited financial resources cannot thus afford to neglect its handicapped population.

Early in the century, physical fitness was measured in terms of anatomical perfection. People who were whole were called fit and others unfit. Recently it has been realized that health and disease can no longer be regarded as two clear distinct entities. To be realistic it has to be measured in terms of the degree of adjustment that an individual could make after appropriate therapy. The practice of rehabilitation lies in the fact that the responsibility of a doctor does not end when the acute illness is over or surgery is completed. It ends only when the individual is retrained to live and work with what is left. When a person suffers from an illness or injury there are physical, social, vocational, psychological and emotional problems. Thus a case cannot be treated scientifically unless all these aspects are taken care of. It requires the abilities and skills of a complete rehabilitation team working in an integrated and coordinated effort to assist the patient in reaching the maximum of his physical, emotional, social and vocational potentials. After the initial objective of eliminating or reducing the disability to the greatest extent possible has been realised, the team is pressed to retrain the person with whatever residual remains, to assist him to live and if possible to work to his fullest capabilities.

India has been a pioneer in the field of rehabilitation. In the Mahabharata one would observe that kings were expected to take care of the war disabled and their dependents. Application of poultices of herbs and leaves of the *neem* tree, and knowledge of the effects of the warmth of sunshine and invigorating influence of water and baths, all point to the high antiquity of the physical medicine in India in the third millennium B.C. The Aswins had treated paralysis and even replaced the lost leg of a soldier by an iron one. The Atharva Veda also speaks of prosthetic limbs and artificial eyes. During the Maurya period, especially the reign of Chandragupta, workshops were set up for vocational rehabilitation of the physically

handicapped as well as other handicapped members of society. Kautilya made it a special point to employ dwarfs, the hunchbacked and other deformed people in the royal palaces. During the reign of Ashoka, charitable institutions for the care of the handicapped were established. King Harsha had also employed deformed persons in the royal palace. The Muslim rulers and the Rajputs also followed the example of their illustrious predecessors.

Western invasion and other factors led to the gradual decline of these institutions and practices. The problem remained unattended until the Second World War although the efforts of philanthropic agencies continued to develop this service. In this regard the efforts of Mrs. Fatima Ismail, Mrs. Kamla Nimbkar and others are worth mentioning. In fact it is due to the efforts of voluntary and philanthropic agencies that the rehabilitation services in India gained some ground.

It would be evident from the above that the philosophy and practice of physical medicine and rehabilitation has been in existence in this country for centuries. A number of the early centres (even some of the latter ones) attempted to operate either without any medical direction or with insufficient medical direction. Some relied upon the attending physician to prescribe a therapy programme. This approach has proved unscientific and often unfair to the patient, the therapist and even to the referring physician. Fortunately, the trend is now strongly in the direction of clearly recognising the need for definitive medical direction and supervision of the rehabilitation programme.

The physician who gets trained in the management of the handicapped in terms of physical, psychological, social and vocational problems and coordination of team work has been designated as physiatrist in the present era. The motto of every physiatrist is "that every life which is saved must be made into a life worth living with dignity".

The present concept and footing of rehabilitation services in India is due to yeoman service rendered by eminent persons. During

the last two decades, things have moved fast in the direction of development of rehabilitation services for the handicapped persons. The government is giving due consideration to develop this service. The war, once with China and twice with Pakistan, also made it obligatory for the government to open new vistas of employment for the war disabled and relax the rules and regulations for employment.

In order to plan, organise and coordinate rehabilitation services for the welfare of the Orthopaedically handicapped in the country, the Government of India through the Ministry of Health and Family Welfare, set up a Central Committee in 1969. The terms of reference of the Committee were:

(i) to coordinate the medical rehabilitation activities of voluntary and governmental organisations undertaking the care and rehabilitation of the Orthopaedically handicapped; (ii) to review the expansion schemes of these organisations and coordinate their training programmes of physiotherapists and occupational therapists; (iii) to advise the Ministry of Health in the formulation of proposals and plans for future programmes; and (iv) to recommend to the international organisations, the rehabilitation institutions which are to be assisted by these organisations.

Further in 1972, a sub-committee was constituted in order to:

(i) assess the magnitude of the handicapped cases; (ii) assess the facilities available for the rehabilitation of handicapped cases in India; (iii) assess the facilities available for the artificial limbs and appliances; and (iv) to review the facilities for the training of para-medical personnel in rehabilitation

A perspective plan for 20 years (1974-94) on the rehabilitation programme was submitted for consideration at the time of formulation of the Fifth five year plan. In these proposals besides strengthening the Rehabilitation Centres at the Safdarjung Hospital in Delhi and All India Institute of Physical Medicine and Rehabilitation in Bombay, eight institutions were included. It was

envisaged that by the end of the 20-year period, the country should be well equipped to look after the entire handicapped population so as to make them useful and productive citizens with a balanced psychological outlook

The programme proposed (i) to establish rehabilitation units at each district hospital for the benefit of the district town and the rural population where cases referred from the primary health centre and *taluk* hospital could be looked after; (ii) to establish fullfledged rehabilitation centres in each medical hospital for more advanced treatment, research and training purposes; (iii) to increase facilities for training of orthopaedic surgeons, physiotherapists, vocational counsellors, speech therapists, and medical social workers trained in rehabilitation; (iv) to strengthen the existing 25 rehabilitation centres to the level of centres proposed for the medical college hospitals along with facilities for training; (v) to establish a sheltered workshop in each State for the handicapped who are not able to compete in the open market.

In the Fifth five year plan, a national scheme of medical rehabilitation under which strengthening and development of rehabilitation centre was approved, was started.

The setting up of regional artificial limb centres and sub-centres was assigned to the already established Artificial Limbs Manufacturing Corporation (ALIMCO) Kanpur

A working group was constituted by the Directorate General of Health Services to draw up a detailed scheme on rehabilitation of the physically-handicapped for inclusion in the Sixth five year plan. Schemes have been prepared by the experts of various groups and sub-groups under the chairmanship of the Director General, Health Services. The proposals covered all categories of the handicapped except the blind for whom there is already a national programme of prevention of blindness functioning under the Ministry of Health. The plans submitted are mostly rural oriented

programmes and training of medical and paramedical personnel in rehabilitation.

WHO has also been taking active interest in medical rehabilitation for the welfare of the Orthopaedically handicapped. It has conducted seminars at national and international levels with the aim of planning, organisation and administration of medical rehabilitation services

In the first meeting of the WHO Expert Committee in 1958 on medical rehabilitation, it was stressed that medical rehabilitation must be seen as a continuous process which began immediately when the patient came under medical care and was not completed until he was finally restored to as full a normal, productive, adjusted and satisfying life as possible.

In 1972, an inter-regional seminar was conducted on planning, organisation and administration of medical rehabilitation services at New Delhi. The following recommendations were made in the seminar: (i) that consideration should be given to the selection and training of coordinators for major rehabilitation departments and centres; (ii) that education of the public in the importance of rehabilitation and need for constructive public interest and participation should be organised. In this, special emphasis should be laid on the education of employers and persons holding prominent positions in community life; (iii) that in the field of staff training, stress should be laid on the need to train tutors in all disciplines; (iv) that stress be also laid on the need for inter-disciplinary training, both by joint training in basic elements common to several disciplines and by in-service training; (v) that everything possible should be done to improve the dissemination of professional information within and between all the disciplines concerned; (vi) that legislation should be encouraged and developed to minimize or remove direct or indirect discrimination against the disabled, for instance to modify unrealistic, arbitrary requirements of fitness for employment in the public service, to redesign insurance and compensation schemes which tend to act as disincentives to the seeking of

employment and to require that public buildings etc. should be so designed as to be accessible to the disabled; (vii) that progressive legislation should be developed to define and raise standards of training in the rehabilitation disciplines; (viii) that health and social services not at present directly involved in rehabilitation (e.g. industrial health services) should be encouraged to accept responsibility in relevant parts of the work; and (ix) that international organisations should be asked to consider the possibility of making more effective distribution of their 'Source Documents' in the field of rehabilitation

Artificial Limbs Manufacturing Corporation (ALIMCO), a Government of India undertaking, is playing a vital role in the welfare of the Orthopaedically handicapped. It is actively engaged in manufacture of standard components/parts of artificial limbs and appliances. It is also engaged in research, development and designing of orthotic, prosthetic and rehabilitation devices to fit in the Indian social and cultural background.

ALIMCO was set up in 1972 by the Government of India to promote, develop, manufacture and market artificial limbs and accessories, orthotic and prosthetic aids as well as other rehabilitational aids and appliances. To bring these facilities within the reach of the people in all parts of India, five existing limb fitting centres were upgraded to the status of regional limb fitting centres with the ability to handle a larger number and more difficult handicapped cases. These are located at Calcutta, Jaipur, Madras, Nagpur and Trivandrum. With collaboration of State government and Central government agencies, ALIMCO has established 21 peripheral limb fitting centres in 11 States and two Union territories all over the country. To meet the growing demand for trained personnel in the field, it has also set up a training centre called National Institute of Prosthetic and Orthotic Training (NIPOT) at Olatpur in Cuttack district of Orissa.

In addition to the setting up of centres for the manufacturing of prosthetic and orthotic aids

and rehabilitation devices, the National Institute of Rehabilitation Engineering Research and Development (NIRERAD) has been set up for research and development in the field of prosthetic and orthotic devices and rehabilitation equipments.

The existing rehabilitation services and training facilities are spread all over India. In all, there are 111 centres providing training and rehabilitation facilities, 13 of them are providing full rehabilitation services which include medical, physical therapy, occupational therapy, psychological, medico-social, vocational guidance and prosthetic and orthotic services.

In order to reduce to some extent the financial burden and to promote self-employment and better job opportunities to the Orthopaedically handicapped, the Government of India have from time to time announced various concessions. Those available at present are:

1. Income-tax: Persons with permanent disability engaged in gainful employment are exempt from plus Rs. 5,000 income. In the Budget for 1980-81, this was made plus Rs. 10,000. This has been done considering the heavy daily maintenance expenditure of handicapped persons. This concession is secured under section 80-U of the Income Tax Act.

2. Railway concessions: Orthopaedically handicapped persons are allowed concession of 50 per cent in railway travel expenses throughout the country. In case an escort is required to travel with the handicapped persons, a smaller concession is allowed to him also.

3. Token Tax: All invalid carriages owned and driven by physically handicapped persons are exempt from token tax.

4. Petrol subsidy: Owners of invalid carriages all over the country are entitled to 50 per cent reimbursement of cost of petrol.

5. Air concessions: Physically handicapped persons going for medical test and treatment can avail of this concession.

6. Grants for studies: Ministry of Social Welfare at the Centre and the social welfare departments in the States give scholarships to encourage the education of physically handicapped persons. Universities also give relaxation in the matter of percentage of marks needed for higher studies and relaxation of upper age limit.

7. Self-employment schemes: The Ministry of Social Welfare helps energetic entrepreneurs financially to set up small units. This grant goes up to Rs. 10,000.

8. Job reservation: There is provision of one per cent job reservation for the Orthopaedically handicapped, one per cent for the blind and one per cent for the deaf in Group C and Group D posts of the Central government.

9. Relaxation of age for government service: The upper age limit for securing government jobs has been increased from 5 years to 10 years for the physically-handicapped persons.

The Year 1981 was observed as International Year for Disabled Persons (IYDP). Some special concessions were allowed and programmes introduced during the IYDP for the physically handicapped persons including the orthopaedically handicapped. The programmes launched during the IYDP include both preventive as well as rehabilitative ones. Some of these programmes are: polio vaccination, rural rehabilitation extension centres, liberalised and enhanced rate of scholarships, transport allowances, assistance to voluntary organisations for developing educational rehabilitation programmes and special concessions for economic rehabilitation of the handicapped. Reservations were also allowed in public transport, allotment of flats etc, besides relief in custom duty for importing certain prosthetic and orthotic aids.

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Research in Social Defence

**(Research, Evaluation and
Statistics in Social Defence)**

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The imperatives for a change, deliberate or otherwise are far more important today than ever before. This is so not only in terms of the scale and dimensions but more so in terms of the socio-political and technological complexities involved. The effects of a change may be local in nature and some changes may have long-term global impact.

The need for information and research is now more pressing than ever before. The complexities of the socio-political system in India have increased tremendously in recent decades but the level of information and research has remained fairly inadequate. As long as this imbalance between these complexities and information and research remain, the relevance of policy decision will tend to suffer.

In spite of the lack of systematic work in the area of social defence, "research" has entered the vocabulary of people in many walks of life. In many government departments at the national as well as state level research divisions have been created. Yet there is a growing misunderstanding about the meaning of the word "research" and what it can deliver. Somehow the misconception persists that research necessarily involves utilization of the most sophisticated methods and mathematical analysis. We feel that the type of research and its relevance to policy depends materially upon the development of the field under consideration. The less we know about the field the lower are the requirements in terms of facts and information that will assist us in making policy. We may also point out that the level of sophistication of research in some countries is claimed to be very high but there is no convincing evidence to suggest that the high level of sophistication is necessarily effective. In

the Indian context, simple and straightforward research on the basis of available low-level data may well be a necessary precondition for carrying out policy-relevant work. Having begun with a low profile we can also think of improvements. Such work and the inherent difficulties of relying entirely on its findings will hopefully lead to better compilation of data and information. Development of research is not a goal but a means; it is an input both present and potential to analysis and as such a means to the objective of better policy.

Evaluation

The title of this article also includes the word "evaluation". At the outset we may stress that evaluation is a type of research. The Government of India and the State governments spend enormous amounts of time, money and effort to help solve social problems. It is logical, therefore, that these bodies or critics question the effectiveness of such actions. The governments themselves seek signs to show that their programmes and projects are successful. Evaluation research presents a scientific approach to the assessment of the achievements of a programme. More specifically the main purpose of evaluation research is "to provide objective, systematic and comprehensive evidence of the degree to which the programme achieves its intended objectives, plus the degree to which it produces other unanticipated consequences, which when recognized would also be regarded as relevant to the agency".

Given the scope of evaluative research, it is highly unlikely that the entire social defence policy could be evaluated in any single attempt. Furthermore, it is not enough to ask whether a programme is effective but rather how effective it is in itself and in comparison to other factors. Only when we have assessed the specific programmes and their effects can we begin to visualize the achievements of social defence policy.

The main limiting factors in the evaluation of social defence programmes have been in the areas of problem specification and selection of variables. One of the essential features of

evaluative research, which is different from other types of research, is that the selection of variables must be in relation to the concept of effectiveness. It is imperative that the sponsoring agency cooperate fully with the evaluative research programme, while neither actively intervening in or obstructing its course.

Methodologically, most evaluative researchers have used control and experimental groups. Numerous studies carried out in highly developed countries have come up with negative results with almost no effect on policy. A relevant example can be cited from the field of education. James Coleman's nationwide study on education in the United States concluded that, by and large, class size has no effect on learning by students, yet every proposal for better education emphasizes reduced class size.

Assigning subjects into control and experimental groups has been a perennial problem in evaluative research. Such difficulties have led to the use of quasi-experiments. There are also correlational studies in which characteristics are controlled statistically. These three types of evaluative research can be identified in terms of impact and coverage. Experiments and quasi-experiments have high impact but necessarily low coverage because of the size of the experiments. Correlation studies on the other hand have high coverage and the added advantage that such research can point to significant areas for in-depth research.

The methodological problems in evaluative research should not discourage us to the extent of abandonment; most of the problems can be overcome. The single most important issue is the effect of research results on policy. As we have pointed out earlier, after having invested enough time, money and effort, the sponsors like to see their programmes succeed. Among sponsors, the belief that their programme is effective, is understandably strong. As long as the results are positive or even equivocal, the relationship between the sponsor and researchers is promising for future collaboration, i.e. the researchers will produce the 'desired' results.

To conclude we must say that the applications of evaluative research "contribute not only to a science of social planning and a more rationally planned society but also to the perfection of social and psychological theories of change".

Role of Statistics

This brings us to the importance of statistics in social defence policy and planning. The utility of statistics on crime, criminals -and victims can be placed in the following two categories.

(a) For management purposes: Social defence administrators can use such data for the purposes of planning, allocations of resources and evaluation of effectiveness. For instance the data will help:-

- to know the volume and kind of counteraction necessary to contain or reduce offensive behaviour; to determine the extent of population involvement in crime, i.e. whether many criminal acts are committed by a few persons, a few acts by many persons, many by many, or a few by a few. This kind of measurement provides data for making rational decisions about methods of engineering a crime control system, and whether to focus control resources at the beginning or the end of a police-to-prison continuum;

- to locate the major social area of criminal activity. That is, it is necessary for purposes of control and reduction, to know precisely the age, sex, ethnic and other social attributes of the populations that have a disproportionate share of involvement in crime;

- to plan and project. Because various major features of a culture are intricately interrelated, any one of them, such as crime, may have enormous systemic effects on others. In order to determine the effects which crime and criminals may have upon other aspects of the culture and upon the future, knowledge of the present amounts of crime and criminals is necessary. Projections of crime can only be made on the basis of adequate information of the past and the present. Budgets of the future

regarding manpower resources for training, education, etc., need the data of the present;

- to measure the efficiency and effectiveness of prevention and deterrence programmes such as community action, police activities, sanctions imposed by private or judicial practice.

(b) For research purposes: Systematic collection of data will facilitate meaningful research by administrators as well as by non-official agencies and individuals. Specifically, it will help:

- to provide a set of empirical variables upon which scientific theories of human behaviour may be based;

- to provide data for testing operational hypotheses about the causes (etiology) of crime as a social and institutional process, and of criminal behaviour as a reflection of, or reaction to, the social system;

- to measure the degree of enforceability of various types of legal norms;

- to measure the impact of ancillary social variables on deviance (such as economic conditions, industrialization, television, automobiles, etc.);

- to know the extent to which the parameters of freedom of movement in democratic society are restricted or otherwise impaired by criminal assaults on persons and property of its citizens;

- to compute the costs of criminal deviance in terms of injury inflicted on the community, maintaining police, judicial and correctional agencies;

- to classify the heterogeneous variety of criminal deviance into types and degrees of seriousness so that more refined measurements of social harm can indicate specifically the nature of the crime problem and the individuals contributing to it;

- to provide the basic data needed for aiding various agencies to reconstruct profiles of individual offenders for such purposes as pre-

sentence investigations, institutional classification and parole consideration. To make rational decisions in sentencing convicted defendants, the judiciary needs sufficient information that relates an individual defendant's profile to a statistical probability of his chances for success or failure under the institutional and non-institutional alternatives available.

Sources and Machinery: Social defence statistics, like statistics on any other subject, are continuously developing. Despite its power and essential usefulness, they have limitations and imperfections but development in the future will undoubtedly reduce these. Many of the questions that are the subject of comment, controversy and discussion require numerical data for their resolution. In this respect, statistics on the extent of crime, delinquency and other areas of social defence serve the purpose of informing administrators as well as citizens about the phenomena under consideration.

There are various sources of social defence statistics but primarily these can be divided into two, namely, numerical data collected from day to day administration, and statistics collected with the help of surveys. The most routine and important collectors and suppliers of social defence statistics are governments. Although statistics on certain crimes in some areas in the country have existed for a long time, development of systematic collection of social defence statistics in India is relatively recent. As early as 1860, the Secretary of State for India expressed desirability of bringing out annual reports on the state of crime in India. He noted that information about police activities incorporated in the annual administration report of the Government of India was not carefully prepared and suggested that the provinces should take special care to provide precise data. A police commission, constituted in the same year, proposed a set of periodic reports in order to systematize criminal statistics. In 1902, another police commission recommended that the number of forms used for police administration reports be reduced in order to bring uniformity into the various

provinces. The recommendations were approved by the government in 1905. In 1908 certain minor alterations to the forms were made and in 1936 again certain changes were introduced. So far the annual crime reports consisted of data only from the British provinces; the numerous princely states were not required to report on crime in their jurisdiction.

After India attained independence, the Government of India appointed a committee in 1954 to report on the compilation of annual criminal statistics.⁴ Considering the need for uniformity, the committee suggested that all the States in the Union should conform to a basic classification and recommended various forms. The committee also felt that the all-India crime report should be concise and confined only to a brief survey of criminal statistics under major headings. As a result of these recommendations the first report on criminal statistics entitled *Crime in India 1953* was brought out by the Intelligence Bureau, Ministry of Home Affairs, in 1955. The same system has been in use ever since with certain minor changes introduced in 1971. The *Crime in India* annual report includes statistics maintained by various police departments in the country as well as statistics submitted by the various courts to the Ministry of Home Affairs. The crimes included in the annual reports relate only to cognizable crimes under the Indian Penal Code committed by adults as well as juveniles.

The annual reports cover the entire country. The States and Union territories are responsible for police administration in their respective jurisdictions. In each jurisdiction data on crime originate at the police station level which is the smallest geographical unit. Daily records about the incidence of criminal events within its jurisdiction are maintained and each police station submits periodic reports to the subdivision which then transmits the information to the district police authority. After processing the data from all the police stations and subdivisions, the officer in charge of the district forwards the data to the State police headquarters.

Crime in India is just one annual report which presents statistics on crime for the country as a whole. Also this is not the only special area which the term social defence encompasses. Besides data on the incidence of crime, there are other related subjects such as prostitution, suicides, drug addiction, alcoholism, beggary, etc., of which statistics at the local and State levels do exist but these statistics are often not available in published form. The only other source of social defence statistics that is available in published form for the whole country is the series on accidental deaths and suicides which began in 1963. Statistics on juvenile delinquency are collected separately by the states in which Children's Act and the related juvenile justice mechanisms exist. In this area also, the only data that are compiled for the country as a whole are those included in the *Crime in India* annual reports.

Occasionally some special volumes on social defence statistics are brought out by individual State governments and local authorities. Thus, there is available a report on juvenile delinquency in India published in the late 1960s and also a volume on social defence statistics in India 1974. Neither of these two publications has been revised yet. The Ministry of Social Welfare, Government of India, bring out a *Handbook on Social Welfare Statistics* which contains some data on social defence obtained from the States. The quarterly journal *Social Defence*, too, contains statistics compiled from the States by the National Institute of Social Defence.

Problems and Deficiencies: One could speak of the problems and deficiencies in social defence statistics only if there exist a source for a certain period of time. In this respect the only source which warrants comment is *Crime in India*. In spite of several changes and efforts to improve statistics of crime in India there exist several drawbacks in these statistics.

One of the major deficiencies of criminal justice statistics all around the world has been that these reflect only a partial picture of crime in a society. As the techniques of measurement in social sciences attain sophistication the quality and reliability of social data will come

under greater scrutiny. There have been efforts to resolve the problem of the true extent of crime with the help of two types of surveys: hidden delinquency and victimization. This is not to say that these methods are foolproof and the results obtained necessarily present a true picture of crime in a society; however, refinements in methodology will improve the quality and reliability of these surveys. In the absence of any viable method to estimate accurately the extent of crime the official criminal statistics will remain the major source of information on crime.

In recent years a major criticism against the official criminal statistics has been that these reflect the policies and behaviour of the law enforcement agencies.

Major Limitations: With regard to Indian criminal statistics there were several major limitations:

1. *One* of the drawbacks of *Crime in India* is that it does not present information on the urban-rural distribution of crime patterns. Barring details in a few of the larger cities of the country, the data refer to States and Union territories. In a country where more than 80 per cent of the population still lives in rural areas, an urban-rural breakdown of criminal statistics would be very significant. Politicians, planners and law enforcement officials generally recognize that crime in the cities is on the increase but unless validated or demonstrated through statistics their assertions may be discounted as subjective impressions or hearsay.

The inclusion of urban-rural breakdown in crime statistics does not in practice seem to represent an insurmountable task. As stated earlier, crime records of which *Crime in India* is an end product, originate at the police station level. Thus, the basis for an urban-rural distribution of crime data already exists. Since it is claimed that the statistics compiled in *Crime in India* cover the entire country it may be assumed that every police station is included in the data gathering network. Dividing these statistics into urban-rural for the country as a

whole might mean some additional work and expense but the inferential value of such an effort would certainly justify its cost.

2. It can easily be observed from the crime classification that information on some of the important cognizable crimes, namely minor or grievous hurt, rape, arson, etc., is not reported separately. Statistics related to all these crimes are lumped together into the miscellaneous category. For a period *Crime in India* used to present at least one table in the entire volume on the detailed breakdown of crimes in the miscellaneous category from which one could get an idea of the number of crimes against person and property but this table was discontinued in the early 1960s.

3. It is not known from the current presentation how cases involving multiple crimes are dealt with. It is impossible to know whether a case involving loss of life in the process of a robbery will be included in the murder or the robbery category. There can be numerous combinations involving several types of crimes.

4. *Crime in India* lacks information on the detailed age breakdown of offenders. Except for juveniles which category seems to include ages 7 to 21, there is no specific age breakdown of adult offenders. Even in the case of the age breakdown of juveniles the present format is not a right one. The definition of a juvenile varies from jurisdiction to jurisdiction and there is rarely a State in which a juvenile is defined as under the age of 21 years.

The age breakdown of offenders is a very important piece of information especially when one examines the research reports in various countries which tend to suggest that the majority of serious crimes in a country are committed by young persons between the ages of 15 and 25.

Improvements: During the last few decades official criminal statistics have been the subject of investigation in many countries and numerous recommendations have been made to improve the quality and reliability of these statistics but few attempts have been made to actually improve the statistics. The net impact

of all these on the collection, compilation and publication of criminal statistics has been less than satisfactory. Thus, often the most recent available statistics demonstrate the same weaknesses shown by the statistics of several decades ago.

Basically criminal justice statistics should be able to inform us of: the types of crimes committed and circumstances surrounding these; the kinds of individuals involved; the characteristics of victims if any; the types of dispositions given by the courts and other adjudicatory bodies; and the cost of maintaining criminal justice services. Looking back again at the method of collection of statistics in India, it can be said that the information exists in the records. Admittedly it will be difficult to present the details on a national basis if the facilities of computers are not available.

Before we consider improvements in criminal statistics one must examine the need for statistics at the national level. It is very difficult to justify why in a country as large as India the statistics should be gathered for the nation as a whole. The function of law enforcement is not the responsibility of the federal government and although there exists only one criminal law for the country as a whole the administration of criminal justice is the responsibility of the States. Therefore, efforts to improve criminal statistics must start at the State level. Also, if the purpose of statistics is to serve the needs of decision-makers, statistics on a national level will not be of much help. It seems important that we should encourage the development of adequate statistical systems within major geographical boundaries.

There are certain important methods of improving criminal statistics being experimented with in some of the developed countries. It will be entirely unrealistic if one overlooks the technological developments in a country and suggest experimentations of the sort being carried out elsewhere, but it is nevertheless important to point out the conceptual strengths of these new systems. One such system has been developed in the United States which is known as the Offender Based

Transactional Statistics (OBTS). This "is a dynamically different philosophic approach to the gathering of criminal justice statistics than any previously used in the United States. Instead of the police gathering arrest data, courts information on cases and so forth, the OBTS concept encourages the entire criminal justice community to gather uniform transactional information about the offender. Thus, the unit of count used by all segments of the criminal justice system is the same: what happens to the offender".

Development of Indicators: The basic function of statistics is to produce information; it is usually field specific and in terms of analytic utility the information content is low. We may thus be able to say from statistics the situation that pertains at a particular time but will not be able to draw inferences. This becomes particularly important when we consider social problems. Statistics on some of the social phenomena have evolved as part of the general data gathering effort and often without much consideration to the purposes and objectives which they are supposed to address. In order to assign meaning to the statistics these must be appropriately structured.

Having said this we may also point out that no matter how perfectly designed the statistical machinery may be, it can never suit all purposes and for all times. The collection of any data has certain implicit or explicit purposes, e.g. administrative, budgetary, decision-making, policy formulation, etc. Thus the purposes determine, or at least should determine, the type of data to be collected. In the utilization of data both the articulation of purposes and type of data are important. It follows, therefore, that if we shift our purposes or add new ones, we would require new data. It is not uncommon, however, to observe time lags between shifting of purpose and initiating collection of new data. However, certain guidelines can be derived from the real world. If the aim of crime prevention policy is to foster a better and safe society, that concept must be made operational so that changes in the goal areas can be monitored. Next, and equally important, the concept of a better and safe society needs to be

related to the various factors by which it is influenced and also these factors and their relative impact must be monitored. Furthermore, the impact of policy measures on these influencing factors needs to be ascertained.

Given the present method of evaluating crime with the help of existing statistical machinery and procedures, the above mentioned requirements may seem highly complicated. But the choice seems to be obvious. Are we to continue allocating funds on the basis of crime rates in particular jurisdictions and thus perpetuate or even exacerbate the existing situation, or are we to use more meaningful ways to contain crime and ensure a greater pay-off?

Several examples can be presented to illustrate the problems raised by this question. Within a nation, one of the basic comparisons of crime data often made is between rural and urban areas. The most common thing we know is that urban crime rates are much higher than rural crime rates. In essence, however, what we are saying is that crime rates vary under different conditions or, in human terms, they vary under different life styles. Thus, any meaningful analysis of urban-rural crime comparisons should involve examination of factors influencing different life styles.

To take another example, unemployment is often said to be related to crime and delinquency. We could hypothesize, however, that during times of high unemployment certain types of crimes, e.g. property crimes, might be less frequent than in times of low unemployment. Again, unemployment *per se* may not be as important in explaining this phenomenon as the general economic conditions. In sum, then, relating isolated factors to crime data does not tell us much about the nature of the phenomenon.

We can no longer discuss crime in isolation. No matter what perspective one takes, the conclusion is inescapable that crime is closely related to such factors as economic conditions, unemployment, education, health, housing,

leisure, etc. Such relationships signify that evaluating crime and measures to contain it require methods different from the parochial ones used currently.

In his report to the 32nd Session of the United Nations General Assembly, the Secretary General observed: 'The level of tolerance for deviant behaviour among countries varies, but few would probably opt for that degree of control which would be required for a totally 'crimeless' society. It is true, on the other hand, that insufficient attention to problems of crime and failure to see its ultimate relationship to broader national concerns and other aspects of social, economic and political life, can give rise to increases in crime which may seriously undermine the achievements of national goals and popular wellbeing.'

The information received (by the Secretary General) stresses the fact that the levels and forms of criminal behaviour are closely interrelated with all the other aspects of social life.

This brings us to the concept of social indicators. During the last decade or so policy-makers, social scientists and social commentators through writings and policy papers have proposed the development of "social indicators", "social accounting", "measuring well-being" and "monitoring social change". It is difficult to offer a tight definition of social indicators. A part of the reason lies in the fact that there are diverse views which again reflect the diverse intellectual background and interests of the participants in the social indicators movement.⁹ Thus, to some, social indicators mean direct measures of welfare, to others this may mean the accounting of national goals and to still others this term may mean measurement of social change. If we can synthesize the prevalent views we may perhaps say that social indicators mean scientific knowledge of structure and performance of society, and ingredients needed to obtain this knowledge are reliable and valid information about social condition and social process, processing of this information, and reporting of this processed information.

In a sense then, social indicators should, at least theoretically, encompass every aspect of society. But there are limits to what is achievable. We must, therefore, dismiss the idea of a global approach. It is probably not necessary in this article to trace the history of each of the past efforts. But by and large these can be divided into major categories: those which attempt to measure in global terms the results of certain programmes, e.g. investments in education and their outcome in terms of number of educational institutions, number of students and faculty, etc., or investments in criminal justice and their outcomes in terms of amount of crimes. In other words, the emphasis is on the structural aspects of a society. The second category relates to those which attempt to measure the performance, i.e. measuring social conditions in terms of individual wellbeing. This means eliciting responses from the population on each of the indicators as to its satisfaction or dissatisfaction.¹⁰ A significant effort in this direction is currently being undertaken by the Organisation for Economic Cooperation and Development (OECD), Paris.

The efforts in the two categories reflect two different sorts of data base. While the former can be designed on the basis of officially published statistics, provided these meet the criteria, the second must necessarily rely on sample surveys. An example of these can be found in the criminal justice area. Official criminal justice statistics have existed for decades in many countries.

Because of certain inherent deficiencies these series are not considered to be adequate for social indicators. A general view is that since a crime, as reported and recorded, reflects the interaction between the three, i.e. the offender, the victim and the law enforcement, the statistics must show these. Since the late 1960s efforts are under way in several countries, through victimization surveys, to elicit information to supplement the criminal statistics.

The important point here is that statistics collected for a particular purpose may not be suitable for other purposes. It is, therefore, fair

to say that for a meaningful social indicator programme new data sets have to be developed. Also, the new data sets and sample surveys have to be continued for some time before successful use of these can be made. It is not unusual to observe that there are lagging effects working in certain sectors. In conclusion, it can be stated that the development of social indicators is lengthy and complex process.

Research and Evaluation

Until-recently the quantum of research in the field of social defence was limited. The majority of studies were in the form of students' theses and dissertations. During the last few years, however, some significant steps have been taken by the Government of India. These include (i) the establishment of a planning, research, evaluation and monitoring division within the Department of Social Welfare. This division funds a large number of research projects in universities, institutions and voluntary organisations; (ii) the revamping of the erstwhile Central Bureau of Correctional Services into the National Institute of Social Defence. This Institute has research, training and clearing house functions; and lastly, highly significant for social science in general, the creation of the Indian Council of Social Science Research.

It is not difficult to glean from the above that most research is funded by the government. This is not peculiar to India. The government also produces statistical information; statistics are generally considered to be neutral in that these alone do not favour one decision over another. However, because decisions that policy makers take are often shaped by the available information, statistical information could become a major agent in social defence policy change. But the neutrality of statistical information becomes suspect if we consider who produces this information and with what motive. The kinds of facts that are selected for reporting, the way the facts are presented, the individuals and agencies to whom these are distributed, and the inferences that are invited will eventually shape the outcome and subsequent facts. Information yields power to those who have it.

There is a danger, therefore, that the type of research studies to be conducted, the hypotheses to be tested, the data to be collected, the variables to be examined, will have to be approved by the government. It is probable that researchers who report negative findings may receive less than objective disposition. This is only an apprehension; however, reports of research studies are got published by the authors even though their funding has been from government. In the long run, if research is tutored, the whole purpose of research will be defeated. Administrators and bureaucrats are not irrational people; their conception of rationality is different. They are not contented with today's progress but wish to build long term support for their programme. Naturally they will look to people who can be helpful now and in the future. In this context a social scientist cannot say that he is outside the government. By supplying information, with the additional aura of scientific respectability, he becomes inevitably immersed in politics and in that sense becomes a policy shaper if not a policy maker.

It is against these fears we suggest that social science research is potentially important and it can make a significant contribution to the achievement of national goals. If India hopes to meet the challenge of pressing and growing social problems, innovative and controversial thinking and research must be encouraged. Social problems do not fall within the boundaries of a single discipline, and so interdisciplinary and multidisciplinary research must be carried out.

In conclusion, specific to the field of social defence, it is not enough to say that rising crime in cities is a bad thing and something must be done about it. We want to know its scale, its trend, its causes, its perpetrators, its impact, and the range of policies and options which are open to governments to deal with it. We do not want simply to deplore ever rising crime rates in the urban centres. We want the most accurate and careful studies to provide meaningful information. Our urgent need is for research and analysis with which to dispel our ignorance

of the dimensions of crime and criminality and help us formulate a comprehensive social defence strategy for the years and decades ahead.

Satyanshu Kumar Mukherjee

Notes on Research, Evaluation and Statistics in Social Defence

1. H.H. Hyman, C.R. Wright and T.K. Hopkins *Application of Methods of Evaluation: Four Studies of Encampment for Citizenship*, Berkeley; University of California Press, 1962, pp. 5-6.
2. J.S. Coleman, *Et al.*, *Equality of Educational Opportunity*, U.S. Department of Health, Education and Welfare, Washington, D.C.; Government Printing Office, 1966.
3. *International Encyclopaedia of Social Sciences*, Vol.5, New York, The Macmillan Company and the Free Press, 1968, p.202.
4. This committee was chaired by Mr. B. Roy, then Inspector General of Police, Orissa.
5. For a detailed history see P.H. Dave "Machinery for the Collection of Police Statistics", *Police Research and Development*, Quarter III, July-September 1971.
6. Cognizable crime means a crime for which a police officer may arrest the accused without a warrant.
7. C.M. Friel; *A Transactional Approach to the Development of National Criminal Justice Statistics*, paper presented before the United Nations Social Defence Research Institute Conference on "Monitoring Crime Trends and Criminal Justice Information", Rome, January 1977, p.5.
8. UN Report of the Secretary-General to the Thirty-second Session of the General Assembly, *Crime Prevention and Control*, 22 September 1977, p. 34
9. For a fuller account of the Social Indicator Movement see: J.E. de Neufville, *Social Indicators and Public Policy*, 1975; A. Shonfield and S. Shaw (Eds.), *Social Indicators and Social Policy*, 1972; "America in the Seventies: Some Social Indicators" Volume 435 of *The Annals of the American Academy of Political and Social Sciences*, January 1978.
10. Important works in this area are: A. Campbell, and P.E. Converse (Eds.), *The Human Meaning of Social Change*, 1972; A. Campbell, P.E. Converse and W.L. Rodgers, *The Quality of American Life: Perceptions, Evaluations and Satisfaction*, 1976.
11. OECD, *Social Indicator Development Programme, Special Studies*, 'No.3, 1976.

Research in Social Work

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Social work is a practice profession. Research is a search endeavour. Social work research then has the function to search out answers to questions raised regarding alternate interventions or treatments in social work practice and to search out answers to problems or difficulties faced by social work practitioners in the practice of their profession. Since the core social work methods (casework, group work, community organisation, administration) already have a large and yet developing repository and armoury of techniques and tools, it is not necessary for social work practice to claim social work research as one of its methods in order to look a respectable practice profession.

One reason for mistaking social work research for a method of social work practice is that some generic research skills are also useful in social work practice such as identifying aspects of the problem, selecting the crucial ones to be tackled, identifying and selecting the elements of information to be collected and the best sources from which the different data may be collected, the art of interviewing, collating the items of information to draw inferences for treatment, etc. Thus the relationship of research to social work practice is the unconscious transference of research skills to social work practice but labelled, again unknowingly, as social work practice tools and skills. It can be argued that social work research is a technique of social work in that social work research procedures are applied or utilised in the diagnosis of individual, group or community problems and in selecting alternate treatments in the light of both the diagnosis and prognosis of the 'case'. The social work practitioner may later 'evaluate' the status of the 'case' prior to closing it in order to ascertain its success/failure levels. The practitioner may even monitor the progress of the case in terms of the distress relief quotient that she computes from time to time so that at the point at which the distress factors are minimised or eliminated and the

relief factors are maximised, she can close the case as successful. The above would be particularly true of what is now known as 'single subject' social work research studies. It may be added in parenthesis that it is not unlikely that this new term is a revision of an older one, namely, case study, which case workers often employ.

What is Social Work Research

Social work research is the use of the scientific method in the search of knowledge, including knowledge of alternate practice and intervention techniques, which would be of direct use to the social work profession and thus enhance the practice of social work methods.ⁱ Social work research is the species that belongs to the genus social research or more specifically referred to as social science research. Thus research in the social sciences is research in behavioural and personality aspects of society. Social work research focusses on or confines itself to select aspects of behaviour and alternate modes of behaviour modifications. In other words social work research helps to find ways and means to enhance social functioning at the individual, group, community and societal levels.

The ignorant may, then, tend to draw comparisons between social work research and social surveys, on the one hand, and, on the other, between social research and social surveys. These are futile exercises in comparison. For, a social survey is, by definition and characteristics, a 'research typology and the design' and not a generic term for search for knowledge in the general area of social sciences or in the specific area of social life, though one cannot deny that social surveys become popular vehicles of 'social life' studies and so tended to assume the name of the 'master'. Survey research, the more appropriate term for social survey, is not, to repeat, "search for knowledge in any one particular aspect of human behaviour and personality".

To unravel these terms, then social research is an abbreviation for social science research. Social science research or social research has two major dimensions to it. One is the

substantive area in which research is done. The other dimension pertains to the methodological issues. From the substantive viewpoint we talk of sociological research, research in political science or political science research, research in social work or social work research. The methodological dimension of social science research would focus on the general and specific strategies to be adopted in fulfilling the objectives of the research study. Thus, it includes such general strategies as historical research or library research, empirical or field research. The latter would include such specific streams as experimental designs, case studies etc. Thus, usually when we refer to social work research we really mean that we are referring to the substantive aspects and not necessarily the methodological aspects. Hence confusion gets worse confounded in social work education.

One may then raise the question, why are the research methodology courses in school of social work labelled as social work research courses? The answer should be as follows. Given the fact that the substantive area of interest of social work research is the whole canvas of social work practice, it is presumed, and rightly so, that this may require research strategies—generic and specific—which may have to be worked out to meet the specific peculiar conditions of social work field. Thus, even the methods, techniques and tools that are available in the general armoury of social science research may need to be modified when applied to social work research so that the measurements become relevant, reliable and valid. Therefore, the schools must teach the social work research methodology course in the *framework* of social work practice and not, as is now the unfortunate situation, independent of the social work framework. When the social work research methods course is taught independent of the social work framework, it is most probable that the class is taught social science research methodology and not social work research.

How can Research be Useful to Social Welfare

One can see there are three major avenues of collaboration between social work research and the field of social welfare. It is useful: (a) in identifying and characterising problems which social welfare can tackle, and in the efficacy of different diagnostic and treatment alternatives available to the social work practitioner; (b) in identifying and characterising conditions and/or interventions which would help prevent social problem from occurring, i.e., preventive social work or reduce/eliminate social morbidity; (c) in identifying conditions or situations to be promoted in order to strengthen social functioning and toning up the social health of society. These can be spelt out in greater detail.

(a) Curative: This would mean the identification of problems giving rise to social work intervention, conditions under which these problems arise, i.e., genesis of the problem, major factors including predisposing, precipitating and intervening major conditions and the 'mix' with which they occur at different points of time to cause these problems; the points of time in the 'growth' of the problem at which it can be identified easily and tackled, alternate avenues available to tackle and dissolve the problem, variations in intervention details depending on stages at which the identification takes place, etc:

(b) Preventive: Ascertaining the conditions under which the predisposing factors can be prevented from occurring or in channelising them into acceptable behavioural and personality traits for the enhancement of social wellbeing.

(c) Promotive: Enhancing the social functioning of individuals, groups and communities in order to raise the social well-being of each individual.

It needs to be emphasised here that these three major dimensions need to be explored with respect to different social work client groups and beneficiaries. At the same time, with each, appropriate strategies of research will have to be evolved and utilised according to the base of social work activity e.g, 'identifying'

research, 'monitoring' research and 'evaluation' research.

Growth and Development of Research

Abroad: Let us firstly broadly review the state of art of research in social work in the western world. Obviously, there is no one 'composite' western picture or profile. Hence we first scan the scene in the English speaking world based on the availability of literature from these countries.

One could not have disagreed with Saiyid Zafar Hasan's observation in 1961 that "Social work research is in an underdeveloped state even in the United States, where the profession of social work has a much larger tradition than in India".¹ But one is pleasantly surprised at the change that has taken place in this situation during the last decade or so because of the changes in emphasis on social work practice areas. For example, emphasis on problems of psychic imbalances and familial disturbances has been growing increasingly. Correspondingly, demands for social work intervention through casework method have been assuming greater importance in affluent societies. At the same time, administration of welfare services, more than methods like group work and community organization, has been receiving recognition in the field of social work.

As a sequel to this shift in the nature of problems attended to, increasing emphasis is being placed on a variety of evaluation studies, involvement of (non-social work) practitioners and in the use of computer technology. Correspondingly, there seems to have been a decline in research pertaining to description of different problems, development of typologies, causal and diagnostic analyses, besides correlations and path analyses, etc.

This shift in research emphasis may have occurred because traditional researchable issues have been exhaustively studied and/or have established comprehensive patterns or trends. Another probable reason for the movement away from traditional research issues is that corresponding varieties of social services have also been set up as though to a

chemical formula. It may also be true, as Brenner says, "The current crisis in accountability has illuminated the failure of traditional research to provide sufficiently relevant, effective and efficient modes of inquiry into social services".³ Burk and Peterson point out that "more traditional kinds of research *per se* are not needed in the accountability area; what is needed is more evaluation of ongoing counselling programs and efforts". Their view is supported by an analysis of current trends in social work research.

A review of articles published in various journals of interest to professional social workers reveals that the recent trends in social work research can be broadly classified into four major categories: (a) evaluation research; (b) refinement in measuring techniques; (c) practitioner-researcher integration; (d) use of research techniques by practitioners in monitoring their intervention activities.

Evaluative research is being undertaken under a variety of captions, the simplest and commonly known is a kind of follow-up studies. Studies on implications or effects, efficacy and effectiveness, measurement of effects, durability of effects are some more to be added to the list. Different client levels are covered for evaluation. At the individual level, for instance, N-of-one and N-of-two method, subject-as-his-own control research, casework self-evaluation are some of the research programmes. Evaluations of agencies, groups and different specialized services like mental health and health-care are in demand. Computer technology is being used not only in interviewing but in assessment and modification of behaviour.

Involvement of community/group members is a common procedure in social work practice. Equally common is the involvement of social workers in research either as a part of her responsibility or supplementary to social work practice. Collaborations between researcher and specialized practitioner and participation of community members are being introduced.

Computer assistance is in demand to reduce non or para-social work activities in order to minimize undue utilization or wastage of social work skills. In fact the most encouraging trend is the last—use of research techniques by practitioners. For, it has always been recognised that so long as social work practitioners do not make social work research a part of their functions neither practice nor research can develop substantially. Essentially, then, practitioner research is one in which practitioners evaluate their interaction with clients by using systematic research techniques. Thus, practitioner research generates and investigates a set of principles relating to practice that are based on the interaction between worker and clients.

Thus, practitioners are helped to, empirically, define what they are doing with their clients and why they are following a particular course of treatment as well as monitor the effect of their intervention.

India: From all available information it seems that until about the fifties student research was almost the only research activity in the schools of social work in India. The change in the number and nature of social work research took place as a result of the impetus given to social research in general by the Planning Commission, Government of India. Since research was implied in planning, the Planning Commission set up a research programmes committee (R.P.C.) whose function, inter alia, was to farm out studies in different fields and aspects to different research agencies and institutions in order to obtain base-line data for planning purposes. The R.P.C. was followed by the Central Social Welfare Board which sponsored a few field studies in the area of social welfare undertaken by schools of social work because they were assumed to be the repositories of social work knowledge and research expertise and hence the appropriate media through which to bring forth meaningful action-related research findings.

An overall review of the state of art of social work research as well as social welfare research would reveal that for quite a few reasons there has been little growth and practically no

developments in the research front in India. This is evident from observation made by social work education at these different points of time in India—1961, 1972 and 1977. These show that there has been serious stagnation or at least very poor growth in research in India. Given the fact that social work education was introduced in India in 1938, Sayid Zafar Hasan pointed out in 1961 that "very little has been done which is really of worth".⁶ In 1972 Ranade lamented that "social work research is far from impressive from either the qualitative or the quantitative angle".

As the committee of social science research observed, "Much of the research in social work cannot meet the standards of rigorous professional work and there is conspicuous absence of competent criticism which would ensure minimum standard of quality. There has also been an obvious fragmentation of research in this field and unrelated studies on different problems. Even where a number of studies have been done on the same problem these are invariably non-comparable because the methodological tools differ, the basic concepts vary and the very presentation of findings is divergent. The sporadic nature of research in social work and related fields in India has, to a large degree, contributed to the poor quality in terms of initial preparation of design of the study, reliability and accuracy of data, strength of evidence to justify conclusions and lucidity of presentation".

Organisation Base

(a) Funding: Currently one can identify three major agencies from whom funds are available for research. The first and foremost is the Ministry of Social Welfare. The special feature of this agency is that, firstly, it provides funds to applicant agencies for undertaking research in the general area of social welfare. It is, of course, assumed here that the project applied for should fall within the purview of the ministry's activities, that it is well designed, and it can be executed at reasonable cost of time and money. The second feature is that the ministry identifies specific issues for study and canvasses with appropriate research/educational institutions to undertake the study

in each State. Thus, projects initiated by the ministry will cover a good cross-section of the nation and so will reflect the Indian scene. A review of its work during the last five years for which information is available reveals that the ministry has been sponsoring research studies including the evaluation of social welfare schemes. It has also undertaken the enormous task of compilation of social welfare statistics. During the period 1973-74 to 1983-1984 the ministry sponsored 228 studies in social welfare and social development including the evaluation of programmes implemented by it.

The second funding agency is the Indian Council of Social Science Research (ICSSR). Social work is just one of the general by the Planning Commission, Government of India. Since research was implied in planning, the Planning Commission set up a research programmes committee (R.P.C.) whose function, *inter alia*, was to farm out studies in different fields and aspects to different research agencies and institutions in order to obtain base-line data for planning purposes. The R.P.C. was followed by the Central Social Welfare Board which sponsored a few field studies in the area of social welfare undertaken by schools of social work because they were assumed to be the repositories of social work knowledge and research expertise and hence the appropriate media through which to bring forth meaningful action-related research findings.

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The second funding agency is the Indian Council of Social Science Research (ICSSR). Social work is just one of the many research areas which it supports. However, it must be mentioned here that the ICSSR avoids duplicating areas of sponsorship supported by the Ministry of Social Welfare.

The third agency from which funds are available is the University Grants Commission which offers small grants to teachers to undertake small and medium scale projects in social work and related fields.

(b) Execution: Most of the social welfare projects sponsored by the Ministry of Social Welfare are undertaken by schools of social work, University Departments in social sciences and social science research institutes in different states. ICSSR funds are utilised more by sociologists who work on 'social problems' of interest to the social work profession.

Problems

Finally, to complete the brief review of the current situation the question is: What factors contribute to this stunted growth? A number of reasons have been put forth by different reviewers.¹⁰ Briefly, nine different problems have been cited by these sources. These are, according to the committee on social science research, (1) inadequacy of funds, (2) shortage of research personnel, (3) inadequacy of research facilities, (4) load of teaching, (5) lack of research incentives, (6) lack of research training, (7) obstacles to communication and utilisation of research, and (8) absence of machinery for research planning and coordination. A ninth problem may be the 'youth of the profession' itself.

One cannot deny that all these problems exist. At the same time, one is not entirely sure that some of these at least could also be excuses for not doing research. For example, while it may be conceded that funds are not in unlimited supply, it may also not be possible to deny that all available research funds have not been utilised for want of applications for research grants. What is more probable is that funds are not generally available for setting up

permanent research units. In this connection funding agencies may legitimately ask whether it is right for researchers or research institutions to take the stand that they either get grants for units (and they will then do research) or they would not touch the money even for ad hoc projects. In reality, assuming that funds are available only for ad hoc projects, it is the general impression that the policy of something-better-than-nothing has its advantages. The primary advantage is that acceptance of ad hoc grants would be good proof that the institution and researcher concerned have the motivation for research, and are prepared to 'make-do' with what is available but 'not-that-rich' research. In fact, a series of ad hoc projects can be dovetailed and undertaken in sequence, provided the 'total research plan' is worked out at the very beginning.

Even apart from this, assuming that further ad hoc grants are not promised or made available, the work that is done is not lost, and at some time or the other, one can add to the work done. Pointedly, it would be interesting to know how many social work researchers have applied for grants under the Indian Council of Social Science Research; the Ministry of Social Welfare or the University Grants Commission.

The second problem is the paucity of research workers. As of 1979 more than ten thousand persons had been trained in the social work profession. It is doubtful if even one percent is doing any research work. One would normally expect teachers at the postgraduate levels to be doing some research. But it is generally known that the overwhelming majority of the social work academic staff do no research work at all. Hence, the question: why are they doing no research?

One major reason for this lack of participation in research activities may be the lack of motivation. Apart from any lack in training in research methods, or the inadequacy of the training, it is not unlikely that a number of them lack that research attitude and related prerequisites which keep these potential researchers from 'attempting to swim in the

beginning researchers pool'. While Ranade has pointed out that the main problem is the 'youth of social work' which makes problem formulation and related pre-research steps difficult to climb, one would also be inclined to add that it is the inability of the 'potential researchers' to identify, formulate and clarify the research problem—a *substantive* rather than a methodological exercise. One may even hazard the view that many student projects are poorly executed, not merely because the students themselves are poor material as they cannot 'think properly' but because many research guides themselves are groping in the dark.

From the teachers' viewpoint one cannot, of course, disregard a legitimate claim made by some that they are so involved and loaded with the teaching-supervision-practice syndrome that they cannot venture into research. While one need not reject this claim, it may be stressed that it is this very involvement in the practice and teachings of substantive social work that helps the profession to identify the lacunae in knowledge, the inadequacy of theories, and the problems in the application of knowledge and skills, and is, therefore, the fountain spring of research issues. Why then are teachers and social work practitioners not doing even this? In fact, even if they do not themselves do any research, they could work in active collaboration with those who can do research in social work (but for one reason or the other have no expertise in substantive social work). One cannot ask for a more ideal team set-up. It is this absence of a tie-up providing for feed-in and feed-back that is pathetic. What these teachers and practitioners need to do is to refresh or learn anew to tune up their critical thinking faculties and have their minds alert to researchable problems. No amount of research which lacks this practical insight is worth the time, money, personnel and effort spent on any research or practice or programme.

Given this fundamental feature of the problem of personnel and funds, it is not surprising that the organisational set-up for research in social work is also of an *ad hoc* nature in that there are only a few institutions

with permanent research units. It is argued by some that if funds were freely available for setting up research units, the tempo of research would increase and the quality would improve.

As regards the other problems one cannot say that these are not important ones. But, as already mentioned, one should seriously ask oneself, whether the profession can afford or should take the luxurious viewpoint that it will wait for all the problems to be solved before it decides to take up research at more meaningful levels. If these were the answers, then social work deserves to continue to be a permanent infant.

Utilisation

Not much information is available on the utilisation of research findings by social work educators, social work practitioners, social welfare planners and social welfare administrators. The Ministry of Social Welfare as a matter of policy gives clearance for publication of reports of research and evaluation studies sponsored by it to the project director who has conducted the study. It also disseminates the findings through publication of summaries of the research studies and their distribution. The reports are sent to the administrative departments concerned at the Centre and in the States. The findings of the evaluation studies give a feedback in regard to the performance of different schemes and help in the framing of corrective measures. A review of articles that have been published in Indian journals leaves one with the impression that: (a) little of the small quantum of research that is done is reported; (b) there is relatively little reference to research studies in the articles that are published; and (c) practically no article discusses the implication of research findings for the practice of social work.

The weak research orientation in social work could, *inter alia*, be attributed, as Richard L. Simpson¹¹ does, to (a) intellectual fadism and conflict between segments of the profession; (b) people orientation; (c) tasks and career ladders that do not require one to do or use research; and (d) community norms and agency

policies that restrict the application of knowledge.

Future

In order to rectify the above situation, it is necessary in the first place that the social work profession ceases to depend on other social science disciplines for its research inputs and outputs. Firstly, it is for social work educators to integrate the theory and practice of social work with research in social work. Secondly, and at the same time, sponsors of social work projects must insist on a research proposal clearly indicating the 'ultimate objective' of the proposed study and to identify its application-base. Thirdly, and as a corollary to the second, funding agencies must insist on the researchers concerned submitting certain documents as a part of the final presentation. These are: (a) the detailed research report; (b) a summary of the research report for wide circulation; and (c) a concrete plan for the utilisation of the findings. The last is for the immediate use of welfare agencies and social work practitioners.

Coming back to the basic question of integration of research and practice, one fails to understand how the educators can fail in their primary duty to the profession. For, the educator must work in collaboration with the practitioners and get the necessary feedbacks from them about the pressure points and problems that the workers face and for which they need insights. To do this, they must have sensitive training to identify questions and problems. This can be done as follows.

In the first place, training in social work research must get integrated into the training of social workers, not merely as a separate course in social research or social work research, but as part and parcel of the teaching of substantive courses. In effect, the teachers concerned must draw from research studies their salient findings and must critically review the methodology and findings with their students. This will help students to familiarise themselves with the quality, adequacy and range of research inputs with respect to the topics under discussion. At the same time their critical analytical tools must be sharpened in their field work practice. Thus,

in sum, the syllabus of each and every substantive and methods courses must have this additional topic review of research on.....'

In order to strengthen the hands of educators-researchers and to enhance the quality of research, it is also necessary to pay attention to the organisation of social work research in the country. Essentially, the first step here is to establish an impartial central agency for the promotion of social work research. This agency should ask all institutions, agencies and individuals concerned to register themselves with the agency, identify potential research issues and submit statements on problems on which they would like to work.

The second step would be to screen these various applications and 'problem statements', provide training if necessary in the formulation of research problems, and request all eligible agencies to submit research proposals. Subsequent steps would be to screen, help improve, grant needed money for pilot project etc, and thus, 'slowly but steadily, fill in the canvas of social work research and enhance the competence of social work researchers in the country.

P. Ramachandran & R.D. Naik

Notes on Research in Social Work

1. Saiyid Zafar Hasan, "Relation of the Social Sciences and Social Research for Social Work Training", paper submitted at a meeting of schools of social work in India, 13 May 1961, P. 7, 8, 10 (mimeo).
2. *Abstracts for Social Workers*, National Association of Social Workers, Vol 12 (1976), Vol 13 (1977), Vol 14 (1978).
3. M.N. Brenner, "The Quest for Viable Research in Social Services: Development of the Mini Study", *Social Service Review*, 50 (3), 1976, PP. 426-44 quoted from *Abstracts for Social Workers*, National Association of Social Workers, Vol. 12, No. 4, 1976, Abstract No. 1113, P. 34.
4. H.D. Burk and G.W. Peterson, "Needed: More Evaluation not Research", *Personnel and Guidance Journal*, 55. (8), 1975, P. 563-69

quoted from *Abstracts for Social Workers*, Abstract No. 1114, P. 34.

5. National Association of Social Workers *op. tit.*

6. Saiyid Zafar Hasan, *op. tit.* P. 7, 8, 10.

7. S.N. Ranade, *Social Work Research in India*, Indian Council of Social Science Research, New Delhi, 1972, P. 33 (mimeo).

8. Government of India, *Report of the Committee on Social Science Research*, Planning Commission, 1968, p. 23. Also see S.N. Ranade *op. cit.* and P. Ramachandran, "Proceedings of the Seminar on Social Work Research: A Resume", *Indian Journal of Social Work*, Vol. 24, No. 3, 1963, PP. 210-15.

9. Much of the material for this section has been drawn from P. Ramachandran, *Social Work Research in India: Review of Reviewers*, PP. 3-6 (mimeo).

10. See S.Z. Hasan, *op cit*; S.N. Ranade, *op. cit*; P.T. Thomas and P. Ramachandran, "Memorandum on Social Work Research" submitted to Committee on Social Science Research, Planning Commission, New Delhi, 1966 (mimeo).

11. Richard L. Simpson, "Is Research Utilisation for Social Workers?", *Journal of Social Service Research*, Vol. 2, Winter 1978, PP. 43-157.

Rural Community Development in India

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Community Development has been defined as "a movement designed to promote better living for the whole community with the active participation and if possible on the initiative of the community, but if this initiative is not forthcoming spontaneously, then by the use of techniques for arousing and stimulating it in order to secure its active and enthusiastic response to the movement".¹ Many other definitions can be given— but most are variations of the same theme.

Two of the basic factors that emerge from the definition is the emphasis on the development of the community and the participation of the people in their own development. The other aspect that needs to be noted is that while the people are expected to show initiative some external stimulus for bringing about change is not excluded. This is an important factor in developing countries. The level at which most people live in these countries is not conducive to their taking an initiative in a long-term programme of development for the total community. In developing countries, the national government is the agent for starting programmes of community development and seeking and stimulating participation of the members of the community. Unless the people respond to the programme it is not likely to succeed.

The problem on the other hand is one of the resources available at the national level. These are limited and hence there has to be an effort to mobilise the community to work for and to contribute to their own development. The major factors to be reconciled in trying to define community development for developing countries are the role of the government and the role of the people. Too often enthusiasts for community development have tended to over-emphasize the role of the people without giving

due consideration to their capacity to initiate, maintain and participate in the programme.

The concept of community development assumes the capacity of the people to solve their own problems. Such an assumption is necessary to launch a programme. Nevertheless, such an assumption should not exclude aid from external agencies as the assumption has limitations in the Indian context. When one takes into account the conditions of poverty, illiteracy, ill-health and socio-economic stagnation prevailing in rural communities, their relative isolation and low capacity to profit from science and technology, it is difficult to have faith in the limitless capacity of the rural people to fashion a life for themselves. Still, for bettering their living conditions, their involvement and participation are necessary. The problem here is also one of reconciling the role of an external agent and its capacity to develop internal dynamism for bringing about social transformation. Faith in democracy is an automatic corollary of the assumption in the capacity of the people to solve their problems. To meet the emerging needs, community development has to have faith in the use of modern means i.e. technology. Usually, the use of technology has tended to benefit a part of the community but community development emphasizes the development of the total community. What is being suggested is that there is a gap or contradiction between the assumption underlying community development and the realities of the rural situation.

A United Nations document defined community development as follows: "The term community development designates the utilization under one single programme of approaches and techniques which rely upon local communities as units of action and which attempt to combine outside assistance with organized local self-determination and effort, and which correspondingly seek to stimulate local initiative and leadership as the primary instrument of change..... In agricultural countries in the economically under-developed areas, major emphasis is placed upon those activities which aim at promoting the

improvement of the basic living conditions of the community, including the satisfaction of some of its non-material needs".

The emphasis here is the coordination of all programmes under a single programme. It also lays stress on the use of resources and self-determination of the local community to bring about change.

There are some other problems. Neither of the definitions are specific with regard to the primary goals of community development. Is it merely to improve the living conditions of the people? Is it to develop a sense of community? Is it to promote self-determination to solve their own problems? Is it to enable the individual members in the community to have initiative to overcome their difficulties? Could there be contradiction between these objectives?

The Community

Neither of the definitions of community development indicates what is to be understood as "community"

The concept of community is not easy to define. There are a large number of definitions emphasizing different aspects— sentiment, locality, services, organization, interest, cooperative action, etc. For the purpose of community development, one would have to define community as "a group of people living in a contiguous geographical area and interacting to meet their needs."

A question can be raised with regard to the size of the population. A pragmatic approach would suggest the village being considered as a community unit. If the population of a village is too small, it could be grouped with the neighbouring village or villages. There is need to be clear as to what, is meant by "community" in initiating community development programmes.

Methods

The major approach in community development is extension education, i.e., to bring to the people information regarding the manner in which they can increase their output and other contribution using means suggested

as a result of experimentation. The principle of extension emphasizes self-help, working with people, understanding of the cultural milieu, development of leadership and working with all groups.

Another approach used in community development is community organization. This is a process in which the community identifies its needs or objectives, orders these needs, finds resources (internal and external) to deal with these needs or objectives, takes action in respect of them and in so doing extends and develops cooperative and collaborating attitudes and practices in the community. While in extension the larger emphasis is often on change in the behaviour of the individual, in community organisation the approach is to get cpl-laborative action. They are not exclusive, fit India, while the major approach has been extension, the community organization method has also been used. In community organization, the effort is to stimulate either the existing organizations and institutions or newly developed ones in the community to involve the people and harness their energies in meeting its needs.

Earlier Community Development Programmes in India

The community development programme was launched in India on 2 October 1952. There were earlier experiments in rural development in various parts of the country—programmes launched by a number of organisations and individuals. These efforts did have some bearing on the concepts, methods and activities of community development. A cursory glance at these programmes would be useful.

Early Experiences: Rabindranath Tagore was responsible for setting up the Rural Reconstruction Programme at Sriniketan in 1921. The basic idea was "to bring back life in its completeness into the village". This was accomplished by making the villages self-reliant using modern methods for increasing production, making the villagers aware of their cultural traditions and developing their physical and intellectual abilities. The Sriniketan programme emphasized taking a holistic view of

rural life, the importance of cultural aspects and the need for improving material resources. The activities undertaken included demonstrations, organization of cooperatives, training in handicrafts and cottage industries, forming youth groups, encouraging music and drama and organisation of festivals. The programme had a limited success due to limited resources and could be carried out in only a few villages. Tagore was drawn to village uplift work because he was distressed at the cultural degeneration of the villages. He worked for their cultural regeneration. His approach was to educate the people—"light through learning" was the motto of this programme.

The YMCA started a programme in 1921 in Martandam in Kerala, the purpose of which was "to bring about a complete upward development towards a more abundant life for the rural people spiritually, mentally, physically, socially and economically". The approach was to provide the necessary advice to villagers to enable them to help themselves. The centre at Martan-dam was an effort at demonstration of improved agriculture, animal husbandry, poultry, bee keeping, etc. It also provided for training local villagers who would carry the message of rural development to their villages. The spiritual aspect was considered in the development of the people. The effort was limited, the idea being that Martandam would be a 'beacon light' and the message would spread and continue to grow from village to village. The villagers themselves were to decide what kind of organization to form to improve their conditions.

"Sevagram" was an experiment attempted by Mahatma Gandhi. His approach was based on many planks: (i) village autonomy (village swaraj)—decentralization; (ii) identification with the villages; (iii) self-purification; (iv) self-example and self-reliance; (v) development of cottage industry; (vi) basic education; (vii) production for village consumption; (viii) prohibition; and (ix) removal of untouchability. The aim was to bring about social and economic equality and to give equal opportunity for the education of all. The method was to create a sense of social responsibility and self-rule based

on it. Gandhiji stressed the need for moral values through non-violence as the means to achieve the objective of development of the rural people. Thus, a strong tradition of constructive work came to be established. The *bhoodan* and *gramdan* movements were in the true sense a continuation of the Gandhian tradition.

The programme started by Brayne in Gurgaon (1927) was to "jerk the villager out of his old groove, convincing him that improvement is possible and kill his fatalism....." The contents of this programme were comprehensive. He set up 'village guides' who were to act as a link between the villages and the government departments. There was an element of imposition in this programme as it was government sponsored (Brayne was a Deputy Commissioner). High pressure methods were used as quick results were sought. Increasing agricultural production, stoppage of waste and improvement of health and hygiene were some of the aspects of the programme. Brayne's own enthusiasm carried the programme as long as he was there but after him there was a decline. We should also refer to rural reconstruction programmes in Baroda and Mysore (now Karnataka). The Firka scheme in Madras (now Tamil Nadu) was intended to bring about upliftment of the village society.

The Etawah Pilot Project was the forerunner of the community development programme. It was launched in 1948 with the object of seeing "what degree of productive and social movement as well as initiative and self-confidence and coordination can be developed....." The other aspect of the experiment was its reproducibility, intensity of people's co-operation and development of village leadership. The village level worker was trained as a multipurpose worker. Social education was initiated to elicit people's cooperation. The activities included reclamation of land, agricultural demonstration, and supply of seeds and manure.

The results of the experiment were encouraging. The success of the programme in bringing about physical benefits and changes in the behaviour of the people encouraged the

government to spread the programme. The first 55 community development projects launched in 1952 incorporated certain elements in the experience at Etawah, especially the institution of the multipurpose village level worker.

Community Development Programme

The programme of community development was established as part of the First five year plan. Initially, it consisted of 55 projects, each comprising about 300 villages with a total area of 400-500 square miles and a population of about 200,000. The project area was conceived as being divided into three development blocks, each consisting of about 100 villages and a population of about 60,000 to 70,000.

The First Plan also proposed the establishment of a rural extension network along lines recommended by the grow more committee. After the first set of community projects were launched, the subsequent pattern was first to take up every new development block under the national extension scheme and, after a period, to introduce the more intensive community development programme in a steadily increasing number of blocks in a phased manner.

The dual system continued for several years until, on the recommendation of the study team on community projects and national extension service, headed by Bal-wantrai Mehta, which reported at the end of 1957, a single system of community development was introduced. The period for a project was to be ten years, a first stage of five years with a larger budget, and a second stage of five years, with a somewhat smaller budget. The period for introducing community projects in all the blocks in the country, numbering about 5,000, was extended from 1960 to 1963.

Community development was described as the method through which the Plan sought to initiate a process of transformation in the social and economic life of the villages. A distinctive feature of the programme was the integrated approach to rural development. The community development programme emphasized people's participation through their own initiative, self-

help and self-reliance and provision of technical knowhow to the village people for bettering their economic condition. While there was concentration on economic and technological change, community development in its philosophy and objective reiterated its faith in the integrated and total approach to rural community development. After all, it is the human element in production which sustains and emphasizes itself in attitudes, values and patterns of living.

The programme of community development had several aspects. There was major emphasis on agriculture as nearly three-fourths of the rural population is dependent on agriculture for its livelihood. The approach was to increase production by making inputs available—irrigation, seeds, fertilizers, etc. Improvement of livestock, soil conservation, village forestry and dairying were some of the other aspects of the agricultural programme. Development of cooperatives, encouragement of village industry, provision of elementary education, and rural water supply were also taken up. In the Fifth plan, a minimum needs programme was initiated in which it was expected to provide the following to the village communities: drinking water, electricity, schools, roads, health facilities, housing, nutrition and environmental improvement.

From the Third plan there was some effort to have programmes providing for economic assistance to the economically weaker sections of the village community. The activities of the community development programme have tended to expand from plan to plan. This was in response to the realization of the emerging needs of the rural community as a result of implementing some of the programmes. The process still continues

Administrative Set-Up

In developing countries, the role of administration in bringing about socio-economic change is important. This is all the more so in a vast country with great diversity and inadequate resources at the village community level. Community development in India is a countrywide programme with various facets.

The pattern of administration that developed was more or less the same throughout the country. As stated earlier, while the village was considered as a unit of operation, the block was the administrative unit. The Block Development Officer (EDO) was the chief officer. There were eight extension officers in agriculture, animal husbandry, industries, cooperatives, panchayats and sanitation and two social education organizers (one male and one female).

At the village level there were village level workers who had a jurisdiction of about 10 villages consisting of a population of 6,000 to 7,000. The EDO was responsible to the District Collector. The Development Commissioner was responsible for community development at the state level. The function of the EDO was to be a team leader and coordinate the work of the extension officers. As technical officers, the latter were under the control of their own respective departments. For instance, the Agricultural Extension Officer is responsible to the Block Development Officer for administrative purposes but for technical aspects, he is responsible to the District Agricultural Officer.

The Criticisms

The community development programme did arouse the people's and there was a response to it. However, there were criticisms, partly because too much was expected too soon. In the euphoria of independence and the feeling that problems could be solved in a short period, the lack of a very, manifest transformation of rural society was considered to be an indication of the programme not making sufficient impact. That traditional societies take time to change was not realized. This is not to indicate that the community development programme was without faults. It was spread too fast and hence got diffused and it was not possible to maintain the totality of the programme. Personnel who were deeply motivated could not always be found. However, the programme was altered before it had sufficient innings.

This is not to deny that some of the criticisms of the programme were not valid. It was felt that the community development programme

had not aroused people enough for them to participate actively in the programme. The programme tended to be schematic and the pattern was the same throughout the country. This was partly understandable in the initial stages. However, in a country with vast variations, it was felt that it did not cater to groups with special needs and also to areas with specific problems. It was also felt that community development had not resulted in increasing agricultural production. While raising agricultural production was an important aspect of the community development programme, yet poor progress on this front led to the criticism that it did not give sufficient attention to agriculture.

Panchayati Raj

Changes were introduced in the programme by the government in response to some of these criticisms. The genesis of the panchayati raj institution was to infuse people's participation in development programme. "The establishment of democratic institutions at the district and block levels in addition to panchayats at the village level was felt to be an essential and inevitable step if rural development was to proceed not only rapidly but largely on the basis of local effort and resources". The panchayati raj institutions came into being as a result of recommendations made by the Balwantrai Mehta study team which strongly favoured 'democratic decentralization'.

Different states had different panchayati raj structures. In some states, the district level (zila parishad) was the principal level for decentralization.[^] In most states, however, the block level (panchayat samiti) was given greater functions while the district level was one for coordination. Basically, there were three tiers. The village panchayat, members of which were elected by the adult population of the village (who also formed the gram sabha), was at the base. The next tier was a panchayat samiti which was at the block level. In some states, there was a direct election of the members. In others, there was an indirect election. The zila parishad was at the district level. The pattern of election of the members was not uniform in all the states.

One of the tasks of nation building and development is to bring members of the national community into a network of relationships which enable them to participate actively in decision making affecting their individual and group welfare. It was this task that was expected to be accomplished by the establishment of the panchayati raj institutions. It is difficult to assess their performance. That there was inadequacy in the scheme was recognized and, consequently, a number of committees were appointed to look into the matter. Some changes were effected as a result of recommendations made by these committees. The committee on panchayati raj institutions headed by Ashoka Mehta suggested a change in the structure by recommending a two-tier structure-mandal panchayat for a population of 15,000 to 20,000 and zila parishad at the district level. The major problem here would be the administrative linkages as this is very important in a country where the administrative system is the major agent of social change.

There is general acceptance that the panchayati raj has not been an effective instrument of rural social change. Two different points of view have emerged in the analysis of the causes. One point of view is that panchayati raj institutions were captured by the rural elite and used for their own benefit or at best to distribute patronage to their own clientele. Consequently, development was lopsided and tended to create tensions. The other argument is that the panchayati raj institutions had really no chance to function due to lack of resources, indifference of the administrative system, lack of real delegation of power, frequent changes of policy and programmes and to some extent deficiencies in the structure. The concept of local institutions which would enable the members of the community to participate and share in the benefits of development and programmes is basic to democracy. What is needed is a reconsideration of the role of these institutions and the delegation of power to lower levels to make decisions. The mobilisation of resources requires serious thought. Without resources (which is the case now) the

institutions cannot be functional. However, there is little doubt that the *panchayati raj* institutions have created an awareness and a psyche for development. They have also made people more articulate.

Agricultural Development

The criticism that community development has not resulted in increased agricultural production can be seen from two points of view. Increase in agricultural production was not the only objective of the community development, although its primacy was stressed. The other view could be that since nearly 75 per cent of the rural population is dependent on agriculture, could there be development without an increase in agricultural production? The shortage of food-grains in the fifties and early sixties made the situation problematic. The community development programme in a sense became the scapegoat for food shortage. A new approach (1960-61) was attempted to increase agricultural production through the adoption of intensive agricultural development programme (IADP) in one selected district in each State. The basic idea was to provide the necessary inputs in those areas where production could be maximised. The number of village level workers in these districts which came under the IADP was doubled. The programme was intended to contribute to rapid increase in agricultural production in the selected areas and to suggest new innovations and combinations of practices which could be of special value elsewhere. It was based on the idea of making available all the essential inputs such as fertilizers, pesticides, improved seeds, improved implements, credit etc. and laying down composite scientific demonstrations on a large scale.

In the course of the Third Plan, in 1964, following the approach of IADP, an Intensive Agricultural Area Programme (IAAP) was introduced on a large scale in blocks selected for paddy, millets and wheat.

The IADP and the IAAP were precursors of the next phase in agricultural development known as the 'green revolution' which arose

from the success of new high-yielding varieties of seeds. The new programme was based on the following assumptions: (i) the new varieties can more than double the per acre productivity of the major foodgrain crops; (ii) concentration of high-yielding seeds and complementary modern inputs in irrigated areas can realise maximum potential gains; (iii) incentives would prove effective in the adoption of scientific practices urged on the farmers by the government. The basis of these assumptions could be questioned. But the fact that in 1967-68, the agricultural production increased to 95 million tonnes raised hopes of a breakthrough with regard to food shortage. However, the question still remains as to whether the conditions of the community improved as a whole, consequent upon the increase in agricultural production. Those who had the capacity to invest did gain substantially from the higher yields. The gap between the haves and have-nots increased. Higher agricultural production did not necessarily lead to the development of the total community.

SFDA and MFAL

An analysis of the situation indicated the need for looking at specific groups which were under-privileged and areas which had special problems. A global schematic programme was not adequate to raise the level of living of all the groups in the rural areas. Over a period of time, a large number of other programmes were started to meet the needs of these groups and areas.

In the Fourth five year plan two schemes known as the Small Farmers Development Agency (SFDA) and Marginal Farmers and Agricultural Labourers Development Agency (MFAL) were introduced for making small and marginal farmers economically viable and improving the lot of landless agricultural labourers by raising the output of small holdings and generating employment through subsidiary occupations. These programmes were introduced to reach the weaker sections of the rural community. (Any person possessing one to two hectares was considered a small farmer and the person not having more than one hectare was considered a marginal farmer). The SFDA programme was to identify the appropriate

groups of farmers and also (i) their special problems as producers; (ii) the means by which they could be helped to overcome the handicaps and render their economies more viable; and (iii) the arrangements by which those means could, in fact, be provided. The agency was to function as a coordinator between the identified farmers, credit institutions, development departments and extension organizations at the field level. It is estimated that 170 lakh farmers had been identified by 1980 and about 70 lakhs enrolled as members of the cooperative societies.

Area Programmes

There were two programmes which looked at the area rather than at the specific groups. The Drought Prone Area Programme was initiated in the Fifth plan. This programme aimed at conservation, development and utilization of the optimum capacities of land, water, livestock and human resources in the selected districts. The main thrust of the effort was to be in the direction of, restoration of proper ecological balance in the selected areas. The main components of the programme were: (i) development and management of irrigation resources; (ii) soil and water conservation and afforestation; (iii) restructuring of the cropping pattern and pasture "development; (iv) changes in agronomic practices to suit prevailing conditions; (v) livestock development; and (vi) development of small and marginal farmers and agricultural labourers. By the end of the Fifth plan the total number of blocks covered was about 550.

In the Command Area Development Programme, the main emphasis was on the improvement of water and drainage system and on various on-farm development activities. Irrigation water can be used to increase productivity if the area is ready to receive the supply. The land has to be properly laid out and water channels constructed to carry water to individual fields and drainage provided to remove excess water; and farm roads have to be constructed for easy access to the field. The Command Area Development Programing had the objective of meeting these needs,

Integrated Rural Development

During the latter part of the Fifth plan, the concept of integrated rural development was mooted. Originally, the approach seemed to be rather limited. These were as follows: (i) removal of unemployment and significant under-employment; (ii) an appreciable rise in the standard of living of the poorest sections of the population; (iii) provision by the state of some of the basic needs of the people in these income groups like clean drinking water, adult literacy, elementary education, health care, rural roads, rural housing for the landless and minimum services in the urban slums.

The approach was more comprehensive in the Sixth Plan with the emphasis still on the removal of poverty. According to the Plan document: "The main objective of the IRD programme will be to evolve an operationally integrated strategy for the purpose, on the one hand, of increasing production and productivity in agriculture and allied sectors based on better use of land, water and sunlight, and on the other, of the resource and income development of vulnerable sections of the population in all the blocks of the country".

The plan recognised that since the bulk of the rural poor were landless, there was a need to create new productive assets. The operational strategy of the IRD included: (i) drawing up a five year development profile for each district; (ii) systematic guidance in agriculture to the small and marginal farmers; (iii) special programme of assistance to the poorest of the rural households; (iv) exploitation of the potential in the secondary and tertiary sectors; (v) efforts to involve representatives of the poor in planning the programme for the village; (vi) implementation of the programme through a single agency and strengthening the administrative field organisations. About 50 to 60 per cent of the families in a block on the average are below the poverty line (about 10,000-12,000 families). The programme hoped, to provide specific assistance to about 3,000 families on an average in each block during the Sixth plan period.

A provision of Rs. 5 lakhs per block in the first year, Rs. 6 lakhs in the second year and Rs. 8

lakhs each in the last three years was proposed to be made.

Training

One of the major strengths of the community development programme in India in the rural areas was the plan to train all the personnel in the programme. This was found necessary as the programmes were being launched for the first time and the administrators had hardly any experience to run such a programme. In the earlier days, the training programme was confined to the village level workers but soon it was found necessary to provide training to the officials at the block level as well as the district level.

The general content of the training programme included: (i) understanding of the village situation (economic, social, cultural and political); (ii) understanding community development programme and its philosophy and objectives; (iii) principles, philosophy and techniques of extension as applied to the community development programme; (iv) techniques of programme planning; (v) eliciting public cooperation; (vi) administrative structure of community development.

A number of training centres were set up. Some of them were for village level workers, some for extension officers and block development officers. A national institute of training was set up where senior officials were brought together for discussing the programme with non-officials.⁴ The training programmes are still continuing but the content has changed to some extent in view of the changes in the programmes in rural development.

Evaluation

Monitoring and evaluation were recognised as important constituents of the implementation of the programme.

The Government of India set up in the initial stages of planning itself a Programme Evaluation Organization under the overall direction of the Planning Commission. It has regional as well as project offices spread over the whole country. A number of studies have

been undertaken but, by and large, the emphasis has been on targets and attainment of project goals. Policies and goals of rural development have not been evaluated. There is some rethinking in recent years and concurrent and quick evaluation studies are also being undertaken.

The monitoring aspect of the programme is weak. There is also rather poor utilisation of the fundings of evaluation studies.

Problems

From the foregoing it is evident that there is substantial concern for the development of rural communities. While there have been changes in the approaches and the programmes, a continuous and constant effort has been made for improving the quality of life of the rural people. However, the achievements have been short of expectations.

One of the reasons for this may be too many changes in the programmes and the approaches to rural development. The concept of community development which was the earliest approach gave way to emphasis on panchayati raj institutions and later to emphasis on agricultural development. Beyond this, a multiplicity of organizations were set up to cater to the needs of specific groups and areas. There is now an effort to introduce the concept of integrated rural development. However, the approach here seems to be diffused as a cluster of programmes seem to be considered integrated rural development instead of it being a basic philosophy governing the total process of rural development.

The setting up of different agencies to look after specific programmes and the lack of coordination of these agencies with the block development organization which continues to be the basic unit for rural development and programmes has also affected the achievements.

The village is now being used as a unit for the development. In the Indian situation a community is generally equated with the village. With the programmes launched for

specific groups, the emphasis on community *per se* is lacking. Moreover, with greater stress on target groups, the area planning approach has somewhat fallen in the background. So the unit of planning for community development is not clearly defined.

Among the principles of community development is that it should work with all the groups in a community. While there is some mention about the role of women and youth in development, the programmes planned for them have been rather thin. There is also an element of inconsistency in the term community development. Is the emphasis going to be on community or on development? Community assumes a 'we feeling'— a sense of belonging. The development process tends to bring in a sense of competition and may tend to create disharmony.

Self-reliance is one of the objectives of development programmes in India. However, the programmes that have been launched seem to increase the dependence of the rural people on the government rather than developing a sense of self-help.

The rural population in India is very large. Their needs are manifold. The resources of the country are limited. Hence, any programme launched by the government cannot meet the demanding challenge of rural development. These programmes should act only as stimulants and demonstration. Ultimately, the community has to respond and organise itself to meet its needs.

A.P. Barnabas

Notes on Rural Community Development in India

1. *Community Development*, Cambridge Conference 1948, Her Majesty's 'Stationery Office, London, 1958.
2. *Team for the Study of Community Projects and National Extension Service, 1956—Report* (Vol I, II & III), Committee on Plan Projects, Planning Commission, New Delhi, 1957. *Study Team on Panchayati Raj Finances. 1962—Report*, Ministry of Community Development

and Cooperation, New Delhi, 1963. *Committee on the Methods of Elections to Panchayati Raj Bodies, 1964—Report*, Ministry of Community Development and Cooperation, New Delhi, 1965.

Study Team on the Position of Gram Sabha in Panchayati Raj Movement, 1962—Report, Ministry of Community Development and Cooperation, New Delhi, 1963. Working Group on Inter-Departmental and Institutional Coordination for Agricultural Production, 1963.

Report of the Committee on Panchayati Raj Institutions, Ministry of Agriculture and Irrigation, Department of Rural Development, New Delhi, 1978.

3. *Sixth Five year Plan 1980-85*, Planning Commission, New Delhi, 1981, p. 170.
4. Earlier located in Mussoorie and known as National Institute of Community Development. Later it shifted to Hyderabad and is now known as the National Institute of Rural Development.

Rural Health Services

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Rural health Services in India were developed on the basis of the directions and guidance provided by the health survey and development committee (Bhore committee) in 1946. The community development programme which was launched on 2 October 1952 was the first integrated rural development strategy for all round development of rural areas. It was proposed to establish one primary health centre in every community development block. The primary health centres were conceived as the nuclei from which the primary health care services would radiate through the sub-centres over the countryside. Their operational responsibility as envisaged at that time was to cover medical care, control of communicable diseases, maternal and child health, nutrition, and collection of vital statistics. Each primary health centre had three sub-centres; a sub-centre was looked after by a trained midwife, to provide MCH services.

The health survey and planning committee (Mudaliar committee) 1961, studied the functioning of primary health centres and the progress made in establishing them. To improve the operation of primary health centres, this committee recommended a reduction in the population covered by them, expansion and strengthening of district hospitals, and introduction of mobile teams of specialists to provide necessary supervisory and consultancy services to the periphery.

The 1961 census indicated disturbing trends in the increase of the country's population and the failure of the 'clinic approach' to popularise the adoption of contraceptive practices. A committee was appointed by the Government of India to go into the organisation required to implement the family planning programme¹. In 1964, the Government of India decided to adopt an 'extension approach' for promoting family planning and integration of MCH services with

the family planning programme. It also decided to have one single-purpose family planning field worker for every 20,000 rural population and a block extension educator for every primary health centre. An expansion of facilities at primary health centres and an increase in the number of sub-centres under each primary health centre was also envisaged. Accordingly, it was decided to have one sub-centre for every 10,000 population with a trained auxiliary nurse midwife and one lady health visitor to supervise and guide the work of four sub-centres. Besides adding to the physical facilities and equipment, it was also decided to add one medical officer and other supporting staff at each primary health centre.

The foregoing pattern of developing rural health services continued till the Fourth five year plan. The primary health centres functioned as centres of medical relief, and the first anchor against disease and ill health. They were neither expected nor equipped to provide diagnostic facilities, surgical procedures or hospitalization and treatment of serious ailments. The main objectives of health programmes during this period were: (i) to control or eradicate communicable diseases, and (ii) to provide curative, preventive and promotional health services. Important health programmes relating to malaria, smallpox, tuberculosis, leprosy, MCH and family planning were implemented in the field as vertical programmes through uni-purpose workers.

Primary health centres and sub-centres were designed to make primary health care available throughout the rural areas. Though most of the primary health centres and sub-centres were established as provided in the five year plans, they were not able to effectively cover the entire population under their jurisdiction. The expanded health facilities achieved some success in the control of communicable diseases, provision of MCH services, and popularising family planning methods and in providing medical relief; however, progress in other fields was far below expectations. The organisation also did not fulfil its promise of providing primary health care to the rural population.

By this time, besides the establishment of primary health centres and sub-centres, the health organisation had a large number of field workers recruited and trained to look after individual health programmes. There was one basic health worker for every 10,000 population to look after the malaria programme, one family planning health assistant and one smallpox vaccinator for every 20,000 population. Besides these national programmes, other health programmes like leprosy, tuberculosis and trachoma also had field staff in areas where the incidence of these diseases was high. Thus for every 10,000 rural population, there were two or more male health workers and one female worker (auxiliary nurse midwife for maternal and child health programme). In addition, there was on an average one health supervisor for every four health workers.

All these programmes were being run almost independently to each other by staff recruited under each programme. There was little or no coordination between the field workers of these programmes and even at the supervisory level there were separate and independent functionaries, though in the majority of these programmes, a primary health centre formed the apex of a pyramid. At the district and state headquarter levels too there was separate staff for family planning, public health and curative health services. Not only was there a broad division between the staff engaged in the programmes of health and family planning, but in most of the states there was also a vertical division in the staff engaged in different health programmes, like malaria, small-pox, tuberculosis, leprosy, cholera, etc. This state of affairs had come into existence because various health programmes, and later the family planning programme, were launched at different times and each was conceived to run vertically with its own staff. While there has been success in varying degrees in each programme it was, however, disquietening to note a growing demand for increase of staff under each programme. The justification offered for this demand was the need to reduce population area covered by each worker. A question was, however, raised whether the

same objective could not be achieved by coordinating these programmes and pooling the personnel. Could not such an integration reduce the population/area of each worker, thus making his coverage smaller and consequently more effective? This resulted in the following recommendation made at the first meeting of the executive committee of the Central Family Planning Council held on 20 September, 1972: "Steps should be taken for the integration of medical public health and family planning services at the peripheral level. A committee should be set up to examine and make detailed recommendations".

The Planning Commission was also seized of the problem and in the report of the steering group on health, family planning and nutrition for the Fifth five year plan the following observations were made: "Family planning and nutrition have been in operation for a long time. These programmes are mostly vertically conceived and are being implemented at the field level by the staff deployed to implement these programmes individually, with little coordination or integration of the services. The steering group feels that the proper integration of health, family planning and nutrition programmes is highly desirable as it would be more economical and effective. It may be appreciated that the multi-purpose health worker (who may be designated health auxiliary for convenience of reference) would be entrusted with carrying out integrated functions and would have greater rapport with the people in rural areas who would naturally look to him for all their needs in the field of naturally reinforcing components of health, family planning and nutrition."

In pursuance of these recommendations, the Government of India appointed a committee on multi-purpose workers under the health and family planning programmes in October, 1972. The committee submitted its report in September, 1973 recommending: (i) multi-purpose workers for the delivery of health, family planning and nutrition services to the rural community; (ii) one P.H.C. for every 50,000 population; (iii) each P.H.C. to be divided into 16 sub-centres each having a population of 3,000-

3,500 depending on topography and means of communication; (iv) each sub-centre to have a team of one male and one female worker; (v) one male and one female supervisor to supervise the work of four sub-centres; (vi) the doctors at P.H.C. to divide the population on a geographical basis for their field visits; (vii) for effective integration of workers engaged in vertical programmes of health and family planning, the concept of integration to be extended to the district and state levels. The committee also suggested the job responsibilities and training programme for various categories of health workers.

The Government of India accepted the recommendations of the committee except the ones in respect of one PHC for every 50,000 population and one sub-centre for 3,000 to 3,500 population; instead it was agreed to have a sub-centre for 5,000 population.

The primary objective during the Fifth Plan was to provide minimum public health facilities integrated with family planning and nutrition for vulnerable groups—children, pregnant women and nursing mothers. The accent during the Fifth Plan was on: (i) increasing the accessibility of health services to rural areas; (ii) correcting the regional imbalance; (iii) further development of referral services by removing deficiencies in district and sub-divisional hospitals; (iv) intensification of the control and eradication of communicable diseases, especially malaria and small pox; (v) qualitative improvement in the education and training of health personnel; and (vi) development of referral services.

The minimum needs programme, along with the training of multipurpose health auxiliaries and more vigorous efforts for eradication and control of communicable diseases formed the core of the health care programmes. Backward and tribal areas, which had so far been neglected, were to receive preferential treatment in the implementation of the health programme.

Under the national programme for minimum needs, the primary health centre complex was

to continue to remain the nucleus around which the rural health care services were to be built up. The goals were to be achieved through; (i) the integration of health, family planning and nutrition programmes; (ii) augmentation and reo-orientation of training programmes; (iii) training special functionary as a multipurpose health worker to deliver integrated health care services; and (iv) making up deficiencies in buildings, staff, equipment, drugs, etc. of the primary health centre complex in a coordinated way.

The minimum needs programme received the highest priority and was the first charge on development outlays under the health sector. The targets were: (i) one primary health centre for each community development block; (ii) one sub-centre for a population unit of 10,000; (iii) making up the backlog and deficiencies in buildings, staff, equipment, etc; (iv) provision of drugs at the enhanced level of Rs. 12,000 per annum per PHC and Rs. 2,000 per annum per sub-centre (v) upgradation of one in four PHCs to 30-bed rural hospitals. Existing curative establishments such as dispensaries, sub-district hospitals, etc. were to be functionally integrated with PHC complex. To ensure more effective functioning, PHCs which did not have adequate road communications, safe drinking water supply and electricity, were to be provided these essential amenities under the minimum needs programme on a high priority basis. The same consideration applied in the location of new PHCs. In effect, to make a better impact the minimum needs programme was offered as a package consisting of health care, potable water supply, adequate road communication and rural electrification. A sizeable component of the outlays on minimum needs programme was for the provision of drugs at the sub-centre, primary health centre and rural hospital level. The endeavour during the Fifth Plan was to make essential drugs available to the rural areas at cheap prices.

In physical terms about 101 PHCs, 11,036 sub-centres and 1,293 rural hospitals were provided in the Fifth Plan, besides making up deficiencies in buildings, staff, equipment and drugs at the existing centres and sub-centres. Outlays

adopted under the minimum needs programme for each State were proposed to be earmarked in order to ensure that the States do not make cuts in expenditure or divert funds.

In keeping with the pledge to provide better health facilities to the rural population, the rural health scheme was launched on 2 October 1977. This came about 25 years after the introduction of the country's community development programme. Structured around the central philosophy of "people's health in the people's hands", the scheme envisaged the provision of one community health worker for every village or community with a population of 1,000.

The government took up this scheme in a big way because of the conviction that the health care delivery system had failed to give even the minimum of health care coverage to the large rural population despite the expansion of the rural infrastructure. Preventive and promotional health care had not received enough attention. The major stress has been on the curative, urban, hospital-oriented sectors, whereas the major causes of morbidity in the Indian population lay in the realm of preventable diseases.

The objective of the scheme is to make both preventive and promotive primary health care facilities along with treatment of common ailments, available to every villager. For this purpose one community health worker will be provided for every 1,000 population or approximately one per village. Over 1.6 lakh community health workers had been trained by April 1981.

The rural health scheme starts with the community health worker, who is from the village, selected by the community, willing to serve it and enjoying its confidence. This volunteer trainee, during the three months' training period, is taught the basic elements of health care and family welfare. The major stress is on promotional and preventive health with simple curative and first aid-components added; health education; simple referral capabilities; and familiarity with traditional health practices prevalent in the locality. He functions as an

important agent to social change, bridging the cultural and communication gap between the profession and the masses.

Implementation of the multipurpose workers' programme is being toned up to make it move a little ahead of the community health workers programme in order to provide an effective organisational and referral framework. It is envisaged that by the end of the Sixth five year plan (1980-85) 74 per cent of the requirements for one male health worker and one female health worker for every 5,000 of the population would be achieved. The integrated health care programme covering the various components of health, family welfare, nutrition, maternity and child health etc. will be through these personnel specially trained for the purpose.

Traditional systems of medicine are being given a significant place in the evolution of the health care pattern in the country. The rich contribution which these systems can make, especially in the preventive and promotional aspects, have been fully taken into account in incorporating these components in the rural health scheme.

The primary health centres will serve as neighbourhood hospitals with referral linkage to 'intermediate' and district hospitals. In order to reorient medical education towards the needs of the country, and community care, three primary health centres are being attached to each of the 106 medical colleges.

Rural Infrastructure

Based on the accepted policies of the government, the following infrastructure had been developed by 1 April 1980 in the rural areas for the delivery of primary health care:

Community health workers— over 1,20,000

Trained indigenous birth

attendants (dais) —over 2,50,000

Sub-centres 48,918

Primary health centres 5,524

Upgraded primary health centres
(rural hospitals) 294

With the introduction of the scheme of community health volunteers, the facilities have

been further augmented at the primary health centres, with the addition of a third medical officer and laboratory facilities for routine investigations. Medicines worth Rs. 12,000 were provided at each primary health centre before the introduction of the community health volunteers scheme. This amount has been raised to Rs. 18,000 per annum for the PHCs covered under the community health volunteers scheme. In addition, medicines worth about Rs. 60,000 to Rs. 72,000 are provided to community health volunteers at the rate of Rs. 600 per community health volunteer per year for treatment of minor ailments. Each sub-centre is also provided medicines worth Rs. 2,000 per annum. Thus, with the introduction of the community health volunteers scheme medicines worth about Rs. 94,000 to Rs. 1,06,000 per annum per primary health centre area has been provided against only Rs. 28,000 before the introduction of this scheme.

With assistance from the Government of the U.K., 1,000 primary health centres were provided physical facilities and equipment between 1977 to 1979 for attending to tubectomy, medical termination of pregnancy and minor surgical interference in difficult obstetric cases.

In an effort to develop referral services, 294 primary health centres were developed into 30-bed rural hospitals with diagnostic facilities and specialist services in medicine, surgery, obstetrics and gynaecology and paediatrics by 1 April 1980. It was proposed to upgrade an additional 164 primary health centres into rural hospitals during the Sixth Plan (1980-85).

In addition to the primary health centres and sub-centres there were over 16,000 dispensaries functioning in rural areas in 1980-81. They are providing only medical relief to the population. It is proposed to involve them in the total health care delivery system by establishing proper linkages between them and the primary health centres and sub-centres.

Under the scheme of re-orientation of medical education, 318 mobile services teams at the rate of three mobile teams for each

medical college have been provided to 106 medical colleges during 1978-80. These teams would also provide specialised medical care to the rural areas.

Future Plans

In recent years, there has been considerable rethinking on the special, technological and philosophical basis of the development of health services in the country. There has been serious dissatisfaction with the existing model of medical and health care services with its emphasis on hospitals, specialities and super-specialities and highly trained doctors which gets limited in practice mostly to urban areas and which is availed of mainly by the well-to-do classes. It is also realised that it is this model which is depriving the rural areas and the poor people of the benefits of good health and medical services. Serious doubts have, therefore, been raised as to whether it was right to adopt a western model of medical services and health care the costs of which go far beyond our resources, which emphasises curative rather than preventive and promotional aspects, and which creates immense problems because of over emphasis on an inappropriately high level of professionalisation, institutionalisation and centralisation. A search for alternative models has, therefore, been on for sometime and excellent results have been obtained in some refreshing experiments conducted by dedicated individuals and agencies. The Group on Medical Education and Support Manpower (Srivastava Committee) 1975, was the first official committee to take this into account and to suggest a new approach to health care services.

It is proposed that future development of health services should be based on the following approach: (i) The main objective should be to provide better health care services to the rural areas and to the poor people; (ii) people have a right and a duty, individually and collectively, to participate in the development of health. Government and the medical profession should help the people in the realisation of their responsibility by providing a large band of health workers from among the community itself to take care of basic health

needs of the community, (iii) The government should recognise the need for more equitable distribution of health resources, and in order to correct the past imbalances, preferential allocations should be made for developing health services in the rural areas. Priority should be given to satisfy first and foremost the health needs of mothers and children and to the weaker sections of society; (iv) the main emphasis should be on preventive, promotive and rehabilitative aspects of health which should be integrated with the functions and responsibilities of all those institutions which at present are providing only curative services; (v) In providing primary health care to the people, full advantage should be taken of the traditional methods and techniques which are scientifically sound, familiar and acceptable to the community, and easy to adopt. For this purpose, the facilities and manpower under different Indian systems of medicine, should be fully utilised in the delivery of primary health care, (vi) Primary health care should form an integral part of the health system; proper linkage should be established so that the total health system supports the primary health care programme by providing consultation on health problems, referral of patients to local and more specialised health institutions, and supervision and guidance, (vii) The further expansion of health facilities under different systems of medicine should be so planned and coordinated that they support and complement and not compete with each other in providing health care, (viii) Medical education should be restructured to give it a positive community health bias, (ix) The training programmes of health workers should be modified to give it a special orientation and technical training to meet the health needs of the population they are to serve, (x) Education, motivation and provision of services for increasing the adoption and practice of contraception form an integral part of primary health care, (xi) The pace of providing safe, adequate and potable water supply to the villages should be accelerated.

Sixth Five Year Plan (1980-85)

The rural health infrastructure was to be further strengthened in the Sixth Plan to achieve the objective of Health for All by 2000

A.D. The norms envisaged were: (i) one community health volunteer for every village or a population of 1,000 chosen by the community to form the base unit; (ii) one sub-centre for a population of 5,000 in the plains and 3,000 in the hilly and tribal areas; (iii) one PHC for 30,000 population in the plains and 20,000 in the hilly and tribal areas; (iv) one community health centre (CHC) for a population of one lakh or one community development block.

The community health volunteer scheme and the scheme of training and employment of multipurpose workers will be continued under the Minimum Needs Programme. It was proposed to increase the number of community health volunteers from 1.40 lakhs on 1 April 1980 to 3.60 lakhs by 1985. About 40,000 sub-centres were to be added to about 50,000 sub-centres existing on 1 April 1980. This would account for about 74 per cent of the total number of 122,000 sub-centres to be set up on the basis of the mid-1984 rural population. An additional number of 600 Primary Health Centres were to be set up during 1980-85, priority being given to the tribal areas. To the existing 1,000 Subsidiary Health Centres, 1,000 were to be added during 1980-85 by converting the rural dispensaries into subsidiary health centres. All these subsidiary health centres will, in subsequent plans, be converted into primary health centres. The community health centre (CHC), a modified form of the upgraded 30-bed hospital, would provide for necessary specialities of gynaecology, paediatrics, surgery and medicine along with the provision of beds. In addition to the existing 340 rural hospitals, 174 new rural hospitals (CHC) were to be set up in the plan period.

The backlog of construction works of sub-centres, PHC buildings and residential accommodation, along with construction works of new units will be taken up and completed to the extent resources are available. The total allocation for the MNP under the plans of States/Union territories works out at Rs. 577 crores.

M.D. Saigal

Notes on Rural Health Services

Report of the Committee on Integration of Health Services, Ministry of Health, New Delhi, 1963

Rural Indebtedness

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The most comprehensive definition of indebtedness has been given by the Reserve Bank of India in their Debt and Investment Survey of 1971-72. The survey defines debt as all claims against the households both in cash and kind on any particular date. Loans in kind cover all grains and commodity dues payable by households. Cash loans include all loans taken in cash including loans taken from friends and relatives. Loans given by a trader including amounts due to a shopkeeper from whom goods were purchased on credit are also covered. Unpaid bills of doctors, lawyers, etc. are also treated as liabilities of the households. Other outstanding claims such as taxes and rents payable by households and amounts due to banks on overdraft accounts were also treated as a part of their liabilities.

ESTIMATES OF RURAL DEBTS

Estimates of rural indebtedness have been made from time to time. No scientific and comprehensive estimations of rural indebtedness were made till the Reserve Bank of India came into picture in 1937. Most of these estimates were confined to debts incurred by cultivating households, they did not take into account debts incurred by non-cultivating households. To this extent early estimates did not give a complete account of total rural debts.

Among the early estimates were those made by Edward Maclagan and M.L. Darling. In 1911, Edward Maclagan estimated the total agricultural debt in British India at Rs. 300 crores.² In 1925, M.L. Darling arrived at a figure of Rs. 600 crores.³ In 1935, when the burden of indebtedness increased heavily due to the economic depression of 1929-33, P.J. Thomas estimated cultivators' debts at Rs. 1,200 crores.⁴ After making adjustments for a price decline of 50 per cent in this period, the real debt was estimated at Rs. 2,500 crores.

Amongst the more systematic attempts to estimate debts we may refer to the survey conducted by the Agricultural Credit Department of the Reserve Bank of India in 1937.⁵ This survey estimated agricultural indebtedness at Rs. 1,800 crores. After adding to this figure an amount of Rs. 427 crores after making adjustments for interest rates, taxation, etc. the total indebtedness has been estimated at Rs. 2,227 crores. During the second world war period, for the first time the burden of indebtedness came down as rise in agricultural prices helped the farmers in paying back their loans. Dr. Narayanswamy Naidu estimated indebtedness at Rs. 1,300 crores.⁶ After making adjustments for areas which went to Pakistan, indebtedness was estimated at Rs. 1,100 crores.

Since Dr. Naidu's estimate, the burden of indebtedness seems to have gone down due to increase in agricultural prices. The first report of the national income committee estimated indebtedness at Rs. 915 crores.⁷ The all-India rural credit survey committee report of the Reserve Bank of India estimated India's rural indebtedness as Rs. 750 crores in 1951.⁸ According to the Reserve Bank of India's debt and investment survey of 1961, rural indebtedness in 1961 stood at Rs. 1,956 crores.⁹ The Reserve Bank debt and investment survey of 1971 puts India's rural indebtedness at Rs. 3,848 crores, comprising Rs. 3,752 crores in cash and Rs. 96 crores in kind.

According to a survey undertaken by the Reserve Bank of India, between 1951-1961, there was practically no change in the number of households under debt. Still the proportion of households reporting debt increased from 44.4 per cent in 1961 to 50 per cent in 1971. However, 42.8 per cent of all rural households, 46.1 per cent of all cultivating households, and 34.3 per cent of all non-cultivating households reported debts in 1971. Changes in average indebtedness per household are given below:- (Table omitted)

Causes of Indebtedness

The Royal Commission on Agriculture observed as far back as 1935 that the Indian peasant is born in debt, lives in debt, dies in

debt and bequeaths in debt.¹¹ Any enquiry into the causes of debt will lead us to the problem of poverty of the Indian peasant.

Poverty itself is due to a number of reasons such as lack of capital, cumulative character of the debt, the structure of the moneylending system, etc. The causes of indebtedness might even include the social environment and the psychological make up of cultivator.

In the early stages of India's agricultural development, ancestral debt was one of the main causes of agricultural indebtedness and this burden went on increasing as the farmer was not in a position to repay the debt due to the uneconomic size of land holdings. Even in 1971, the average size of holdings stood at 2.21 hectares.¹² Debts for consumption purposes (for meeting the day-to-day household expenditure) happened to be the major form of indebtedness. According to the all 'Indian Rural Credit Survey Committee report, consumption debt accounted for 43.2 per cent of debt of cultivators in 1951-52: Low incomes of farmers, frequent crop failures, high rates of interest charged by the moneylenders, expenses on social occasions such as marriages and illiteracy of the farmer are some of the factors which contributed to rural indebtedness.

However in the last 15 years, the nature of indebtedness has undergone a change. Unlike in the past, the bulk of rural debts are incurred for productive purposes. Various surveys conducted by the Reserve Bank of India indicate that the share of productive debt in total debts has gone up from 37.3 per cent in 1951-52 to 54 per cent in 1971-72. Productive debts are incurred for purposes such as capital expenditure on farm business, expenditure incurred on buying agricultural inputs etc. According to the Reserve Bank's debt investment surveys, capital expenditure on farm business accounted for 34.7 per cent of total indebtedness in 1971 and expenditure on current farm business accounted for 15 per cent of total indebtedness. On the other hand, the share of expenses incurred for repayment of debts has come down from per cent in 1951-52 to 1.5 in 1971-72.

While productive debts account for the bulk of rural indebtedness, we should not minimise the importance of unproductive debts. Though the share of consumption debt came down from 49.2 per cent in 1961-62 to 37.8 per cent in 1971-72, consumption debt continues to be important. Recognising the importance of consumption debts the Sivaraman committee recommended in 1976 grant of consumption loans for purposes such as marriages, religious ceremonies, education and medical expenses to marginal and small farmers, agricultural labourers and rural artisans.¹³

Debt Legislation

Debt legislation in India owes its origin to attempts made by the British Government to enact legislations such as the Indian Contract Act, the Indian Evidence Act of 1872 etc. Prior to this, money lending was regulated by custom rather than legislation. Some of the features of the existing money lending acts such as judicial determination of the amount of interest payable, payment of debts in instalments and conditions governing mortgage and sale of land were already present in some form or other in various legislations such as Encumbered Estates Relief Acts and Court of Wards Acts which were passed by the British Government.

The Deccan Agriculturists Relief Act of 1879 was the first of debt relief acts aiming at regulation of moneylending with a view to helping agriculturists. The provisions of the act were so comprehensive that the present debt legislations hardly vary from the spirit of this act. The act was amended seven times—in 1882, 1886, 1895, 1907, 1910, 1911 and 1912. These amendments were necessitated as the creditors managed to find enough loopholes to abuse the various provisions of the act.

The essential provisions of the act were: (a) courts could go behind debt contracts and limit the total repayment to double the outstanding principal; (b) Collectors were empowered to take over the land of debtors for management and pay the debt from the rental income; (c) courts could prevent the sale of agriculturists' land by creditors unless specially pledged; (d)

debtors and creditors could apply for conciliation and arbitration.

The Royal Commission on Agriculture found that the provisions of the act were frequently evaded. Though the main objective of the act was to prevent passing away of land from the hands of agriculturists to non-agriculturists, the transfer of property both by sale and mortgage had become frequent since the act was passed.¹⁴ According to the Gadgil committee, the act did not work well due to its misuse.¹⁵ In many cases the moneylender secured a place on conciliation boards and had an upper hand in them. To prevent this misuse, provisions relating to conciliation were repealed in 1911. Both debtors and creditors lost confidence in the act. Provisions of the act were used by creditors to evade court proceedings. Creditors lost confidence in land mortgage as the courts had power to declare sale deeds invalid. The act proved harmful because it restricted the flow of credit to the agriculturists as the moneylender became over-cautious.

Neither the amendments introduced to the Indian Contract Act in 1899 nor the Usurious Loans Act of 1918 which was amended later were able to solve the problems which arose due to misuse of the Deccan Agriculturists Relief Act of 1879. These acts aimed at relieving debtors of all their liabilities in case of unfair transactions. These acts had little beneficial effects as the debtor had to go to court for justice. It was against this background that the Royal Commission on Agriculture found that the Usurious Loans Act was practically a dead letter in every province. The causes of failure of the act were enquired into by various provincial banking inquiry commissions.

It was in the depression period of the 1930s that a number of debt legislations were passed for giving relief to agricultural debtors as the burden of debts increased due to slump in agricultural prices. The Usurious Loans Act was amended by many provincial governments giving increased powers to courts in matters of unfair loan transactions. The Law of Damdupat was made applicable in several provinces. According to the Rule of Damdupat, the amount

of interest recoverable at any one time cannot exceed the principal. Provision was made for debt adjustment through the agency of debt conciliation boards and debt relief courts. The method adopted was one of voluntary conciliation. Debt Conciliation Acts were passed in Madhya Pradesh (1933), Punjab (1934), Assam (1935), Bengal and Madras (1936). Working of these Boards gave some relief to cultivators. According to the Reserve Bank of India, between 1938 and 1950, only a little more than Rs. 10 crores of debt or about 4 per cent of indebtedness could be scaled down benefiting 5 per cent of agriculturists¹⁶. Though these acts gave some relief to the cultivators, it did not give enough relief as the method of debt adjustment was based on voluntary conciliation. The awards could be enforced only if the creditors accepted the awards.

These measures did not aim at providing permanent solution to the problem of indebtedness as they did not aim at rebuilding the financial structure¹⁷. As there was no alternative credit agency to finance the current needs of the cultivator, he did not want to antagonise the moneylender by approaching the debt conciliation boards. Due to their unsatisfactory working in the Central Provinces, the debt conciliation boards were replaced by debt relief courts in 1939. The debtor could pay his debt in instalments and the instalments were related to his repaying capacity. The act expired in July 1942.

With a view to regulating interest, moratorium laws were passed in U.P. (1934 and 1937), Bombay (1938), Madhya Pradesh (1938). These measures aimed at staying proceedings against agricultural debtors and stopping transfer of land for a certain period. The element of compulsion was increased in the debt acts of the period 1939-1946 by reducing interest and principal. Madras was the first province to give relief to debtors by passing the Madras Agriculturists Relief Act of 1938. With a view to scaling down debts, Bombay and U.P. also passed similar acts. The Bombay Agricultural Debtors Relief Act of 1939 provided for repayment in instalments by linking repayment to paying capacity. According to the

Gadgil committee, the Bombay Act proved an exception to the general trend of legislation by breaking away from the depression complex by tackling the problem of agricultural indebtedness as a whole.¹⁸ The government amended the act in April 1947 to plug the loopholes. Under the amended act even debts due to cooperative credit societies could be included in conciliation proceedings.

The debt legislations mentioned here mainly aimed at bringing about an improvement in the terms on which non-institutional finance was available to cultivators by placing restrictions on moneylending operations. They tried to achieve this objective by taking steps such as licensing of moneylenders, fixation of maximum interest rates and compelling moneylenders to maintain accounts. Under the Civil Procedure Code, civil courts have enough powers to examine debt transactions in detail with a view to giving relief to debtors. These measures fulfil some of the important recommendations of the Gadgil Committee.

At present, the moneylending legislations aim at reducing old debts by linking them to the repaying capacity of the debtor. They also aim at liquidating debts either through repayment in instalments or through insolvency proceedings. In Punjab, U.P. and Madras provisions of the Agriculturists Relief Acts did not apply to cooperative debts. Still the moneylending acts have not been able to give protection to agriculturists against the indigenous banker. According to the Banking Commission of 1972, the existing provisions of different moneylenders acts are not adequate for providing protection to the public in their dealings with indigenous bankers:¹⁹

Effects of Debt Legislations

The real test for assessing the impact of debt legislations on indebtedness lies in their impact on the extent of rural indebtedness. The very fact that the volume of indebtedness has increased from Rs. 750 crores in 1951 to Rs. 3,848 crores in 1971 indicates that the debt legislations did not have the desired effects. Part of the increase in indebtedness was due to substantial increase in cooperative credit. The

availability of cooperative credit increased indebtedness as even those farmers who would not have borrowed money started borrowing money. The second reason for increase in indebtedness may be attributed to the requirements of modern agriculture. The increased use of fertilizers and mechanisation of agriculture compelled the farmer to incur debts.

As the debt legislations put many restrictions on moneylending, the professional moneylender has started withdrawing from the scene. To this extent, there is shrinkage in the volume of funds available to the agriculturists.

The debt legislations gave some breathing time to the cultivator to enable him to pay back his debts.

Since cooperatives have not been covered by debt legislations in many states, they are finding it difficult to recover their loans. Overdues of cooperatives have increased from 20 per cent in 1960-61 to 44 per cent in 1971-72. The increasing overdues have affected the ability of cooperatives to extend credit to the farmer.

These legislations have not been able to tackle the evil of indebtedness. Even now, agriculturists depend upon the moneylender for meeting their credit requirements and non-institutional agencies account for nearly 68 per cent of credit supplied to cultivations. In the absence of cheap institutional credit, it will be difficult to control moneylenders through legislations alone.

Some Dimensions of Rural Indebtedness

(1) Debt per indebted household: Average debt per indebted household in 1970-71 was Rs. 1,167 and 42.8 per cent of the rural households were indebted. Indebtedness per household was high in states such as Haryana (Rs. 2,616), Punjab (Rs. 1,920), Gujarat (Rs. 1,953), Rajasthan (Rs. 1,592), Karnataka (Rs. 1,515), and Himachal Pradesh (Rs. 1,529). Higher indebtedness in these States may be attributed to factors such as better borrowing capacity due to more prosperous agriculture, higher size of holdings, variations in cropping pattern and availability of cooperative credit. One or more

of these factors are applicable to each of these States. Indebtedness per household is relatively low in Assam (Rs. 672), Bihar (Rs. 725), Jammu and Kashmir (Rs. 749), Orissa (Rs. 538) and West Bengal (Rs. 544). Lower indebtedness in these states may be attributed to factors such as lower size of holdings and want of strong cooperative movement in these states.

(2) Sources of credit: In spite of stepped up efforts made by the government to relieve the rural population of the burden of indebtedness by creating alternative sources of supply, credit supplied by private individuals accounts for nearly two-thirds of the total credit. In the period 1951-71, the share of private credit came down from 92.4 per cent to 64.3 per cent while the share of institutional credit increased from 7.6 per cent to 35.7 per cent. Among the institutional agencies, the share of cooperative credit increased from 3.7 per cent to 22 per cent. In the case of private credit, the share of professional moneylenders has come down from 46.8 per cent to 13.1 per cent and the share of agricultural moneylenders has come down from 25.2 per cent to 23 per cent while the share of relatives and friends has increased from 11.4 per cent to 13.7 per cent. In fact, it is the continued dependence of the rural population on expensive private credit which is responsible for failure of debt legislations to solve the problem of rural indebtedness.

The share of institutional credit has increased considerably in all the states in the period 1961-1971. While it increased from 18.5 per cent to 35.7 per cent in India as a whole, it increased from 58.8 per cent to 70.7 per cent in Maharashtra, from 35.5 per cent to 51.8 per cent in Gujarat, from 18.2 per cent to 45.1 per cent in Kerala and from 12.9 per cent to 43.9 per cent in Punjab. These are the States where the cooperative movement is well established and has made rapid strides. It is in States where the cooperative movement is weak that institutional credit remains unimportant. The cooperative structure is particularly weak in the eastern parts of the country though things have started improving. The share of institutional credit comes to 11.6 per cent in Bihar, 9.2 per cent in Rajasthan, 15.3 per cent in Andhra

Pradesh, 20.5 per cent in Jammu and Kashmir, 24.4 per cent in Tamil Nadu and 26.4 per cent in U.P. In Assam and West Bengal, the weak cooperative structure has been made up due to the importance of governmental credit in institutional credit. Except in Rajasthan, even in these states the share of institutional credit has increased considerably since 1961.

(3) Purpose of borrowings: Due to the increasing demands of modern agriculture which requires considerable capital, borrowings for productive purposes accounts for the bulk of indebtedness. Substantial increase in government and cooperative credit to agriculture resulted in increase in productive debts from 37.3 per cent in 1951-52 to 54 per cent in 1971-72. The share of farm business in total debts has increased from 34.4 per cent to 49.7 per cent. In the same period the share of consumption debts has come down from 43.2 per cent to 37.8 per cent. In spite of this trend, borrowing for purposes of meeting consumption requirements continues to be important.

Indebtedness incurred for purposes of capital expenditure by cultivators increased from 26.8 per cent in 1961 to 34.7 per cent in 1971 and the share of current expenditure (for buying fertilizer, seeds etc.) has increased from 9.8 per cent to 15 per cent. The share of indebtedness for purposes of repayment of old debts has come down from 5 per cent to 1.5 per cent. These developments should be considered as healthy.

(4) Distribution of indebtedness: The bulk of indebtedness is accounted by the more affluent among the rural population as they alone are in a position to provide sound security. While advancing loans even government departments and cooperative agencies are not free from this bias. This can be seen from the fact that cultivators in the asset group Rs. 10,000 and above accounted for 84.1 per cent of institutional credit while those in the asset group Rs.2,500 and below accounted for 1.7 per cent of institutional credit in 1971-72. Since less affluent farmers are not in a position to provide good security they have to depend more on private credit. This will become clear if we take

into account the share of different groups in total credit supplied by all agencies including private moneylenders. Out of such total credit, 69.8 per cent is accounted

by farmers in the asset group of above Rs.10,000, 5.6 per cent by farmers in the asset group of below Rs.2,500 and 24.6 per cent by farmers in the asset group Rs.2,500-10,000. The preponderance of affluent rural households in the rural credit structure can be seen from the fact that rural households in the asset group of Rs.10,000 and above account for 30.4 per cent of indebted households only but they account for 62.8 per cent of the total debts. Rural households in the asset group Rs.2,500 and below account for as much as 35.2 per cent of indebted households but only for 11.4 per cent of debts.

Ability of the borrower to provide security seems to be the most important factor guiding the lending agencies. This can be seen from the fact that in the asset group of above Rs.10,000 personal security accounts for 40 to 50 per cent of total debts while in the case of cultivators in the asset group of Rs.500 and below only 3 per cent is secured debt. Farmers in the asset group of Rs. 10,000 and above had 37 per cent of their debts secured by mortgage of property. In the case of agricultural labour households 84 per cent of debt remains unsecured as they do not have security to offer.

A healthy development has been that in the period 1961-71, the percentage of unsecured debts has come down from 70 per cent to 58 per cent. Debt against crop security has increased from 0.3 to 1.9 per cent thereby indicating the growing importance of crop loan system. Group loan system is of advantage to tenants who do not have land to provide as security.

(5) Duration of debts and interest rates: The present-day trend is in favour of long-term debts rather than short-term debts. Thus, the share of debts for a period of less than one year came down from 38 per cent of total debts in 1961 to 34.8 per cent in 1971. The share of debts for a period of 2 to 3 years went up from 11.8 per cent to 15.6 per cent. The share of debts for a period of 5 to 10 years has gone up from 9.2 per cent to 10 per cent.

The tendency to borrow at high interest rate continues, because of dependence on credit from moneylenders. In 1970-71, 15.1 per cent of debts were taken at an interest rate of above 25 per cent. Nearly 49 per cent of the amount was borrowed at an interest rate of 12/2 per cent to 25 per cent.

Weaker Sections

In 1971-72 only 35.5 per cent of agricultural labour households were indebted as against 46.1 per cent in the case of cultivating households. Similarly, debt per household is also lower at Rs.161 for an agricultural labour household as against Rs.605 for cultivating households. Lower indebtedness amongst agricultural labour households reflects on their lack of creditworthiness. Indebtedness per labour household is less in the eastern states of Orissa (Rs. 224), West Bengal (Rs.157), Bihar (Rs.275) and Assam (Rs.192) and Kerala (Rs.159) due to their lower ability to borrow.

Inability of agricultural labour households to borrow may be linked to their poverty. According to the 25th Round of the National Sample Survey (July 1970-June 1971), a sizable proportion of the weaker sections of the rural population is having a per capita expenditure below Rs.34. The proportion works out to 63 per cent in Gujarat, 80 per cent in Orissa and Madhya Pradesh, 61.2 per cent in Rajasthan and 39.5 per cent even in Punjab where agricultural labour households enjoy a better standard of living than in other States. According to the draft Fifth Plan (1974-79), the share of the bottom 30 per cent of the population in 1973-74 was estimated at 13.46 per cent of total private consumption. It has also been estimated that if private consumption of the bottom 30 per cent was to be lifted to the minimum level by 1983-84, their share must be increased to 15.64 per cent.

Bonded labourers are even poorer than agricultural households. They are so poor that they pledge themselves or a member of their family against a loan. Under the Bonded Labour System (Abolition) Act 1976, the State governments are taking action to identify, free and rehabilitate bonded labour.

The Government of India appointed in 1971 a study group on relief of indebtedness, land alienation and restoration in the tribal development agency areas. The study group recommended:20 (a) establishment of debt relief courts to scale down debts; (b) advancing debt relief loans; (c) post-debt relief care; (d) assistance to share croppers to purchase ownership rights; (e) review of land alienation cases and restoration of tribal lands illegally appropriated by non-tribals; and (f) taking up land records operations in tribal areas

Co-Operative Credit

Co-operative institutions are playing an increasing and important role in supplying credit to the rural sector. The share of cooperatives in total credit supplies has increased from 3.7 per cent in 1951-52 to 22 per cent in 1971-72.

In spite of increase in cooperative credit, the increase has not been adequate for solving the problem of rural indebtedness. The all-India rural credit survey committee of the Reserve Bank of India observed "that the system, as it now operates in regard to purpose and supervision or recovery or turnover and overdues, is not a system of credit which is likely to attract funds on its own merits and in normal course of business".21 The committee said, "Today, the agricultural credit that is supplied falls short of the right quantity, is not of the right type, does not serve the right purpose, and, by the criterion of need (not overlooking the criterion of creditworthiness) often fails to go to the right people. The moneylender in most places (including the low economy or subsistence areas) and both he and the trader in the cash crop or more commercialised regions, provide the cultivator with all but a small proportion of the total credit actually obtained by him". The loans which the government advances are gravitating to the big cultivators in agriculture, and cooperative credit is going to large farmers primarily due to three reasons. Firstly, land ownership came to be the dominating criterion both for admission of new members and extending credit. Secondly, cooperative leadership and management were in the hands of the bigger farmers. Thirdly,

lending was linked to possible increase in income.

Future Credit Requirements

The National Commission on Agriculture had estimated that an investment of Rs. 16,000 crores was required by 1985 for meeting in full the credit requirements²⁴. Out of this, the financial institutions should supply Rs. 9,400 crores. This took into account the production and investment requirements of all farmers.

Policy

A review of the problem of rural indebtedness shows that the existing provisions of various moneylenders' acts are not sufficient for protecting the rural borrowers in their dealings with indigenous bankers. Debt legislations have not been able to prevent abuses by the system of moneylending. Moneylenders credit cannot reach those farmers who need it most on satisfactory terms.

With all their shortcomings indigenous bankers have been playing a useful role as they are supplying credit to those areas which commercial banks are not in a position to supply. According to the Rural Banking Enquiry Committee, nothing would be gained by depriving the majority of agriculturists of even the existing facilities for credit long before alternative supply could be arranged.

In order to make the cooperative credit structure more efficient, government control over cooperative societies should be minimised.

It is necessary to pay special attention to the problem of weaker sections of the population. The National Commission on Agriculture recommended organisation of farmers service societies for small and marginal farmers and agricultural labourers. These societies should provide on an integrated basis agricultural credit service to the farmer. It would provide the required credit along with facilities for their conversion into inputs and services for improving their technology. These recommendations of the commission have been accepted by the government.

The character of rural indebtedness has undergone a basic change over a period of years. In the past almost the whole quantum of rural debts reflected on the poverty of the rural people. Now only a part of rural indebtedness reflects on the poverty of the rural people as the large bulk of rural borrowings are for productive purposes. However, the bulk of credit is borrowed by more affluent persons.

H. Laxminarayan

Notes on Rural Indebtedness

1. Government of India, *All India Debt and Investment Survey, 1971-72: Indebtedness of Rural Households as on June 30, 1971 and Availability of Institutional Finance*, Reserve Bank of India, Bombay, 1977, p.l.
2. Government of Bombay, *Report of the Bombay Provincial Banking Enquiry Commission*, Government of Bombay, Bombay, 1929, p.58.
3. M.L. Darling, *The Punjab Peasant in Prosperity and Debt*, Oxford University Press, London, 1925.
4. P.J. Thomas, *Economic Problems in Modern India*, Diocesan Press Vepery, Madras, 1939, p. 175.
5. Government of India, *Report of Agricultural Credit Department*, Reserve Bank of India, Bombay, 1937.
6. B.V. Narayanaswamy Naidu, *Report of the Economist for Enquiry into Rural Indebtedness, 1946*, Government of Madras Press, Madras, 1947.
7. Government of India, *Report of the National Income Committee 1949 Vol.1*, Manager of Publications, Delhi, 1951.
8. Government of India, *All India Rural Credit Survey Committee on Direction 1951*, Reserve Bank of India, Bombay, 1955.
9. Government of India, *Report of the Debt and Investment Survey, 1961*, Reserve Bank of India, Bombay, 1963, p.l.
10. Government of India, *All India Debt and Investment Survey, 1971-72: Indebtedness of Rural Households as on June 30, 1971 and Availability of Institutional Finance*, op.cit.
11. *Report of the Royal Commission on Agriculture in India, 1926*, His Majesty's Stationary Office, London, 1928.

12. Government of India, *Report of the National Sample Survey on Census of Land Holdings, 26th Round, 1971-72*, Central Statistical Organisation, New Delhi, 1973.
13. Government of India, *Report of the Expert Committee on Consumption Credit*, Manager of Publications, New Delhi, 1976.
14. Government of India, *Report of the Indian Famine Commission*, Office of the Superintendent of Government Printing, Calcutta, 1908, p.108.
15. Government of India, *Report of the Agricultural Finance Sub-Committee 1945*, Manager of Publications, Delhi, 1949.
16. V.M. Jakhade, "Agricultural Indebtedness in Pan-dharpur and Sangola Talukas—Part II", *Reserve Bank of India Bulletin*, Vol.III, No.2, February 1949, pp.89-106.
17. Government of India, *Report of the Agricultural Finance Sub-Committee 1945*, op.cit., p.28.
18. *Ibid* p.30.
19. Government of India, *Report of the Banking Commission 1972, Technical Studies*, Reserve Bank of India, Bombay, 1972.
20. Ministry of Agricultural & Irrigation, "Rural Employment and Special Area Programme", Part XIII, *Report of the National Commission on Agriculture*, Manager of Publications, 1976.
21. Government of India, *All India Rural Credit Survey Committee on Direction Vol II*, op.cit., pp.235-36.
22. *Ibid*.
23. Ministry of Agriculture & Irrigation, "Supporting Services and Incentives", Part XII, *Report of the National Commission on Agriculture*, Manager of Publications, Delhi, 1976, pp. 13-14.
24. *Ibid* p.3.
25. Government of India, *Report of the Rural Banking Enquiry Committee*, Reserve Bank of India, Bombay, 1949.
26. Ministry of Agriculture & irrigation, *Report of the National Commission on Agriculture*, op.cit. p.l.

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