
Appraisal of Janani Suraksha Yojana (JSY) in Bidar District (Karnataka): Knowledge, Attitude and Utilization Pattern of the Beneficiaries

Devajana Chinnappa Nanjunda

Social Exclusion Research Centre

Mysore University - Mysore - 06

Email: nanjunda1976@gmail.com

Abstract: *The Janani Suraksha Yojna (JSY) is a government of India's vital scheme for speedy decreasing maternal and infant mortality rates with a precise focus on increasing institutional and safe deliveries for the families belong to the below poverty line (BPL) category. This study is basically a cross-sectional community based survey done in Bidar district (North Karnataka) of JSY beneficiary using random sampling on a population proportionate basis. Through this study, Socio-demographic factors, antenatal services availed and stake holders' opinions were studied using scheduled questionnaires. This study has found that there is a requirement to create more awareness among rural population about the utilization of this JSY scheme. Stake holders should also take action for implementation process. Targeting remote areas, SC./ST population, special measures and encouraging more antenatal visits are necessary, prerequisites to get better impact out of JSY is need of the hour. This paper is based on the series of studies conducted in the selected district in Karnataka under ICMR funded project.*

Key Words: *The Janani Suraksha Yojna, Antenatal Awareness, Safe Delivery for BPL Women*

Introduction

Infant and maternal mortality are the two key indicators of any society. Towards achieving the objectives of the National Rural Health Mission (NRHM), Janani Suraksha Yojana was launched in April 2005 to promote institutional deliveries among the poor population, through provision of referral, transport, and escort services. In 2005 the National Rural Health Mission (NRHM) introduced the Janani Suraksha Yojana (JSY) with the purpose of plummeting maternal and neonatal mortality by promoting institutional delivery among poor women focusing rural parts. With the key purpose of JSY is to reduce maternal and infant mortality by supporting pregnant women to deliver in hospitals, Janani Suraksha Yojana (JSY) programme implemented through National Rural Health Mission (NRHM) scheme in

2003. The basic objective of JSY is to increase institutional delivery among the poor pregnant women including post partum care. JSY is a 100% centrally funded scheme and it provides funding support with delivery and post-delivery care for the young mothers who are in the below poverty line. As per the guidelines of JSY, the aim will be achieved through the payment of a cash incentive to the woman if she delivers in a government hospital or in accredited private medical centers. According to the existing eligibility criteria, any woman from the Low Performing States (LPS), irrespective of poverty status, number of births and age is eligible for these cash incentives. Further, in case of High Performing and developed States (HPS), normally a woman should be above 19 years of age and should be below the poverty line (Thansia et al. 2009).

In addition JSY also created the Accredited Social Health Activist (ASHA), a trained female community health activist as a part of the scheme. ASHA worker will be selected from the village and scientific training will be given. ASHA workers need to act as a crossing point between the community and the public health system, and take part in an important function in the circumstance of maternal and child health care. Further ASHA worker should act as a facility provider to the poor local young mothers/pregnant women's for delivery in a nearby government or an designated private/NGO medical centers only. ASHA workers are entitled to be paid Rs 600/- per delivery in government facilities in low perform states and Rs 200/- in High performing states (Sudeep, 2008).

Objective

1. To reveal the socio--economic profile of the JSY beneficiaries
2. To study on the/about utilization of JSY by the beneficiaries and opinion of the stake holders of the scheme
3. To provide policy suggestions

Methodology

This study was conducted in Bidar district (North Karnataka). This study was done covering 5 PHC and 1 sub centers using semi-structured study tools. In this study a total of 87 JSY beneficiaries were interviewed through a quantitative survey selected randomly. In-depth interviews were conducted with both beneficiaries and the key stakeholders like district and block level officiates related to JSY. This study also separately covers 24 beneficiaries who opted home delivery and 13 beneficiaries who are not availing the services.

RESULT
Table 1: Socio-Economic Profile of the JSY Beneficiaries

Variables	N=87	Percentage	X²	P
Age				
Just above 20	23	26.4	11.90	0.000
22-25	21	24.3		
25-30	43	49.4		
Educational level				
Primary education	51	58.6		
High school	23	26.4	8.31	0.000
College	10	11.5		
Illiterates	3	3.7		
Family Income (in Rs.)				
10,000-20,000	23	26.4	4.01	0.000
20,000-25,000	43	49.4		
Above 25,000	21	24.4		
Social Group				
SC	33	37.9	3.901	0.000
ST	4	4.6		
OBC	50	57.6		
Domicile				
Local	62	71.3		
Inter district	15	17.4		
Inter state	10	11.4		0.000
Number of Deliveries				
First	54	62.4		
Second	33	37.7		

Table 2: Sources of Information of JSY Beneficiaries

Variables	N=87	Percentage	X ²	P
Person Who Registered Respondent for JSY				
Doctor	23	26.6		
LHV/ANM/FHW	13	14.9		
Anganawadi worker	32	36.7		
ASHAs and Others	19	21.8		
Stage of Pregnancy When Registered for Availing Benefits of JSY				
First trimester (confirmation test)	45	51.7	11.1	0.000
Second trimester	23	26.4		
Third trimester A	12	13.7		
After delivery	7	8.4		
Do not know	—			
Place Where Respondent was Registered				
District/sub-district hospital	3	3.4	7.90	0.000
Community Health Centers	14	16.0		
Sub centers	21	24.4		
PHC	31	35.6		
During household survey	12	13.8		
Anganawadi centre	6	6.8		

Table 3: Motivation Factors in Opting for Institutional Delivery

Sl. No	Suggestions	Percentage
1	Money available under JSY	14.2
2	Better access to institutional delivery services in the area	22.1
3	Support provided by ASHA Workers	11.4
4	Previous child was born in an institution	21.0
5	Safe delivery of child/safety of both mother and child	12.0
6	Had Complicated delivery previously	11.3
7	Previous history of still birth/miscarriage	8.0
	Total	100.0

Table 4: Reasons for Preferring Home Delivery (N=24)

Sl. No	Suggestions	Percentage
1	Fear of going to hospital / needle, injection, equipment	11.3
2	Women believe they get better care at home/ no cleanliness maintained at hospital	13.2
3	Fear of doctor, nurse Illiteracy and lack of understanding of the importance of institutional delivery	14.1
4	Opposition from family members	13.0
5	Home delivery is cheaper because of poverty etc	11.0
6	Unaware about JSY Unavailability of transport facility on time because of stitches	13.2
7	Dai (TBA) takes better care while assisting delivery	7.1
8	Clinic far away/much distance	9.2
9	If there is any complication they go to hospital or contact us	4.1
10	Don't get time to go to hospital/delivered before due date	1.9
11	Do not know	2.0
	Total	100.0

Table 5: Number of Antenatal and Post Natal Checkups

Variables	N=87	Percentage	X²	P
Antenatal Checkups				
1 time	51	58.6	12.19	0.000
2 times	22	25.4		
3 times	10	11.5		
4 or more	4	4.5		
Post Natal Checkups				
1 time	21	24.3		
2 times	11	12.5	10.31	0.000
3 times	9	10.4		
No checkups	46	52.8		

Table 6: Reasons for Not Availing the Services by the Non-Beneficiaries (N=13)

Reasons	Percentage
1 Did not know about the JSY	11.5
2 Had incomplete information	9.3
3 Not allowed by husband and in-laws	10.1
4 No one from health department approached me	10.2
5 Transport facility not available	32.0
6 Referred to Private Hospital/Nursing home	12.0
7 Hospital service not available	9.0
8 No belief in Govt health system	3.1
9 Follow the traditional system	2.8
Total	100.0

Opinion of the Service Providers and Other Stakeholders

Table 7: What Would You Suggest in Case of Design and Implementation of the Scheme?

Suggestions	Percentage
1 Cash incentive must be enhanced	21.0
2 More numbers of 24X7 PHCs are required	17.5
3 Avoid delay in disbursement of fund	10.9
4 Shortage of drugs and equipments need more stress	14.0
5 There is a need for repeated training and sensitization for ASHAs	8.3
6 Delivery facility at the sub-centre has to be ensured both qualitatively and quantitatively and to improve transport	11.0
7 Lack of incentives to the ASHA as per the norms	12.3
8 Active engagement of PRIs	5.0
Total	100.0

Table 8: What Would You Suggest in Monitoring of the Scheme?

Suggestions	Percentage
1 Monthly reporting system must be improved	22.1
2 Actual field implementation of JSY must be increased	24.0
3 Open up of grievance cells	20.1
4 Monitoring and supervision diary at district and block level must be made mandatory	17.0
5 Consistent meetings need to be held	14.2
6 Others	3.02
Total	100.0

Discussion

JSY incentives are available for deliveries in government facilities and only accredited private medical facilities. No benefits are available for delivery in the private medical facilities which are not accredited. In the assessment of JSY, beneficiaries were interviewed to find their background, their source of information and awareness regarding JSY scheme, and the type of support received from ASHA, Anganwadi workers and ANM. It is found that Karnataka state has made concerted efforts to operationalize ASHA intervention and JSY and all the details are depicted in various above tables. The outline of JSY beneficiaries revealed that the mean age of the women was 25 years. The majority beneficiaries belong to the lower middle-income group. The study shows that majority (51 percent) of the beneficiaries heard about the scheme during the first tri semester of pregnancy and 8percent came to know after baby delivery. JSY beneficiaries were asked about the source of information about JSY. Analysis of their responses shows that women were not very clear about the scheme. Regarding time, person and place of payment quarry beneficiaries have given different types of reply. The major resources of information are ASHA workers followed by ANM workers. The beneficiaries were asked about the antenatal services utilized by them under JSY. The study reveals that 58.6 percent of the pregnant women had ANC one time and 28% women had twice. Reasons for delivery at home, it seems beneficiaries are feared of doctors, nurse, Illiteracy and lack of understanding of the importance of institutional delivery. Reasons for not availing the services by the non-beneficiaries majority of them felt lack of information (12.5%) is the key reason. In case of stake holders' view, success of the scheme depends on avoiding delay in disbursement of fund. It can be inferred that the state has been able to distribute the scheme through various inter-personal and mass-media activities. Also the study found that mothers did not have adequate knowledge regarding antenatal part of this Janani Suraksha Yojana scheme.

It is found that one possible reason could be that JSY has not reached to those women who face the utmost danger of death during child birth. Given that these women are likely to be more socially disadvantaged like SC/ST. Hence hard work should be made to make sure that they are aware of JSY. It is here that ASHAs are to play a very important role in reducing home deliveries. ASHA is not only expected to facilitate institutional deliveries, however, also act as health activist, and guiding pregnant women on birth

attentiveness and significance of safe delivery, among others. Grievance Redressal Mechanism must be implemented soon. This study also highlights some of the gaps in referral transport, display of entitlements and list of private hospitals where this JSY schemes can also be availed etc. Additionally, the formation of the various committees within PRIs like Health, Sanitation, and Nutrition Committee has become a novel and creative plan to deal with health issues focusing pre and post-natal care in the rural parts.

Conclusion

It is found that there is a wide gap in utilization of JSY, may be contributed by a lot of unexpected factors. Rural PHC and health infrastructure need to be improved rapidly. The major aim of the scheme is to augment the institutional delivery and hence decrease maternal deaths to achieve the MDG-5. Hence understanding the result of JSY on institutional delivery and the utilization of the scheme across the various socio-economic sections in the society is vital.

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Female Child Trafficking and Social Work Intervention

Sujatha M¹, Kumudini Achchi²

1. Research Scholar, Dept of Social Work, JSS Research Centre, Mysore University, Mysore, Karnataka.

2. Assistant Professor, Dept of Social Work, JSS College of Arts, Commerce and Science, Mysore, Karnataka.

E-mail: sujathag.savi@gmail.com

Abstract: *Thousands of women and children are trafficked every day. Human trafficking, or trafficking persons, is a form of modern-day slavery. Every country in the world is affected by human trafficking and it is third largest revenue generated activity in India. Trafficking of human beings especially female child has increased over the last decade. Nearly 60% of the victims of trafficking are below 18 years of age (NCRB 2005). National Human Rights Commission Report on Trafficking Women and Children, in India the population of women and children in sex work is stated to be between 70,000 and 1 million. There are legal protocols for prevention, suppression and punishment related to immoral trafficking. Nations are also attempting to combat this trafficking inhuman misery through Legislative, Executive and social action including Planned Social work Intervention is required for getting female child victims out of the control of traffickers, controllers and exploiters as a priority as is enabling victims to recover and reintegrate into society.*

Key Words: *Trafficking, Female Child, Social work intervention*

Introduction

Trafficking of children is a worldwide phenomenon affecting large number of boys and girls every day. There are legal protocols for prevention, suppression and punishment related to immoral trafficking. Nations are also attempting to combat this trafficking inhuman misery through legislative, executive and social action. Children and their families are often lured by the promise of better employment and a more prosperous life far from their homes. Others are kidnapped and sold.

Thousands of women and children are trafficked every day. Within the overall profile of trafficking in South Asia, India is a country of both transit and destination. There is a considerable degree of internal trafficking as well

as some trafficking from India to Gulf States and to South East Asia. Sale of children and their movement across the state borders takes place within the country too. This study aimed at qualitatively analyzing the nature of families of children who were trafficked and thus deprived of their rights. The study found out that there is correlation between psychosocial factors of family and girl child trafficking. Planned Social Work Intervention is required for getting child victims out of the control of traffickers, controllers and exploiters as a priority as is enabling victims to recover and reintegrate into society.

Magnitude of the Study

Girls and women trafficking in India are endemic and widespread predominantly against women. Around 70% of women in India are victims of human trafficking, according to Renuka Chowdhury Union Minister for Women and Child Development. National Crime Records Bureau reveals that a crime against a woman is committed every three minutes, a woman is raped every 29 minutes, a girl rape death occurs every 77 minutes, and one case of cruelty committed by either the husband or relative of the victim occurs every 9 minutes.

The researcher wants to diagnose the problem from the social work point of view and also will try to identify, assess, and develop some effective strategies through the preventive, curative, rehabilitative and developmental functions of social work.

Causes for Girl Child Trafficking

The root causes include extreme disparities of wealth, continuing and pervasive inequality due to class, caste and most importantly gender biases throughout the region, erosion of traditional family systems and values, iniquitous social conventions, lack of transparency in regulations governing labour migration (both domestic and cross border), poor enforcement of internationally agreed-upon human rights standards, and enormous profits ensured by the trafficking business to the traffickers.

According to Kelly, Meghan and Serio (2005) and Redlinger (2004), there are a number of factors contributing child trafficking, including gender discrimination, natural disaster, political instability, weak laws, family dysfunction, globalization, new communication and technology. Child marriage, social stigma, unemployment, lack of employment opportunities and training,

poverty, migration are some of the causes of push for girl child trafficking. The International Labour Organization (2006) states that child victims of trafficking endure harmful repercussions that affect their physical and mental health, contributing to personality and behavioural disorders which disturb normal child development. These negative impacts require a range of prevention measures, represented by the various professions in a multidisciplinary team including social workers.

Need and Social Work Intervention

The role of social worker can be in preventive and rehabilitative in combating girl child trafficking.

Prevention

Most of the Government personnel as well as the Community members are unaware of the trafficking face of migration. Those who understand this issue are not willing to acknowledge the presence of this phenomenon in their areas of operation. The magnitude and the misery associated with this gross violence are not being given the required amount of attention by the concerned personnel in most of the States. There is a great need for awareness generation at all levels and community policing to reduce the vulnerability of women and children and ensure safe migration and options for jobs and income. Special police officers need to be designated to look into trafficking cases specifically under all police stations. In this context social workers can organize awareness programmes, dissemination of outreach material in different forms like pamphlets, brochures, leaflets etc to address wider audience and sensitizing the public and concerned departments and also through community mobilization.

Rehabilitation

The rehabilitation is being done for the rescued female children. The social worker may work on the areas to build up the confidence level, individualization, skill based employment, referral service, motivation, counselling to the family members. Their family members could be included in the different livelihood programmes run by State and Central Government. According to the study of Juliet Patience Sambo, Gloudien Spies on the role of the social worker in the prevention of child trafficking in South Africa mentioned the stages of recovery and integration process from the International Labour Organisation (2006) source. Access to the community is important

for the survivors of girl child trafficking. Therefore, during the integration process the children staying in shelters need intensive psychosocial support. Likewise, the right to education, medical care and good nutrition must be promoted in both interim care and during integration. The stages of recovery and integration process are discussed below.

Intake and Assessment

The social worker conducts an individual needs assessment and attends to the girl child's most immediate needs, such as arranging counselling, medical attention and legal assistance. The need assessment of the trafficked child should be updated on a regular basis until the child leaves the facility and integrates into society. Once family tracing is successful, then the family and community assessment begins (International Labour Organization, 2006). Family assessment focuses on the economic status of the family to support the girl child, the risk of re-trafficking, and the risk of reprisals by the traffickers, the risk of harm by the family through neglect or abuse, and changes in family structure since the child left (Thins, 2006).

Similarly, community assessment focuses on the community's attitude toward trafficked children and related issues such as prostitution, HIV/AIDS and political instability.

The social worker should assess any risks of stigmatization and social rejection, and action should be taken to prevent the girl child from being re-trafficked. Furthermore, the social worker should assess the types of resources that exist in the community that will support the child's integration process. Assessment should also focus on external factors that may place the child at risk of further abuse or neglect (International Labour Organization, 2006). From the beginning this is an individual participatory process where the child's expressed views and the best interests are the primary consideration.

Interim Care and Support in Recovery

This is the stage of recovery and healing. The goal is the long-term and sustainable integration of the girl child into the family or community, and this process must start as soon as possible. The case management team involves social services, the legal guardian of the child, organizations and individuals experienced in caring for trafficked children (Thins, 2006).

Reintegration and Continuing Care

The children may have gone back to their families of origin and joined other families such as an extended family system or foster care. In the case of adolescents, they may live independent of others while studying. However, according to the United Nations Office for Drugs and Crime (2006), the returned victims may still be traumatized and suffering from medical and psychological problems as a result of the experience. Therefore, bilateral efforts between the destination state and the state of origin are imperative to protect the child from danger and retaliation by the traffickers upon the victim's return.

Furthermore, a long-term placement, such as industrial schools or foster care, places the responsibility for the child's development in the hands of the community and family who are legally responsible for the girl child's care and welfare (Thins, 2006).

The Girl Child Trafficking Protection Process involves the physical treatment and rehabilitation which address the capacity to handle complicated girl child trafficking cases. This involves a wide range of perspectives used to analyze problems and arrive at solutions. Moreover, it is important to understand professional protocols and official processes for the handling of child trafficking cases that clearly identify the duties of the respective role players in preventing the problem.

Furthermore, it is imperative to ensure informed decision-making abilities among the role players involved. This will include more accurate investigations into the problem and the utilization of more appropriate intervention approaches. The focus is on networking with other stakeholders in different areas of expertise to minimize system-inflicted trauma to children and their families as responses become more effectively coordinated and sensitive to children's needs.

Monitoring Network

The community needs to initiate and build up some mechanisms for the close monitoring of child trafficking in the form of a child trafficking watch. Meanwhile, efforts must be made to create greater public awareness in schools, communities, hospitals and relevant practitioners to monitor children who are vulnerable to trafficking (Thai Child Rights, 2008).

Investigation or Fact Finding

Upon receipt of suspected cases of child trafficking, the designated social worker must investigate and collect information that can be used to assess the victim. When the information on the child's physical, psychological and social status is being gathered, there will be a need to involve people from different fields such as paediatricians, psychiatrists, forensic doctors, police and lawyers (Thai Child Rights, 2008).

Protection

The primary information gathered needs to be assessed to formulate a protection plan. The Multidisciplinary team will hold a case conference to discuss and assess the problem, and to plan for protection. The United Nations Office for Drugs and Crime (2006) concurs with the above view and adds that the protection of trafficked children and the provision of assistance to enable smooth reintegration into their original environment are crucial.

Recovery and Treatment

The child victim may need to receive psychological counselling. In addition, depending on the outcome of the primary assessment of the victim's social and physical condition, immediate medical treatment must be given.

Social Reintegration and Prevention

Through treatment and assessment by a multidisciplinary professional team the victims of girl child trafficking are prepared physically, mentally and socially for reintegration into the community.

The purpose of the study was to explore the views of social worker regarding their role in the prevention and rehabilitation of girl child trafficking in Karnataka. In-depth and one to one interview were conducted with the social worker working in selected NGOs working on girl child trafficking. Data were gathered in terms of their understanding of girl child trafficking, role of social worker, perception regarding the services to protect the victim and their rehabilitation, availability of resources to support the social worker in prevention of girl child trafficking, knowledge about the existing legislation related to child trafficking and their training needs in the field of child trafficking for social workers.

Objectives of the Study

To understand the girl child trafficking in Karnataka

To know the root causes for girl child trafficking

To suggest social work intervention strategies in alleviating girl child trafficking

To understand the social worker views on combat girl child trafficking

Research Methodology

The motivation for this study was to understand the role of the social worker in the prevention of female child trafficking in Karnataka. Because Karnataka stands third in Human Trafficking. Therefore a qualitative research approach was used to gain a holistic understanding of child trafficking (Fouché and Delport, 2011). The social workers' perceptions regarding their role in the prevention of child trafficking were also explored. The most appropriate type of research used in this study was applied research to induce change (Fouché and De Vos, 2011). The aim was to explore and identify the role of the social worker in the prevention of female child trafficking in Karnataka. An explorative collective case study research design was utilized through detailed and in-depth data-collection methods. To reach the goal of the study, the researcher used semi-structured, one-on-one interviews based on the interview schedule. The respondents in this study were 10 social workers who work in different child protection organization in Karnataka. The researcher sought general statements about relationships among categories of data and attached meaning to the collective case study research design on the perception of the social workers regarding their role in the prevention of girl child trafficking (Fouché and Schurink, 2011).

Major Findings

It is evident through the literature study that trafficked female children are going through painful experiences, often characterized by economic hardships, torture, labour and sexual exploitation, as well as lack of love. Furthermore, trafficked female children are denied the right to education as they withdraw from school. The above became clear when the respondents, ten social workers from different organizations, narrated their views and experiences regarding their role in the prevention of child trafficking. All ten respondents expressed that they are not well equipped to deal effectively with trafficked cases and therefore they strongly suggested the need for special child trafficking legislation and guidelines to direct social workers in the intervention

process. Evidently Karnataka has no specific domestic legislation to prevent girl child trafficking. As a result of this, traffickers either get away scot-free or get a lesser punishment which does not match the criminal offence. The empirical outcome has revealed that female child trafficking is a challenging social problem and its dynamics requires specialized training of professional social workers. Very few organizations in Karnataka are working on child welfare and most of the districts have no Child Welfare Committee. The findings will be discussed under each of the themes which formed the structure of the data gathered in the empirical study. The themes are outlined below.

Theoretical Understanding of the Concept Child Trafficking

The views of the respondents with regard to their theoretical understanding of the concept girl child trafficking are summarized below.

From the empirical study it was evident that all ten respondents had a basic understanding of girl child trafficking. All ten respondents were able to define child trafficking. It was also apparent that the respondents knew the various factors that contribute to girl child trafficking as well as different forms of child trafficking. However, only two respondents seemed to have a more extensive understanding and she shared more information on the dynamics of both external and internal girl child trafficking. With regard to the impact of child trafficking, it was apparent from the respondents' views that girl child trafficking victims experience severe psychosocial repercussions and debilitating effects. It was also evident that dealing with girl child trafficking victims, social workers need to link up with other service providers to provide a more efficient and effective treatment to trafficked victims. This study confirms that the best interests of the child must be respected, especially when dealing with the life-threatening traumatic experiences of trafficked girl children. There are a number of indicators that would enable social workers to identify the victims of child trafficking. However, it was apparent during the interviews that the majority of the respondents had little information to refer to that would support them in identifying trafficked children.

Two respondents stated that a language problem could also be an indicator. It was evident that when a social worker comes into contact with an unaccompanied child who is not able to communicate in the local language, one can suspect child trafficking. One respondent expressed the view that

physical indicators enable the social workers to identify a trafficked girl child. The child might be beaten (for not complying with the trafficker's commands) and would have bruises, scars or red eyes. Another respondent indicated that another indicator could be that trafficked children may not know the physical address of the place and the names of the people with whom they were residing. This implies that trafficked girl children may have gone through different experiences of exploitation and can present different signs and symptomatic indicators. These indicators will enable the workers to identify the child as a victim of trafficking. The indicators range from psychological, physical, social and economic features.

Views on the Role of the Social Worker in the Prevention of Girl Child Trafficking

All ten respondents expressed the view that, at the primary prevention level of child trafficking, it is the social worker's role to raise awareness about child trafficking. Through their experience, the respondents stated that prevention should target vulnerable individuals, groups and communities. It was evident that the respondents were aware that the dissemination of information to the communities about the danger of child trafficking is paramount.

Experiences regarding obstacles social workers face in the prevention of girl child trafficking and knowledge about the existing legislation related to child trafficking

All the respondents indicated that the lack of knowledge and training regarding girl child trafficking is the major obstacles which the social worker face for prevention of child trafficking. The study confirms that lack of knowledge about protection also result in poor service delivery. However there is an emergent need to train the social worker on The Child Labour (Prohibition and Regulation) Act, 1986, Immoral Traffic (Prevention) Act, 1956, legislation and policies of child protection. It was noted that lack of communication, trust and cooperation among service providers rendering services to trafficked children is viewed as an obstacle for participation in the prevention of child trafficking.

Training Needs for Social Workers in the Field of Girl Child Trafficking

All the respondents mentioned the importance of training to understand and prevent child trafficking. They specifically indicated that training will add capacities to understand the psychology and dynamics of child trafficking. The development of training aid and trainers for organizing training programme by civil societies and community factor is important and crucial. The training of social workers to prevent child trafficking needs to focus specifically on the role of the social workers , the effective use of legislation, understanding the socio-psychological impact as well to identify a trafficked child.

Recommendations and Conclusion

Evidence from the research suggests numerous recommendations, which are discussed below.

Research has shown that social workers need to be trained to understand the dynamics of girl child trafficking, the effects on the trafficked child, the factors that contribute to girl child trafficking as well as the roles of the social worker in the prevention strategies. Training on the above aspects will enable social workers to render a more effective service to trafficked children. The training can take place through workshops and short courses, and child trafficking information could be incorporated into the curriculum at universities. Well trained social workers can inform communities through community development about the dynamics of girl child trafficking. This can strengthen the abilities of the social workers in the prevention of girl child trafficking. The social workers' roles in the prevention of child trafficking include knowledge dissemination. The social workers should impart knowledge to vulnerable and trafficked children, sensitize the community members about girl child trafficking, educate children on their fundamental rights and responsibilities which are necessary for their survival and protection from potential child traffickers, impart knowledge to other professionals and role players who work with children; social workers should also advocate on behalf of the vulnerable children and groups in the community. Research verified that social workers need to collaborate with local stakeholders and national stakeholders working with trafficked children. The Department/School of Social Work should deploy trained social workers who are equipped with child trafficking prevention strategies in other departments such as the police,

immigration and civil aviation facilities (airports) to identify and deal with potential victims of child trafficking.

The social workers should be more proactive and do more research on the topic of girl child trafficking. This will support them in playing a more prominent role in the prevention of child trafficking. While social workers currently are vaguely aware of the seriousness of child trafficking, very little research has been carried out to render an effective service on prevention and rehabilitation levels. More research based work needs to be done to guide the social workers in their task of preventing female child trafficking. The Department/School of Social Work could provide some resources for social workers to do the above mentioned research. Scientific articles based on research need to be published as a way to sensitize professionals to the traumatic effects of child trafficking. Department of Social Work must incorporate subjects like Human Rights, Refugees' Rights as main/specialized subject and encourage research on these subjects.

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Legal and Policy Framework on Women Welfare: An Inclusive Growth Strategy

M D Pradeep

Assistant Professor, Dept of Social Work
Srinivas Institute of Management Studies
Mangalore, Karnataka, India
E-mail: mdpradeepnair767@gmail.com

Abstract: *Indian economy is progressive at the global phase in spite of certain social backlogs like corruption, normative social structure, social evils, violence against women, depriving the down trodden minority. Overall development and growth is not uniform across all the sectors of the society. Large mass has been kept outside the development strategies. Social, political and economic protocol has to be monitored which ensure sustainable development assuring greatest welfare to the nation. A uniform and common growth strategy shall implement and accelerate the deprived. Formulation of common developmental plan which is unique may bypass the diversities of incredible India. This type of inclusive growth strategy shall create a platform for the broader benefits by emphasizing equality in allocating the resources, providing opportunities and services to every section of the society. Vision is kept highly on the pro-poor growth of the deprived. In Social structure men were kept unjustifiably superior which planted paternal bias, powerlessness and dependence of women. It boosted opportunities for vulnerability and crimes against women in the society, as violence is opposed to reason, human rights and welfare state principles. Hence, the legal system should ensure Education, Freedom, Dignity, Safety and Justice to women in all spheres highlighting the constitutional perspectives of gender equality. This paper tries to analyse the constitutional safeguards, legal mechanisms, developmental policies for women empowerment.*

Key Words: *Development, Inclusion, Women, Legal System, Empowerment*

Introduction

India adopted liberalized policy framework for entrepreneurship, encouraged private capital investments and foreign direct investment after 1990 which created platform for growth of economy at the global level. The development was focused through service orientation from agricultural betterment. The wave of Information Technology and allied services also aided for the growth process. In terms of economic growth India is expected to overtake China,

Japan or Burma in recent future. The development of the countries was not uniformly shared with the urban and rural masses as the rural women, children, backward classes and minorities often were excluded from the growth story. The task of feeding, housing, clothing, education and employment to India's growing population, which is expected to reach nearly 1.5 billion by 2030, has become a great challenge. Bringing them into the economic mainstream both as producers and consumers of goods and services must be kept as the base for the inclusive growth. Inclusive growth strategy aims to curb poverty, developing human resource, provision for health and creating opportunity to work. The allocation of resources must be focused on weaker sections of the society like women, child, minorities, disabled and so on. This paper focuses on the women welfare as an inclusive growth strategy by the government. The attribute of including women in inclusive growth is focused through creating platform for opportunity to increase their income, build capability to enhance their capacity to exploit available opportunities, providing ample access by providing the means to bring the opportunities with their capacity and finally, ensuring their security by protecting their self against a temporary or permanent loss of livelihood.

Need for Inclusive Growth in India

History of women in India has been eventful. Women, constitute half of total population, should be included in the task of nation building. But instead, are treated as the 'weaker sex'. Women suffer from many disadvantages as compared to men in terms of literacy rates, labour and autonomy. Social evils like Child marriage, Sati, Purdha, Jauhar, Devadasi practices in the society during the medieval period diluted the status of women. Despite this there are several challenges that remain and key issues which need to be addressed urgently. These include ensuring Women's Safety, Protection and Empowerment and improving the Child Sex Ratio. The findings highlighted the need to urgently address the unabated decline in the Child Sex Ratio (0-6 years) in India, which has fallen from 927 in 2001 to an all time low of 918 females per 1000 males in 2011. "Beti Bachao Beti Padhao" is a major initiative taken in 2015 to tackle this problem by the central government. Since Independence the Constitution made a deliberate radical departure from the inherited social system, by granting women equal social status. The government began to direct its effort towards mainstreaming women into the national development process by various acts to ensure equality, social justice and fraternity. These commitments are embodied in several enabling

legislations, policies (such as the National Policy for the Empowerment of Women 2001, Five Year and Annual Plans and programmes. The lack of education leads to lack of self reliance and self-confidence hence, social, economic and political empowerment through education is the need of the day. The process of women empowerment is conceptualized in terms of personal assertions, self-esteem, confidence building, ability to protect themselves, full participation of women in democracy (political empowerment) the education of girls (social empowerment); the eradication of gender barriers in employment (economic empowerment); and land rights and legal machinery (legal empowerment) freedom and autonomy in the family (Domestic empowerment) At the community level one important strategy of empowerment of female heads is promotion of 'self help group'. Increased support for women SHGs in the National Rural Livelihood Mission and in MGNREGS where women have a share of Rupees 115.54 crores (53% per cent) during 2013-14 is remarkable. Successful linkages between SHGs and Micro-Finance institutions such as Rashtriya Mahila Kosh (RMK), NABARD, Small Industries Development Board of India (SIDBI) besides private microfinance institutions have helped in generating additional income, jobs and in creating small enterprises for women. The Government is emphasizing special reservations to women by which they are encouraged to hold positions in politics, public administration, army, intelligence etc. Women should be encouraged to avail education, occupations, vocational training programmes relating to health, family-life, nutrition, child care, home-management, women's rights, civil responsibilities etc.

Methodology

The Researcher used Descriptive Research Design for this study. The data was collected from secondary sources such as Text books, Journals, Reports, Magazines, Web links and published research works. In this study an attempt is made to analyse the constitutional provisions for women justice and equity, legal protection against various offences against Women and their Victimization, Domestic and Economic Empowerment strategies and special initiatives by the government which facilitate for the inclusive growth of the women in India is discussed in this paper.

1. Gender Equity through Constitution of India

The principle of gender equality is enshrined in the Indian Constitution in its Preamble, Fundamental Rights, Fundamental Duties and Directive Principles.

The Constitution not only grants equality to women, but also empowers the State to adopt measures of positive discrimination in favour of women. Within the framework of a democratic polity, our laws, development policies, plans and programmes have aimed at women's advancement in different spheres. India has also ratified various international conventions and human rights instruments committing to secure equal rights of women. Key among them is the ratification of the Convention on Elimination of All Forms of Discrimination against Women (CEDAW) in 1993. The Constitution of India not only grants equality before law but also equal protection of law to women (Article 14), The State not to discriminate against any citizen on grounds of religion, race, caste, sex, place of birth or any of them (Article 15 (i)), The State to make any special provisions in favour of women and children (Article 15 (3)), Equality of opportunity for all citizens in matters relating to employment or appointment to any office under the State (Article 16), The State to direct its policy towards securing for men and women equally the right to an adequate means of livelihood (Article 39(a)) and equal pay for equal work for both men and women (Article 39(d)), To promote justice, on a basis of equal opportunity and to provide free legal aid by suitable legislation or scheme 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 (Article 39 A), The State to make provision for securing just and humane conditions of work and for maternity relief (Article 42), but also empowers the State to adopt measures of positive discrimination in favour of women for neutralizing the cumulative socio economic, education and political disadvantages faced by them. The State to promote with special care the educational and economic interests of the weaker sections of the people and to protect them from social injustice and all forms of exploitation (Article 46), The State to raise the level of nutrition and the standard of living of its people (Article 47), To promote harmony and the spirit of common brotherhood amongst all the people of India and to renounce practices derogatory to the dignity of women (Article 51(A) (e)), Not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Panchayat to be reserved for women and such seats to be allotted by rotation to different constituencies in any Panchayat (Article 243 D(3)), Not less than one-third of the total number of offices of Chairpersons in the Panchayats at each level to be reserved for women

(Article 243 D (4)), Not less than one-third (including the number of seats reserved for women belonging to the Scheduled Castes and the Scheduled Tribes) of the total number of seats to be filled by direct election in every Municipality to be reserved for women and such seats to be allotted by rotation to different constituencies in a Municipality (Article 243 T (3)), Reservation of offices of Chairpersons in Municipalities for the Scheduled Castes, the Scheduled Tribes and women in such manner as the legislature of a State may by law provide (Article 243 T (4)).

2. Women Welfare against Women Victimization

Legislative Measures

To uphold the Constitutional mandate, the State has enacted various legislative measures intended to ensure equal rights, to counter social discrimination and various forms of violence and atrocities and to provide support services especially to working women. Although women may be victims of any of the crimes such as 'Murder', 'Robbery', 'Cheating' etc, the crimes, which are directed specifically against women, are characterized as 'Crime against Women'. Many Crimes are Identified Under the Indian Penal Code (IPC) for protecting women's dignity. They are Rape (Sec. 376 IPC), Kidnapping and Abduction for different purposes (Sec. 363-373), Homicide for Dowry, Dowry Deaths or their attempts (Sec. 302/304-B IPC), Torture, both mental and physical (Sec. 498-A IPC), Molestation (Sec. 354 IPC), Sexual Harassment (Sec. 509 IPC), Importation of girls (up to 21 years of age). The legislators had formulated many acts for protecting offences against women. They are, The Protection of Women from Domestic Violence Act, 2005, Commission of Sati (Prevention) Act, 1987, Indecent Representation of Women (Prohibition) Act, 1986, and The Prohibition of Child Marriage Act, 2006. There are some acts preventing prostitution and trafficking. They are Prevention of Prostitution (Act 1923), UP Naik Girls Protection Act, 1929, The Bombay Devadasi Protection Act, 1934, Prevention of Dedication Act, 1934, Madras Devadasi Act, 1947 and Suppression of Immoral Traffic Act 1956.

3. Women Welfare through Domestic Empowerment.

The Central government had formulated some Special Laws but all laws are not gender specific. The provisions of law affecting women significantly have been reviewed periodically and amendments carried out to keep pace

with the emerging requirements. Some Acts which have special provisions to safeguard women and their interests are The Family Courts Act, 1954, The Special Marriage Act, 1954, The Hindu Marriage Act, 1955, The Hindu Succession Act, 1956 with amendment in 2005, Immoral Traffic (Prevention) Act, 1956, Dowry Prohibition Act, 1961, The Medical Termination of Pregnancy Act, 1971, The Criminal Law (Amendment) Act, 1983.

4. Women Welfare through Economic Empowerment

The status of Indian women has undergone considerable change. Though Indian women are far more independent and aware of their legal rights, such as right to work, equal treatment, property and maintenance, a majority of women remain unaware of these rights. There are other factors that affect their quality of life such as age of marriage, extent of literacy, role in the family and so on. In many families, women do not have a voice in anything while in several families the women may have a dominating role. The result is that the empowerment of women in India is highly unbalanced and with huge gaps. Those who are economically independent and literate live the kind of life that other women tend to envy about. This disparity is also a cause for worry because balanced development is not taking place.

4.1. Discrimination at Workplace

However, Indian women still face blatant discrimination at their workplaces. A major problem faced by the working women is sexual harassment at the work place. Further, women employees working in night shift are more vulnerable to such incidents. Nurses, for example, face this problem nearly every day. There is nothing that is done in hospitals to tackle and address the danger they face. Such blatant disregard of current Indian laws is one reason why sexual harassment at the workplace continues to increase. Indian women are often deprived of promotions and growth opportunities at work places but this doesn't apply to all working women. A majority of working women continue to be denied their right to equal pay, in spite of having Equal Remuneration Act, 1976 and in many cases some women are underpaid when compared to their male colleagues. This is usually the case in unorganized labours, some small scale sectors and contract labour-oriented industries.

4.2. Safety of Working Women while Traveling

Typically, the orthodox mindset in the Indian society makes it difficult for a working woman to balance her domestic environment with the professional

life. In some families, it may not be acceptable to work after six o'clock. Despite some recent positive momentum, the pace of progress in realizing women's safety, protection and empowerment has not been adequate. This is reflected in the National Crime Records Bureau data, which highlighted that 3,09,546 incidents of crime against women (both under Indian Penal Code and other laws) were reported during the year 2013, as against the 2,44,270 cases reported during 2012, showing an increase of 26.7% (despite the fact that not all crimes against women are reported). The policy commitment to ensuring the safety, security and dignity of women NAVDISHA - National Thematic Workshop on Best Practices for Women and Child Development 20-21 January 2015 Panipat, Haryana Organised by Ministry of Women and Child Development, Government of India and Government of Haryana Ministry of Women and Child Development and girls in public and private spaces was reaffirmed – including through the Twelfth Plan provisions, the Criminal Law (Amendment) Act, 2013 and the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act 2013. Those families that do accept these working hours may experience considerable anxiety every day about a woman's safety while traveling. So many issues affect a working woman because she is closely protected or watched by her family and the society. According to survey conducted by ASSOCHAM, on 1000 women professionals, around 80 per cent of the households expect their daughters-in-law to prioritize household requirements over the official work. Further, many of them are physically and psychologically abused, by their in-laws and husband but they do not complain or let others know about it, particularly if they have children.

4.3. Working Women can Claim Maintenance

A woman's legal right to claim maintenance from her husband is recognized under section 125 of the Criminal Procedure Code. Section 24, of the Hindu Adoption and Maintenance Act, 1956, entitles a woman to claim maintenance from her estranged husband. Also, the claim for maintenance is extendable to her minor children. Further, these laws provide that maintenance can be claimed even prior to divorce, during separation. Initially, it was believed that a working woman in India is not entitled to claim maintenance, as she is capable of maintaining herself. However, the ambiguity was cleared by a significant decision in *Bhagwan V. Kamla Devi*, (1975) 2 SCC 386. The Supreme Court held that a working woman can claim maintenance from her

estranged husband, if her monthly income is not enough for her maintenance. Further, the Court clarified that the term 'Unable to maintain herself' does not require a woman to be absolute destitute, to entitle her for maintenance. The legal right of a woman pertaining to equal pay at the work place remains unaddressed most of the time because few women are confident enough to complain. About right to maintenance, it is restricted, if she remarries or converts to another religion. Further, there have been instances where the Court has ordered women with substantial earnings, to pay maintenance to their husbands. The legislators have formulated many laws for the protection of Health, Safety and Welfare of employee. They are: The Factories (Amendment) Act, 1986, The Equal Remuneration Act, 1976, The Contract Labour (Regulation and Abolition) Act, 1976, some social security legislations like The Maternity Benefit Act, 1961 (Amended in 1995), The Plantation Labour Act, 1951, The Employees State Insurance Act, 1948, The Workmens Compensation Act, 1923.

5. Government Endeavors

Government of India has stepped up for inclusive growth by launching many initiatives which are innovative, flexible and reform oriented such as Rural Infrastructure (Bharat Nirman), Employment (Mahatma Gandhi National Rural Employment Guarantee Scheme), Regional Development (Backward District Development Program), Education (Sarva Shiksha Abhiyan), Rural Health (National Rural Health Mission) and Urban Infrastructure (National Urban Renewal Mission). In January 1992, the Government set-up National Commission for Women a statutory body with a specific mandate to study and monitor all matters relating to the constitutional and legal safeguards provided for women, review the existing legislation to suggest amendments wherever necessary. The 73rd Constitutional Amendment Act was passed in 1992 by Parliament which ensure Reservation for Women in Local Self - Government i.e. one-third of the total seats for women in all elected offices in local bodies whether in rural areas or urban areas. The National Plan of Action for the Girl Child (1991-2000) to ensure survival, protection and development of the girl child with the ultimate objective of building up a better future for the girl child. The Department of Women and Child Development in the Ministry of Human Resource Development has prepared a "National Policy for the Empowerment of Women" in the year 2001. The goal of this policy is to bring about the advancement, development and

empowerment of women. National Policy on Adult Education included with Vocational Education with a state level planning for non-traditional areas and provided after 8th class which provides diversification of course. Training of teachers and other educational personnel through restricted teacher's evaluation method, decentralization of curriculum planning, development and implementation. All the trainers should be trained through in-service programme. Research and Development of Women Studies at Universities and Social Science Research Institution was developed under eighth plan. The findings of these centers should be consulted in the curriculum planning and development. Women Study courses should be introduced at undergraduate level, problems of women should be adequately covered by the courses and experts from different women centers and organizations should be involved in curriculum development. Women Studies should be extended to colleges and other higher educational institutions. Representation of women at educational hierarchy such as Women teachers in schools (primary, middle and high) should be at least 50%, Accommodation facility, Promotions in the educational hierarchy and Women should be involved in framing recruitment or service procedures, guidelines for promotion etc. National Literacy Mission also contributed for women education. Primary Education Act passed in 1961 in various states under Constitutional Amendment of 1976. Some of the subjects of education have been placed under joint responsibility of state and central government. The center is responsible to determine the standard of higher research, science education, technical education and higher education. All educational institutions of above mentioned kinds are run on the finances obtained from Center. Hence these are under the control of Central Ministry of Education.

Prescriptions: Collective Efforts for Inclusive Growth

There is no chance for the welfare of the world, unless the condition of women is improved. It is not possible for a bird to fly on only one wing said Swami Vivekananda. But through centuries society has been trying to fly on only one wing denying women their rightful place. The greatest champions of women have been great men like Gandhiji, Raj Ram Mohan Roy, Ishwarachandra Vidyasagar, Maharshi Karve. The very concept of women empowerment shows that society as such has given a raw deal to women who comprise nearly fifty per cent of the population and women themselves have to come forward to fight for their rightful place in all walks of life and

prevent their exploitation in every field. India has the potential of becoming a leading economy and has the unique opportunity to make that growth inclusive, provided there is willingness on the part of all sections of society to put in hard and disciplined work, together with serious, sustained and purposeful planning. Better governance, more and better educational institutions, higher agricultural productivity, controlled inflation and improvement in infrastructure are some of the major and more important steps required in this direction. There is a need for more public-private partnerships. The private sector should take more social responsibility and contribute towards making growth more inclusive. Education is extremely important for improving the skill levels of the population so that everyone can be an equal partner in the country's growth. More and better universities, schools and technical institutes should be created. Inflation, which is running amok today, affects the poor man the most, severely limiting inclusiveness of growth. Finally, rights of women, children, minority communities and the other marginalised sections of society must be constantly watched and protected if we wish to reach our goal of a truly developed society.

Conclusion

Political empowerment of women is only a part of overall mainstreaming of women. Economic and social empowerment of women need to be given greater importance. Non-governmental organizations are playing a significant role in the empowerment of disadvantaged women. Empowerment by itself may not place women on an equal footing with men. The greatest need of the hour is change of social attitude towards women. If we take the classic case of dowry, it is still rampant and virulent even among the highly educated classes. Women's empowerment means a lot, but the ultimate goal of the equalization of man and women would materialize only when her complimentary role is recognized by the society.

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Social Innovation in the Community Rehabilitation of the People with Mental Illness: Cases of Faith Based Initiatives

C P Prince¹ P K Shajahan²

1 PhD Scholar, School of Social Work, Tata Institute of Social Sciences, Mumbai,

2 Professor and Chairperson, Centre for Community Organisation and Development Practice, School of Social Work, Tata Institute of Social Sciences, Mumbai

E-mail: cprincepsw@gmail.com

Abstract: *Many a situations social work approaches in addressing a host of issues like income deprivations, displacement, disability, racism, communal conflicts, and social exclusion can be explained as social innovations, as novel solutions to such issues are needed to make it more sustainable and efficient through social value creation. In Indian situation care giving of the differently abled particularly those having mental illness is a matter of grave concern. Varied approaches including institutionalized care and family and community based care are tried out in different contexts depending on the nature and severity of illness. The present paper tries to examine the rehabilitation of the differently abled through the individual initiatives inspired by faith dimensions of Catholic Church lasting over a period of twenty years in the State of Kerala and outside. The objective is to explore the process and outcome dimensions of such social innovation to find out the motivating drivers which makes this programme sustainable. The personal and familial dedication is also come under the purview of analysis. The paper is the outcome of the pilot study conducted on the theme as part of the doctoral research of the first author where the study adopted a Grounded Theory Approach and Methodology to analyse and theorise the processes and outcomes of such initiatives. Being a qualitative study a conceptual framework is given to such home based social innovation rooted in faith based dimensions with social value creation for ensuring sustainability leading to a social mission. The committed and sustained involvement of the community and the neighbourhood generated an innovative model for care of the mentally challenged. The preliminary results of the pilot study brings out new relationships and innovative drives and motivations exceptional to the traditional philanthropic methods as well as professional care and rehabilitation approaches thereby characterising social innovation in care giving and rehabilitation of the mentally ill.*

Key Words: *Social Innovation, Faith Dimension, Rehabilitation of Persons with Mental Illness, Sustainable Social Mission*

Introduction

Towards the end of the twentieth century social innovation was seen as a conceptual frame across the Globe, referring to a multitude of approaches in addressing long standing social and developmental issues leading to apparently innovative and sustainable solutions. In the context of technological advancement, high-tech communication alongside increased social needs, the disparity between the haves and the have-nots got widened. The problems like poverty, unemployment, climatic change, ageism and increased criminality required new methods of finding sustainable solutions to such problems. Developing innovative solutions and new forms of organising and interactions; both in bridging the gap as well as in addressing the issues at hand; led to social innovation theorisations and practices with greater emphasis on processes and not the outcome alone.

Social Innovation

It combines the passion of a social mission with an image of business-like discipline, innovation, and determination. It is high time for having entrepreneurial approaches to social problems. In general, social innovation can be defined as new responses to pressing social demands, which affect the process of social interactions. It is aimed at improving human well-being. Critical analysis of the role of varied stakeholders and a firm belief in participatory processes points to the importance of a non-linear approach to addressing pressing social concerns (Hulgard and Shajahan, 2013). According to Agnes et al. (2010), Social innovations are innovations that are social in both their ends and their means. Social innovations are also defined as new ideas (products, services and models) that simultaneously meet social needs (more effectively than alternatives) and create new social relationships or collaborations. In other words they are innovations that are not only good for society but also enhance society's capacity to act. Elaborating the concept Agnes (*ibid*) further refers 'Innovation' as the capacity to create and implement novel ideas which are proven to deliver value and 'Social' as the kind of value that innovation is expected to deliver: a value that is less concerned with profit and more with issues such as quality of life, solidarity and well-being.

According to Frank Moulaert et al. (2013), Social innovation refers to finding acceptable progressive solutions for a whole range of problems of exclusion, deprivation, alienation, lack of wellbeing, and also to those actions that contribute positively to significant human progress and development. Social innovation means fostering inclusion and wellbeing through improving social relations and empowerment processes: imagining and pursuing a world, a nation, a region, a locality, a community that would grant universal rights and be more socially inclusive.

Thus social innovation, beyond its object of bringing measurable or perceptible changes in situations of vulnerability processes and practices which are inclusive and interactive forms bedrock of social innovation. Further, Michael Mumford (2002) defines social innovation as “the generation and implementation of new ideas about how people should organize interpersonal activities, or social interactions, to meet one or more common goals.

Thus social innovation leads to a commitment to the society to transform the society from the existing situation to a new status that could aim at eliminating the existing structures of risk or create new structures which are more empowering and sustainable.

Process and Outcome Dimensions in Social Innovation

The Process Dimension of Social Innovation

All the existing scholarships in social innovation have invariably stressed the process of social interactions between individuals to reach certain outcomes as one of the important aspects of social innovation (Moulaert and Sekia 2003; Moulaert et al. 2005; MacCallum et al. 2009; Phills 2008; Defourny et al. 2010; Hulgård 2011).

Social innovation emerges from a set of drivers oriented by co-creative processes (for clients and users), based on collaborative networks, and originated from global challenges and social needs (Guida and Maiolini, 2013). In other words, social innovation is generated from individual and ethical considerations that serve to create new knowledge through a social capital perspective.

The outcome is the end result which could be social status, satisfaction as ulterior motive and the welfare of the immediate beneficiaries as immediate motive. The outcome could be varied based on the purpose, process and performance. The outcome in social innovation may be service of the society. Further there are several scholars (Borzaga and Defourny 2001; Moulaert

and Sekia 2003; Moulaert et al. 2005; MacCallum et al. 2009; Chesbrough 2006; Hulgård 2011) who argue that an integrated approach that observes ‘process’ and ‘outcome’ as being equally important in enabling social innovation. This process-outcome integration links to an emphasis throughout the social innovation literature on participatory governance.

Theoretical Perspectives of Social Innovation

Many theoretical traditions have influenced social innovation in its formulations and practice. Some of the approaches emanating from such theorisations are discussed below. Agnes et al. (2010) presents three different approaches to social innovation.

Approach 1: The Social Demand Perspective

According to this approach, social innovations are innovations that respond to social demands that are traditionally not addressed by the market or existing institutions and are directed towards vulnerable groups in society (Agnes et al. 2010). This is one the leading argument in understanding social innovation as discussed by Murray et al. (2008). Can there be a social demand in all social innovations? It would be doubtful and hence to explore other approaches.

Approach 2: The Societal Challenge Perspective

The value added to the economy is as a result of the challenges put forward by the economic activities to the society and in turn it also demands certain social responsibility from the economic domain. Here, innovation is seen as a process that should tackle ‘societal challenges’ through new forms of relations between social actors.

Approach 3: The Systemic Changes Perspective

A third view focuses more on the ultimate objective of social innovation: sustainable systemic change to be reached through a process of organisational development and changes in relations between institutions and stakeholders.

The Social Change Theory

A theory of change is the empirical basis underlying any social intervention—for example, the belief that a young person’s close relationship with adult role models can reduce his susceptibility to violence, or that regular visits by registered nurses to first-time pregnant women can improve parenting skills and children’s outcomes (Brest, 2010).

Social change is the result of a tremendously complex mix of ingredients. Environmental conditions, social conditions and individual actors collide to spark world-changing ideas. Our emerging Theory of Change is most succinctly communicated through the following image: We begin at the bottom of the pyramid, focusing on the creation of the physical space. We do this carefully, designing a space that's functional, whimsical, inviting and energizing. The next layer is community. What begins as a group of people looking for a place to work becomes a community through conscious and careful creating and programming. These layers form the basis for innovation — the serendipity that happens when you mix the right people, the right values and the right environment; when you *set the conditions for social innovation emergence*. The results are unpredictable and often astonishing (Brest, 2010).

The Theory of Institutionalism

Institutional theory represents the most complete conceptual transition away from models based on technical environments and strategic choice, focusing heavily on the socially constructed world. This theory explains how institutions (norms, rules, conventions, and values) influence our understanding of how societies are structured and how they change.

Institutional research has played a significant role in the study of efforts to alleviate social problems (Battilana and Dorado, 2010; Dorado, 2013; Hallett, 2010; Lawrence, Hardy, and Phillips, 2002; Maguire, Hardy, and Lawrence, 2004; Zietsma and Lawrence, 2010) and is well positioned to contribute to an improved understanding of social innovation. Other research fields (stakeholder management, corporate social responsibility, and cross-sector partnerships, for example), have advanced management knowledge on the interface between business and society (De Bakker, Groenewegen and Den Hond, 2005). Yet, studies in these fields frequently take the perspective of businesses attempting to gain benefits or reduce risk by acting on societal problems (Vock, van Dolen and Kolk, 2014; Griffin and Prakash, 2014), without focusing on the views of other actors. Shallow “benign” business interventions deflect attention, often maintain existing power structures and they may even reinforce ‘darker’ aspects of wicked problems (Foucault, 1995; Khan, Munir and Willmott, 2007).

Institutional theory instead starts at a macro-level, assessing the positions and interdependent actions of the multiple constituents of issue-focused fields (Wooten and Hoffman, 2008; Zietsma and Lawrence, 2010), and considering

seriously the idea that rules, norms and beliefs are socially constituted, negotiated orders (Marti, Courpasson and Barbosa, 2013; Strauss, 1978), which can be renegotiated in socially innovative ways (e.g. Van Wijk, Stam, Elfring, Zietsma and den Hond, 2013). The study of institutional work emphasizes the creation, disruption and maintenance of the institutionalized social structures that govern behavior (Lawrence and Suddaby, 2006), and thus speaks to how entrenched practices and ideas get held in place, and how they may be replaced with more socially beneficial arrangements. Furthermore, the burgeoning institutional complexity perspective, with its focus on how actors respond to multiple, sometimes competing logics (Greenwood, Raynard, Kodeih, Micelotta and Lounsbury, 2011), applies well to the context of wicked societal problems.

Taking an institutional perspective on social innovation suggests several topics and a range of interesting questions. We list below some that are in line with our theme.

Negotiations among diverse actors in social innovation:

How do negotiation spaces for institutional change such as “relational spaces” (Kellogg, 2009) and “fieldconfiguring events” (Lampel and Meyer, 2008) emerge and affect social innovation? How is experimentation facilitated in such spaces (van Wijk, van der Duim, Lamers and Sumba, 2014)?

What characteristics and processes affect negotiation spaces for institutional change?

What role does identity and identification play in social innovation?

How do emotional investments in institutions affect negotiations for institutional change and engagement in social innovation?

How are marginalized actors, who are often the ones that suffer most directly from wicked problems, silenced or given voice in negotiations (Sassen, 2014)?

How do incumbents “fight back”? What systems, structures and processes are activated to defend entrenched interests (Bourdieu, 2005)?

The role of hybrid forms and boundary objects in social innovation:

How do diverse actors surface conflicts and compatibilities among different institutional logics and negotiate hybrid arrangements or boundary objects within or across institutional fields? How are arrangements involving hybrid

institutional logics maintained or adapted over time? Can such arrangements be scaled up (expanded in impact) or scaled out (diffused to other settings), and what are the factors that affect such scaling?

The influence of institutional voids in social innovation:

What role do institutional voids (policy, market, social) play in social innovation processes? How do actors signal and exploit voids for social innovation (Mair and Martí, 2009)?

How does their institutional work ameliorate voids?

Do different institutional orders substitute for each other when voids exist (e.g., are market voids filled by social structures? Policy voids filled by market structures)? What are the implications of such substitution?

Other relevant questions:

What alternative institutional arrangements are emerging in response to the social problems associated with capitalism, such as the sharing economy, user networks and community-based and cooperative models?

How do these arrangements emerge and evolve and how are they governed?

What role do communication technologies including social media, collaboration technologies and e-governance technologies play in institutional change for social innovation?

What are the impacts of or on informal institutions when regulative or coercive power is used to effect social innovation?

These topics are meant to be generative rather than exhaustive.

The Theory of Structuralism

Structuration theory has been used in different fields of the social sciences such as entrepreneurship, technology implementation, organizational culture, organizational theory, strategy and management and business ethics. It has proved its capacity as a general theory for explaining social action and social evolution. The theory provides a theoretical framework that highlights how social systems and social structures are iteratively and reciprocally created by agents who are both constrained and empowered by institutions. Structures can be viewed as a set of institutionalized traditions or forms that enable and constrain action. Through the interplay between institutions and actions, called the process of structuration, institutional practices shape human actions that,

in turn, confirm or modify the institutional structure. Thus, the study of structuration involves investigating how institutions and actions configure each other in the process of creation of social systems. Social systems are conceived in the structuration theory as regulated models of social practices and relations between actors. Hence, the theory suggests that institutions set limits on human rationality but are also the subject of the action of human agency modifying, eliminating, or creating new institutions and eventually new social systems. Agency is a crucial tenet of structuration theory; actors are conceived as purposeful, knowledgeable, and reflexive. For Giddens, the idea of 'reflexivity' implies that actors have the capacity to monitor routinely their actions by reflecting upon them and acting according to their intentions. Reflexivity stands for the continuous monitoring of the social context and the activities taking place within this context. Agents' actions have the power of changing institutions, but are at the same time constrained by institutional practices. This feature of agency is an essential and potentially transformative element of social systems (Cajaiba-Santana, 2014).

The above given theories are not adequate enough to explain the social innovation phenomena found in the emergence and the growth of the proposed study units. Hence there is a need to theorize further through the process of grounded theory.

The proposed study is the process and outcome of social innovation in the rehabilitation of the differently abled and so it would be good to explore the concept of differently abled.

Differently Abled

Although precise numbers are difficult to determine, research indicates that as much as 7-10% of the world's population has a disability. Hereafter the disability is renamed as people with differently abled to avoid the value loaded judgment and labeling. The specialists note that people who are differently abled face many of the challenges that other poor, marginalized, and vulnerable groups face, such as lack of adequate support services in their communities, lack of resources and economic opportunities, and physical and attitudinal barriers to their participating fully in society. The "disability" as defined by the United Nations Standard Rules on the Equalization of Opportunities for People who are differently abled is: "physical, intellectual or sensory impairment, medical conditions or mental illness," whether long or short-term, which leads to the "loss or limitation of opportunities to take part in the life of the community on an equal level with others."

The work of Albert et al. (2006) on disability advocacy among religious organizations, histories and reflections speak on the experiences of different religious sects in North America. The edited works of Renu et al. (2009) discussed the cultural and societal forces behind the disability rehabilitation.

This study focuses on the existing model of rehabilitation of the differently abled evolved in a faith based perspective through individual initiatives turning into a social enterprise. Being inspired by Charismatic movement of the Catholic Church in Kerala several individuals initiated rehabilitation of the differently abled, home based depending upon the providence of God. Majority of the differently abled were destitutes or their family members were unable to care them. These individual initiatives were supported by men of good will from the neighbourhood and the community who supported the venture with money, material and voluntary services.

This study is an attempt to explore the process and outcome dimensions in social innovations of rehabilitation of the differently abled by individual initiative with community support in special reference to Kerala.

Methodology

Conceptual Mapping on Social Innovation in the Rehabilitation of the Differently Abled

Overview of the community rehabilitation of the differently abled should brief the history of more than twenty years when a few individuals inspired from catholic charismatic retreats in Kerala state took initiative to care the destitute differently abled in their own homes. It was the beginning of social innovation with a faith perspective believing the words of Jesus, 'When you do to the least of my brethren you do unto me' (Mt. 25: 40). The members of the community observed such innovative venture and understood the sincerity and commitment behind the humanitarian task, owned the entire project as community responsibility and provided financial and material support to such ventures. The similar episodes continued and today nearly ninety such centers having inmates of 50 to 800 or more are functioning in a miraculous way in the community expression of participation and community ownership.

The nucleus would be individual initiated innovation that established the rehabilitation center. The framework conditions include family involvement, community participation and tertiary resources including Hospitals, Primary Health Centres, Medical Camps on top layer of and bottom layer of

framework includes legal regulations, institutional infrastructure and facilities and political framework.

The inner circles would include the drivers chiefly the religious faith based inspiration, the societal output which is the social value creation, the social outcome which is the social responsibility or ownership leading to a social mission and sustainability which needs to be established through this study.

The driving force is the religious faith based spirituality which is the total trust in the providence of the Almighty God which is followed by faith in good works that contributes eternal life. It gives a social responsibility which makes the individual and the community to proceed towards a social mission. When such a social mission is with conviction and commitment it becomes sustainable. When the entire family is involved in the enterprise the very rehabilitation itself becomes a livelihood upon social enterprise parameters. This process leads to an outcome which is also socially innovative. It leads to social value creation. The community feels that every destitute disabled in the community is a member in their own family and it is the responsibility of everyone in the community to look after them and to meet all possible needs of such disabled.

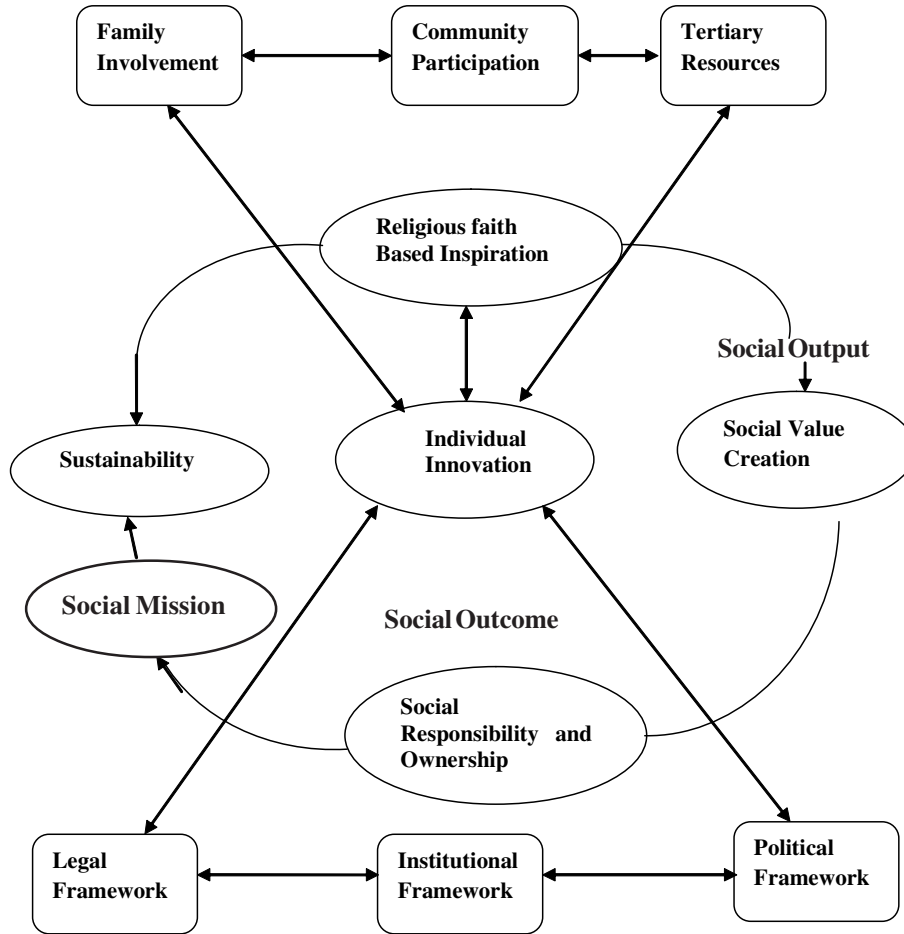
Besides the social innovation objective looks into the generation of new idea creation which should be focused on social welfare. It should develop a new relationship between different groups of people involved in the given project.

The researcher had made an attempt to qualitatively analyze whether such new idea creation and new relationship is existing in each case.

Further does the existing theories of social innovation proves the current phenomenon is a matter of enquiry and the researcher tried to verify the phenomena with the existing theories and gradually found that none of the existing theories give adequate explanation for the phenomena. Therefore a grounded theory approach is used to formulate a new theoretical framework to which the components of the existing phenomena could be fit in. Although the theory of social demand perspective partially supports the phenomenon most of the components are not explained, so too the theory of societal challenges perspective. The systemic changes perspective theory also may be partially suitable from systemic approach but failed to explain the new relationship with its new idea. The social change theory is too general to give an explanation of suitability. The theory of institutionalization will be narrowing and limiting the phenomena. Therefore it is focused on a re-creative participation theory by which most of the components could be explained.

Conceptual Framework

Top layer of Frame work conditions in the process



Bottom Layer of Frame Work Conditions in the Process

General Objective

To explore the process and outcome dimensions of social innovations in the rehabilitation of differently abled with special reference to Kerala

Specific Objectives

1. To understand the driving forces behind individual initiatives of the social innovations in the rehabilitation of the differently abled and to find out their sustainability.
2. To explore the personal and family life of such innovators in the given context.
3. To map the process and outcome dimensions of community based rehabilitation of the differently abled in social innovations.
4. To discover the social values generated through this model and the level of attitude change in the community in terms social responsibility.
5. To explore the prospects and challenges for sustainability of such innovations.

Research Questions

1. What motivates the individuals and families in engaging the social innovations in the rehabilitation of the differently abled?
2. What are the religious and spiritual factors contributing to sustainability of such initiatives?
3. What are the personal and family commitments of innovators in the entire process of the rehabilitation?
4. What makes the neighbourhood and community contribute to this venture?
5. What do the innovators and supporters consider as intangible outcome of such interventions?

All these questions give way for the research which would probably be the process and outcome of the social innovations under study.

Research Design and Methodology

A Qualitative Research Design is used for the study with grounded theory approach and methodology. The grounded theory is planned as the existing theories such as social change theory, institutional and structural theories are not adequate enough to explain the phenomenon under study on account of various reasons. Hence, it would be reasonable to theorize this social innovation venture in a new evolving theoretical perspective.

The grounded theory has six major components in its framework which would be applied in this study, such as; contextual conditions, causal conditions, consequences, strategies, intervening conditions and the central phenomenon. The following methods are adopted for the study.

1. Research relationship with potential participants who fulfils the major criteria
2. Theoretical sampling based on the following five factors for diverse and in depth interview
 - 2.1. Drives
 - 2.2. Motivation
 - 2.3. Family involvement
 - 2.4. Community participation
 - 2.5. Financial and other resource mobilization strategies
3. Data collection until theoretical saturation is reached
4. Data analysis based on the rules and norms of grounded theory

Semi structured open in-depth interview would be used as research tool focusing the objectives and research questions until theoretical saturation is reached along with participant observation, oral life history and so on. Informed consent will be obtained from the participants and adhere to all ethical principles as per the general code of conduct in research.

Analysis and Discussion

The study was done using semi-structured interview which is transcribed in case study format for understanding and analysis but summary is given with the application of grounded theory towards the end. As these cases are from pilot study strict coding and theoretical derivation is not followed for convenience. However the grounding factors are explored in the discussion part following the case studies.

Case Study 1

The centre named Jyothinivas had started 24 years back when Mr. John who in search of meaning in life was advised by a sage for solitary life. He had been given a hut near the check post of border between the States of Tamil Nadu and Kerala in India. There he observed wandering mentally ill persons who were brought over there from neighbouring states in trucks. It

is due to the believe system of the people in those states that in Kerala where there is lot of rain throughout the year mental illness will get cured if they are sent to Kerala being exposed to rain. According to them mental illness is due to exposure to heat and in turn exposure to rain may cool them down and cure them.

Mr John gave food to such wandering people and later sheltered them in a room rented from the Parish Church nearby. The drive behind such mission was the search for meaning in life and the motivation is from the works of St Mother Theresa with whom John had opportunity to associate in the past. As days went by the number of inmates increased and he motivated the youngsters in the village to support him. He prayed a lot to Jesus Christ to find a way to support these unfortunate people. He went from house to house along with these motivated young friends and gathered resources to meet the food and clothing needs of the inmates. The hospital nearby extended their helping hand to provide medical assistance. Meanwhile John got married and his wife too got interested in his social mission.

There were remarkable changes in the attitude and further involvement of the community people. Initially the on lookers were suspicious of the work done by John. However closer observation helped them to realise the genuine interest and commitment John and others took in the lives of these destitute reoriented their perception. People from different walks of life reached the centre to give their contribution. The entire project had a new vision and new relationship. The people who assisted the centre did so not on philanthropic grounds but with a commitment that something is done to their own family members. They celebrated the important life events in their family like baptism, marriage and death memorial by serving food to the inmates of this centre that created a family fellowship. The inmates who were thrown out from their own family identified a new family relationship in such social gatherings and sharing.

The children born to John were cared by the mentally ill inmates against the conventional belief that mentally ill may be dangerous and children may develop abnormal behaviours. The two girl children of John *are normal than any other children* (as explained by John) of their age and now doing their graduation in paramedical courses. Still the relatives insist that they should have a separate house for which John is trying with much reluctance.

There is no regular assistance from any established funding agencies. “There were days we had no grain in our store for the food for the next day but we prayed and no sooner someone may come with bag full of grain’, says John bowing his head before the Almighty as he believes that it is the clear evidence of God’s providence which he witnessed on several occasions. It had created a new value in the community that these inmates are their own family members and it is upto everyone’s duty to take care of them.

Case Study 2

Mariabhavan was not the dream of Mr Joseph but he happened to get involved when a group of prayer team initiated the shelter for the destitutes. They wanted a place and Joseph was willing to give 50 cents of his land to construct a tin roofed shelter for them. After a year the prayer team members were finding it difficult to run the centre and Joseph requested his eldest daughter whether she could take up the project. As most of the inmates were destitute children it was easy for her to manage. She continued in the centre until her marriage and further she and her husband started similar project to shelter the persons with mental illness destitute leaving children care to Joseph himself who runs it till date.

The family involvement in this project was partial as Joseph and family had another house of their own where they stay. However the entire family support the centre in their own capacity. Initially he had to go from house to house to find resources for the basic needs of the inmates. In the long run people of good will started supporting the mission.

It is not only the nearby community which supports the project, but mostly the strangers and people from faraway places collaborate with the mission. The community feel that when they provide help to the centre their needs are met and they believe it is the providence of God. ‘There are objection from the neighbours’, says Joseph but he wants to be good with everyone. When there is challenge in the processes of the project, the mission will be successful as per his experience.

There were times of difficulty for material resources but there wasn’t a single day inmates starved. Joseph says, ‘One day the cook came and told there is no rice for the next day and I went to the prayer hall, told Jesus that you gave these children to my care, but they have nothing for their food please do something’. Half an hour later somebody knocked at the door. He

was a stranger. He asked many people to identify our centre. He had come with two big bags full of rice. Tears rolled down my eyes and realised who my God is’.

The motivation behind the benefactors may not be often spiritual gain. It may be a social satisfaction or personal sense of self esteem. Whatever be the motivation behind everyone says it creates an unknown attachment to the people over the centre. There is something that pulls everybody beyond the barriers of class, caste, religion or any other discrimination.

Case Study 3

Mr. Santhosh was an atheist used to make fun of people who are religious.. Once he met with an accident and got hospitalised. Laying on the bed his eyes fixed on the coconut tree outside, a spark of thought strikes him that the every part of a coconut tree is useful. Being a human how far I am useful to the society. He was also an alcoholic. When he reached home after hospitalization one lady persuaded him to attend a Catholic Charismatic Retreat at Divine Retreat Centre, Muringoor, in the district of Trichur, Kerala. During the retreat he listened a Divine voice that serving men is serving God. Meanwhile there came a marriage proposal for him with the girl who was looking after the children at Mariabhavan. Santhosh who was born in a Hindu family accepted Jesus and received baptism and married. He started Krupa Bhavan (House of Mercy) for the destitute mentally ill.

For the last ten years Santhosh, his wife and three children are in a house attached to centre. He feels there is no difficulty for the family because he takes care these people. He says, ‘I feel each of them is a family member to me. They are the father, or brother of any one and I consider them with that dignity’. According to Santhosh, ‘the Poor should not be treated poorly rather they should be treated richly’. He firmly believes that not a single day there was any difficulty for anything. Whatever they wished God had given them.

According Santhosh the community response is varied from place to place. He says, ‘those who visited this home and got convinced of the reality how the mentally ill people are cared, would never act against it. Those who never visited this home are criticisers and I do not listen them’. There are people from different walks of life who come with money and material for these people. There are volunteers who give bath to the severely mentally

ill or spend time with them. Many of them find that unlike a philanthropic service the share given to such centres gives immense blessings from God which again encourages them to continue the attachment. It is a new relationship different from the relationship of a benefactor to the beneficiary agency.

Case Study 4

Snehashram is a house of love; if not how could more than 300 mentally ill people stay there for years together without any serious disturbances. Mr Stephan heard a clear voice during his hours of prayer that he should go to the street and bring to home the beggar he finds over there. For the last more than twenty years he is doing the same and he has nearly 12 such centres across the nation. The life is simple and those who recognised his service contribute in terms of money, materials and service.

His family is totally detached from this service. He never takes any money from the centre for his familial purposes. There is no conflict in family life as he could educate his children and now they work abroad.

The community service is varied. There are people from different religions who consider it an offering to cleanse their life that they come to wash the linen of the mentally people who are nearly 300 in number. The ritualistic wash brings healing to several of such service minded people gives a proof for the divine intervention in such centres.

The centre also has a team of professionals that include monthly visit of Psychiatrist, regular service of four nurses, four social workers and occupation therapist. There are also volunteers who opt to serve the inmates.

To discuss in nutshell, these four centres are unique in their origin, drive, motivation of the individual innovator whose faith experience in different contexts lead to the emergence of the venture. The community involvement creates a new relationship and it promotes social value creation generating a social mission and social responsibility. The community is happy to own such centres in terms of their services and involvement. There is hardly any secular motive or selfish gains. The centres are not free from structural inadequacies and professional services. However the community support and the trust of the founder in the divine providence make them run over a period of twenty years.

A close scrutiny of the cases will reveal that different existing social innovation theories cannot give adequate support to these innovative ventures. Most probably a new grounded theory like regenerative participation theory may fit into the phenomena. Therefore further development of this study would be focusing a grounded theory approach and methodology. The legal, institutional and political frame works may need to be redefined in further progression of the study.

The Regenerative Participation Theory

In the traditional Philanthropic concept there was subtle participation of benefactors to do charity with a self satisfaction motive. The benefactors in the above given cases made a paradigm shift in their motives. The new social value added in their participation of the community rehabilitation is in a dimension in which everyone feels that he or she is part of the system. It is not following the feedback loop like in systemic concept but make a silent participation by expressing it through multiple intersectional involvement. It may be like celebrating any family event with the community of mentally ill or volunteering to help the inmates for their basic needs.

It is regenerative because it substitutes the traditional value of charity with new value of active participation and involvement. The clients feel that their relationship with their own family is regenerated through the loving strangers who visit them and become part of the system through their active involvement. It is participative in terms of the participation of the family members, community, inmates, other collaborating NGOs, government organisations and strangers in the smooth running of the centres. The participation is active and reflective. Each one who collaborates with the venture has a drive and motivation unique to him or her and the emerged social value creation moves into other members in the community who are inspired to join in collaboration. The reflection generates a social responsibility and subsequent social ownership leading to a social mission. Again the social mission is participative as its fulfilment takes place with the active participation of legal and government personnel, political people, community members of varied status, culture and religion, and other tertiary sources. The new idea regenerated and accomplished with multi level participation makes this a new model of community rehabilitation. Hence it is a social innovation in the community rehabilitation of the mentally ill persons who are mostly destitutes or abandoned.

Tracey et al (2005) speak about the emergence of a new form of organization – community enterprise – provides an alternative mechanism for corporations to behave in socially responsible ways. Community enterprises are distinguished from other third sector organisations by their generation of income through trading, rather than philanthropy and/or government subsidy, to finance their social goals. They also include democratic governance structures which allow members of the community or constituency they serve to participate in the management of the organisation. Partnerships between corporations and community enterprises therefore raise the possibility of corporations moving beyond philanthropic donations toward a more sustainable form of intervention involving long-term commitments to communities.

Conclusion

Care giving is traditionally discussed in the domains of philanthropy and social work. Many a times approaches adopted for care giving is very much akin to these domains. In a country like India organised systems of care giving for persons with mental illness are grossly inadequate both in government as well as in non-government sectors. While state run facilities are mostly hospitals and mental health treatment centres, a large number of privately run facilities under the non-governmental organisations provide care and rehabilitation, both short term as well as long term. The study in general and the paper in particular is discussing those facilities traditionally seem to be functioning under the banner of philanthropic initiatives whereas some of them discussed here provide interesting dimensions of sustainability, efficiency and driving ahead a social mission. Such initiatives have significant social transformational values not only for those who avail the services which is the primary object of such initiatives, but also for those who become part of the larger network of support systems, be it the family of care-givers, friends, donors and the larger community. While religiosity, social status and personal satisfaction of doing social good have been the drivers for such initiatives, the sustainability, efficiency and the social value give some of these initiatives a clear indication of social innovation. These innovations have clearly emerged in the vacuum left by the state and market, one of the significant aspects of social innovation such as governance from an institutional perspective is yet to be studied. Further the sustainability as a matter of principle also need further investigation as faith dimension seems to be playing a significant role in this study.

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Terrestrial Radio Nuclides in the Soil of Udupi District and Gamma Dose Rate for the People

Gerald Pinto

Milagres College Kallianpur, Udupi

E-mail: gerynid@gmail.com

Abstract: *The paper discusses the results of detailed studies on gamma radiation levels, ^{226}Ra , ^{232}Th and ^{40}K concentrations in soils of Udupi, Kundapur and Karkala Taluks of Coastal Karnataka region of India. The gamma absorbed dose rates were measured using portable GM survey meter and soil radioactivity was by gamma spectrometry method using an HPGe detector. The results show that the ^{226}Ra concentration varies in the range 1.2 – 78.0 Bq kg⁻¹ with a mean of 30Bq kg⁻¹, ^{232}Th in the range of 1.6 - 166Bq kg⁻¹ with a mean of 56Bq kg⁻¹ and ^{40}K in the range 12 – 477Bq kg⁻¹ with a mean of 189Bq kg⁻¹ in the 0-5 cm soil profile. The gamma absorbed dose rates, measured using the GM survey meter, show that the dose varies in the range of 70.0 - 123.0 nGy h⁻¹. These values are comparable to those reported for other normal background regions of India.*

Key Words: *Gama Radiation Dose Rates, Radio Nuclides, HPGe Detector*

Introduction

The two prominent sources of external radiation are cosmic rays and terrestrial gamma rays. Terrestrial gamma rays derive essentially from ^{40}K and the radionuclides belonging to ^{238}U and ^{232}Th series that are present in earth's crust. (Anagnostakis *et al.*, 1996; Baeza, A., Del Rio *et al.*, 1992). Apart from these natural sources, modern scientific and technological activities also contribute to the radiation level in the environment, which would be significant if proper precautions are not taken.

Therefore, studies are aimed at establishing the baseline data on radiation levels and radionuclides distribution in various environmental matrices of a region is important because such a study would help to assess, in future, the impact of our scientific and technological activities on the environment. Detailed studies were carried on the background radiation levels and natural radionuclides concentration in soils of Udupi, Kundapur

and Karkala Taluks of Coastal Karnataka region of India. The region, known for its splendidly beautiful environment, is now witnessing a rapid industrialisation with setting up of many major industries including Thermal Power Stations. This paper discusses the results of gamma radiation levels and ^{226}Ra , ^{232}Th and ^{40}K activities in the soil and also the gamma dose rate measurements using the survey meter.

Materials and Methods

The external gamma dose rates in air were measured in different locations of the study area using a portable GM tube based Environmental Radiation Dosimeter (model ER709, Nucleonix Systems Pvt. Ltd., Hyderabad, India). Soil samples were collected from 0-5 cm profile from 29 sampling stations. Samples were processed and concentrations of ^{226}Ra , ^{232}Th and ^{40}K were determined by gamma spectrometry using a HpGe detector (41% efficiency n-type detector, Canberra, USA) coupled to a DSA-1000 with 16K MCA. The detector was enclosed in a 10 cm thick graded lead shield (Model 747, Canberra, USA).

The ^{226}Ra activity was evaluated from the weighted mean of the activities of three photopeaks of ^{214}Bi (609.3, 1129.3 and 1764.5 keV) after subtracting the background counts and applying Compton corrections. In the case of ^{232}Th one photopeak of ^{228}Ac (911.2 keV) and two photopeaks of ^{208}Tl (583.1 and 2614.5 keV) were used in the same way. The activity of ^{40}K was derived from the 1460.8 keV gamma line of this isotope. The detector efficiency calibration was performed using the IAEA quality assurance reference materials: RG U-238, RG Th-232, RG K-1 and SOIL-6.

The Minimum Detection Levels (MDL) for the gamma spectrometer system used in the present study were 0.2 Bq kg^{-1} , 0.3 Bq kg^{-1} and 1.2 Bq kg^{-1} for ^{226}Ra , ^{232}Th and ^{40}K , respectively for a counting time of 60,000 s and a sample weight of 0.3 kg. Details of the measurements technique were published elsewhere (Karunakara, *et al.* 2001).

Results and Discussion

The results of measurement of ^{226}Ra , ^{232}Th and ^{40}K activities in surface soils of Udupi, Kundapur and Karkala Taluks are presented in Table 1. The activity of ^{226}Ra is in the range 1.2 to -78.0 Bq kg^{-1} with a mean value of 34.4 Bq kg^{-1} , ^{232}Th in the range 1.6 to -118 Bq kg^{-1} with a mean

value of 45.3 Bq kg⁻¹ and that of ⁴⁰K in the range 11.8 to - 323Bq kg⁻¹ with a mean value of 198.6 Bq kg⁻¹ in the surface (0-5cm) soils. These values are comparable to those reported for other normal background regions of India (Kamath *et al.*, 1996) and the world (UNSCEAR, 1993).

Place	K-40 BqKg ⁻¹	Th-232 Bqkg ⁻¹	Ra-226 BqKg ⁻¹	Gamma Dose Rate nGyh ⁻¹
1. Kodavoor	73.0	26±1.0	34.9±0.0	79
2. Cherkady	219.2	44.9±1.2	26.1±0.9	79
3. Kakkunje	128.8	43.6±1.3	42.9±1.1	105
4. Karje	493.5	14.8±0.8	6.1±0.7	105
5. Kukke Halli	108.6	24.8±0.9	19.7±0.7	105
6. Dupadakatte	124.5	51.7±1.3	44.2±1.0	88
7. Kemmannu	366.5	18.9±0.9	12.83±0.7	96
8. Brahmavar Sugar Factory	89.9	25.28±0.9	29.4±0.8	88
9. Kallianpur	190.5	49.9±1.2	54.8±1.1	105
10. Pamboor	199.5	41.3±1.2	34.7±0.9	114
11. Shivally	183.8	38.9±1.1	55.1±1.1	123
12. Nejar	194.8	51.4±1.3	63.5±1.1	96
13. Tenkanidiyur	222.6	26.9±0.9	17.9±0.8	79
14. Hebri (Near Karje)	202.3	79.3±1.7	48.6±1.2	70
15. Yedthady	137.0	21.3±0.9	21.4±0.8	114
16. Kukkehalli North	119.7	28.1±0.9	23.0±0.7	123
17. Kokkarne	72.9	29.3±0.8	15.1±0.6	105
18. Hebri Nisargadama	254.1	47.2±1.2	30.8±0.9	105
19. Perampalli	92.8	40.7±1.2	48.9±1.0	123
20. Herror	105.1	27.0±0.8	43.5±0.8	88
21. Cherkady	256.6	53.4±1.4	26.2±1.0	79
22. Malpe Sand	231.7	2.31±0.5	2.6±0.4	70
23. Hoode sand	84.3	88.8±1.6	41.1±1.0	70
24. Nandikoor	171.1	6.9±1.6	21.8±1.0	88
25. Nakre	213.9	118.9±1.8	38.9±1.0	114

Place	K-40 BqKg ⁻¹	Th-232 Bqkg ⁻¹	Ra-226 BqKg ⁻¹	Gamma Dose Rate nGyh ⁻¹
26. Ajekar	323.1	166.2±2.2	78.0±1.4	112
27. Karkala	230.6	60.9±1.3	53.9±1.3	114
28. Bailur	477.1	47.0±1.2	33.8±1.0	114
29. Nitte	190.6	37.1±1.1	28.4±0.9	70
30. Maravanthe Beach	57.4	1.6±0.6	1.2±0.5	53
31. Byndoor Beach	155.5	62.1±0.3	19.7±0.9	61
32. Kambadakone	127.1±4.9	28.8±0.9	22.7±0.8	79
33. Tallur	179.3±5.6	48.3±1.1	46.9±0.9	79
34. Gangolli	119.3±4.5	18.6±0.8	18.6±0.7	114
35. Byndoor Hill	11.8±2.9	14.9±0.8	13.8±0.6	96

The average dosage rate people receive is quite normal. Only at Yedthady, Mandarthi and miraculous pond of Attur church, the activity is slightly high but at normal rate. The higher activity could be due to the presence of thorium in the granite. Dosage rate at the beaches of Udupi district is quite low compared to hilly region. So there is no possibility of thorium content like Kerala or Ullal beach.

Radio Nuclide K-40 is present in all the soil samples in good amount and this radio nuclide is the main source which contributes for the dose rate that the people of Udupi district receive. The value is quite high in Kemmannu and Karje area. In Nandikoor, presence of radio nuclides and dose rate is found to be normal.

The study has established the baseline data on ²²⁶Ra, ²³²Th and ⁴⁰K in the soils of Udupi Kundapur and Karkala Taluks. The database would help in assessing, in future, the environmental impact of operation of major industries, including Thermal Power Stations that are coming up in the region. The activities of these radionuclides in soil and the gamma absorbed dose delivered by these radionuclides to the population of the region are comparable to those reported for other normal background regions of India and the world.

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WTO and India – Agreements and Arguments

V Basil Hans

Associate Professor and Head, Dept of Economics
St Aloysius Evening College, Mangalore – 575 003
E-mail: vbasilhans@yahoo.com

Abstract: *The establishment of the WTO – which is celebrating its 20th anniversary in 2015 – was a “dream comes true” for international economists and policy-makers. It ushered in the era of modern globalisation. The WTO through its Principles and Agreements has been significantly influencing the global business environment it also has the domestic business environment in the member-countries. India, one of the founder-members of the WTO has had to substantially liberalise her imports paving the way for increasing competition for domestic firms, mainly by the MNCs. India, a less developed agrarian economy has many challenges to face post WTO. Liberalisation comes with a cost for man-in-environment. This paper examines some of the gains and pains of India as far as WTO is concerned. It suggests “managed globalisation” rather than anti-globalisation per se.*

Key Words: *Anti-globalisation, India, TRIMS, TRIPS, GATS, WTO*

Introduction

The World Trade Organisation (WTO) – the successor of the General Agreement on Tariffs and Trade (GATT) – is a Multi-lateral organisation which facilitates the free flow of goods and services across the world and encourages fair trade among nations. Keynes in the 1930s had intended that alongside International Monetary Fund and the International Bank for Reconstruction and Development, an international clearing union – with the name, “International Trade Organisation” – be set up. The entry of WTO in international trade has not only forced countries, manufacturers and exporters to have a rational tariff structure but also created an umbrella under which negotiations and decisions for commodities, capital, services, and (intellectual) property rights could be done for the sake of consensus. The WTO came as a result of the Uruguay Round (UR) of Talks or Agreement. The result is that the global income increases due to increased trade and there supposed to be overall enhancement in the prosperity levels of the member nations (193 as in 2015). India has been a WTO member since 1 January 1995 and a member of GATT since 8 July 1948. It is one

of the most active members too. It has been a party to various disputes discussed in WTO forum – so far – 21 cases as complainant, 23 cases as respondent, and 114 cases as third party. Was it good for India to become a member of the WTO? India with its vast population, developmental urges, long history of trade, and growing foreign investments, cannot be left behind in multilateral agreements. India's emerging economy and modern globalisation owe much to its role in WTO. India's share in world trade today is more than 2.5% while it was only 0.53% in 1990-91. Indian agriculture, exports and imports, capital market, employment scenario, etc. have been largely affected by the agreements under WTO regime. This paper tries to examine the overall impact on the Indian economy.

India: Gain or Pain?

By being a WTO member, India also avails the Most Favoured Nation (MFN) Treatment and National Treatment for its exports to other WTO members. Some counter this argument saying that India will not gain much from WTO because –

That WTO is fundamentally democratic and transparent is questionable. Citizen inputs by consumer, environmental, human rights and labour organisations are consistently ignored.

Will the WTO make us safer? On the contrary, the domination of international trade by rich countries for the benefit of their individual interests fuels anger and resentment that make us less safe. Moreover it is not a world government and no one has any intention of making it one. This was stated on 29th November 1999 by the then Director-General of WTO Mike Moore addressing the non-governmental organisations (NGOs) in opening the Seattle Symposium on International Trade Issues in the Next Decade. Moore said that without the multilateral trading system, “it would be a poorer world of competing blocs and power politics—a world of more conflict, uncertainty and marginalisation”. He said that “our dream must be a world managed by persuasion, the rule of law and the peaceful settlement of differences”. Nations, must therefore, strategize for their safety too.

Indian economy rightly made use of its built-in stabilisers when the world as a whole was facing the doldrums of the US Subprime Crisis. India could therefore, soon reach the coveted position of “one-of-the three top economies of the world”.

WTO rules put the “rights” of corporations to profit over human and labour rights. The WTO is seeking to privatise essential public services such as education, health care, energy, water, postal services etc. Haven’t these services now become threatened services?

The WTO is destroying the environment as it is being used by corporations to dismantle hard-won local and national environmental protections, which are attacked as “barriers to trade”.

The Agreement on Trade Related Intellectual Property’ rights (TRIPs) comes at the expense of health and human lives. Developing countries like India want the right to produce ‘generic’ drugs protected.

The WTO is criticised as increasing inequality. Theoretically and practically, cheapest labour is being exploited. “Beggart-hy neighbour” policy is still in action. There is still unequal participation by countries in the world of negotiations, and WTO is no exception. Weak bargaining power, less preparedness for the negotiations, and lack of transparency still haunt India.

The WTO unintentionally undermines local level decision-making and national sovereignty. This will be a blow for India – land of villages, a country that is steadfast in love for decentralisation of power and local governance. Even with the fluid global security scenario – physical and financial – national sovereignty can be a vital issue for a diverse democracy and demography like India. India is not new to “Open door policy”, Open General Licence” etc., but how much ‘openness’ is required or is ideal? Formulating the optimum degree of liberalisation is as much is not more difficult than knowing the optimum rate of tariff.

The tide is turning against Free Trade and the WTO! Street demonstrations against globalisation (the dark side of globalisation?) are also seen. Was it not witnessed in Seattle in December 1999? Anti-globalisation protests are open today and we are reminded of protests before the birth of WTO – against Dunkel Draft. It was strong even in India, as in the case of the *Karnataka Raita Sangha* (Karnataka Farmers’ Association). A farmer, in the March 3, 1993 protest held in Uttar Pradesh had said that “I am told that some people are conspiring to enslave Indian farmers like the British once did”. In India adivasis (indigenous peoples), public sector employees, including teachers and bankers, have time and again raised voices against hard hitting reforms. Environmentalists and women in India have led many a protest against onslaught on resources by multinational companies (MNCs).

Anti-globalisation demonstrations have continued – February 2000 (at the World Economic Forum meetings in Davos, Switzerland), April and September 2000 (meetings of IMF and IBRD), June 2001 (EU Summit in Goteborg, Sweden), 2005 and 2006 (Global May Day protests), and so on. Some critics also ascribe the movement against globalisation as the voice against “crony capitalism” and “manufactured consent” and by corporate firms including media giants in order to protect and sustain the New (business) World Order. Is this the New International Economic Order envisioned by the world leaders during 1950s to 1970? What ever happened to the Non Aligned Movement? Several Talks are failing. The danger is that what if Agreements collapse?

There can be Alternatives to the WTO – to build the political space that nurtures a democratic global economy that promotes jobs, ensures that every person is guaranteed their human rights to food, water, education, and health care, promotes freedom and security, and preserves our shared environment for future generations.

Whatever it may be, the main impact of WTO on India comprises of many aspects, some of which we discuss below.

Trade Liberalisation

With (a) reduction of peak and average tariffs on manufactured products, and (b) commitments to phase out the quantitative restrictions over a period as these were considered non-transparent measure in any country’s policy structure, India too has a new trade environment. Newness is not simply peripheral changes but also ethereal challenges. The competition from imports for the domestic firms has increased. Balancing a highly regulated domestic market vis-à-vis a more liberal foreign market for inputs and output – is one such challenge. Similarly, there is still a conventional sub-sector in India as far as agricultural finance is concerned. Co-operative Sector, by and large is slow-moving, as of now.

Trade Related Intellectual Property Rights (TRIPs)

One of the most controversial outcomes of the UR Agreement has been the TRIPs. India needs it much to give a boost to innovations and technology-driven manufacturing and marketing. It helps safeguard indigenous property rights and traditional knowledge, particularly when national laws of competition, protection, licensing and patenting are not so strong. Reverse engineering is

prohibited. With the Dispute Settlement Mechanism being a strong weapon of the WTO, India could win many battles for a rules-based system.¹ The case of *Haldi* (turmeric), *Neem* (Holy Basil) and *Basmati* rice cannot be forgotten. India has been fighting against bio-piracy of herbal wealth and knowledge.

Indian Patent Act has been extensively amended regarding the grant of compulsory licence to conform to the requirements of the TRIPs. India is ranked as the fastest emerging economy and a major global player in the years to come. The country has the largest scientific and technical human resources among top five countries in the world. India cannot afford to remain in isolation, disregarding the norms of international intellectual property rights convention. Research suggests that innovation pursued by Indian companies has increased since 1995 and even more since 2005. Moreover, it appears that many of these innovations are making their way to consumers as products or services. However, there have been adverse effects too. One of the important consequences can be seen in the rise of the prices of drugs. The transitional period to reintroduce product patent regime has elapsed but the transitional period for transformation of domestic Pharmaceutical Industry to face the challenges in post-product patent regime is still underway, it fails to protect the public from the aggressive monopolies that patents confer on the right holders.

Trade Related Investment Measures (TRIMs)

Free flow of capital is a new feature. These agreements have a direct impact on our Trade, Investment and foreign exchange policy, domestic annual budgetary proposals and also on the industrial policy. Implementation process for the above requires proper preparation by the industries and policy makers, as sudden change may result in loss of revenue and decline of foreign exchange for the government and economy, and it may result in decline of market share and profitability of businesses, decline in employment opportunities and over-all decline in growth.

General Agreement on Trade in Services (GATS)

The General Agreement on Trade in Services (GATS) is the first multilateral agreement, under the auspices of Uruguay Round, to provide legally enforceable rights to trade in a wide range of services along with their progressive liberalisation. Though very little liberalization was actually achieved,

the negotiations on trade in services established the institutional structure for negotiating liberalisation in the future. Many of the developing countries have not been very receptive to the conception of GATS mainly due to non-existence of such rules in the past and also because many of the service sectors had always enjoyed heavy protection. India has many success stories in this regard: the software services, the telecommunication services etc. The IT and IT-enabled industries are reaping rich dividends due to GATS. No doubt there are problems and slow changes in tourism, banking, insurance, and education. Overall the trade in services has undergone considerable growth in India. Over the past two decades, the service sector has replaced agriculture as the dominant sector in India. The share of the service sector in GDP has rose from 38% in 1980s to 49% in 2000. The service sector in India accounts for nearly one quarter of trade in goods and services. India has much to gain from further liberalisation of its service sector, particularly in the field of higher education. Some experts feel that for India, the GATS commitments fail to expand market access for India's exports of labour-intensive services. India has a huge potential for cross-border supply of various professional services, especially through back-office and outsourced activities and via electronic delivery.

Agreement on Agriculture (AOA)

The reduction of tariffs and subsidy in export and import items would open up competition and give a better access to Indian products abroad. However, the concern is on the competitiveness and sustainability that the Indian farmer would be able to prove in the long-run once the markets open up. Besides, plans for agribusiness – however modern the term may look – cannot be separated from strategies to handle climate change, reduction in public sector investment, increasing agrarian distress, rural indebtedness and farmers' suicides, issues pertaining to land acquisition/alienation and so on.

Agreement on Sanitary and Phyto-Sanitary Measures (SPM)

This agreement refers to restricting exports of a country if they do not comply with the international standards of germs/bacteria etc. If the country suspects that allowing of such products inside the country would result in spread of disease and pest, then there is every right given to the authorities to block the imports. Indian standards in this area are already mentioned and

therefore there is no need to change the law, but the problem is that of strictly implementing the laws.

Multi-Fibre Agreement (MFA)

This agreement is dismantled with effect from 1 January 2005. The result was removal of Quantitative Restrictions (QR) on the textile imports in several European countries. As a consequence a huge textile market is opened up for developing countries textile industry as well as for other countries that have competitive advantage in this area. The dismantling of QR also mean more competition to Indian textile exporters and therefore, it becomes imperative to enhance the competitiveness in niche areas.

Besides the above agreements there are other agreements such as the agreement for reduction of subsidies on exports, conditional countervailing duties, and anti-dumping duty which also impact India, significantly. For Less/Least Developed Countries (LDCs) trade and aid are two important external sources of capital formation, with globalisation leaning heavily on the latter. It's good also on self-reliance count. To fill gaps there are alternative avenues in foreign direct investment, foreign collaborations etc.

Anti-dumping Measures

Many governments take action against dumping in order to defend their domestic industries. Dumped imports are being fought against in order to prevent material injury to the domestic industry.

The WTO agreement does not pass judgement. Its focus is on how governments can or cannot react to dumping – it disciplines anti-dumping actions, and it is often called the “Anti-Dumping Agreement”. Typically Anti-Dumping (AD) action means charging extra import duty on the particular product from the particular exporting country in order to bring its price closer to the “normal value” or to remove the injury to domestic industry in the importing country.

Out of the 991 AD actions initiated between 1-1-95 and 30-6-2001, as many as 594 actions (nearly 60%) were initiated by developing countries and as many as 389 actions (more than 40%) were against developing economies. More and more Indian industries are feeling the heat of the competition from rising imports and there are also charges of dumping by foreigners. India initiated the first AD action in 1992. Between 1992-93 and 2002-03, India has initiated 153 AD actions. India ranked 9 in the top ten countries affected

by AD actions. Though India has initiated AD actions against 47 countries 70% of the actions have been initiated against 10 countries (232 cases) of which 66 cases are against China. Between 1995 and 2007 AD 129 cases were reported against India of which bulk was from the EU (28 cases). India thus, figures high both as an initiator of AD cases and as a victim of AD cases. India may have to be more careful in exercising the AD option and ensure that it is not perverted by domestic industry lobby.

Dilemma Today

The author here is reminded of what United Nations Council for Trade and Development (UNCTAD) did in its first Meeting (1964) itself. UNCTAD passed a resolution that the developed countries should supply the LDCs with financial resources amounting to at least 1% of their national income. It also emphasised trade between rich and poor countries as free trade is the engine of growth. Subsequently UNCTAD introduced the General System of Preferences for exports (GSP), International Commodity Agreements (ICA), Common Fund (CF) etc. all that benefit the LDCs with the cooperation of the developed countries. UNCTAD also felt that a good South-South trade is essential for a good and strong globalisation but has it happened? UNCTAD XII (Doha, 2012) brought out two important documents – Doha Mandate and Doha Manar (Arabic for ‘beacon’). The Doha Mandate spells out the key challenges facing developing countries and the policies required, at global as well as national levels, to address them. The Doha Manar, on the other hand, is a pledge by all member States to work for a more development-oriented and inclusive globalisation. UNCTAD is not at all happy about the construct or category “LDCs” rather that the LDCs should not be trapped in that category but graduate by 2020. For that it has also suggested these countries to concentrate on improving resource management, redefining the vision for commodity sector besides promoting good governance. This will auger well for India too.

Codrina Rada and Rudi Von Arnim, however, opine that BRICS countries including India are growing from a lower base and with still weaker trade links and therefore, despite structural transformation are unlikely to take over as engines of growth in the world economy. The LDC paradox still continues! If this is not the failure of UNCTAD, is it the failure of WTO? May be the failure of the LDCs themselves, partly, if not wholly.

Conclusion

WTO has changed the way Indians do business. Big businesses have gone global. But India is aware of the fact that the Less/Least Developed Countries (LDCs) are still marginalised in the world trading system, and that we have a long way to go. India will also have to be prepared for the outcomes of some unresolved issues like – labour standard and core social clauses, trade and environment, trade and investment, trade and competition, and transparency in Procurements made by the Government. India is still vulnerable in the pharmaceutical sector. India must engage in fair trade, even while protecting the employment market and ensuring food and health security for the masses. Growth and social justice must go together. India need not come out of WTO. It has already started schemes and campaigns such as Direct Cash Benefit Transfer “Make in India”, “Skill India” etc. “India should not aspire to isolation, but nor should it be made to appear as the villain when it is only pursuing its national interests”, says Rajiv Kumar, a Senior Fellow at the Centre for Policy Research. India already has in place an “inclusive growth” philosophy. Globalisation must proceed along with localisation. Hence the new term, ‘glocalisation’. Therefore, it would be in the fittest of things to go in for “managed globalisation”, lest we fail in managing competitive dynamics. Let us hope that it will succeed provided WTO ensures free and fair trade. There can be no compromise on good global governance. Corporate Social Responsibility (CSR) is rightly coming to the forefront. Conscious Capitalism may still be far away. Meanwhile India must continue building a strong domestic economy along with proper environmental monitoring, database and procedural familiarity to have best of its membership in the WTO.

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Other:

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(Footnotes)

¹In its 20th anniversary year, the WTO has reached a significant milestone with the receipt of its 500th trade dispute for settlement. “This shows that the WTO’s dispute settlement system enjoys tremendous confidence among the membership, who value it as a fair, effective and efficient mechanism to solve trade problems,” said Director-General Roberto Azevêdo.

India was party to 44 disputes (21 as complainant and 23 as respondent).