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Prof. Lalneihzovi
Editor

Dean, School of Social Sciences, Mizoram University
&
Professor, Department of Public Administration, Mizoram University



Mizoram University (A Central University)
Tanhri, Aizawl – 796004 Mizoram, India

SCHOOL OF SOCIAL SCIENCES
MIZORAM UNIVERSITY (A CENTRAL UNIVERSITY)
TANHRIL, AIZAWL – 796004
MIZORAM, INDIA
e-mail : cssmzu@gmail.com

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SCHOOL OF SOCIAL SCIENCES

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Mizoram India

e-mail: cssmzu@gmail.com

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About the Journal

Contemporary Social Scientist is bi-annual journal (summer and winter) published by the School of Social Sciences, Mizoram University since 2011. It aims at advancing and disseminating knowledge in the fields of Social Sciences. It also encourages informed research, innovation and cutting edge ideas in the domain of social sciences with a view to enlivening the discourse on development issues. Besides papers drawn from evidence-based and incisive research, the journal also publishes notes and book reviews in the relevant fields.

For the Contributors

Articles (either theoretical or empirical) are invited from authors/researchers and professionals serving different fields. They must be original and contribute to the body of knowledge of the field concerned. The paper should be normally between 8-10 A-4 size printed pages with 1.15 line spacing and 11 point Arial font in the following manner:

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EDITORIAL

This issue of 'Contemporary Social Scientist' (Volume-14; Issue-2) contains ten articles, out of which seven are based on field studies while the rest on secondary data. The papers critique the policies, offer deep insights into problems and suggest workable measures or alternatives for the redress of the problems. They also make substantial contribution to the body of knowledge of development issues. The review of an edited volume titled "Gender equality and Sustainable Development" brought out by Lalneihzovi is a value edition to the issue.

Saihmingliana et., al in their study "Ambivalent Sexism: A Study among Mizo Adults in Aizawl City" found that the levels of Ambivalent Sexism among Mizo adults are low and the possible reason for it could be high rate of literacy. The paper discusses 'hostile sexism' and refers to a mild variety of patriarchy in Mizo society.

In the article titled "Social Media Use: Correlation with Satisfaction and Depression among Social Media Users" Baishya and Zokaitluangi critically examined the relationship between social media use and satisfaction and depression among chronic social media user and found significant differences between social network users and non-users.

Mangchungnunga and Lalneihzovi in their article "Water and sanitation Policy: A Study of the Implementation of Swaach Bharat Mission (Gramin) in Mizoram" presented a detailed picture of the Swaach Bharat Mission, Phase-1 and delineated the role of village councils /village Panchayats in implementing the Mission in Mizoram.

Khiangte and Khiangte discussed the role of Election Commission of India in ensuring the success of democracy, at length. They argued that by virtue of its functioning and powers it is hailed as pillar of Indian democracy.

Rorelfela et., al. critiqued the policy of compulsory voting that exists in some countries in their article "An analysis of voter turnout in Mizoram State Legislative Assembly elections from 1987 to 2018". The authors analysed the pattern of voter turnout in the successive elections in Mizoram.

Lalengkima in his article "Major issues in the political economy of Mizoram" outlines the performance of Mizoram in several sectors like agriculture, commercial crops, industry

etc. He argued that efforts to explore newer avenues and potential for specific crops or manufacturing would enhance the state's economy. The author also points to the apathy of political class.

Mukherjee compared the conditions of inmates in two old age homes – one in Bangladesh and another in India – in her study “A comparative study of the problems of inmates of two old age homes in Bangladesh and India”. She suggested several measures regarding insurance, recreation and counseling for bettering the lives of the elderly who live in old age homes.

Chingnunhoih and Lalngaihawmi in their study “Impact of Alcoholism on the Mental Health of Children of Alcoholics and Children of Non – Alcoholics” found statistically significant differences between CO and CoNA with regard to anxiety and depression. Children of alcoholics are found to be indulging in high use of tobacco, drugs and alcohol. The article also touches upon Alcohol Use Disorder (AUD).

Zorinpuii Hmar et., al in their article “WASH: Pathway to gender equality and empowerment of women and girls” highlighted the pressing need for providing women and girls access to clean drinking water, gender friendly toilets and creating awareness among them regarding sanitation and menstrual hygiene.

Lalruatfela etc., al embarked on an elaborate review of the functioning of the village councils, self-help groups and local administration. Their article “Convergence of Local governance administration (Village Council) with self-help group under Mizoram State Livelihood Mission – A Review” focuses on the provisions regarding the local governance and efficacy of self-help groups in empowering women.

The review of the edited volume titled “Gender Equality and Sustainable Development with Special Reference to NE region” edited by Lalneihzovi and reviewed by Lalthazuali provides deep and critical insights into issues concerning gender equality. The articles in the volume are about domestic help, superstitious practices, women in police, ecclesiology, education, reservations in Panchayats and political empowerment. The review presents a bird's eye view of the situation of women and issues concerning women in the NE region with examples and special reference to indigenous groups spread across the region.

AMBIVALENT SEXISM: A STUDY AMONG MIZO ADULTS IN AIZAWL CITY

Marcus Saihmingliana¹

Zosangzuali²

Prof. Zoengpari³

Abstract

The purpose of the study is to find out the levels of Ambivalent Sexism among Mizo adults in Aizawl City. Samples consisted of 120 adults from Aizawl City, comprising of 60 males and 60 females divided into three age groups: early-aged adults (20-39 years); middle-aged adults (40-59 years) and late-aged adults (60 and older). As the data had acceptable normality (skewness, kurtosis) and acceptable reliability, parametric statistical tests or procedures were utilized. Descriptive Statistics revealed that the benevolent sexism score or levels is 26.24 and hostile sexism is 29.25 among Mizo adults in Aizawl City which falls under the category of low levels. Group statistics and independent samples t-test revealed that significant gender differences exist with one of the measures of 'Ambivalent Sexism' which is 'Hostile Sexism' ($p < .05$) where males scored higher than females with the subscale of Hostile Sexism. One-Way ANOVA for the three age groups, early-aged adults (20-39 years); middle-aged adults (40-59 years), and late-aged adults (60 and older) and it indicated no significant age group differences in Ambivalent Sexism (HS and BS).

Keywords

Ambivalent Sexism, Patriarchy, Mizo Adults, Aizawl City

Introduction

According to Glick and Fiske (1996, 2001) Ambivalent Sexism is a multidimensional construct that possesses two sets of sexist attitudes: hostile and benevolent dimensions. While hostile sexism denotes a clear antagonism towards

¹ Ph.D Scholar, Dept of Psychology, MZU

² Post Graduate Student, Dept of Sociology, MZU

³ Professor, Dept of Psychology, MZU

Corresponding author

Marcus Saihmingliana, Ph.D Scholar, Department of Psychology, MZU

women, benevolent sexism takes the form of an apparently positive, but patronizing attitude towards women. Glick and Fiske also describe 'Ambivalent sexism' as an ideology which comprises of both "hostile" and "benevolent" prejudice towards women. Hostile sexism is an antagonistic attitude/ frame of mind towards women, who are usually viewed as trying to control men through feminist ideology, propaganda and sexual seduction. Whereas 'benevolent sexism' is a chivalrous attitude towards women that seems positive but is actually sexist in nature because it casts women as weak creatures in need of men's protection (Glick & Fiske, 1996).

Ambivalent sexism stems from patriarchy, gender role differences, and the inter-dependency between women and men. Each of these factors is associated with a range of hostile and benevolent attitudes toward women that justifies male dominance. Hostile and benevolent sexism both are components of ambivalent sexism, related to patriarchy, gender differentiation, and heterosexual intimacy. The paternalistic factor goes directly to the center of support for male power and status. (Glick & Fiske, 1996).

Benevolent sexism is about persuading women to accept unfair arrangements or treatments. Women resist Hostile Sexism (Barreto & Ellemers, 2005; Glick et al., 2000; Glick et al., 2004), but tends or usually views Benevolent Sexism as relatively harmless (Becker & Swim, 2011; Bosson, Pinel, & Vandello, 2010) or even strangely sometimes romantic (Rudman & Heppen, 2003). Compared to Hostile Sexism, Benevolent Sexism appears to be an alluring proposition. It promises or entails male protection and preferential or advantageous treatment from women in exchange for cooperation (Fischer, 2006; Glick et al., 2000; Hammond, Sibley, & Overall, 2013). But the seemingly positive or well-intentioned sexism hides its insidious or dark nature: Benevolent Sexism seems to increase women's satisfaction on the traditional status quo with regards to gender roles, thereby weakening women's displeasure against gender inequality and discrimination (Becker & Wright, 2011; Connelly & Heesacker, 2012; Hammond & Sibley, 2011).

In most societies, women are considered the weaker sex, which is also evident in the male-dominated Mizo society. Even in terms of division of labor, there are "jobs only for women" and "jobs for men". Women were seen as solely responsible for household chores, rendered powerless and their social status subordinated to men. Mizo society is deeply patriarchal and naturally generation after generation inherits the discriminatory attitude against women.

The depiction of men and women in Mizo culture itself shows the society is male-centric. Women are etymologically referred to as "hmeichhia", "hmei" meaning

mistress and "chhia" meaning bad. "Mipa" means masculine, which is a combination of "mi" (meaning person) and "pa" (meaning male). This description shows how society treats and devalues women and their status in the context of Mizo society. Mizo society also entertains stereotypes of men and women and prescribes how they should behave and what they should do. A man who helps with household chores, a job thought to be done entirely and only by women, is often mocked and ridiculed by the community, calling him "thai bawi", which means "hen-pecked". Etymologically "thai" refers to a woman or a girl and "bawi" refers to "slave" or servant (Lorrain, J. H, 1940). Some sexist terms that refer only to women are found in Mizo language and culture. But the same is not found about men. One of these terms is "hmeithai", which is an expression for the widow in Mizo. (Mazumdar.,P. 2022) In the backdrop of such circumstances in the Mizo society, this study attempts to depict the true picture of Ambivalent Sexism among Mizo adults living in the city of Aizawl.

Rationale of the Study

Mizo society is a patriarchal society in which men have advantages in many aspects over women. Misogyny is found to be ingrained in Mizo's patriarchal society, history and culture (Pachua, V, 2011). Within Mizo society, gender roles and sexism are also clearly evident but with global progress and adoption of trendy lifestyles, some change has taken place. The main purpose of the study is to find out the level, gender and age differences with the help of measurements of Ambivalent Sexism among Mizo adults in Aizawl City. Such study is highly recommended to gauge the current situation or position of the Mizos in regard to sexism and would significantly add to the literature on the subject.

Objectives

1. To find out the levels of Ambivalent Sexism among Mizo adults in Aizawl City.
2. To find out whether significant gender differences exist with the measures of Ambivalent Sexism among Mizo adults in Aizawl City.
3. To find out whether significant differences exist between the three age groups of Mizo adults in Aizawl City.

Hypotheses

1. Ambivalent sexism is expected to be high among Mizo adults in Aizawl City.
2. Significant gender difference is expected to exist with the measures of ambivalent sexism among Mizo adults in Aizawl City.

3. Significant age group difference is expected to exist with the measures of ambivalent sexism among Mizo adults in Aizawl City.

Methodology

Quantitative research methods were used in the measurement of the objectives. The statistical, mathematical, or numerical data were collected through questionnaires, and analyzed through computational techniques. For testing the hypotheses in the study, appropriate statistical methods were adopted and data analysis was conducted using SPSS 19.

Sample of the Study

The sample consisted of 120 participants in the age group of 20-60 years and above living in Aizawl city. The sample has males 60 females and 60 males. The sample was further divided into three groups- early adults (20-39), middle adults (40-59) and late adults (60 and above). Categorization of age groups is based on Erik Erikson's stages of psychosocial development (Erikson, E. H. 1950) (Knight, Zelda Gillian, 2017). Exponential non-discriminative snowball sampling was done, as it is cost-effective and appropriate for small, specialized population (Considine, C. 2012,). As our research samples consisted of only Aizawl City residents, this sampling method was used.

Tools

Ambivalent Sexism Inventory ASI scale was used. It assesses ambivalently sexist attitudes and discovered a change in how sexism is construed and scientifically measured. Glick and Fiske, 1996 developed the ASI to address a proposed deficiency or lack in the measurement of sexism. They argue that previous scales assessing sexism do not adequately capture the ambivalent nature of gender-based prejudice towards women. The scale has two sub-scales 'Hostile Sexism' and 'Benevolent Sexism'. Its score was at a 6-point Likert Scoring, wherein 0 - 49 indicates low sexism and 50 – 60 indicates high sexism, in both the respective sub scales. High scores on both subscales indicate high sexism in the individual.

Statistical Treatment of Data

The data had acceptable normality (skewness, kurtosis) and acceptable reliability ($\alpha=.68$) (Hulin, Charles & Netemeyer, Richard & Cudeck, Robert. 2001).

Parametric statistical test or procedures were used, such as independent samples t-test and analysis of variance (ANOVA)

Analysis and Interpretation

The findings and their interpretations are presented in the following in accordance with the objectives.

Objective 1

To find out the levels of ambivalent sexism among Mizo adults in Aizawl city

The overall levels of ambivalent sexism among Mizo adults are presented in **Table 1**

Table 1. Descriptive Statistics

Descriptive Statistics									
	N	Mini mum	Maxi mum	Mean	Std. Deviation	Skewness		Kurtosis	
	Statistic	Statis tic	Statis tic	Statistic	Statistic	Statis tic	Std. Error	Statistic	Std. Error
Benevolent Sexism	120	8.0	39.0	26.242	5.3232	-.400	.221	.592	.438
Hostile Sexism	120	14.0	41.0	29.225	4.6877	-.726	.221	1.198	.438
Valid N (listwise)	120								

Table-1 revealed that the benevolent sexism score or levels is 26.24 and hostile sexism is 29.25 among Mizo adults in Aizawl city which falls under the category of low levels, therefore, we reject **Hypothesis-1** which expects Ambivalent Sexism to be high among Mizo Adults in Aizawl City. **Table-1** (skewness and kurtosis) also revealed acceptable normal distribution. Acceptable skewness is between -2 to +2 and acceptable kurtosis is between -7 to +7 (Hair et al. 2010) (Bryne, 2010). Therefore parametric statistical procedures are employed further.

Objective 2: To find out whether significant gender differences exist in the measures of ambivalent sexism among Mizo adults in Aizawl City.

The mean gender differences in Ambivalent Sexism among Mizo adults in Aizawl City is tested by applying independent samples t-test and is presented in **Table 2 (Group Statistics) and 3 (Independent Samples T-test).**

Table 2. Group Statistics

	Mipa / Hmeichhia nge i nih? , (Are you Male / Female?)	N	Mean	Std. Deviation	Std. Error Mean
Benevolent Sexism	Female	60	25.300	5.3561	.6915
	Male	60	27.183	5.1634	.6666
Hostile Sexism	Female	60	27.983	4.3316	.5592
	Male	60	30.467	4.7353	.6113

Table 3. Independent Samples T-test

		t-test for Equality of Means						
		t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
							Lower	Upper
Benevolent Sexism Total	Equal variances assumed	-1.961	118	.052	-1.8833	.9605	-3.7853	.0186
	Equal variances not assumed	-1.961	117.842	.052	-1.8833	.9605	-3.7853	.0187
Hostile Sexism Total	Equal variances assumed	-2.997	118	.003	-2.4833	.8285	-4.1240	-.8427
	Equal variances not assumed	-2.997	117.075	.003	-2.4833	.8285	-4.1241	-.8425

Table-2 and 3 (Group statistics and independent samples t-test) revealed that significant gender differences exist in the measures of Ambivalent Sexism ($p < .05$) where males scored higher than females with the subscale of Hostile Sexism, therefore

Hypothesis no.2 is accepted. It assumes significant gender differences to exist with one or more measures of ambivalent sexism among Mizo adults in Aizawl City.

Objective 3: To find out whether significant differences exist between the three age groups of Mizo adults in Aizawl City.

Analysis of Variance for the three age groups - Table 4

ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Hostile Sexism	Between Groups	18.950	2	9.475	.427	.653
	Within Groups	2595.975	117	22.188		
	Total	2614.925	119			
Benevolent Sexism	Between Groups	62.917	2	31.458	1.112	.332
	Within Groups	3309.075	117	28.283		
	Total	3371.992	119			

Table 4 shows the results of the One-Way ANOVA for the three age groups, early-aged adults (20-39 years); middle-aged adults (40-59 years), and late-aged adults (60 and older) and it indicated no significant age group differences in Ambivalent Sexism (HS and BS). Therefore **Hypothesis no.3** is rejected which assumes significant age groups differences to exist in the measure of Ambivalent Sexism among Mizo adults in Aizawl City.

Major Findings

It is found that the levels of Ambivalent Sexism are low among Mizo Adults in Aizawl City. This could be due to several factors as Aizawl City is an urban area where education and living standards are high in Mizoram. This could have resulted in low Ambivalent Sexism among Mizo adults in Aizawl City. According to the 2011 census Aizawl registered the second highest literacy rate (97.89%) in the country. This is an important factor for the social progress. On the same lines a study conducted in 14 European countries also saw education reducing sexism against women and traditional gender roles by a significant percentage of 11%. (Garrido N.R, 2018). According to the World Bank's research, poverty rate or incidence tends to be lower in countries or areas with greater gender equality or sexism, while economic growth also appears to be positively correlated with gender equality or sexism which also seems to be the case in the context of Aizawl. It coincides with the results yielded by the study

(World Bank, 2007). Although it is too simplistic/early to conclude that economic benefits or higher living standards are directly caused by gender equality; or vice versa, the data suggests that both go hand-in-hand.

Other studies among the North-eastern states of India correlate with these results. Meghalaya, Manipur and Mizoram show relatively lesser degree of gender inequality or sexism in terms of work participation, literacy, infant mortality and sex ratio (Mahanta, Bidisha & Nayak, Purusottam 2013). Significant gender differences with one of the subscale (Hostile Sexism) match the majority of literature available, wherein men in almost every culture seem to possess a higher rate of sexism against women as opposed to the other genders. According to a United Nations study conducted among 75 countries that covers 80% of the world population, 89.9% of men possess bias or sexist attitudes against women, whereas 84.6% of women possess bias or sexist attitudes against women (Gender Social Norms Index, 2020). This study by the U.N coincides with the data collected in this study UNDP (United Nations Development Programme, 2020).

As Mizoram is a patriarchal society or culture, it is no surprise that men or males possess higher scores on Hostile Sexism. Historical literature also supports such a proposition. Mizo idioms such as “Hmeichhe finin tuikhur ràl a kâi lo” (“a women's wisdom does not reach to the other side of the village well” in English) and “Hmeichhia leh pal chhia chu thlak ngai anni” which means (“wives or women should be changed often” in English) are used often (Laltlanhlui, R 2022). Such idioms stand as evidence for the hostile sexist nature of the Mizo culture or society since its inception, and could also be the reason for men scoring higher in Hostile Sexism as compared to women. Cultural influence and tradition still influence men even in an urban and educated city like Aizawl. McKinsey Global Institute (Woetzel, J. et al., 2015) called Mizoram as the best Indian state for women. The study assigned a score to each state in the country based on 10 indicators. (Woetzel, J. et al. 2015). Analysis of Variance showed no significant differences in Ambivalent Sexism among the three age groups early-aged adults (20-39 years); middle-aged adults (40-59 years) and late-aged adults (60 and older), which is unexpected, but as mentioned it could be due to the fact that high levels of education and standard of living caused lower ambivalent sexism in the three age groups of Mizo adults in Aizawl City.

Limitations

Although the present study yielded robust results, it was not free from some limitations. As the samples were taken from Aizawl city only, homogeneity of data

could be an issue. For better representation data should be taken from each district of Mizoram. Sample size of 120 might not be sufficient to comprehend the true state of Ambivalent Sexism within Mizoram or with the Mizos. A bigger sample size is recommended for future researchers in the context of sexism and Mizoram.

Conclusion

The study analyzed the levels of Ambivalent Sexism among Mizo adults in Aizawl city. The T-test revealed significant differences between males and females in the subscale of Hostile Sexism where males scored slightly higher than females, which is consistent with numerous research studies in the area. The results of One-Way ANOVA for the three age groups indicated no significant age group differences in Ambivalent Sexism. It can be concluded that Ambivalent Sexism is low among Mizo adults in Aizawl City based on the data but significant gender differences exist between Mizo adult males and females of Aizawl City within the subscale of Hostile Sexism. The research findings are vital to further consolidation of the scientific knowledge pool and literature in the context of the Mizo adults and Sexism. As such research in this area within the Mizo context is very limited. It also shows the positive side or impact of education, awareness and better living standards.

References

- Byrne, B. M. (2010). Structural equation modeling with AMOS: Basic concepts, applications, and programming (2nd ed.). Routledge/Taylor & Francis Group
- Barreto, M., & Ellemers, N. (2005). The burden of benevolent sexism: How it contributes to the maintenance of gender inequalities. *European Journal of Social Psychology*, 35(5), 633–642. <https://doi.org/10.1002/ejsp.270>
- Becker, J. C., & Swim, J. K. (2011). Seeing the Unseen: Attention to Daily Encounters With Sexism as Way to Reduce Sexist Beliefs. *Psychology of Women Quarterly*, 35(2), 227–242. <https://doi.org/10.1177/0361684310397509>
- Becker, J. C., & Wright, S. C. (2011). Yet another dark side of chivalry: Benevolent sexism undermines and hostile sexism motivates collective action for social change. *Journal of Personality and Social Psychology*, 101(1), 62–77. <https://doi.org/10.1037/a0022615>

- Bosson, J. K., Pintel, E. C., & Vandello, J. A. (2010). The emotional impact of ambivalent sexism: Forecasts versus real experiences. *Sex Roles: A Journal of Research*, 62(7-8), 520–531. <https://doi.org/10.1007/s11199-009-9664-y>
- Cowie, L. J., Greaves, L. M., & Sibley, C. G. (2019, May 27). Sexuality and sexism: Differences in ambivalent sexism across gender and sexual identity. *Personality and Individual Differences*. Retrieved May 8, 2022, from <https://www.sciencedirect.com/science/article/abs/pii/S0191886919303137>
- Considine, C. (2012, October 23). *Topic 4: Sampling methods*. Researching society. Retrieved January 24, 2023, from <https://researchingsociety.wordpress.com/2012/10/23/topic-4-sampling-methods/>
- Connelly, K., & Heesacker, M. (2012). Why is benevolent sexism appealing?: Associations with system justification and life satisfaction. *Psychology of Women Quarterly*, 36(4), 432–443. <https://doi.org/10.1177/0361684312456369>
- Erikson, E. H. (1950). *Childhood and society*. W W Norton & Co.
- Fischer, A. R. (2006). Women's Benevolent Sexism as Reaction to Hostility. *Psychology of Women Quarterly*, 30(4), 410–416. <https://doi.org/10.1111/j.1471-6402.2006.00316.x>
- Glick, P., & Fiske, S. T. (1996). The ambivalent sexism inventory: Differentiating hostile and benevolent sexism. *Journal of Personality and Social Psychology*, 70, 491–512.
- Glick, P., & Fiske, S. T. (1999). The ambivalence toward men inventory: Differentiating hostile and benevolent beliefs about men. *Psychology of Women Quarterly*, 23, 519–536
- Glick, P., & Fiske, S. T. (2011). Ambivalent Sexism Revisited. *Psychology of Women Quarterly*, 35(3), 530–535. <https://doi.org/10.1177/0361684311414832>
- Glick, Peter & María, Lameiras & Fiske, Susan & Eckes, Thomas & Masser, Barbara & Volpato, Chiara & Manganelli, A. & Pek, Jolynn & Huang, Li-Li & Sakalli, Nuray & Castro, Yolanda & Pereira, Maria & Willemsen, Tineke & Brunner, Annetje & Six-Materna, Iris & Wells, Robin. (2004). Bad But Bold: Ambivalent Attitudes Toward Men Predict Gender Inequality in 16 Nations. *Journal of personality and social psychology*. 86. 713-28. 10.1037/0022-3514.86.5.713.

- Glick, P., Fiske, S. T., Mladinic, A., Saiz, J. L., Abrams, D., Masser, B., Adetoun, B., Osagie, J. E., Akande, A., Alao, A., Annetje, B., Willemsen, T. M., Chipeta, K., Dardenne, B., Dijksterhuis, A., Wigboldus, D., Eckes, T., Six-Materna, I., Expósito, F., . . . López, W. L. (2000). Beyond prejudice as simple antipathy: Hostile and benevolent sexism across cultures. *Journal of Personality and Social Psychology*, 79(5), 763–775. <https://doi.org/10.1037/0022-3514.79.5.763>
- Garrido , N.R., (2018) Can Education Reduce Traditional Gender Role Attitudes?. AD SERIES. <http://dx.medra.org/10.12842/WPAD-2018-07>
- Hulin, Charles & Netemeyer, Richard & Cudeck, Robert. (2001). Can a Reliability Coefficient Be Too High?. *Journal of Consumer Psychology*. 10. 55-58. 10.2307/1480474.
- Hammond, M. D., & Sibley, C. G. (2011). Why are benevolent sexists happier? *Sex Roles: A Journal of Research*, 65(5-6), 332–343. <https://doi.org/10.1007/s11199-011-0017-2>
- Hair, J.F., Black, W.C., Babin, B.J. and Anderson, R.E. (2010) *Multivariate Data Analysis*. 7th Edition, Pearson, New York.
- Hammond, Matthew & Sibley, Chris & Overall, Nickola. (2013). The Allure of Sexism. *Social Psychological and Personality Science*. 5. 10.1177/1948550613506124.
- IBM Corp. Released 2010. IBM SPSS Statistics for Windows, Version 19.0. Armonk, NY: IBM Corp.
- Knight, Zelda Gillian (2017-09-01). "A proposed model of psychodynamic psychotherapy linked to Erik Erikson's eight stages of psychosocial development". *Clinical Psychology & Psychotherapy*. 24 (5): 1047–1058. doi:10.1002/cpp.2066. PMID 28124459.
- Lorraine, J.H. (1940) *Dictionary of the Lushai language*.
- Laltlanhlui, R (2022, May 24th) Mizo Hmeichhiate Dinhmun: Pawngsual hi eng vanga thleng nge?. Vanglaini, p 8. Retrieved from <https://www.vanglaini.org/article/65247>
- Mahanta, Bidisha & Nayak, Purusottam. (2013). Gender Inequality in North East India. *SSRN Electronic Journal*. 10.2139/ssrn.2202044.
- Mazumdar, P. (2022). In patriarchal Mizoram, women still fighting for space. *DNA India*. Retrieved 6 September 2022, from

- <https://www.dnaindia.com/india/report-in-patriarchal-mizoram-women-still-fighting-for-space-1921333>.
- Macrotrends (2022) Aizawl, India Metro Area Population 1950-2022. Macrotrends.net. (2022). Retrieved 6 September 2022, from <https://www.macrotrends.net/cities/21154/aizawl/population>.
- Pachau, V. (2011, May 4). *Mizo women in myth and reality*. Mizo Women in Myth and Reality - Vanlalveni Pachau. Retrieved January 24, 2023, from <https://www.mizowritinginenglish.com/2011/05/mizo-women-in-myth-and-reality.html>
- Rudman, L. A., & Heppen, J. B. (2003). Implicit Romantic Fantasies and Women's Interest in Personal Power: A Glass Slipper Effect? *Personality and Social Psychology Bulletin*, 29(11), 1357–1370. <https://doi.org/10.1177/0146167203256906>
- United Nations Development Programme. (2020). Gender Social Norms Index (GSNI): Tackling Social Norms: A game changer for gender inequalities. New York. <https://hdr.undp.org/content/2020-gender-social-norms-index-g>
- Woetzel, J., Madgavkar, A., Ellingrud, K., Labaye, E., Devillard, S., Kutcher, E., Manyika, J., Dobbs, R., & Krishnan, M. (2015, April 12). How advancing women's equality can add \$12 trillion to global growth. McKinsey & Company. Retrieved, from <https://www.mckinsey.com/featured-insights/employment-and-growth/how-advancing-womens-equality-can-add-12-trillion-to-global-growth>
- World Bank (2007) Global Monitoring Report 2007: Millennium Development Goals—Confronting the Challenges of Gender Equality and Fragile States, p.107

DECLARATION

The authors declared that this article titled “**Ambivalent sexism: a study among Mizo adults in Aizawl city**” is an original work, not published in any Journal nor has been sent to any other source for publication.

SOCIAL MEDIA USE: CORRELATION WITH SATISFACTION AND DEPRESSION AMONG SOCIAL MEDIA USERS

Diganta Baishya¹
Zokaitluangi²

Abstract

Information can be transmitted through the medium of social networking sites which are both advantageous and disadvantageous for an adolescent. Excessive use of social media may cause social and behavioural problems and on the other hand may also promote prosocial behaviour. The present study was conducted to examine the relationship between Social Media Use and Satisfaction and Depression among 200 adolescents who were chronic Social Media Users. The sample has an equal representation of the above two categories as well as male and female. The age range of the sample was 16-22 years. The Satisfaction with Life Scale (SWLS; Diener et al., 1985) and Depression scales of the subscales of the DASS-21 (Lovibond & Lovibond, 1995) were employed. The results revealed that social media users were more satisfied, and females were more depressed than male adolescents among social media users and non-users. The study highlighted the importance of social media use on satisfaction and depression and revealed that social media had varied influence on male and female adolescents.

Keywords

Media, social networking, satisfaction, depression, users.

Introduction

Social media are interactive technologies that are found to facilitate creativity and sharing of information, ideas, interests, and other forms of expression through virtual communities and networks (Obar & Wildman, 2015) People use various social media to find career opportunities, connect with people across the globe and share their

¹ Ph D Scholar, Dept of Clinical Psychology, MZU.

² Professor, Dept of Clinical Psychology, MZU.

Corresponding author:

Diganta Baishya, Ph D Scholar, Dept of Clinical Psychology, MZU

thoughts and feelings. Around 72% of Americans use social media (<https://www.pewresearch.org/>). The most popular social media websites with more than 100 million registered users are Facebook, TikTok, WeChat, Instagram, QZone, Weibo, Twitter, Tumblr, Baidu Tieba, LinkedIn, YouTube, QQ, Quora, Telegram, WhatsApp, Signal, LINE, Snapchat, Pinterest, Viber, Reddit, Discord, VK, Microsoft Teams, and so on. Wikis is an example of collaborative content creation

Subjective well - being has assumed an important place in behavioural studies which has both affective (emotional; positive and negative effects) and cognitive (judgmental) components. Psychological life satisfaction is based on the perceived satisfaction across a range of different life domains (Obrien et al., 2012). Social Network users are found to be experiencing higher levels of depression, less amount of loneliness and greater self-esteem and life satisfaction (Obrien et al., 2012). Depression is a common and serious medical illness that negatively affects thinking and behaviour; affecting one in 15 adults (6.7%) in any given year. One in six people (16.6%) experience depression at some point in their lives. It can occur at any time; the first time it appears between the late teens to mid-20s. It is found more in women than men as one-third of women may experience a major depressive episode in their lifetime and a high degree of heritability (approximately 40%) when first-degree relatives (parents/children/siblings) have depression (<https://www.psychiatry.org/patients-families/depression>).

Review of literature

Social networking sites (SNSs) are Web-based platforms through which individuals connect with other users generating and maintaining social connections (Ellison & Boyd, 2013). SNSs use has been found to have a relationship with depression (Best et al., 2014; Spies & Margolin, 2014) through social interaction and connection (Boyd & Ellison, 2007) which provide a free expression relevant to their lived experience (Back et al., 2010). It is also paving the way for miscommunication and mismanaged communications resulting in maladaptive tendencies with a feeling of isolation (Baek et al., 2013).

Depression has bidirectional interactions with the social environment that influence the path of illness onset and maintenance (Marroquín, 2011). Depression prevalence is approximately 4.7%, in the global population (Baxter et al., 2013) with a high level of comorbidity (Hirschfeld, 2001) hampering the quality of social relationships (Rosenquist et al., 2011; Steger & Kashdan, 2009). Depression determines the size and structure of an individual's social network (Steger & Kashdan,

2009) such as one's sense of well-being (Keyes, 2005), and expect to have more effect with many benefits and deficits (Barnett & Gotlib, 1988).

Some studies found that SNSs use is associated with lower levels of loneliness and greater feelings of belonging (social connectedness) with higher levels of life satisfaction and self-esteem (Guo et al., 14), that higher life satisfaction may attenuate depressive symptoms (Sowislo & Orth, 2013). SNSs use may increase an individual's exposure to negative social interactions (eg, cyberbullying) and negatively impact mood and mental health (Best et al., 2014) with a decrease in self-esteem and life satisfaction (Valkenburg et al, 2006) becoming one mechanism linking stressful life events and the development or maintenance of depression (Michl et al., 2013) as a buffer to depressive symptoms (Wang et al., 2014).

Objectives

The present study aims to examine social media use correlation to satisfaction and depression among Social Media Users. Accordingly, the following objectives were framed

- (i) to examine the differential levels of satisfaction and depression between adolescent social network users and Adolescents Social network non-users.
- (ii) to find out any significant relationship between satisfaction and depression variables.
- (iii) to determine whether the effect of Social Network Use on satisfaction and depression is independent of gender.
- (iv) To determine the interaction effect of 'Social Network Use and gender' on satisfaction and depression.

Hypotheses

The following are the hypotheses of the study:

- (i) There will be a significant difference between adolescent social network users and Adolescents Social network non-users on satisfaction and depression levels,
- (ii) There will be a significant relationship between satisfaction and depression.
- (iii) There will be a significant independent effect of the level of 'Social Network Use' and 'gender' on satisfaction and depression.

Methodology

Sample: Two hundred adolescents with an equal representation of heavy social networking users and non-users, and female and male adolescents were selected using purposive sampling method. The age range of the sample was 16-22 years, with equally matched social demographic variables selected for the study by employing a socio-demographic profile constructed by the researcher for the study.

Psychological tools used in the study: Satisfaction with Life Scale (SWLS; Diener et al., 1985) and Depression scales of the subscales of the DASS-21 (Lovibond & Lovibond, 1995).

1. *Satisfaction with Life Scale (SWLS; Diener et al., 1985)* is a scale to measure the judgmental component of subjective well-being (SWB). The SWLS has been found valid and reliable measure of life satisfaction, suited for use with a wide range of age groups, saving time for interviews and resources compared to other measures of life satisfaction. It has a high convergence of self- and peer-reported measures of subjective well-being and life satisfaction providing strong evidence of subjective well-being which is relatively a global and stable phenomenon, not simply a momentary judgment based on fleeting inferences.

2. *The DASS-21 (Lovibond & Lovibond, 1995)*, is a self-report questionnaire consisting of 21 items, 7 items per subscale: depression, anxiety, and stress. Each of the three DASS-21 scales contains 7 items, divided into subscales. The DASS-21 is based on a dimensional psychological disorder: depression, anxiety, and stress experienced by normal subjects and clinical populations. The present study employed only the depression subscale.

Design: for the study 2 x 2 factorial design (2 levels of social medial users x 2 genders) to examine satisfaction and depression.

Procedures: The heavy users of social media and non-users (both male and females in equal number) were identified by using demographic profiles and interviews following purposive random sampling. Extraneous variables were kept under control. The selected psychological scales were administered with strict adherence to the prescribed instruction in the manual of the test, and the APA code of ethics as per the objectives of the study.

Results

Table: Showing Mean, SD, reliability, homogeneity, and correlation ANOVA on Satisfaction and depression for the samples.				
SNSs using level	Gender	Statistics	Depression	Satisfaction
Non Users	Male	Mean	8.00	21.58
	Female	Mean	10.54	18.84
Heavy Users	Male	Mean	12.56	16.72
	Female	Mean	14.80	13.74
Total SN Non- users		Mean	13.27	31
Total SN Heavy-users		Mean	21.07	15.23
Total Male		Mean	10.28	19.16
Total Female		Mean	12.67	16.29
Reliability		Cronbach's Alpha	$\alpha=.81$	$\alpha=.72$
Homogeneity		Levene's Statistic	.33	.26
Correlation		Pearson's	-.34	
ANOVAANOVA		Gender effect	F=28.32**; eta sq=.12	F=47.43**; eta sq=.19
		SN using effect	F=143.02**; eta sq=.41.	F=29.19**; eta sq=.52
		Gender x SN using	F=80.44**; eta sq=.56	F=230**; eta sq=.71
*= significant at .01 level **= significant at.05 level				

Results

The data was checked for missing outliers. The psychometric properties including Homogeneity (depression; .33 and Satisfaction; .26) and reliability (Depression; $\alpha=.81$ and satisfaction; $\alpha=.72$) that evinced the applicability of the scales in the targeted population were checked. The results revealed that SNSS users scored higher than Non-users on Depression ($M=9.27$; 13.68) but higher on Satisfaction ($M=15.23$; 20.21) was found; and was also found Mean score difference between males and females on depression ($M=10.28$; 12.67) and satisfaction ($M=16.29$; 19.15). The reliability for Depression ($\alpha=.81$) and satisfaction ($\alpha=.72$); and also homogeneity for the two scales – depression (.33) and Satisfaction (.26) were checked that evinced the applicability of the scales in the targeted population; and the Correlation between the depression and satisfaction was a negative significant relationship ($r=.34^{**}$); ANOVA results portrayed significant Independent effect of ‘SNSS heavy using’ on ‘satisfaction’ ($F=47.43^{**}$; $\eta^2=.19$) with 19% effect and on ‘depression’ ($F=28.32^{**}$; $\eta^2=.12$) at 12% effect; and ‘gender effect’ on satisfaction ($F=29.19^{**}$; $\eta^2=.52$) was .52% and depression ($F=143.02^{**}$; $\eta^2=.41$) was 41% effect; and the interaction effect of SNSS heavy using and gender on depression ($F=80.44^{**}$; $\eta^2=.56$) was 56% and satisfaction ($F=230^{**}$; $\eta^2=.71$) was 71% was revealed by the results.

Discussion

The results revealed a significant difference between SNSs users and non-users, (males and females) on the grounds of satisfaction and depression which confirmed the first hypothesis of the study, and also echoed earlier research findings that social network use has negative impact on mood and mental health (Best et al., 2014). It has a relation with depression (Best et al., 2014) and also significant gender differences (Mazman & Usluel, 2011). Results revealed that depression showed a negative relationship with a satisfaction which confirmed the second hypothesis of the study, and got supported earlier findings that it has a high level of comorbidity (Hirschfeld, 2001) and hampers the quality of social relationships (Rosenquist et al., 2011; Steger & Kashdan, 2009). and one’s a sense of well-being (Keyes, 2005). Results evinced a significant independent effect of SNSs use and gender effect on satisfaction and depression, and also a significant interaction effect of SNSs use and Gender on satisfaction and Depression which accepted the third hypothesis and also in support earlier findings that higher levels of life satisfaction may aid in attenuating depressive symptoms (Sowislo & Orth, 2013), and higher levels of depression related to less loneliness and greater self-esteem and life satisfaction (Obrien et al., 2012).

Limitations

The sample size was not big enough to represent the targeted population. It highlighted the need for systematic and comprehensive theoretical and empirical examination regarding the social media use impact on satisfaction and depression among social media users, and to explore its negative and positive impact on human behaviour, especially adolescent users. The collection of data was very problematic because of the ongoing pandemic as it was not possible to move freely here and there as such more psychological variables other than depression and satisfaction were not taken.

Significant finding

The study projected evidence that there is a significant difference between social network users and non-users and also males and females in the domains of satisfaction and depression. The study reveals that there is a negative correlation between depression and satisfaction, highlighting the significant independent effect of the 'use of social networking and gender effect on satisfaction and depression, and also the significant interaction effect of the use of 'social networking and gender' on depression and satisfaction. The findings suggest the need for further research to explore the effect of social media on mental health which has become a great concern.

Declaration

This article is a bonafide research work drawn from the main author's PhD thesis. This article has not been published anywhere else and has not been sent for publication in any other journal.

References

- Back, M. D., Stopfer, J. M., Vazire, S., Gaddis, S., Schmukle, S. C., Egloff, B., & Gosling, S. D. (2010). Facebook profiles reflect actual personality, not self-idealization. *Psychological Science*, 21(3), 372–374.
- Baek, Y. M., Bae, Y., & Jang, H., (2013). Social and parasocial relationships on social network sites and their differential relationships with users' psychological well-being. *Cyberpsychology, Behavior, and Social Networking*, 16(7), 512–517.
- Barnett, P. A., & Gotlib, I. H., (1988). Psychosocial functioning and depression: distinguishing among antecedents, concomitants, and consequences. *Psychological Bulletin*, 104(1), 97–126.

- Best, P., Manktelow, R., & Taylor, B. J. (2014). Online communication, social networking, and adolescent wellbeing: A systematic narrative review. *Children and Youth Services Review*, 41, 27-36.
- Boyd, D. M., & Ellison, N. B., (2007). Social network sites: definition, history, and scholarship. *Journal of Computer-Mediated Communication*, 13(1), 210–230.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71-75.
- Ellison, N.B., & Boyd, D. M., (2013). Sociality through social network sites. In: Dutton WH, editor. *The Oxford Handbook of Internet Studies*. Oxford: Oxford University Press, 151–172.
- Guo, Y., Li, Y., & Ito, N. (2014). Exploring the predicted effect of social networking site use on perceived social capital and psychological well-being of Chinese international students in Japan. *Cyberpsychology, Behavior, and Social Networking*, 17(1), 52-58.
- Hirschfeld, R. M., (2001). The comorbidity of major depression and anxiety disorders: recognition and management in primary care. *Primary Care Companion to the Journal of Clinical Psychiatry*, 3(6), 244–254.
- Lovibond, S.H. & Lovibond, P.F. (1995). *Manual for the Depression Anxiety Stress Scales*. (2nd. Ed.) Sydney: Psychology Foundation.
- Marroquín, B., (2011). Interpersonal emotion regulation as a mechanism of social support in depression. *Clinical psychology review*, 31, 1276-90.
- Michl, L. C., McLaughlin, K. A., Shepherd, K., & Nolen-Hoeksema, S. (2013). Rumination as a mechanism linking stressful life events to symptoms of depression and anxiety: longitudinal evidence in early adolescents and adults. *Journal of abnormal psychology*, 122 (2), 339–352.
- Obar, Jonathan A., Wildman, Steve, (2015). "Social media definition and the governance challenge: An introduction to the special issue". *Telecommunications Policy*, 39(9), 745–750.
- OBrien, L. V., Berry, H. L., & Hogan, A. (2012). The structure of psychological life satisfaction: insights from farmers and a general community sample in Australia. *BMC public health*, 12, 976.
- Rosenquist, J. N., Fowler, J.H., & Christakis, N. A., (2011). Social network determinants of depression. *Molecular Psychiatry*. 16(3), 273–281.

- Sowislo, J. F., & Orth, U. (2013). Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychol Bull*;139(1):213-240.
- Spies Shapiro, L.A., & Margolin, G., (2014). Growing up wired: social networking sites and adolescent psychosocial development. *Clinical Child and Family Psychology Review*. 17(1),1–18.
- Steger, M.F., & Kashdan, T.B., (2009). Depression and everyday social activity, belonging, and well-being. *Journal of Counseling Psychology*. 56(2), 289–300.
- Valkenburg, P. M., Peter, J., & Schouten, A. P. (2006). Friend networking sites and their relationship to adolescents' well-being and social self-esteem. *Cyberpsychology & behaviour: the impact of the Internet, multimedia and virtual reality on behaviour and society*, 9(5), 584–590.
- Wang, X., Cai, L., Qian, J., & Peng, J. (2014) Social support moderates stress effects on depression. *International Journal of Mental Health Systems*. 8(1), 41.

DECLARATION

The authors declared that this article titled “**Social media use: correlation with satisfaction and depression among social media users**” is an original work, not published in any Journal nor has been sent to any other source for publication.

WATER AND SANITATION POLICY: A STUDY OF THE IMPLEMENTATION OF SWACHH BHARAT MISSION (GRAMIN) IN MIZORAM

Mangchungnunga¹

Lalneihzovi²

Abstract

The supply of safe drinking water and basic sanitation is essential for achieving a healthy and quality of life. Inadequate access to proper sanitation and clean water might increase the risk of several communicable diseases. Many diseases have been linked to the consumption of contaminated drinking water, incorrect disposal of human waste, poor environmental sanitation, and a lack of personal and dietary hygiene, particularly in developing countries. Improvements in sanitation and safe drinking water are found to have resulted in the reduction of diseases and recurring of health problems among the population. The availability of safe drinking water and sufficient sanitation is critical for public and individual health and hygiene. Sanitation is one of the most important drivers of quality of life and the human development index because it reduces sickness by preventing water and soil contamination. Sanitation includes personal hygiene, residential sanitation, safe water, rubbish disposal, excreta disposal, and wastewater disposal. Water and sanitation policies have been developed by governments worldwide, including India, to ensure that their citizens live healthy lives. The Swachh Bharat Mission (Gramin) is a major programme of the Indian government to accelerate efforts to attain universal sanitation coverage and put sanitation front and centre. The execution of the Swachh Bharat Mission (Gramin) Phase-I in the State of Mizoram is the subject of this study.

Keywords

Sanitation, hygiene, clean drinking water, health, and the Swachh Bharat Mission

¹ Ph.D Research Scholar, Dept of Public Administration, MZU

² Professor, Dept of Public Administration, MZU

Corresponding author

Mangchungnunga, Ph.D Research Scholar, Dept. of Public Administration, MZU

Introduction

Sanitation refers to the appropriate disposal of human waste, proper toilet use, avoidance of open defecation, and the management of solid and liquid waste. Many diseases and deaths among children under the age of five are due to contamination of groundwater, loss of family income due to increasing health bills, and a loss of human dignity and poor sanitation. Understanding the effects of inadequate sanitation, the contribution of all key players, including communities, and the execution of safe sanitation processes are vital in managing safe sanitation at each level - household, community, and Government.

On October 2, 2014, the Prime Minister of India launched the Swachh Bharat Mission (SBM) to speed up efforts to attain universal sanitation coverage and focus on safe sanitation. The Swachh Bharat Mission (Gramin) is taken care by the Ministry of Drinking Water and Sanitation intending to achieve Swachh Bharat by October 2, 2019. This includes improving sanitation in rural regions through Solid and Liquid Waste Management (SLWM) initiatives and keeping village clean and sanitised. The SBM (G) has been divided into two parts; Phase I covering 2014-2019 and Phase II covering 2020-2025.

Mizoram is the 23rd State of India, located in the country's north-eastern regions. According to the 2011 Census, Mizoram has a population of 10,97,206 (Lalmangaihsanga 2022). The State of Mizoram is well-known and renowned for its cleanliness-related efforts and programmes. Since the launching of SBM (G), the State of Mizoram has been working hard to ensure that the aims and objectives, and guidelines of the Programme are followed sincerely.

Objectives of SBM (G)

The key objectives of the SBM (G) to accomplish "Swachh Bharat" by October 2, 2019, are as follows:

- a) To improve the overall quality of life in rural regions by encouraging cleanliness, hygiene, and the elimination of open defecation.
- b) To increase sanitation coverage in rural areas to accomplish the Swachh Bharat vision by October 2, 2019.
- c) Create awareness and provide health education to local communities and Panchayati Raj Institutions to adopt sustainable sanitation practices and maintenance of infrastructure.

- d) To encourage the use of cost-effective and appropriate sanitation methods which are environmentally safe and long-lasting.
- e) Develop community-managed sanitation systems in rural regions, focusing on scientific Solid and Liquid Waste Management systems for overall cleanliness.
- f) Improving sanitation, particularly among the marginalised groups, substantially positively influences gender equality and social inclusion.

Swachh Bharat Mission's Strategy (Gramin)

The strategy is to make 'Swachh Bharat' a massive public movement that aims to involve everyone in cleaning of their homes, workplaces, villages, cities, and all their surroundings as part of a collaborative effort. Because sanitation is a state matter, the focus is laid on giving state governments the necessary wherewithal for the implementation of the policy, fund use and processes while considering state-specific requirements. This will allow states to create an implementation framework that will allow them to properly use the Mission's provisions and optimise the impact of the interventions. The Government of India's involvement would be to supplement the efforts of the State Governments by designating a concentrated programme as a Mission, acknowledging the country's pressing need. The various strategies are:

- a) Improving the districts' institutional capacity to effect strong behavioural change at micro level.
- b) Enhancing the capacity of implementing agencies to implement the Programme on a timetable and track the collective outcomes.
- c) Incentivising the performance of State-level institutions to implement community-based behavioural change initiatives.

Components under SBM (G)

The main components of SBM (G) are:

- a) Start-Up Activities- Initial activities include completing a baseline survey to examine the current state of sanitation and hygiene practices and public opinion and demand for enhanced sanitation.
- b) Information, Education, Communication (IEC): The entire Sanitation campaign relies heavily on IEC. These are intended to raise awareness about

- the need for sanitary facilities in rural areas for households, schools, and community sanitary complexes.
- c) Capacity Building: This includes training and building capacities for stakeholders of sanitation- related workers and organisation.
 - d) Construction of Individual Household Latrines: The entire household sanitary latrine with the superstructure, the individual household latrine for economically backward families, and the community sanitary complex for rural regions are the key components of SBM (G).
 - e) Availability of Material: Good quality sanitary material and hardware are available in several States, with the private sector selling such material at a competitive price.
 - f) Provision of Revolving Fund at the District: SBM(G) funding may be used to establish a revolving fund at the district level. The Revolving Fund may be distributed to Societies, Self-Help Entities, or other groups designated by the States whose creditworthiness has been established to provide low-cost financing to their members to build toilets. States will have the freedom to set their terms and conditions for the Revolving Fund's approval.
 - g) Community Sanitary Complex: Community Sanitary Complexes with an appropriate number of toilets, bathing cubicles, washing platforms, washbasins, and other amenities can be set up in the village conveniently. Normally, such complexes are built only when there is a shortage of land in the village to build home toilets, and the Community accepts responsibility for their management and maintenance and makes a special demand for them. Such complexes can be built in public spaces such as marketplaces, bus stops, etc.
 - h) Equity and inclusion: In the sanitation and hygiene sector, equity and inclusion are critical. The implementing agencies must prioritise providing access to the various categories of individuals who cannot access and utilise safe sanitation facilities. People who are socially and economically backward and those who are unable to use sanitation facilities built according to standard designs by the authority may fall into this category. At each level of planning, implementation, and post-implementation management of sanitation concerns, gender requirements and sensitivities, including dignity and safety issues, must be considered.
 - i) Solid and Liquid Waste Management: One of the most important aspects of the Programme for developing clean villages is Solid and Liquid Waste Management (SLWM).

Objectives of the Study

The study mainly focuses on the following objectives:

1. To highlight the origin, objectives and components of SBM (G).
2. To study the role of Village Council/ Panchayats in implementing SBM (G) in Mizoram.
3. To study the implementation of SBM (G) in the State of Mizoram.

Methodology

The study is based on the secondary sources of data available in the Public Health Engineering Department (PHED), Government of Mizoram. It also utilised reports and guidelines of the Swachh Bharat Mission (Gramin) issued by the Ministry of Drinking Water and Sanitation, Government of India. Primary sources of data are also collected from an interview with the personnel of the nodal department, Village Council and the beneficiaries of this scheme.

Role of Village Council/ Village Panchayats in Implementing SBM (G) in Mizoram

Village Councils have long been viewed as a measure of democratic decentralisation in Mizoram. This Village Council has operated in the State since 1954 with the enactment of The Lushai Hills District (Village Councils) Act, 1953 which has been amended from time to time (Zahluna 2008). This Act was in effect throughout Mizoram until the creation of Aizawl Municipal Corporation on July 1, 2008, for the city of Aizawl. The other areas of Mizoram are still run by Village Councils despite the enactment of the 73rd and 74th Constitutional Amendment Acts, 1992.

The Village Councils/ Gram Panchayats play a critical role in the Programme's execution. Village Councils/ Gram Panchayats play the following roles:

- a) A Water and Sanitation Committee (WATSAN) was formed in each village, with the Village Council President acting as Chairman.
- b) The Village Councils are actively involved in providing support for the Programme in terms of motivation, mobilisation, execution, and oversight.
- c) They refer to cleaning and sanitation activities as "volunteer work" in their villages.

- d) In Mizoram, the Village Councils play an important role in encouraging regular use, maintenance, and upgrading of toilets and other sanitary facilities in their communities.
- e) They serve as a link between the people of the village and the government and coordinate the State Government's implementation of various initiatives and schemes in their communities.

Implementation of SBM (G) in the State of Mizoram

The State of Mizoram has been actively involved in implementing the SBM (G) Programme since its inception. The Public Health Engineering Department (PHED) is the Programme's Nodal Department. To implement the Programme at the State level, personnel like Mission Director, State Co-ordinator, State consultant, and Data Entry Operator (DEO) have been appointed. While at the District level, the Deputy Commissioner is the Chairman, and the Executive Engineer of the PHED is the Member-Secretary of the District Water and Sanitation Committee, one District Co-ordinator and one Data Entry Operator (DEO) also appointed at the District level to take care of the Programme. The Block Development Officer's office is used at the Block level, and the Village Council and Water and Sanitation Committee (WATSAN) are the key agency for implementing the Programme at the village level.

Table 1.

Implementation of SBM (G) in Mizoram

Sl. no	Detail	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	Total
1	No of Individual Household Latrine (IHHL) constructed under SBM (G) @12000	1557	4958	5239	13439	4413	0	29606

2	No of Individual Household Latrine (IHHL) repair / retrofitting under World Bank Incentive Fund. @5000	0	1056	0	2969	3205	1610	8840
3	No of Individual Household Latrine (IHHL) Constructed under Swachh Bharat Khosh (SBK). @5000	0	0	12072	13945	0	0	26017
4	No of LOB constructed. @12000	0	0	0	1366	1065	0	2431
5	No of Communitiy Sanitary Complex (CSC) Constructed.	0	5	8	27	81	411	532
6	No of Solid Liquid Waste Management (SLWM) Constructed.	0	9	19	39	160	169	396

Source: Public Health Engineering Department, Government of Mizoram (2022)

Findings and Conclusions

Some of the major findings are as follows;

- i. The agency responsible for the implementation of SBM (G) phase-I in Mizoram is understaffed.
- ii. Despite being under staffed it is found that the implementing agency could give their best effort and wholehearted support for the success of SBM (G). Due to their hard work and dedication, the State of Mizoram succeeded in the implementation of the SBM (G)
- iii. Due to the dedicated work of the implementing agency, the State of Mizoram could achieve its goal and it was declared as an Open Defecation Free (ODF) state on March 30, 2018. This demonstrates the sincere efforts of Mizoram in achieving the objectives of SBM (G).
- iv. It has been found that the people of Mizoram are actively involved in the realisation of the objectives of the programme. Community mobilisation is essential for the acceptance of cleanliness as a social norm. It has been observed that people are so used to the use of toilets that every family member is actively participating in keeping the homes clean.
- v. Fifthly, it is also found out that the World Bank's financial assistance was also helpful in making the programme a success.
- vi. The Water and Sanitation Committee played an important role. In tasks like collecting fees and organising social/volunteer labour for street cleaning.

Because of the combined efforts of the government, NGOs, and the general public, the State of Mizoram has ensured a high degree of cleanliness. It is important to note that, with the onset of the Covid-19 Pandemic in 2019, the SBM (G) programme became a critical indicator for preventing the pandemic's spread. The Community Sanitary Complexes were extremely useful for Covid-19 positive quarantine facilities. The programme has an unquantifiable impact on lowering and preventing of the pandemic's spread. Therefore, SBM (G)'s launching is a significant landmark in achieving a healthy lifestyle not only in Mizoram but also in the whole of India.

References

- Lalmangaihsanga, R. (2022). Mizo general knowledge. (12th ed.). Shalom study centre.
- Ministry of drinking water and sanitation. (2018). Guidelines for Swachh Bharat Mission (Gramin). [https://jalshakti-ddws.gov.in/sites/default/files/SBM\(G\)Guidelines.pdf](https://jalshakti-ddws.gov.in/sites/default/files/SBM(G)Guidelines.pdf)
- Public Health Engineering Department. (2018, September 25). Swachh Bharat Mission - Gramin (SBM-G). <https://phed.mizoram.gov.in/page/total-sanitation-campaign-15-01-12>
- WHO thumbs up for Swachh Bharat's rural component. (2018, August 03). The Hindu. <https://www.thehindu.com/sci-tech/health/who-thumbs-up-for-swachh-bharats-rural-component/article24595986.ece>
- Zahluna, J. (2008). Village councils in Mizoram: The structure and function. In Jagadish K. Patnaik (Ed.), Mizoram dimensions & perspectives: Society, economy and polity. (pp. 260-280). Concept publishing company.

DECLARATION

The authors declared that this article titled **“Water and sanitation policy: a study of the implementation of Swachh Bharat Mission (Gramin) in Mizoram”** is an original work, not published in any Journal nor has been sent to any other source for publication.

ELECTION COMMISSION OF INDIA: THE PILLAR OF INDIAN DEMOCRACY

Lalsangzuala Khiangte¹
Lalmalsawma Khiangte²

Abstract

The Indian democracy depends on elections. Our nation's elections are free and fair; thanks to the Election Commission of India. It establishes tribunals to settle disagreements relating to the general elections for the State Legislatures and for the House of Representatives. This paper attempts to detail the powers exercised by the Election Commission for the protection of Indian Democracy. It will also analyze the responsibilities which cover administrative powers, duties and functions depending on the circumstances. Some plenary character of the powers of Election Commission will also be discussed in this paper.

Keywords

Elections, general elections, free and fair elections, democracy, electoral machinery.

Introduction

India, the largest democracy in the world, has laws in place to ensure that elections are held in a free, fair, and peaceful manner at all levels. Elections may be seen as the cornerstone of every democratic system because they provide citizens the chance to elect a government that will uphold and defend their rights and liberties and fulfil their aspirations. The Election Commission, a centralized agency that is independent of the Executive, is in charge of managing India's electoral system. The Election Commission appoints numerous persons to lead the massive electoral

¹ Dept. of Political Science, Govt. Aizawl College.

² Dept. of Political Science, Govt. Aizawl College.

Corresponding author

Dr.Lalsangzuala Khiangte, Asst. Prof., Dept of Pol Sc. Aizawl College
Email id: khiangte1968@gmail.com

apparatus, maintains control over them, and organizes elections for Parliament and state legislatures.¹

Evolution of Election Commission of India

The Election Commission of India (ECI) has its roots in the debates and recommendations of the Constituent Assembly, which was formed soon after India's independence in 1947. The Election Commission's office was established on January 25, 1950. The Advisory Committee proposed to the Constituent Assembly that all citizens over the age of 21 be granted voting rights, that voting be conducted by secret ballot, and that election supervision and control be delegated to an Election Commission.²

The Election Commission of India (ECI) was founded on January 25, 1950, under Article 324 of the Indian Constitution, for the supervision, guidance, planning, preparations, and conduct of elections to Parliament and state Legislatures. Since its creation, the Election Commission has operated as a single-member body until 1988. On October 16, 1989, the President of India nominated two Election Commissioners (ECs) through a notification issued on October 7, 1989. As a result, on January 1, 1990, the multi-member Election Commission was downgraded to a single-member Election Commission. On October 1, 1993, the President of India issued an ordinance reconstituting the Election Commission as a multi-member body, and two Election Commissioners were appointed.³

Powers and functions of the Election Commission of India

The Election Commission of India's powers and functions are clearly laid down by Article 324 of the Indian Constitution. Election laws and rules and orders made under the Constitution or by legislation are adopted by the Parliament. The most important requirement for free and fair elections is that they be conducted by an independent and impartial institution that can function as a watchdog over the entire electoral apparatus.⁴

The Indian Constitution vests the Election Commission with broad powers to conduct elections, which are supplemented by the Acts of Parliament such as the Representation of the People Acts of 1950 and 1951, the Presidential and Vice-Presidential Elections Acts of 1952, the Government of Union Territories Act of 1963, the Delhi Administration Act of 1966, and the rules and orders made there under.⁵

The powers of the Commission are not above the Acts approved by the Parliament as stated in Article 324 of the Indian Constitution. They are intended to augment rather than supersede the law in matters of supervision, direction, and control. The Representation of the People Act, 1951's Section 15 provides that the Governor should announce the commencement of the election in this context. If the Governor is willing to announce the election date, the Election Commission, which is the recommendatory body, cannot refuse to recommend the election date for any reason.⁶ According to Article 324 of the Constitution, the Election Commission's general powers are advisory in nature. The superintendence, direction and control of the elections to the Parliament, to the Legislature of every State, to the offices of the President and Vice-President of India, have been vested in the Election Commission. According to the Registrations of Election Rules, 1960 and the Conduct of Election Rules, 1961. Any attempt to obstruct free and fair election is the antithesis to democratic norms.⁷ Under Article 326 of the Indian Constitution, the electoral rolls must be prepared correctly for all eligible voters irrespective of their religion, race, caste and sex to hold free and fair elections. The Election Commission of India has to prepare the up-to-date list of all the persons who are entitled to vote.⁸

The Election Commission's role in election administration begins with election notice and ends with the announcement of the results. It has the authority to formulate a code of conduct that must be followed by all political parties and citizens throughout the election. The Election Commission has the authority not only to organize the elections, but also to cancel them and order a re-run if they are found to be manipulated. The Election Commission is also responsible for holding bye-elections whenever there is a mid-term vacancy. The Election Commission is authorised to call a fresh election under Sections 58, 58A, and 64A of the R.P. Act, 1951. The Returning Officer collects the final results at his headquarters and declares the results with the agreement of the Election Commission.⁹

Recognizing political parties as All-India or State Political Parties is one of the crucial duties of the Election Commission. A party is recognized as an All-India Party if it receives 4% of the votes cast in any four States during a general election. A party is recognized as a State or Regional Party if it receives 4% of the vote in a State or Region. The provisions of Section 29A of the R.P. Act, 1951 require the Election Commission to register political parties. The R.P. Act of 1951's Subsection 29A shall serve as the basis for the final determination on the registration of a political party. The Election Commission must work in a quasi-judicial capacity and adhere to natural justice principles while registering the political parties.¹⁰

The Election Commission is authorized under Rule (5) of the Conduct of Elections Rules 1961 to allot the symbols to independent candidates contesting in the parliamentary and assembly constituencies and specify the restrictions to which their choice is subject, by publishing a notification in the Gazette of India and the Official Gazette of each state. Symbols are classed as reserved or free by Clause 5 of Section 29A of the Representation of the People Act 1951 and Rules 5 and 10 of the Conduct of Elections Rules, 1961 relating to Election Symbols (Reservation and Allotment) Order of 1968. After hearing arguments, it will determine whether the newly established party should be designated as a state party or a national party. The authority to issue symbols order is included in the Commission's authority to supervise, direct, and manage elections.¹¹

In the general election, every candidate is required to file his or her election reports under Section 10 A of the People's Representation Act of 1951. If a candidate fails to file election returns within a certain time frame, the Election Commission can disqualify that candidate. The Election Commission has the authority to impose any disqualification list under Section 11 of the Representation of the People Act, 1951. It is also empowered to delete disqualified voters from the voter list under Section 11B of the R.P. Act, 1951.¹²

The Election Commission is vested with advisory power under the Indian Constitution in regard to post-election disqualification of sitting members of Parliament and State Legislatures. Persons found guilty of corrupt acts during elections who are brought before the Supreme Court and High Courts are also referred to the Commission for its view on whether such person should be disqualified and, if so, for how long. In all such cases, the Commission's recommendation is binding on the President or, as the case may be, the Governor to whom such recommendation is made. The judgment of the Election Commission is quasi-judicial under Section 29A (7) of the Act of 1951.¹³

The Election Commission is empowered under the Representation of the People Acts of 1950 and 1951 to designate Electoral Personnel and get the required manpower for the conduct of elections. Section 13CC of the R.P. Act of 1950 requires the Chief Electoral Officers of the States to take disciplinary action against erring officials. It is well within its powers to issue instructions on the transfer of election officials throughout the election season.¹⁴

Section 11 of the Delimitation Act of 1972 empowers the Election Commission to amend any printing error in any of the Delimitation Commission's orders. The

Commission updates delimitation orders and makes changes to the Delimitation of Parliamentary and Assembly Constituencies. The process of delimitation of constituencies resulting from the establishment of new states is often delegated to the Election Commission.¹⁵

Election Commission of India as an instrument of Indian democracy

Elections are critical to democratic administration. The will of the people cannot be ascertained in the absence of an election.¹⁶ The heart and soul of the representational form of democracy are free and fair elections. Elections lose their meaning and significance when they are not free and fair. The success of our country's elections is heavily dependent on effective and meaningful communications, as well as the strong coordination of these stakeholders, including the voters, candidates, political parties, and electoral apparatus.¹⁷ The Election Commission of India is currently recognised as a major repository of expertise and in-depth understanding of election rules and processes due to its extensive experience of holding elections in the largest democracy in the world over for six decades. The Constitution did not include all necessary measures to address the specifics of electoral law.¹⁸

The current legislation governing elections is found in the Constitution in the two enactments of Parliament dealing with the People's Representation Acts of 1950 and 1951, as well as articles of the Indian Penal Code (IPC) and other laws. When the Parliament or a State Legislature passes legislation pertaining elections, the Election Commission must follow it. The Election Commission has power over administrative authorities, responsibilities, and activities that vary based on the circumstances. The Supreme Court has stressed that the Election Commission's powers are subject to specific constraints. The Commission is thus obliged to act in line with natural justice standards; yet, the application of natural justice rules is dependent on circumstances, and the topic is impossible of generalization.

In the event of postponement of elections by the Election Commission, like in Assam and Jammu and Kashmir, the Supreme Court has made it plain that the Election Commission's rulings are susceptible to judicial review and that its powers are not "Unbridled." The Election Commission's judicial powers should be based on the facts and circumstances of each case. Currently, the Election Commission has abruptly changed from its goal of ensuring that the election was held to ensure the operation of democratic administration in the State. Therefore, if the State has not taken a realistic approach, the Election Commission plays a crucial role in the conduct, monitoring, and control of free, fair, and peaceful elections.

The Election Commission has created a list of "dos" and "don'ts" that candidates and political parties must abide by when the election is announced and during the election process in order to guarantee free and fair elections. Additionally, it has been ordered that it must receive utmost attention and that all candidates and political parties be informed of its contents, including in the State's official language. The Election Commission has an extensive media policy. It has launched a significant voter awareness campaign in collaboration with Doordarshan and All India Radio, two State-owned Media outlets.¹⁹ The Commission is protected from influence from the Executive in course of carrying out its duties. It makes decisions about the election timetables for general elections and bye-elections. It also makes decisions about where to locate polling places, how voters will be assigned to them, where to locate the centres for counting, how arrangements will be made for polling as well as other related issues.

During the last six decades of its functioning the Election Commission has achieved itself an important position in the Constitutional set up of the country. It has been making important contributions to the protection of Indian democracy since its inception till date. This prestigious position held by the Election Commission proved that the Commission has been working efficiently, independently and impartiality.

Conclusion

As one of the four pillars of Indian democracy, the Election Commission of India has been playing an active role not only in conducting general elections to Parliament and State Legislatures but also protecting the Indian democratic system of government. As an autonomous constitutional body, the Election Commission has been providing legitimacy to the democratic government and always mirroring the general will of the people.

End notes

¹ Masheshwari, Shriram. 1991. 'The Conscience Keeper of Indian Democracy: The Election Commission'. in *Quarterly Journal of IIPA* July – Sept. Vol-XXXVII No.3 New Delhi.

² Mendis, Dushyantha. 2008 'Electoral Processes and Governance in South Asia'. Kandy Sri-Lanka: Sage Publications.

³ Ali, Raisa. 1996 'Representative Democracy and Concept of Free and Fair Elections'. New Delhi: Deep and Deep Publications.

- ⁴ Gehlot, N.S 1992 *'Elections and Electoral Administration in India'*. New Delhi: Deep and Deep Publications.
- ⁵ ECI 2nd Annual Report on April 1984.
- ⁶ Mackenzie, W.J.M. 1985. *'Free Election'*. London
- ⁷ Roy, Ramashray 1971. *'Elections, Electorate and Democracy in India'* in *Indian Journal of Public Administration*. October-December New Delhi.
- ⁸ Nair, Krishnan M. 1986. *'The Law of Elections'*. Trivandrum: The academy of Legal Publications.
- ⁹ Section 30 of the Representation of the People's Act, 1951
- ¹⁰ Gehlot, N.S. 1992. *op.cit*
- ¹¹ Chapalgaonkar, Narendra 1997. *op.cit*.
- ¹² Ali, Raisa. 1996. *op.cit*
- ¹³ Viplav. 2010. *'Encyclopedia of Electoral Reforms and Political Development'*. New Delhi. Vista International Publishing House.
- ¹⁴ Section 13CC of the Representation of the People Act, 1950.
- ¹⁵ Ali, Raisa. 1996. *op.cit*
- ¹⁶ *Ibid.*,
- ¹⁷ Masheshwari, Shriram. 1991. *op.cit*
- ¹⁸ *Elections in India – Major Events and New Initiatives 1996-2000*. (2000) Published by Publication Division. ECI New Delhi
- ¹⁹ ECI Notification on Model Code of Conduct regarding Do's & 'Don'ts issued on 07.01.07. New Delhi.

DECLARATION

The authors declared that this article titled **“Election Commission of India: The Pillar of Indian Democracy”** is an original work, not published in any Journal nor has been sent to any other source for publication.

AN ANALYSIS OF VOTER TURNOUT IN MIZORAM STATE LEGISLATIVE ASSEMBLY ELECTIONS FROM 1987 to 2018

VL Rorelfela¹

Lallianchhunga²

Lalthatluanga³

Abstract

In a democratic country like India, participation through democratic representatives is the most comprehensive and expansive way of participation of people and the fulfillment of universal adult franchise. This paper stressed total voting in elections to ensure full and true people's participation in governance. It perused the statistical records of voter turnout, especially male and female participation, in the Mizoram Legislative Assembly election since Mizoram attained full-fledged statehood up to the latest election. It argues that in a biggest democratic country like India, the universal adult franchise must be executed to the fullest extent as there are no other legal provisions for common people to participate in the decision-making process.

Keywords

Participation, Election, Gender-Wise, Constituency-Wise, Comparison, Universal Adult Franchise, Voter turnout, Compulsory and voluntary voting.

Introduction

One of the most popular definitions of democracy, 'Democracy is the government of the people, by the people and for the people –Abraham Lincoln', can come true a democratic country through the election of the representatives. In the process of the election of representatives, the principle of Universal Adult Franchise is mostly followed in the contemporary world. Low percentage of voter turnout is, sometimes a problem in different countries like the USA, Switzerland, Poland, etc. Even in India, the highest voter turnout is 67.1% in the latest Lok Sabha election in 2019, while the principle of universal adult franchise expects all the citizens who are

¹ Research Scholar, Dept of Political Science, Mizoram University.

² Associate Professor, Dept of Political Science, Mizoram University

³ Research Scholar, Dept of Political Science, Mizoram University

Corresponding author

VL Rorelfela, Research Scholar, Dept of Political Science, Mizoram University

eligible for voting to turn up in strengthening of democracy. Scholars like JS Mill, Sojourner Truth, Maria Stewart, Frances E.W. Harper, Dr. B. R. Ambedkar, etc. wrote about the emancipation of women in politics and education and there are umpteen laws meant for their empowerment. Yet women's turnout in the election has been low even in the 21st Century. Even in the case of Mizoram, the overall participation and female participation are not complete or one hundred percent. This paper will analyze the voter turnout in the all the elections from the first general assembly election since Mizoram got full-fledged statehood in 1987 with the help of secondary data.

Review of Literature

The term 'governance' is very young as it was first used in the 1989 World Bank publication, entitled '*Sub-Saharan Africa: From Crisis to Sustainable Growth*'. In this paper, the term 'governance' was defined as "the exercise of political power to manage a nation's affairs." But the word 'good' was not explicitly used. In 1997, the United Nations Development Programme (UNDP) policy document entitled "*Governance for Sustainable Human Development*" discussed good governance and its nine pillars viz participation, rule of law, transparency, responsiveness, consensus orientation, equity, effectiveness and efficiency, accountability, strategic vision. This document, defined participation as all men and women having a voice in decision-making. Such broad participation is built on the freedom of association and expression, as well as the capacity to participate constructively. In 2009, United Nations Economic and Social Commission for Asia and the Pacific (UN ESCAP) presented a definition of good governance in the article "*What is Good Governance*". In this publication, participation was discussed and could be either direct or indirect, or representative.

Need for examination of water turnout

In the book, '*Facing the Challenge of Democracy Exploration in the Analysis of Public Opinion and Political Participation*' (2011) edited by Paul M. Sniderman and Benjamin Highton, it is mentioned that higher voter turnout could change election outcomes, and concluded that voters are more developed and educated than the non-voters. Donald P. Green and Alan S. Gerber's book '*Get out the vote*' (2015) mentioned the importance and effectiveness of voter mobilization. Hence there is a chance for greater voter mobilization if the non-voting section participates in the election. This book mainly focused on how to increase voter turnout in the USA as the indirect democracy should try to secure the whole voter turnout. Anna Gwiazda's

book, *'Democracy in Poland Representation, Participation, Competition and Accountability since 1989'* (2016) acknowledged that the key indicators of a democracy could be assessed on the basis of the involvement of common people, in electoral or non-electoral method, in the political and decision-making process. From the above works, it could be noted that in a democratic state, all the citizens have to participate in the election by casting their votes reflecting the whole community's choice. It, certainly, could lead to a better quality of democracy in the country. Meanwhile, if the participation level is too low with only 10% of the voters casting their vote in the election, the state will never have good governance, and even the representatives cannot truly represent the people.

Compulsory or Voluntary Voting

There was a debate between Jason Brennan and Lisa Hill the former against it and the latter for it in the book *'Compulsory Voting: For and Against'* (2014). After an intense debate between the two scholars, it was concluded that compulsory voting though burdensome for the people, would increase the turnout which is preferable to low turnout in a democratic state. The right to vote is not only a right, but also the duty of the people. Shane P. Singh stated that compulsory voting accompanied by punishment for not voting makes people unhappy but at the same time ignites their interest in politics and understanding of political issues in his book *'Beyond Turnout: How Compulsory Voting Shapes Citizens and Political Parties'* (2021). But he did not give any recommendation either for compulsory or voluntary as he studied only the consequences of compulsory voting beyond turnout. *'Full Participation: A Comparative Study of Compulsory Voting'* (2008) authored by Sarah Birch articulated that the right to vote is also the duty of the citizen, and democracy must mirror the majority view of the country. But mandatory voting does not solve the problem of low level of participation if the people have lesser levels of political consciousness. Hence, she recommended the option to 'abstain' or 'none of the above' to be included in the ballot paper. Anthoula Malkopoulou's book *'The History of Compulsory Voting in Europe: Democracy's Duty'* (2015) in her discussion on compulsory voting concluded that the combination of voluntary voter registration and compulsory voting for voters would be the ideal option. The supporters of voluntary voting interpreted the right to vote including the right to abstain while the supporters of compulsory voting maintained that it is the duty of the people. The research paper published by Keith Jakee and Guang Zhen Sun in 2006 *'Is Compulsory Voting More Democratic?'* suggested that under compulsory voting voters who do not take interest in politics and do not have a constructive opinion in electing their representative are to be kept away

from polls. Thus, the authors pitched for voluntary voting instead of compulsion. Vijay Krishna and John Morgan's paper *'Voluntary Voting: Costs and Benefits'* (2012) stated that voluntary voting is better than compulsory voting. Though compulsory voting results in high turnout it is not necessary that it enhances the quality of democracy.

Chronological Analysis of Males and Females Voter Turnout

On 16th February 1987 the first Mizoram Legislative Assembly election was conducted after Mizoram become a full-fledged state. However, the people of Mizoram had the experience of voting in elections before. The strength of the voters was 322066 out of which 233556 citizens cast their vote. The percentage of voter turnout was just 74.80%. The number of male voters was 118751 and that of female voters was 114805. The percentage of female voter turnout share from the total turnout was 49.16% and that of male voter turnout 50.84%. The percentage rate of male turnout was 74.88% while the female was 74.73%. There was no big difference between male and female participation, but the overall participation was not very good.

Two years later, the then-incumbent government fell due to the defection among the legislative members. Then Mizoram faced a second election on 21st January 1989. The total voter was increased to 333733 and the turnout rate also highly increased from 74.80% to 81.30%. The vote share of males and females was 50.83% and 49.17% respectively. It was very balanced and was not significantly different from the previous election. The percentage of male voters who voted (from the total male voters) was 81.82% and that of females was 80.15%

The third Mizoram State Legislative Assembly was held on 30th November 1993. The number of electors this year was 401669 out of which 324333 people participated to form the government by casting their votes. The percentage of electors who elected their representatives was 80.75%. It was lower compared to the previous elections but the difference was not huge. It indicated that there was no progression in the participation of the people. Therefore, the voter turnout percentages of males and females was 50.65% and 49.35% respectively. The voter turnout from the total votes of the men was 81.33% and for females 80.15%. The fourth election was held on 25th November 1998 in which 339901 electors from 445366 electors (76.32%) participated. The level of participation was low compared to the past. But the ratio of male and female participation was better than ever at 50.19% and 49.81% respectively. Like the

voter turnout the gender-wise turnout also came down to 76.42% (male) and 76.22 % (female).

The fifth general elections were held on the 20th of November 2003. Out of 532028 electors 418449 elected their representatives. The percentage of turnout was 78.65%, indicating a little progress but not good enough. The share of men and women in participation was 49.83 and 50.17 respectively. This was the first time the vote share of women was higher than men in the history of the Mizoram assembly elections. 78.84% of the total male voters participated in this election and 78.46% of the female voters exercised their franchise. On 2nd December 2008, the sixth assembly elections were held. Among the 611618 voters, 503665 cast their vote. The percentage participation was 82.34 %. It was a good progress, but the level of participation was not satisfactory as in the democratic state, every voter was expected to participate by voting. Thus, the percentage of women's share in voting was higher again at 51.32% while men's participation was at 48.68%. The turnout rate of females is also higher than males (81.24% and 78.77%).

The seventh assembly elections were held on 24th November 2013 in which out of 690860 voters 558385 (80.82%) elected their representatives. The rate of participation fell by 2% from the previous election. The women's participation in the total turnout was higher for the third time at 51.51% while men's participation stood at 48.49%. The turnout rate of females is also higher than males (82.12% and 79.50%). The eighth and latest assembly elections were held on 28th November 2018 in which out of 774757 voters, 632255 electors (81.60%) exercised their franchise. No big change in participation is noticed. Yet the participation is reasonably good enough. The male participation was 47.35% while that of women was 53.65% of the votes cast. The percentage of male turnout was 78.91% while that of female was at 81.10%

Table 1: Voter turnout from 1987 to 2018 Mizoram Legislative Assembly Election

Year	No of voters	No of turnout & percentage (%)		The vote share of males & percentage (%)		The vote share of females & percentage (%)	
1987	322066	233556	74.80	118751	50.84	114805	49.16
1989	333733	271339	81.30	137931	50.83	133408	49.17
1993	401669	324333	80.75	164283	50.65	160050	49.35
1998	445366	339901	76.32	170618	50.19	169283	49.81
2003	532028	418449	78.65	208542	49.83	209907	50.17
2008	611618	503665	82.34	238274	48.68	251146	51.32
2013	690860	558385	80.82	270709	48.49	287676	51.51
2018	774757	632255	81.60	299746	47.35	320262	53.65

Source : <https://eci.gov.in/files/category/83-mizoram/>

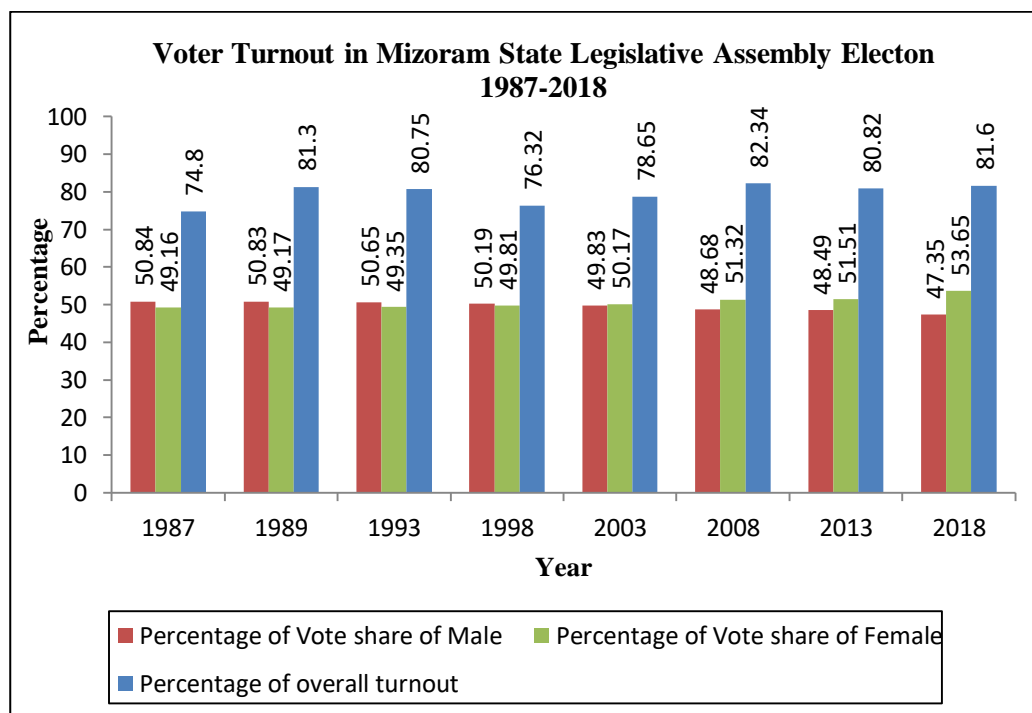
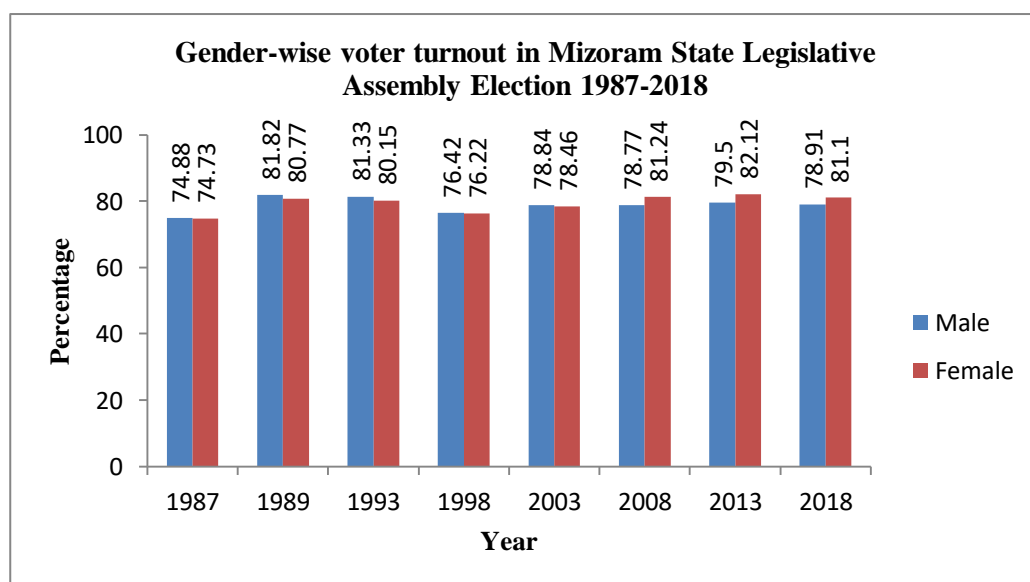


Table 2: Polling percentage gender wise

Year	Male (%)	Female (%)
1987	74.88	74.73
1989	81.82	80.77
1993	81.33	80.15
1998	76.42	76.22
2003	78.84	78.46
2008	78.77	81.24
2013	79.50	82.12
2018	78.91	81.10

Source : <https://eci.gov.in/files/category/83-mizoram/>



Comparison of People's Participation in the pre and post 21st Century

Little progress is noticed in the post 21st century in the sphere of voting. The percentage rate of voter turnout in the assembly elections increased by 3.13% indicating an average voter turnout of 80.85% in the 21st century while 77.72% was the average percentage during the previous century. The assembly elections were conducted four times in each of the century. When the comparison was done based on

gender; marginal progress in male voting was found as it increased by 0.49 % while 78.61% was the average percentage of male voter turnout in the pre-21st century and 79.10% was the average percentage in the 21st century. There is some progress in female participation. The reason for increasing voter turnout could not be given as this paper only analysed the secondary data, and it is likely to be seen as a gap in research in the future. Before the 21st century, the average percentage of involvement in the formation of the government was just 77.97%, but in the 21st Century, the average percentage was augmented to 80.73 and the rate of increment was 2.76% as represented by the following table:

Table 3: Comparison of voter turnout between the 20th and 21st centuries

Average voter turnout	Before 21st Century	In the 21st Century
Male in %	78.61	79.10
Female in %	77.97	80.73
Overall in %	77.72	80.85

Source: <https://eci.gov.in/files/category/83-mizoram/>

Constituency wise voting

The delimitation of the constituency was done before the 2008 assembly elections. Simultaneously the names of some constituencies were also changed and the constituency numbers were also shuffled. Because of these developments, the participation of the people in making the government was not easy to analyse from the beginning. This paper analysed the constituencies post – reorganization. As per the data shown in Table 4, the bottom three constituencies in performance (voter turnout) were Aizawl North –I, Lawngtlai East, and Aizawl North-III, and their average percentages of turnout since 2008 were 77.65%, 77.90 %, and 78.15% respectively. Hence, Aizawl South –III, West Tuipui, and Lunglei N were the top three in voter participation with average percentages of 88.05%, 87.64%, and 87.59% respectively. The difference between constituencies that registered highest and lowest voter turnout was 10.40%. Aizawl South–III is the highest and Aizawl North-I the lowest. But there are 38 constituencies between these two constituencies indicating that it was not a huge gap. The performance of every constituency is displayed in the following table 4.

Table 4: Performance of voters constituency wise

Sln	Name of Constituency	2008	2013	2018	Average in Percentage
1	Hachhek	84.48	85.76	78.34	82.86
2	Dampa	87.13	88.15	83.92	86.40
3	Mamit	85.36	86.74	82.12	84.74
4	Tuirial	82.06	83.50	83.86	83.14
5	Kolasib	84.17	83.94	81.84	83.32
6	Serlui	83.08	83.18	83.87	83.38
7	Tuivawl	81.64	82.75	80.69	81.69
8	Chalfilh	82.08	81.86	80.63	81.52
9	Tawi	86.61	87.07	84.63	86.10
10	Aizawl N-I	77.28	79.13	76.53	77.65
11	Aizawl N-II	80.38	80.26	80.07	80.24
12	Aizawl N –III	77.10	79.88	77.48	78.15
13	Aizawl E-I	79.79	81.24	80.36	80.46
14	Aizawl E – II	80.95	80.08	80.06	80.36
15	Aizawl W-I	82.20	83.54	81.45	82.40
16	Aizawl W-II	79.18	81.32	80.11	80.20
17	Aizawl W-III	78.30	79.50	78.07	78.62
18	Aizawl S-I	80.88	81.47	79.44	80.60
19	Aizawl S-II	78.83	81.11	79.25	79.73
20	Aizawl S-III	87.21	89.60	87.34	88.05
21	Lengteng	83.39	81.95	81.14	82.16
22	Tuichang	81.85	85.17	80.07	82.36
23	Champhai N	82.28	82.11	79.26	81.22
24	Champhai S	80.33	80.40	78.75	79.83
25	East Tuipui	82.25	81.39	78.68	80.77
26	Serchhip	87.56	86.18	85.73	86.49
27	Tuikum	87.37	87.68	87.69	87.58
28	Hrangturzo	84.52	82.90	82.37	83.26
29	South Tuipui	83.19	84.71	83.79	83.90
30	Lunglei N	86.75	88.52	87.50	87.59
31	Lunglei E	79.33	83.03	83.31	81.89
32	Lunglei W	82.57	85.18	82.80	83.52
33	Lunglei S	82.43	86.81	83.92	84.39

34	Thorang	87.08	88.34	86.66	87.36
35	West Tuipui	85.62	90.05	87.25	87.64
36	Tuichawng	83.66	82.87	85.17	83.9
37	Lawngtlai W	84.90	85.02	83.56	84.49
38	Lawngtlai E	78.44	79.26	76.01	77.90
39	Saiha	78.84	80.73	77.75	79.11
40	Palak	82.54	82.53	81.34	82.14

Source : <https://eci.gov.in/files/category/83-mizoram/>

The latest election of Mizoram in comparison with other latest elections of other states

The data in Table-5 reveals that Mizoram is placed in the fifth position among the 28 states in India with regard to voter turnout. There are only four states that registered higher voter turnout than Mizoram. They are Tripura (89.80%), Meghalaya (87%), Nagaland (85.62%) and Arunachal Pradesh (82.15%). There are only six states that have registered more than 80% voter turnout in the latest general assembly election.

Bihar registered the lowest voter turnout at 57.29% in the 2020 assembly elections. This data shows that nearly half of the people in Bihar did not participate in elections and hence it may be deemed that the representatives the people of the state and democracy have fallen short of true participation. After Bihar it is Uttar Pradesh and Maharastra with a voter turnout of 61.02% and 61.30%. This example proves that the true spirit of democracy is not realised in indirect democracy. The voter turnout data of every state in India in its latest election is shown in the following.

Table 5. The rank of all states in India in Voter turnout

Sno	Name of States	Year of the latest Election	Percentage of Voter Turnout
1.	Andhra Pradesh	2019	79.88
2.	Arunachal Pradesh	2019	82.15
3.	Assam	2022	78.70
4.	Bihar	2020	57.29
5.	Chhattisgarh	2018	76.88
6.	Goa	2022	78.94
7.	Gujarat	2017	69.01
8.	Haryana	2019	68.20
9.	Himachal Pradesh	2017	75.57
10.	Jharkhand	2019	65.38
11.	Karnataka	2018	72.13
12.	Kerala	2021	76.00
13.	Madhya Pradesh	2018	75.00
14.	Maharashtra	2019	61.30
15.	Manipur	2022	76.62
16.	Meghalaya	2018	87.00
17.	Mizoram	2018	81.60
18.	Nagaland	2018	85.62
19.	Odisha	2019	73.21
20.	Punjab	2022	72.14
21.	Rajasthan	2018	74.21
22.	Sikkim	2019	81.43
23.	Tamil Nadu	2021	73.63
24.	Telangana	2018	73.74
25.	Tripura	2018	89.80
26.	Uttar Pradesh	2022	61.02
27.	Uttarakhand	2022	65.41
28.	West Bengal	2021	76.00

Source: <https://eci.gov.in/statistical-report/statistical-reports/>

Conclusion

It is found that the performance of Mizoram voters appears satisfactory in comparison to other states in India. The voter turnout is stable when we compare any two elections held in Mizoram, and it could be interpreted negatively. Mark N. Franklin, in his book '*Voters Turnout and Dynamics of Electoral Competition in Established Democracy since 1945*' (2004) stated that voting and not voting could be a habit which means a person who casts his/her vote once will continue to do so and a person does not will repeat the same in the next elections also. This habit of voting could be the reason for stable turnout as per the assessment of Mark N. Franklin. Even in the case of Mizoram, the stable turnout may indicate the turnout section and non-turnout section could always be the same in terms of family, peer group, locality, etc. In such circumstances there could be a chance of no change in governance even when the government is changed. There is no chance for other outcomes through an adult franchise in an indirect democracy like India. But in reverse, the low-level participation in voting nullifies the very essence of democracy and universal adult franchise ideology, and prove to be an obstacle to achieving good governance.

Regarding the gender-wise analysis in Tables 1 and 2, the female participation looks impressive in Mizoram and indicates that there is no noticeable inequality in participation in Mizoram. Going by the data of constituency-wise analysis, some constituencies like Lawngtlai E, Aizawl N-I, and Aizawl N-III may need special consideration and awareness for a better turnout, while the constituency Aizawl South-III, West Tuipui, Lungleng N had good turnout in the last assembly elections 2018.

Compulsory voting is not highly recommended, because there are no countries, including those that have compulsory voting system, that can secure 100 percent turnout. Countries like Chile, Fiji, Cyprus, etc. abandoned the compulsory voting system. Based on the conditions of the country and the people, some countries may need compulsory voting while some others need a voluntary voting system.

References

- Birch, Sarah. (2008). *Full Participation: A Comparative Study of Compulsory Voting*. Manchester University Press.
- Brenan, Jason. & Hill, Lisa. (2014). *Compulsory Voting: For & Against*. Cambridge University Press.

- Compulsory Voting. <https://www.idea.int/data-tools/data/voter-turnout/compulsory-voting>
- Tripathi, Rahul. (2017). Good Governance: Origin, Importance, and Development in India. *International Journal of Development Research*, Vol 07(Issue,11,) pp.16968-16970. DOI: <https://www.journalijdr.com/sites/default/files/issue-pdf/11084.pdf>
- Good governance: An Overview. (1999). *International Fund for Agricultural Development: Executive Board- Sixty-Seventh session*. <https://www.ipa.government.bg/sites/default/files/pregled-dobro-upravljenje.pdf>
- Good Governance: Meaning and Concept. <https://www.gktoday.in/gk/good-governance-meaning-and-concept/>
- Green, P. Donald., & Gerber, S. Alan. (2015). *Get Out The Vote*. (3rd Edition). Brookings Institution Press.
- Gwiazda , Anna. (2016). *Democracy in Poland Representation, Participation, Competition and Accountability since 1989*. Routledge.
- Jakee, Keith & Sun, Guang-Zhen. (2006). Is Compulsory More Democratic?. *Public Choice Journal*. Vol 129. pp. 61-75. DOI: 10.1007/s11127-005-9008-6
- Krishna, Vijay & Morgan John. (2012). Voluntary Voting: Costs & Benefits. *Journal of Economic Theory*. Vol 147 (Issue no.6). pp. 2083-2123. DOI: <https://doi.org/10.1016/j.jet.2012.09.006>
- Malkopoulo, Anthoula. (2015). *The History of Compulsory Voting in Europe: Democracy's Duty*. Routledge
- Singh, Shane.P. (2021). *Beyond Turnout: How Compulsory Voting Shapes Citizens & Political Parties*. Oxford University Press.
- Sniderman, M. Paul., & Highton, Benjamin. (2011). *Facing the Challenge of Democracy Exploration in the Analysis of Public Opinion and Political Participation*. Princeton University Press.
- Statistical Report on General Election to the Legislative Assembly of Mizoram, 1987,1989,1993,1998,2003,2008,2013,2018. <https://eci.gov.in/files/category/83-mizoram/>
- Statistical reports of the general election to the states legislative assembly (vidhansabha) <https://eci.gov.in/statistical-report/statistical-reports/>

United Nations ESCAP: What is Good Governance?.
<https://www.unescap.org/sites/default/files/good-governance.pdf>

United Nations Development Programme. (1997). *Governance for Sustainable Human Development*. <https://digitallibrary.un.org/record/492551?ln=en>

World Bank . (1989). *Sub-Saharan Africa: From Crisis to Sustainable Growth*.
<https://documents1.worldbank.org/curated/en/498241468742846138/pdf/multi0page.pdf>

DECLARATION

The authors declared that this article titled “**An analysis of voter turnout in Mizoram state legislative assembly elections from 1987 to 2018**” is an original work, not published in any Journal nor has been sent to any other source for publication.

MAJOR ISSUES IN THE POLITICAL ECONOMY OF MIZORAM

Lalengkima

Abstract

Mizoram has undergone several changes in its political set-up. Clouded by an armed uprising for 20 years the state's economy suffered compared to its neighbouring states. Recent initiatives taken up by the State Government to offset its economic backwardness have not succeeded in addressing it. The situation of Public finance of the state indicates that if the present approach of the State Government continues in the future, it is unlikely that the dependence of the state government upon the central government will be minimised.

Keywords

Gross State Domestic Product (GSDP), Revenue Deficit, Primary Sector, Kharif, Rice cultivation.

Introduction

The major problem of Mizoram economy is that the state is largely dependent upon grants and share taxes from the Central Government. Meanwhile, the growth of Gross State Domestic Product (GSDP) and population is mismatched or skewed in the sense that the majority of the state population contributes very less amount of revenue to the state's GSDP. Therefore, the right approach for the state's economy lies within the realm of politics which formulates policies, schemes and programmes for the people. The questions which ministry or regime contributed most to the state's economy and what approaches have been implemented so far for the development of the people, and which one did better or yielded results need to be addressed. This paper discusses key developments in the state's economy.

Imbalances of GSDP share by three sectors

The main feature of Mizoram's economy is that roughly around 66 per cent of the state population is dependent on agriculture, 5 per cent on small-scale industry and the rest 29 per cent on Government services. This data changes over time. Agriculture

Corresponding author

Dr Lalengkima, Assistant Professor, Department of Political Science, ICFAI University Mizoram
Email: engkima14pols@gmail.com

at any point of time provides livelihood to around 60 per cent of the total population in the State¹. Agricultural labourers who happened to be the majority of the population are socially and economically the poorest section of society. Further, several studies indicated that agricultural workers are unskilled and may not also be skilled even in the art of profitable cultivation². Since a majority of the population are mostly unskilled and depend upon agriculture, no immediate action could be taken up to rectify this imbalanced growth. Therefore, the share of GSDP could not be improved as expected.

The overall state domestic product is very low compared to other states in India in which around 40 per cent of the GDP is drawn from agriculture, 15 per cent is generated from small-scale industries while a majority of the rest (45 per cent) is based on Government services³. Due to this low income earned by the majority of the population, a large amount of government budget is always used for agricultural. Yet the domestic product of agriculture hardly increases. The same growth rate is continuing for the past 30 years and not much progress was achieved. The table below reveals the sectoral share of the state's GSDP for the past 9 years.

Table 1 - Percentage contribution of Sector to GSDP

Financial Year	Agriculture & Allied Sector	Industry Sector	Service Sector
2007-2008	15.23 %	17.65 %	67.12 %
2008-2009	15.49 %	20.09 %	64.42 %
2009-2010	14.32 %	19.39 %	66.29 %
2010-2011			
2011-2012	20.12 %	20.46 %	59.43 %
2012-2013	18.95 %	18.91 %	62.14 %
2013-2014	18.74 %	23.24 %	58.02 %
2014-2015	31.49 %	20.87 %	47.63 %
2015-2016	31.41 %	20.74 %	47.85 %
2016-2017	30.01 %	24.27 %	45.72 %

(Source: Budget speech of 2009-2010 on Thursday, the 15th October, 2009; and Directorate of Economics & Statistics, retrieved from Statistical Handbook of Mizoram 2018, 2019: 26)

Agriculture & allied sector (Primary Sector) include agriculture, forestry and fisheries, horticulture, livestock & veterinary, soil & water conservation, trade and commerce. The industry sector (secondary sector) comprises mining & quarrying, manufacturing, construction, electricity, and gas & water supply. service sector (tertiary sector) comprising transport, storage & communication, trade, hotel &

restaurant, banking & insurance, real estate & business services, public administration and other services. The above table also represents the contribution of different sectors during the year 2007-2017.

With the livelihood of 60 per cent of the population coming from agriculture and allied activities, faster growth in agriculture is a necessary and sufficient condition for stronger, sustainable and inclusive growth in the state. In 2012-13 the state's economy was dominated by the service sector holding 62.14 per cent which is followed by the industry sector at 18.91 per cent and agriculture & its allied sectors at 18.95 per cent. On account of this dominant factor, the daily economic activity of the state became entirely dependent on the expenditure and income of the Government and its employees. In other words, the service sector remains the main driver of the state economy.

The three sectors contribute 33 percent to the GSDP. However, this is not a 'just' contribution to the state's economy. A 'just' contribution or a perfect growth and contribution are based on the share of sectors proportionate to the population. For instance, how much population is engaged the primary sector? How many people are working in the secondary sector? How many people earn their livelihood from the tertiary sector? These details are necessary for facilitating growth in the state economy. For example, during the 2012-2013 financial year, about 60 per cent of the population depended upon agriculture and allied sector⁴. But during the same financial year, the contribution of the agriculture & allied sector to the GSDP is 18.95 per cent. It is only when 60 per cent population contributes/shares around 60 per cent of the state's GSDP, it can be considered a 'perfect' or 'just' economic growth.

Now, there is an unbalanced growth in the state's economy in which the contribution of the primary sector to the GSDP is unbalanced. The growth in the Primary sector in 2012-2013 could be said to be healthy if 60 percent of the population had worked in it and contributed at least 50 – 60 per cent to the GSDP. If this unbalanced growth continues in the future, no matter how high the GSDP is, and no matter how high the per capita income is, there shall be no 'just' economic growth in the state. It is Marxian capitalist expansion and does not ensure proportional accumulation of wealth. On the contrary, it ensures the concentration of wealth in the hands of a few members of society who are in the 'service sector'.

An important finding from the above is that unbalanced growth was very high when the Congress party came to power in 2008. Since 2014, there has been a positive growth in the agriculture and allied sector in which the share of the said sector in

GSDP was found increasing every year. This further means that there were more investments and utilization of resources in agriculture and allied sector in which a majority of the population is engaged. If this growth continues in the future and if agriculture and allied sector contributions to the GSDP reach more than 60 per cent, it would be fair to assume that Mizoram achieved balanced growth in its political economy. Hypothetically speaking, this growth towards a balance sectoral share of GSDP has something to do with the Congress flagship programme of the NLUP which has been implemented since 2009. Of course, the NLUP was also implemented way back under the regime of the Congress (1989-1993) but did not have a robust impact on the state's economy. This time around the implementation of the NLUP appears to have resulted in an increase in the share of agriculture and allied sector to GSDP in Mizoram.

Low revenue generation

In Mizoram the state generates little revenue to sustain its immediate needs. The taxes are levied by the state government. They are - taxes on sales/trades, taxes on state excise, stamps & registration fees and land reforms under the revenue department/land revenue, taxes on income & expenditure, taxes on vehicles and other taxes on goods & passengers, water tariffs, and power and electric tariff. Amongst them water power & electric taxes are usually in the form of user charge taxes. These revenues of the state government constitute what is known as 'state own revenue' and it is further categorized into 'tax and non-tax revenue'. State owned revenue (including tax and non-tax) hardly exceed 10 per cent of the total revenue receipt; around 90 per cent of the revenue receipt was obtained in the form of Grants-in-aid and Devolution of Central Taxes⁵. Devolution of central taxes means a share of central taxes in which certain taxes are levied by the central government and shared between the state and the central government. Therefore, to increase the revenue, it is proposed to levy more tax. Some may call it unfair while some call it necessary. The libertarian and communitarian debates over taxation need to be revisited. Not only taxation is needed, but also the state government need to explore all potential avenues to enhance revenue and capital receipt (state-owned revenue).

Insufficient paddy production

Only a handful of Wet Rice Cultivation (WRC) areas are utilized in Mizoram. Full utilisation is needed to meet self-reliance on paddy production. In recent years the expenditure on food grains has increased. The State Government spent approximately ₹ 22 crores every month on the purchase of rice for distribution to the public at a

subsidized rate through the Targeted Public Distribution System (TPDS)⁶. The monthly unrecovered subsidized amount was approximately ₹ 13 crore. Therefore, the state government loses approximately ₹ 156 crores – ₹200 crores annually on food subsidy alone, which is a huge amount for a revenue-deficient State like Mizoram. This amount is much higher than the amount generated from liquor tax in the 2017-2018 financial year.

Therefore, until and unless the state produces enough paddy for its consumption it will continue to spend around ₹ 100 - ₹ 200 crores on it every year. To reduce this excessive spending on the purchase of food grains, the state government must find all possible means and ways to maximize paddy production within the state.

Revenue Expenditure and Revenue Deficit

The incompatibility of income and expenditure could not be overlooked if one wishes to create healthy public finance. Huge fiscal deficit in Mizoram has been an ongoing issue for both the MNF and the Congress ministry. There has been an attempt to eliminate the fiscal deficit and turn it into a fiscal surplus. However, only revenue expenditure has been successfully converted into a revenue surplus. The overall Gross Fiscal Deficit could not be removed once and for all. Accordingly, the actions and measures taken up by the state government or a particular political party are vital for the development of public finance which will lead the state to the development of a political economy. But till today, no critical and essential measures against fiscal deficit have been taken up by any political parties. The serious challenge to the political parties, the ruling ministry, and to the state remains to balance the receipts and expenditure.

Except for the 2015 – 2019 financial year, Mizoram has always been in a state of revenue deficit. To offset the deficit and accumulate surplus revenue, minimizing expenditure is a must. Huge revenue expenditure often leads to a revenue deficit. Revenue expenditure is expenditure incurred to meet the day-to-day and regular expenditure of the government and does not result in the creation of durable assets nor yield any revenue in future. It includes components such as salaries, pensions, subsidies, and administrative expenses. In other words, revenue expenditure means such expenditure which is spent on running the administration of the State Government viz salaries, normal administrative costs, pensions etc. Revenue Expenditure includes expenditure incurred on account of general administration, operation and maintenance of infrastructure and expenditure on human resources under social and economic programmes such as schools and hospitals etc.

When there is a shortage of money from all *revenue receipts* (excluding loans) to be spent on administration, such as salaries and administrative costs, but not for *capital expenditure*, the condition is called *revenue deficit*. This means that insufficient revenue receipt/income often leads to a revenue deficit. This further means that whenever there is shortage of funds received in revenue account, the fund could not meet the revenue expenditure and therefore enters a condition of ‘deficit’. This is the reason why government often borrow funds from financial institutions. To avoid this, a government must generate enough funds by itself and try to reduce its expenditure by initiating certain reforms, such as rightsizing or downsizing. An Administrative reforms committee or commission is recommended to help maintain good public finance.

Prospects and Conclusion

Although agriculture and its allied sectors are very important in the economy, there are umpteen number of ways to beef up the state’s economy. Allied sectors include horticulture and sericulture which are developed along with the agriculture sector. The staple food of the state is still imported, and most of the essential commodities which are consumed in everyday lives are also imported. Around 32 per cent of the cultivated area is under *Jhum* cultivation. Only 20 per cent of the demand for rice could be met within the State.⁷ The state has great potential for improving agriculture and its allied sectors for making the state self-sufficient.

Table 2 - Area, Production and Yield of Rice cultivation in Mizoram

Year	2016-2017			2017-2018		
Name of Crop	Area (Ha.)	Production (MT)	Yield (Kg/Ha)	Area (Ha.)	Production (MT)	Yield (Kg/Ha)
1. Jhum	19602	23665	1.21	19587.5	23580.2	1.2
2. WRC-Kharif	16862	36979	2.19	16039.7	35027.4	2.19
3. WRC-Rabi	394	872	2.21	487	998.1	2.05
Total of WRC	17256	37851	2.19	16526.7	36025.5	2.18
Grand Total of Rice (1+2)	36858	61516	1.67	36114.2	59605.6	1.65

Parent source: Directorate of Agriculture, Mizoram; retrieved from Statistical Handbook of Mizoram 2018, 2019

Table 2 shows that the rice production is disproportionately low to the population ratio. Moreover, the area which is being utilized for producing rice is also

very low compared to the huge swathes of potential lands all over Mizoram. *Jhum* occupies maximum space, as most people still depend on *jhum* cultivation. WRC-Kharif and WRC-Rabi stand for Wet Rice Cultivation (WRC) – Kharif type and Rabi type. Kharif type is a seasonal agricultural activity (cultivation) which is normally carried out in June (summer) or rainy season and harvested in autumn or November and December. Rabi, another seasonal activity is less popular in Mizoram under which seeds are sown in autumn and usually harvested in February and March. Rabi-type cultivation is usually known as winter crops. The above table is only for samples, data may change over time.

In addition to paddy there are various potential areas in agriculture & allied sectors. For example, fish production by the end of 2010-11 was to the tune of 5200 metric ton (MT). While the estimated land with potential for pisciculture is 24,0000 Hectare (Ha), only 12 per cent of the available resource (2900 Ha) has been developed and utilized for the same yielding only 36 per cent of the requirement leaving a gap of 64 per cent in regard to potential areas⁸. These unutilized and undeveloped potential areas, not just in rice and fish production but also in almost all agriculture & allied sectors resulted in a low contribution of the GSDP by the primary sector.

The potential of the state must be explored and utilized at all costs. This is why the role played by politicians is crucial in the development of the political economy. Huge tracts of cultivable fertile land have to be explored and properly utilized. The value of a commodity is realized only when it is utilized and serves its purposes. For example, opportunities for livestock rearing in the east and south with dense forest cover and oil palm cultivation in the east and the north and betel nut plantation can be taken up. The avenues for broom cultivation, betel nut (arecanut) processing system, beekeeping in the south etc. need to be explored thoroughly to realize their full potential to strengthen the state's political economy. W. Stanley Jevons rightly observes that –

“The ore lying in the mine, the diamond escaping the eye of the searcher, the wheat lying unreaped, the fruit ungathered for want of consumers, have no utility at all”⁹

Mizoram's political scene is overwhelmingly dominated by 'party politics'. Politicians are found to be neglecting this crucial area of making proper use of the considerable potential for agriculture and commercial crops the state. Just as the Post-Behaviouralist in the late 1960s in America began to concentrate on social values and justice,¹⁰ the government of Mizoram should also focus on social values and justice.

Based on the government's decisions, intellectuals and researchers should measure and analyze the development of the political economy. It is not only important to trace and investigate when and where the government took action, but it is also important when and where the government does not take action.

Thereby, in light of the above discussions, one may conclude that if careful steps had been taken, fiscal deficit can be checked (Pu Lalsawta did it in 2013-2018 FY). If funds are strictly spent on their original purposes, a surplus budget is quite possible in the future. The government needs to create a fool - proof system so advanced to prevent diversion of funds. Augmentation of revenue receipt/income through taxation, proper utilization of all WRC potential areas, reducing revenue expenditure, and proper balance of sectoral share of GSDP are the necessary steps to be taken by the state government.

End Notes

- ¹ Government of Mizoram (2016). *New Economic Development Policy [Comprehensive Growth Strategy for Mizoram]*. Aizawl: Mizoram State Planning Board, Planning & Programme Implementation Department, P. 9.
- ² *Ibid.*
- ³ Vanlalchhawna (2003). *Zofate Economy: Hmasawwna Tobul leh Hmalam Thlirna*. Venghlui, Aizawl: Zamzo Publishing House.
- ⁴ *Economic Survey, Mizoram (2013)*. Aizawl: Planning & Programme Implementation Department, Government of Mizoram, 2012-2013.
- ⁵ L.T. Thanga, J. (2018), *Evaluation of State Finance Mizoram submitted to Fifteenth Finance Commission*. Report, unpublished, p. 11.
- ⁶ RTI answer sought by the author to Director of Food Civil Supplies and Consumer Affairs, Government of Mizoram. Date 13 October, 2020.
- ⁷ *Economic Survey, Mizoram, 2012-2013, Op cit.*
- ⁸ *Ibid.*
- ⁹ Jevons, W. (1970). *The Theory of Political Economy*. (R. Black, Ed.) Great Britain: Penguin Books, pp. 105-106.
- ¹⁰ Varma, S. (1975). *Modern Political Theory* (Second ed.). Noida, U.P, India: Vikas Publishing House Pvt Ltd, pp. 31-37.

DECLARATION

The author declared that this article titled “**Major issues in the political economy of Mizoram**” is an original work, not published in any Journal nor has been sent to any other source for publication.

A COMPARATIVE STUDY OF THE PROBLEMS OF THE INMATES OF OLD AGE HOMES IN BANGLADESH & INDIA

Sushama Mukerjee

Abstract

Traditional support from the family or community received by the elderly is almost fading out of contemporary society. Owing to various socio-economic factors the traditional support to the elderly is gradually changing its character. This transformation can be attributed to various changes in social and economic arenas. The elderly people are facing a host of problems rather than living in peace and with honor. Many elderly people are becoming dependent on family members for their maintenance and daily existence. Since they have no earnings or means, deteriorating health has resulted in medical problems in old age; they are considered burdensome or even parasites by family members and the society at large. Elderly people are sometimes forced to leave their homes and stay at Old Age Homes (OAHs). Thus, it is pertinent to understand the individual circumstances compelling the elderly to turn to old age homes.

Keywords

Elderly, Old age home, problem.

Introduction

The onset of factors like industrialization, westernization, changing roles of women etc, have led to the gradual decline of extended family structure in India and Bangladesh which in turn paved the way for the emergence of nuclear families. Thus, the traditional family support older people had enjoyed began to fade. The process of ageing, a natural phenomenon, marks the 'end of life cycle' Gorman (1999). WHO (1967) defined old age as, 'The period of life when impairment of mental and physical function becomes increasingly manifest in comparison with the previous period of life'. Societies in many Asian countries including the Indian sub-continent (comprising India, Bangladesh and Pakistan) was predominantly agrarian or feudal until the second

Corresponding author

Dr. Sushama Mukerjee PDF fellow ICSSR Deptt. of Social Work, University of Lucknow

half or even the closing decades of the 20th century. Ageing comes naturally to people and is an inescapable reality of human life. But it is no longer a welcome change in life, in many developing countries like India or Bangladesh. It is now considered a societal problem.

The rise in elderly population, particularly in less developed countries, is a global phenomenon. As per the United Nations Population Fund (UNFPA) and Help Age India, by 2030 nearly 12.5 percent of Indian's population will be over sixty years of age. By 2050 this percentage will increase to 20 percent. According to the Bangladesh Bureau of statistics (2011) older people constitute 7.48 percent of the total Bangladesh population of 142 million. In India and Bangladesh ageing population is emerging as a societal concern and the elderly -especially those with scanty means -are treated as liabilities by their kin and are subjected to financial, mental and physical abuse/exploitation. Financial crunch, spiraling prices and ill-treatment force many helpless older people to seek refuge in Old Age Homes. Old age homes can to some extent, provide the healing touch to the hapless elderly and ameliorate their plight.

Research Methodology

Objectives

The research is intended to make a comprehensive study of the problems afflicting the elderly residents at the old age homes. The specific objectives are as follows:

- 1) To identify factors that force the elderly to live in old age homes (OAHs) in India and Bangladesh.
- 2) To examine and compare the available facilities of residents at old age homes in the selected countries.
- 3) To study the various issues of the elderly residents under the study area.
- 4) To assess the role being played by the government and non-government organizations in respect of old age home residents under the study area.

Database and Method of Research

In order to achieve the objectives, the researcher has used a comparative research design to understand the problems and the conditions faced by the elderly living in old age homes in India and Bangladesh. The method and data reflect a distinct quantitative

approach. Kolkata, the capital of West Bengal in India and Dhaka, capital of Bangladesh, have been selected as study area. Respondents of 60 years of age and above and living in old age homes in Kolkata (India) and Dhaka (Bangladesh), were selected by using purposive non-probability sampling method. A total of 162 respondents living in seven homes in Kolkata and four homes in Dhaka were selected for the study. From among the respondents 89 were from Kolkata, and 73 from Dhaka.

Statistical analysis

Internal consistency of the questionnaire has been tested by using Cronbach's alpha, which has given a result of 0.832. Usually a reliability coefficient above 0.70 is considered sufficient. Therefore, it can be said that the measures used in this study are valid and reliable. The processing as well as analysis of data has been done by using statistical package (SPSS-20.0 version) and the results were registered as frequencies, table and figures.

Major Findings and Conclusions

Socio-demographic particulars of OAH respondents:

Gender of Respondents

			Nation		Total
			India	Bangladesh	
Gender	Male	Number	18	24	42
		% of Total	11.1%	14.8%	25.9%
	Female	Number	71	49	120
		% of Total	43.8%	30.2%	74.1%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

(Source: Field Survey by Researcher)

Majority of the respondents in India are females accounting for 43.8 percent of the total sample and Bangladesh 30.2 percent. It is evident from the findings that the elderly females are often neglected by their family members and therefore to sustain their lives under proper care and attention or for bare survival they are forced to opt for stay at old age homes.

Religion of Respondents

Religion has a role to play in the way people lead their lives. In their places of stay religiosity or religious practices have an important role to play in helping the aged people engage in spirituality and maintain a stable life style.

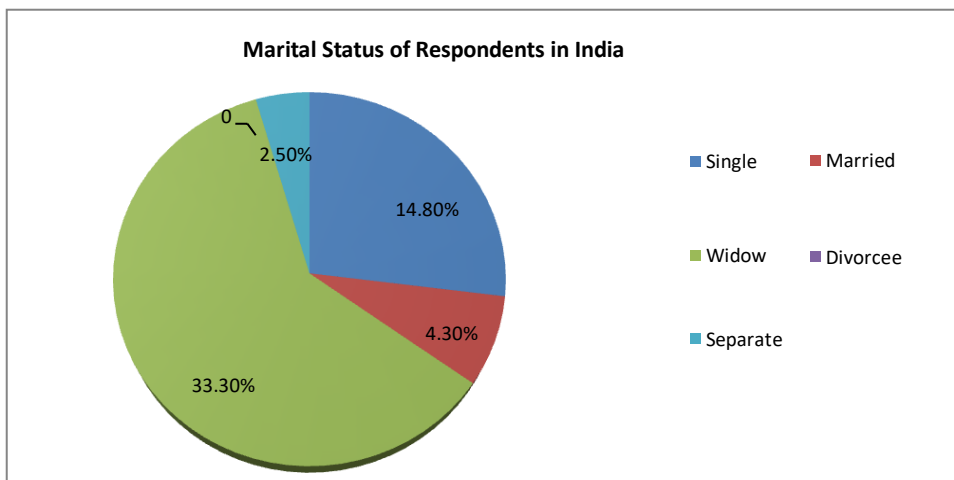
Religion of Respondents

			Nation		Total
			India	Bangladesh	
Religion	Hindu	Number	89	2	91
		% of Total	54.9%	1.2%	56.2%
	Muslim	Number	0	69	69
		% of Total	0.0%	42.6%	42.6%
	Christian	Number	0	2	2
		% of Total	0.0%	1.2%	1.2%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

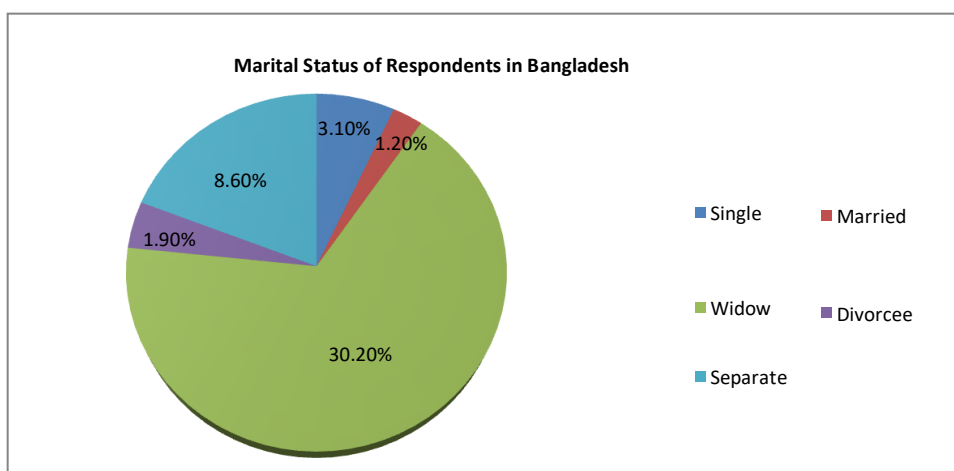
(Source: Field Survey by Researcher)

Majority of respondents in India (54.9) percent belong to Hinduism while in Bangladesh, majority of the respondents are Muslims (42.6 percent). The percentage of Christian respondents is as low as 1.2 percent.

Marital Status of Respondents



(Source : Field Survey by Researcher)



(Source : Field Survey by Researcher)

A majority (63.6 percent) of the respondents is widows. In this regard, India accounts for 33.3 percent and Bangladesh 30.2 percent respectively. Therefore, the percentage of widows is far higher than that of those having a different marital status.

Former Occupation of Respondents

			Nations		Total
			India	Bangladesh	
Former Occupation	Employed	Number	38	32	70
		% of Total	23.5%	19.8%	43.2%
	Unemployed	Number	51	41	92
		% of Total	31.5%	25.3%	56.8%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

(Source : Field Survey by Researcher)

The table shows that 51 Indian respondents (31.5 percent of the sample) and 41 Bangladeshi respondents (25.3 percent of the sample) are unemployed. The respondents from India were found to be more unemployed than those from Bangladesh. It is found that 43.2 percent of total respondents were employed with 23.5 percent from India and 19.8 percent from Bangladesh. As majority of the respondents are found to be unemployed financial hardship is inevitable.

A) To identify factors that force the elderly to live in OAH in India and Bangladesh:

A) 1. Death of spouse of the respondent

Contrary to the traditional ethos of India and Bangladesh the elderly people are considered burdensome and undesirable by their own family members.

Death of spouses of respondents

			Nation		Total
			India	Bangladesh	
Death of Spouse	Yes	Number	54	49	103
		% of Total	33.3%	30.2%	63.6%
	No	Number	35	24	59
		% of Total	21.6%	14.8%	36.4%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

(Source : Field Survey by Researcher)

Around 64 percent (63.6) of respondents are widowed. Indian respondents account for 33.3 percent and their Bangladeshi counterparts account for 30.2 percent of the sample. After the death of their spouses the elderly (widowers\widows) stop getting any support from their near and dear ones. Due to this, they (the widowers\widows) start suffering from a sense of loneliness. This phenomenon of death of spouses of the respondents is almost the same in both the countries.

A) 2. Low income

Monthly income delineates the economic condition in the family of the elderly. The economic condition is an important factor in determining the problems faced by the elderly.

Economic Problem

			Nation		Total
			India	Bangladesh	
Economic Problem	Yes	Number	42	55	97
		% of Total	25.9%	34.0%	59.9%
	No	Number	47	18	65
		% of Total	29.0%	11.1%	40.1%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

(Source : Field Survey by Researcher)

The above table indicates that 59.9 percent of respondents suffer from serious financial crisis and the resultant alienation from their own families. Indian respondents constitute 25.9 percent of the sample while that of Bangladesh constitute 34.0 percent of the total number of respondents. 40.1 percent of the respondents do not have any financial problem. In India, it is 29.0 percent and in Bangladesh it is 11.1 percent. Therefore, it is found that the financial crisis among the respondents is more acute in Bangladesh than in India.

A) 3. Health issues

With advancing years men and women begin to be affected by many health problems which pose a grave challenge to the aged. Financial insecurity caused by decrease in earnings is a serious problem and the consequential escalation of medical expenses makes matters worse in old age.

Health issues of respondents

			Nation		Total
			India	Bangladesh	
Health Problem	Yes	Number	78	69	147
		% of Total	48.1%	42.6%	90.7%
	No	Number	11	4	15
		% of Total	6.8%	2.5%	9.3%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

(Source : Field Survey by Researcher)

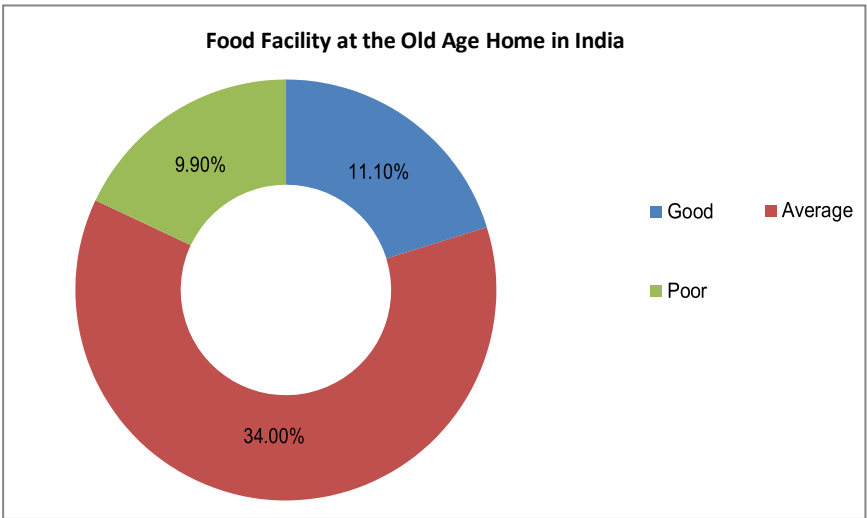
The above table shows that 90.7 percent of respondents are afflicted by health- related problems with 48.1 percent in India and 42.6 percent in Bangladesh respectively. It is clear that this is a serious concern for both the countries. The major cause for the elderly to turn to the old age home is health related problems and their inability to afford proper medical treatment and care.

B) To examine and compare the available facilities of residents at the old age home in the selected countries:

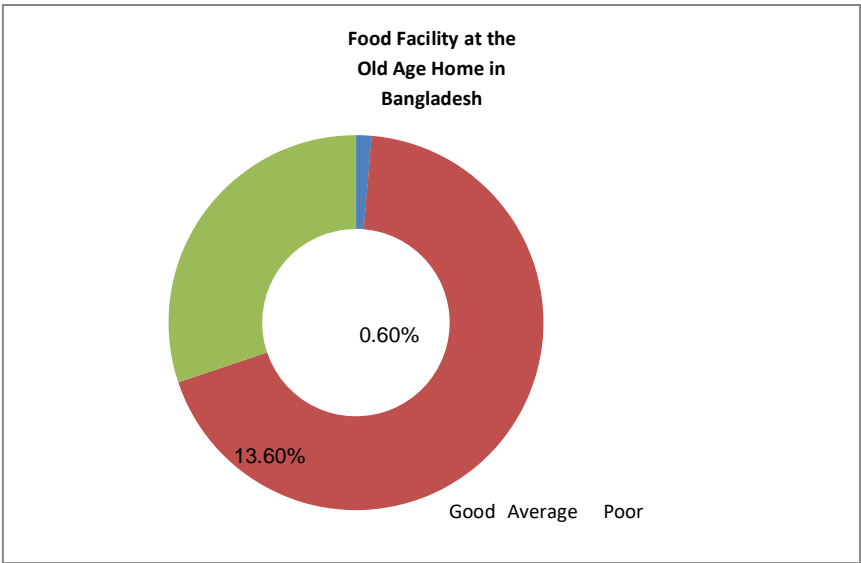
B) 1. **Food in OAH**

Food is essential for human beings for their sustenance and nourishment. It is more so for the elderly when their physical condition is fast deteriorating. For them it is a must for survival.

Food at the Old Age Home:



(Source : Field Survey by Researcher)



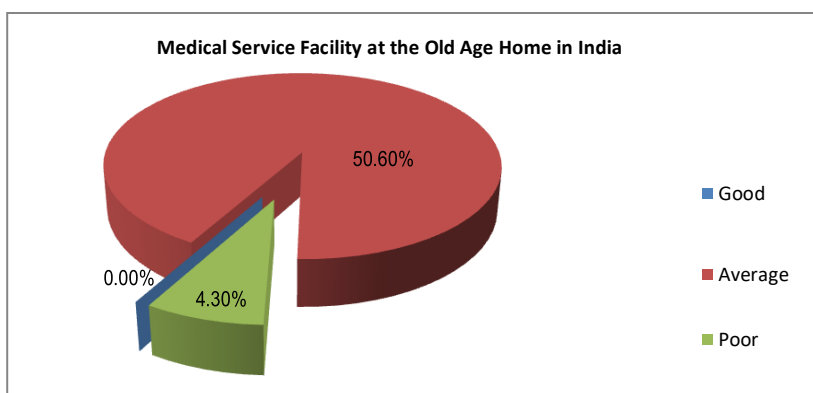
(Source : Field Survey by Researcher)

The table shows that 11.7 percent of the respondents get good quality food. In India this is 11.1 percent and in Bangladesh 0.6 percent. 64.8 percent of the respondents get average quality of food. In India it is 34.0 percent and in Bangladesh 30.9 percent. As per the findings, 23.5 percent of the Indian respondents get poor quality food accounting for 9.9 percent and Bangladeshi respondents accounting for 13.6 percent. Therefore, it is found that the overall food quality in India is better than that in Bangladesh. The institutional care is a boon for the elderly residents. An interesting point to note in this connection, is that even the paid -up homes are found wanting in serving quality food.

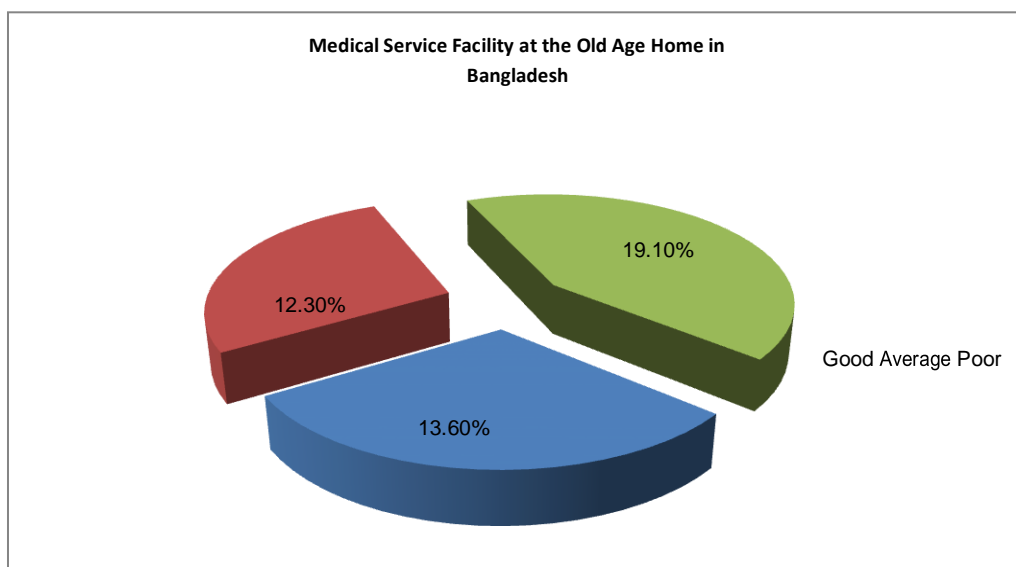
B) 2. Medical Service Facility at Old Age Home

“Health is a state of complete physical, mental and well-being, and not merely the absence of disease or infirmity”. (World Health Organization, 1948). Deteriorating health and medical problems are major debilitating factors in old age.

Medical Service Facility at the Old Age Home:



(Source : Field Survey by Researcher)



(Source: Field Survey by Researcher)

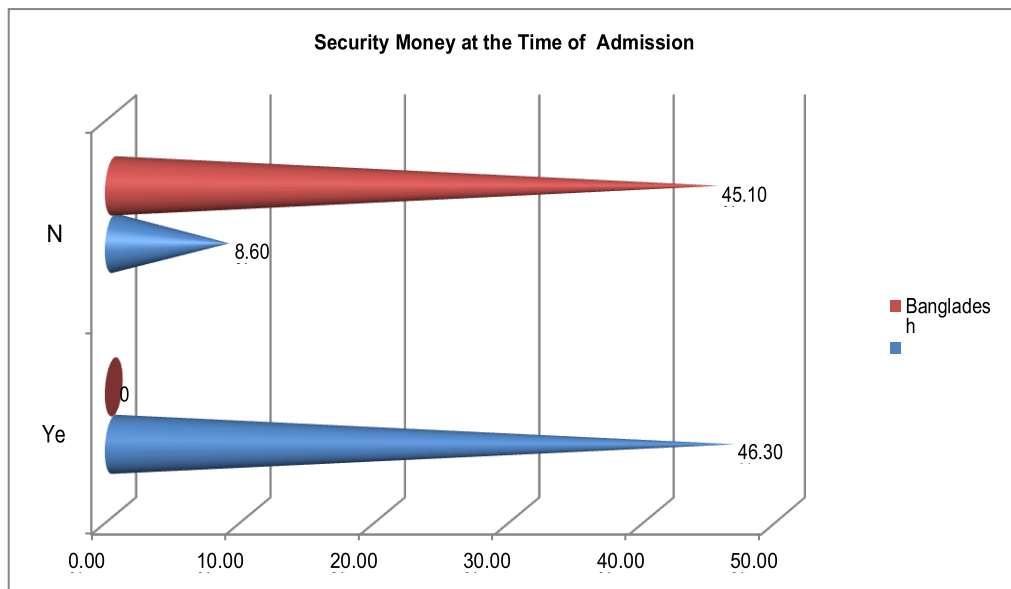
The above figures pertain to the medical service facilities available at the old age homes. It is observed that 13.6 percent of the respondents get good medical facility. In India it is nil and in Bangladesh it is 13.6. With regard to medical service facility 63.0 percent of the respondents (Indians) get it accounting for 50.6 percent and 12.3 percent of Bangladeshis get it. Overall 23.5 percent of the respondents, among whom, 4.3 percent in India and 19.1 percent in Bangladesh, could not access proper medical service facility. The availability of medical service facilities in old age homes leaves much to be desired. Even the minimum standard in this respect has not been attained, especially in India. The state of affairs in Bangladesh better in this regard.

C) To study the various issues of the elderly residents under the study area:

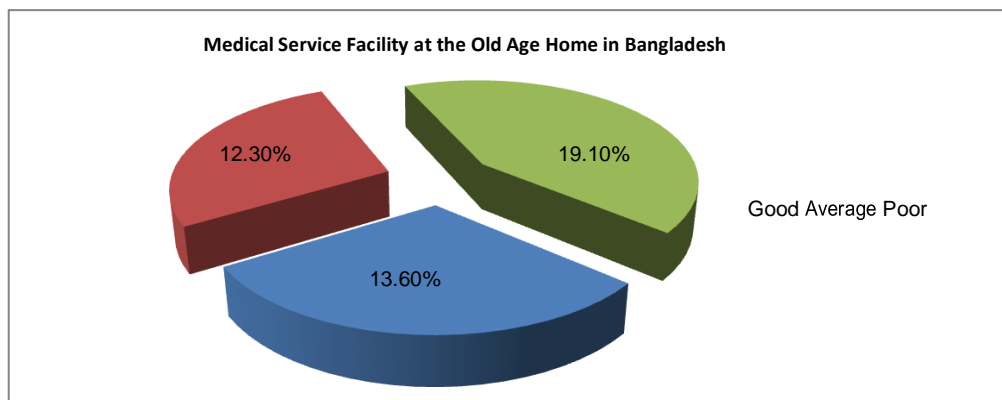
C) 1. Security money at the time of admission to OAH

The respondents of Bangladesh old age homes are admittedly more privileged in this respect than their Indian counterparts.

Security Money at the Time of Admission to OAHs:



(Source : Field Survey by Researcher)



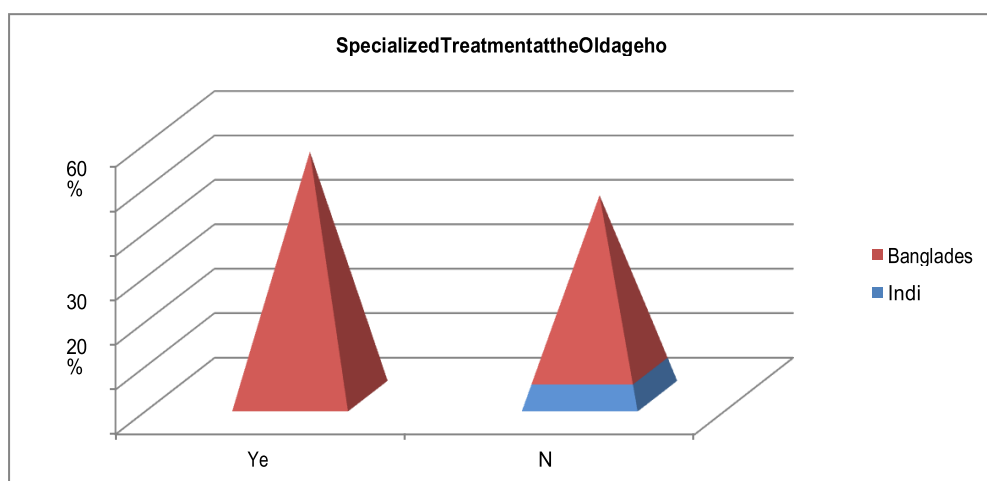
(Source : Field Survey by Researcher)

As per the above figures most of the respondents (53.75 percent) were not required to deposit any security money at the time of admission. In this regard India accounts for 8.6 percent and Bangladesh 45.1 percent. 46.3 percent of the respondents said that they deposited security money at the time of admission, with India accounting for 46.3 percent and Bangladesh accounting for nothing. So, it is found that at the time of admission, in Bangladesh the OAH authorities do not demand any security money. In India the amount of security deposit is very high making it burdensome for the inmates.

C) 2. Specialized treatment at OAH

The information on the availability of treatment and medical services will help in formulating a perception of the health service facilities and awareness levels of the elderly.

Specialized treatment at the old age home



(Source : Field Survey by Researcher)

A majority of the respondents (94.4 percent) do not receive specialized treatment at OAHs. In India it is 54.9 percent and in Bangladesh 39.5 percent. Both in India and Bangladesh, the elderly residents are found suffering with some kind of disease or health issue. To make matters worse, they don't get any kind of specialized medical treatment. Thus, they have to spend the twilight years of their lives in extreme agony and distress.

D) Role of government and NGOs in providing services in old age homes in the study area:

D) 1. Old Age Allowance Scheme

It is evident that ageing is emerging as a big societal issue and that there is an urgent need to improve the economic and health condition of the elderly.

Bayaska Bhata (Old Age Allowance) Scheme Nation Crosstabulation

			Nation		Total
Have you got any benefit from BayaskaBhata Scheme			India	Bangladesh	
	No	Number	89	73	162
		% of Total	54.9%	45.1%	100.0%
Total		Number	89	73	162
		% of Total	54.9%	45.1%	100.0%

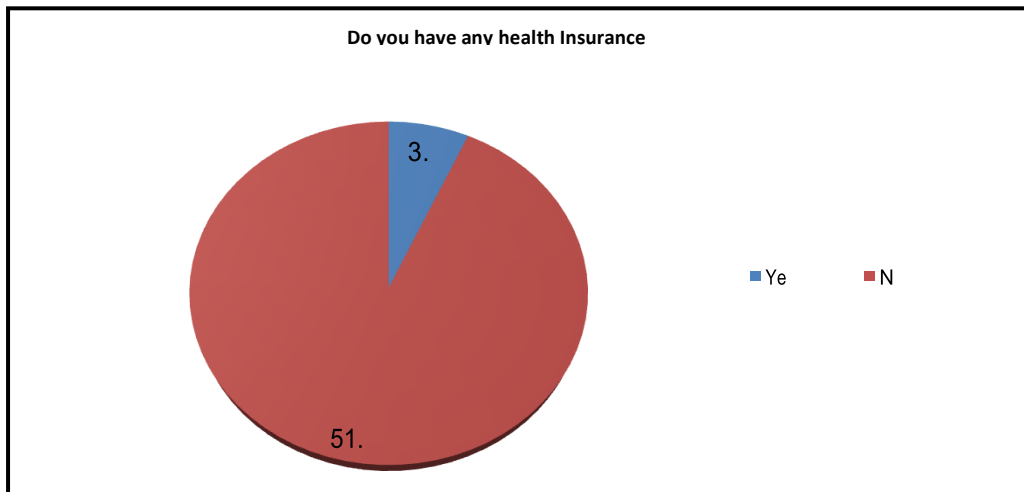
(Source : Field Survey by Researcher)

The above table shows that 100.0 percent of the residents opined that they do not get old age pension allowance or any such benefit. They felt that being aware of this scheme would have helped them a lot as they are financially very weak. Therefore, in both the countries the residents of the old age homes should be made aware of this scheme.

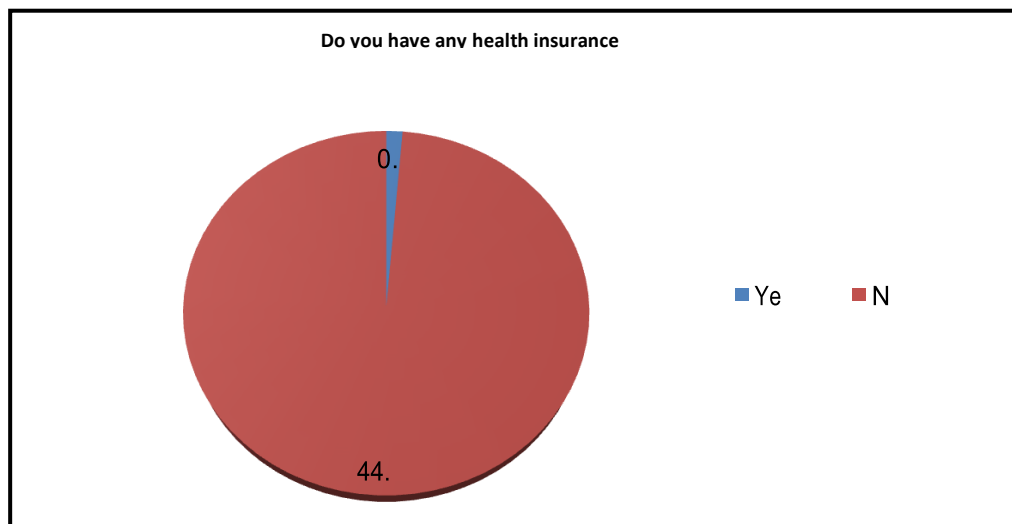
D) 2. Health Insurance Policy

There is no denying the need for an appropriate health insurance policy as far as the senior citizens including the OAH elderly residents in India and Bangladesh are concerned.

Health Insurance Policy



(Source : Field Survey by Researcher)



(Source : Field Survey by Researcher)

The above figures show that a majority of the respondents (95.7 percent) do not have any health insurance policy of their own. It is 51.2 percent among the inmates of Kolkata OAHs and 44.4 percent among the Bangladeshi respondents, while 4.3 percent of the respondents stated that they do have health insurance policy of their own. Among the Indian respondents it is 3.7 percent and 0.6 percent among their

Bangladeshi counterparts. In both the countries, most of the inmates stated that they do not have any health insurance policy because they were too poor and ignorant to avail such benefit. They were suffering from various diseases and hence they need to be covered by some health related schemes.

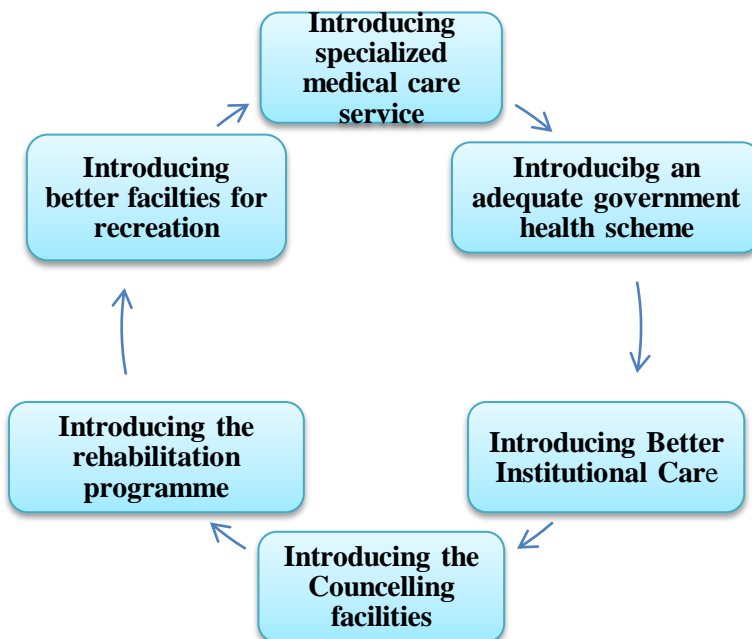
Conclusion

The OAH inmates in India and Bangladesh find themselves in a state of uncertainty- in other words, in an existential crisis, due to the combination of several factors. They are (a) erosion of long - cherished norms and values associated with extended family system, (b) the economic compulsions or financial constraints of children of the elderly and the financial crunch faced by the elderly themselves and (c) the neglect, abuse and exploitation by their kin.

While summing up this segment we can conclude that the correlates that positively pertain to problems of the elderly at old age homes are financial crisis, health -related problems, lack of family support system, lack of proper medical service, lack of specialized treatment and no access to government schemes.

Suggestions

The following steps may be considered to ameliorate the conditions of the OAH inmates in India and Bangladesh.



Effective action on the basis of the aforesaid suggestions could make the lives of the elderly more endurable and enjoyable.

Reference

- Bangladesh Bureau of statistics and Information division, Ministry of planning. (2014). *Bangladesh Population and housing census 2011*. Retrieved from www.bbs.gov.bd on 22-07-2019 at 12.00 p.m.
- Bangladesh Bureau of Statistics and information division, Ministry of planning. (2014). *Bangladesh Population Census Report 2011*. Dhaka: BBS retrieved from www.bbs.gov.bd on 28-07-2019 at 8.30 p.m.
- Gorman, M.(1999:3-21). Development and the rights of older people. In Randels, J. et al. (Eds.). *The ageing and development report: poverty, independence and the World's older people*. London: Earthscan publication.

DECLARATION

The author declared that this article titled “**A comparative study of the problems of the inmates of old age homes in Bangladesh & India**” is an original work, not published in any Journal nor has been sent to any other source for publication.

A COMPARATIVE STUDY OF MENTAL HEALTH IMPACT AMONG CHILDREN OF ALCOHOLICS AND NON-ALCOHOLICS

Mercy Chingnunhoih¹

Lalngaihawmi²

Zoengpari³

Abstract

Alcohol has adversely impacted relationships and the lives of those who live with alcoholics. Children of alcoholics are found to be suffering from psychological and emotional problems. This study aims to gain a better understanding of the impact of parental alcoholism on children and their mental health so that appropriate and effective interventions can be made. A cross sectional comparative study design was used to study a sample consisting of 60 adolescents aged between 16 to 20 years. The data were statistically analysed, and the results show that there is a statistically significant difference between COA and non-COA groups with regard to their anxiety and depression.

Keywords

Children of Alcoholics, Depression, Anxiety, Adolescents

Introduction

When drinking becomes very frequent and intense and people develop tolerance to intake of huge quantum of alcohol it develops into Alcohol use disorder (AUD). Those who are used to continuous drinking show withdrawal effects such as anger, dizziness, and shaking when they want to drink and do not have access to alcohol. They cannot think of anything else even though they harm people around (APA, 2013). Excessive

¹ Research Scholar, Dept. of Psychology, Mizoram University

² Research Scholar, Dept. of Anthropology, Manipur University

³ Head of Department, Psychology, Mizoram University

Corresponding author

Mercy Chingnunhoih Research Scholar Psychology, Mizoram University

Email id:nunhoih94@gmail.com

alcohol consumption not only harms the individual user but also negatively impacts relationships and the lives of the people around them. Problem drinking is a serious issue which can directly affect their family members, especially their children, making them vulnerable. Children of Alcoholics (COAs) are at risk for various medical, psychological, and social problems (Park & Schepp, 2015).

Review shows that alcoholic parents have a disturbing impact on the children's general well-being. COAs have an insecure-avoidant attachment because their parents do not take care of their children's emotional needs. COAs will show insecure, fearful relationships with their romantic partners (Park & Schepp, 2015). COAs develop higher internalizing disorders such as depression and anxiety than non-COAs (Sher et al., 1991 & Sawant, 2020). A study by Ranta & Raitasalo (2017) shows a significantly higher rate of psychiatric disorders among children of parents with substance abuse compared with the control group. Another study in India in 2018 found that the prevalence rate of anxiety and depression of COAs is reported to be 14.5% in case of depression and anxiety disorder at 15%. (Mishra, et.al, 2018). Higher rate of depression and anxiety are associated with the loss of parents and alcohol consumption by parents. The study conducted by Omkarappa & Rentala (2019) on 369 students in Bangalore reported a higher rate of anxiety and depression among COA than non-COA. The study also found children exposed to parental alcoholism were exposed to the risk of experiencing major depressive disorder and persistent depressive disorder. It also shows that the prevalence rate of anxiety and depression among non-COA is 16% and 10%, respectively.

In view of the problems of the individual, family, and society due to alcohol use and abuse and the need for understanding and helping the growing child of an alcohol-dependent person, this study assumes importance as it focuses specifically on adolescents. There is a conspicuous dearth of such studies in the Indian context, especially in Manipur. It is essential to focus on the impact of parental alcoholism on adolescent children as lives of many families, especially the school-going are devastated. The results of this study, therefore, will help understand the emotional and psychological impact of parental alcoholism on children, especially adolescents, so that appropriate and effective interventions can be made.

Variables

Children of alcoholics (COAs) - Children who have grown up in families in which either one or both parents are alcoholics.

Children of non-alcoholics (non-COAs) - children whose parents are not abusing or dependent on alcohol.

Anxiety- an uneasy mental state concerning the future or anticipation of undesirable circumstances. Anxiety is one of the most common psychological disorders in school-aged children and adolescents worldwide. (Costello, et.al, 2003)

Depression - a serious illness that negatively affects the individual in the way one thinks, feels, and acts. Many studies show that parental alcoholism increases the risk of depression in children Therefore COAs have a higher chance of depression and exhibiting depressive symptoms when compared to non-COAs. (Thapa, Selya, & Jonk, 2017)

Objective

The objective of the study is to elucidate the impact of parental alcoholism on anxiety and depression in children of alcoholics (COAs) in comparison to children of non-alcoholics (non-COAs).

Hypothesis

It is expected that Children of Alcoholics (COAs) will have higher Anxiety and Depression in comparison to Children of non-Alcoholics (non-COAs).

Methods

Sample

The study interviewed 60 adolescents in the age group of 16 to 20 years from Churachandpur district, Manipur. Initially, the participants were screened using the Children of Alcoholics Screening Test (Modified). The participants were further classified into two groups- Children of Alcoholics (COAs) and Children of non-Alcoholics (non-COAs).

Data Collection and Ethical consideration

Formal permission was obtained from the authority concerned to interview the participants. Each participant was screened for identifying COAs using the COA

Screening Tool (modified). Data were collected using standardized tools. The purpose, nature, duration of the study, the researchers' contact information, confidentiality, their right not to participate or withdrawal at any time, risks, and benefits of the study were explained. Informed consent was obtained from each of the participants.

Psychological tools and assessment

1. Beck's Anxiety Inventory (Beck, Epstein, Brown, & Steer, 1988): The Beck Anxiety Inventory (BAI) is a self-report measure of anxiety consisting of 21 items. Each item is descriptive of a symptom of anxiety and is rated on a scale of 0 to 3. The total scores from 0-7 are considered to reflect a minimal level of anxiety; scores between 8-15 indicate mild anxiety; scores of 16-25 reflect moderate anxiety; and scores between 26-63 indicate severe anxiety.

2. CES-DC for children (Weissman, Orvaschel, & Padian, 1980): It is a modified version of the Center for Epidemiologic Studies Depression Scale by Laurie Radloff, 1977. It is a 20-item self-report depression inventory with possible scores ranging from 0 to 60. Each response to an item is scored as follows: 0 = "Not-at-all," 1 = "A little," 2 = "Some," and 3 = "A lot." However, items 4, 8, 12, and 16 are phrased positively and thus are scored in the opposite order: 3 = "Not-at-all," 2 = "A little," 1 = "Some," 0 = "A lot." Higher CES-DC scores indicate increasing levels of depression.

Screening tool

Children of Alcoholic Screening Tool (modified): The questions in the COA screening tool developed by Jones and Pilat, have been rigorously used for screening COAs. There are six items in the tool. Three or more 'yes' answers are scored as probably a COA (Hodgins et al., 1993).

Statistical Analysis

Appropriate statistical methods were applied to test the hypotheses. Psychometric adequacies of the scale of the psychological measure were tested. T-test is used to find the significant difference between COAs and non-COAs on anxiety and depression according to the variables identified for the study. The data were manually coded and entered in the SPSS 20 package and the descriptive statistics and reliability were analyzed using SPSS software.

Results and Discussion

The demographic details of the participants are presented in Table I.

Table I: Demographic characteristics of the participants				
Characteristics		N	Mean	Std. Deviation
Age		60	17.48	1.321
Status of Parental alcoholism	COAs	30	1.50	0.50
	Non-COAs	30		
Occupation of parents	Government	11	2.30	0.78
	Private	21		
	Cultivator	27		
	Unemployed	1		
Ethnicity of the respondents	Gen	7	1.68	1.08
	OBC	6		
	ST	40		
	SC	7		
Substance usage	Yes	15	1.76	0.45
	No	45		

Source: Field survey

The participants comprised of equal number of males and females, and COAs and non-COAs (30 each) falling in the 16 to 20 years age group. The mean average age is 17 years. Out of the 60 participants, a majority (i.e., 40) were Scheduled tribes; 27 of their parents were earning their income through farming; and 15 of them (11 belonging to COAs) were consuming substances such as gutkha/tobacco products, smoking, occasionally alcohol and some drugs.

Table II summarizes the findings of independent T-test.

Table II: Mean score and independent t-test on paternal alcoholism (COAs and non-COAs) in anxiety and depression				
Scale		Mean	T	Sig. (2-tailed)
BAI	COAs	24.17	3.46	0.01**
	Non- COAs	16.03		
CES-DC	COAs	25.43	-2.08	0.02*
	Non- COAs	15.27		

Source: Field Survey

It can be seen that the anxiety mean score for COAs and non-COAs were 24.17 and 16.03 respectively. The t-value of the score was calculated to be 3.46, and the p-value was below .05, which states that the result was statistically significant. Depression mean score for COAs and non-COAs were 25.43 and 15.27 respectively. The t-value was calculated to be -2.08, and the p-value was below .05, stating that the result was statistically significant.

In alignment with this study's findings, the result clearly indicates statistically significant differences between COAs and non-COAs in their anxiety and depression levels. In other words, the anxiety and depression rate were higher in COAs compared to non-COAs. The experience of growing up in an insecure and unsafe environment in which parents abused alcohol and not getting the adequate emotional support s/he needs could be the factor for the increased rate of anxiety and depression among COAs. The above findings are supported by previous studies conducted by Ranta & Raitasalo (2017), Omkarappa & Rentala (2019), and Sawant (2020). Their results show a significantly higher rate of psychiatric disorders among children of parents using substance and COAs developing higher internalizing disorders such as depression and anxiety than the non- COAs.

Besides exhibiting increased levels of anxiety and depression rates the COAs also reported higher usage of substances (73%) such as tobacco products, cigarettes, alcohol, and drugs. This finding is also supported by a previous study conducted by Hill, Tessner, and McDermott, 2011 in which they stated that children growing up with alcoholic father or mother would run greater risk of developing behavioral problems and develop alcohol abuse or dependence themselves. Some research has also shown that children of alcoholics have a higher risk of drug abuse and tobacco dependence (Hall, C. & Webster, R., 2007).

The present study's findings have clearly highlighted how parental alcoholism and the family environment in which the child is reared up impact their mental health and well-being. It also stressed the need for early identification of mental health problems and interventions by teachers, community health workers, other family members, and society at large.

Conclusion

The main objective of the study is to elucidate the impact of parental alcoholism on anxiety and depression in children of alcoholics (COAs) in comparison to children of non-alcoholics (non-COAs). As hypothesized, a higher rate of anxiety and depression among COAs was found compared to non-COAs.

References

- Beck, A., Epstein, N., Brown, G., & Steer, R. (1988). An inventory for measuring clinical anxiety: Psychometric properties. *Journal of Consulting and Clinical Psychology*, 56, 893-897.
- Christensen, H. B., & Bilenberg, N. (2000). Behavioural and emotional problems in children of alcoholic mothers and fathers. *European Child & Adolescent Psychiatry*, 9(3), 219–226
- Hall, C. & Webster, R. (2007). [Risk factors among adult children of alcoholics](#). *International Journal of Behavioural Consultation and Therapy*, 3(4), 494-511

- Hill SY, Tessner KD, & McDermott MD (2011). Psychopathology in offspring from families of alcohol dependent female probands: A prospective study. *J Psychiatry Res.* 45:285–94
- Hodgins, D. C., Maticka-Tyndale, E., El-Guebaly, N., & West, M. (1993). The cast-6: Development of a short-form of the children of alcoholics screening test. *Addictive Behaviors*, 18(3), 337–345.
- Omkarappa DB, Rentala S. Anxiety, depression, self-esteem among children of alcoholic and non-alcoholic parents. *J Family Med Prim Care.* 2019 Feb;8(2):604-609
- Park, S., & Schepp, K. G. (2015). A Systematic Review of Research on Children of Alcoholics: Their Inherent Resilience and Vulnerability. *Journal of Child and Family Studies*, 24(5), 1222–1231.
- Ranta J, Raitasalo K. (2017) Disorders of cognitive and emotional development in children of mothers with substance abuse and psychiatric disorders. *Nordic Studies on Alcohol and Drugs*.
- Sawant, N. (2020). Children of alcoholics: Are they vulnerable or resilient? *Annals of Indian Psychiatry*, 4(2), 111.
- Sher, K. J., Walitzer, K. S., Wood, P. K., & Brent, E. E. (1991). Characteristics of children of alcoholics. *Journal of Abnormal Psychology*, 100(4), 247–254.
- Weissman, M., Orvaschel, H., & Padian, N. (1980). Children's symptom and social functioning self-report scales: Comparison of mothers' and children's reports. *Journal of Nervous Mental Disorders* 168(12), 736-740.

DECLARATION

The authors declare that this article titled "**A comparative study of mental health impact among children of alcoholics and non-alcoholics**" is an original work, not published in any Journal nor has been sent to any other source for publication.

WASH: PATHWAY TO GENDER EQUALITY AND EMPOWERMENT OF WOMEN AND GIRLS

Babie Zorinpuii Hmar¹

Lalneihzovi²

Lalthazuali³

Abstract

Shortage in drinking water, absence of sanitation and hygiene (WASH) can lead to serious health risks and have additional consequences for the health, psychosocial well-being, and mobility of women and girls. In developing countries, especially in rural areas of India, women and young girls are more likely expected to manage household water supply, sanitation, and health. Often, these roles hinder their pursuit of a permanent occupation or prevent them from participating in education. Addressing the problem of water, sanitation, and hygiene is crucial to achieving gender equity and unlocking the potential of half of the global society as women and girls are particularly affected when communities lack clean water, clean toilets, and good health. In rural areas where there is no proper water supply, women and girls usually bear the responsibility for collecting water, which is time-consuming and challenging as they are more vulnerable to abuse and attack while walking to and using a public toilet or open site. Women have specific hygiene needs during menstruation, pregnancy, and child-rearing at home and in public places. WASH serves as an important pathway to transforming gender relations and training women and girls as agents of change to lead healthy lives and participate in social, economic, and political activities. This paper highlights the scenario of Mizoram in this aspect and the role of local women leaders in sensitizing about the need for proper supply of water to ensure proper sanitation and hygiene.

Keywords

Women, hygiene, water, sanitation, health.

¹ Department of Public Administration, Mizoram University

² Professor, Department of Public Administration, Mizoram University

³ Research Scholar, Department of Public Administration, Mizoram University

Corresponding author

Babie Zorinpuii Hmar, Research Scholar, Department of P.A, MZU

Email - babiezorini@gmail.com

Introduction

India is a populous country with limited access to clean drinking water in most rural areas and urban areas. According to a joint report by UNICEF and WHO in 2019, more than 9.1 crores of Indians do not have a basic water supply. Many villages lack proper supply of water due to which young girls and women are forced to trek long distances to fetch water which consumes a huge amount of their time. Since ‘water is a pillar of health’ we can safely state that households with limited water supply affect their nutrition, hygiene, and quality of life creating a roadblock to a life of prosperity. In rural areas where there is no proper water supply and toilets women and girls usually bear the responsibility for collecting water, which is time-consuming and challenging as they are exposed to all kinds of abuse and harassment on their way to fetching of water and using public toilet facilities.

Scenario in Mizoram

As per the census of 2011, Mizoram’s population was 1,097,206 (males 555,339 and females 541,867). Out of the total population, 52.11% live in urban areas and 47.89% live villages. As per historical evidence generations ago Mizos had little knowledge of hygiene and sanitation. The British missionaries brought about a revolutionary change in the lives of Mizos who had nomadic habits and a volatile mentality. After a century, Mizoram had seen a huge change in the approach towards maintaining personal hygiene and sanitation as individuals and as a community. Since the introduction of administrative governance in Mizoram in 1987, the government has been investing in the development and improvement of sanitation, water resource management, and public facilities. In urban areas of Mizoram, most households have access to clean water supply with the initiatives of the *Public Health Engineering Department, Govt. of Mizoram*. This initiative is confined to some rural areas due to geographical location and limited resources. In urban areas, toilet facilities and clean water are accessible for the use of public in many places in and around the city which helps in maintaining public hygiene and prevents defecation in public places. In some remote rural areas, due to lack of water supply people solely rely on spring water as well as rainwater. People living in rural areas are more prone to diseases such as diarrhea, cholera, dysentery, polio, typhoid, etc., due to insufficient quality of drinking water and poor sanitation.

In villages like South Chhimtluang, and Pangbalkawn, in Kolasib District people depend on local water sources such as wells, hand pumps, rivers, and community water collection points which are in many cases contaminated. Most of the women and girls in these villages bear the responsibility of fetching water daily for

domestic agricultural purposes. Daily consumption of water usually requires to several trips by women to the water sources which affects their lives daily. Men usually use water for agriculture but women use water for various purposes like cleaning and cooking where clean water is a necessity. Water is also required for the sound health for raising of children. As women spend much of their time in collecting water, they lose opportunities to earn an income, and younger girls forfeit proper education. Most of the girls in these villages have to give up their education to help carry not only water but also contribute to household tasks.

In most rural areas toilets and clean water are not available in public places and schools, which creates a problem for the people, especially women, and girls. When an adolescent girl starts her menstruation, it becomes very hard and uncomfortable for her to take care of herself when private toilet facilities are not available. The lack of secure gender-friendly toilets in healthcare facilities, schools, markets, and workplaces limits women's access to these services making it a challenge for women and girls. There must be clean water and toilets in public places and schools to lessen the burden of women and girls. With the help of Jal Jeevan Mission, a flagship program of the Government of India for the provision of “Functional Household Tap Connections”, piped water supply and tap connections were also provided in many rural areas in Mizoram. This mission provides access to clean water for young girls which enables them to pursue their education.

Pathway to gender equality through promoting sanitation and hygiene

Proper water supply, sanitation, and hygienic management of water resources have close relationship with the health, nutrition, and way of living of young girls and women. When there is sufficient supply of water and proper sanitation, young girls and women get confidence and time and look towards education and employment. When women are empowered and included in the decision-making in any water project, the results are usually effective and sustain for longer. When all the households are provided with drinking water the vulnerabilities of women and girls are reduced drastically. It also gives young girls enough free time for schooling and women will have more time to invest in agriculture work and entrepreneurship. In addition, women and girls will enough time to engage in social activities for their mental and emotional well-being.

Mizo Hmeichhe Insuihkhawm Pawl (MHIP) one of the largest organizations in Mizoram has played a significant role in developing and ensuring the welfare of young girls and women by providing legal, social, and moral support. The MHIP upheld the rights of women by educating them and creating awareness about personal

health and hygiene. When women's organizations are strong, the voices and needs of young girls and women are effectively articulated and valued in decision-making in the community as well as at a higher level. With the presence of women representatives, developmental works and social activities become more inclusive and pay proper attention to the needs of the common people.

The National Bank for Agriculture and Rural Development (NABARD) and NAB Foundation, implemented initiatives through self- help groups in providing better livelihood and ensuring menstrual hygiene for women in rural areas. A Self-Help Group in Lunglei (one of the districts in Mizoram) launched a project called 'My Pad My Right' for a locally manufactured 'Leitlang Sanitary Pads'. (DIPR, 2021). It helps women in utilizing resources for income generation as well as taking care of the menstrual needs of young girls and women in Mizoram. Overall, this initiative stresses the importance of maintaining good hygiene, and menstruation hygiene. It also taught women the importance of proper disposal of sanitary pads and the hazards created by improper disposal of pads.

Educational institutions, especially schools have to be sensitized to the importance of gender-based facilities for menstrual hygiene which would create a suitable environment for young girls and women in their workplace. It attracts young girls to enrol in a school where there are proper facilities. Schools and other places like workplaces, health care facilities, and the marketplace should adhere to such facilities to promote women's safety and menstruation hygiene practices.

Sanitation is an important factor in maintaining the health and lifespan of an individual as well as the conditions of a community. Many cases of health problems and even deaths due to lack of access to proper water, absence of proper sanitation and hygiene are reported. Growing up in a safe environment is every human being's right and the importance of water, sanitation, and hygiene is highlighted in the *International Covenant on Economic, Social and Cultural Rights in 2002*. It emphasized the right to water and sanitation as "indispensable for leading a life in human dignity" and a "prerequisite for the realization of other human rights." (UNDESA, 2005-2015)

Conclusion

If women are provided with access to clean water and toilets at their expense, they will be sufficiently empowered to change their lives. Once free from the water crisis they will have more time to care for their families and start small businesses and earn regular income. Also they can pursue hobbies like gardening. 'Empower a woman with water and she can change her world'. (Katrina Green, 2021)

References

- Cronin, A. Aidan. (2019). Gender Issues in Water and Sanitation Programmes: Lessons from India. Sage Publications.
- Graham, Hirai. Kim. (2016). [An Analysis of Water Collection Labor among Women and Children](#). PLOS One.
- Green, Katrina. (2021). Empowering Women with Safe Water to Change their World. water.org
- Livani, Talajeh., Ahmed, Rokeya., & Ahmed, Omar. Shazia. (2021). Enhancing women's access to water, sanitation, and hygiene in Bangladesh. World Bank Blogs <https://blogs.worldbank.org/endpovertyinsouthasia/enhancing-womens-access-water-sanitation-and-hygiene-bangladesh>
- Medland, Louis., & Sweetman, Caroline. (2019). Gender and Water, Sanitation and Hygiene. Practical Action Publishing.
- O'Bannon, Jean. Deborah. (2020). Women in Water Quality: Investigations by Prominent Female Engineers. Springer.
- Snel, Marielle., & Sorensen, Nicholas. (2021). Bridging the WASH Humanitarian - Development Divide: Building a Sustainable Reality. Practical Action Publishing.
- Tobin, Katie. (2019). Why are water, sanitation, and hygiene an inequality issue? Water Aid <https://washmatters.wateraid.org/blog/why-is-water-sanitation-and-hygiene-an-inequalities-issue>
- United Nations Department of Economic and Social Affairs (UNDESA). (2005-2015). International Decade for Action 'Water for Life'. Un.org

Websites

<https://dipr.mizoram.gov.in/post/lunglei-hpc-vice-chairman-pu-lawmawma-tochhawng-launches-my-pad-my-right-project-and-leitlang-sanitary-pads-produced-by-shgs-in-lunglei>

DECLARATION

The authors declared that this article titled “**Wash: Pathway to Gender Equality and the Empowerment of Women and Girls**” is an original work, not published in any Journal nor has been sent to any other source for publication.

CONVERGENCE OF LOCAL ADMINISTRATION (VILLAGE COUNCIL) WITH SELF-HELP GROUP (SHG) UNDER MIZORAM STATE RURAL LIVELIHOOD MISSION: A REVIEW

Samuel Lalruatfela¹

Fiona Lalmalsawmi²

Esther Lalruatpui³

K. V. Reddy⁴

H. Lalzuithangi⁵

RK Ngurtinkhuma⁶

Abstract

This paper empirically examines the effect of convergence of Self - Help groups under Mizoram State Rural Livelihoods Mission on the Village Council administration body and other community-based organisations. It deals with the mandate of NRLM that covers alleviation of rural poverty along with women empowerment. Self-Help Groups were formed under SRLM and function and operate in the village. It is found in this mode of functioning that convergence with Village Councils is significant for the people to access their rights and entitlements.

Keywords

Convergence, self-help groups, village council, entitlement, governance.

1. Introduction

Local administration reflects the level and extent of public awareness on politics, and gives an insight into the degree of political behaviour of the region. People tend to involve more in politics when the need arises, or when the domestic activities

¹ Department of Political Science, Mizoram University

² Research Scholar, Department of Political Science, Mizoram University

³ Research Scholar, Department of Library and Information Science, Mizoram University

⁴ Department of Political Science, Mizoram University

⁵ Faculty, Govt. Hrangbana College

⁶ Department of Library and Information Science, Mizoram University

Corresponding author

Samuel Lalruatfela, Research Scholar, Deptt. of Pol. Sc., MZU

Email: samuruatfela94@gmail.com

are interlinked with schemes and programmes from the authorities. The local community possess its own version of legal and customary rights, along with established organisations that would help in managing its own affairs.

Local administration in India is called local self-government. India has a well-formulated Panchayati Raj system (three tier administration) which was strengthened by the 73rd Constitutional Amendment Act of 1992. The village council functions under the block administration which in turn is monitored and supervised by the Local Administration Department of a state. The Municipality functions as per the 74th Constitutional Amendment Act of 1992.⁷ Panchayati Raj system and Village Council are meant for administration of rural areas whereas Municipality is meant for the administration of the town with a specific population criterion.

In view of the plethora of roles of the Panchayati Raj Institutions (PRIs) that include governance, agency - commercial and political, it is necessary to consciously structure and facilitate a mutually beneficial working relationship between Panchayats/VCs and institutions of the poor, particularly at the level of Village Panchayats/VCs. Formal mechanisms are needed to be established for regular consultations between the institutions of the poor and the PRIs for an exchange of mutual advice, support and sharing of resources. However, care would be taken to protect their autonomy. Where there are no PRIs, the linkages would be with traditional local village institutions like Village Councils in Mizoram.⁸

2. National Rural Livelihood Mission

The mandate of the Ministry of Rural Development (MoRD), Government of India is rural poverty alleviation through a slew of programmes directly targeted at the rural poor households. Within the 'directly targeted' category, there are programmes focused on wage employment and programmes focused on self-employment. The Swarnajayanti Grameen Swarojgar Yojana (SGSY) is one of the important programmes of the Ministry that focuses on self-employment. This programme was launched in the year 1999, by restructuring the Integrated Rural Development Programme (IRDP).⁹ With the development of the programme overtime, the Government of India has approved the restructuring of SGSY as the National Rural

⁷ Khobung, V. (2012). Local Self-Governing Institutions of the Tribal in North-East India: A Study of the Village Authority/Council. In 2nd International Conference on Social Science and Humanity, IPDER (Vol. 31). p. 222.

⁸ National Rural Livelihood Mission: Mission Document. p. 9.

⁹ *ibid.* p. 1

Livelihoods Mission (NRLM), to be implemented in a mission mode across the country. The NRLM was thus built on the core strengths of the SGSY and incorporated the important lessons drawn from large scale experiences in the country.

National Rural Livelihoods Mission (NRLM) Aajeevika was launched on 3rd June 2011 with a mandate to reach out to all poor households in the country linking them to sustainable livelihoods opportunities and nurture them till they come out of their poverty. NRLM believes that the poor can graduate (innate abilities) out of poverty. The challenge is to unleash this entrepreneurial potential by complementing them with capacities (knowledge, information, tools, collectivization, finance, etc.). Towards this end, NRLM has put in place a dedicated and sensitive structure at various levels to help the poor build their institutions. These support structures are staffed with dedicated professionals. The institutions of the poor are platforms for collective action based on self-help and mutual cooperation. These institutions provide services to their members –savings, credit, livelihoods support, etc. - that help them strengthen and sustain their livelihoods. NRLM is also investing in building a large pool of local human capital – Community Resource Persons (CRPs), theme-based activists and animators, community leaders who are crucial in scaling up and sustaining the programme.

NRLM is implemented by State Rural Livelihoods Missions (SRLMS) set up in every state. The SRLMs have offices at the State, District and Block levels to support the community-based organizations. In Mizoram, the Mizoram State Rural Livelihoods Missions, commonly known as MzSRLM was set up to provide services to facilitate/empower community institutions. The MzSRLM is a registered body under the Mizoram Societies Registration Act 2005 (No. MSR 395 of 18.08.2011) which came into effect from April 22, 2013.¹⁰

NRLM supports the poor to come out of poverty and enables them to gain access to their rights and entitlements and public services. It also designs social indicators to measure empowerment. As the institutions of poor grow and mature, they become the internal sensitive support structures and institutions for the poor and the programme for the poor becomes the programme by the poor and of the poor. The NRLM has an ambitious mandate. It aims to reach out to all the rural poor families (BPL families) and link them to sustainable livelihood opportunities. It aims to nurture them till they come out of poverty and enjoy a decent quality of life. The National Rural Livelihoods Mission (NRLM) supports the SHG by building the needed skills in

¹⁰ Mizoram State Rural Livelihood Mission: Mission Document. p. 1.

organising and managing their institutions, providing financial assistance and enabling them to forge linkages with the Panchayats/other local government bodies, banks and various government departments.

3. Self-Help Groups

Self-Help Group (SHG) is a small association of village people, preferably from the same socio-economic background. They join together for the purpose of solving their common problems. The SHG gave financial support to its members. It also promotes small savings among its members and the savings which are deposited in a bank. Generally, the members in a SHG are restricted to 20 and all the members are invariably are women. The SHG helps women in participating in their family affairs as well as in the society.¹¹ SHGs are homogenous groups, with the members belonging to the same community and living in the same vicinity. SHGs of vulnerable persons such as PwDs, elderly, etc. may consist of both women and men and their size may be smaller (5-20). The guardians/caregiver of the members of the special SHG can represent the members in this manner. SHGs are adhered to Panchasutra (five principles) , that include regular meetings, regular savings, regular inter-loaning, regular repayment and regular weekly bookkeeping.

Once they form an SHG, they participate in training programmes organised by the Mission where they learn to manage and run their groups during the training. In the first meeting the group's name is decided, along with weekly meeting day, time and venue and the amount of savings each member would save every week. They also discuss at length the reason for their coming together and forming the group.

3.1. Core Values of Self-Help Groups

The non-negotiable principles of SHG institutions are¹² -

1. Inclusion – SHG has the poorest of poor and most vulnerable members (especially women) as its members. It ensures that the needs of the poor are accorded priority in the groups, whether in decision-making, planning or resource allocation.

¹¹ Vinodhini, R. L. & Vaijyanthi, P. (2016). Self-Help Group and Socio-Economic Empowerment of Women in Rural India. **Indian Journal of Science and Technology**, Vol 9(27). p. 2.

¹² Community Operational Manual. Ministry of Rural Development, Government of India. p. 5. Accessed on 17th May, 2022.

2. Participation – Under the SHG, all members have equal say in planning, decision-making and opportunity to participate. They ensure that all sections of community are adequately represented and every representative has enough space to voice their opinions.
3. Transparency – The SHG is transparent in all its activities. All transactions are proactively disclosed to all members.
4. Accountability – The SHG collectively holds responsibility for all transactions and decisions. At each level the responsibilities are mutually and collectively owned. Each stakeholder is responsible for actions taken.
5. Empowerment – SHG strives for the empowerment of the poorest and most vulnerable people in their respective villages. They fight for their rights and negate the conditions that disempower them.

4. Convergence in Mizoram

Convergence according to Cambridge dictionary is ‘the fact that two or more things, ideas, etc. become similar or come together’¹³. Thus, convergence of Village Council and Self-Help Groups means that these two bodies find ways to work together by mobilising the rural population towards the path of development.

NRLM would place strong emphasis on convergence with other programmes of the Ministry of Rural Development and other Central Ministries, and programmes of state governments for developing synergies directly and through the institutions of the poor. NRLM would also proactively seek partnerships with Non-Government Organisations (NGOs) and other Civil Society Organisations (CSOs), at two levels - strategic and implementation. The partnerships would be guided by NRLM’s core beliefs and values, and mutual agreement on processes and outcomes. NRLM would develop a national framework for partnerships with NGOs and other CSOs. Further, NRLM would seek partnerships with various other stakeholders at various levels directly, or through the institutions of the poor.

In Mizoram the project was started in the year 2018 and the pilot blocks were Serchhip and East Lungdar. The main objective of the convergence is to create a pool of trained cadres and link them with the Community-Based Organisations and Village Councils. Identifying the convergence opportunity in various departments that come

¹³ CONVERGENCE | English meaning - Cambridge Dictionary.

under various themes of the SRLM is also one of the major objectives.¹⁴ The Village Council is the single governing authority in the village. They assist the line departments like Agriculture, Horticulture, ICDS, Health, Social Welfare, Veterinary, etc. All the Civil Society Groups that have no linkage with the VC in terms of finance also function together for the development of the village. There are many committees that are formed by the VC with NGO and villagers. For example: WATSAN, VDP (Village Defence Party), VEC (Village Education Committee), etc.

4.1. Convergence with Panchayati Raj Institutions or Village Councils

Self-Help Groups (SHGs) function as women's collective who have come together at village and cluster level for protecting their due rights and entitlements and avail them through different government programmes and institutions. Thus, SHGs federation aimed to make the citizens aware and empower them to take social, economic and political decisions as collectives. They consider it to be their responsibility to demand for the rights and entitlements that are due to them to make them come out of poverty. For this purpose, there are many government schemes and programmes many of which are implemented through the Gram Panchayat or Village Council.

In view of this, it is extremely important to actively engage with the local self-government (LSG) bodies of their villages and work with them, by taking their support as well as by supporting them, in the various activities for the larger purpose of accessing their entitlements. The rationale behind why SHGs consider convergence to be an important strategy to be adopted is for the group to be able to participate in the larger processes of empowerment-social, economic and political. Since they are an institution of the poorest of the poor and the most marginalized communities of villages, hence it was considered that collective strength is the greatest power. However, it is obvious that on their road to come out of abject poverty, they cannot work alone and need the support of other governmental and constitutionally mandated institutions and organizations in realizing those objectives. The Village Councils are institutions which have been mandated by the constitution to alleviate rural poverty and SHGs also consider it essential to engage actively with this body to demand and access the rights and entitlements that are due to them.

In order to demand their rights and entitlements, the Village Council is the first form of local Government available to the poor. Village Councils have a constitutional

¹⁴ Swargari, Ananya. (2022). Partner State Immersion: Bihar and Mizoram (Unpublished paper). p. 4.

responsibility for poverty alleviation and it is important that SHGs as institutions of the poor stitch a natural alliance with the Village Councils. In order to avail the services of the Village Councils in a better manner it is essential that they get to know the concept of Village Councils, its structure and functions and the various schemes that are implemented through the Village Councils. It is therefore important to understand the structure and functioning of the Village Councils and the schemes and programmes that are implemented directly through the VCs. There are women elected representatives who are part of the Village Organisation (VO). Thus, the SHGs engage with the Village Councils in the following ways at both the SHG as well as the Village Organisation (VO) level in order to access their rights and entitlements.

The convergence of Self-Help Groups with Village Council can be summarised as convergence at the Self-Help Group (SHG) level and convergence at the Village Organisation (VO) level. It is as follows:¹⁵

- 1) **Knowledge and information Dissemination:** Self-Help Groups try to understand the structure and functioning, schemes and programmes and funding pattern of the Village Council, so that they can assess the budget to meet the expenditure for different development issues of the community. At the SHG level, they interact with their ward members at regular intervals by inviting them once in three months to the SHG meeting. At VO level, they invite the President or Secretary of the village council to the VO meetings.
- 2) **Interface with Village Council members and creation of a coterminous platform at VC & VO level:** It is essential to have an active and positive engagement with the Village Council members of their own wards, by holding discussions with them on formal and informal platforms about the issues and concerns that come up during the SHG meetings. It is understood that this kind of a relationship will not only make it easier for them to access their rights and entitlements but it will also give them information about the existing and newer schemes and programmes of the Village Council. In order to facilitate convergence, it is necessary to consciously structure and facilitate non-hierarchical and mutually beneficial working relationships between Village Council institutions and community-based organisations. Towards the same, it will also ensure that the institutional architecture of community-based organisations and VCs is

¹⁵ Community Operational Manual. Ministry of Rural Development, Government of India. pp. 55-56. Accessed on 17th May, 2022.

co-terminus and complementary to each other rather than being mutually exclusive. At the SHG level, SHG actively engages with the women elected representatives of the Village Council, who may also turn to be members of the SHGs. This will help them in building positive relationship with the Village Council. At the VO level, a monthly meeting with Village Council members is held. This helps the VC members to know the activities of the Village and share the activities and programmes of the VC body to the Village organization.

- 3) **Gram Sabha:** Self-Help Groups understand that it is important for them to actively participate in the Gram Sabhas since it is the platform of governance which is closest to their body. Since the Gram Sabhas are the platform on which participatory planning happens at the lowest level of the village, it was evident that SHGs active participation in the same will give true meaning to the concept of Grama Sabha. Active participation in the Gram Sabha is not only essential for them to access the government schemes and programmes, but is also a way of exercising their right to participatory democracy at the lowest level of the village and making their voices heard is important. At SHG level, they will disseminate information about the conduct of Gram Sabha in each and every household of their neighbourhood. They will discuss in their SHGs the agenda of the upcoming Gram Sabha and the issues to be brought into the attention of the Gram Sabha. At the VO level, SHGs informs the all the SHGs in its network about the date and venue of the Gram Sabha. Consolidate the issues brought from SHGs and present it in Gram Sabha. They will advocate for some of their VO members to become members of the Gram Sabha Committees in the Village Council.
- 4) **Participation in the functional committees of Village Council:** SHGs also advocate for some members of their VO to become members of the Functional Committees set up by the Village Council on various subjects like health, education, water, sanitation etc. (For example, Village Sanitation Committee, Vigilance Committee). At the VO level, SHGs form a Convergence Sub-Committee in their Village Organisation. The members of the Convergence Committee engage directly and actively with the VC members and discuss issues and concerns that come up in the VO meetings.

5. Role of Self-Help Groups in MGNREGS-NRLM Convergence:

The MGNREGS Act was established to enhance the livelihood security of rural households by securing at least 100 days of guaranteed wage employment to each and every household whose adult members participated to undertake unskilled manual labour, in addition to handling matters pertaining to or incidental to that work, in each fiscal year.¹⁶ The National Rural Employment Guarantee Act (NREGA), which was first enacted on 25 August 2005, was renamed to the Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) on 2 October 2009. It covers initiatives to better the livelihoods of rural communities under nine broad sections.¹⁷

MGNREGS is another government scheme taken up by the Village Council among rural community with an aim to raise the living standards of the poor rural communities. MGNREGS empowers people with the Right to Work and the right to demand for their entitlements and emphasizes on livelihood security. The convergence of MGNREGS and NRLM hence become important as both of them cater to the needs of the poor. They are mutually beneficial programs that could work together for the development and social security of the poor.¹⁸

Self-Help Groups tend to generate awareness through discussions in the SHG weekly meetings on the Mahatma Gandhi National Rural Employment Guarantee Scheme and the right to work for 100 days of guaranteed wage employment. They create awareness about the wage rate, mode of wage payment, job cards, opening of bank accounts and other entitlements of working under MGNREGS like unemployment allowance, work within a radius of 5 kms from their place of residence, drinking water, first aid, etc. They also make people aware about the process of registration in job card, the list of permissible works that can be undertaken in MGNREGS, process of demand for work for MGNREGS, and identification of families without job cards at the SHG level.

6. Conclusion

The convergence between SHGs and other local bodies resulted in the inclusion of more women into the village and society matters. Women were recognised and considered as an important contributor in the overall functioning of village,

¹⁶ Ministry Of Rural Development, Government Of India. The Mahatma Gandhi National Rural Employment Guarantee Act, 2005. p. 1.

¹⁷ Ajith, M. (2019). A Study On Origin And Performance Of Mgnrega In India–A Special Reference To Tamil Nadu. Think India Journal, 22(14), p. 3938.

¹⁸ Community Operational Manual. Ministry of Rural Development, Government of India. p. 58. Accessed on 17th May, 2022.

particularly in the economy sector. The mandate of NRLM, as mandated in the objective of the mission, was all about poverty alleviation in the rural communities. Thus, SHGs seek to enhance the productivity of rural women, guide them and encourage them to engage in economic activities as groups.

SHGs have identified ways for women empowerment and reduction of poverty. They have contributed to women empowerment by elevating their social and economic status. They also empower women by facilitating an increase their income, expenditure and saving habits. The key reasons for the success of SHGs are its link with the poor people, its innovative practices, its capacity to enable people's participation in development and trust building at different levels between stakeholders. SHGs also help in the financial status of the households. They have developed self-confidence and independence among rural women, which in turn enhanced the livelihood of the rural people.

References

- Ajith, M. (2019). A Study On Origin And Performance Of Mgnrega In India—A Special Reference To Tamil Nadu. *Think India Journal*, 22(14), 3938-3942. Retrieved from <https://thinkindiaquarterly.org/index.php/think-india/article/view/13192>
- Community Operational Manual. Ministry of Rural Development, Government of India. Accessed on 17th May, 2022. <https://pbrdp.gov.in/documents/6205745/90639222/COM%20Manual.pdf>
- CONVERGENCE | English meaning - Cambridge Dictionary. Retrieved from <https://dictionary.cambridge.org/dictionary/english/convergence>
- Deininger, Klaus & Liu, Yanyan. (2012). Economic and Social Impacts of an Innovative Self-Help Group Model in India. *World Development*. Vol. 43, pp. 149–163, Accessed on 19th May, 2022. <https://www.sciencedirect.com/science/article/abs/pii/S0305750X12002355>
- Khobung, V. (2012). Local Self-Governing Institutions of the Tribal in North-East India: A Study of the Village Authority/Council. In *2nd International Conference on Social Science and Humanity, IPDER* (Vol. 31). Retrieved from <https://www.semanticscholar.org/paper/LOCAL-SELF-GOVERNING-INSTITUTIONS-OF-THE-TRIBAL-IN-Khobung/1d9fa787c5f107aa81be9c51e0ceb5476d0bab9c>

Ministry Of Rural Development, Government Of India. The Mahatma Gandhi National Rural Employment Guarantee Act, 2005. Retrieved from https://rural.nic.in/sites/default/files/nrega/Library/Books/1_MGNREGA_Act.pdf

Mizoram State Rural Livelihood Mission: Mission Document. <https://srlm.mizoram.gov.in/page/about-mzsrlm/overview-of-mizoram-state-rural-livelihoods-mission-mzsrlm>

National Rural Livelihood Mission: Mission Document. https://rural.nic.in/sites/default/files/NRLM_Guidelines_English.pdf

Swargari, Ananya. (2022). Partner State Immersion: Bihar and Mizoram (Unpublished paper).

Vinodhini, R. L. & Vaijayanthi, P. (2016). Self-Help Group and Socio-Economic Empowerment of Women in Rural India. *Indian Journal of Science and Technology*, Vol 9(27). https://www.researchgate.net/publication/305787932_Self-Help_Group_and_Socio-Economic_Empowerment_of_Women_in_Rural_India

DECLARATION

The authors declared that this article titled “**Convergence of local administration (village council) with Self-Help Group (SHG) under Mizoram State Rural Livelihood Mission**” is an original work, not published in any Journal nor has been sent to any other source for publication.

Rural Health: A Comparative Study of Distribution and Availability of Health Care Facility in Bunglemun RD Block and Thangthliah RD Block of Mizoram

David Zothansanga¹

Bobby Beingachhi²

Abstract

Health geography provides a spatial understanding of people's health, the distribution, prevalence and occurrence of diseases in an area and the environment's effect on health and diseases. Though this study is considered a sub-discipline of human geography it requires an understanding of fields like epidemiology and climatology. Health care is an expression of concern for fellow human beings. It is defined as a "multitude of services rendered to individuals, families or communities by the agents of the health services or professions, for the purpose of promoting, maintaining, monitoring or restoring health". In many countries health care is primarily a governmental function/responsibility. The main focus of health care is 'serve' or 'service to others'. Therefore, instead of treating this branch of study as a domain of health practitioners alone, it needs to be seen as a subject concerning social scientists in general and health geographers in particular.

Keywords

Health, Population, Rural Development Block, Community Health Centre, Public Health Centre, Sub Centre

Introduction

Eyles (1987) examined the areas of health, care, resources, health and illness in Britain in a systematic manner. His central theme of study was to focus on the welfare of the people on the basis of questions like who gets *what, where and how?* It also regards the spatial basis of policy initiative to tackle health related problems. Geographical perspective is, therefore, a necessary framework of reference for any analysis of health and health care. Although health care is a public good, it is not available to all the individuals in equal measure. In a 'planned' health care system, one

¹ Department of Public Administration, Mizoram University, Pachhunga University College.

² Department of Geography, Mizoram University Pachhunga University College.

Corresponding author

David Zothansanga, Dept. of Public Administration, MZU, PUC Campus, Aizawl, Mizoram.
email: davidzts@hotmail.com

should expect the distribution of facilities to reasonably match the demand. The World Health Organization (1984) in the preamble to its constitution, defines health as “.... *a state of complete physical, mental and social well-being and not merely an absence of disease or infirmity and also includes the ability to lead a socially and economically productive life*”. Health care is defined as a “*multitude of services rendered to individuals, families or communities by the agents of the health services or professions, for the purpose of promoting, maintaining, monitoring or restoring health*”. In many countries health care is completely or largely a governmental function. The main focus of health care is to ‘serve’ or render ‘service’ to others. Therefore, health care needs to get inputs from social scientists and geographers as well instead of being left to health practitioners alone.

High quality, affordable economic and social development of the country is closely related with the health care of the people. Development of any country is depends on the health care of the people and Siaha District is no exception. With a total population of 0.56 lakhs, health care of the people in general is still very far from satisfactory. Due to ignorance, religious beliefs and traditional thoughts, especially in the rural and outskirts of the main towns, the health condition of the average person is fragile and pathetic. Many people especially in urban areas and young people are now aware of their health status and taking good care of their it.

Importance of Healthcare

The best investment one can ever make is in one’s own health; hence people hope for and seek long and healthier lives. Healthcare is a key component in national development which all the governments have to treat as high priority. The preamble of the WHO Constitution states: “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic and social condition”. The Constitution of India also recognizes the Government’s responsibility for health and states that “The state shall regard the raising of the level of nutrition and the standard of living of its people and the improvement of public health as among its primary duties”.

Good health is an important determinant of economic growth and a component of well-being of the population. Without quality healthcare the work force will be unproductive resulting in a dwindling economy. Healthcare is one of the top three financial concerns. The average percentage of the world’s Gross Domestic Product (GDP) spent on healthcare has grown from 10.1 in 2018 to 10.2 in 2019. In the recent decades the performance of the nation’s public healthcare system and the importance of health as a means to enhance economic growth have received widespread attention. The state of its healthcare is one of the critical measures of how a nation state is performing.

Health Care in Mizoram

Mizoram has seen a steady growth in healthcare in the last few years. There has been a visible shift in Government thinking on healthcare from provision of healthcare to financing it. This change is reflected in the growing inclination of both, the Central Government and many State governments, towards using health insurance as a means of improving access to healthcare delivery for large population of vulnerable sections. It is in this backdrop that the Mizoram State Health Care Scheme (MSHCS), a health insurance scheme for the whole population of Mizoram was envisaged and is being implemented in Mizoram since April 2008. There are two types of Healthcare Scheme in Mizoram – Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) – Central Scheme and Mizoram State Healthcare Scheme.

In India, about 40% of all hospitalization expenses by people are met by selling major assets/getting loans, and about 78% of health expenditure is out of pocket. Studies have shown that 20 million Indians are pushed below poverty line due to inability to afford medical expenses. Large proportions of people, especially Borderline above Poverty Line (APL) borrow money and sell assets to pay for their treatment. Though quantifiable data is unavailable for Mizoram Per se, the situation is the same, perhaps more so because of socio-economic constraints in the State. The Mizoram State Healthcare Scheme (MSHCS) aims at improving access of families to quality medical care for treatment of diseases by facilitating hospitalization and surgery through an empaneled network of healthcare providers. Under this Scheme each family which is enrolled can be reimbursed up to 2, 00,000 (two hundred thousand) rupees a year of their medical expenditure from a hospital.

Study Area:

1. Bunghmun Rural Development Block is located in the west-central part Mizoram. It is the second largest rural development block in Lunglei district consisting of 35 villages. Bunghmun village is located around 44.9 kilometers away from the district head quarter Lunglei. The total area of Bunghmun is 1,099.85 sq. km. Its geographical location is 23° at 25°N latitude and 92° 56'E longitude and is bounded by Lunglei RD Block in the south, Serchhip RD Block in the east, West Phaileng RD Block and Reiek RD Block in the North and international boundary with Bangladesh on the west.

2. Thingsulthliah Rural Development Block is located in the north – central part of Mizoram. It consists of 24 villages and is the second most populous RD Block in Aizawl District second only to Tlangnuam RD Block. The Block is predominantly rural in Aizawl district. The total area is 874 sq. km with geographical location at 23.6879°N latitude and 92.8590°E longitude. It is bounded by Darlawn RD Block in

the north, Ngopa RD Block and Khawzawl RD Block in the east, Tlangnuam RD Block and Aizawl RD Block on the west and Serchhip RD Block on the south.

Hospital

According to WHO Expert Committee (1963) 'A hospital is a residential establishment which provides short-term and long-term medical care consisting of observational, diagnostic, therapeutic and rehabilitative services for persons suffering or suspected to be suffering from a disease or injury and for parturient. It may or may not also provide services for ambulatory patients on an out-patient basis.' Hence a hospital is a health care institution with an organized medical and professional staff, and permanent facilities including in-patient beds in place. The main function of a hospital is to provide the population with complete health care. Its functions include health supervision and prevention of disease, health care research (Medical research), investigation, diagnosis and care of the sick and injured and education and training of Health Care Providers (doctors, nurses, dietitians, social workers, etc.). A hospital is generally a vital part of social and medical organizations.

WHO Classification of hospital (Expert Committee 1957) -

- i. Regional Hospital: It offers a complex range of treatment and highly specialized services and serves a larger area than the local hospital does.
- ii. Intermediate/District Hospital: A district hospital typically is the major health care facility in the locality.
- iii. Rural Hospital: It is a remote hospital with a smaller number of beds and a limited-service capacity. It should have 20-100 beds.

In both Bunglemun RD Block and Thangthliah RD Block there is no hospital. Therefore, the details of the staff are not available.

Community Health Centre

Community Health Center (CHC's) is a non-profit organization that provides primary health care for individuals, families and communities. CHC's have health professionals such as doctors, nurses, and nurse practitioners on staff.

In India, the Community Health Centers constitute the third tier of network of Rural Health Care institutions and are required to act primarily as referral centers (for the neighboring PHC's, usually 4 in numbers) for the patients in need of specialized health care services.

Community Health Center are accordingly designed to be equipped with:

- a. 30 indoor beds
- b. Operation theater
- c. Labour room
- d. X-ray facility and laboratory facility
- e. Transport facilities
- f. OPD Zone
- g. Emergency area
- h. Critical care zone
- i. Residential Zone
- j. Wards
- k. Diagnostic Zone
- l. Administrative area

In Bunghmun RD Block, there is no Community Health Center while the Thingsulthliah RD Block has one such centre located in Saitual (notified town).

Primary Health Centre

The Primary Health Center (PHC) is the basic structural and functional unit of the public health services in developing countries, to provide accessible, affordable, and available primary health care to people. Primary Health Center is also sometimes referred to as Public Health Center. The Bhore Committee in 1946 gave the concept of a PHC as a basic health unit to provide an integrated curative and preventive health care to the rural population with emphasis on preventive and promotive aspects of health care. Primary Health Centers are the corner stone of rural health services. They act as a referral unit for 6 sub centers and refer cases to CHCs. Each PHC covers a population of 30,000 in plain area and 20,000 in hilly and tribal area. They are equipped with 4-6 beds and some diagnostic facilities.

The objectives of Primary Health Center are-

- i. To provide comprehensive primary health care to the community at PHCs.
- ii. To achieve and maintain an acceptable standard of quality of care.
- iii. To make the services more responsive and sensitive to the needs of the community.

Primary Health Center's functions are as follows - medical care, treatment and prevention of endemic disease, maternity and child health care, health education, referral services, basic laboratory test, national health programme, collection and

reporting of vital events etc. In Bunghmun RD Block three villages (West Bunghmun, Buarpui and Mar) have Primary Health Centers while in Thingsulthliah RD Block two villages (Thingsulthliah and Saitual) NT have one Primary Health Center each.

Sub Centre

The sub-center is the peripheral outpost of the existing health delivery system in rural areas. They are established on the basis of one sub-center for every 5000 people in general and one for every 3000 people in the hilly, tribal and backward areas. Each sub-center is manned by one male and one female multipurpose health worker. There are 1,47,069 Sub-centers functioning in the country as on March 2020 as per the Rural Health Statistics Bulletin, 2020. Currently a Sub-center is staffed by one female health worker commonly known as Auxiliary Nurse Midwife (ANM) and one Male Health Worker commonly known as Multi-Purpose Worker (Male). The basic objectives set by the Indian Public Health Standards (IPHS) for the sub-centers are – i) to provide basic primary health care to the community ii) to achieve and maintain an acceptable standard of quality of care and iii) to make the services more responsive and sensitive to the needs of the community.

In Bunghmun RD Block 14 villages namely-New Khawlek, Kawlhawk, Kawnpui W, Sesawm, Lungchem, Darngawn, Laisawral, Thenhlum, W. Bunghmun, Buarpui, Puankhai, Changpui, Serte and Sertlangpui have sub-centers. The ratio of the number of Sub-Centers to total population is 1:1344 which also means 40% of the villages in Bunghmun RD Block have sub-centers. In Thingsulthliah RD Block 12 villages namely- Buhban, Edentharr, Lenchim, Maite, Saitual NT, Seling, Sesawng, Sihfa, Thingsul Tlangnuam, Thingsulthliah, Tlungvel and Tualbung have sub-centers. The ratio of the sub-centers and total population is 1:2674. In this RD Block 50% of the villages have sub-centers.

Health Workers

i. Doctor

A doctor is a person who is trained and licensed to treat sick and injured people. Whether she/he is diagnosing an illness or treating an injury, a doctor is essentially concerned with restoring a patient's optimum health. Medical Doctors work in hospitals, clinics, surgical centers, community health centers or private or group physicians' offices.

ii. Nurse

A nurse is a caregiver for patients and helps to manage physical needs, prevent illness, and treat health conditions. Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. It includes the promotion of health, the prevention of illness, and the care of ill, disabled and dying people.

iii. Mid Wifery

Midwifery encompasses care of women during pregnancy, labour and postpartum period, as well as care of the newborn. It includes measures aimed at preventing health problems in pregnancy, the detection of abnormal conditions, the procurement of medical assistance when necessary and the execution of emergency measures in the absence of medical help.

iv. ASHA Workers

An Accredited Social Health Activist (ASHA) is a trained female community health activist selected from the community itself and accountable to it. The ASHA is trained to work as an interface between community and public health system.

DISTRIBUTION AND AVAILABILITY OF HEALTH CARE FACILITY AND MEDICAL STAFF IN THE STUDY AREA

Table 1: Doctors, Nurses, Midwifery/Female Attendant and Health Workers of Bunghmun RD Block- 2021

Village	Facility	Name	Designation
Buarpui:	Sub-Center	Chawngthansiamia	Health Worker
	Sub-Center	Lalthlamuani Ralte	Health Worker
	PHC	C.Lalhmunmawii	Staff Nurse (NHM)
	PHC	Zairemthangi	Staff Nurse (NHM)
	PHC	LalrozamiChawngthu	Staff Nurse (Regular)
	PHC	Dr SR Ngurchamliaana	Medical and health Officer
	PHC	Dr. PC Vanlalvohbiki	Medical Officer (Regular)
Bunghmun:	Sub-Center	MS Dawngliana	Health Worker (NHM)
	Sub-Center	ZD Thangchungnunga	Health Worker (Regular)
	PHC	P.Lalramthangi	Staff Nurse (NHM)

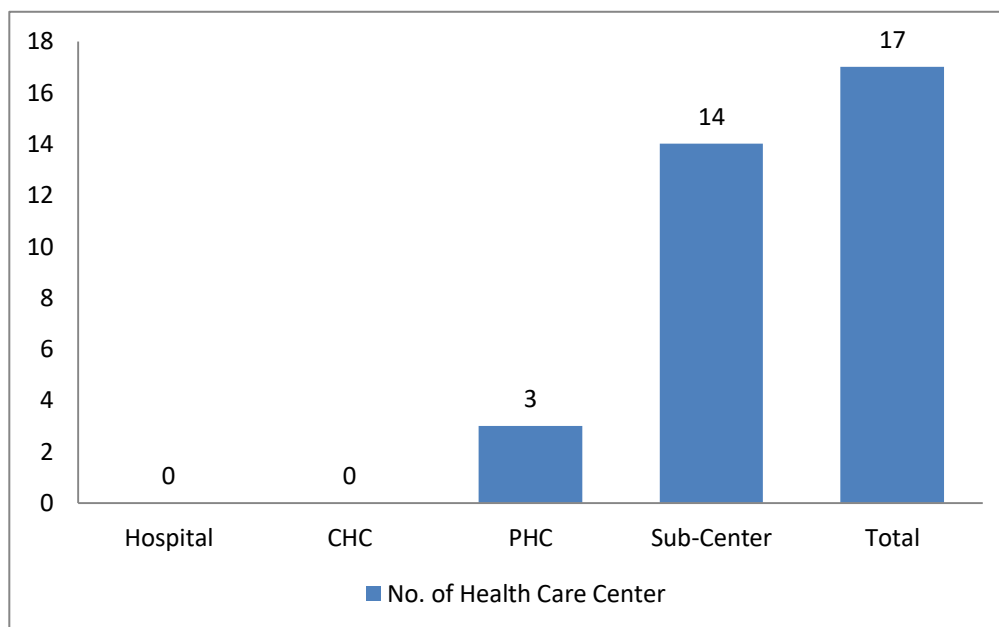
	PHC	Jennifer Zohriatpuii	Staff Nurse (NHM)
	PHC	Dr. B. Lalhriatpuia	Medical Officer (AYUSH,Regular)
Changpui:	Sub-Center	Lalramtiamia	Health Worker (NHM)
Kawlhawk:	Sub-Center	Lalhmingaiha	Health Worker (NHM)
Laisawral:	Sub-Center	Rosangzuali	Health Worker (NHM)
Lungchem:	Sub-Center	C.Jacob	Health Worker (Regular)
	Sub-Center	Samuel Vanlalruata	Health Worker (Regular)
Puankhai:	Sub-Center	Lalremsiami	Health Worker (NHM)
	Sub-Center	Lalruatkima	Health Worker (Regular)
Serte:	Sub-Center	Vanlalmangaihi	Health Worker (NHM)
	Sub-Center	Vanlalrema	Health Worker (NHM)
Sertlangpui:	Sub-Center	Vanlalduhi	Health Worker (NHM)
Sesawm:	Sub-Center	HT Lalhriatpuii	Health Worker (NHM)
Thenhlum	Sub-Center	H.Lalhuapzauva	Health Worker (Regular)
	Sub-Center	Vanlalmawii	Health Worker (Regular)

Table 2 - No. of Health Care Center in Bunghmun RD Block - 2021

Sl. No	Name of Village	Population	Hospital	CHC	PHC	Sub Centre
1	Tleu					
2	S.Khawlek	127	-	-	-	-
3	New Khawlek	144	-	-	-	1
4	Terabonia	426	-	-	-	-
5	Kawlhawk	162	-	-	-	1
6	W.Bungtlang	243	-	-	-	-
7	Kawnpui W	192	-	-	-	1
8	S.Dampui	263	-	-	-	-
9	Dengsur	450	-	-	-	-
10	Sesawm	371	-	-	-	1

11	Lungchem	416	-	-	-	1
12	Darngawn	456	-	-	-	1
13	Laisawral	551	-	-	-	1
14	Thenhlum	1009	-	-	-	1
15	W.Bunghmun	1081	-	-	1	1
16	Buarpui	1197	-	-	1	1
17	Mar'S'	2511	-	-	1	-
18	Bandiasora	701	-	-	-	-
19	Phainuam	187	-	-	-	-
20	Lokisuri	154	-	-	-	-
21	Saisen	229	-	-	-	-
22	Salmar	273	-	-	-	-
23	New Belkhai	799	-	-	-	-
24	Sachan	507	-	-	-	-
25	Devasuri	780	-	-	-	-
26	New Sachan	878	-	-	-	-
27	Mauzam	604	-	-	-	-
28	Puankhai	998	-	-	-	1
29	Malsuri	818	-	-	-	-
30	Changpui	455	-	-	-	1
31	Hmundo	142	-	-	-	-
32	S.Lungdai	238	-	-	-	-
33	Serte	397	-	-	-	1
34	Sertlangpui	559	-	-	-	1
35	Sumasumi	393	-	-	-	-
	Total	18813	0	0	3	14

Fig 1 - No. of Health Care Center in Bunghmun RD Block - 2021

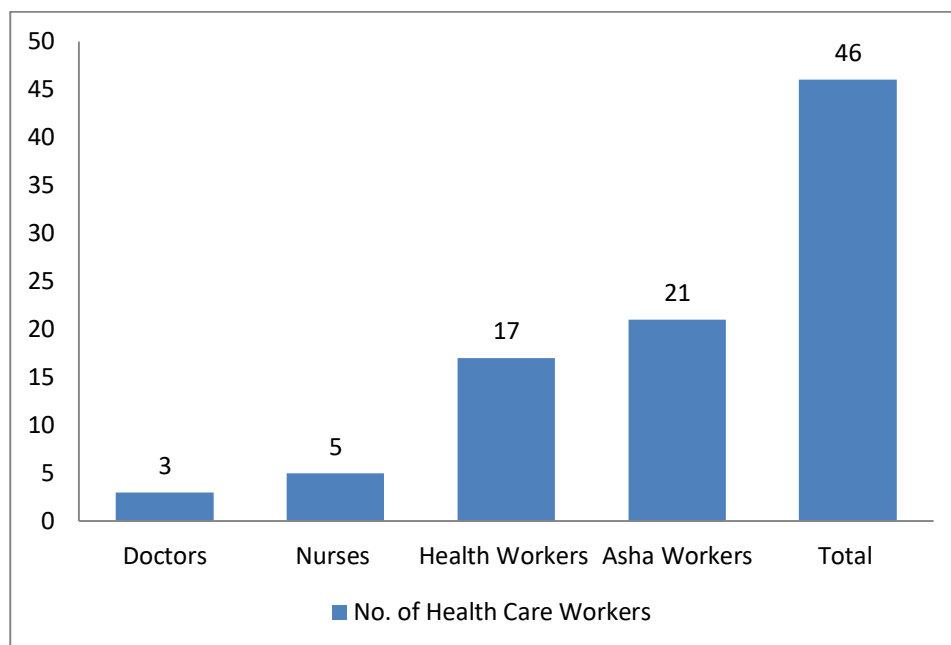


In Bunghmun RD Block there are 3 Primary Health Center i.e. in Buarpui, W. Bunghmun and Mar's which means that only 8.57% out of 35 villages in this Block have PHCs. There are 14 Sub-Centers i.e. in New Khawlek, Kawlhawk, Kawnpui W, Sesawm, Lungchem, Darngawn, Laisawral, Thenhlum, W.Bunghmun, Buarpui, Puankhai, Changpui, Serte and Sertlangpui villages, which means that 40% of the villages in this Block have Sub-Centers. Since there is no Hospital and Community Health Center the data of staff under is not available.

Table 3 - No. of Health Care Workers in Bunghmun RD Block -2021

S/No.	Name of Village	Doctor	Nurse/ Midwifery	Health Worker	Asha Worker
1	Tleu	-	-	-	1
2	S.Khawlek	-	-	-	1
3	New Khawlek	-	-	-	1
4	Terabonia	-	-	-	1
5	Kawlhawk	-	-	1	1
6	W.Bungtlang	-	-	-	1
7	Kawnpui W	-	-	-	1
8	S.Dampui	-	-	-	-
9	Dengsur	-	-	-	1
10	Sesawm	-	-	1	1
11	Lungchem	-	-	2	1
12	Darngawn	-	-	-	-
13	Laisawral	-	-	-	1
14	Thenhlum	-	-	2	1
15	W.Bunghmun	1	2	2	1
16	Buarpui	2	3	2	1
17	Mar'S'	-	-	-	-
18	Bandiasora	-	-	-	1
19	Phainuam	-	-	-	1
20	Lokisuri	-	-	-	-
21	Saisen	-	-	-	-
22	Salmar	-	-	-	-
23	New Belkhai	-	-	-	-
24	Sachan	-	-	-	1
25	Devasuri	-	-	-	1
26	New Sachan	-	-	-	1
27	Mauzam	-	-	-	1
28	Puankhai	-	-	2	1
29	Malsuri	-	-	-	-
30	Changpui	-	-	1	1
31	Hmundo	-	-	-	-
32	S.Lungdai	-	-	-	-
33	Serte	-	-	2	1
34	Sertlangpui	-	-	1	1
35	Sumasumi	-	-	-	-
	Total	3	5	16	24

Fig 2 - No of Health Care Workers in Bunghmun RD Block - 2021



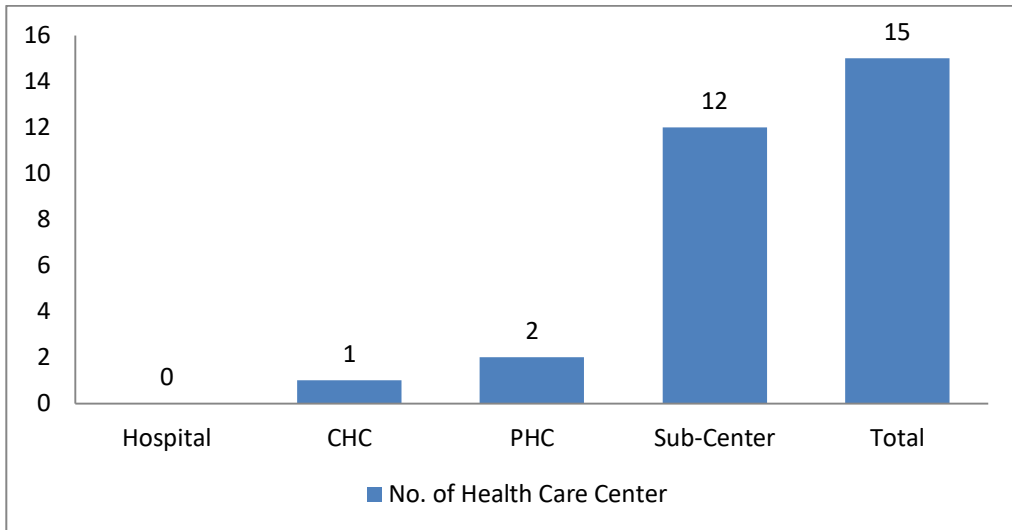
In Bunghmun RD Block there are 3 doctors i.e, 2 in Buarpui under PHC and 1 in Bunghmun under PHC. Therefore, the ratio between the total population and Doctors is 1:6271. The number of staff nurses is 5, 3 in Buarpui under PHC and 2 in Bunghmun under PHC. The Bunghmun RD Block has a total of 17 health workers i.e., 2 each in Buarpui, Bunghmun, Lungchem, and Puankhai, Serte and Thenhlum and 1 each in Changpui, Kawlhawk, Sessawm, Sertlangpui and Laisawral. Since the total population is 18813 (provisional census,2021), the ratio of the health workers to total population is 1:1106. There are 21 ASHA workers in Bunghmun RD Block, one in each village except in S.Dampui, Darngawn, Mar's, Lokisuri, Saisen, Salmar and New Belkhai.

Table 4 - Doctors, Nurses, Mid-wifery/Female Attendant and Health Workers of Thingsulthliah RD Block - 2021

Name of Village	Facility	Name	Designation
Buhban:	Sub-Center	Lalhriatpuii	Health Worker (NHM)
	Sub-Center	K.Zosangpuia	Health Worker (Regular)
Edenthlar:	Sub-Center	Cecilia	Health Worker (NHM)
	Sub-Center	Lalrinchhana	Health Worker (Regular)
Lenchim:	Sub-Center	Vanlalchhuanawma	Health Worker (Regular)
	Sub-Center	PC Lalthuampuii	Health Worker (Regular)
Maite:	Sub-Center	Vanlalhriati	Health Worker (NHM)
	Sub-Center	JVL Hruaia	Health Worker (NHM)
Saitual:	Sub-Center	PC Zodinpuui	Health Worker (NHM)
	PHC	Sailothangi	Nursing Superintendent (Regular)
Seling:	Sub-Center	Zothanpuui	Health Worker (Regular)
	Sub-Center	T. Lalramsiami	Female Attendant
Sesawng:	Sub-Center	K.Lalruatpuii	Health Worker (NHM)
	Sub-Center	Clerk Thangi	Health Worker (NHM)
	Sub-Center	R.Lalrinngama	Health Worker (Regular)
Sihfa:	Sub-Center	C.Lalrintluanga	Health Worker (Regular)
	Sub-Center	C.Lalruatfeli	Health Worker (NHM)
Thingsul Tlangnuam	Sub-Center	Malsawmkimi	Health Worker (Regular)
Thingsulthliah:	Sub-Center	Jacinta Zirtluangpuui	Health Worker (NHM)
	Sub-Center	T.Laltlankimi	Health Worker (Regular)
	PHC	Biakhlimpuii	Staff Nurse (NHM)
	PHC	MC Vanlalrovi	Staff Nurse (Regular)
	PHC	H.Lalhmunmawii	Staff Nurse (Regular)
	PHC	Lalchhuanthangi	Staff Nurse (Regular)
	PHC	Zosiamliama	Staff Nurse (Regular)
	PHC	Dr. Mary Lalnunpuui	Medical Officer (AYUSH, NHM)
	PHC	Dr. Lalrinkimi Khiangte	Medical Officer (Regular)
	PHC	Dr. Saitluanga Sailo	Unknown
	PHC	Dr. Vanzarliani	Medical Officer (Grade I)
Tlungvel:	Sub-Center	Lalrodingi	Health Worker (NHM)
	Sub-Center	R.Lalbiakhnuni	Health Worker (Regular)
Tualbung:	Sub-Center	Zonunsiamia	Health Worker (NHM)

Table 5: No. of Health Care Center in Thingsulthliah RD Block - 2021

Sl. No	Name of Village	Population	Hospital	CHC	PHC	Sub Centre
1	Aichalkawn	95	-	-	-	-
2	Buhban	603	-	-	-	1
3	CTI Sesawng	484	-	-	-	-
4	Darlawng	653	-	-	-	-
5	Dilkhan	225	-	-	-	-
6	Edentharr	25	-	-	-	1
7	Lenchim	338	-	-	-	1
8	Maite	994	-	-	-	1
9	Mualmam	173	-	-	-	-
10	Mualpheng	734	-	-	-	-
11	N.Lungpher	857	-	-	-	-
12	Phaibawk	69	-	-	-	-
13	Phulmawi	227	-	-	-	-
14	Saisih Vety Farm	33	-	-	-	-
15	Saitual NT	11619	-	1	1	1
16	Seling	2289	-	-	-	1
17	Sesawng	2722	-	-	-	1
18	Sihfa	958	-	-	-	1
19	Tawizo	419	-	-	-	-
20	Thingsul Tlangnuam	1587	-	-	-	1
21	Thingsulthliah	3402	-	-	1	1
22	Tlungvel	2529	-	-	-	1
23	Tualbung	824	-	-	-	1
24	Tuikhurhlu	190	-	-	-	-
	Total	32049	0	1	2	12

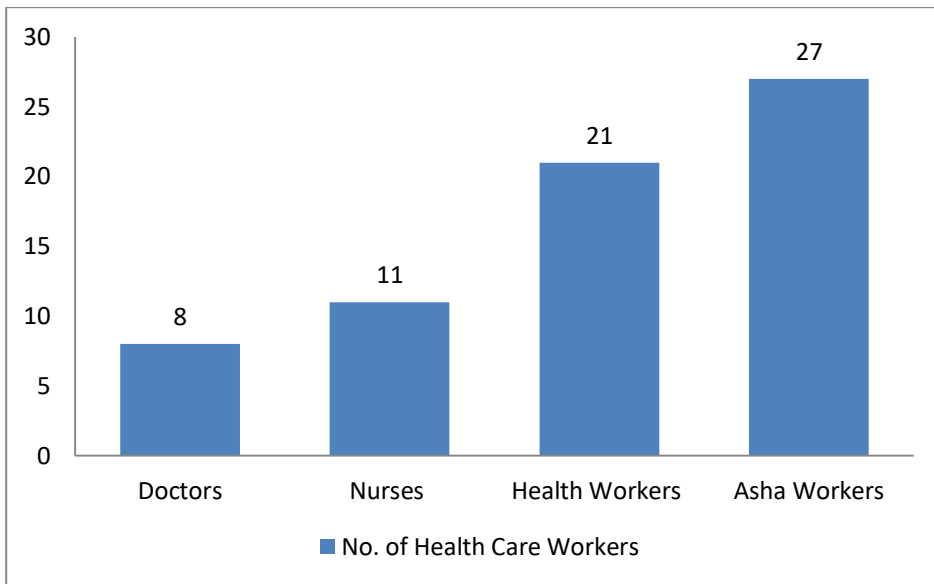
Fig 3 – No. of Health Care Center in Thingsulthliah RD Block - 2021

Thingsulthliah RD Block has one Community Health Center in Saitual NT which means that only 4.16% of the 24 villages has one CHC. There are two Primary Health Centers one each in Saitual NT and Thingsulthliah indicating that 8.33% of the villages have PHCs. There are 12 sub-centers in Buhban, Edenthlar, Lenchim, Maite, Saitual, Seling, Sesawng, Sihfa, Thingsul Tlangnuam, Thingsulthliah, Tlungvel and Tualbung villages which means that 50% of the villages in Thingsulthliah RD Block have sub - centers. Since there is no hospital the data of the staff under is not available.

Table 6 -No. of Health Care Workers in Thingsulthliah RD Block - 2021

Sl. No	Name of village	Doctor	Nurse/ Midwifery	Health Worker	Asha Worker
1	Aichalkawn	-	-	-	-
2	Buhban	-	-	2	1
3	CTI Sesawng	-	-	-	1
4	Darlawng	-	-	-	1
5	Dilkhan	-	-	-	1
6	Edentharr	-	-	2	1
7	Lenchim	-	-	2	1
8	Maite	-	-	2	1
9	Mualmam	-	-	-	1
10	Mualpheng	-	-	-	1
11	N.Lungpher	-	-	-	1
12	Phaibawk	-	-	-	1
13	Phulmawi	-	-	-	1
14	Saisih Vety Farm	-	-	-	1
15	Saitual NT	4	6	2	-
16	Seling	-	-	-	1
17	Sesawng	-	-	3	1
18	Sihfa	-	-	2	1
19	Tawizo	-	-	-	-
20	Thingsul Tlangnuam	-	-	1	4
21	Thingsulthliah	4	5	2	4
22	Tlungvel	-	-	2	1
23	Tualbung	-	-	1	1
24	Tuikhurhlu	-	-	-	1
	Total	8	11	21	27

Fig 4 – No. of Health Care Worker in Thingsulthliah RD Block - 2021



Thingsulthliah RD Block has 8 doctors - 4 in Thingsulthliah under PHC and 4 in Saitual under CHC. The ratio between the total population and doctors is 1:4012. There are 11 staff Nurses, 5 in Thingsulthliah under PHC and 6 staff nurses under CHC in Saitual. One Nursing Superintendent under PHC heads them. In Thingsulthliah RD Block, 21 health workers - two each in Buhban, Edenthlar, Lenchim, Maite, Saitual, Sihfa, Thingsulthliah and Tlungvel and one each in Tualbung and Thingsul Thingnuam and three in Sesawng operate. The ratio between the total population (32099) and the health workers is 1:1528. Twenty seven ASHA workers in Thingsulthliah RD Block - four each in Thingsul Tlangnuam and Thingsulthliah and one each in other villages except in Aichalkawn and Saitual NT are found to be functioning.

COMPARISON OF AVAILABLE HEALTH CARE WORKERS AND HEALTH CARE CENTERS IN BUNGHMUN RD BLOCK AND THINGSULTHLIAH RD BLOCK – 2021

Table 7 - Comparison of Available Health Care Workers in Bunghmun RD Block and Thingsulthliah RD Block – 2021			
S/No.	Health Care Workers	Bunghmun RD Block	Thingsulthliah RD Block
1	Doctor	3	8
2	Nurse	5	11
3	Health Worker	17	21
4	Asha Worker	21	27

Fig 5 - Comparison of Available Health Care Workers in Bunghmun RD Block and Thingsulthliah RD Block - 2021

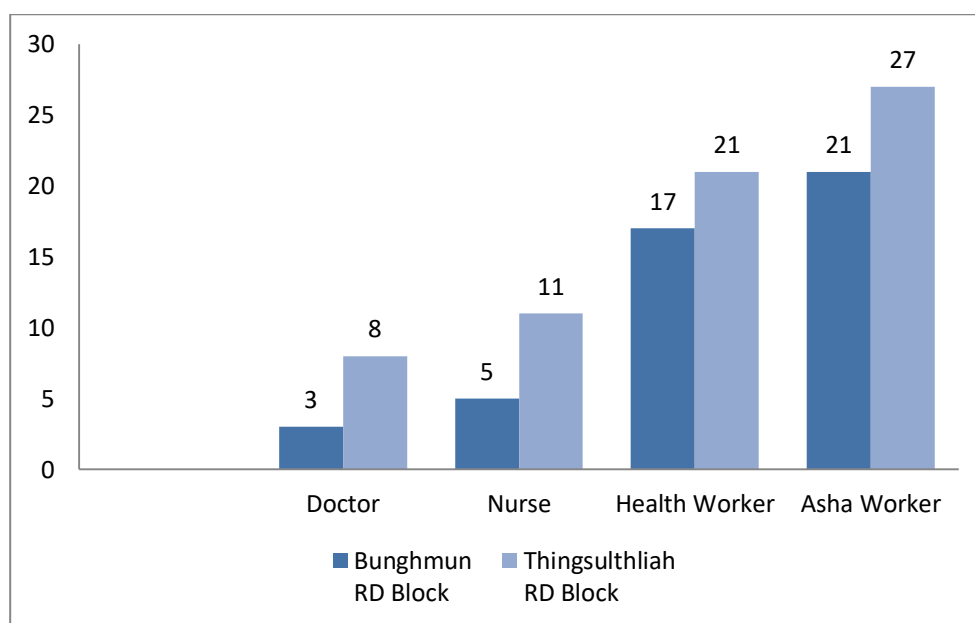


Table 8 - Comparison of Available Health Care Center in Bunghmun RD Block and Thingsulthliah RD Block- 2021

S/No.	Health Care Centers	Bunghmun RD Block	Thingsulthliah RD Block
1	Community Health Center	0	1
2	Public Health Center	3	2
3	Sub-Center	14	12

Fig 6 - Comparison of Available Health Care Center in Bunghmun RD Block and Thingsulthliah RD Block - 2021

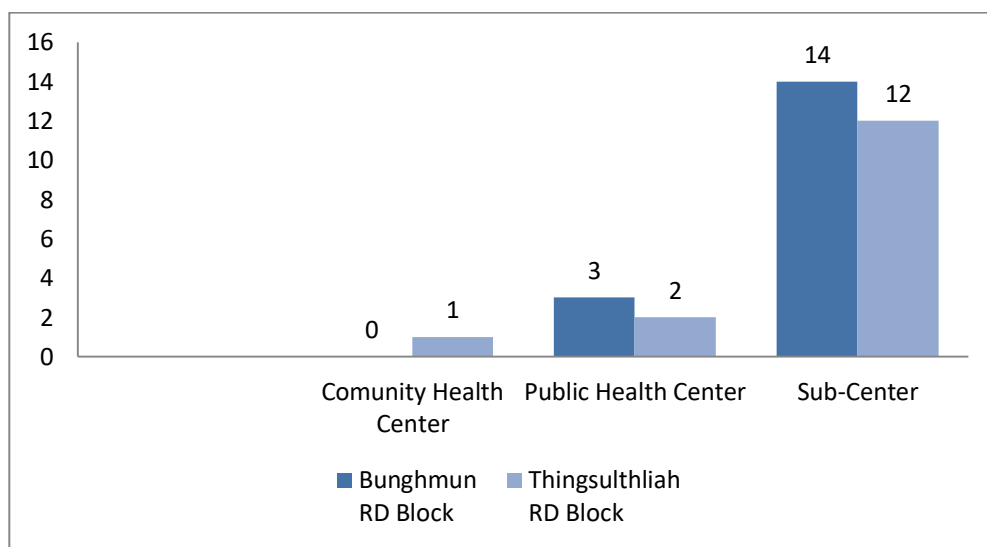


Table 9 - No. of Beneficiaries to relevant central/state sponsored schemes and No. of times Gram Sabhais held in Bunghmun RD Block - 2021

Sl. No	Name of Village	Beneficiaries		Gram Sabha held
		P MAYG	NRLM	
1	Tleu	-	-	3
2	S.Khawlek	-	-	5
3	New Khawlek	-	-	4
4	Terabonia	3	-	6
5	Kawlhawk	-	-	4
6	W.Bungtlang	-	-	7
7	Kawnpui W	12	-	2
8	S.Dampui	-	-	-
9	Dengsur	10	-	14
10	Sesawm	2	-	3
11	Lungchem	-	-	4
12	Darngawn	-	-	-
13	Laisawral	8	-	3
14	Thenhlum	6	-	5
15	W.Bunghmun	-	-	3
16	Buarpui	-	-	9
17	Mar'S'	12	-	5
18	Bandiasora	7	-	5
19	Phainuam	3	-	4
20	Lokisuri	2	-	1
21	Saisen	5	-	4
22	Salmar	1	-	4
23	New Belkhai	3	-	4
24	Sachan	3	-	8
25	Devasuri	7	-	3
26	New Sachan	8	-	8
27	Mauzam	3	-	8
28	Puankhai	-	-	12
29	Malsuri	9	-	2
30	Changpui	1	-	3
31	Hmundo	2	-	1
32	S.Lungdai	-	-	-
33	Serte	-	-	4
34	Sertlangpui	-	-	2
35	Sumasumi	2	-	6

Table 10 - No. of Beneficiaries to relevant central/state sponsored schemes and No. of times Gram Sabhais held in Thingsulthliah RD Block - 2021

Sl. No	Name of Village	Beneficiaries		Gram Sabha held
		PMAYG	NRLM	
1	Aichalkawn	-	-	-
2	Buhban	2	80	50
3	CTI Sesawng	-	-	-
4	Darlawng	-	-	5
5	Dilkhan	4	-	25
6	Edentharr	-	-	-
7	Lenchim	2	-	20
8	Maite	1	-	12
9	Mualmam	-	-	-
10	Mualpheng	3	-	10
11	N.Lungpher	4	18	42
12	Phaibawk	-	-	-
13	Phulmawi	12	-	6
14	Saisih Vety Farm	-	-	-
15	Saitual NT	-	-	-
16	Seling	14	-	28
17	Sesawng	14	-	18
18	Sihfa	2	-	8
19	Tawizo	1	-	8
20	Thingsul Tlangnuam	28	-	8
21	Thingsulthliah	37	-	13
22	Tlungvel	1	-	8
23	Tualbung	3	-	15
24	Tuikhurhlu	-	-	-

PMAYG – Pradhan Mantri Gramin Awaas Yojana (PMAYG), previously known as Indira Awaas Yojana, is a social welfare programme, designed and executed by the Government of India, to provide housing for the rural poor in India.

NRLM – National Rural Livelihood Mission (NRLM) is a poverty alleviation project implemented by the Ministry of Rural Development of India. This Scheme focuses on promoting self-employment and organization of rural poor.

Gram Sabha – It is a village governing institution in Indian villages.

Conclusion

Thingsulthliah RD Block is more densely populated with 37 persons per sq. km, while Bunghmun RD Block has a density of 17 per sq. km. This may be due to Thingsulthliah RD Block being under Aizawl district. Bunghmun RD Block has a larger area (1,099 sq. km) as compared to Thingsulthliah RD Block (874 sq. km). However, Bunghmun RD Block has a population of 18,813 while Thingsulthliah RD Block's population is 32,099. It can be observed that both the study area with regard to the availability of health care facilities and medical staffs, Bunghmun RD Block having a total population of 18,813 has 3 doctors and 5 nurses where the ratio between doctors and population is 1:6271 and its ratio between nurses and population is 1:3763. Thingsulthliah RD Block with a population of 32,099 has 8 doctors and 11 nurses. The ratio of doctors to the population is 1:4012 and the ratio of nurses to population is 1:2918. This shows that there is a pressing need for both medical facilities and medical staff in both the study areas.

The Bunghmun RD Block with a population of 18813 has 17 health workers with a ratio of 1:1106. Thingsulthliah RD Block with a population of 32099 has 21 health workers in the ration of 1:1528. There are 21 ASHA workers in Bunghmun RD Block, one in each village except S.Dampui, Darngawn, Mar"s, Lokisuri, Saisen, Salmar and New Belkhai. The ratio of ASHA worker to total population is 1:896. There 27 ASHA workers in Thingsulthliah RD Block are distributed as follows. Four each in Thingsul Tlangnuam and Thingsulthliah and one each in other villages except Aichalkawn and Saitual NT. The ratio of ASHA workers to their population is 1:1188.

In the Bunghmun RD Block only 3 villages have Primary Health Centers and 14 villages have Sub- Centers while in the Thingsulthliah RD Block only 2 villages have Primary Health Centers and 12 villages have sub-centers. Even though BunghmunRD Block has better medical facilities, from the population point of view the distribution of medical facilities in both the blocks is almost the same. Both the study areas need proper check in terms of their health facilities as their population and number of health facilities available are not proportional. The two study areas – Bunghmun RD Block and Thingsulthliah RD Block possess the same physiographic features and are characterized by NNE-SSW trending and steep longitudinal hills and narrow valleys.

References

1. Eyles, John (1987): *The Geography of National Health: An Essay in Welfare Geography*, Croom Helm, Britain. Pp.1 29
2. Govt. of Mizoram (2001): *Census of India 2011*, Series 16; Mizoram, Director of Census Operations, Mizoram.
3. Government of Mizoram (2010): *Statistical Handbook, 2010 – 2015*, Department of Economic & Statistics.
4. Government of Mizoram (2009): *Reports on Block Statistics, 2010 - 2014*, Department of Economic & Statistics.
5. Government of Mizoram (2010): *Statistical Abstract of Mizoram, 2014*, Directorate of Economic & Statistics.
6. Government of Mizoram (2010): *Village Level Statistics of Mizoram, 2014*, Directorate of Economic & Statistics.

DECLARATION

The authors declared that this article titled “**Rural Health: A Comparative Study of Distribution and Availability of Health Care Facility in Bunglemun RD Block and Thungthliah RD Block of Mizoram**” is an original work, not published in any Journal nor has been sent to any other source for publication.

BOOK REVIEW

Lalneihzovi, *Gender Equality and Sustainable Development with Special Reference to North East India*, New Delhi: Mittal Publications, ISBN 81-8324-908-6

This edited volume titled '*Gender Equality and Sustainable Development with Special Reference to North East India*' is the result of the proceedings of the two-day national seminar with the aforementioned title held on 9th and 10th March 2017 at Mizoram university. The seminar was organized by the UGC Women's Studies Centre and sponsored by the UGC and Mizoram university. Prof. K.R.S. Sambasiva Rao, Vice-Chancellor, Mizoram University in his foreword stated that there is a significant improvement in terms of work participation and health in the lives of women due to education and increased awareness about rights. The volume contains 18 research papers on a wide array of topics related to gender equality and sustainable development in north eastern region of India. The articles not only focus on the various dimensions of women empowerment and systemic inequalities but also critique the policy.

In his paper titled '*Promoting Democratic Decentralization in Rural India: The Emerging Challenges and Lessons*,' Prabhat Kumar Dutta argued that gender equality is a question of gender justice and generates scholarly discourse about human rights, good governance, and sustainable development. While appreciating the emergence of leadership among women, he threw light on the backdrop of the same. He concluded that the women leadership was made possible by the policy of reservation of seats for women in local bodies, particularly at village level.

Nupur Tiwari's paper '*Policy of Reservations and Politics of Presence: Women in the Panchayats* (randomized survey of Bihar in India)', based on her study of eight districts in Bihar, sought to address key questions related to the participation of elected women representatives in Gram Sabha meetings and discharging of their duties. The most important question is about the possible clash between the household responsibilities and political activity. The article also recommended measures for the enhancement of women's participation in local governance.

Landmark Legislation for Empowerment of Rural Women in India by Lalneihzovi emphasized that one of the most essential features of good governance is 'the promotion of people's participation in decision-making, including the participation of women in governance.' In addition to highlighting the significance of the provisions of the 73rd Constitutional Amendment Act, 1992 enacted for empowering women in

rural areas the article also listed out suggestions for increasing women's participation in politics in North East India.

Lalngakthuami in her paper '*Challenges of Gender Equality in North East India*' refutes the argument that gender equality is absent among the societies of North East India. However she underscores the need for a framework to assess and evaluate the issues of gender inequality in North East India and to get a better understanding of the status of women in these societies. She highlighted reconstructing gender biased development strategies by overcoming patriarchy and summarizes the principles laid down by United Nations for empowerment of women.

Lalhmasai Chuaungo studied the '*Participation of Women in Higher Education*' with special reference to North East India in which secondary data were obtained from the All India Survey on Higher Education (AISHE) Report 2014-2015. The data revealed a number of issues which needed immediate attention. The study stated that five out of the eight North Eastern states like-Nagaland, Sikkim, Meghalaya, Arunachal Pradesh and Manipur have high enrollment rate of women in teaching departments of central universities. Certain measures for the improvement of women's participation in higher education are also suggested at the end as according equal importance to both men and women paves the way for equal opportunity for growth and development.

Vanlalhrui in her paper '*Sustainable Development through Education for Economic Empowerment*' highlights the idea of introducing an element of economic sustainability in the scheme of things intended for ensuring the progress of women in higher education in North East India. As the gender gap exists in terms of access to education, employment, and health she suggests that self - employment supported by credit will serve better in beefing up of the assets/resources of poor women than wage employment.

Janet Vanlalmangaihi & Lalrintluanga's paper '*Women in Mizoram Police Service: Coming out of the Shadow*', makes an interesting reading of the participation of women in the elite Mizoram Police Service which is generally considered as a male domain. The study probed into the motivational factors as well as challenges encountered by them while getting into the service.

Decent Work for Domestic Workers: A Global Concern and Need for Response in Mizoram Context by Rose Paite, discusses the vulnerabilities of domestic workers mostly women and girls. Despite of contributing to family income, they are subject to

different forms of discrimination, abuse, and exploitation by different quarters. She pleaded for the strict enforcement of ILO C189 so that the dignity of women workers their rights, and decent wages are ensured.

Lalchatuanthangi's paper '*Political Participation of Women with Special Reference to Mizoram*' is based on a linear study of participation of women in politics in the District Councils from 1952 to the present day. The study yields a rich haul of information regarding the role of women in politics and its evolution. The paper makes a pitch for greater participation of women at local level for facilitating inclusive governance.

Material Factors Reinforcing Gender Inequality among Bodo Tribe of Assam by Jenny Narzary argues that gender inequality in Indian society is due to three vital factors - caste, class, and gender. The paper unveils the material factors that are responsible for the marginalization of women of Bodo tribe in Assam. She makes some important suggestions for addressing gender issues locally.

Women's Political Participation in Dima Hasao Autonomous District Council of Assam by Lianneithang Hrangkhoh makes a comparative study on the participation of women in the Dima Hasao Autonomous District Council Elections of Assam with that of their male counterparts. Based on the considerable gap between the participation levels of both of them, he argues that a country can develop only when both men and women participate in political activities in equal measure and women are encouraged to participate in the grass root administration as envisaged by the constitution.

Widowhood and Witch Hunting: A Case Study of Rabha Women in Assembly by Sikha Das focuses on the minimal inheritance right of widows among the Rabhas who discourage widow remarriage. Tragically, a widow is accused as a witch if she marries. Based on the ethnographic studies dealing with 'accusations' hurled at widow remarriage in a village in the Goalpara District of Assam, the paper focuses on the political economy of witch-hunting and how the local power sustains this kind of structural violence. It attempts to comprehend the dilemma and the "traumatic experiences" of the victims and their survival as both widows and witches. The paper contributes substantially to the cultural - anthropological aspects of widow remarriage.

Women's Participation in Traditional-Local Governance in Ukhrul, Manipuri by R.Yaongam and H.Elizabeth attempts to highlight the perceptions of women towards their participation in local governance in the Tangkhul Naga villages of

Ukhrul, Manipur. The findings of the study reveal that despite some women being influential indirectly in decision-making and proactive in the overall development of women, their actual participation and involvement in the process of decision-making are very low. The paper provides insights into the de facto and de jure women leadership.

Yunman Premananda Singh in his article '*Women under the Shadow of the Armed Forces (Special Powers) Act, 1958: A Case Study of Manipur*' states that this very Act violates non-derogable human rights law and the worse victims are women and children. The AFSPA, he argues has no role whatsoever in a democracy. He further argues that the Act would continue to impede women's development as long as it gives additional powers to the armed forces to kill their citizens.

Patriarchal View of Women in Naga Culture: A Case Study of Easterine Kire's a Terrible Matriarchy by Ramthai is a comprehensive account of Angam Naga culture, as represented in Kire's novel regarding the status of women and their contribution towards the society. He emphasizes that women in Nagaland as women elsewhere are victimized and struggle against continuous gender discrimination perpetuated by patriarchal tradition as portrayed in the novel.

Gender Equality and Sustainable Development within the Ecclesiology: A Criminalistic Analysis from Women's Perspective by Zohmangaihi, highlights the existence of gender discrimination within the structure and framework of the Church from a woman's perspective. It dwells on basic factors that determine gender discrimination in the church that is guided by patriarchal structure of the church. She proposes that there is a need to redefine the meaning of the 'Church' from an inclusive perspectives in order to fairer treatment of women within the Church organization.

Zokaitluangi & C. Lalfakzuali's paper '*Social Maturity and Self-Esteem Among Mizo Adolescents*' compares the levels of social maturity and self-esteem of boys and girls based on the same psychological variables. The study highlights that gender differences do exist and cannot be overlooked. They suggest that a congenial environment to give equal opportunities and freedom to perform the duties of society to both the sexes is the need of the hour.

The volume concludes with the paper '*Women and Sustainable Development: Issues and Dimensions*' by David Zothansanga. It mentions the goals of the 2030 Agenda for Sustainable Development and examines whether building women's potential as catalysts for sustainable development, promoting their role in the family,

community, and society at large is being done. He argues that women need to be free from the shackles of socio-cultural and religious traditions that impede their participation.

This volume deliberated upon different approaches towards gender equality. It will be a useful and informed document for researchers, academicians, policymakers, administrators, and activists who work towards achieving gender equality. Some of the papers reflect leading edge research, present best practices in the field and help researchers connect with contemporary research trends.

Lalthazuali
Assistant Professor
Department of Public Administration
Govt. Kawnpui College, Kawnpui