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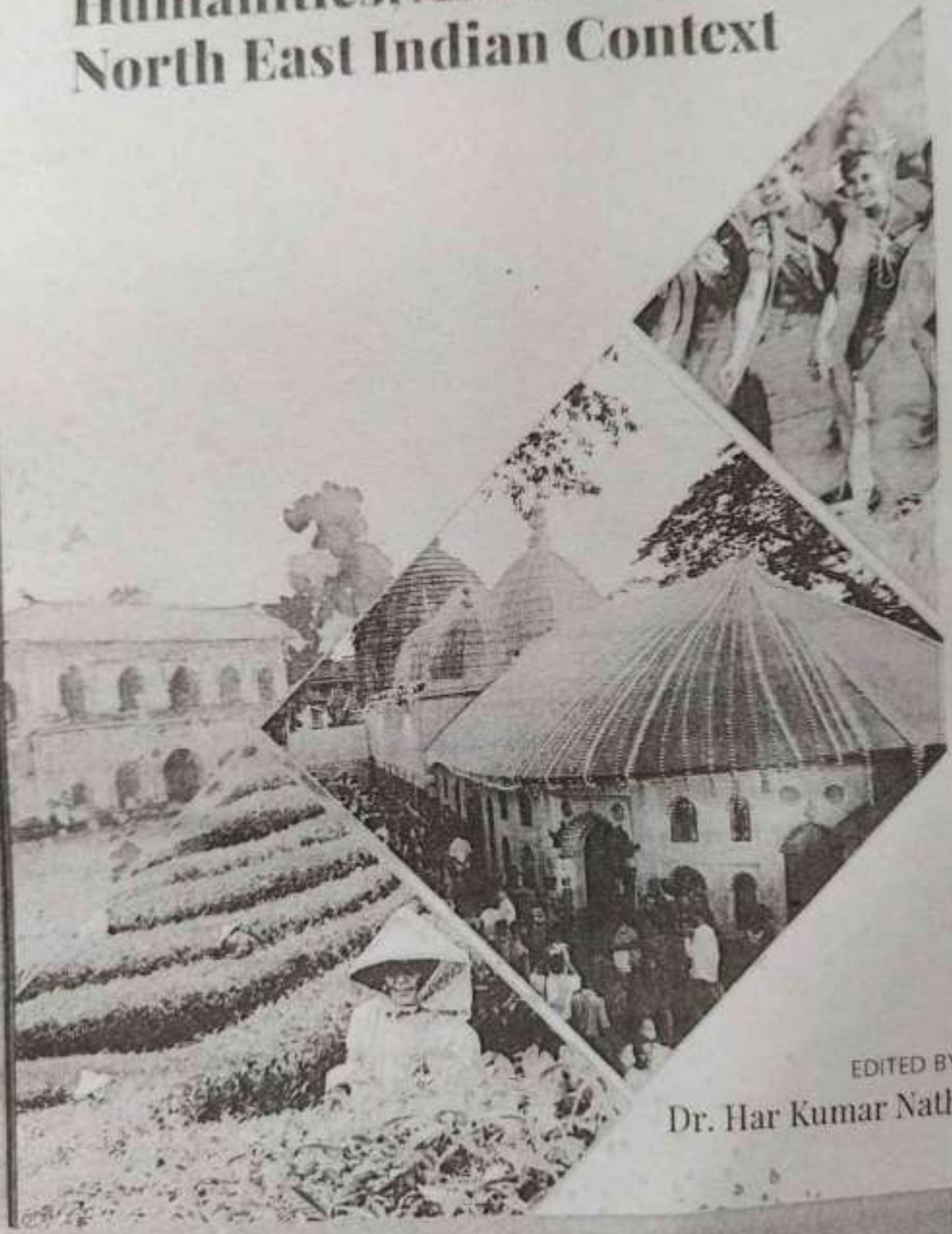
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Multidisciplinary Research In Humanities, Art And Culture: North East Indian Context



EDITED BY

Dr. Har Kumar Nath

MULTIDISCIPLINARY RESEARCH IN HUMANITIES, ART AND CULTURE: NORTH EAST INDIAN CONTEXT

A COLLECTION OF BOOK CHAPTERS ON DIFFERENT AREAS OF HUMANITIES, ART AND CULTURE OF NORTH EAST INDIA

MULTIDISCIPLINARY RESEARCH IN HUMANITIES, ART AND CULTURE: NORTH EAST INDIAN CONTEXT

Editor(s): DR. HAR KUMAR NATH, DR. SUSMITA NATH, DR. ASRAF ALI

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dence Period

Archana Devi

and equipment are needed in the education enterprise but vital to them and a teacher is the supreme factor. There exaggeration that a spacious building, costly equipment and syllabus will serve some useful purpose only when there are who are fully alive to the nobility of the profession and its moving responsibilities. The teachers play an important role ing and shaping those attitudes, habits, manners and above character and personality of the students. This article uses to study about the status and development of teacher in India in pre independence period. As the progress of a depends upon the quality of its teachers and for this reason occupies a very important place in society because he the transfer of their intellectual tradition from one to another. In ancient time, it is considered that teacher ers are born, not made. Through the proper training and of teacher enables him to have knowledge of how grow, develop and learn how they can be taught effectively their inner potentialities can be brought out and

The Progress of a country depends upon the quality of its teachers and for this reason teaching is the noblest among all professions. Teacher education to the policies and procedures designed to equip prospective

teachers with the knowledge, attitudes, behaviours and skills th
requires to perform their tasks effectively in the classroom, scho
and wider community. As education helps in the development of
individual's cognitive, cognitive and affective abilities, teach
education programmes are designed to prepare effective teacher b
providing theoretical awareness of teaching and develop
teaching competency and teaching ability. Teachers have
important role to play in leading to effective growth and
development to the students. The major significance of teach
education is focussed upon the important of training to the teach
with the main purpose of achieving the desired academic outcom

Dictionary of education,--C. V. Good (1973), defi
teachers education as ''All formal and informal activities and
experiences that help to qualify a person to assume
responsibility as a member of educational profession or to discha
his responsibility most effectively.

So it can be said that the teacher education as the t
education experiences which contribute to the preparation of
person for teaching profession in educational institution.

Earlier, teacher education was called teacher training, b
now, broad outlook has been accepted in teacher education, so t
term ''Teacher education' 'has been used for the preparation
making a teacher.

**Development of teacher education in India in pre-independe
period**

Education is not exotic in India. It had been an enlighte
country at all periods of its history. The history of teacher educa
in India is as old as the history of Indian education itself. Educa
of teacher's educational system may be taken as born in 2500 B
The pre independence period normally covers the ancient Ind
educational system comparing the Vedic, Buddhist and Mu
Era. It also covers the British rule till 1947 after which I
attained freedom.

1. Vedic or Brahmanic period:- During Vedic period was concerned with teaching of 'Veds' at that time there Brahmins who served as masters of the Brahmins were livelihood by teaching and they were employed by people. There was no training in any institution. They get 'Gurus' in their families by guardians and parents. It was hereditary process-teacher learnt art of teaching his/her this way teaching profession continued from one to another.

Method and techniques of teaching were very simple. For highly complicated rituals, a student had to rely completely mind of teacher. It can be considered as a drawback of the system of that period. R. P. Shing writes that "one thing is evident that there were certain Brahman families where was a hereditary profession. There is no evidence to hold that teaching training existed in the formal sense, known to early the Brahmins knew about their future callings and subjects keeping in future in mind.

this way we find that there was no formal system of training. It was the hereditary process from 2500 B.C to 500 the Buddhist period started.

2. Buddhist period:- During the Buddhist period importance education was recognised. It got an expansion. It was felt profession of teaching was not the right privilege of only Any enlightened person from any class of the community the status of a teacher after a vigorous training.

Actually, formal system of teacher training for the teaching started during this age so formal teachers training finds in this period. Teachers were trained to propagate Buddhist amongst the people. The trainee had to remain under the of teachers from whom he learnt the elements of proper conduct and training in 'DHARMA'. When the

The Calcutta University Commission of 1917-19 or Saddler commission recommended that-

1. Establishment of a department of education in each university.
2. A master course in education (M.Ed) was also recommended to be intended.
3. Education should be taught as a subject B.A and intermediate level.

Consequent of these recommendations:-

1. Most of the universities started training programme for graduate teacher.
2. Number of training colleges/departments for graduate teachers increased.

After 10 years again the system was revised by British educationists. Hartog committee submitted a report of Indian education. These also evaluated the recommendation about teacher education.

In 1929 Hartog committee gave valuable recommendations about in service revaluation of teachers. Seminars and conferences, refresher course should be organised for them who are already in service. Hartog committee found that only 44% teachers of the primary school were trained and 28% had completed middle course.

The committee put forwarded the following recommendations in this regard-

The standard of general education for primary should be raised.

The duration of their training should be sufficiently long.

Primary training in tuitions should be well staffed for greater efficiency.

In 1930, there were three types of distinct institutions training teachers in India-

Training school for primary teachers.
Normal teacher institutions for training teachers for secondary schools.
Training in tuitions for graduates.

- In 1937 M. K Gandhi propounded the India of Basic education which was self-supporting and cheap education.
- In1944 again John Sargent formulated the plan of improving the education system. This was comprehensive plan which was considered at all levels. About teacher education he made 4-5 recommendations.

Graduate teachers should be trained in training colleges.
Quality of school education should be improved but it possible only through quality of teacher training.
The commission suggested three types of training school

I. Training schools for preparing teachers for pre-primary schools.
II. Training schools for training teachers for primary level.
III. Teacher training for junior training schools.

So, above the discussions it has been known that as a result of this number of training school and colleges increased in country with a very fast rate. Before 1947, Bed, department were not found in affiliated colleges. Most of untrained teachers were appointed on less salary.

Conclusion

Teaching is regarded as the noblest profession in all other profession since ancient period. The teacher within the country before it attained independence put emphasis only on religious education. The different periods that was taken into consideration when understanding of teacher education in the pro-independence period of India. Those are the history of teacher education in India during pre-Independence period. Various committee put emphasis

GENDER AND SOCIETY



Edited By
Dr. Karabee Medhi
Dr. Sonmani Roy

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Career Choices of Women Teachers in Higher Education

Ms. Minakshi Rabha
Assistant Professor, Dudhnoi College (Contractual)
Department of Education
Ms. Archana Devi
Assistant Professor, Dudhnoi College
Department of Education

Abstract : *Since the medieval period in India, women have been denied access to education and employment. Women's engagement in higher education is expanding as a result of globalization and government attempts to increase female participation in higher education. Globalization had an impact on schooling in terms of topic specialization and created employment prospects based on different specializations. Parents of girls are also aware of the value of education and encourage their daughters to pursue higher education. There is also a lot of misconception among the girls and their parents about the degree or education they should pursue in order to have better employment chances. In this regard, it is necessary to evaluate the job choices of various female experts. Women are increasingly working in education, and they are aware of the prospects. Despite the enormous progress women*

EMERGING ISSUES AND RECENT TRENDS IN INDIAN EDUCATION



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Edited by

Dr. Phunu Das Sarma

Associate Professor, Dept. of Education

Cotton University, Guwahati

Dr. Sehnaz Sultana

Assistant Professor, Dept. of Education

Anundoram Borooah Academy Degree College

Pathsala, Bajali

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MENTAL HEALTH AND ITS IMPORTANCE ON HUMAN LIFE

Archana Devi
Assistant Professor, Department of Education, Dudhnoi College

Concept of Health:

As evidenced by the inclusion of mental health in the sustainable development goals, there has been a growing recognition of the critical role mental health plays in achieving global development goals in recent years.

One of the primary causes of disability is depression. Suicide is the second highest cause of death in people aged 15 to 29. People with serious mental illnesses die considerably sooner than they should up to two decades earlier as a result of preventable physical issues. in spiteof the factthat many mental health illnesses can be adequately treated at a reasonable cost, the gap between those who need care and those who have access to it remains significant. the percentage of people who receive effective treatment is still very low.

Health is not perceived the same way by all members of a community including various professional groups. e.g.-biomedical scientists, social science specialists, health administrators, ecologists which give rise to confusion about the concept of health.

Biomedical concept:

Health has been viewed as an "absence of disease" and if one was free from disease then the person was considered healthy. This concept known as the "biological concept" has the basis in the "germ Ahearn of disease" which dominated medical thought at the turn of the 20th century.

Ecological concept:

The ecologists put forward or hypothesis which reviewed health as a dynamic equilibrium between man and his environment and disease

a mal adjustment of the human organism and environment. Dubos health - "Health implies the relative absence of pain and discomfort and continues adaptation and adjustment to the environment to ensure optimal function.

Psychosocial concepts:

Contemporary developments in social science revealed that health is not only a biomedical phenomenon but one which is influenced by social, psychological, cultural economic and political factors of the people concerned. These factors must be taken into consideration in defining and measuring health.

Holistic concept:

It recognizes the strength of social, economic political and environmental influences on health. This view corresponds to the view held by the ancients that health implies a sound mind in a sound body in a sound family in sound environment. The holistic approach implies that all sectors of society have an effect on health in particular, agriculture, animal husbandry, food, industry, education, housing, public works, communions and other sectors.

Definitions of health:

"Health" is one of those terms which most people find it difficult to define although they are confident of its meaning. Therefore, many definitions of health have been offered from time to time - including the following-

A) The condition of being sound in body, mind or spirit especially freedom from physical disease or pain.

B) A condition or quality of the human organism expressing the adequate functioning of the organism in given conditions, genetic and environmental.

C) Soundness of body or mind; that conditions in which its functions are duly and efficiently discharged.

WHO Definition:

The widely accepted definition of health is that given by the World Health Organization (1948) in the preamble to its constitution, which is as follows -

"Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity"

In recent years, this statement has been amplified to include the ability to lead a socially and economically productive life.

New Philosophy of Health:

In recent years, we have acquired a new philosophy of health which may be stated as -

- Health is a fundamental human right.
- Health is intersecting oral.
- Health is an integral part of development.
- Health is control to the concept of quality of life.
- Health involves individuals, state and international responsibility
- Health and its maintenance is a major social investment.
- Health is worldwide social good.

Dimensions of Health:

Health is multidimensional. The WHO definition has three specific dimensions - the physical the mental and the social. Many more may be - spiritual, emotional; vocational although these dimensions function and interact with one another each has its own nature and for descriptive purposes will be treated separately.

1. Physical Dimension:

The state of physical health implies the nation of "prefect functioning" of the body. It conceptualizes health biologically as a state in which every cell and every organ is functioning at optimum capacity and in perfect harmony with the rest of the body.

The signs of physical health in an individual are a good completion, a clean skin, bright eyes, lustrous hair with a body well clothed with firm flesh, not too fat, a sweet breath, good appellate, sound sleep, regular activity of bowels and bladder and smooth, easy co-ordinate bodily movements.

2. Mental Dimension:

Good mental health is the ability to respond to the many varied experience of life with flexibility and a sense of purpose. More recently, mental health has been defined as 'a state of balance between the

individual and the surrounding world, a state of harmony between oneself and others, a co-existence between in the realities of the self and that of other people and that of the environment.

Psychologists have mentioned the following - characteristics attributes of a mentally healthy person:

a) A mentally healthy person is free from internal conflicts he is not at war with himself.
b) He is well - adjusted i.e. he is able to get along well with other. He accepts criticism and is not easily upset.
c) He searches for identity.
d) He has a strong sense of self - esteem.
e) He knows himself, his needs, problems and goals.
f) He has good self - control - balances rationality and emotionality.
g) He faces problems and tries to solve them intelligently.

3. Social Dimension:

Social well - being implies harmony and integration within the individual between each individual and other members of society and individual and the world in which they live. It has been defined as the 'quantity and quality of an individual's interpersonal ties and the extent of involvement with the community.

4. Spiritual Dimension:

Spiritual health refers to that part of individual which reaches out and strives for meaning and purpose of life it in the intangible something that transcends physiology and psychology. It includes integrity, principles and ethics, the purpose in life, commitment to some higher being and belief in concepts that are not subject to 'state of the art' explanation.

5. Emotional Dimension:

Historically the mantel and emotional dimensions have been seen as one element or as two closely related elements. However as more research becomes available a definite difference is emerging. Mental health can be seen as "knowing" or "cognition" while emotional health relates to "feeling". Experts in psychobiology have been relatively successful in isolating these two separate dimensions.

6. Vocational Dimension:

The vocational aspect of life is a new dimension. It is part of human existence. When work is fully adapted to human goals, capacities and limitations, work often plays a role in promoting both physical and mental health. Physical work is usually associated with an improvement in physical capacity, while goal achievement and self-realization in work are a source of satisfaction and enhance self-esteem.

The importance of this dimension is exposed when individuals suddenly lose their jobs or feed with mandatory retirement.

7. Others:

A few other dimensions-

- Philosophical dimension.
- Cultural dimension.
- Socio economic dimension.
- Environmental dimension.
- Educational dimension.
- Nutritional dimension.
- Preventives dimension

From the point of view of mental health there are certain key points in the development of the human being which are important:

Prenatal period (during pregnancy):

Pregnancy is a stressful period for some women they need help not only for their physical but also emotional needs.

First five years of life:

The roast of mental health is in early childhood. The intent and young child should experience a worm, intimate and continuous relationship with his mother and father. It is in this relationship where underlies the development of mental health. It follows that broken homes are likely to produce behaviour disorders in children and this has been confirmed by swirl studies.

School child:

Everything that happens in the school affects the mental health of the child the programmers and practices of the school may satisfy or frustrate the emotional needs of the child children who have

emotional problems may need child guidance clinic or psychiatric services from the stand paint of child's mental health and his effectiveness in learning, proper teacher days pupil relationship and climate of the class room are very important.

Adolescence:

The transition from albescence to manhood is often a stormy one and fraught with dangers to mental health, manifested in the form of mental ill health among the young and juvenile delinquents in particular.

The basic needs of adolescents are:

a) The need to be needed by others
b) The need for increasing independence
c) The need to achieve adequate adjustment to the opposite sex and
d) The need to rethink the cherished beliefs of one's elders

The failure to recognize and understand these basic needs may prevent sound mental development.

Old age:

The mental health problems of the aged have received considerable attention in recent times in the developed courtiers. The causes of mantel illness in the aged are organic conditions of the brain, economic insecurity, lack of a home, poor states and insecurity.

Mental health and its importance on human life:

According to the World Health Organization positive mental health is defined as a state of well-being where individuals are able to-

- Realize their own potential
- Work productively
- Cape with the normal stress of life
- Make a positive contribution to the community.

Positive mental health is not simply the absence of mental health issues such as depression or anxiety. Being mentally healthy is predominantly about the presence of positive characteristics such as a feeling of purpose, contentment, maintaining fulfilling relationships.

A mentally healthy person feels comfortable about himself, that

is, he feels reasonably secure and comfortable. He nether neither underestimates nor overestimates his own ability. He accepts his shortcomings. He has self-respect.

A mentally healthy person feels right towards others. This means that he is able to be interested in others and to love them. He has friendships that are satisfying and lasting. He is able to like and trust others.

A mentally healthily person is able to meet the demands of life. He is able to think for himself and to take his own decisions. He sets reasonable goals for himself. He is not bowled over by his own emotions of fear, anger, love or guilt.

Mental health is thus the balanced development of the individual's personality and emotional attitudes which enable him to live harmoniously with his fellow man. Mental health is not exclusively a matter of relation between persons; it is also a matter of relation of the individual towards the community he lives in, towards the social institutions which for a large part guide his life determine his way of living, working, leisure and the way he earns and spends his many, the way he sees happiness, stability and security.

Positive mental health allows you to enjoy all the activities you went to participate in. it doesn't mean you will never be sad or go through emotionally challenging times. However, those with positive mental health will be able to bounce back more easily from these experiences.

Individuals with high positive mental health are less likely to develop depression and chronic disease. By focusing our efforts towards improving one's overall mental well-being we can prevent them even being depressed.

When we are mentally healthy, we enjoy our life and environment and the people in it, we can be creative, learn try new things and take risks. We are better able to cope with difficult times on our personal and professional lives.

Mental health is linked to behaviour and seen as fundamental to physical health and quality of life-

1) Physical health and mental health are closely associated and it is proved that depression leads to heart and vascular disease.
2) Mental disorders also affect person's health behaviour like eating, regular exercise adequate sleep.
3) Mental ill health also leads to social problems like unemployment, broken families, drug abuse and related crime.
4) Poor mental health plays a significant role in diminished immune functions.
5) Medically ill patients with depression have worse outcome then these without.

Stress leads to decrease concentration and memory confusion, loss of sense of humor, anger, irritability and fear. Improvement of mental health leads to decrease chronic stress and thus t decrease stress related risks.

Other benefits of mental health include -

- Reduction of anxiety.
- Improved needs.
- Clear thinking.
- Increase self-esteem.
- Reduce risk of depression.
- Improvement of relationship.

Benefits of positive mental health through physical fitness include-

- Sharper memory.
- Better sleep.
- Increased energy.

CRITERIA OF GOOD HEALTH:

In general, mentally healthy individuals' value themselves, perceive reality as it is, accept its limitation and possibilities, respond to its challenges carry out their responsibilities, establish and maintain close relationships, deal reasonably with others, pursue work that suits their talent and training and feel sense of fulfilment that makes the efforts of daily living advisable. Some important attributes of mentally healthy individuals are -

1. ***Ability to enjoy life:*** The ability to enjoy life is essential to good

mental health. James Taylor wrote the secrete of life is enjoying the passing of time. We of course need to plan for the future at times and we also need to learn from the past. Too often we make ourselves miserable in the present by worrying about the future. The practice of mindfulness, meditation is one-way to cultivate the ability to enjoy the present.

2. Resilience: The ability to bounce back from adversity has been referred to as resilience. The characteristic of resilience is shared by those who cope well with stress

3. Balance: Balance in life since to result in greater mental health. We all need to balance time spent socially with time spent alone. Other areas where balance seems to be important include the balance between work and play, the balance between sleep and wakefulness, the balance between rest and exercise, and even the balance between time spent indoors and time spent outdoors.

4. Flexibility: Some people hold very rigid opinions. No amount of discussion, can change their views. Such people often set themselves up for added stress by the rigid expectations that they hold. Making our expectations more flexible can improve our mental health. Mental healthy people experience a range of emotions and allow themselves to express these feelings. Some people shut off certain feelings finding them to be unacceptable. This emotional rigidity may result in other mental health problems.

4. Self-Actualization: We all know people who have surpassed their potential and others who seem to have squandered their gifts. We first need to recognized our gifts, of course, and the process of recognition is part of the path towards self-actualization. Mentally healthy persons are in the process of actualising their potential. In order to do these, we must first feel secure.

CONCLUSION:

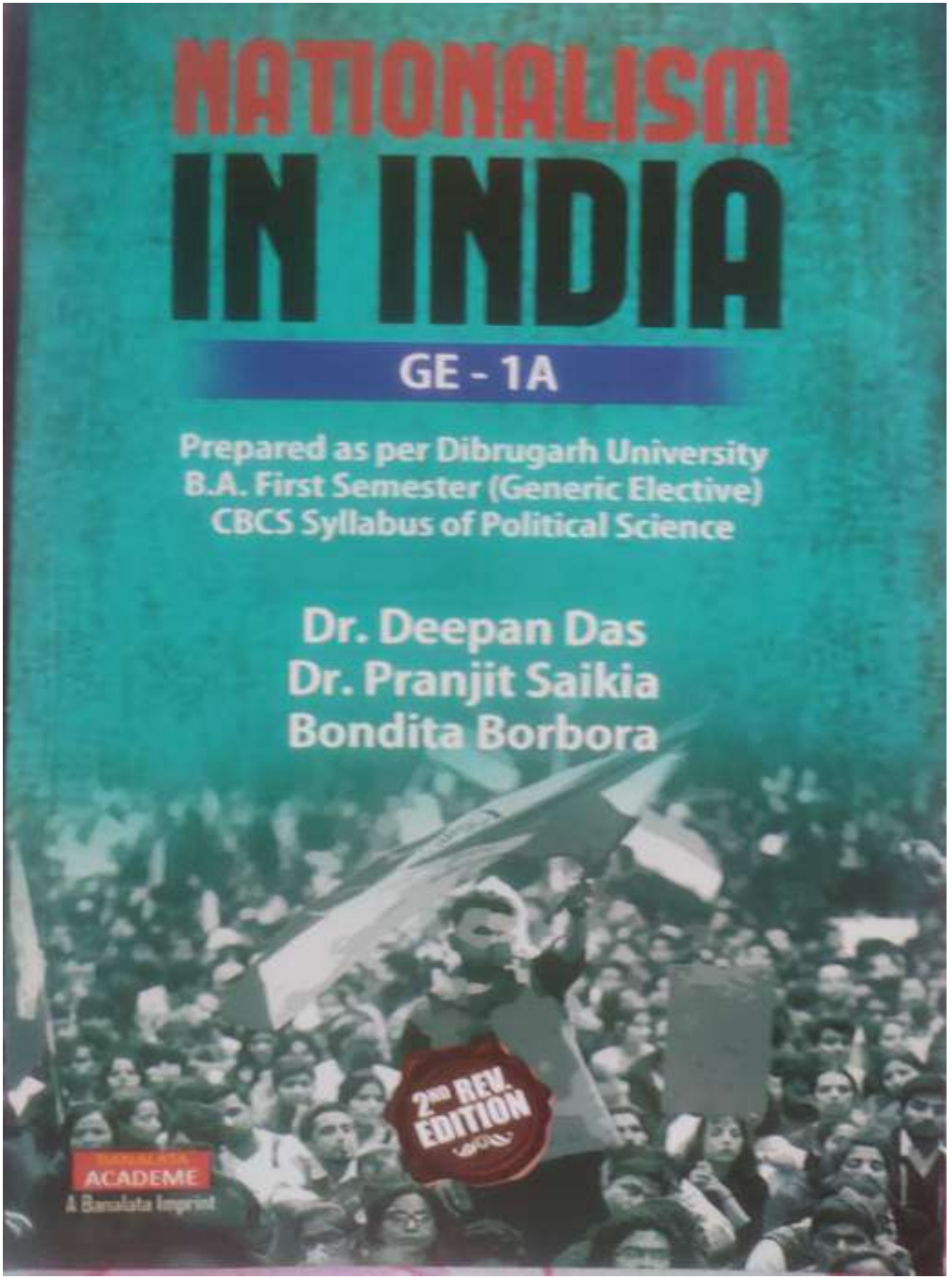
In conclusion, it can be said that in 21st century, mental sickness is becoming a burning issue. Not everyone receives the support that they must need. Even though mental illness is common these days and can affect anyone so that every person has a positive attitude towards

NATIONALISM IN INDIA

GE - 1A

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CBCS Syllabus of Political Science

Dr. Deepan Das
Dr. Pranjit Saikia
Bondita Borbora



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UNDERSTANDING POLITICAL THEORY

PAPER: C-1

Prepared as per Dibrugarh University
B.A. First Semester (Honours) CBCS Syllabus
of Political Science

Dr. Deepan Das
Manash Jyoti Das
Bondita Borbora
Lakhi Debnath

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Deepan Das
Assistant Professor
Department of Political Science
R. G. Baruah College, Guwahati-25

Bondita Borbora
Assistant Professor
Department of Political Science
Dudhnoi College, Dudhnoi

Ashok Book Stall
Panbazar, Guwahati-1

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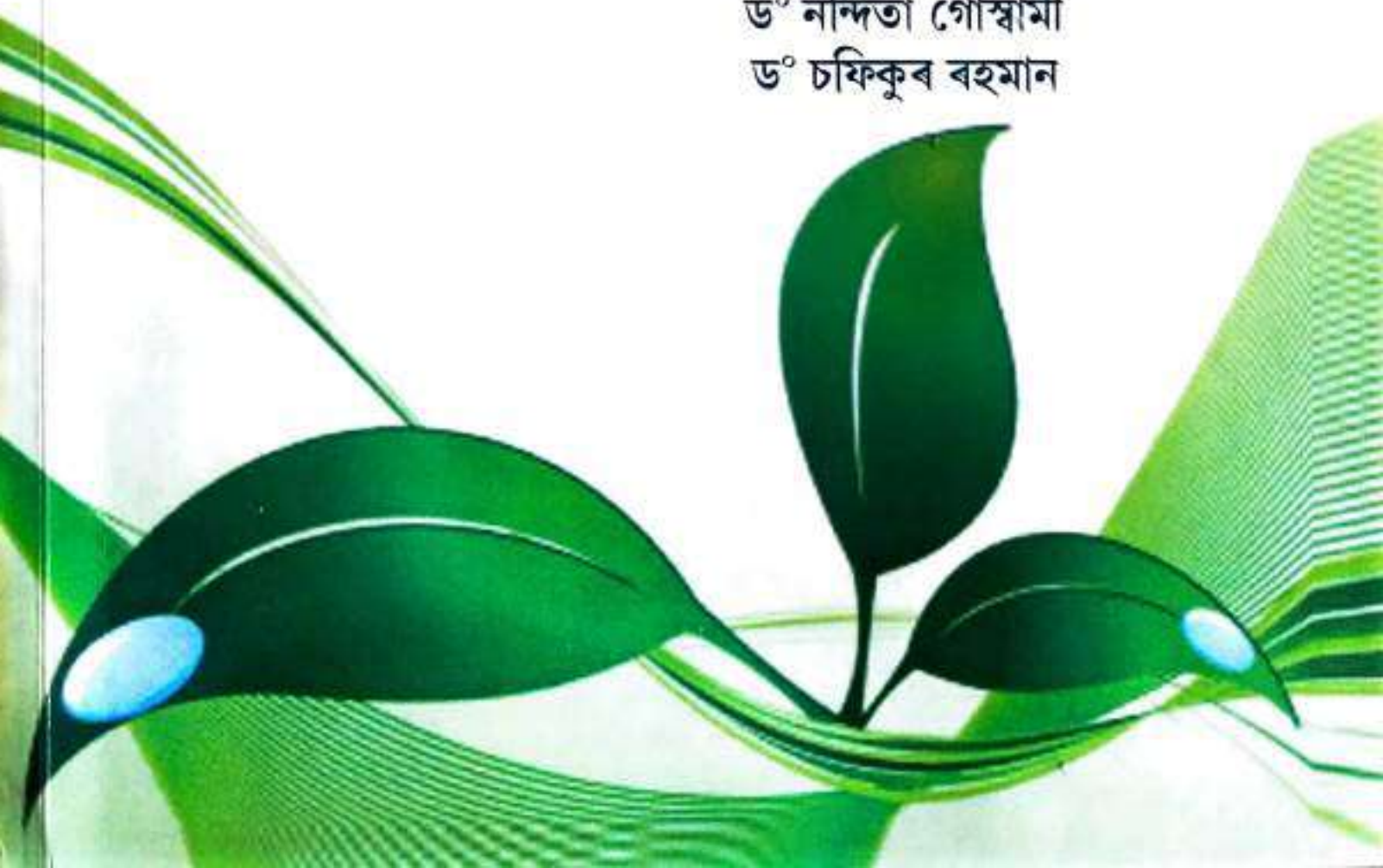
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बिखाया गावो खुगाया गेवा सल'मायाव बेरखांनाय आखुफोरनि सायाव फंनैसो

बुद्धिराज बर'

1.0. जागायनाय : बिखाया गावो खुगाया गेवा सल'माया चित्तरन्जन मोसाहारीनि। बिथाङनो बर'नि गिबि सल'मागिरि। बिथाङ इं 1962 मायथाइयावनो बर'नि गिबि सल'मा 'जुजायनि अर' खौ दिहुनो। दासिम बिथाङ गां 30 निबो बारा सल'मा सोरजिबाय। अदेबानि बिथांखौ सल'मागिरिल' बुडोब्ला गोरोन्थि जागोन बिथाङ लाइसि सुजुगिरि आरो सुंद' सल' लिरिगिरिबो। "दिमाफुर" (1974) आरो "सेरजा" (1980) लाइसिनि सुजुगिरि। आरोबाव बिथांनि गुबुन गांसे मख'जाथाव बिजाबा जादों "फैमाल मिजिं" (1972)। बिदिनो "बिखाया गावो खुगाया गेवा" (1972), "गोरोन्थिनि उनाव" (1970), "गार्लस हस्तेल" (1981), "फुलमति" (1983), "बिलोगो" (1986), "उनदाहा" (1987) बायदि बायदि गोबां रोखोमनि सल'मा बिजाब सोरजियो। नाथाय बे सावराय आयदायाव "बिखाया गावो खुगाया गेवा" सल'मानि मोन्नैसो बिथिंखौल' नोजोर होनाय एबा थांखिनाय जादों।

बे सल'मायाव मोन्नै रोखोमनि आखु दङ- हिनजाव आखु आरो हौवा आखु। गुबैयै बेवहाय सानै हिन्जाव आखुवानो गाहाय बिसोर जाबाय "कल्पना" आरो "सान्ति"। हौवाफोरनि मादाव-कैलास, प्रेमधर, अजित, सुसान्त, संकरमोनखौ दिन्थिदों। हौवा आखुफोरनि मादाव Villain एबा Brucate गाग्रि आखु दिन्थिनाया नुवाखै। थेवबो कल्पनानि बिफानि आखुजों Self-contred आखुखौ नुनो मोनो। बे सल'मानि सल'वा Universal एबा मुलुगनाङारि खालामनो हानाय जोंनि गोसोखौ बोगथाबनो हाथाव-थाव सल'। बेयावहाय Central point महरै कल्पनानि आखुजों दिन्थिदों। मानोना कल्पनानि आखुजोंनो जागायजेन्दों आरो बिनि हाबायावनो जोबहैदों। सल'मानि सल'बिथा प्ल'टआ मोजां मोन्नायखौ बिथा खालामनानै सोरजिनाय।

2.0. सावरायनायनि थांखि (Objective of the Study) : सावरायनो लानाय आयदायाव मोननै रोखोमनि आखुखौ थांखिनाय जादों बेयो जादों हिन्जाव आखु आरो हौवा आखु। गुबैयै बेवहाय सानै हिन्जाव आखुवानो गाहाय बिसोर जाबाय कल्पना आरो सान्ति हौवाफोरनि मादाव-कैलास, प्रेमधर, अजित, सुशान्त, शंकर बिसोरनि आखुखौ बिजिरनाय जादों।

3.0. आयदाफारि (Methodology): बे सावरायनो लानाय आयदायाव आयदाफारि (Methodology) या जोबोर गोनां सावरायनो लानाय आयदाखौ बिजिरनो थाखाय गुबै बिजाब (Primary data) आरो गुबुन हेफाजाब लानाय बिजाब (Secondary data) फोरनिफ्राय बुथुमनाय जादों। सावरायनो लानाय आयदाखौ गाहायाव बिजिरनो लानाय जाबाय।

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दैखंखोलारि बर'फोरनि हाबाखान्थि

बुद्धि राज बर'

1.0 जागायनाय :

बुहुमाव जोनोम मोनखांनायनि उनाव देहायारि जौगाथायजों जेब्ला सुबुङा देरनानै जौमोन बैसोआव आगान सुरो अब्लानो समाजारि खान्थिजों मोनसे बानाव खाजायो, बेनो जाबाय ''हाबा''। हाबा एबा जुलिया सुबुं जिउनि मोनसे एंगारहायै बान्दो। सुबुं समाजा हाबा खान्थिनि हेफाजाबैनो गावखौ मि- जुनारनिफ्राय आलादा खालामदों। बेयो सुबुं समाजनि गोजोन आरो आबुथिनि थाखाय मोनसे गाहाम राहा खान्थि। हाबाया हिनजाव हौवा गोरोबनाय आरो रंजानायनिल' खान्थि नङा, बेयो हारसिं जिउखौ नख'राव सोलाय होयो। हाबा जानाय हौवाया बिसिनि सुखु गोजोन आरो थांना थानायनि गासैबो बिबानखौ रुजुयो। बिसियाबो फिसायनि सुखु गोजोन आरो रैखाथिनि गिलिर बिबान लायो। हाबानि उनाव बिसि फिसाय नख'रनि सुखु गोजोन लाखिनो थांनायाव हाबा-दुखा मावनायाव गासैबो समाजनि नेम खान्थि बादियै सोलिनो गोनां जायो। बेनिखायनो मानसिया हाबानि उनाव समाजारि जालांनो गोनां जायो। मुनु संहितायाव हाबानि बागै एरैबायदि फोरमायदों - "Marriage is a social intitution for the regulation of proper relations between the two sexes". बिष्णु प्रसाद राभा बिथाङाबो गावनि ''बैराथि'' राइथायाव फोरमायदोंदि - ''हाबानि ओंथिया हाखौ बानाय। थामहिनबा, संसारनि गुदुं-गुसु बिबानखौ बानानै लानायखौनो बुंनाय जायो ''हाबा''। थोंजोङै बुंनो थाङेब्ला समाजनि नेमखान्थि बादियै जेब्ला जरासे सेंग्रा सिखलाया जयै रायजो जानो थाखाय मोनथाय मोनो, बेखौनो ''हाबा'' एबा ''जुलि'' बुंनाय जायो।

1.1 सावरायनायनि थांखि :

(क) दैखंखोलारि बर'फोरनि हाबानि सोमोन्दै मिथिहोनाय।

(ख) दैखंखोलारि बर'फोरनि हाबानि बाहागो (रोखोम) फोरखौ बेरखांहोनाय।

(ग) दैखंखोलारि बर'फोरनि हाबा खान्थिफोरनि सोमोन्दै मिथिहोनाय।

1.2 फुंखा :

बे सावरायथाइखौ लिरनायाव गिबि फुंखा महरै दैखंखोलारि बर' सुबुंफोरनि गोबां सुबुरुन मोननाय जादों आरो बेजों लोगोसे लेङाइ फुंखा महरै गोबां बिजाबफोर जैरै- गुबुन गुबुन बिजाब लाइसि, खुगा लाइसि, लाइसियाव ओंखारलांनाय लिरबिदांफोरनिफ्राय हेफाजाब लानाय जादों।

2.0 बेखेबनाय :

दैखंखोलारि बर' बुङेब्ला गोदोनि खोला गोवालपारा जिलानि बर'फोरनि बाथ्राखौनो मिथिनाय जायो। बेनि सिङाव खोला कामरुपनि बर'फोरखौ हमफानाय जाया। मानोना आथिखालाव दैखंखोला होननानै जा हालामखौ दिन्थिनाय जायो, बेखौ मोनसे समाव हावड़ाघाट हालाम होनना मिथिनाय जायोमोन। हावड़ाघाट परगनानि सिमाया दानि ग'वालपारा जिलानि सोनाबहा ग'वालपारा पाहारथुलिनिफ्राय सानजाहा थुपथारा दिघलीसिम।

दैखंखोलारि बर'फोरा गुबै बाथौ दोहोरोमारि। बिसोर हाबाखौ समाजारि आफाद बारदलजों गनायजानाय आयेन बिजाब ''बर'नि आसार बिखान्थि'' नि हेफाजाबै हाबा खालामो।

2.1 दैखंखोलारि बर'फोरनि हाबानि रोखोम :

बर'फोरखौ गाहायै मोनद' (6) रोखोमै हाबा खालामनाय नुनो मोनो। बेफोर जाबाय : (1) सौनानै [illegible] (समाजारि) हाबा, (2) खारसननाय हाबा (3) गोरजिया हाबा (4) दंखा हाबनाय हाबा (5) बोनानै [illegible] हाबा आरो (6) [illegible] हाबा। नाथाय दैखंखोलारि बर'फोरा समाजारि आफाद बारदलजों गनाय

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তুলনামূলক ভাৰতীয় সাহিত্যৰ পৰিচয়



ড° প্রফুল্ল কুমাৰ নাথ

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প্রকাশক ঃ শ্রীদেবেন কলিতা
ৰেখা প্রকাশন
গোপাল ৰোড, পাণবজাৰ,
গুৱাহাটী-১

প্রথম প্রকাশ ঃ অক্টোবৰ, ২০১৭

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প্রচ্ছদ শিল্পী ঃ

মূল্য ঃ ১৫০.০০ টকা মাত্র

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ৰাজগড় ৰোড, গুৱাহাটী-৩

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দুইটি ৰৱা

প্রস্তাৱনা

আধুনিক গদ্য সাহিত্যৰ বাস্তৱ ঘটনা আধাৰিত আটাইতকৈ মনোৰম আৰু জনপ্রিয় উপাদনটোৱেই হৈছে উপন্যাস। ১৮৯০-৯১ চনত সাহিত্যকাণ্ডাৰী পদ্মনাথ গোঁহাঞিৰবৰুৱাৰ 'ভানুমতী'ৰ যোগেদি অসমীয়া সাহিত্যত ৰোপিত হোৱা এই উপন্যাসৰ বীজটিক লক্ষ্মীনাথ বেজবৰুৱা, ৰজনীকান্ত বৰদলৈ, দণ্ডিনাথ কলিতাকে আদি কৰি পৰৱর্তী কালৰ অন্যান্য উপন্যাসিকসকলে পত্রে-পুষ্পে বিকশিত কৰি তোলে। সামাজিক আৰু ঐতিহাসিক উপন্যাস সৃষ্টিৰে আৰম্ভ হোৱা ১২৬ বছৰৰ সুদীর্ঘ পৰিক্রমা অতিক্রম কৰা অসমীয়া উপন্যাসৰ ধাৰাটি বর্তমান গুণগত আৰু সংখ্যাগত দিশৰ লগতে নতুন নতুন ধাৰাৰেও সমৃদ্ধিশালী হৈ উঠিছে। বিচাৰ-বিশ্লেষণৰ সুবিধার্থে সাহিত্যিক-সমালোচকসকলে ঐতিহাসিক, সামাজিক, জনজাতীয়, আত্মজীৱনীমূলক, নদীকেন্দ্রিক, পৌৰাণিক ইত্যাদি বিভিন্ন ধাৰাত বিভক্ত কৰা অসমীয়া উপন্যাসৰ সাম্প্রতিক দেখা পোৱা আন এটা উল্লেখযোগ্য ধাৰা হ'ল— জীৱনীমূলক উপন্যাসৰ (Biographical Novel) ধাৰা। বর্তমান সময়চোৱাক লেখক আৰু পাঠকৰ মাজত সমানে জনপ্রিয়তা অর্জন কৰা এই জীৱনীমূলক উপন্যাস সম্পর্কে গোৱিন্দ প্রসাদ শর্মাই তেওঁৰ 'উপন্যাস আৰু অসমীয়া উপন্যাস' গ্রন্থখনত সংজ্ঞা আগবঢ়াই কৈছে— 'জীৱনী যিহেতু সঁচা মানুহৰ জীৱন-বৃত্তান্ত, গতিকে সঁচা মানুহৰ জীৱনৰ অৱলম্বনত ৰচিত উপন্যাসেই হ'ল জীৱনীমূলক উপন্যাস।' (পৃঃ ২৭৬) কিন্তু বাস্তৱ পৃথিৱীৰ সঁচা ব্যক্তিৰ জীৱন আধাৰিত হ'লেও জীৱনীমূলক উপ্যনাস যিহেতু উপন্যাসেই সেয়ে ইয়াত উপন্যাসৰ কল্পনা আৰু জীৱনৰ বাস্তৱৰো দুয়োটাই সমানে নিহিত হৈ থাকে। আমাৰ অসমীয়া সাহিত্যত জীৱনীমূলক উপন্যাসৰ শুভাৰম্ভ ঘটে চৈয়দ আব্দুল মালিকৰ হাতত। ৰূপকোঁৱৰ জ্যোতিপ্রসাদ আগৰৱালাৰ জীৱনৰ অৱলম্বনত আব্দুল মালিকে ৰচনা কৰা 'ৰূপ

নাট্যতত্ত্ব আৰু আলোচনা

সম্পাদনা
চিত্ৰ ৰঞ্জন নাথ

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প্ৰথম প্ৰকাশঃ

জুলাই, ২০১৮

মূল্যঃ ৪০০ টকা

বেটুপাতঃ

সঞ্জীৱ বৰা

গ্ৰন্থস্বত্বঃ

সম্পাদক

পূৰ্বায়ণ প্ৰকাশন

সাতমাইল, গুৱাহাটী বিশ্ববিদ্যালয়ৰ সমীপত

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চুইটি বৰা*

সাহিত্যৰ বিভিন্ন শাখাসমূহৰ ভিতৰত দৃশ্য-শ্রব্য কলা নাটকৰ আবেদন আৰু জনপ্রিয়তা নিঃসন্দেহে অনস্বীকার্য। আমাৰ অসমীয়া সাহিত্যত শংকৰদেৱৰ অংকীয়া নাটসমূহৰ দ্বাৰা আৰম্ভ হোৱা এই নাট্য পৰম্পৰাক পৰৱর্তী সময়ত এক আধুনিক ৰূপ প্রদান কৰে গুণাভিৰাম বৰুৱাই ১৮৫৭ চনত ৰচনা কৰা *ৰাম-নৱমী* নামৰ নাটকখনৰ জৰিয়তে। গুণাভিৰাম বৰুৱাৰ পাছতেই পদ্মনাথ গোহাঞিবৰুৱা, লক্ষ্মীনাথ বেজবৰুৱা, দণ্ডিনাথ কলিতা, মিত্রদেৱ মহন্ত ইত্যাদি নাট্যকাৰসকলে আগবঢ়াই নিয়া আধুনিক অসমীয়া নাট্য সাহিত্যৰ ভঁৰালটিলৈ বিশেষভাৱে অৱদান আগবঢ়োৱা আন এগৰাকী নাট্যকাৰ হ'ল— অতুল চন্দ্র হাজৰিকা। গুৱাহাটীৰ উজান বজাৰত ১৯০৩ চনৰ ১২ ছেপ্তেম্বৰত জন্ম গ্রহণ কৰা অতুল চন্দ্র হাজৰিকা একাধাৰে নাট্যকাৰ, শিশু সাহিত্যিক, মঞ্চৰ ইতিহাস লেখকৰূপে পৰিচিত আছিল যদিও, নাট্যকাৰ হিচাপেই অসমীয়া সাহিত্যত তেওঁৰ জনপ্রিয়তা আছিল সর্বাধিক। কবি হিচাপে সাহিত্যিক জীৱন আৰম্ভ কৰা অতুল চন্দ্র হাজিৰকাৰ প্রথম 'বসন্তকাল' শীর্ষক কবিতাটো অষ্টম শ্রেণীত পঢ়ি থাকোতেই লক্ষ্মীনাথ বেজবৰুৱাৰ 'বাঁহী' আলোচনীত প্রকাশিত হৈছিল। অসমৰ ৰংগমঞ্চ ইতিহাস বিবৃত 'মঞ্চলেখা' (১৯৬৭) নামৰ গ্রন্থখনৰ বাবে ১৯৬৯ চনত সাহিত্য অকাডেমী বঁটা লাভ কৰা অতুলচন্দ্র

উত্তৰ পূৰ্বাঞ্চলৰ



বিবাহ পদ্ধতি



সম্পাদনা
বিপুল কুমাৰ দিহিঙীয়া
প্ৰশান্ত দাস

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প্ৰকাশক ঃ দেবেন কলিতা

ৰেখা প্ৰকাশন

পাণবজাৰ, গুৱাহাটী— ১

গ্ৰন্থস্বত্ব ঃ প্ৰকাশক আৰু সম্পাদকদ্বয়।

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ডি টি পি

সৃষ্টি প্ৰিণ্টিং প্ৰেছ

পূব ডুবিয়া, শান্তিপুৰ, বিশ্বনাথ—৭৮৪১৭৮

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❖ শৰণীয়া কছাৰীৰ বিবাহ-পদ্ধতি
ড° দীপামণি হালৈ মহন্ত।। ৬২
❖ তিৱাসকলৰ বিবাহ -পদ্ধতি
ড° ধীৰাজ পাটৰ।। ৬৮
❖ পাহাৰীয়া মিৰিসকলৰ বিবাহ-পদ্ধতি
ৰামকান্ত চুতীয়া।। ৭৪
❖ মিচিং সমাজৰ পৰম্পৰাগত বিবাহশৈলী
ৰূপকোঁৱৰ মিলি।। ৮১
❖ ৰাভা সমাজৰ বিবাহ-পদ্ধতি
চুইটি বৰা।। ৮৮
❖ কোচ-ৰাজবংশী জনগোষ্ঠীৰ বিবাহ- পদ্ধতি
গোবিন্দ বৈশ্য।। ৯৭

ৰাভা সমাজৰ বিবাহ-পদ্ধতি

চুইটি ৰৰা

পৃথিৱীৰ জীৱকুলৰ ভিতৰত সর্বশ্রেষ্ঠ মানৱ জাতি সমাজপ্রিয় জীৱ। এই সমাজপ্রিয় মানৱ জাতিৰ সামাজিক জীৱনৰ আটাইতকৈ বৃহৎ তথা উল্লেখযোগ্য অনুষ্ঠানটোয়েই হ'ল বিবাহ। সমাজত বসবাস কৰি বংশ বিস্তাৰ কৰিবৰ বাবেই মানৱ সমাজত প্রধানকৈ বিবাহৰ প্রয়োজন। সমাজ ভেদে পৃথিৱীৰ প্রতিটো জাতিৰ মাজতে ভিন ভিন বিবাহ পদ্ধতি দেখিবলৈ পোৱা যায়। ইণ্ডো-মংগোলয়দ নৃগোষ্ঠীৰ তিব্বতবর্মী ভাষাগোষ্ঠীৰ অন্তর্গত অসমৰ এটি অন্যতম জনজাতি ৰাভা সকলৰ মাজতো কেইবাপ্রকাৰৰো বিবাহ পদ্ধতিৰ প্রচলন আছে। আৰু এই পদ্ধতি সমূহৰ মাজেৰেই ৰাভা সমাজৰ বিবাহ কার্য সম্পাদিত হোৱা পৰিলক্ষিত হয়।

অতীতৰে পৰা ৰাভাসকলৰ মতে— 'বিবাহ' জীৱনৰ এক অপৰিহার্য অংগ। ৰাভা সকলে বিশ্বাস কৰে, এজন ব্যক্তি সামাজিক নীতি-নিয়ম অনুযায়ী বিবাহ পাশত আবদ্ধ নহ'লে সন্তান জন্ম দিলেও তেওঁ সেই সন্তান বৈধ হিচাপে দাবী কৰিব নোৱাৰে অথবা সন্তান উৎপাদন নকৰাকৈ তেওঁ পৰজন্মত মুক্তি লাভ কৰিব নোৱাৰে। কৌলিক পূজা সম্পাদনা কৰাতো তেওঁৰ অধিকাৰ নাথাকে আৰু পৰিয়ালবর্গক সংযোগ কৰি অক্ষত অৱস্থাতো তেওঁ ৰাখিব নোৱাৰে। সেয়ে নিৰবচ্ছিন্ন ভাৱে বংশৰ গতি আগবঢ়াই নিবলৈ অথবা সমাজত এক যোগ্য স্থান লাভ কৰিবলৈ প্রতিজন 'ৰাভা' লোকেই বিয়া কৰোৱাটোক এটা নৈতিক কর্তব্য হিচাপে অভিহিত কৰে। ৰাভাসকলৰ মাজত প্রাচীন কালৰে পৰা পাঁচ প্রকাৰৰ বিবাহ পদ্ধতিৰ প্রচলন আছে। সেই কেইটা হ'ল—

প্রবন্ধ বিবিধা



মুখ্য সম্পাদক ঃ

মানস জ্যোতি দাস

সম্পাদকদ্বয় ঃ

উদ্ধৱ পাটগিৰি

চুইটি বৰা

PRABANDHA BIBIDHA
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বেটুপাতঃ চিত্ৰলেখা

গ্ৰন্থস্বত্বঃ সম্পাদকদ্বয়

সূচীপত্র

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('কেৰাণীৰ কপাল' আৰু 'চাকনৈয়া'ৰ বিশেষ উল্লেখসহ)

চুইটি বৰা

০.০০ অৱতৰণিকা ঃ

হাস্য-ব্যংগ সাহিত্য বুলি ক'লে আমাৰ মনলৈ সচৰাচতে একেটাই ধাৰণা আহে যদিও, সাহিত্যত হাস্য-ব্যংগৰ মাজত প্ৰকৃততে এক স্পষ্ট পাৰ্থক্য পৰিলক্ষিত হয়। যদিও হাস্য-ব্যংগক একেটা মুদ্ৰাৰে ইপিঠি-সিপিঠি অথবা এটাক আনটোৰ পৰিপূৰক হিচাপে গণ্য কৰা হয় তথাপিও দুয়োটাৰে অৰ্থ পৃথক পৃথক। অভিধানগত অৰ্থ মতে, 'হাস্য' মানে হাঁহি যদিও সাহিত্যত হাঁহিৰ খোৰাক যোগোৱা বুজাবলৈও হাস্য শব্দটো ব্যৱহাৰ কৰা হয়। অৰ্থাৎ মানুহৰ মনত বিমল আনন্দ প্ৰদানেই হৈছে হাস্যৰ প্ৰধান উদ্দেশ্য। (বৰা, পৃ ঃ ৪৪) কিন্তু ইয়াৰ বিপৰীতে ব্যংগৰ অৰ্থ হ'ল বিদ্ৰুপ, উপহাস বা সমালোচনা। এই বিদ্ৰুপ বা উপহাসৰ জৰিয়তেই সমাজৰ তথা কোনো ব্যক্তিৰ দোষ-ত্ৰুটিসমূহ দৃষ্টিগোচৰ কৰি সমালোচনা আগবঢ়োৱাই ব্যংগৰ প্ৰধান উদ্দেশ্য। সাহিত্য ক্ষেত্ৰখনত হাস্য-ব্যংগৰ সম্পৰ্ক অতি ঘণিষ্ঠ। অৰ্থাৎ সাহিত্যৰ পাঠ এটিত হাস্য আৰু ব্যংগ দুয়োটাই ইটো-সিটোৰ পৰিপূৰক হিচাপে থাকিলেহে সেই পাঠটিৰ পৰা পাঠক-শ্ৰোতাই নিৰ্মল হাস্যৰসৰ দ্বাৰা কলাৰ নান্দনিক সোৱাদ লাভ কৰাৰ লগতে ব্যংগৰ জৰিয়তে সমাজৰ বা ব্যক্তিৰ দোষ-ত্ৰুটি, অপসংস্কৃতি, কু-সংস্কাৰ ইত্যাদি দিশসমূহৰ বিষয়েও অৱগত হ'ব।' সেয়া নহ'লেই ব্যংগ অবিহনে হাস্যৰস বহু সময়ত সস্তীয়া হাস্যৰস আৰু সস্তীয়া কৌতুকত পৰিণত হোৱাৰ দৰে হাস্যক বাদ দিও ব্যংগ বহু সময়ত সাধাৰণ বিদ্ৰুপ বা গালি-গালাজলৈ ৰূপান্তৰিত হ'ব। (শৰ্মা, ২৬) সাহিত্যৰ জগতখনৰ হাস্য-ব্যংগৰ মাজত থকা পাৰস্পৰিক সম্পৰ্কৰ বিষয়ে দয়ানন্দ পাঠকেও

আন্তোন চেখভৰ 'লেটাৰ ভিতৰৰ মানুহ' এটি অৱলোকন

চুইটি বৰা

০.০০ প্ৰস্তাৱনা ঃ

ঊনবিংশ শতিকাৰ প্ৰথমাৰ্দ্ধৰ্তে বিশ্বসাহিত্যত আৰম্ভ হোৱা চুটিপল্পৰ বিকাশ আৰু পূৰ্ণতা প্ৰাপ্তিত বিশ্বৰ সিকল গল্পকাৰে অনন্য অৱদান আগবঢ়াইছে সেই সকলৰ ভিতৰত ৰুছ গল্পকাৰ আন্তোন পাভ্‌লোভ্‌িচ চেখভ (১৮৬০-১৯০৪) অন্যতম। ঊনবিংশ শতিকাৰ শ্ৰেষ্ঠ চুটিগল্পকাৰ হিচাপে পৰিচিত আণ্ডোন চেখভ্ (দাস/৪৫০) আছিল ৰুছ দেশৰ অৱসাদ আৰু অৱক্ষয় যুগটোৰ এজন উৎকৃষ্ট প্ৰতিনিধি। দুৰ্যোগপূৰ্ণ মানৱ জীৱনৰ প্ৰতিটো সত্যক বাস্তৱ সন্মত দৃষ্টিভংগীৰে গল্পৰ মাজেৰে উন্মোচিত কৰা চেখভৰ গল্পৰ জনপ্ৰিয়তা সমগ্ৰ বিশ্ব ব্যাপি। ৰুছ দেশৰ লগতে সমগ্ৰ বিশ্বৰ মানৱ জাতিৰে দুৰ্বলতা, কৃতিমতা আদিক আঙুলিয়াই দি সত্যক মহিমামণ্ডিত কৰি তোলা চেখভৰ গল্পৰাজিয়ে বিশ্বৰ আধুনিক চুটিগল্পক এক অন্য মাত্ৰা প্ৰদান কৰে। যাৰ বাবে ঊনৈশ শতিকাৰ শেষাৰ্দ্ধ আৰু বিংশ শতিকাৰ প্ৰথমাৰ্দ্ধক আধুনিক চুটিগল্প সাহিত্যত 'চেখভৰ যুগ' হিচাপে আখ্যায়িত কৰা হয়। (গোস্বামী/পাতনি)

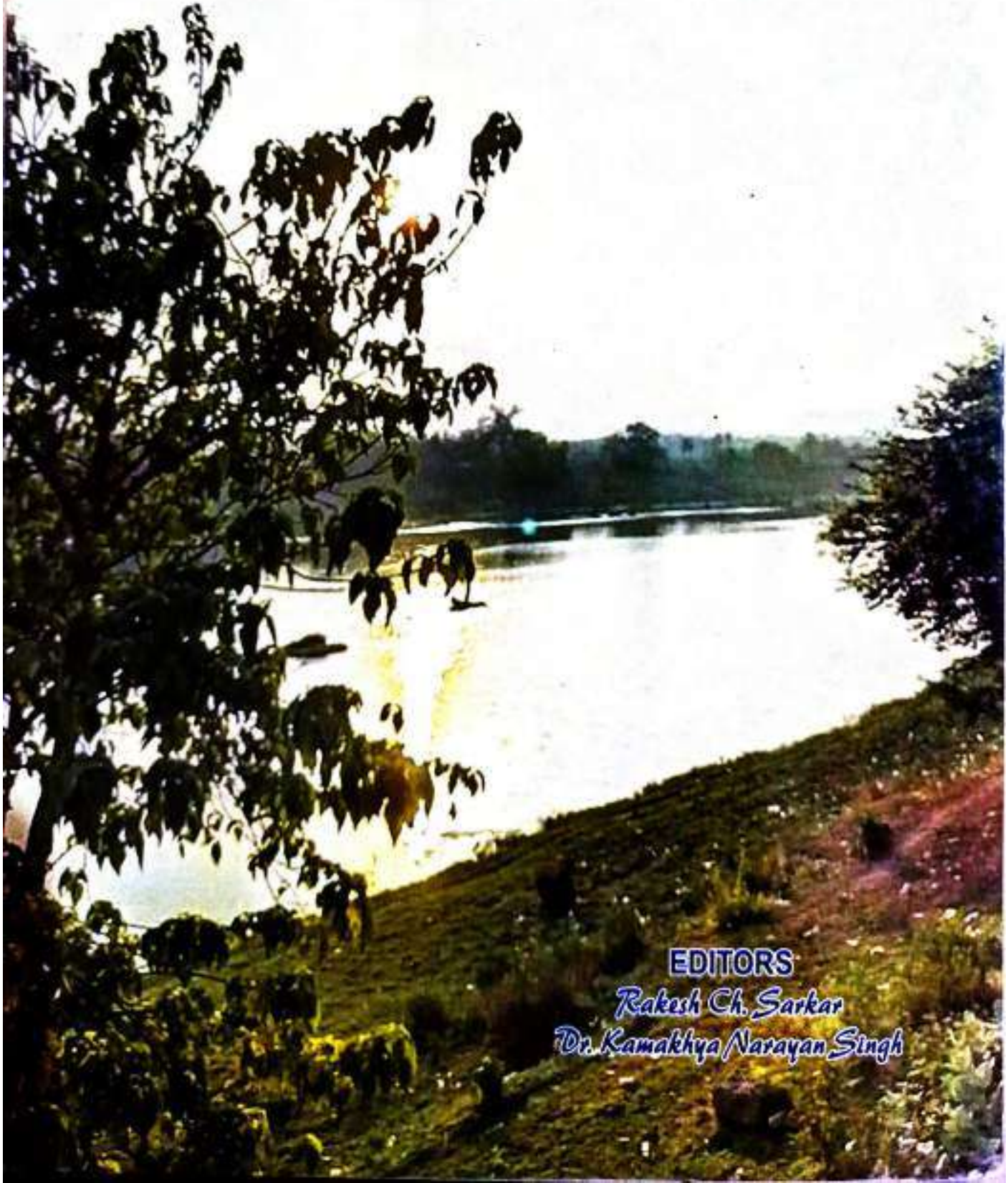
বিশ্ব সাহিত্যৰ এগৰাকী অমৰ কথা-শিল্পী আণ্ডোন পাভ্‌লোভ্‌িচ চেখভৰ জন্ম হয় ৰুছ দেশৰ দক্ষিণাঞ্চলৰ সৰু সাগৰীয় বন্দৰ নগৰী তাগান্‌ৰগৰ এটি দৰিদ্ৰ পৰিয়ালত। পিতৃ-মাতৃৰ তৃতীয় সন্তান চেখভৰ ককাদেউতাক প্ৰথম অৱস্থাত আছিল এজন ভূমিদাস। অৱশ্যে পৰৱৰ্তী সময়ত অশেষ কষ্ট কৰি ককাদেউতাকে পৰিয়ালটিক ভূমিদাসৰ পৰা মুক্তি কৰে। চেখভৰ ল'ৰালি কালছোৱা আছিল অতি তিক্ততাপূৰ্ণ। কঠোৰ পিতৃৰ শাসনৰ তলত থাকি সদায় দোকানত সহায় আগবঢ়োৱা আৰু গীৰ্জাত গীত গোৱা দলত

অনুধ্যান

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Rakesh Ch. Sarkar
Dr. Kamakhya Narayan Singh

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সূচীপত্র

মহাভাৰত আৰু ভাৰতীয় সমাজ

ড° ৰঞ্জন কলিতা/৯

তেজপুৰৰ বনিয়া বা সোণাৰী সম্প্রদায়ৰ লুপ্ত প্রায় গুপ্ত ভাষাঃ এক অধ্যয়ন

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('তুচ্ছ ঘটনা', 'হিচাপ', 'উন্নতি', 'নৈকট্য' আৰু 'চিঠি' ৰ বিশেষ উল্লেখসহ)

চুইটি বৰা
অসমীয়া বিভাগ, বিশ্বনাথ মহাবিদ্যালয়

চুটিগল্প হৈছে সাম্প্ৰতিক আধুনিক কথা সাহিত্যৰ এটি অন্যতম জনপ্ৰিয় ৰূপ। অসমীয়া সাহিত্য জগতত জোনাকী আলোচনীৰ জৰিয়তে লক্ষ্মীনাথ বেজবৰুৱাই (১৮৬৪-১৯৩৮) প্ৰথম ৰোপণ কৰা চুটিগল্পৰ বীজটি পৰৱৰ্তী সময়ত 'আৱাহন', 'জয়ন্তী', 'ৰামধেনু', ইত্যাদি আলোচনীৰ পাতত বিকাশ আৰু পূৰ্ণতা লাভ কৰে। 'জোনাকী'ৰ পাততে আৰম্ভ হৈ বৰ্তমানলৈকে এশ বছৰৰো অধিক কালৰ এক সুদীৰ্ঘ পৰিক্ৰমা অতিক্ৰম কৰা অসমীয়া চুটিগল্পৰ ধাৰাটোত যিসকল গল্পকাৰে গল্প ৰচনা কৰি এক অন্যান্য মাত্ৰা প্ৰদান কৰিছে, সেই সকল গল্পকাৰৰ ভিতৰত এগৰাকী অন্যতম গল্পকাৰ হ'ল শীলভদ্ৰ (১৯২৪-২০০৮)। অসমীয়া সাহিত্যৰ লেট-ষ্টাৰ্টাৰ (Late Starter) গল্পকাৰ হিচাপে পৰিচিত শীলভদ্ৰৰ প্ৰকৃত নাম হ'ল ৰেৱতী মোহন দত্ত চৌধুৰী। দুকুৰি বছৰ বয়সত 'শীলভদ্ৰ' ছদ্মনামেৰে 'অভিযোগ' নামৰ গল্পটো লিখি সাহিত্যিক জীৱনৰ পাতনি মেলা গল্পকাৰ জনৰ গল্পৰ বিষয় বস্তু, উপস্থাপন ৰীতি, আংগিক, ভাষা-শৈলী ইত্যাদি সকলো দিশতে এক অভিনৱত্ব পৰিলক্ষিত হয় আৰু এই অভিনৱত্বই তেওঁৰ গল্পক প্ৰদান কৰে এক সুকীয়া মাত্ৰা। প্ৰায় চাৰিশতাধিক গল্প ৰচনা কৰি অসমীয়া গল্পসাহিত্যলৈ বলিষ্ঠ অৱদান আগবঢ়াই যোৱা শীলভদ্ৰৰ গল্পসংকলনসমূহ হ'ল— বাস্তৱ (১৯৭৫), কোনো খেদ নাই (১৯৭৬), সমুদ্ৰতীৰ (১৯৭৮), তৰুৱা কদম (১৯৭৯), বীৰ সৈনিক (১৯৭৯), শীলভদ্ৰৰ কুৰিটা গল্প (১৯৮২), মেজাজ (১৯৮৩), ৰতুবাবুৰ গেৰেজ (১৯৮৪), প্ৰতীক্ষা (১৯৮৫), উত্তৰণ (১৯৮৭), বিশ্বাস আৰু অন্যান্য গল্প (১৯৮৯), দায়িত্ব আৰু অন্যান্য গল্প (১৯৯১), জীৱন আৰু অন্যান্য গল্প (১৯৯১), আকৌ মধুপুৰ (১৯৯১), মধুপুৰ বহুদূৰ (১৯৯২), তৰ্পণ (১৯৯৩), চিঠি আৰু অন্যান্য গল্প (১৯৯৪), নিৰ্বাচিত গল্প(১৯৯৪), লগৰীয়া

অনুচিন্তন অন্বিচিন্তন

অসমীয়া ভাষা-সাহিত্য-সংস্কৃতিৰ আলোচনা প্রসংগ

সম্পাদনা ঃ ড° লুইছ গগৈ



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১৪. অসমীয়া শিশু সাহিত্যৰ সংক্ষিপ্ত বুৰঞ্জী ২৯৭
ড° লুইছ গগৈ

আন্তোন চেখভ আৰু আৱাহন যুগৰ গল্প সাহিত্য

চুইটি কথা

ঊনবিংশ শতিকাৰ প্ৰথমাৰ্দ্ধতে বিশ্বসাহিত্যত আৰম্ভ হোৱা চুটিগল্পৰ বিকাশ আৰু পূৰ্ণতা প্ৰাপ্তিত বিশ্বৰ যিসকল গল্পকাৰে অনন্য অৱদান আগবঢ়াইছে সেইসকলৰ ভিতৰত ৰুছ গল্পকাৰ আন্তোন পাভ্‌লোভিচ্ চেখভ (১৮৬০-১৯০৪) অন্যতম। ঊনবিংশ শতিকাৰ শ্ৰেষ্ঠ চুটি গল্পকাৰ হিচাপে পৰিচিত আন্তোন চেখভ (দাস/৪৫০) আছিল ৰুছ দেশৰ অৱসাদ আৰু অৱক্ষয় যুগটোৰ এজন উৎকৃষ্ট প্ৰতিনিধি। দুৰ্যোগপূৰ্ণ মানৱ জীৱনৰ প্ৰতিটো সত্যক বাস্তৱসম্মত দৃষ্টিভংগীৰে গল্পৰ মাজেদি উন্মোচিত কৰা চেখভৰ গল্পৰ জনপ্ৰিয়তা সমগ্ৰ বিশ্বব্যাপি। ৰুছ দেশৰ লগতে সমগ্ৰ বিশ্বৰ মানৱ জাতিৰে দুৰ্বলতা, কৃত্ৰিমতা আদিক আঙুলিয়াই দি সাহিত্যিক মহিমামণ্ডিত কৰি তোলা চেখভৰ গল্পৰাজিয়ে বিশ্বৰ আধুনিক চুটিগল্পক এক অনন্য মাত্ৰা প্ৰদান কৰে। যাৰ বাবে ঊনৈশ শতিকাৰ শেষাৰ্দ্ধ আৰু বিংশ শতিকাৰ প্ৰথমাৰ্দ্ধক আধুনিক চুটিগল্প সাহিত্যত 'চেখভৰ যুগ' হিচাপে আখ্যায়িত কৰা হয়। (গোস্বামী/পাতনি)

ৰুছ দেশৰ দক্ষিণাঞ্চলৰ সৰু সাগৰীয় বন্দৰ নগৰী তাগান্‌ৰগ (Taganrog)ৰ এটি দৰিদ্ৰ পৰিয়ালত জন্মগ্ৰহণ কৰা আন্তোন চেখভে মূলতঃ নিজৰ আৰ্থিক অভাৱ দূৰ কৰিবৰ বাবেই ছাত্ৰাৱস্থাৰ পৰাই কাকত-আলোচনী ইত্যাদিত চেখন্তে (Chekhonte) ছদ্মনাম লৈ নিয়মীয়াভাৱে কিছুমান সৰু টুকুৰা-টুকুৰ কাহিনী, হাস্য-ব্যংগাত্মক ৰচনা আদি লিখিবলৈ লৈছিল। ১৮৮০ চনত মাথোঁ ২০ বছৰ বয়সত চেখভৰ জীৱনৰ প্ৰথমটো গল্প 'পণ্ডিতসম প্ৰতিৱেশীলৈ পত্ৰ' (A letter to a learned Neighbor) ৰচনা কৰে। সাহিত্যিক জীৱনৰ প্ৰথমছোৱাত হাস্য-ব্যংগ গল্পকাৰ হিচাপে বিশেষ জনপ্ৰিয়তা লাভ কৰা চেখভৰ গল্পৰ বিষয়বস্তু, চৰিত্ৰ আৰু ৰচনাশৈলী — এই আটাইকেইটা দিশেই অতি চকুতলগা আৰু অদ্বিতীয়। সমসাময়িক ৰুছ সমাজখনৰ অভিজাত শ্ৰেণীটোৰ

তুলনামূলক ভাৰতীয় সাহিত্য



সম্পাদনা ঃ ৰেৱত মহন্ত

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পাণবজাৰ, গুৱাহাটী-১

প্রথম প্রকাশ ঃ ২০২১ চন

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ডি.টি.পি ঃ চিটী স্ক্রীণ
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মুদ্রক ঃ আঙ্গিক প্রেছ
আমবাৰী, গুৱাহাটী

সূচীপত্ৰ—

প্ৰথম গোট

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মনোৰঞ্জন বৰদলৈ

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ঊষা প্ৰিয়ম্বদাৰ "ৰাপছী" এটি অৱলোকন

১.০১ ঃ উত্তৰ প্ৰদেশৰ কাণপুৰত জন্মগ্ৰহণ কৰা ঊষা প্ৰিয়ম্বদা (১৯৩০) হিন্দী সাহিত্যৰ এগৰাকী আগশাৰীৰ লেখিকা। এলাহাবাদ বিশ্ববিদ্যালয়ৰ পৰা ইংৰাজী বিষয়ত স্নাতকোত্তৰ আৰু পি. এইচ. ডি ডিগ্ৰী লাভ কৰি দিল্লীৰ লেডী শ্ৰীৰাম কলেজ আৰু এলাহাবাদ বিশ্ববিদ্যালয়ত অধ্যাপনা কৰা ঊষা প্ৰিয়ম্বদাই বহুকেইখন উপন্যাস আৰু চুটিগল্পৰ সংকলন ৰচনা কৰি হিন্দী কথাসাহিত্যৰ ভড়ালটি চহকী কৰি থৈ যায়। তেওঁৰ গল্পসংকলন সমূহ হ'ল—'জিন্দেগী ঔৰ গোলাব কা ফুল", "এক কোই দুচৰা", "মেৰী প্ৰিয় কাহানিয়া", "সম্পূৰ্ণ কাহানিয়া"। ঊষা-প্ৰিয়ম্বদাৰ গল্পৰাজিৰ মূল বিষয়বস্তু হ'ল আধুনিক মানৱজীৱনৰ স্বৰূপ প্ৰকাশ। আধুনিক নগৰীয়া জীৱনৰ উদাশীনতা, নিসঙ্গতা, বিচ্ছিন্নতাবোধ ইত্যাদি তেওঁ গল্পৰ মাজেৰে অতি বাস্তৱসম্মত আৰু মৰ্মস্পৰ্শী ৰূপত দাঙি ধৰিছে। মানৱীয় প্ৰমূল্যবোধ স্খলন, প্ৰজন্মৰ ব্যৱধান ইত্যাদি সংবেদনশীল বিষয়বস্তুৰ গল্পকাৰ গৰাকীয়ে গল্পৰ মাজেৰে সঠিক ৰূপত চিত্ৰায়ণ কৰিছে। তেওঁৰ গল্পৰাজিৰ ভাষা সদায় সংযম আৰু পৰিমিত। গভীৰ জীৱনবোধ প্ৰকাশিত ঊষা-প্ৰিয়ম্বদাৰ গল্পসমূহ সমাজৰ আত্মকেন্দ্ৰিক আধুনিক পৰিয়ালসমূহৰ মাজত একতা-আত্মীয় আদি বৃদ্ধিৰ বাবেও বাৰ্তা প্ৰেৰণ কৰে। প্ৰকৃত অৰ্থত প্ৰিয়ম্বদা এগৰাকী আধুনিক সমাজৰ বাস্তৱবাদী আৰু আদৰ্শবান সাহিত্যিক।

১.০২ ঃ ঊষা প্ৰিয়ম্বদাৰ "জিন্দেগী ঔৰ গোলাব কে ফুল" গল্প সংকলন অন্তৰ্গত "ৰাপচী" এটি জনপ্ৰিয় আৰু বহু চৰ্চিত চুটিগল্প। আধুনিক সমাজৰ ব্যক্তিকেন্দ্ৰিক

সাম্প্রতিক অসমীয়া চুটিগল্পৰ গতিপথ আৰু কেইগৰাকীমান গল্পকাৰৰ গল্প



সম্পাদনা
ড° দুলাল চন্দ্ৰ দাস

Sāmpratik Axamiyā Chutigalpar Gatipath
Āru Keigarākimān Galpakārar Galpa
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মুদ্রক ঃ ইডিয়ম প্রিণ্টার্ছ, গণেশগুৰি, গুৱাহাটী-৬

প্রকাশক

ঋজুগ
কাহিলীপাৰা, গুৱাহাটী-৭৮১০১৯
ফোন ঃ ৯৭০৭৯-১৭৮৫০
e-mail : rizugpublication@gmail.com

সূচীপত্র

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প্ৰাঞ্জল শৰ্মা বশিষ্ঠৰ চুটিগল্প

চুইটি বৰা

সাম্প্ৰতিক আধুনিক কথা সাহিত্যৰ আটাইতকৈ জনপ্ৰিয় আৰু মনোৰম ৰূপটোৱেই হ'ল চুটিগল্প। আমাৰ অসমীয়া সাহিত্যত 'জোনাকী' আলোচনীৰ পাততে সাহিত্যৰথী লক্ষ্মীনাথ বেজবৰুৱাই(১৮৬৪-১৯৩৬) ৰোপন কৰা এই চুটিগল্পৰ বীজটিয়ে পৰৱৰ্তী সময়ত 'আৱাহন', 'জয়ন্তী', 'ৰামধেনু' আদি আলোচনীৰ বুকুত পত্ৰে-পুষ্পে বিকশিত হৈ পৰিপূৰ্ণতা লাভ কৰে। ১৮৯২ চনত অৰ্থাৎ 'জোনাকী'ৰ চতুৰ্থ বছৰৰ চতুৰ্থ সংখ্যাত বেজবৰুৱাৰ 'সেউতী' নামৰ গল্পটিৰে আৰম্ভ হোৱা অসমীয়া চুটিগল্পৰ এশ চব্বিশ বছৰীয়া (১৮৯২-১৯৩৬) সুদীৰ্ঘ পৰিক্ৰমাটোত বিভিন্ন সময়ত বিভিন্নজন গল্পকাৰে ভিন ভিন ধাৰা, বিষয় বস্তু, চিন্তা-চেতনা, শৈলী, প্ৰকাশভঙ্গীৰে গল্প ৰচনা কৰি অৱদান আগবঢ়াই আহিছে। সাম্প্ৰতিক সময়ত এক ভিন্ন স্বাদৰ গল্প সৃষ্টিৰে অসমীয়া চুটিগল্পৰ ভঁৰালটিলৈ ৰঙণি আগবঢ়োৱা তেনে এগৰাকী গল্পকাৰ হ'ল- প্ৰাঞ্জল শৰ্মা বশিষ্ঠ (১৯৮০)।

শতিকাযোৰা এক সুদীৰ্ঘ পৰিক্ৰমা অতিক্ৰম কৰাৰ লগতে বৰ্তমান সৰ্বভাৰতীয় পৰ্যায়তো এক বিশিষ্ট স্থান লাভ কৰিবলৈ সক্ষম হোৱা অসমীয়া চুটিগল্পৰ ধাৰাটোত ভিন্ন বিষয়বস্তু, শৈলী, চিন্তা-ধাৰাৰে গল্প ৰচনা কৰি ৰসগ্ৰাহী পাঠকক আপ্লুত কৰি তোলা গল্পকাৰ প্ৰাঞ্জল শৰ্মা বশিষ্ঠৰ প্ৰকাশিত গল্প সংকলন তিনিখন হ'ল 'মানুহো গছৰ দৰে' (২০০৯), 'মৃত্যু কামনা' (২০১০) আৰু 'একমিনিটৰ গল্প' (২০১০)। হাইস্কুল শিক্ষান্ত পৰীক্ষা দি উঠিয়েই ১৯৯৬ চনত ৰচনা কৰা জীৱনৰ প্ৰথমটো চুটিগল্প স্মৃতিচিহ্ন (২০০১ চনত 'প্ৰান্তিক'ত প্ৰকাশিত)ৰ জৰিয়তে অসমীয়া চুটিগল্পৰ জগতখনত খোজ পেলোৱা শৰ্মা বশিষ্ঠৰ গল্পসমূহ মানৱৰ চিৰন্তন সূক্ষ্ম অনুভূতি, মানৱতাবাদ আৰু প্ৰেমৰ দ্বাৰা বিশেষভাৱে প্ৰৌজ্জল। ১৯৯৮ চনৰ ডিচেম্বৰ মাহৰ পৰা মাহেকীয়া আলোচনী 'বিস্ময়'ৰ পাতত নিয়মিতভাৱে 'একমিনিটৰ গল্প' লিখি জনপ্ৰিয়তা অৰ্জন কৰা গল্পকাৰ গৰাকীৰ গল্প সমান্তৰালভাৱে 'প্ৰত্যয়', 'প্ৰান্তিক', 'সাতসৰী', 'ৰংঘৰ', 'সাদিন' আদি আলোচনীটো প্ৰকাশিত হৈছে। ২০০০ চনৰ পৰা ২০০৭ চনলৈকে এই 'প্ৰান্তিক', 'সাতসৰী', 'সাদিন', 'আলাপ' আদি আলোচনীৰ পাততে প্ৰকাশিত কুৰিটা গল্প থুপাই শৰ্মা বশিষ্ঠই প্ৰকাশ কৰে জীৱনৰ প্ৰথমখন গল্পসংকলন 'মানুহো গছৰ দৰে' আৰু এই গল্প সংকলনটিৰ জৰিয়তেই পাঠকে লাভ কৰিবলৈ সক্ষম হয় ভিন্ন বিষয়বস্তু আৰু ৰচনা শৈলীৰ এক অভিনৱ সোৱাদ। সেইদৰে ২০১০ চনত প্ৰকাশিত মুঠ ১৬টা গল্পৰ সমষ্টি দ্বিতীয়খন গল্প সংকলন 'মৃত্যুকামনা' আৰু 'বিস্ময়'ৰ পাতত পূৰ্বে প্ৰকাশিত 'একমিনিটৰ গল্প' সমূহৰ একত্ৰ সংকলন 'একমিনিটৰ

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Women Entrepreneurship: A Study in Guwahati City

Debashree Kashyap*

Abstract: Entrepreneurship plays a significant role in developing the economy of a country. Entrepreneur is a person who creates an enterprise. The process involved in the creation of enterprise is called entrepreneurship. On the basis of general concept of entrepreneur, women entrepreneur can be defined as a woman or group of women who initiate, organise and run a business enterprise. A woman entrepreneur is an important constituent of the development process. Entrepreneurship offers various opportunities for women by opening doors to greater self-sufficiency and self-esteem not only for the women themselves, but also for their families. Entrepreneurship development among women is one of the most important factors to achieve economic empowerment of women. So, it is important to encourage women to take up entrepreneurship as a career. Over the years it is seen that there is a considerable development of women entrepreneurship in Assam. The progress is more visible among women in urban areas. So, in this paper an attempt is made to identify the motivational factors that influences the women entrepreneurs to start their own enterprises and also to study the relationship between enterprises related factors and success of women entrepreneurs in Guwahati city.

Keywords: Women, Entrepreneurship, Motivational Factors, Success

Introduction:

Entrepreneurship plays an important role in developing the economy of a country. Entrepreneur is a person who creates an enterprise. The process involved in the creation of enterprise is called entrepreneurship. On the basis of general concept of entrepreneur, women entrepreneur can be defined as a woman or group of women who initiate, organise and run a business enterprise. A woman entrepreneur is an important constituent of the development process. Entrepreneurship offers various opportunities for women by opening doors to greater self-sufficiency and self-esteem not only for the women themselves, but also for their families. Entrepreneurship development among women is one of the most important factors to achieve economic empowerment of women. Women Entrepreneurship can bring about economic independence to women and improve their status in the society. Equality among men and women which is essential for the development of a society can possible through economic independence of women. When a woman entrepreneur creates an enterprise, it generates income, employment and create wealth. So, the contributions of women entrepreneurs are a prerequisite for nation building and it is very important to encourage women to take up entrepreneurship as a career. Though women face a number of challenges and obstacles in establishing enterprises, women entrepreneurship and formation of women business networks are steadily rising. Over the years it is seen that there is a considerable development of women entrepreneurship in Assam. Women are increasingly taking up entrepreneurial career for improving their economic as well as social status and also for fulfilling their creative urge. Hence, in this paper an attempt is made to study the motivational

*Research Scholar, Department of Economics, Gauhati University, Assam, Email: 2015debashree@gmail.com



factors that influence the women entrepreneurs to start their own enterprises and also to study the relationship between enterprises related factors and success of women entrepreneurs in Guwahati city of Assam.

Review of Literature

Sinha (2003) had examined the impact of motivation and social support on enterprise creation by women in North-East India. The results of the study had revealed that the main motivating factor to start an enterprise was to earn money by women entrepreneurs. The enterprises set up by them were mostly micro enterprises.

It was found that the women entrepreneurs were predominantly engaged in traditional activities such as handicrafts and handloom. The units of both men and women entrepreneurs were suffering from inadequate income generation. Majority of women entrepreneurs managed finance through their own sources. However, the study concluded that women of the region had enough potential to take up entrepreneurship as a career. ***Deshpande and Sethi(2009)*** had made an attempt to identify the problems encountered by women in setting of enterprises and also to provide solutions to various problems faced by women entrepreneurs. The authors had found that women were participating in entrepreneurship because of attitude change, support and co-operation by society members, changes and relaxation in Government policies. But there is also a need to create awareness among women to outshine in entrepreneurial field. ***Das (2012)*** had conducted a study on women empowerment through entrepreneurship in Guwahati Municipal Corporation. The author had examined the attitude of family and society towards women entrepreneurs and also studied the problems faced by them. The findings revealed that women entrepreneurs got gainful employment in the units established by them. Moreover, enterprises headed by women also generated employment for a number of persons. Findings also revealed that women entrepreneurs considered finance as a major problem and marketing was the next problem faced by them. Limbu and ***Bordoloi (2015)*** had conducted a study on women entrepreneurship and the problems and opportunities for rural women in the area of entrepreneurship in Assam. The study found that the rural women entrepreneurs were suffering from individual problems such as lack of motivation, inadequate financial resources, technical problem, physical insecurity problem and a variety of social and structural problems. Though there was lots of problems that were creating hurdles for the women entrepreneurship in rural Assam, the author had found that prospects of growth of entrepreneurship in rural areas of Assam could not be underestimated.

Objectives of the Study

The present study is carried out with the following objectives:

1. To study the motivational factors that affect the women entrepreneurs to start their own enterprises.

2. To study the relationship between enterprises related factors and success of women entrepreneurs in Guwahati city.

Hypothesis

The present study is carried out with the following null hypothesis:
There is no significant relationship between enterprise related factors and success of women entrepreneurs in Guwahati city.

Methodology

The study is done by using survey method. Sample for the present study is drawn by using purposive sampling method. The sample of the present study consists of 70 women entrepreneurs engaged in registered and unregistered enterprises in Guwahati city. The study is solely based on the primary data collected from the respondents with the help of questionnaire. For the present study, the questionnaire is designed to get information on the types of enterprises, motivational factors, experience, assets, investment level, income etc. Questionnaire also includes 13 statements constructed on Likert scale in which the respondents have to choose out of the five responses. The collected primary data are analysed by using likert scale and rank. In order to test the hypotheses, chi-square test is used in this study.

Findings

- **Motivational Factors -** Motivation plays a very important role in the development of entrepreneurial activities. In this study, motivational factor is defined as influencing factor that inspire women to start their own enterprises to achieve their goals. Entrepreneurial motivation probably the starting point to start an enterprise, which provides direction, energy and tendency to act. So, in this study an attempt is made to identify the motivational factors behind the women entrepreneurs for pursuing entrepreneurship.

  On the basis of research studies on motivational factors, 13 statements are chosen. A scale to measure motivational factors is constructed covering the 13 statements which are related to personal, economic and social factors and these statements are constructed on Likert five point scale. Scores are given according to the degree of the responses. The responses are- Not at all-1, A little bit-2, To some extent-3, To a large extent-4, To full extent-5. The total score of each woman entrepreneur is obtained by adding the scores of all the individual items in that scale. After that mean value of each statements is calculated. The responses of the 70 respondents on the statements regarding motivational factors are shown in the Table:1.

Table 1: Motivating Factors

Statements/Motivating factors	Mean Score	Rank
1. Own interest and personal freedom	4.12	2
2. To be self dependent	4.36	1
3. Encouragement from family	3.69	5
4. Not getting a government job	4.12	2
5. Willing to do something creative	3.80	4
6. Availability of raw material	4.12	2
7. Good market potential	4.12	2
8. To utilize own skill	3.63	6
9. To get better status/recognition in society	3.36	7
10. Role model to others	3	8
11. Economic need	4.12	2
12. To support household expenditure	2.97	9
13. Desire to give employment opportunity/financial security to others	4	3

Motivational factors for taking up entrepreneurship as a career varied from person to person. The data presented in the Table 1 shows the ranking of different statements on the basis of mean scores. From Table 1, it is seen that women entrepreneurs have different motivation to start their own enterprises. The findings shows that desire for self dependent influenced significantly the women entrepreneurs to select entrepreneurship as a career and this factor has the highest mean score of 4.36 and occupy first position. Own interest and personal freedom, availability of raw material, good market potential, not getting a government job and economic need occupies second position. Desire to give employment opportunity/financial security to unemployed women to balance their life, willing to do something creative, encouragement from family, to utilize own skill, to get better status/recognition in society, role model to others and to support household expenditure occupies third, fourth, fifth, sixth, seventh, eighth and ninth position respectively.

- **Types of Enterprises and Enterprise Related Factors** - The women entrepreneurs are engaged in manufacturing and service enterprises. Under manufacturing enterprises, women are engaged in jewellery making and weaving business. In case of service type of enterprises, women are engaged in beauty parlour and restaurant. Success of women entrepreneurs can be attributed to the experience of entrepreneurs, assets, investment level, employment and monthly income of the entrepreneurs from their enterprises. In the present study an attempt is also made to find out the relationship between the above mentioned enterprise related factors and success of women entrepreneurs in the selected study area.

Table 2: Enterprise Related Factors

Factors	Particular	Number of Respondents	Percentage
Types of enterprises	Manufacturing	35	50
	Service	35	50
Experience	Less than 15 years	33	47.14
	Above 15 years	37	52.86
Assets	Up to 10 lakhs	31	44.29
	Above 10 lakhs	39	55.71
Investment level	Less than 2 lakhs	34	48.57
	Above 2 lakhs	36	51.43
Monthly income from enterprise	Up to 25 thousand	32	45.71
	Above 25 thousand	38	54.29
Employment	Less than 20 member	33	47.14
	Above 20 member	37	52.86

50% of the women entrepreneurs own manufacturing enterprises and 50% of the women entrepreneurs own service enterprises. In case of experience, 47.14% of the women entrepreneurs have less than 15 years of experience and 52.86% of the women entrepreneurs have more than 15 years of experience. 44.29% of the entrepreneurs own assets up to 10 lakhs and 55.71% own assets more than 10 lakhs. It is found that 48.57% of entrepreneurs have

invested less than 2 lakhs in their business and 51.43% have invested more than 2 lakhs in their business. 45.71% have reported that their approximate monthly income from their business is less than 25 thousand and it is found that majority(54.29%)of the women entrepreneurs have earned more than 25 thousand per month from their business. 47.14% of the women entrepreneurs are providing employment to less than 20 persons and 52.86% of the entrepreneurs are proving employment to more than 20 persons.

In order to study the relationship between enterprise related factors and success of women entrepreneurs in Guwahati city, Chi-square test is conducted by using the following hypotheses.

H_0: There is no significant relationship between enterprise related factors and success of women entrepreneurs in Guwahati city.

H_1: There is significant relationship between enterprise related factors and success of women entrepreneurs in Guwahati city.

Table 3: Enterprise related factors and success of women entrepreneurs

Factors	Level of Success (High, Medium and Low)		
	Calculated Chi -square Value	df	Null Hypothes es Accepted/Rejected
Types of enterprises	11.88	2	Rejected
Experience	16.76	2	Rejected
Assets	11.28	2	Rejected
Investment level	10.97	2	Rejected
Monthly income from enterprise	17.41	2	Rejected
Employment	18.53	2	Rejected

From the Chi-square test, it is found that there is significant relationship between enterprise related factors and success of women entrepreneurs in Guwahati city. So, it leads to the rejection of all null hypotheses. It indicates that enterprise related factors have a significant impact on the success of women entrepreneurs in the study area.

Conclusion

Women entrepreneurship plays a prime role in industrial development of an area. The contribution of the women entrepreneurs to our national economy cannot be underscored. Entrepreneurship among women not only improves the wealth of the nation but also improves the wealth of the family. So, the survivor and growth of the enterprises headed by women are very essential for the success of women entrepreneurs. For the future success of an enterprise own by women, the women entrepreneurs could be trained and educated properly with regard to selecting the type of enterprises, creation of assets and access to capital and women entrepreneurs can opt for effective delegation of work and smart decisions so that they can utilize their time and entrepreneurial skills for overall growth of their enterprises.



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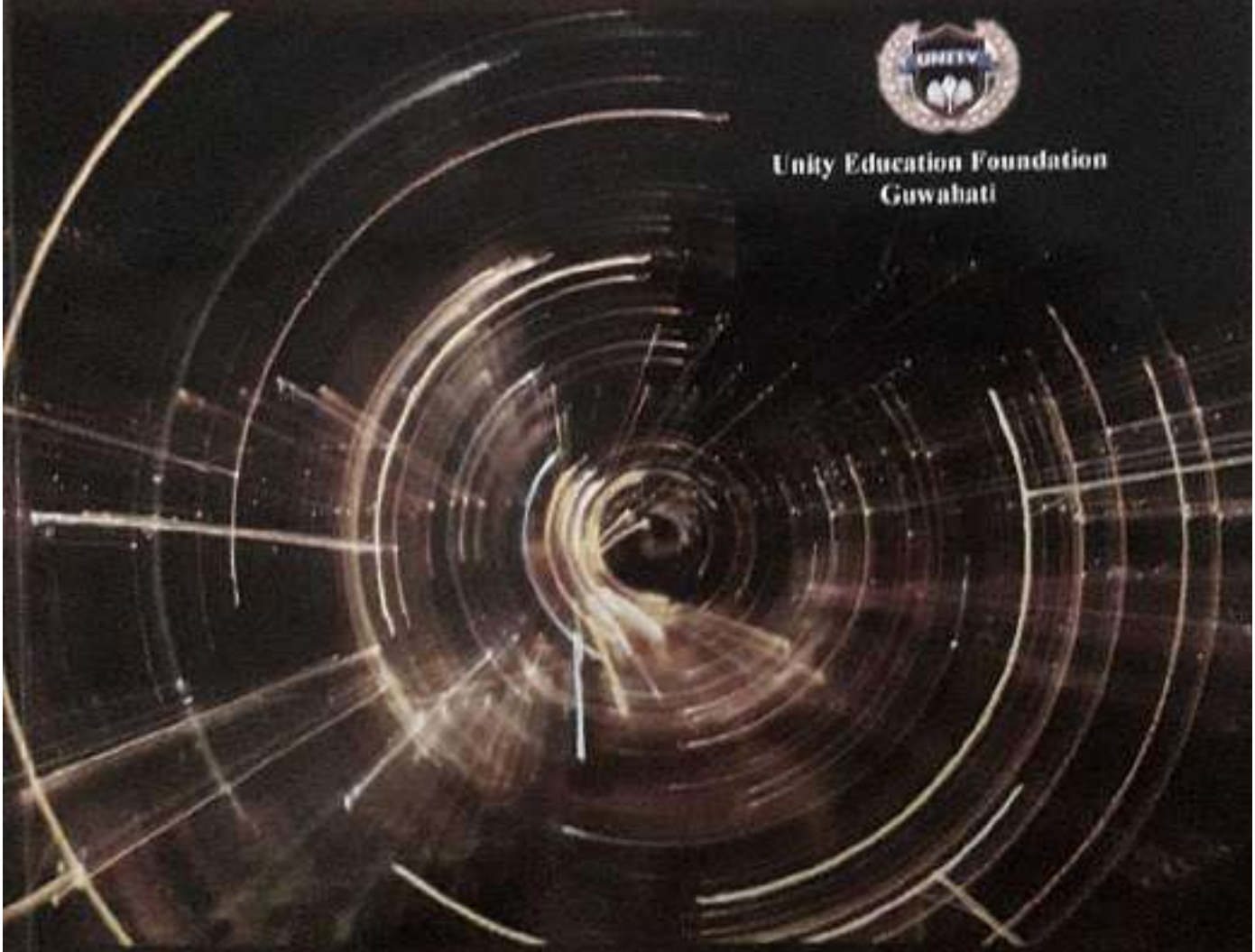
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Changing Trends of Workforce Participation in Rural and Urban Areas of India From 1993-94 to 2017-18

Debashree Kashyap

Abstract : *Workforce participation acts as an engine that drives the economy of a developing country like India towards growth and development. Due to globalization and other related developments the role of men and women in economic activities have been changing in recent years in the country. So, for a better understanding of workforce participation in the context of labour market of India, an attempt is made to explain the trends in employment of workforce in both rural and urban areas of the country during the period from 1993-94 to 2017-18 based on the National Sample Survey data. It is found that the female work participation rates are much lower than the corresponding male work participation rates in both the rural and urban areas of the country during the period between 1993-94 and 2017-18. As a result, there exists a huge gender gap as far as work participation rate is concerned. Moreover, from the data on the types of work taken by the workers of the country it is found that self-employment still dominates the employment among rural males and females in the country. It is also found that most of the women in rural areas are still dependent on agricultural activities. It reveals that the shift of women from agriculture to secondary and tertiary sectors is significantly less as compared to men in rural areas. It indicates that economic reforms after 1991 have not put any significant impact on employment of women in the country. Therefore, it can be suggested that appropriate government intervention is needed to eliminate the gender gap and improve employment of women in the country.*

Key Words: *Gender Gap, India, Rural, Sector, Urban, Workforce*

1. INTRODUCTION

Workforce participation acts as an engine that drives the economy of a country towards growth and development. Moreover, participation in the workforce by both men and women is important as it brings about the advantages of getting immediate economic rewards which is important for decline in economic dependency, raising their quality of living standards and well-being in the society. The total workforce participation rate is defined as the percentage of total workers to total population of a country. In India, both men and women workforce constitute an integral part of total workforce and these are an essential factor in the process of production

Research Scholar, Department of Economics, Gauhati University, Assam

which contributes to the growth and development of the country. Due to industrialization, globalization and technological advancement coupled with the increased level of literacy and educational attainment, the role of men and women in economic activities have been changing in recent years in the country. Therefore, for a better understanding of workforce participation in the context of labour market of India, it is essential to discuss the trends in workforce participation and types of work taken up by men and women in the country.

2. REVIEW OF LITERATURE

Rao et. al (2016) had made an attempt to study the trends and pattern of women's employment in India by using Census data from 1981 to 2011. The study found a significant increase in women work participation rate over a period of time in both rural and urban areas of India. The growth of women work participation rate in rural areas was higher than in the urban areas and rural was confined to primary sectors while urban was confined to service sectors. Kumar (2017) had made an attempt to explain the trends and pattern of women employment in India from 1993-94 to 2011-12 based on the NSS data. The study found a minor shift in employment from agriculture to non-agriculture sector in case of both rural and urban female. But the female employment had shown a continuous decline in all sectors than their male counterparts. Therefore, in this paper an attempt is made to study the trends, types of work and sectoral participation of men and women in the labour market of India.

3. OBJECTIVES

To study the trends, types and sectoral employment of men and women in both rural and urban areas of India.

4. DATA SOURCES AND METHODOLOGY

This paper is based on the secondary data. The NSS reports of the 50th (1993-94), 55th (1999-00), 61st (2004-05), 66th (2009-10), 68th (2011-12) rounds on 'Employment and Unemployment Surveys' and Periodic Labour Force Survey (2017-18) conducted by National Sample Survey Office (NSSO), Ministry of Statistics and Programme Implementation are used in this study. The employment estimates based on usual status (Principal Status + Subsidiary Status) is used in this study to show workforce participation in rural and urban areas of India.

5. FINDINGS

5.1. TRENDS OF MEN AND WOMEN WORKFORCE PARTICIPATION RATES IN INDIA

In this section an attempt is made to show the changing trends of work participation rates in India by sex and region from 1993-94 to 2017-18.

The work participation rate of rural women is fluctuated between 17.5% and 32.8% and between 13.8% and 16.6% for urban women during the period between 1993-94 and 2017-18 in India. In case of rural areas, between 1993-94 and 2017-18, the work participation rate in usual status is decreased by about 3.6% points for rural males and decreased by about 15.3% points for rural females in the country. For their urban counterparts, it is seen that work participation rate is increased by about 0.9% points for urban males and decreased by about 1.3% points for urban females in the country. It is also found that the female work participation rates in both the rural and urban areas are much lower than the corresponding male work participation rates during the period between 1993-94 and 2017-18. It indicates that economic reforms after 1991 have not put any significant impact on employment of women in the country.

Table 1: Trends of Work Participation Rates in India from 1993-94 to 2017-18

Rounds	Rural Male	Rural Female	Gender Gap
	(PS+SS)	(PS+SS)	
50th (1993-94)	55.3	32.8	22.5
55th (1999-00)	53.1	29.9	23.2
61st (2004-05)	54.6	32.7	21.9
66th (2009-10)	54.7	26.1	28.6
68th (2011-12)	54.3	24.8	29.5
PLFS (2017-18)	51.7	17.5	34.2
	Urban Male	Urban Female	
50th (1993-94)	52.1	15.5	36.6
55th (1999-00)	51.8	13.9	37.9
61st (2004-05)	54.9	16.6	38.3
66th (2009-10)	54.3	13.8	40.5
68th (2011-12)	54.6	14.7	39.9
PLFS (2017-18)	53	14.2	38.8

Source: 1. Employment and Unemployment Situation in India, NSS Report No. 409 of 50th Round, 458 of 55th Round, 515 of 61st Round, 537 of 66th Round and 554 of 68th Round. 2. Annual Report, PLFS 2017-18 Note: 'PS+SS'-Principal status and subsidiary status taken together

The data shows that the gender gap in work participation rate in India at both the rural and urban areas is very high. It is found that the gender gap is more pronounced in urban areas than rural areas. Moreover, the gender gap is increased by about 2.2% and 11.7%points between 1993-94 and 2017-18 in both urban and rural areas respectively.

5.2. TYPES OF EMPLOYMENT IN INDIA

In this section, an attempt is made to understand the types of work taken by the workers of both rural and urban areas of India. The distribution of workers by types of employment namely self-employment, regular employment and casual employment reveals the nature of employment problem of the country. From the NSSO data, it is found that the percentages of self-employed rural males is increased slightly by about 0.1% points and decreased by about 0.9% points for rural females during the period between 1993-94 and 2017-18. During the same period, for urban males and females, self-employment is decreased by about 2.5% points and 11.1% points respectively at the all India level.

The regular employment is increased by about 5.5% points for rural males and by about 3.7% points for urban males during the period between 1993-94 and 2017-18 in the country. Moreover, the regular employment is increased by about 7.8% points for rural females in the country during the same period. In case of urban females also the regular employment is increased by about 23.7% points between 1993-94 and 2017-18. Thus, during this period among usually employed persons (ps+ss) the proportion of regular salaried employees is increased for both rural males and females and also for urban males and females in India and the share of increase in regular employment is more for urban females (about 23.7% points) than rural females (about 7.8% points).

Table 2: Types of Employment of Male and Female Workers in India

NSS Rounds	Category of Employment (PS+SS)		
	Self-Employed	Regular Wage/Salaried Employees	Casual Labour
	Rural Males		
50th (1993-94)	57.7	8.5	33.8
55th (1999-00)	55.0	8.8	36.2
61st (2004-05)	58.1	9.0	32.9
66th (2009-10)	53.5	8.5	38.0
68th (2011-12)	54.5	10.0	35.5
PLFS (2017-18)	57.8	14	28.2
	Rural Females		
50th (1993-94)	58.6	2.7	38.7
55th (1999-00)	57.3	3.1	39.6
61st (2004-05)	63.7	3.7	32.6
66th (2009-10)	55.7	4.4	39.9
68th (2011-12)	59.3	5.6	35.1
PLFS (2017-18)	57.7	10.5	31.8
	Urban Males		
50th (1993-94)	41.7	42.0	16.3
55th (1999-00)	41.5	41.7	16.8
61st (2004-05)	44.8	40.6	14.6
66th (2009-10)	41.1	41.9	17.0
68th (2011-12)	41.7	43.4	14.9
PLFS (2017-18)	39.2	45.7	15.1
	Urban Females		
50th (1993-94)	45.8	28.4	25.8
55th (1999-00)	45.3	33.3	21.4
61st (2004-05)	47.7	35.6	16.7
66th (2009-10)	41.1	39.3	19.6
68th (2011-12)	42.8	42.8	14.3
PLFS (2017-18)	34.7	52.1	13.1

Source: 1. Employment and Unemployment Situation in India, NSS Report No. 409 of 50th Round, 458 of 55th Round, 515 of 61st Round, 537 of 66th Round and 554 of 68th Round. 2. Annual Report, PLFS 2017-18 Note: 'PS+SS'-Principal status and subsidiary status taken together

In case of casual labour the proportion of casual labour among workers in the usual status (ps+ss) is decreased by about 6.9% points for rural females during the period between 1993-94 and 2017-18. In case of urban females also, the casual employment is decreased continuously during the above mentioned period and it is decreased by about 12.7% points in the country. Moreover, the casual employment is decreased by about 5.6% points for rural males and decreased by about 1.2% points for urban males during the above mentioned period in the country. So, it is found that the decline in casual employment is more for the rural and urban females than the rural and urban males.

Thus, it is found that among the three types of employment, self-employment is relatively predominant form of employment for both rural males and females in the country. However,

regular employment has become a relatively predominant form of employment among urban males and females in the recent years. Normally, regular employment is the most secure and stable form of employment. Therefore, regular salaried workers have better quality of employment and income security than workers who engage themselves in a self or casual employment. From the standpoint of women, the increasing trend of regular employment among women in both rural and urban areas is an indicator of positive development of employment situation in the country. Because it indicates that stable employment opportunities for both rural and urban females are increased significantly in the country in the recent years.

5.3. SECTORAL EMPLOYMENT IN INDIA

With the process of economic development the occupational structure of the workforce in an economy is known to undergo considerable changes. The occupational structure among the workers in a region indicates the role played by them in various types of occupations. All these occupations can be broadly classified under three sectors namely primary, secondary and tertiary. Here, an attempt is made to present the changing workforce participation rates in these three sectors in India during the period from 1993-94 to 2017-18.

In 2017-18, 55% and 73.2% of male and female workers are engaged in the agricultural activities in rural areas of India. The proportion of rural male workers engaged in the agricultural activities has shown a decline by about 19.1% points. Although the proportion of rural female workers engaged in the agricultural activities is declined by about 13% points during the period between 1993-94 and 2017-18, it has remained higher than male workers from 1993-94 to 2017-18. Meanwhile, the proportion of urban male and female workers engaged in the agriculture have also shown a decline by about 3.6% and 15.6% points respectively in the country.

Table 3: Sectoral Distribution of Usual Status (PS+SS) Workers in Rural India

Sectors/Broad Industry Division	50th (1993-94)	55th (1999-00)	61st (2004-05)	66th (2009-10)	68th (2011-12)	PLFS (2017-18)
	Rural Males					
Primary Sector/Agriculture	74.1	71.4	66.5	62.8	59.4	55
Mining and Quarrying	0.7	0.6	0.6	0.8	0.5	0.5
Manufacturing	7.0	7.3	7.9	7.0	8.1	7.7
Electricity, Water etc.	0.3	0.2	0.2	0.2	0.3	0.5
Construction	3.2	4.5	6.8	11.3	13	14.5
Secondary Sector	11.2	12.6	15.5	19.3	21.9	23.2
Trade, Hotel and Restaurant	5.5	6.8	8.3	8.2	8.0	9.2
Transport, Storage and Communications	2.2	3.2	3.8	4.1	4.2	5.2
Other Services	7.0	6.1	5.9	5.5	6.4	7.6
Tertiary Sector	14.7	16.1	18.0	17.8	18.6	22
	Rural Females					
Primary Sector/Agriculture	86.2	85.4	83.3	79.4	74.9	73.2
Mining and Quarrying	0.4	0.3	0.3	0.3	0.3	0.2
Manufacturing	7.0	7.6	8.4	7.5	9.8	8.1
Electricity, Water etc.	-	-	0	0	0.1	0

Construction	0.9	1.1	1.5	5.2	6.6	5.3
Secondary Sector	8.3	9.0	10.2	13.0	16.8	13.6
Trade, Hotel and Restaurant	2.1	2.0	2.5	2.8	3	4
Transport, Storage and Communications	0.1	0.1	0.2	0.2	0.2	0.3
Other Services	3.4	3.7	3.9	4.6	5.2	8.9
Tertiary Sector	5.6	5.8	6.6	7.6	8.4	13.2

Source: 1. Employment and Unemployment Situation in India, NSS Report No. 409 of 50th Round, 458 of 55th Round, 515 of 61st Round, 537 of 66th Round and 554 of 68th Round. 2. Annual Report, PLFS 2017-18 Note: 'PS+SS'-Principal status and subsidiary status taken together

During the period from 1993-94 to 2017-18, employment in the secondary sector is increased by about 12% points for rural males in the country. At the same time employment in the secondary sector has also shown an increase by about 5.3% points for rural females during the above mentioned period. For rural females, employment is increased in manufacturing by about 1.1% points in the country. Over the years an increase in the proportion of rural female workers is seen in construction from 0.9% in 1993-94 to 6.6% in 2011-12 and then declined to 5.3% in 2017-18 in the country. Moreover, it is also seen that employment in the secondary sector for urban females is increased by about 1% points as against about 3.1% points rise in secondary sector employment for urban males between 1993-94 and 2017-18. In manufacturing, the employment is increased by about 1.1% points for urban females during the same period in the country. In both rural and urban areas of India the share of female workers is remained negligible in mining and quarrying, electricity and water etc. in all the NSS rounds.

Table 4: Sectoral Distribution of Usual Status (PS+SS) Workers in Urban India

Sectors/Broad Industry Division	50th (1993-94)	55th (1999-00)	61st (2004-05)	66th (2009-10)	68th (2011-12)	PLFS (2017-18)
	Urban Males					
Primary Sector/Agriculture	9.0	6.6	6.1	6.0	5.6	5.4
Mining and Quarrying	1.3	0.9	0.9	0.7	0.9	0.6
Manufacturing	23.5	22.4	23.5	21.8	22.4	22.4
Electricity, Water etc.	1.2	0.8	0.8	0.7	1.4	1.3
Construction	6.9	8.7	9.2	11.4	10.7	11.7
Secondary Sector	32.9	32.8	34.4	34.6	35.4	36
Trade, Hotel and Restaurant	21.9	29.4	28.0	27.0	26	24.5
Transport, Storage and Communications	9.7	10.4	10.7	10.4	11.7	12.7
Other Services	26.4	21.0	20.8	21.9	21.4	21.5
Tertiary Sector	58.0	60.8	59.5	59.3	59.1	58.7
	Urban Females					
Primary Sector/Agriculture	24.7	17.7	18.1	13.9	10.9	9.1
Mining and Quarrying	0.6	0.4	0.2	0.3	0.3	0.2
Manufacturing	24.1	24.0	28.2	27.9	28.7	25.2
Electricity, Water etc.	0.3	0.2	0.2	0.4	1.0	0.6
Construction	4.1	4.8	3.8	4.7	4.0	4.1
Secondary Sector	29.1	29.4	32.4	33.3	34	30.1
Trade, Hotel and Restaurant	10.0	16.9	12.2	12.1	12.8	13

Transport, Storage and Communications	1.3	1.8	1.4	1.4	2.7	3.3
Other Services	35.0	34.2	35.9	39.3	39.6	44.4
Tertiary Sector	46.3	52.9	49.5	52.8	55.1	60.7

Source: 1. Employment and Unemployment Situation in India, NSS Report No. 409 of 50th Round, 458 of 55th Round, 515 of 61st Round, 537 of 66th Round and 554 of 68th Round. 2. Annual Report, PLFS 2017-18 Note: 'PS+SS'-Principal status and subsidiary status taken together

In tertiary sector, rural males employment is increased by about 7.3% points in India during the period between 1993-94 and 2017-18. For rural females, employment in this sector is also increased by about 7.6% points. It is increased in trade, hotel and restaurants by about 1.9% points and in other services by about 5.5% points during the same period in the country. It is observed that the employment in the tertiary sector is increased by about 0.7% points for urban males during the above mentioned period, as against 14.4% points increase in employment for urban females and it is increased in trade, hotel and restaurants by about 3% points and increased in other services by about 9.4% points in the country during the same period.

Thus, it is found that there is a sizeable increase in the share of rural and urban males employment in the secondary sector between 1993-94 and 2017-18 as against employment of females in the secondary sector which shows a marginal increase in the country. As far as tertiary sector is concerned there is a clear pattern in the increase of female work participation in both rural and urban areas of India during the above mentioned period. Although the proportion of female workers engaged in agriculture is declined in both the rural and urban areas but it is observed that more than half of the female workforce in rural areas of India are still dependent on agriculture. Moreover, the share of rural female in the agricultural activities is also found to be more than the share of rural male in the agricultural activities at the all India level.

6. CONCLUSION AND POLICY IMPLICATIONS

The study is an attempt to understand the work participation rates of both men and women in rural and urban areas of India from the different NSSO rounds. It is found that the work participation rates in the usual status are remained considerably higher for males than that of females at both the rural and urban areas of India during the period between 1993-94 and 2017-18. Hence, there exists a massive gender gap as far as work participation rate is concerned. Moreover, from the data on the types of work taken by the workers of the country it is found that self-employment still dominates the employment among rural males and females in the country. However, it is seen that regular salaried employment is relatively predominant form of employment among men and women in urban areas in the recent years. It is also found that most of the women in rural areas are still dependent on agricultural activities. It reveals that the shift of women from agriculture to secondary and tertiary sectors is significantly less as compared to men in rural areas. Therefore, it can be suggested that appropriate government intervention is needed to bring more and more females to join in the labour market. It is also necessary to identify the reasons for low work participation rate of women to eliminate the gender gap in employment and to uplift the work participation rate of women in the country.

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Dipanjali Devi, Assistant Professor, Department of Economics, Dudhnoi College, Dudhnoi, Assam.

Dipti Baishya, Assistant Professor, Department of Economics, Dudhnoi College, Dudhnoi, Assam.

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Impact of Perceived Risks on Online Shopping Before and After Pandemic (COVID-19): A Study on Consumer Behaviour

Debashree Kashyap*

Corona virus is an ongoing pandemic that has affected throughout the countries in the world. Its outbreak has been declared as a public health emergency of international concern and recognized as a pandemic by World Health Organization. The government of India decided to take a lockdown system to secure the lives of the people of the country from this pandemic. However, the lockdown system affects badly the economy of the country. All types of industries including agriculture-based industries, hotel, trade, restaurants, transports, automobile sectors, chemical sectors, tourism and textiles etc have been affected because of lockdown conditions. Online shopping, also known as electronic commerce, too affected due to the lockdown system to tackle COVID-19. Although e-commerce has offered several opportunities for its customers before and after the pandemic, some negative aspects in terms of risks are also becoming more frequently associated with online shopping. So, in this paper, an attempt is made to study the impact of various risks factors on the shopping intention of online shoppers in the Guwahati city of Assam before and after the outbreak of the corona virus. The study is done with the help of primary data. From the analysis of the impact of risks factors on shopping intentions of online shoppers before the pandemic, it is found that financial risk, social risk, convenience risk, time risk, delivery risk and privacy risk have not any effect on the shopping intention of customers. However, product risk and psychological risk harm the shopping intension of online customers before the outbreak of COVID-19. After or during the outbreak of the virus not only product and psychological risks but also delivery and social risks negatively affect the shopping intension of shoppers to buy goods from online stores in the study area.

1. Introduction

Corona virus is an ongoing pandemic that has affected throughout the countries in the world, detected first in the City of Wuhan, China in 2019. Its outbreak has been declared as a public health emergency of international concern and recognized as a pandemic by World Health Organization. When India was about to get affected by the Corona virus, the government of India decided to take a lockdown system to secure the lives of the people of the

*Research Scholar, Department of Economics, Gauhati University, Assam

country. However, the lockdown system affects badly the economy of the country. All types of industries including agriculture-based industries, hotels, transports, automobile sectors, chemical sectors, tourism, textiles and even e-commerce have been affected because of lockdown conditions. After the end of the lockdown system, the best way to guard against COVID-19 is to stay at home as COVID-19 spreads primarily through contact with an infected person. This situation has increased the number of first-time e-commerce users or online shoppers in India. Online shopping, also known as electronic commerce allows people to buy anything at any time, thus, making it the most flexible way of purchasing electronically. Although e-commerce has offered several opportunities for its customers, some negative aspects in terms of risks are also becoming more frequently associated with online shopping. So, in this paper, an attempt is made to study the impact of various risks factors on the shopping intention of online shoppers in the Guwahati city of Assam before and after the outbreak of COVID-19.

2. Literature Review

There are several studies on e-commerce relating to consumers satisfaction and perceived risks in several fields like marketing, consumer research and psychology. Following are some of the empirical studies on perspectives of perceived risks related to online shopping.

Risks issues were first introduced into the consumer behaviour research field by Bauer. By identifying risks perceived by consumers in the market, he tried to explain the purchasers' actions, such as searching for information about product and place of purchase, brand loyalty or importance of leaders and groups of reference when buying particular goods and services (Bauer, 1960; Maciejewski, 2011). The researchers of consumer behaviour identified and described several types of risks connected with purchasing, perceived by consumers. They may occur in any combination and on a different level in the case of a particular item or service purchase. As per the researchers, five types of risks shall be noticed, namely physical risk, performance risk, financial risk, social risk and psychological risk (Bateson, 1989). Ariff, M.S. et al. (2014) examined four types of risks – product risk, financial, convenience and non-delivery risks in terms of their effect on consumers' online attitudes. The findings indicated that product risks, financial and non-delivery risks are hazardous and negatively affect the attitude of online shoppers, whereas convenience risks were found to have a positive effect on consumers attitudes. Mamman, H. et al (2015) employed financial risks and information security on investigating the effect of consumers perceived risks on online shopping.

3. Objective

The present study is carried out with the following objective

To study the impact of various perceived risks on online shopping intension of customers before and after COVID-19 in Guwahati City.

4. Methodology

The study is done by using the sample survey method. The sample for the present study is drawn by using the purposive sampling method from my locality. The sample of the present study consists of 100 online shoppers. The study is mainly based on the primary data collected from the respondents with the help of a questionnaire. The questionnaire is designed to get information on various types of risks and customers' shopping intentions. This information is collected through statements constructed on the Likert scale in which the respondents have to choose out of the five responses. The collected primary data are analysed by using the simple regression model.

5. Results

Impact of Various Perceived Risks on Online Shopping Intention of Customers in Guwahati City Before and After the Outbreak of COVID-19

Despite the benefits of online shopping over offline shopping, some negative aspects are associated with online shopping. In this regard, perceived risks play an essential role as it is related to the uncertainty of a decision making process and the consequences of such decisions. So, perceived risks of consumers have been considered as a fundamental concern while purchasing a product through online mode. Perceived risk can be defined as the possibilities for loss perceived by the customers while taking a particular buying decision. So, after identifying eight types of perceived risk from the review of related literature, an attempt is made to study the impact of various types of perceived risks on online shopping intension of customers before and after the pandemic. For the eight perceived risks, a total of 19 statements are chosen. A scale to measure all of these factors is constructed covering the 19 statements and these statements are constructed on a Likert five-point scale. Scores are given according to the degree of the responses. The responses are- Strongly Disagree-1, Disagree-2, Neutral-3, Agree-4, and Strongly Agree-5. The total score of each online shopper is obtained by adding the scores of all the individual items on that scale. After that mean value of each statement is calculated. Again, to measure the intention of customers to do online shopping, 3 statements are chosen and these statements are also constructed on a Likert five-point scale.

The responses of the 100 respondents on the statements before and after the outbreak of COVID-19 are shown in Table 1 and Table 3 respectively.

Table1: Statements Regarding Customer's Intension and Customer's Perceived Risk Factors before the Outbreak of COVID-19

Mean Score	Statements	Factors
2.64	1. I feel that it is unsafe to use my credit card information as it may be misused while shopping online.	Financial Risk
3.36	2. I feel unsafe because I may not get true value for money for the product which is purchased online.	
4.00	1. The product I get may be of poor quality and defective.	Product Risk
4.36	2. I do not trust online shopping as I feel that I may get something different from what I ordered.	
4.12	3. I feel that it is not easy to judge the quality of the product over the internet.	
2.36	1. My family members, friends and relatives may not agree to my online shopping decision.	Social Risk
3.00	2. I feel worried as my online shopping decision may create a negative opinion about my purchasing behaviour in my community.	
4.12	1. It is difficult to examine the product.	Convenience Risk
3.96	2. Cancellation of order is a difficult task.	
2.64	3. I may face problems in returning the product when I purchase online.	

4.12	1. Searching right product online takes a lot of time.	Time Risk
3.42	2. Placing an order for a product is very time-consuming.	
4.78	1. I feel that online stores provide fast delivery of the product.	Delivery Risk
2.34	2. I may not get the same product as I ordered.	
2.62	3. I do not use online shopping as there may be non-availability of reliable shippers.	
2.32	1. I feel that my personal information may be misused without my knowledge.	Privacy Risk
3.14	2. I feel that third parties may abuse me by using my contact number, email and other personal information.	
4.46	1. I feel safe and comfortable while shopping online.	Psychological Risk
4.68	2. I do not get tense while shopping online as online shopping saves fuel and energy.	
4.88	1. I will continue to purchase a product online in future.	Customer's Intension
4.00	2. I will continue to shop online for my personal needs only.	
4.26	3. I will recommend good online stores to others to purchase from these online stores.	

Source: Field Survey

Further, to determine the impact of various risks on the shopping intentions of online shoppers before COVID-19, a simple regression analysis is conducted. For this, the following null hypotheses are made:

H_1: Financial risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_2: Product risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_3: Social risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_4: Convenience risk has not had any significant impact on the online shopping intension of customers before COVID-19.
H_5: Time risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_6: Delivery risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_7: Privacy risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_8: Psychological risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
The following regression model is estimated separately for each perceived risk factor.

$$Y_t = a_0 + a_1 X_{1t} + U_t \quad \text{.....} t = 1, 2, 3\text{.....}, 100$$

Table 2: Regression Result

Dependent Variable: Online Shopping Intention of Customers Independent Variables: Financial Risk, Product Risk, Social Risk, Convenience Risk, Time Risk, Delivery Risk, Privacy Risk and Psychological Risk			
Null Hypotheses	p-value	t-value	Risk Factors
Accepted	.175	1.27	Financial Risk
Rejected	.021**	-2.26	Product Risk
Accepted	.664	.442	Social Risk
Accepted	.542	.354	Convenience Risk
Accepted	.474	.232	Time Risk
Accepted	.653	.335	Delivery Risk
Accepted	.491	.283	Privacy Risk
Rejected	.036**	-2.73	Psychological Risk

***** indicates 5% level of significance***

The result shows that financial risk, social risk, convenience risk, time risk, delivery risk and privacy risk have not had any effect on the dependent variable before the outbreak of COVID-19. However, it is revealed that product risk and psychological risk harm the shopping intention of online customers. It means that the higher the product and psychological risk, the lower will be the shopping intention of shoppers to purchase goods from online stores. It is found that the impact of product and psychological risks on the intention of customers towards online shopping are statistically significant at a 5% level of significance respectively. So, it leads to the rejection of two null hypotheses as the product and psychological risks have significantly affected the intention of online shoppers in the study area before the pandemic.

Table3: Statements Regarding Customer's Intension and Customer's Perceived Risk Factors after the Outbreak of COVID-19

Mean Score	Statements	Factors
2.62	1. I feel that it is unsafe to use my credit card information as it may be misused while shopping online.	Financial Risk
3.32	2. I feel unsafe because I may not get true value for money for the product which is purchased online.	
4.24	1. The product I get may be of poor quality and defective.	Product Risk
4.46	2. I do not trust online shopping as I feel that I may get something different from what I ordered.	
4.54	3. I feel that it is not easy to judge the quality of the product over the internet.	
4.36	1. My family members, friends and relatives may not agree to my online shopping decision.	Social Risk
4.12	2. I feel worried as my online shopping decision may create a negative opinion about my purchasing behaviour in my	

	community.	
4.24 3.42 2.38	1. It is difficult to examine the product. 2. Cancellation of order is a difficult task. 3. I may face problems in returning the product when I purchase online.	Convenience Risk
4.18 2.46	1. Searching right product online takes a lot of time. 2. Placing an order for a product is very time-consuming.	Time Risk
4.42 4.34 4.26	1. I feel that online stores provide fast delivery of the product. 2. I may not get the same product as I ordered. 3. I do not use online shopping as there may be non-availability of reliable shippers.	Delivery Risk
2.36 3.68	1. I feel that my personal information may be misused without my knowledge. 2. I feel that third parties may abuse me by using my contact number, email and other personal information.	Privacy Risk
4.68 4.82	1. I feel safe and comfortable while shopping online. 2. I do not get tense while shopping online as online shopping saves fuel and energy.	Psychological Risk
4.86 4.48	1. I will continue to purchase a product online in future. 2. I will continue to shop online for my personal needs only.	Customer's Intension

4.66	2. I will recommend good online stores to others to purchase from these online stores.	

Source: Field Survey

Further, to determine the impact of various risks on the shopping intentions of online shoppers after COVID-19, a simple regression analysis is conducted. For this, the following null hypotheses are made:

H_1: Financial risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_2: Product risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_3: Social risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_4: Convenience risk has not had any significant impact on the online shopping intension of customers after COVID-19.
H_5: Time risk has not any significant impact on online shopping intension of customers after COVID-19.
H_6: Delivery risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_7: Privacy risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_8: Psychological risk has not had any significant impact on the online shopping intentions of customers after COVID-19.

The following regression model is estimated separately for each perceived risk factor.

$$Y_t = a_0 + a_i X_{it} + U_t \quad \text{.....} t = 1, 2, 3 \text{.....} 100$$

Table 4: Regression Result

Dependent Variable: Online Shopping Intention of Customers **Independent Variables: Financial Risk, Product Risk, Social Risk, Convenience Risk, Time Risk, Delivery Risk, Privacy Risk and Psychological Risk**			
Null Hypotheses	p-value	t-value	Risk Factors
Accepted	.275	1.12	Financial Risk
Rejected	.032**	-2.20	Product Risk

Accepted	.012**	-2.42	Social Risk
Accepted	.531	.353	Convenience Risk
Accepted	.651	.323	Time Risk
Accepted	.022**	-2.23	Delivery Risk
Accepted	.592	.382	Privacy Risk
Rejected	.032**	-2.82	Psychological Risk

***** indicates 5% level of significance***

The result shows that financial risk, convenience risk, time risk and privacy risk have not any effect on the dependent variable after the outbreak of COVID-19. However, it is revealed that product risk, psychological risk, social risk and delivery risk harm shopping intension of online customers after the outbreak of coronavirus. It means that the higher the product, social, delivery and psychological risk, the lower will be the shopping intention of shoppers to purchase goods from online stores due to pandemics. So, it is found that the product, social, delivery and psychological risks have a significant negative impact on the intention of online shoppers in the study area due to the pandemic COVID-19.

6. Conclusion

From the above discussion, it is found that COVID-19 has a considerable impact on risks factors related to online shopping which affect the shopping intentions of customers. It is revealed that product risk and psychological risk harm shopping intentions of online customers before the outbreak of COVID-19. It means that the higher the product and psychological risk, the lower will be the shopping intensions of shoppers to buy goods from online stores. However, it is revealed that product risk, psychological risk, social risk and delivery risk harm shopping intensions of online customers after the outbreak of the corona virus. Therefore, it can be concluded that COVID-19 has a significant negative impact on the online shopping intentions of customers as more perceived risks factors of online consumers are associated with the outbreak of this virus in the study area.

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About the Editors



Dipanjali Devi did her MA in Economics with a specialization in Econometrics from Gauhati University. Devi has research experience of more than a decade. Gauhati University awarded her Ph.D. for her doctoral research on the economics of health. Dr. Devi is the author of Utilization of Health Care in Rural Assam: A Case Study. She published a number of research papers on diverse issues concerning the economics of health, education, and demography in different national and international journals and books. Her widely acclaimed paper includes Utilization of Outpatient Healthcare Among the People of Rural Assam-A Case Study published in 2015 in the Journal of Health Management (Sage Publication). Her research area includes health, finance, child health, general public health, education and issues concerning gender. Dr. Devi is a dedicated faculty member of the Department of Economics in Dudhnoi College under Gauhati University.



Dipti Baishya is working as a full time faculty in the Department of Economics of Dudhnoi College affiliated under Gauhati University. Dr Baishya has a teaching experience of more than 11 years. Dr Baishya did her master degree from Gauhati University in 2008 and awarded PhD from the same institution in 2019 on "Performance and Sustainability of Microfinance : A case study of Assam Gramin Vikash Bank in Lower Brahmaputra Valley, Assam". Dr Dipti Baishya has research experience of 10 years. Dr Baishya attended several national and international workshops and seminars, and have many UGC care listed and Scopus Indexed papers to her credit. Dr Baishya's field of interest is financial system, gender equality and public health.

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Women Entrepreneurship: A Study in Guwahati City

Debashree Kashyap*

Abstract: Entrepreneurship plays a significant role in developing the economy of a country. Entrepreneur is a person who creates an enterprise. The process involved in the creation of enterprise is called entrepreneurship. On the basis of general concept of entrepreneur, women entrepreneur can be defined as a woman or group of women who initiate, organise and run a business enterprise. A woman entrepreneur is an important constituent of the development process. Entrepreneurship offers various opportunities for women by opening doors to greater self-sufficiency and self-esteem not only for the women themselves, but also for their families. Entrepreneurship development among women is one of the most important factors to achieve economic empowerment of women. So, it is important to encourage women to take up entrepreneurship as a career. Over the years it is seen that there is a considerable development of women entrepreneurship in Assam. The progress is more visible among women in urban areas. So, in this paper an attempt is made to identify the motivational factors that influences the women entrepreneurs to start their own enterprises and also to study the relationship between enterprises related factors and success of women entrepreneurs in Guwahati city.

Keywords: Women, Entrepreneurship, Motivational Factors, Success

Introduction:

Entrepreneurship plays an important role in developing the economy of a country. Entrepreneur is a person who creates an enterprise. The process involved in the creation of enterprise is called entrepreneurship. On the basis of general concept of entrepreneur, women entrepreneur can be defined as a woman or group of women who initiate, organise and run a business enterprise. A woman entrepreneur is an important constituent of the development process. Entrepreneurship offers various opportunities for women by opening doors to greater self-sufficiency and self-esteem not only for the women themselves, but also for their families. Entrepreneurship development among women is one of the most important factors to achieve economic empowerment of women. Women Entrepreneurship can bring about economic independence to women and improve their status in the society. Equality among men and women which is essential for the development of a society can possible through economic independence of women. When a woman entrepreneur creates an enterprise, it generates income, employment and create wealth. So, the contributions of women entrepreneurs are a prerequisite for nation building and it is very important to encourage women to take up entrepreneurship as a career. Though women face a number of challenges and obstacles in establishing enterprises, women entrepreneurship and formation of women business networks are steadily rising. Over the years it is seen that there is a considerable development of women entrepreneurship in Assam. Women are increasingly taking up entrepreneurial career for improving their economic as well as social status and also for fulfilling their creative urge. Hence, in this paper an attempt is made to study the motivational

*Research Scholar, Department of Economics, Gauhati University, Assam, Email: 2015debashree@gmail.com



factors that influence the women entrepreneurs to start their own enterprises and also to study the relationship between enterprises related factors and success of women entrepreneurs in Guwahati city of Assam.

Review of Literature

Sinha (2003) had examined the impact of motivation and social support on enterprise creation by women in North-East India. The results of the study had revealed that the main motivating factor to start an enterprise was to earn money by women entrepreneurs. The enterprises set up by them were mostly micro enterprises.

It was found that the women entrepreneurs were predominantly engaged in traditional activities such as handicrafts and handloom. The units of both men and women entrepreneurs were suffering from inadequate income generation. Majority of women entrepreneurs managed finance through their own sources. However, the study concluded that women of the region had enough potential to take up entrepreneurship as a career. ***Deshpande and Sethi(2009)*** had made an attempt to identify the problems encountered by women in setting of enterprises and also to provide solutions to various problems faced by women entrepreneurs. The authors had found that women were participating in entrepreneurship because of attitude change, support and co-operation by society members, changes and relaxation in Government policies. But there is also a need to create awareness among women to outshine in entrepreneurial field. ***Das (2012)*** had conducted a study on women empowerment through entrepreneurship in Guwahati Municipal Corporation. The author had examined the attitude of family and society towards women entrepreneurs and also studied the problems faced by them. The findings revealed that women entrepreneurs got gainful employment in the units established by them. Moreover, enterprises headed by women also generated employment for a number of persons. Findings also revealed that women entrepreneurs considered finance as a major problem and marketing was the next problem faced by them. Limbu and ***Bordoloi (2015)*** had conducted a study on women entrepreneurship and the problems and opportunities for rural women in the area of entrepreneurship in Assam. The study found that the rural women entrepreneurs were suffering from individual problems such as lack of motivation, inadequate financial resources, technical problem, physical insecurity problem and a variety of social and structural problems. Though there was lots of problems that were creating hurdles for the women entrepreneurship in rural Assam, the author had found that prospects of growth of entrepreneurship in rural areas of Assam could not be underestimated.

Objectives of the Study

The present study is carried out with the following objectives:

1. To study the motivational factors that affect the women entrepreneurs to start their own enterprises.

2. To study the relationship between enterprises related factors and success of women entrepreneurs in Guwahati city.

Hypothesis

The present study is carried out with the following null hypothesis:
There is no significant relationship between enterprise related factors and success of women entrepreneurs in Guwahati city.

Methodology

The study is done by using survey method. Sample for the present study is drawn by using purposive sampling method. The sample of the present study consists of 70 women entrepreneurs engaged in registered and unregistered enterprises in Guwahati city. The study is solely based on the primary data collected from the respondents with the help of questionnaire. For the present study, the questionnaire is designed to get information on the types of enterprises, motivational factors, experience, assets, investment level, income etc. Questionnaire also includes 13 statements constructed on Likert scale in which the respondents have to choose out of the five responses. The collected primary data are analysed by using likert scale and rank. In order to test the hypotheses, chi-square test is used in this study.

Findings

- **Motivational Factors -** Motivation plays a very important role in the development of entrepreneurial activities. In this study, motivational factor is defined as influencing factor that inspire women to start their own enterprises to achieve their goals. Entrepreneurial motivation probably the starting point to start an enterprise, which provides direction, energy and tendency to act. So, in this study an attempt is made to identify the motivational factors behind the women entrepreneurs for pursuing entrepreneurship.

  On the basis of research studies on motivational factors, 13 statements are chosen. A scale to measure motivational factors is constructed covering the 13 statements which are related to personal, economic and social factors and these statements are constructed on Likert five point scale. Scores are given according to the degree of the responses. The responses are- Not at all-1, A little bit-2, To some extent-3, To a large extent-4, To full extent-5. The total score of each woman entrepreneur is obtained by adding the scores of all the individual items in that scale. After that mean value of each statements is calculated. The responses of the 70 respondents on the statements regarding motivational factors are shown in the Table:1.

Table 1: Motivating Factors

Statements/Motivating factors	Mean Score	Rank
1. Own interest and personal freedom	4.12	2
2. To be self dependent	4.36	1
3. Encouragement from family	3.69	5
4. Not getting a government job	4.12	2
5. Willing to do something creative	3.80	4
6. Availability of raw material	4.12	2
7. Good market potential	4.12	2
8. To utilize own skill	3.63	6
9. To get better status/recognition in society	3.36	7
10. Role model to others	3	8
11. Economic need	4.12	2
12. To support household expenditure	2.97	9
13. Desire to give employment opportunity/financial security to others	4	3

Motivational factors for taking up entrepreneurship as a career varied from person to person. The data presented in the Table 1 shows the ranking of different statements on the basis of mean scores. From Table 1, it is seen that women entrepreneurs have different motivation to start their own enterprises. The findings shows that desire for self dependent influenced significantly the women entrepreneurs to select entrepreneurship as a career and this factor has the highest mean score of 4.36 and occupy first position. Own interest and personal freedom, availability of raw material, good market potential, not getting a government job and economic need occupies second position. Desire to give employment opportunity/financial security to unemployed women to balance their life, willing to do something creative, encouragement from family, to utilize own skill, to get better status/recognition in society, role model to others and to support household expenditure occupies third, fourth, fifth, sixth, seventh, eighth and ninth position respectively.

- **Types of Enterprises and Enterprise Related Factors** - The women entrepreneurs are engaged in manufacturing and service enterprises. Under manufacturing enterprises, women are engaged in jewellery making and weaving business. In case of service type of enterprises, women are engaged in beauty parlour and restaurant. Success of women entrepreneurs can be attributed to the experience of entrepreneurs, assets, investment level, employment and monthly income of the entrepreneurs from their enterprises. In the present study an attempt is also made to find out the relationship between the above mentioned enterprise related factors and success of women entrepreneurs in the selected study area.

Table 2: Enterprise Related Factors

Factors	Particular	Number of Respondents	Percentage
Types of enterprises	Manufacturing	35	50
	Service	35	50
Experience	Less than 15 years	33	47.14
	Above 15 years	37	52.86
Assets	Up to 10 lakhs	31	44.29
	Above 10 lakhs	39	55.71
Investment level	Less than 2 lakhs	34	48.57
	Above 2 lakhs	36	51.43
Monthly income from enterprise	Up to 25 thousand	32	45.71
	Above 25 thousand	38	54.29
Employment	Less than 20 member	33	47.14
	Above 20 member	37	52.86

50% of the women entrepreneurs own manufacturing enterprises and 50% of the women entrepreneurs own service enterprises. In case of experience, 47.14% of the women entrepreneurs have less than 15 years of experience and 52.86% of the women entrepreneurs have more than 15 years of experience. 44.29% of the entrepreneurs own assets up to 10 lakhs and 55.71% own assets more than 10 lakhs. It is found that 48.57% of entrepreneurs have

invested less than 2 lakhs in their business and 51.43% have invested more than 2 lakhs in their business. 45.71% have reported that their approximate monthly income from their business is less than 25 thousand and it is found that majority(54.29%)of the women entrepreneurs have earned more than 25 thousand per month from their business. 47.14% of the women entrepreneurs are providing employment to less than 20 persons and 52.86% of the entrepreneurs are proving employment to more than 20 persons.

In order to study the relationship between enterprise related factors and success of women entrepreneurs in Guwahati city, Chi-square test is conducted by using the following hypotheses.

H_0: There is no significant relationship between enterprise related factors and success of women entrepreneurs in Guwahati city.

H_1: There is significant relationship between enterprise related factors and success of women entrepreneurs in Guwahati city.

Table 3: Enterprise related factors and success of women entrepreneurs

Factors	Level of Success (High, Medium and Low)		
	Calculated Chi -square Value	df	Null Hypothes es Accepted/Rejected
Types of enterprises	11.88	2	Rejected
Experience	16.76	2	Rejected
Assets	11.28	2	Rejected
Investment level	10.97	2	Rejected
Monthly income from enterprise	17.41	2	Rejected
Employment	18.53	2	Rejected

From the Chi-square test, it is found that there is significant relationship between enterprise related factors and success of women entrepreneurs in Guwahati city. So, it leads to the rejection of all null hypotheses. It indicates that enterprise related factors have a significant impact on the success of women entrepreneurs in the study area.

Conclusion

Women entrepreneurship plays a prime role in industrial development of an area. The contribution of the women entrepreneurs to our national economy cannot be underscored. Entrepreneurship among women not only improves the wealth of the nation but also improves the wealth of the family. So, the survivor and growth of the enterprises headed by women are very essential for the success of women entrepreneurs. For the future success of an enterprise own by women, the women entrepreneurs could be trained and educated properly with regard to selecting the type of enterprises, creation of assets and access to capital and women entrepreneurs can opt for effective delegation of work and smart decisions so that they can utilize their time and entrepreneurial skills for overall growth of their enterprises.



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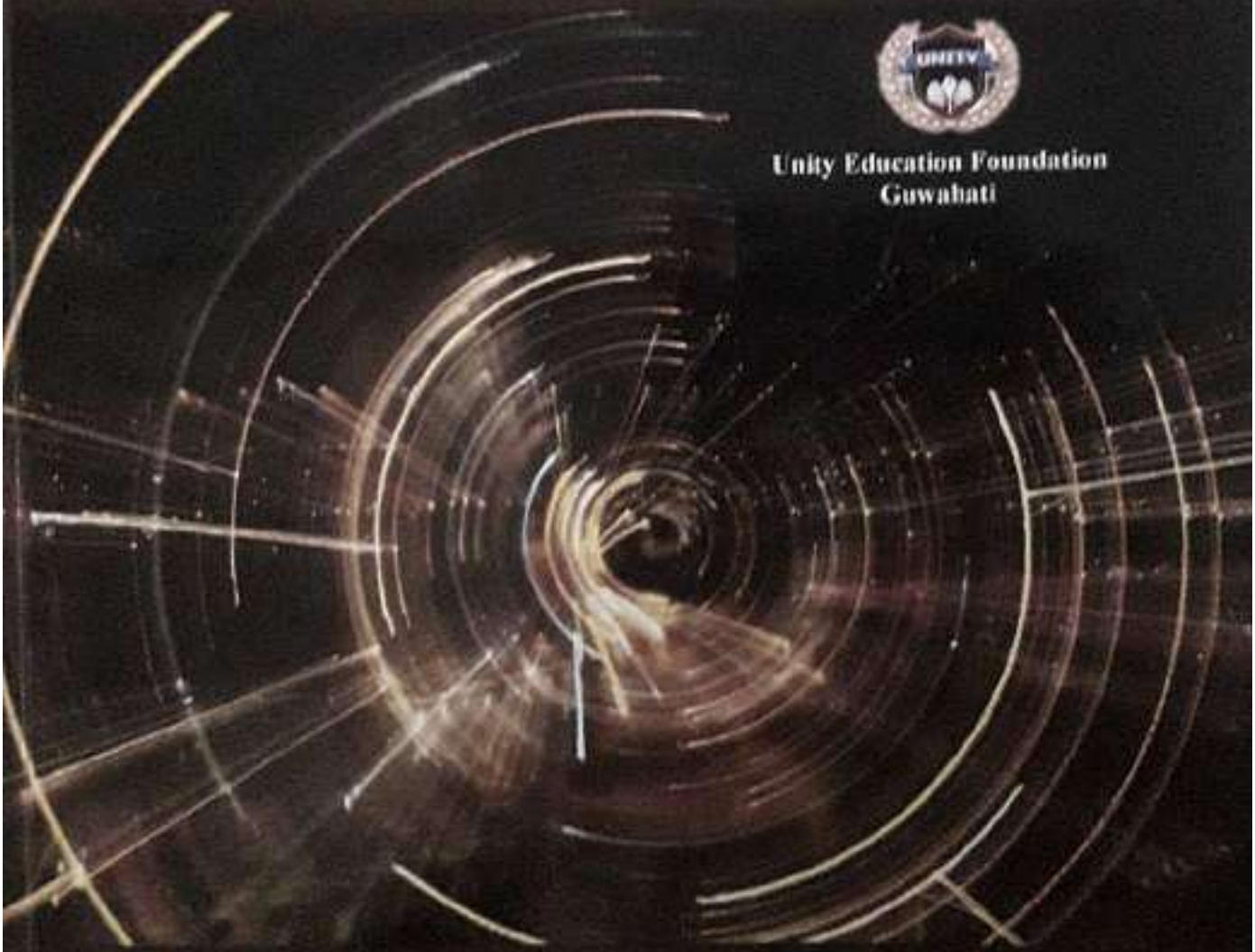
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Changing Trends of Workforce Participation in Rural and Urban Areas of India From 1993-94 to 2017-18

Debashree Kashyap

Abstract : *Workforce participation acts as an engine that drives the economy of a developing country like India towards growth and development. Due to globalization and other related developments the role of men and women in economic activities have been changing in recent years in the country. So, for a better understanding of workforce participation in the context of labour market of India, an attempt is made to explain the trends in employment of workforce in both rural and urban areas of the country during the period from 1993-94 to 2017-18 based on the National Sample Survey data. It is found that the female work participation rates are much lower than the corresponding male work participation rates in both the rural and urban areas of the country during the period between 1993-94 and 2017-18. As a result, there exists a huge gender gap as far as work participation rate is concerned. Moreover, from the data on the types of work taken by the workers of the country it is found that self-employment still dominates the employment among rural males and females in the country. It is also found that most of the women in rural areas are still dependent on agricultural activities. It reveals that the shift of women from agriculture to secondary and tertiary sectors is significantly less as compared to men in rural areas. It indicates that economic reforms after 1991 have not put any significant impact on employment of women in the country. Therefore, it can be suggested that appropriate government intervention is needed to eliminate the gender gap and improve employment of women in the country.*

Key Words: *Gender Gap, India, Rural, Sector, Urban, Workforce*

1. INTRODUCTION

Workforce participation acts as an engine that drives the economy of a country towards growth and development. Moreover, participation in the workforce by both men and women is important as it brings about the advantages of getting immediate economic rewards which is important for decline in economic dependency, raising their quality of living standards and well-being in the society. The total workforce participation rate is defined as the percentage of total workers to total population of a country. In India, both men and women workforce constitute an integral part of total workforce and these are an essential factor in the process of production

Research Scholar, Department of Economics, Gauhati University, Assam

which contributes to the growth and development of the country. Due to industrialization, globalization and technological advancement coupled with the increased level of literacy and educational attainment, the role of men and women in economic activities have been changing in recent years in the country. Therefore, for a better understanding of workforce participation in the context of labour market of India, it is essential to discuss the trends in workforce participation and types of work taken up by men and women in the country.

2. REVIEW OF LITERATURE

Rao et. al (2016) had made an attempt to study the trends and pattern of women's employment in India by using Census data from 1981 to 2011. The study found a significant increase in women work participation rate over a period of time in both rural and urban areas of India. The growth of women work participation rate in rural areas was higher than in the urban areas and rural was confined to primary sectors while urban was confined to service sectors. Kumar (2017) had made an attempt to explain the trends and pattern of women employment in India from 1993-94 to 2011-12 based on the NSS data. The study found a minor shift in employment from agriculture to non-agriculture sector in case of both rural and urban female. But the female employment had shown a continuous decline in all sectors than their male counterparts. Therefore, in this paper an attempt is made to study the trends, types of work and sectoral participation of men and women in the labour market of India.

3. OBJECTIVES

To study the trends, types and sectoral employment of men and women in both rural and urban areas of India.

4. DATA SOURCES AND METHODOLOGY

This paper is based on the secondary data. The NSS reports of the 50th (1993-94), 55th (1999-00), 61st (2004-05), 66th (2009-10), 68th (2011-12) rounds on 'Employment and Unemployment Surveys' and Periodic Labour Force Survey (2017-18) conducted by National Sample Survey Office (NSSO), Ministry of Statistics and Programme Implementation are used in this study. The employment estimates based on usual status (Principal Status + Subsidiary Status) is used in this study to show workforce participation in rural and urban areas of India.

5. FINDINGS

5.1. TRENDS OF MEN AND WOMEN WORKFORCE PARTICIPATION RATES IN INDIA

In this section an attempt is made to show the changing trends of work participation rates in India by sex and region from 1993-94 to 2017-18.

The work participation rate of rural women is fluctuated between 17.5% and 32.8% and between 13.8% and 16.6% for urban women during the period between 1993-94 and 2017-18 in India. In case of rural areas, between 1993-94 and 2017-18, the work participation rate in usual status is decreased by about 3.6% points for rural males and decreased by about 15.3% points for rural females in the country. For their urban counterparts, it is seen that work participation rate is increased by about 0.9% points for urban males and decreased by about 1.3% points for urban females in the country. It is also found that the female work participation rates in both the rural and urban areas are much lower than the corresponding male work participation rates during the period between 1993-94 and 2017-18. It indicates that economic reforms after 1991 have not put any significant impact on employment of women in the country.

Table 1: Trends of Work Participation Rates in India from 1993-94 to 2017-18

Rounds	Rural Male	Rural Female	Gender Gap
	(PS+SS)	(PS+SS)	
50th (1993-94)	55.3	32.8	22.5
55th (1999-00)	53.1	29.9	23.2
61st (2004-05)	54.6	32.7	21.9
66th (2009-10)	54.7	26.1	28.6
68th (2011-12)	54.3	24.8	29.5
PLFS (2017-18)	51.7	17.5	34.2
	Urban Male	Urban Female	
50th (1993-94)	52.1	15.5	36.6
55th (1999-00)	51.8	13.9	37.9
61st (2004-05)	54.9	16.6	38.3
66th (2009-10)	54.3	13.8	40.5
68th (2011-12)	54.6	14.7	39.9
PLFS (2017-18)	53	14.2	38.8

Source: 1. Employment and Unemployment Situation in India, NSS Report No. 409 of 50th Round, 458 of 55th Round, 515 of 61st Round, 537 of 66th Round and 554 of 68th Round. 2. Annual Report, PLFS 2017-18 Note: 'PS+SS'-Principal status and subsidiary status taken together

The data shows that the gender gap in work participation rate in India at both the rural and urban areas is very high. It is found that the gender gap is more pronounced in urban areas than rural areas. Moreover, the gender gap is increased by about 2.2% and 11.7%points between 1993-94 and 2017-18 in both urban and rural areas respectively.

5.2. TYPES OF EMPLOYMENT IN INDIA

In this section, an attempt is made to understand the types of work taken by the workers of both rural and urban areas of India. The distribution of workers by types of employment namely self-employment, regular employment and casual employment reveals the nature of employment problem of the country. From the NSSO data, it is found that the percentages of self-employed rural males is increased slightly by about 0.1% points and decreased by about 0.9% points for rural females during the period between 1993-94 and 2017-18. During the same period, for urban males and females, self-employment is decreased by about 2.5% points and 11.1% points respectively at the all India level.

The regular employment is increased by about 5.5% points for rural males and by about 3.7% points for urban males during the period between 1993-94 and 2017-18 in the country. Moreover, the regular employment is increased by about 7.8% points for rural females in the country during the same period. In case of urban females also the regular employment is increased by about 23.7% points between 1993-94 and 2017-18. Thus, during this period among usually employed persons (ps+ss) the proportion of regular salaried employees is increased for both rural males and females and also for urban males and females in India and the share of increase in regular employment is more for urban females (about 23.7% points) than rural females (about 7.8% points).

Table 2: Types of Employment of Male and Female Workers in India

NSS Rounds	Category of Employment (PS+SS)		
	Self-Employed	Regular Wage/Salaried Employees	Casual Labour
	Rural Males		
50th (1993-94)	57.7	8.5	33.8
55th (1999-00)	55.0	8.8	36.2
61st (2004-05)	58.1	9.0	32.9
66th (2009-10)	53.5	8.5	38.0
68th (2011-12)	54.5	10.0	35.5
PLFS (2017-18)	57.8	14	28.2
	Rural Females		
50th (1993-94)	58.6	2.7	38.7
55th (1999-00)	57.3	3.1	39.6
61st (2004-05)	63.7	3.7	32.6
66th (2009-10)	55.7	4.4	39.9
68th (2011-12)	59.3	5.6	35.1
PLFS (2017-18)	57.7	10.5	31.8
	Urban Males		
50th (1993-94)	41.7	42.0	16.3
55th (1999-00)	41.5	41.7	16.8
61st (2004-05)	44.8	40.6	14.6
66th (2009-10)	41.1	41.9	17.0
68th (2011-12)	41.7	43.4	14.9
PLFS (2017-18)	39.2	45.7	15.1
	Urban Females		
50th (1993-94)	45.8	28.4	25.8
55th (1999-00)	45.3	33.3	21.4
61st (2004-05)	47.7	35.6	16.7
66th (2009-10)	41.1	39.3	19.6
68th (2011-12)	42.8	42.8	14.3
PLFS (2017-18)	34.7	52.1	13.1

Source: 1. Employment and Unemployment Situation in India, NSS Report No. 409 of 50th Round, 458 of 55th Round, 515 of 61st Round, 537 of 66th Round and 554 of 68th Round. 2. Annual Report, PLFS 2017-18 Note: 'PS+SS'-Principal status and subsidiary status taken together

In case of casual labour the proportion of casual labour among workers in the usual status (ps+ss) is decreased by about 6.9% points for rural females during the period between 1993-94 and 2017-18. In case of urban females also, the casual employment is decreased continuously during the above mentioned period and it is decreased by about 12.7% points in the country. Moreover, the casual employment is decreased by about 5.6% points for rural males and decreased by about 1.2% points for urban males during the above mentioned period in the country. So, it is found that the decline in casual employment is more for the rural and urban females than the rural and urban males.

Thus, it is found that among the three types of employment, self-employment is relatively predominant form of employment for both rural males and females in the country. However,

regular employment has become a relatively predominant form of employment among urban males and females in the recent years. Normally, regular employment is the most secure and stable form of employment. Therefore, regular salaried workers have better quality of employment and income security than workers who engage themselves in a self or casual employment. From the standpoint of women, the increasing trend of regular employment among women in both rural and urban areas is an indicator of positive development of employment situation in the country. Because it indicates that stable employment opportunities for both rural and urban females are increased significantly in the country in the recent years.

5.3. SECTORAL EMPLOYMENT IN INDIA

With the process of economic development the occupational structure of the workforce in an economy is known to undergo considerable changes. The occupational structure among the workers in a region indicates the role played by them in various types of occupations. All these occupations can be broadly classified under three sectors namely primary, secondary and tertiary. Here, an attempt is made to present the changing workforce participation rates in these three sectors in India during the period from 1993-94 to 2017-18.

In 2017-18, 55% and 73.2% of male and female workers are engaged in the agricultural activities in rural areas of India. The proportion of rural male workers engaged in the agricultural activities has shown a decline by about 19.1% points. Although the proportion of rural female workers engaged in the agricultural activities is declined by about 13% points during the period between 1993-94 and 2017-18, it has remained higher than male workers from 1993-94 to 2017-18. Meanwhile, the proportion of urban male and female workers engaged in the agriculture have also shown a decline by about 3.6% and 15.6% points respectively in the country.

Table 3: Sectoral Distribution of Usual Status (PS+SS) Workers in Rural India

Sectors/Broad Industry Division	50th (1993-94)	55th (1999-00)	61st (2004-05)	66th (2009-10)	68th (2011-12)	PLFS (2017-18)
	Rural Males					
Primary Sector/Agriculture	74.1	71.4	66.5	62.8	59.4	55
Mining and Quarrying	0.7	0.6	0.6	0.8	0.5	0.5
Manufacturing	7.0	7.3	7.9	7.0	8.1	7.7
Electricity, Water etc.	0.3	0.2	0.2	0.2	0.3	0.5
Construction	3.2	4.5	6.8	11.3	13	14.5
Secondary Sector	11.2	12.6	15.5	19.3	21.9	23.2
Trade, Hotel and Restaurant	5.5	6.8	8.3	8.2	8.0	9.2
Transport, Storage and Communications	2.2	3.2	3.8	4.1	4.2	5.2
Other Services	7.0	6.1	5.9	5.5	6.4	7.6
Tertiary Sector	14.7	16.1	18.0	17.8	18.6	22
	Rural Females					
Primary Sector/Agriculture	86.2	85.4	83.3	79.4	74.9	73.2
Mining and Quarrying	0.4	0.3	0.3	0.3	0.3	0.2
Manufacturing	7.0	7.6	8.4	7.5	9.8	8.1
Electricity, Water etc.	-	-	0	0	0.1	0

Construction	0.9	1.1	1.5	5.2	6.6	5.3
Secondary Sector	8.3	9.0	10.2	13.0	16.8	13.6
Trade, Hotel and Restaurant	2.1	2.0	2.5	2.8	3	4
Transport, Storage and Communications	0.1	0.1	0.2	0.2	0.2	0.3
Other Services	3.4	3.7	3.9	4.6	5.2	8.9
Tertiary Sector	5.6	5.8	6.6	7.6	8.4	13.2

Source: 1. Employment and Unemployment Situation in India, NSS Report No. 409 of 50th Round, 458 of 55th Round, 515 of 61st Round, 537 of 66th Round and 554 of 68th Round. 2. Annual Report, PLFS 2017-18 Note: 'PS+SS'-Principal status and subsidiary status taken together

During the period from 1993-94 to 2017-18, employment in the secondary sector is increased by about 12% points for rural males in the country. At the same time employment in the secondary sector has also shown an increase by about 5.3% points for rural females during the above mentioned period. For rural females, employment is increased in manufacturing by about 1.1% points in the country. Over the years an increase in the proportion of rural female workers is seen in construction from 0.9% in 1993-94 to 6.6% in 2011-12 and then declined to 5.3% in 2017-18 in the country. Moreover, it is also seen that employment in the secondary sector for urban females is increased by about 1% points as against about 3.1% points rise in secondary sector employment for urban males between 1993-94 and 2017-18. In manufacturing, the employment is increased by about 1.1% points for urban females during the same period in the country. In both rural and urban areas of India the share of female workers is remained negligible in mining and quarrying, electricity and water etc. in all the NSS rounds.

Table 4: Sectoral Distribution of Usual Status (PS+SS) Workers in Urban India

Sectors/Broad Industry Division	50th (1993-94)	55th (1999-00)	61st (2004-05)	66th (2009-10)	68th (2011-12)	PLFS (2017-18)
	Urban Males					
Primary Sector/Agriculture	9.0	6.6	6.1	6.0	5.6	5.4
Mining and Quarrying	1.3	0.9	0.9	0.7	0.9	0.6
Manufacturing	23.5	22.4	23.5	21.8	22.4	22.4
Electricity, Water etc.	1.2	0.8	0.8	0.7	1.4	1.3
Construction	6.9	8.7	9.2	11.4	10.7	11.7
Secondary Sector	32.9	32.8	34.4	34.6	35.4	36
Trade, Hotel and Restaurant	21.9	29.4	28.0	27.0	26	24.5
Transport, Storage and Communications	9.7	10.4	10.7	10.4	11.7	12.7
Other Services	26.4	21.0	20.8	21.9	21.4	21.5
Tertiary Sector	58.0	60.8	59.5	59.3	59.1	58.7
	Urban Females					
Primary Sector/Agriculture	24.7	17.7	18.1	13.9	10.9	9.1
Mining and Quarrying	0.6	0.4	0.2	0.3	0.3	0.2
Manufacturing	24.1	24.0	28.2	27.9	28.7	25.2
Electricity, Water etc.	0.3	0.2	0.2	0.4	1.0	0.6
Construction	4.1	4.8	3.8	4.7	4.0	4.1
Secondary Sector	29.1	29.4	32.4	33.3	34	30.1
Trade, Hotel and Restaurant	10.0	16.9	12.2	12.1	12.8	13

Transport, Storage and Communications	1.3	1.8	1.4	1.4	2.7	3.3
Other Services	35.0	34.2	35.9	39.3	39.6	44.4
Tertiary Sector	46.3	52.9	49.5	52.8	55.1	60.7

Source: 1. Employment and Unemployment Situation in India, NSS Report No. 409 of 50th Round, 458 of 55th Round, 515 of 61st Round, 537 of 66th Round and 554 of 68th Round. 2. Annual Report, PLFS 2017-18 Note: 'PS+SS'-Principal status and subsidiary status taken together

In tertiary sector, rural males employment is increased by about 7.3% points in India during the period between 1993-94 and 2017-18. For rural females, employment in this sector is also increased by about 7.6% points. It is increased in trade, hotel and restaurants by about 1.9% points and in other services by about 5.5% points during the same period in the country. It is observed that the employment in the tertiary sector is increased by about 0.7% points for urban males during the above mentioned period, as against 14.4% points increase in employment for urban females and it is increased in trade, hotel and restaurants by about 3% points and increased in other services by about 9.4% points in the country during the same period.

Thus, it is found that there is a sizeable increase in the share of rural and urban males employment in the secondary sector between 1993-94 and 2017-18 as against employment of females in the secondary sector which shows a marginal increase in the country. As far as tertiary sector is concerned there is a clear pattern in the increase of female work participation in both rural and urban areas of India during the above mentioned period. Although the proportion of female workers engaged in agriculture is declined in both the rural and urban areas but it is observed that more than half of the female workforce in rural areas of India are still dependent on agriculture. Moreover, the share of rural female in the agricultural activities is also found to be more than the share of rural male in the agricultural activities at the all India level.

6. CONCLUSION AND POLICY IMPLICATIONS

The study is an attempt to understand the work participation rates of both men and women in rural and urban areas of India from the different NSSO rounds. It is found that the work participation rates in the usual status are remained considerably higher for males than that of females at both the rural and urban areas of India during the period between 1993-94 and 2017-18. Hence, there exists a massive gender gap as far as work participation rate is concerned. Moreover, from the data on the types of work taken by the workers of the country it is found that self-employment still dominates the employment among rural males and females in the country. However, it is seen that regular salaried employment is relatively predominant form of employment among men and women in urban areas in the recent years. It is also found that most of the women in rural areas are still dependent on agricultural activities. It reveals that the shift of women from agriculture to secondary and tertiary sectors is significantly less as compared to men in rural areas. Therefore, it can be suggested that appropriate government intervention is needed to bring more and more females to join in the labour market. It is also necessary to identify the reasons for low work participation rate of women to eliminate the gender gap in employment and to uplift the work participation rate of women in the country.

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Dipanjali Devi, Assistant Professor, Department of Economics, Dudhnoi College, Dudhnoi, Assam.

Dipti Baishya, Assistant Professor, Department of Economics, Dudhnoi College, Dudhnoi, Assam.

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Impact of Perceived Risks on Online Shopping Before and After Pandemic (COVID-19): A Study on Consumer Behaviour

Debashree Kashyap*

Corona virus is an ongoing pandemic that has affected throughout the countries in the world. Its outbreak has been declared as a public health emergency of international concern and recognized as a pandemic by World Health Organization. The government of India decided to take a lockdown system to secure the lives of the people of the country from this pandemic. However, the lockdown system affects badly the economy of the country. All types of industries including agriculture-based industries, hotel, trade, restaurants, transports, automobile sectors, chemical sectors, tourism and textiles etc have been affected because of lockdown conditions. Online shopping, also known as electronic commerce, too affected due to the lockdown system to tackle COVID-19. Although e-commerce has offered several opportunities for its customers before and after the pandemic, some negative aspects in terms of risks are also becoming more frequently associated with online shopping. So, in this paper, an attempt is made to study the impact of various risks factors on the shopping intention of online shoppers in the Guwahati city of Assam before and after the outbreak of the corona virus. The study is done with the help of primary data. From the analysis of the impact of risks factors on shopping intentions of online shoppers before the pandemic, it is found that financial risk, social risk, convenience risk, time risk, delivery risk and privacy risk have not any effect on the shopping intention of customers. However, product risk and psychological risk harm the shopping intension of online customers before the outbreak of COVID-19. After or during the outbreak of the virus not only product and psychological risks but also delivery and social risks negatively affect the shopping intension of shoppers to buy goods from online stores in the study area.

1. Introduction

Corona virus is an ongoing pandemic that has affected throughout the countries in the world, detected first in the City of Wuhan, China in 2019. Its outbreak has been declared as a public health emergency of international concern and recognized as a pandemic by World Health Organization. When India was about to get affected by the Corona virus, the government of India decided to take a lockdown system to secure the lives of the people of the

*Research Scholar, Department of Economics, Gauhati University, Assam

country. However, the lockdown system affects badly the economy of the country. All types of industries including agriculture-based industries, hotels, transports, automobile sectors, chemical sectors, tourism, textiles and even e-commerce have been affected because of lockdown conditions. After the end of the lockdown system, the best way to guard against COVID-19 is to stay at home as COVID-19 spreads primarily through contact with an infected person. This situation has increased the number of first-time e-commerce users or online shoppers in India. Online shopping, also known as electronic commerce allows people to buy anything at any time, thus, making it the most flexible way of purchasing electronically. Although e-commerce has offered several opportunities for its customers, some negative aspects in terms of risks are also becoming more frequently associated with online shopping. So, in this paper, an attempt is made to study the impact of various risks factors on the shopping intention of online shoppers in the Guwahati city of Assam before and after the outbreak of COVID-19.

2. Literature Review

There are several studies on e-commerce relating to consumers satisfaction and perceived risks in several fields like marketing, consumer research and psychology. Following are some of the empirical studies on perspectives of perceived risks related to online shopping.

Risks issues were first introduced into the consumer behaviour research field by Bauer. By identifying risks perceived by consumers in the market, he tried to explain the purchasers' actions, such as searching for information about product and place of purchase, brand loyalty or importance of leaders and groups of reference when buying particular goods and services (Bauer, 1960; Maciejewski, 2011). The researchers of consumer behaviour identified and described several types of risks connected with purchasing, perceived by consumers. They may occur in any combination and on a different level in the case of a particular item or service purchase. As per the researchers, five types of risks shall be noticed, namely physical risk, performance risk, financial risk, social risk and psychological risk (Bateson, 1989). Ariff, M.S. et al. (2014) examined four types of risks – product risk, financial, convenience and non-delivery risks in terms of their effect on consumers' online attitudes. The findings indicated that product risks, financial and non-delivery risks are hazardous and negatively affect the attitude of online shoppers, whereas convenience risks were found to have a positive effect on consumers attitudes. Mamman, H. et al (2015) employed financial risks and information security on investigating the effect of consumers perceived risks on online shopping.

3. Objective

The present study is carried out with the following objective

To study the impact of various perceived risks on online shopping intension of customers before and after COVID-19 in Guwahati City.

4. Methodology

The study is done by using the sample survey method. The sample for the present study is drawn by using the purposive sampling method from my locality. The sample of the present study consists of 100 online shoppers. The study is mainly based on the primary data collected from the respondents with the help of a questionnaire. The questionnaire is designed to get information on various types of risks and customers' shopping intentions. This information is collected through statements constructed on the Likert scale in which the respondents have to choose out of the five responses. The collected primary data are analysed by using the simple regression model.

5. Results

Impact of Various Perceived Risks on Online Shopping Intention of Customers in Guwahati City Before and After the Outbreak of COVID-19

Despite the benefits of online shopping over offline shopping, some negative aspects are associated with online shopping. In this regard, perceived risks play an essential role as it is related to the uncertainty of a decision making process and the consequences of such decisions. So, perceived risks of consumers have been considered as a fundamental concern while purchasing a product through online mode. Perceived risk can be defined as the possibilities for loss perceived by the customers while taking a particular buying decision. So, after identifying eight types of perceived risk from the review of related literature, an attempt is made to study the impact of various types of perceived risks on online shopping intension of customers before and after the pandemic. For the eight perceived risks, a total of 19 statements are chosen. A scale to measure all of these factors is constructed covering the 19 statements and these statements are constructed on a Likert five-point scale. Scores are given according to the degree of the responses. The responses are- Strongly Disagree-1, Disagree-2, Neutral-3, Agree-4, and Strongly Agree-5. The total score of each online shopper is obtained by adding the scores of all the individual items on that scale. After that mean value of each statement is calculated. Again, to measure the intention of customers to do online shopping, 3 statements are chosen and these statements are also constructed on a Likert five-point scale.

The responses of the 100 respondents on the statements before and after the outbreak of COVID-19 are shown in Table 1 and Table 3 respectively.

Table1: Statements Regarding Customer's Intension and Customer's Perceived Risk Factors before the Outbreak of COVID-19

Mean Score	Statements	Factors
2.64	1. I feel that it is unsafe to use my credit card information as it may be misused while shopping online.	Financial Risk
3.36	2. I feel unsafe because I may not get true value for money for the product which is purchased online.	
4.00	1. The product I get may be of poor quality and defective.	Product Risk
4.36	2. I do not trust online shopping as I feel that I may get something different from what I ordered.	
4.12	3. I feel that it is not easy to judge the quality of the product over the internet.	
2.36	1. My family members, friends and relatives may not agree to my online shopping decision.	Social Risk
3.00	2. I feel worried as my online shopping decision may create a negative opinion about my purchasing behaviour in my community.	
4.12	1. It is difficult to examine the product.	Convenience Risk
3.96	2. Cancellation of order is a difficult task.	
2.64	3. I may face problems in returning the product when I purchase online.	

4.12	1. Searching right product online takes a lot of time.	Time Risk
3.42	2. Placing an order for a product is very time-consuming.	
4.78	1. I feel that online stores provide fast delivery of the product.	Delivery Risk
2.34	2. I may not get the same product as I ordered.	
2.62	3. I do not use online shopping as there may be non-availability of reliable shippers.	
2.32	1. I feel that my personal information may be misused without my knowledge.	Privacy Risk
3.14	2. I feel that third parties may abuse me by using my contact number, email and other personal information.	
4.46	1. I feel safe and comfortable while shopping online.	Psychological Risk
4.68	2. I do not get tense while shopping online as online shopping saves fuel and energy.	
4.88	1. I will continue to purchase a product online in future.	Customer's Intension
4.00	2. I will continue to shop online for my personal needs only.	
4.26	3. I will recommend good online stores to others to purchase from these online stores.	

Source: Field Survey

Further, to determine the impact of various risks on the shopping intentions of online shoppers before COVID-19, a simple regression analysis is conducted. For this, the following null hypotheses are made:

H_1: Financial risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_2: Product risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_3: Social risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_4: Convenience risk has not had any significant impact on the online shopping intension of customers before COVID-19.
H_5: Time risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_6: Delivery risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_7: Privacy risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_8: Psychological risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
The following regression model is estimated separately for each perceived risk factor.

$$Y_t = a_0 + a_1 X_{1t} + U_t \quad \text{.....} t = 1, 2, 3\text{.....}, 100$$

Table 2: Regression Result

Dependent Variable: Online Shopping Intention of Customers Independent Variables: Financial Risk, Product Risk, Social Risk, Convenience Risk, Time Risk, Delivery Risk, Privacy Risk and Psychological Risk			
Null Hypotheses	p-value	t-value	Risk Factors
Accepted	.175	1.27	Financial Risk
Rejected	.021**	-2.26	Product Risk
Accepted	.664	.442	Social Risk
Accepted	.542	.354	Convenience Risk
Accepted	.474	.232	Time Risk
Accepted	.653	.335	Delivery Risk
Accepted	.491	.283	Privacy Risk
Rejected	.036**	-2.73	Psychological Risk

***** indicates 5% level of significance***

The result shows that financial risk, social risk, convenience risk, time risk, delivery risk and privacy risk have not had any effect on the dependent variable before the outbreak of COVID-19. However, it is revealed that product risk and psychological risk harm the shopping intention of online customers. It means that the higher the product and psychological risk, the lower will be the shopping intention of shoppers to purchase goods from online stores. It is found that the impact of product and psychological risks on the intention of customers towards online shopping are statistically significant at a 5% level of significance respectively. So, it leads to the rejection of two null hypotheses as the product and psychological risks have significantly affected the intention of online shoppers in the study area before the pandemic.

Table3: Statements Regarding Customer's Intension and Customer's Perceived Risk Factors after the Outbreak of COVID-19

Mean Score	Statements	Factors
2.62	1. I feel that it is unsafe to use my credit card information as it may be misused while shopping online.	Financial Risk
3.32	2. I feel unsafe because I may not get true value for money for the product which is purchased online.	
4.24	1. The product I get may be of poor quality and defective.	Product Risk
4.46	2. I do not trust online shopping as I feel that I may get something different from what I ordered.	
4.54	3. I feel that it is not easy to judge the quality of the product over the internet.	
4.36	1. My family members, friends and relatives may not agree to my online shopping decision.	Social Risk
4.12	2. I feel worried as my online shopping decision may create a negative opinion about my purchasing behaviour in my	

	community.	
4.24 3.42 2.38	1. It is difficult to examine the product. 2. Cancellation of order is a difficult task. 3. I may face problems in returning the product when I purchase online.	Convenience Risk
4.18 2.46	1. Searching right product online takes a lot of time. 2. Placing an order for a product is very time-consuming.	Time Risk
4.42 4.34 4.26	1. I feel that online stores provide fast delivery of the product. 2. I may not get the same product as I ordered. 3. I do not use online shopping as there may be non-availability of reliable shippers.	Delivery Risk
2.36 3.68	1. I feel that my personal information may be misused without my knowledge. 2. I feel that third parties may abuse me by using my contact number, email and other personal information.	Privacy Risk
4.68 4.82	1. I feel safe and comfortable while shopping online. 2. I do not get tense while shopping online as online shopping saves fuel and energy.	Psychological Risk
4.86 4.48	1. I will continue to purchase a product online in future. 2. I will continue to shop online for my personal needs only.	Customer's Intension

4.66	2. I will recommend good online stores to others to purchase from these online stores.	

Source: Field Survey

Further, to determine the impact of various risks on the shopping intentions of online shoppers after COVID-19, a simple regression analysis is conducted. For this, the following null hypotheses are made:

H_1: Financial risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_2: Product risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_3: Social risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_4: Convenience risk has not had any significant impact on the online shopping intension of customers after COVID-19.
H_5: Time risk has not any significant impact on online shopping intension of customers after COVID-19.
H_6: Delivery risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_7: Privacy risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_8: Psychological risk has not had any significant impact on the online shopping intentions of customers after COVID-19.

The following regression model is estimated separately for each perceived risk factor.

$$Y_t = a_0 + a_i X_{it} + U_t \quad \text{.....} t = 1, 2, 3 \text{.....} 100$$

Table 4: Regression Result

Dependent Variable: Online Shopping Intention of Customers **Independent Variables: Financial Risk, Product Risk, Social Risk, Convenience Risk, Time Risk, Delivery Risk, Privacy Risk and Psychological Risk**			
Null Hypotheses	p-value	t-value	Risk Factors
Accepted	.275	1.12	Financial Risk
Rejected	.032**	-2.20	Product Risk

Accepted	.012**	-2.42	Social Risk
Accepted	.531	.353	Convenience Risk
Accepted	.651	.323	Time Risk
Accepted	.022**	-2.23	Delivery Risk
Accepted	.592	.382	Privacy Risk
Rejected	.032**	-2.82	Psychological Risk

***** indicates 5% level of significance***

The result shows that financial risk, convenience risk, time risk and privacy risk have not any effect on the dependent variable after the outbreak of COVID-19. However, it is revealed that product risk, psychological risk, social risk and delivery risk harm shopping intension of online customers after the outbreak of coronavirus. It means that the higher the product, social, delivery and psychological risk, the lower will be the shopping intention of shoppers to purchase goods from online stores due to pandemics. So, it is found that the product, social, delivery and psychological risks have a significant negative impact on the intention of online shoppers in the study area due to the pandemic COVID-19.

6. Conclusion

From the above discussion, it is found that COVID-19 has a considerable impact on risks factors related to online shopping which affect the shopping intentions of customers. It is revealed that product risk and psychological risk harm shopping intentions of online customers before the outbreak of COVID-19. It means that the higher the product and psychological risk, the lower will be the shopping intensions of shoppers to buy goods from online stores. However, it is revealed that product risk, psychological risk, social risk and delivery risk harm shopping intensions of online customers after the outbreak of the corona virus. Therefore, it can be concluded that COVID-19 has a significant negative impact on the online shopping intentions of customers as more perceived risks factors of online consumers are associated with the outbreak of this virus in the study area.

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About the Editors



Dipanjali Devi did her MA in Economics with a specialization in Econometrics from Gauhati University. Devi has research experience of more than a decade. Gauhati University awarded her Ph.D. for her doctoral research on the economics of health. Dr. Devi is the author of Utilization of Health Care in Rural Assam: A Case Study. She published a number of research papers on diverse issues concerning the economics of health, education, and demography in different national and international journals and books. Her widely acclaimed paper includes Utilization of Outpatient Healthcare Among the People of Rural Assam-A Case Study published in 2015 in the Journal of Health Management (Sage Publication). Her research area includes health, finance, child health, general public health, education and issues concerning gender. Dr. Devi is a dedicated faculty member of the Department of Economics in Dudhnoi College under Gauhati University.



Dipti Baishya is working as a full time faculty in the Department of Economics of Dudhnoi College affiliated under Gauhati University. Dr Baishya has a teaching experience of more than 11 years. Dr Baishya did her master degree from Gauhati University in 2008 and awarded PhD from the same institution in 2019 on "Performance and Sustainability of Microfinance : A case study of Assam Gramin Vikash Bank in Lower Brahmaputra Valley, Assam". Dr Dipti Baishya has research experience of 10 years. Dr Baishya attended several national and international workshops and seminars, and have many UGC care listed and Scopus Indexed papers to her credit. Dr Baishya's field of interest is financial system, gender equality and public health.

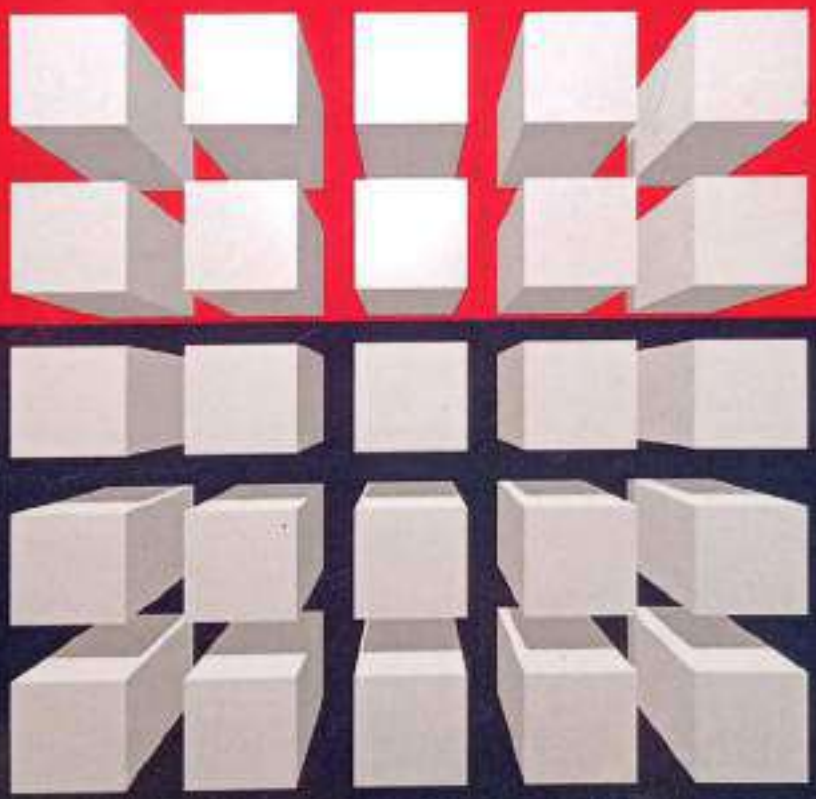
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Status of Elementary Education in Assam

Debashree Kashyap

Abstract : *Elementary education in India is of utmost significance as it is regarded as the foundation not only for the growth of a person but also for the growth of entire nation. Therefore, the endeavour of universalisation of elementary education in India is not only a national priority but also a constitutional directive under the article-45 of the Constitution of India. The Constitution (86th Amendment) Act, 2002 inserted the Article 21-A in the Constitution of India to provide free and compulsory elementary education to all the children in the age group of 6-14 years as a Fundamental Right. In 2009, the Parliament of India has passed the historic legislation of Right of Children to Free and Compulsory Education (RTE) Act. Article 21-A and RTE Act have come into effect on 1 April, 2010. All these efforts may have far-reaching implications for the elementary education in the years to come. Therefore, in this paper an attempt is made to study the progress of elementary education in Assam with the help of secondary data.*

Key Words : Elementary Education, RTE Act, Assam

INTRODUCTION

Education is the fundamental requirement for every individual. It is a principal instrument for the human enlightenment and empowerment and for the achievement of a better quality of life. It is a significant means of acquisition of knowledge, development of skills, attitudes and personality of individuals. It is also considered to be a powerful tool for reducing poverty and unemployment among the people in the society. Elementary education is the foundation for all levels of learning. So, it is the foundation on which the development of every human being and the nation as a whole depends.

The endeavour of universalisation of elementary education in India is not only a national priority but also a constitutional directive under the article-45 of the Constitution of India. Universalisation of elementary education means universal access, enrolment, retention and qualitative education up to the age of 14. In this direction several educational initiatives have taken by the central government and the state governments to get access to universal elementary education for all the children in the age group of 6-14 years in the country. Some of these initiatives includes Operation Black Board, District Primary Education Programme (DPEP) and Sarva Shiksha Abhiyan etc. The Government of India has introduced Sarva Shiksha Abhiyan during 9th Plan (1997-2002). It is a Government of India's flagship programme for the achievement of universalisation of elementary education in a time bound manner by making free and compulsory education to the children of 6-14 years age group, as mandated by 86th amendment to the Constitution of India. It is a response to the demand for quality basic education all over the country that seeks to develop infrastructure of the schools, open new schools and strengthen existing school infrastructure through

Research Scholar, Department of Economics, Gauhati University

the provision of additional class rooms, toilet facilities, drinking water facilities, maintenance grant and school improvement grants and also seeks to make the provision of scholarships, uniforms, free text books, teaching learning materials to attain universalized elementary education. Finally, the Constitution (86th Amendment) Act, 2002 inserted the Article 21-A in the Constitution of India to provide free and compulsory elementary education to all the children in the age group of 6-14 years as a Fundamental Right. In 2009, the Parliament of India has passed the historic legislation of Right of Children to Free and Compulsory Education (RTE) Act. Article 21-A and RTE Act have come into effect on 1 April, 2010. All these efforts have far-reaching implications for elementary education in the years to come.

REVIEW OF LITERATURE

Kamal (2015) had made an attempt to study the status of elementary education in India. From the analysis of different components such as school structure, universal access, number of teachers, universal enrolment, universal retention, transition rate, out-of-school children and quality of education related to elementary education, this study found that the country progressed tremendously but still it had certain areas of concern, which was responsible for unfulfillment of the goals of universal literacy and enrolment. Moreover, it was revealed that educational facilities were available to a large segment of population and areas but compared to primary, upper primary facilities were not available to all areas and population of the country. Gogoi and Bhuyan (2015) had carried out a study in which they analysed the development of infrastructure in elementary schools of Assam under Sarva Siksha Abhiyan. The results of the study revealed that there exist differences in infrastructure before and after implementation of SSA in the elementary schools of Assam. Although SSA had taken measures to provide more and more facilities to the schools, differences prevail amongst the schools. In Majority of schools facilities for separate classrooms for different classes were not available. This problem may arise due to improper management process. Anju (2017) had made an attempt to study the status of elementary education in Assam in the context of RTE Act, 2009. This study revealed that Assam was placed down on the 19th position with average literacy rate of 73.81% even with the implementation of the RTE Act. It found that the main challenge before Assam was the improper utilization and allocation of resource that resulted in the uneven distribution of teachers in the schools of Assam. With these evidences, an attempt is made here to study the status of elementary education in Assam.

OBJECTIVE

To study the status of elementary education of children in Assam.

METHODOLOGY

This study is mainly based on secondary data. The status of elementary education of children in Assam is examined on the basis of several parameters like schooling facilities, enrolment, dropouts, retention rate and examination results of students in school at the elementary level etc.

FINDINGS

Schooling Facilities:

The educational scenario of Assam has shown a significant development over the years. In recent years the state has witnessed a substantial numerical expansion in the number of primary and upper primary schools. As per available data on elementary education, the number of schools imparting elementary education has increased from 61110 in 2011-12 to 64171 in 2013-14 and then to 65141 in 2014-15 in the state (DISE, 2014-15) and then again increased to 66,286 in 2016-17 in the state. Out of the total schools, 78.21% are government schools in 2013-14. But the share of

government schools to the total schools has declined to 76.86% in 2014-15 and then again declined to 75.68% in 2016-17.

Enrolment and Dropout in Primary and Upper Primary Schools:

Enrolment at the primary and upper primary stages of education, which is considered as an indicator of access of elementary education has shown an improving trend in the state over the years. According to District Information System for Education (DISE) data, in 2013-14, overall 4013706 children are enroled in lower primary classes (I-V) which has increased to 4049643 in 2014-15 and then declined to 3765771 in 2016-17. In respect of upper primary classes (VI-VIII), overall 1792478 children are enroled in 2013-14. But the overall enrolment in upper primary classes has increased to 1803635 in 2014-15 in the state and then declined to 1778071 in 2016-17 in Assam.

Table 1: Overall Enrolment in Lower Primary and Upper Primary Classes in Assam

(in numbers)

Year	Classes I-V	Classes VI-VIII
2012-13	3915791	1788253
2013-14	4013706	1792478
2014-15	4049643	1803635
2016-17	3765771	1778071

Source: Elementary Education in India, Flash Statistics: From 2012-13 to 2016-17, DISE

The share of girls enrolment to total enrolment is an important aspect for the Universalisation of Elementary Education which indicates gender equity in school education. Out of the total enrolment in primary classes (I-V), the share of girls in the total enrolment has recorded as 49.67% in 2012-13 which slightly decreased to 49.66% in 2013-14 and then to 49.60% in 2014-15 and then to 49.50% in 2016-17. But in case of upper primary classes (VI-VIII), the share of girls in the total enrolment has shown an improving trend over the years in the state and it is recorded as 51.76% in 2014-15 as against 51.63% in 2013-14 and 51.50% in 2012-13. But again declined to 51.57% in 2016-17.

Table 2: Girls Enrolment in Primary and Upper Primary Classes in Assam

(in percentage)

Year	Classes I-V	Classes VI-VIII
2012-13	49.67	51.50
2013-14	49.66	51.63
2014-15	49.60	51.76
2016-17	49.50	51.57

Source: Elementary Education in India, Flash Statistics: From 2012-13 to 2016-17, DISE

The Gross Enrolment Ratio (GER) for primary education is defined as the total enrolment in primary education (Grades I-V), regardless of age, expressed as a percentage of the eligible official primary school age population (6+ to 10+ years) in a given school year (U-DISE 2014-15 Flash Statistics). The GER at lower primary level (I-V) in the state is estimated at 107.39% in 2016-17 compared to 113.43% in 2013-14. In respect of upper primary level (VI-VIII) the GER is lower than that of the lower primary level. But GER has shown a considerable improvement from 86.68%

in 2012-13 to 93.13% in 2013-14 and then to 96.69% in 2016-17 at the upper primary level in the state. Thus, the DISE data reveals that the GER in the state at the upper primary level has been improving over the years.

Table 3: Gross Enrolment Ratio at Primary and Upper Primary Level in Assam

(in percentage)

Year	Lower Primary Level	Upper Primary Level
2012-13	109.56	86.68
2013-14	113.43	93.13
2014-15	114.96	95.86
2016-17	107.39	96.69

Source: Elementary Education in India, Flash Statistics: From 2012-13 to 2016-17, DISE

The Net Enrolment Ratio (NER) at lower primary level has shown a decline from 95.7% in 2011-12 to 92.2% in 2013-14 and then slightly increased to 92.4% in 2014-15 (Statistical Hand Book, Assam). But in case of upper primary level the NER in the state has shown an improving trend from 70.25% in 2012-13 to 76.49% in 2013-14 and then to the level of 80.22% in 2014-15 and then to 80.32% in 2016-17 (Elementary Education in India, Flash Statistics: From 2012-13 to 2016-17, DISE). Thus, it is seen that although more and more children are entering into the education system, many are not progressing through the system as indicated by the lower Net Enrolment Ratio than Gross Enrolment Ratio.

Moreover, the dropout rate of students at the elementary level of education is an important indicator of the efficiency of the education system. The dropout rate in respect of primary and upper primary schools have reported significant decline in the state. In respect of lower primary level the dropout rate has declined from 12.8% in 2011-12 to 6.3% in 2013-14. But it has again increased to 7.4% in 2014-15 and then decreased to 5.6% in 2016-17 in the state. However, in case of upper primary level the dropout rate has significantly declined from 15.2% in 2011 -12 to 7.3% in 2013-14 and then to 7.1% in 2014-15 and again declined to 2.5% in 2016-17 in the state (Statistical Hand Book, Assam).

Retention Rate and Examination Results of Students at Elementary Level:

Enroling all children is a necessary condition to achieve the goal of universal enrolment but it is not a sufficient condition to ensure education for all. The children who are enroled should complete the full cycle of elementary education. The enrolment in Grade V (minus repeaters) in a year as a proportion to enrolment in Grade I four years back is termed as retention rate at the primary level (U-DISE, 2014-15). The retention rate in Assam at the primary level (Grade I to V) has shown a decline from 76.09% in 2013-14 to 66.14% in 2014-15 and then increased to 70.13% in 2016-17. Moreover, the retention rate of students of all castes at the elementary level (Grade I-VIII) of Assam is recorded at 62.41% in 2016-17 where the retention rate of girls (58.88%) is less than the retention rate of boys (66.08%). Moreover, the retention rate of students at the elementary level of Assam is below the national average (70.62%).

In 2014-15, as per the examination results at the end of Grade-V (in previous academic year) 98.53% of boys and 98.66% of girls have passed in the examination. But only 48.57% of boys and 48.58% of girls have passed the examination with 60% and above marks in Grade-V. Moreover, at the end of Grade-VIII (in previous academic year) 98% of boys and 98.09% of girls

have passed in the examination. But only 38.89% of boys and 39.18% of girls have passed the examination with 60% and above marks in Grade-VIII (U-DISE, 2014-15). Thus, it is seen that a lot of efforts will be needed to improve the examination results of the students in the state.

Finally, the Educational Development Index (EDI) for Primary Level, EDI for Upper Primary Level and the composite EDI of the state as given by DISE summarizes the scenario of elementary education in the state. Out of 35 states and union territories, Assam's position is towards the bottom (Table 4).

Table 4: Composite Educational Development Index and Ranking of Assam

Year	Primary Level		Upper Primary Level		Composite (Primary and Upper Primary Levels)	
	Index	Rank	Iridex	Rank	Index	Rank
2012-13	0.515	31	0.539	31	0.527	32
2013-14	0.490	32	0.557	30	0.524	30
2014-15	0.473	35	0.511	32	0.492	33

Source: Elementary Education in India, Flash Statistics: From 2012-13 to 2014-15, DISE

CONCLUSION

Although the Government of Assam through the various programmes and policy initiatives including Sarva Shiksha Abhiyan (SSA) and RTE Act have brought about a urgency in the efforts to universalize elementary education, it is appeared from the above analysis that not much has achieved yet. So, urgent and more focused measures are needed to address and tackle the important issues in the education sector of the state.

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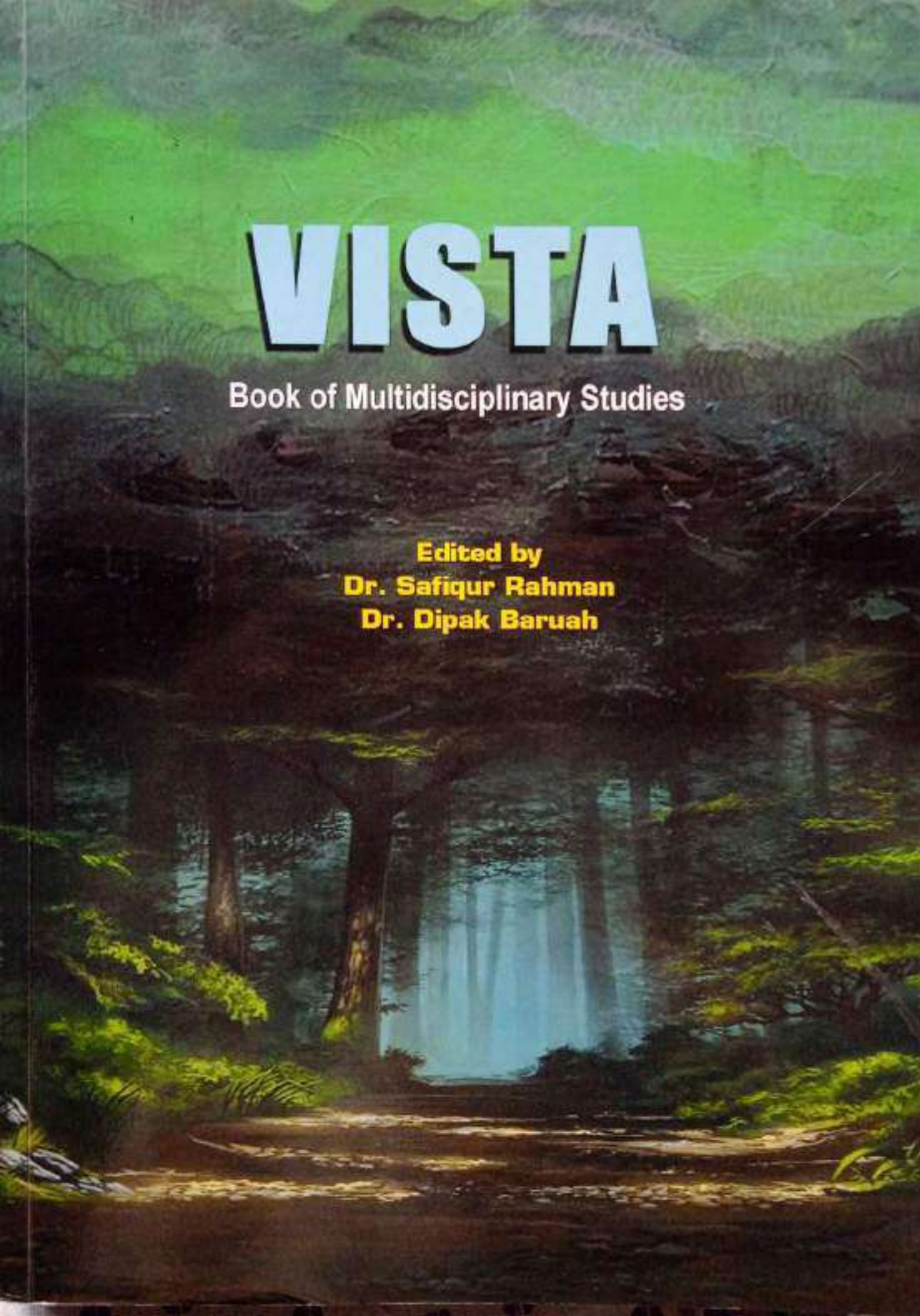
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An Empirical Study on E-commerce, Satisfaction and Perceived Risks of Online Shoppers in Guwahati City

Debashree Kashyap

Abstract : Online shopping, which is a gift of technology development, is getting developed as a preferred mode of shopping all over the world due to various advantages of it over the offline shopping. Assam, being a multiracial state has wholeheartedly welcomed the concept of online shopping and the use of e-commerce services by the population are emerging in the state, especially in Guwahati city. The increased use of internet and rapid growth of online shopping have changed the shopping experience of customers. In spite of this increased use of e-commerce, it is assumed that online shopping behaviour of customers may be affected by several factors as there is absence of face to face interaction between customers and online service providers. Therefore, the objectives of this paper are to determine the factors that affect the consumers' satisfaction and also to study the impact of various perceived risk on online shopping intension of consumers. The study is done with the help of primary data. It is found that consumer satisfaction with online shopping is directly related to different factors. From the analysis of impact of risk factors on shopping intension of online shoppers, it is found that financial risk, social risk, convenience risk, time risk, delivery risk and privacy risk have not any effect on the shopping intension of customers. However, product risk and psychological risk have a negative impact on shopping intension of online customers. It means that higher the product and psychological risk, lower will be the shopping intension of shoppers to buy goods from online stores.

Keywords : *E-Commerce, Consumer's Satisfaction, Perceived Risk.*

Introduction :

The Internet and web development have been the most exciting developments in the field of information and communication technology in recent years **(Eid. 2011).** In the early days, the internet was primarily used by academicians, researchers and students for academic purpose;

Research Scholar, Department of Economics, Gauhati University, Assam

but due to the impact of globalisation a movement of commercial organisation for incorporating the World Wide Web into their promotional campaigns has taken place, and started offering the facility of online shopping **(Mathur. N. 2015)**. With the use of increasing Internet access, the use of e-commerce services by the population is blooming globally and locally in Guwahati City. Online shopping, also known as electronic commerce allows people to buy anything at any time, thus making it the most flexible way of purchasing electronically **(Ariff, M. S. et al., 2014)**. While many businesses are adopting the Internet as the means through which they can conduct their marketing activities which is efficient, there are many risks associated with its use. Although e-commerce has offered a number of opportunities for its customers, some negative aspects in terms of risks are also becoming more frequently associated with online shopping **(Mamman. H. et al. 2015)**. But, unlike traditional marketing, online marketing has many advantages like global reach, availability of wide variety and cheaper products, 24X7 timing etc. Therefore, customer satisfaction is the key factor for customer retention in online shopping system. So, in this paper an attempt is made to study the factors affecting satisfaction of online customers and also to study the impact of various risks factors on shopping intension of online shoppers in the Guwahati city of Assam.

2. Review of Literature

2.1 Perceived Risk :

Risks issues were first introduced into the consumer behaviour research field by Bauer. By identifying risk perceived by consumer in the market, he tried to explain the purchasers' actions, such as: searching for information about product and place of purchase, brand loyalty or importance of leaders and groups of reference when buying particular goods and services **(Bauer, 1960; Maciejewski, 2011).** The researchers of consumer behaviour identified and described several types of the risk connected with purchasing, perceived by consumers. They may occur in any combination and on different level in case of particular item or service purchase. As per the researchers, five types of risk shall be noticed, namely: physical risk, performance risk, financial risk, social risk and psychological risk **(Bateson, 1989)**. **Ariff, M.S. et al., (2014)** examined four types of risks – product risk, financial, convenience and non-delivery risk in terms of their effect on consumer's online attitude. The findings indicated that product risk; financial and non-delivery risks are hazardous and negatively affect the attitude of online shoppers, whereas convenience risk was found to have positive affect on consumers attitude. **Mamman. H. et al (2015)** employed financial risk and information security on investigating the effect of consumers perceive risk in online shopping.

2.2 Customer Satisfaction :

One of the primary goals of e-commerce is customer satisfaction. As customer satisfaction is important for e-commerce; many researchers conducted researches to investigate the factors

influencing customer satisfaction in e-commerce (**Khalid, A.et al. 2018**). Customer satisfaction can be defined as a consumers feeling of pleasure or disappointment resulting from comparing a products perceived performance (or outcome) in relation to his/her expectation (**P. Kotler 2010**). (**Jusoh and Ling, 2012**) determined the factors how socio-demographic pattern of online buying and purchase perception affect consumers attitude towards online shopping. Maintaining customer loyalty has been recognised as one of the essential factor for business survival and growth. (**Pratminingsih. A. 2013**) in his paper identifies that satisfaction, trust and commitment have significant impact on student loyalty towards online shopping. **Eid. (2011)** in his paper identified the factors that influence the extent to which Saudi consumers trust are satisfied with, and are loyal towards Business to customer (B2C) e-commerce. The finding reveals that B2C e-commerce customer loyalty is strongly influenced by customer satisfaction but weakly influenced by customer trust. (**Hendrayati. H. et al. 2015**) in his paper analysed how demographics, motivation and customer satisfaction in e-commerce sites. (**Mahmood.S. 2016**) in his article investigated the attributes of several websites that plays a major role in a customer's satisfaction on E commerce. (**Lin and Wang, 2015**), integrates the quality-satisfaction-loyalty paradigm and the extrinsic cue-quality-risk-value chain to develop a theoretical model of customer loyalty based on an integrated quality-risk-value perspective. The findings indicate that both positive and negative electronic word-of-mouth significantly influence perceived e-service quality and perceived risk and, in turn, significantly affect perceived value, customer satisfaction customer loyalty via the mediation of perceived e-service quality and risk.

3. Objectives :

The present study is carried out with the following objectives :

1. To determine the factors affecting satisfaction of online shoppers.

2. To study the impact of various perceived risks on online shopping intension of customers in Guwahati City.

4. Methodology :

The study is done by using sample survey method. Sample for the present study is drawn by using purposive sampling method from different parts of Guwahati City. The sample of the present study consists of 100 online shoppers who prefer to do online shopping through various online shopping stores. The study is mainly based on the primary data collected from the respondents with the help of questionnaire. The questionnaire is designed to get information on the product quality, brand, application safety, delivery guarantee, various offers, return policy, customer satisfaction, various types of risks and customer's shopping intension etc. These information are collected through statements constructed on Likert scale in which the respondents have to choose out of the five responses. The collected primary data are analysed by using the simple regression model.

5. Results and Discussions :

5.1 Demographic Characteristics

As it can be seen in Table 1, majority of the respondents are female with (55%) while only (45%) are male. 35% of the respondents are post graduate students while 29% constitute graduate, 20% under graduate and 16% high school students. Respondents are mainly youth with the age range of (14-35) years. (36-50) years having 35% and above 50 years having 18% respectively.

Table 1: Demographic Characteristics of Respondents

Percentage (%)	Demographic Variables	
45	Male	Gender
55	female	
16	High School	Educational Qualification
20	Under Graduate	
29	Graduate	
35	Post Graduate	
47	14-35	Age
35	36-50	
18	Above 50 years	
44	Unmarried	Marital Status
46	Married	
10	Others	
100	**Total**	

Source: Field Survey

5.2 Factors Affecting Satisfaction of Online Shoppers :

Satisfaction of online shoppers simply refers to the feelings of pleasure or pain that results from purchasing a good from online stores. It refers to the degree to which a customer can

become happy through online purchases. In this section an attempt is made to examine the impact of brand of product and product quality, easy and safe application, delivery guarantee and discount on satisfaction of online shoppers.

For the factors such as brand of product and product quality, easy and safe application, delivery guarantee and discount a total of 12 statements are chosen. A scale to measure all of these factors is constructed covering the 12 statements and these statements are constructed on Likert five point scale. Scores are given according to the degree of the responses. The responses are- Strongly Disagree-1, Disagree-2, Neutral-3, Agree-4, and Strongly Agree-5. The total score of each online shopper is obtained by adding the scores of all the individual items in that scale. After that mean value of each statement is calculated. Similarly, to measure customer satisfaction 2 statements are chosen and these statements are also constructed on Likert five point scale. The responses of the 100 respondents on the statements regarding influencing factors are shown in the Table 2.

Table 2: Statements Regarding Customer's Satisfaction and Factors Influencing Customer's Satisfaction

Mean Score	Statements	Factors
4.74	1) Through online shopping I get authentic information about the brand and quality of the product.	Brand of Product and Product Quality
4.82	2) I get more diversified product with same price and quality while shopping through online.	
4.12	3) Information about the quality of the product shown in website is same with the quality of the product when I receive it.	
4.36	1) I feel secure while providing personal information to purchase goods through online.	Easy and Safe Application
4.12	2) I am satisfied as there are different modes of payment and payment is secure.	
4.00	3) I trust online shopping as it is easy to make return and exchange of goods.	
3.69	1) I am satisfied with the delivery process as it is done in a systematic way.	Delivery Guarantee
4.64	2) I am satisfied with the online shopping as the quality of packaging of product is good and I receive the product without any damage.	
4.32	3) I prefer to online shopping as I get the products on time.	
4.12	1) Discount on products are offered during festive seasons and it encourage me to buy more.	Discount
4.46	2) Various offers are available throughout the year and it encourage me to purchase from online stores again.	

4.36	3) I am satisfied with the online shopping as I get the branded and quality product at a lowest price.	
4.78	1) I am happy and prefer to do online shopping again as it is easier and faster.	Customer Satisfaction
4.34	2) I am satisfied with the online shopping as I feel more comfortable to buy products through online shopping than offline shopping.	

Source: Field survey

Further, to determine the impact of various factors on satisfaction of online shoppers, simple regression analysis is conducted. For this, the following null hypotheses are made:

H_1: Brand of product and product quality has not any significant impact on satisfaction of online customers.

H_2: Easy and safe application has not any significant impact on satisfaction of online customers.

H^3: Delivery guarantee has not any significant impact on satisfaction of online customers.

H_4: Discount on products has not any significant impact on satisfaction of online customers.

Following regression model is estimated separately for each possible influencing factor.

$Y_t = a_o + a_1 X_{1t} + U_t$ ..... t =1, 2, 3....., 100

The results achieved in the above mentioned regression model is shown in the following tables.

Table 3. Regression Result

p-value	t-value	Coefficients	Factor
0.134	2.213	2.562	Intercept
0.024**	2.431	0.243	Brand of Product and Product Quality

*** indicates 5% level of significance*

Table 4. Regression Result

p-value	t-value	Coefficients	Factor
0.159	1.324	2.641	Intercept
0.004***	3.628	0.237	Easy and Safe Application

**** indicates 1% level of significance*

Table 5. Regression Result

p-value	t-value	Coefficients	Factor
0.162	2.541	2.513	Intercept
0.033**	2.242	0.248	Delivery Guarantee

** *indicates 5% level of significance*

Table 6. Regression Result

p-value	t-value	Coefficients	Factor
0.145	2.241	2.123	Intercept
0.002***	3.153	0.314	Discount

*** *indicates 1% level of significance*

The result shows that all of the explanatory variables have positive effect on the dependent variable. It is revealed that impact of brand of product and product quality, easy and safe application, delivery guarantee and discount of products on satisfaction of customers are statistically significant at 5%, 1%, 5% and 1% level of significance respectively. So, it leads to the rejection of all null hypotheses as the brand of product and product quality, easy and safe application, delivery guarantee and discount of products have significantly affected the satisfaction of online shoppers in the study area.

5.3 Impact of Various Perceived Risks on Online Shopping Intension of Customers in Guwahati City

Despite the benefits of online shopping over offline shopping, some negative aspects are associated with online shopping. In this regard, perceived risks plays an essential role as it is related with uncertainty of a decision making process and consequences of such decisions. So, perceived risks of consumers have been considered as a fundamental concern while purchasing a product through online mode. Perceived risk can be defined as the possibilities for loss perceived by the customers while taking a particular buying decision. So, after identifying eight types of perceived risk from review of related literature, an attempt is made to study the impact of various types of perceived risks on online shopping intension of customers.

For the eight perceived risks a total of 19 statements are chosen. A scale to measure all of these factors is constructed covering the 19 statements and these statements are constructed on Likert five point scale. Scores are given according to the degree of the responses. The

responses are- Strongly Disagree-1, Disagree-2, Neutral-3, Agree-4, and Strongly Agree-5. The total score of each online shopper is obtained by adding the scores of all the individual items in that scale. After that mean value of each statement is calculated. Again, to measure intension of customers to do online shopping, 3 statements are chosen and these statements are also constructed on Likert five point scale. The responses of the 100 respondents on the statements are shown in the Table 7.

Table7: Statements Regarding Customer's Intension and Customer's Perceived Risk Factors

Mean Score	Statements	Factors
2.64	1) I feel that it is unsafe to use my credit card information as it may be misused while shopping online.	Financial Risk
3.36	2) I feel unsafe because I may not get true value for money for the product which is purchased online.	
4.00	1) The product I get may be poor quality and defective.	Product Risk
4.36	2) I do not trust online shopping as I feel that I may get something different from what I actually ordered.	
4.12	3) I feel that it is not easy to judge the quality of the product over internet.	
2.36	1) My family members, friends and relatives may not agree to my online shopping decision.	Social Risk
3.00	2) I feel worry as my online shopping decision may create negative opinion about my purchasing behaviour in my community.	
4.12	1) It is difficult to examine the product.	Convenience Risk
3.96	2) Cancellation of order is a difficult task.	
2.64	3) I may face problem in returning product when I purchase online.	
4.12	1) Searching right product through online takes a lot of time.	Time Risk
3.42	2) Placing order for a product is very time consuming.	
4.78	1) I feel that online stores provide fast delivery of product.	Delivery Risk
2.34	2) I may not get the same product as I ordered.	
2.62	3) I do not use online shopping as there may be non-availability of reliable shipper.	
2.32	1) I feel that my personal information may be misused without my knowledge.	Privacy Risk

3.14	2) I feel that third parties may abuse me by using contact number, email and other personal information.	
4.46 4.68	1) I feel safe and comfortable while shopping through online. 2) I do not get tense while shopping through online as online shopping saves fuel and energy.	Psychological Risk
4.88 4.00 4.26	1) I will continue to purchase product through online in future. 2) I will continue to shop through online for my personal needs only. 3) I will recommend good online stores to others to purchase from these online stores.	Customer's Intension

Source : Field Survey

Further, to determine the impact of various risks on shopping intension of online shoppers, simple regression analysis is conducted. For this, the following null hypotheses are made:

H_1: Financial risk has not any significant impact on online shopping intension of customers.

H_2: Product risk has not any significant impact on online shopping intension of customers.

H_3: Social risk has not any significant impact on online shopping intension of customers.

H_4: Convenience risk has not any significant impact on online shopping intension of customers.

H_5: Time risk has not any significant impact on online shopping intension of customers.

H_6: Delivery risk has not any significant impact on online shopping intension of customers.

H_7: Privacy risk has not any significant impact on online shopping intension of customers.

H_8: Psychological risk has not any significant impact on online shopping intension of customers.

Following regression model is estimated separately for each perceived risk factor.

$Y_t = a_0 + a_1 X_{1t} + U_t$ .....t =1, 2, 3....., 100

Table 8: Regression Result

Dependent Variable : Online Shopping Intension of Customers **Independent Variables : Financial Risk, Product Risk, Social Risk, Convenience Risk, Time Risk, Delivery Risk, Privacy Risk and Psychological Risk**			
Null Hypotheses	p-value	t-value	Risk Factors
Accepted	.175	1.27	Financial Risk
Rejected	.021**	-2.26	Product Risk
Accepted	.664	.442	Social Risk
Accepted	.542	.354	Convenience Risk
Accepted	.474	.232	Time Risk
Accepted	.653	.335	Delivery Risk
Accepted	.491	.283	Privacy Risk
Rejected	.036**	-2.73	Psychological Risk

*** indicates 5% level of significance*

The result shows that financial risk, social risk, convenience risk, time risk, delivery risk and privacy risk have not any effect on the dependent variable. However, it is revealed that product risk and psychological risk have a negative impact on shopping intension of online customers. It means that higher the product and psychological risk, lower will be the shopping intension of shoppers to purchase goods from online stores. It is found that impact of product and psychological risks on intension of customers towards online shopping are statistically significant at 5% level of significance respectively. So, it leads to the rejection of two null hypotheses as the product and psychological risks have significantly affected the intension of online shoppers in the study area.

6. Conclusion :

From the above discussion it is found that the brands of product and product quality, easy and safe application, delivery guarantee and discount of products have significantly affected the satisfaction of online shoppers in the study area. Moreover, from the analysis of impact of risk factors on shopping intension of online shoppers, it is found that financial risk, social risk, convenience risk, time risk, delivery risk and privacy risk have not any effect on the shopping intension of customers. However, it is revealed that product risk and psychological risk have a negative impact on shopping intension of online customers. It means that higher the product and psychological risk, lower will be the shopping intension of shoppers to buy goods from online stores. Therefore, it can be suggested that online service providers may adopt some strategies to reduce the risks associated with online shopping which is also important to make a customer happy and satisfied and it will lead to progressive development of e-commerce in the Guwahati city.

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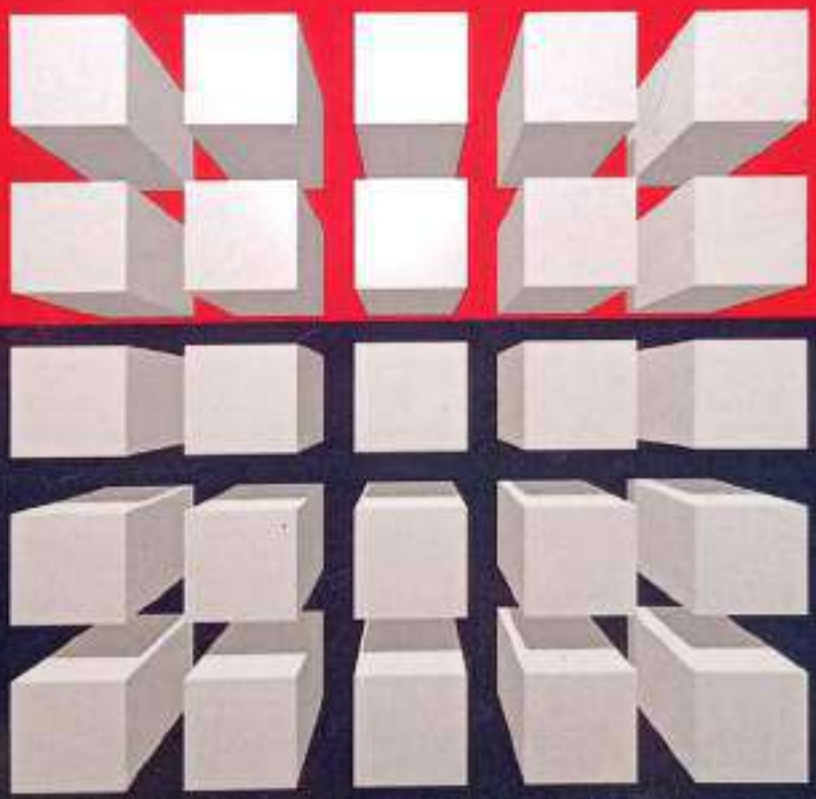
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Status of Elementary Education in Assam

Debashree Kashyap

Abstract : *Elementary education in India is of utmost significance as it is regarded as the foundation not only for the growth of a person but also for the growth of entire nation. Therefore, the endeavour of universalisation of elementary education in India is not only a national priority but also a constitutional directive under the article-45 of the Constitution of India. The Constitution (86th Amendment) Act, 2002 inserted the Article 21-A in the Constitution of India to provide free and compulsory elementary education to all the children in the age group of 6-14 years as a Fundamental Right. In 2009, the Parliament of India has passed the historic legislation of Right of Children to Free and Compulsory Education (RTE) Act. Article 21-A and RTE Act have come into effect on 1 April, 2010. All these efforts may have far-reaching implications for the elementary education in the years to come. Therefore, in this paper an attempt is made to study the progress of elementary education in Assam with the help of secondary data.*

Key Words : Elementary Education, RTE Act, Assam

INTRODUCTION

Education is the fundamental requirement for every individual. It is a principal instrument for the human enlightenment and empowerment and for the achievement of a better quality of life. It is a significant means of acquisition of knowledge, development of skills, attitudes and personality of individuals. It is also considered to be a powerful tool for reducing poverty and unemployment among the people in the society. Elementary education is the foundation for all levels of learning. So, it is the foundation on which the development of every human being and the nation as a whole depends.

The endeavour of universalisation of elementary education in India is not only a national priority but also a constitutional directive under the article-45 of the Constitution of India. Universalisation of elementary education means universal access, enrolment, retention and qualitative education up to the age of 14. In this direction several educational initiatives have taken by the central government and the state governments to get access to universal elementary education for all the children in the age group of 6-14 years in the country. Some of these initiatives includes Operation Black Board, District Primary Education Programme (DPEP) and Sarva Shiksha Abhiyan etc. The Government of India has introduced Sarva Shiksha Abhiyan during 9th Plan (1997-2002). It is a Government of India's flagship programme for the achievement of universalisation of elementary education in a time bound manner by making free and compulsory education to the children of 6-14 years age group, as mandated by 86th amendment to the Constitution of India. It is a response to the demand for quality basic education all over the country that seeks to develop infrastructure of the schools, open new schools and strengthen existing school infrastructure through

Research Scholar, Department of Economics, Gauhati University

the provision of additional class rooms, toilet facilities, drinking water facilities, maintenance grant and school improvement grants and also seeks to make the provision of scholarships, uniforms, free text books, teaching learning materials to attain universalized elementary education. Finally, the Constitution (86th Amendment) Act, 2002 inserted the Article 21-A in the Constitution of India to provide free and compulsory elementary education to all the children in the age group of 6-14 years as a Fundamental Right. In 2009, the Parliament of India has passed the historic legislation of Right of Children to Free and Compulsory Education (RTE) Act. Article 21-A and RTE Act have come into effect on 1 April, 2010. All these efforts have far-reaching implications for elementary education in the years to come.

REVIEW OF LITERATURE

Kamal (2015) had made an attempt to study the status of elementary education in India. From the analysis of different components such as school structure, universal access, number of teachers, universal enrolment, universal retention, transition rate, out-of-school children and quality of education related to elementary education, this study found that the country progressed tremendously but still it had certain areas of concern, which was responsible for unfulfillment of the goals of universal literacy and enrolment. Moreover, it was revealed that educational facilities were available to a large segment of population and areas but compared to primary, upper primary facilities were not available to all areas and population of the country. Gogoi and Bhuyan (2015) had carried out a study in which they analysed the development of infrastructure in elementary schools of Assam under Sarva Siksha Abhiyan. The results of the study revealed that there exist differences in infrastructure before and after implementation of SSA in the elementary schools of Assam. Although SSA had taken measures to provide more and more facilities to the schools, differences prevail amongst the schools. In Majority of schools facilities for separate classrooms for different classes were not available. This problem may arise due to improper management process. Anju (2017) had made an attempt to study the status of elementary education in Assam in the context of RTE Act, 2009. This study revealed that Assam was placed down on the 19th position with average literacy rate of 73.81% even with the implementation of the RTE Act. It found that the main challenge before Assam was the improper utilization and allocation of resource that resulted in the uneven distribution of teachers in the schools of Assam. With these evidences, an attempt is made here to study the status of elementary education in Assam.

OBJECTIVE

To study the status of elementary education of children in Assam.

METHODOLOGY

This study is mainly based on secondary data. The status of elementary education of children in Assam is examined on the basis of several parameters like schooling facilities, enrolment, dropouts, retention rate and examination results of students in school at the elementary level etc.

FINDINGS

Schooling Facilities:

The educational scenario of Assam has shown a significant development over the years. In recent years the state has witnessed a substantial numerical expansion in the number of primary and upper primary schools. As per available data on elementary education, the number of schools imparting elementary education has increased from 61110 in 2011-12 to 64171 in 2013-14 and then to 65141 in 2014-15 in the state (DISE, 2014-15) and then again increased to 66,286 in 2016-17 in the state. Out of the total schools, 78.21% are government schools in 2013-14. But the share of

government schools to the total schools has declined to 76.86% in 2014-15 and then again declined to 75.68% in 2016-17.

Enrolment and Dropout in Primary and Upper Primary Schools:

Enrolment at the primary and upper primary stages of education, which is considered as an indicator of access of elementary education has shown an improving trend in the state over the years. According to District Information System for Education (DISE) data, in 2013-14, overall 4013706 children are enroled in lower primary classes (I-V) which has increased to 4049643 in 2014-15 and then declined to 3765771 in 2016-17. In respect of upper primary classes (VI-VIII), overall 1792478 children are enroled in 2013-14. But the overall enrolment in upper primary classes has increased to 1803635 in 2014-15 in the state and then declined to 1778071 in 2016-17 in Assam.

Table 1: Overall Enrolment in Lower Primary and Upper Primary Classes in Assam

(in numbers)

Year	Classes I-V	Classes VI-VIII
2012-13	3915791	1788253
2013-14	4013706	1792478
2014-15	4049643	1803635
2016-17	3765771	1778071

Source: Elementary Education in India, Flash Statistics: From 2012-13 to 2016-17, DISE

The share of girls enrolment to total enrolment is an important aspect for the Universalisation of Elementary Education which indicates gender equity in school education. Out of the total enrolment in primary classes (I-V), the share of girls in the total enrolment has recorded as 49.67% in 2012-13 which slightly decreased to 49.66% in 2013-14 and then to 49.60% in 2014-15 and then to 49.50% in 2016-17. But in case of upper primary classes (VI-VIII), the share of girls in the total enrolment has shown an improving trend over the years in the state and it is recorded as 51.76% in 2014-15 as against 51.63% in 2013-14 and 51.50% in 2012-13. But again declined to 51.57% in 2016-17.

Table 2: Girls Enrolment in Primary and Upper Primary Classes in Assam

(in percentage)

Year	Classes I-V	Classes VI-VIII
2012-13	49.67	51.50
2013-14	49.66	51.63
2014-15	49.60	51.76
2016-17	49.50	51.57

Source: Elementary Education in India, Flash Statistics: From 2012-13 to 2016-17, DISE

The Gross Enrolment Ratio (GER) for primary education is defined as the total enrolment in primary education (Grades I-V), regardless of age, expressed as a percentage of the eligible official primary school age population (6+ to 10+ years) in a given school year (U-DISE 2014-15 Flash Statistics). The GER at lower primary level (I-V) in the state is estimated at 107.39% in 2016-17 compared to 113.43% in 2013-14. In respect of upper primary level (VI-VIII) the GER is lower than that of the lower primary level. But GER has shown a considerable improvement from 86.68%

in 2012-13 to 93.13% in 2013-14 and then to 96.69% in 2016-17 at the upper primary level in the state. Thus, the DISE data reveals that the GER in the state at the upper primary level has been improving over the years.

Table 3: Gross Enrolment Ratio at Primary and Upper Primary Level in Assam

(in percentage)

Year	Lower Primary Level	Upper Primary Level
2012-13	109.56	86.68
2013-14	113.43	93.13
2014-15	114.96	95.86
2016-17	107.39	96.69

Source: Elementary Education in India, Flash Statistics: From 2012-13 to 2016-17, DISE

The Net Enrolment Ratio (NER) at lower primary level has shown a decline from 95.7% in 2011-12 to 92.2% in 2013-14 and then slightly increased to 92.4% in 2014-15 (Statistical Hand Book, Assam). But in case of upper primary level the NER in the state has shown an improving trend from 70.25% in 2012-13 to 76.49% in 2013-14 and then to the level of 80.22% in 2014-15 and then to 80.32% in 2016-17 (Elementary Education in India, Flash Statistics: From 2012-13 to 2016-17, DISE). Thus, it is seen that although more and more children are entering into the education system, many are not progressing through the system as indicated by the lower Net Enrolment Ratio than Gross Enrolment Ratio.

Moreover, the dropout rate of students at the elementary level of education is an important indicator of the efficiency of the education system. The dropout rate in respect of primary and upper primary schools have reported significant decline in the state. In respect of lower primary level the dropout rate has declined from 12.8% in 2011-12 to 6.3% in 2013-14. But it has again increased to 7.4% in 2014-15 and then decreased to 5.6% in 2016-17 in the state. However, in case of upper primary level the dropout rate has significantly declined from 15.2% in 2011 -12 to 7.3% in 2013-14 and then to 7.1% in 2014-15 and again declined to 2.5% in 2016-17 in the state (Statistical Hand Book, Assam).

Retention Rate and Examination Results of Students at Elementary Level:

Enroling all children is a necessary condition to achieve the goal of universal enrolment but it is not a sufficient condition to ensure education for all. The children who are enroled should complete the full cycle of elementary education. The enrolment in Grade V (minus repeaters) in a year as a proportion to enrolment in Grade I four years back is termed as retention rate at the primary level (U-DISE, 2014-15). The retention rate in Assam at the primary level (Grade I to V) has shown a decline from 76.09% in 2013-14 to 66.14% in 2014-15 and then increased to 70.13% in 2016-17. Moreover, the retention rate of students of all castes at the elementary level (Grade I-VIII) of Assam is recorded at 62.41% in 2016-17 where the retention rate of girls (58.88%) is less than the retention rate of boys (66.08%). Moreover, the retention rate of students at the elementary level of Assam is below the national average (70.62%).

In 2014-15, as per the examination results at the end of Grade-V (in previous academic year) 98.53% of boys and 98.66% of girls have passed in the examination. But only 48.57% of boys and 48.58% of girls have passed the examination with 60% and above marks in Grade-V. Moreover, at the end of Grade-VIII (in previous academic year) 98% of boys and 98.09% of girls

have passed in the examination. But only 38.89% of boys and 39.18% of girls have passed the examination with 60% and above marks in Grade-VIII (U-DISE, 2014-15). Thus, it is seen that a lot of efforts will be needed to improve the examination results of the students in the state.

Finally, the Educational Development Index (EDI) for Primary Level, EDI for Upper Primary Level and the composite EDI of the state as given by DISE summarizes the scenario of elementary education in the state. Out of 35 states and union territories, Assam's position is towards the bottom (Table 4).

Table 4: Composite Educational Development Index and Ranking of Assam

Year	Primary Level		Upper Primary Level		Composite (Primary and Upper Primary Levels)	
	Index	Rank	Iridex	Rank	Index	Rank
2012-13	0.515	31	0.539	31	0.527	32
2013-14	0.490	32	0.557	30	0.524	30
2014-15	0.473	35	0.511	32	0.492	33

Source: Elementary Education in India, Flash Statistics: From 2012-13 to 2014-15, DISE

CONCLUSION

Although the Government of Assam through the various programmes and policy initiatives including Sarva Shiksha Abhiyan (SSA) and RTE Act have brought about a urgency in the efforts to universalize elementary education, it is appeared from the above analysis that not much has achieved yet. So, urgent and more focused measures are needed to address and tackle the important issues in the education sector of the state.

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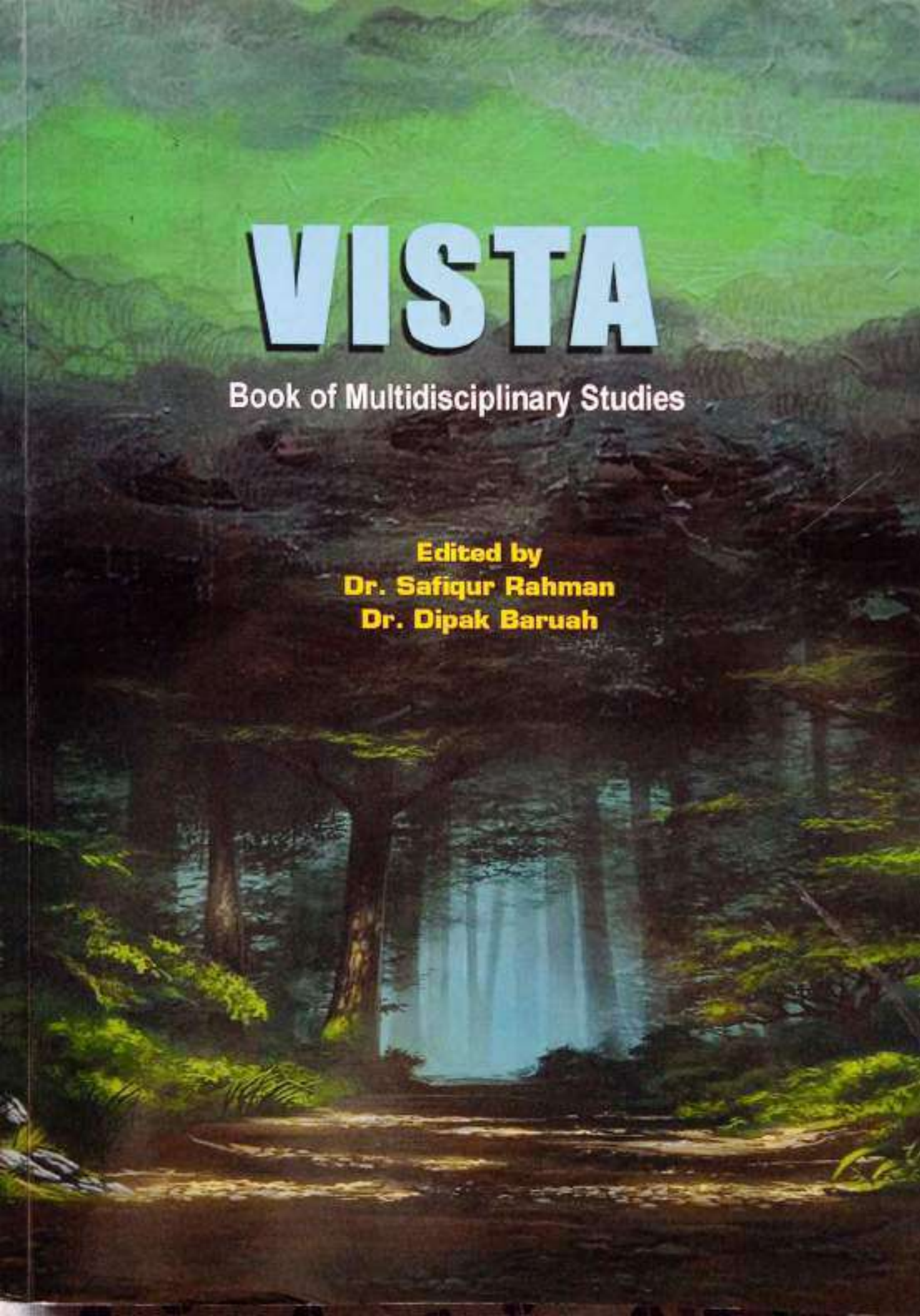
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Dr. Dipak Baruah

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An Empirical Study on E-commerce, Satisfaction and Perceived Risks of Online Shoppers in Guwahati City

Debashree Kashyap

Abstract : Online shopping, which is a gift of technology development, is getting developed as a preferred mode of shopping all over the world due to various advantages of it over the offline shopping. Assam, being a multiracial state has wholeheartedly welcomed the concept of online shopping and the use of e-commerce services by the population are emerging in the state, especially in Guwahati city. The increased use of internet and rapid growth of online shopping have changed the shopping experience of customers. In spite of this increased use of e-commerce, it is assumed that online shopping behaviour of customers may be affected by several factors as there is absence of face to face interaction between customers and online service providers. Therefore, the objectives of this paper are to determine the factors that affect the consumers' satisfaction and also to study the impact of various perceived risk on online shopping intension of consumers. The study is done with the help of primary data. It is found that consumer satisfaction with online shopping is directly related to different factors. From the analysis of impact of risk factors on shopping intension of online shoppers, it is found that financial risk, social risk, convenience risk, time risk, delivery risk and privacy risk have not any effect on the shopping intension of customers. However, product risk and psychological risk have a negative impact on shopping intension of online customers. It means that higher the product and psychological risk, lower will be the shopping intension of shoppers to buy goods from online stores.

Keywords : *E-Commerce, Consumer's Satisfaction, Perceived Risk.*

Introduction :

The Internet and web development have been the most exciting developments in the field of information and communication technology in recent years **(Eid. 2011).** In the early days, the internet was primarily used by academicians, researchers and students for academic purpose;

Research Scholar, Department of Economics, Gauhati University, Assam

but due to the impact of globalisation a movement of commercial organisation for incorporating the World Wide Web into their promotional campaigns has taken place, and started offering the facility of online shopping **(Mathur. N. 2015)**. With the use of increasing Internet access, the use of e-commerce services by the population is blooming globally and locally in Guwahati City. Online shopping, also known as electronic commerce allows people to buy anything at any time, thus making it the most flexible way of purchasing electronically **(Ariff, M. S. et al., 2014)**. While many businesses are adopting the Internet as the means through which they can conduct their marketing activities which is efficient, there are many risks associated with its use. Although e-commerce has offered a number of opportunities for its customers, some negative aspects in terms of risks are also becoming more frequently associated with online shopping **(Mamman. H. et al. 2015)**. But, unlike traditional marketing, online marketing has many advantages like global reach, availability of wide variety and cheaper products, 24X7 timing etc. Therefore, customer satisfaction is the key factor for customer retention in online shopping system. So, in this paper an attempt is made to study the factors affecting satisfaction of online customers and also to study the impact of various risks factors on shopping intension of online shoppers in the Guwahati city of Assam.

2. Review of Literature

2.1 Perceived Risk :

Risks issues were first introduced into the consumer behaviour research field by Bauer. By identifying risk perceived by consumer in the market, he tried to explain the purchasers' actions, such as: searching for information about product and place of purchase, brand loyalty or importance of leaders and groups of reference when buying particular goods and services **(Bauer, 1960; Maciejewski, 2011).** The researchers of consumer behaviour identified and described several types of the risk connected with purchasing, perceived by consumers. They may occur in any combination and on different level in case of particular item or service purchase. As per the researchers, five types of risk shall be noticed, namely: physical risk, performance risk, financial risk, social risk and psychological risk **(Bateson, 1989)**. **Ariff, M.S. et al., (2014)** examined four types of risks – product risk, financial, convenience and non-delivery risk in terms of their effect on consumer's online attitude. The findings indicated that product risk; financial and non-delivery risks are hazardous and negatively affect the attitude of online shoppers, whereas convenience risk was found to have positive affect on consumers attitude. **Mamman. H. et al (2015)** employed financial risk and information security on investigating the effect of consumers perceive risk in online shopping.

2.2 Customer Satisfaction :

One of the primary goals of e-commerce is customer satisfaction. As customer satisfaction is important for e-commerce; many researchers conducted researches to investigate the factors

influencing customer satisfaction in e-commerce (**Khalid, A.et al. 2018**). Customer satisfaction can be defined as a consumers feeling of pleasure or disappointment resulting from comparing a products perceived performance (or outcome) in relation to his/her expectation (**P. Kotler 2010**). (**Jusoh and Ling, 2012**) determined the factors how socio-demographic pattern of online buying and purchase perception affect consumers attitude towards online shopping. Maintaining customer loyalty has been recognised as one of the essential factor for business survival and growth. (**Pratminingsih. A. 2013**) in his paper identifies that satisfaction, trust and commitment have significant impact on student loyalty towards online shopping. **Eid. (2011)** in his paper identified the factors that influence the extent to which Saudi consumers trust are satisfied with, and are loyal towards Business to customer (B2C) e-commerce. The finding reveals that B2C e-commerce customer loyalty is strongly influenced by customer satisfaction but weakly influenced by customer trust. (**Hendrayati. H. et al. 2015**) in his paper analysed how demographics, motivation and customer satisfaction in e-commerce sites. (**Mahmood.S. 2016**) in his article investigated the attributes of several websites that plays a major role in a customer's satisfaction on E commerce. (**Lin and Wang, 2015**), integrates the quality-satisfaction-loyalty paradigm and the extrinsic cue-quality-risk-value chain to develop a theoretical model of customer loyalty based on an integrated quality-risk-value perspective. The findings indicate that both positive and negative electronic word-of-mouth significantly influence perceived e-service quality and perceived risk and, in turn, significantly affect perceived value, customer satisfaction customer loyalty via the mediation of perceived e-service quality and risk.

3. Objectives :

The present study is carried out with the following objectives :

1. To determine the factors affecting satisfaction of online shoppers.

2. To study the impact of various perceived risks on online shopping intension of customers in Guwahati City.

4. Methodology :

The study is done by using sample survey method. Sample for the present study is drawn by using purposive sampling method from different parts of Guwahati City. The sample of the present study consists of 100 online shoppers who prefer to do online shopping through various online shopping stores. The study is mainly based on the primary data collected from the respondents with the help of questionnaire. The questionnaire is designed to get information on the product quality, brand, application safety, delivery guarantee, various offers, return policy, customer satisfaction, various types of risks and customer's shopping intension etc. These information are collected through statements constructed on Likert scale in which the respondents have to choose out of the five responses. The collected primary data are analysed by using the simple regression model.

5. Results and Discussions :

5.1 Demographic Characteristics

As it can be seen in Table 1, majority of the respondents are female with (55%) while only (45%) are male. 35% of the respondents are post graduate students while 29% constitute graduate, 20% under graduate and 16% high school students. Respondents are mainly youth with the age range of (14-35) years. (36-50) years having 35% and above 50 years having 18% respectively.

Table 1: Demographic Characteristics of Respondents

Percentage (%)	Demographic Variables	
45	Male	Gender
55	female	
16	High School	Educational Qualification
20	Under Graduate	
29	Graduate	
35	Post Graduate	
47	14-35	Age
35	36-50	
18	Above 50 years	
44	Unmarried	Marital Status
46	Married	
10	Others	
100	**Total**	

Source: Field Survey

5.2 Factors Affecting Satisfaction of Online Shoppers :

Satisfaction of online shoppers simply refers to the feelings of pleasure or pain that results from purchasing a good from online stores. It refers to the degree to which a customer can

become happy through online purchases. In this section an attempt is made to examine the impact of brand of product and product quality, easy and safe application, delivery guarantee and discount on satisfaction of online shoppers.

For the factors such as brand of product and product quality, easy and safe application, delivery guarantee and discount a total of 12 statements are chosen. A scale to measure all of these factors is constructed covering the 12 statements and these statements are constructed on Likert five point scale. Scores are given according to the degree of the responses. The responses are- Strongly Disagree-1, Disagree-2, Neutral-3, Agree-4, and Strongly Agree-5. The total score of each online shopper is obtained by adding the scores of all the individual items in that scale. After that mean value of each statement is calculated. Similarly, to measure customer satisfaction 2 statements are chosen and these statements are also constructed on Likert five point scale. The responses of the 100 respondents on the statements regarding influencing factors are shown in the Table 2.

Table 2: Statements Regarding Customer's Satisfaction and Factors Influencing Customer's Satisfaction

Mean Score	Statements	Factors
4.74	1) Through online shopping I get authentic information about the brand and quality of the product.	Brand of Product and Product Quality
4.82	2) I get more diversified product with same price and quality while shopping through online.	
4.12	3) Information about the quality of the product shown in website is same with the quality of the product when I receive it.	
4.36	1) I feel secure while providing personal information to purchase goods through online.	Easy and Safe Application
4.12	2) I am satisfied as there are different modes of payment and payment is secure.	
4.00	3) I trust online shopping as it is easy to make return and exchange of goods.	
3.69	1) I am satisfied with the delivery process as it is done in a systematic way.	Delivery Guarantee
4.64	2) I am satisfied with the online shopping as the quality of packaging of product is good and I receive the product without any damage.	
4.32	3) I prefer to online shopping as I get the products on time.	
4.12	1) Discount on products are offered during festive seasons and it encourage me to buy more.	Discount
4.46	2) Various offers are available throughout the year and it encourage me to purchase from online stores again.	

4.36	3) I am satisfied with the online shopping as I get the branded and quality product at a lowest price.	
4.78	1) I am happy and prefer to do online shopping again as it is easier and faster.	Customer Satisfaction
4.34	2) I am satisfied with the online shopping as I feel more comfortable to buy products through online shopping than offline shopping.	

Source: Field survey

Further, to determine the impact of various factors on satisfaction of online shoppers, simple regression analysis is conducted. For this, the following null hypotheses are made:

H_1: Brand of product and product quality has not any significant impact on satisfaction of online customers.

H_2: Easy and safe application has not any significant impact on satisfaction of online customers.

H^3: Delivery guarantee has not any significant impact on satisfaction of online customers.

H_4: Discount on products has not any significant impact on satisfaction of online customers.

Following regression model is estimated separately for each possible influencing factor.

$Y_t = a_o + a_1 X_{1t} + U_t$ ..... t =1, 2, 3....., 100

The results achieved in the above mentioned regression model is shown in the following tables.

Table 3. Regression Result

p-value	t-value	Coefficients	Factor
0.134	2.213	2.562	Intercept
0.024**	2.431	0.243	Brand of Product and Product Quality

*** indicates 5% level of significance*

Table 4. Regression Result

p-value	t-value	Coefficients	Factor
0.159	1.324	2.641	Intercept
0.004***	3.628	0.237	Easy and Safe Application

**** indicates 1% level of significance*

Table 5. Regression Result

p-value	t-value	Coefficients	Factor
0.162	2.541	2.513	Intercept
0.033**	2.242	0.248	Delivery Guarantee

** *indicates 5% level of significance*

Table 6. Regression Result

p-value	t-value	Coefficients	Factor
0.145	2.241	2.123	Intercept
0.002***	3.153	0.314	Discount

*** *indicates 1% level of significance*

The result shows that all of the explanatory variables have positive effect on the dependent variable. It is revealed that impact of brand of product and product quality, easy and safe application, delivery guarantee and discount of products on satisfaction of customers are statistically significant at 5%, 1%, 5% and 1% level of significance respectively. So, it leads to the rejection of all null hypotheses as the brand of product and product quality, easy and safe application, delivery guarantee and discount of products have significantly affected the satisfaction of online shoppers in the study area.

5.3 Impact of Various Perceived Risks on Online Shopping Intension of Customers in Guwahati City

Despite the benefits of online shopping over offline shopping, some negative aspects are associated with online shopping. In this regard, perceived risks plays an essential role as it is related with uncertainty of a decision making process and consequences of such decisions. So, perceived risks of consumers have been considered as a fundamental concern while purchasing a product through online mode. Perceived risk can be defined as the possibilities for loss perceived by the customers while taking a particular buying decision. So, after identifying eight types of perceived risk from review of related literature, an attempt is made to study the impact of various types of perceived risks on online shopping intension of customers.

For the eight perceived risks a total of 19 statements are chosen. A scale to measure all of these factors is constructed covering the 19 statements and these statements are constructed on Likert five point scale. Scores are given according to the degree of the responses. The

responses are- Strongly Disagree-1, Disagree-2, Neutral-3, Agree-4, and Strongly Agree-5. The total score of each online shopper is obtained by adding the scores of all the individual items in that scale. After that mean value of each statement is calculated. Again, to measure intension of customers to do online shopping, 3 statements are chosen and these statements are also constructed on Likert five point scale. The responses of the 100 respondents on the statements are shown in the Table 7.

Table7: Statements Regarding Customer's Intension and Customer's Perceived Risk Factors

Mean Score	Statements	Factors
2.64	1) I feel that it is unsafe to use my credit card information as it may be misused while shopping online.	Financial Risk
3.36	2) I feel unsafe because I may not get true value for money for the product which is purchased online.	
4.00	1) The product I get may be poor quality and defective.	Product Risk
4.36	2) I do not trust online shopping as I feel that I may get something different from what I actually ordered.	
4.12	3) I feel that it is not easy to judge the quality of the product over internet.	
2.36	1) My family members, friends and relatives may not agree to my online shopping decision.	Social Risk
3.00	2) I feel worry as my online shopping decision may create negative opinion about my purchasing behaviour in my community.	
4.12	1) It is difficult to examine the product.	Convenience Risk
3.96	2) Cancellation of order is a difficult task.	
2.64	3) I may face problem in returning product when I purchase online.	
4.12	1) Searching right product through online takes a lot of time.	Time Risk
3.42	2) Placing order for a product is very time consuming.	
4.78	1) I feel that online stores provide fast delivery of product.	Delivery Risk
2.34	2) I may not get the same product as I ordered.	
2.62	3) I do not use online shopping as there may be non-availability of reliable shipper.	
2.32	1) I feel that my personal information may be misused without my knowledge.	Privacy Risk

3.14	2) I feel that third parties may abuse me by using contact number, email and other personal information.	
4.46 4.68	1) I feel safe and comfortable while shopping through online. 2) I do not get tense while shopping through online as online shopping saves fuel and energy.	Psychological Risk
4.88 4.00 4.26	1) I will continue to purchase product through online in future. 2) I will continue to shop through online for my personal needs only. 3) I will recommend good online stores to others to purchase from these online stores.	Customer's Intension

Source : Field Survey

Further, to determine the impact of various risks on shopping intension of online shoppers, simple regression analysis is conducted. For this, the following null hypotheses are made:

H_1: Financial risk has not any significant impact on online shopping intension of customers.

H_2: Product risk has not any significant impact on online shopping intension of customers.

H_3: Social risk has not any significant impact on online shopping intension of customers.

H_4: Convenience risk has not any significant impact on online shopping intension of customers.

H_5: Time risk has not any significant impact on online shopping intension of customers.

H_6: Delivery risk has not any significant impact on online shopping intension of customers.

H_7: Privacy risk has not any significant impact on online shopping intension of customers.

H_8: Psychological risk has not any significant impact on online shopping intension of customers.

Following regression model is estimated separately for each perceived risk factor.

$Y_t = a_0 + a_1 X_{1t} + U_t$ .....t =1, 2, 3....., 100

Table 8: Regression Result

Dependent Variable : Online Shopping Intension of Customers **Independent Variables : Financial Risk, Product Risk, Social Risk, Convenience Risk, Time Risk, Delivery Risk, Privacy Risk and Psychological Risk**			
Null Hypotheses	p-value	t-value	Risk Factors
Accepted	.175	1.27	Financial Risk
Rejected	.021**	-2.26	Product Risk
Accepted	.664	.442	Social Risk
Accepted	.542	.354	Convenience Risk
Accepted	.474	.232	Time Risk
Accepted	.653	.335	Delivery Risk
Accepted	.491	.283	Privacy Risk
Rejected	.036**	-2.73	Psychological Risk

*** indicates 5% level of significance*

The result shows that financial risk, social risk, convenience risk, time risk, delivery risk and privacy risk have not any effect on the dependent variable. However, it is revealed that product risk and psychological risk have a negative impact on shopping intension of online customers. It means that higher the product and psychological risk, lower will be the shopping intension of shoppers to purchase goods from online stores. It is found that impact of product and psychological risks on intension of customers towards online shopping are statistically significant at 5% level of significance respectively. So, it leads to the rejection of two null hypotheses as the product and psychological risks have significantly affected the intension of online shoppers in the study area.

6. Conclusion :

From the above discussion it is found that the brands of product and product quality, easy and safe application, delivery guarantee and discount of products have significantly affected the satisfaction of online shoppers in the study area. Moreover, from the analysis of impact of risk factors on shopping intension of online shoppers, it is found that financial risk, social risk, convenience risk, time risk, delivery risk and privacy risk have not any effect on the shopping intension of customers. However, it is revealed that product risk and psychological risk have a negative impact on shopping intension of online customers. It means that higher the product and psychological risk, lower will be the shopping intension of shoppers to buy goods from online stores. Therefore, it can be suggested that online service providers may adopt some strategies to reduce the risks associated with online shopping which is also important to make a customer happy and satisfied and it will lead to progressive development of e-commerce in the Guwahati city.

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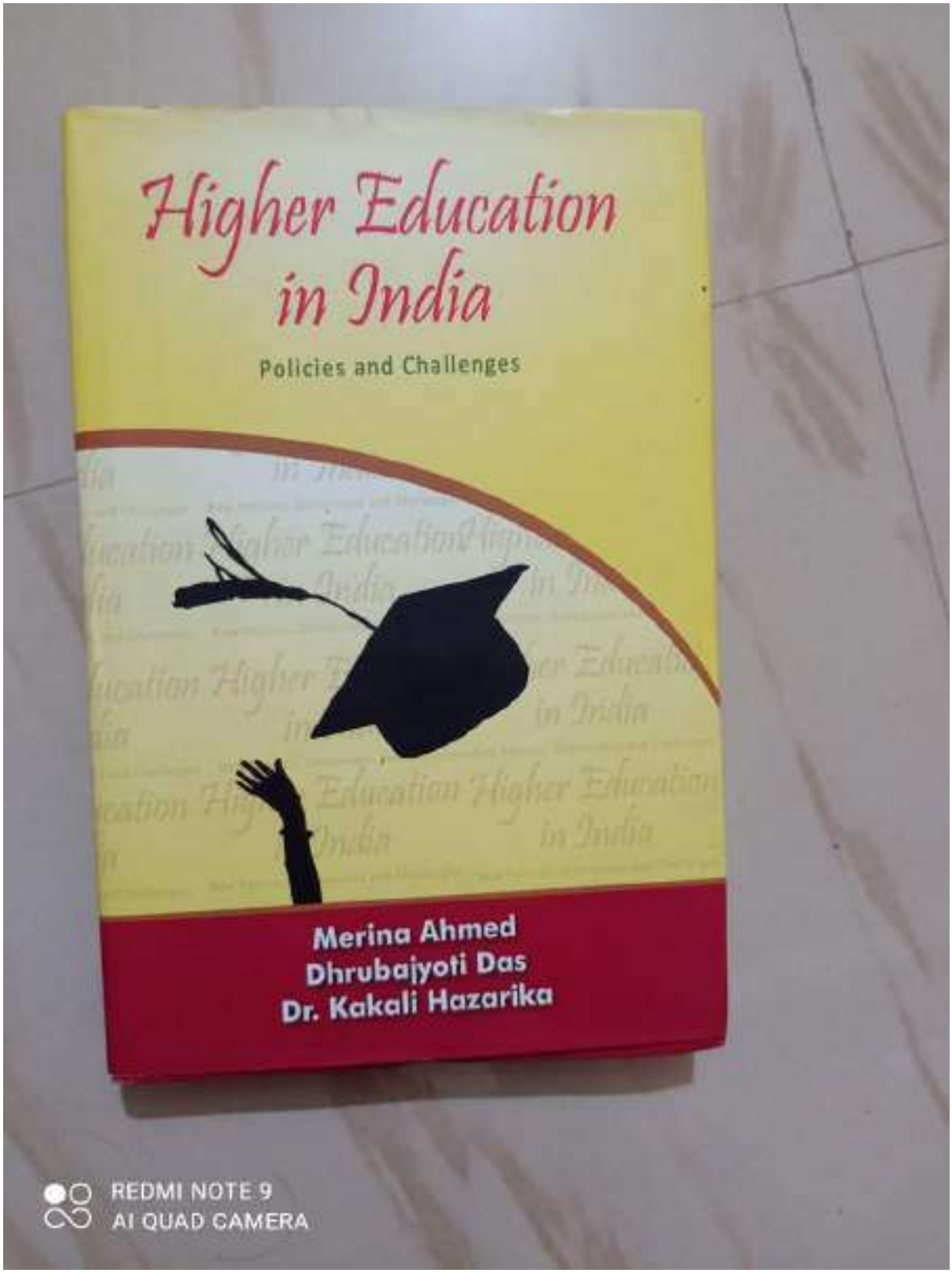


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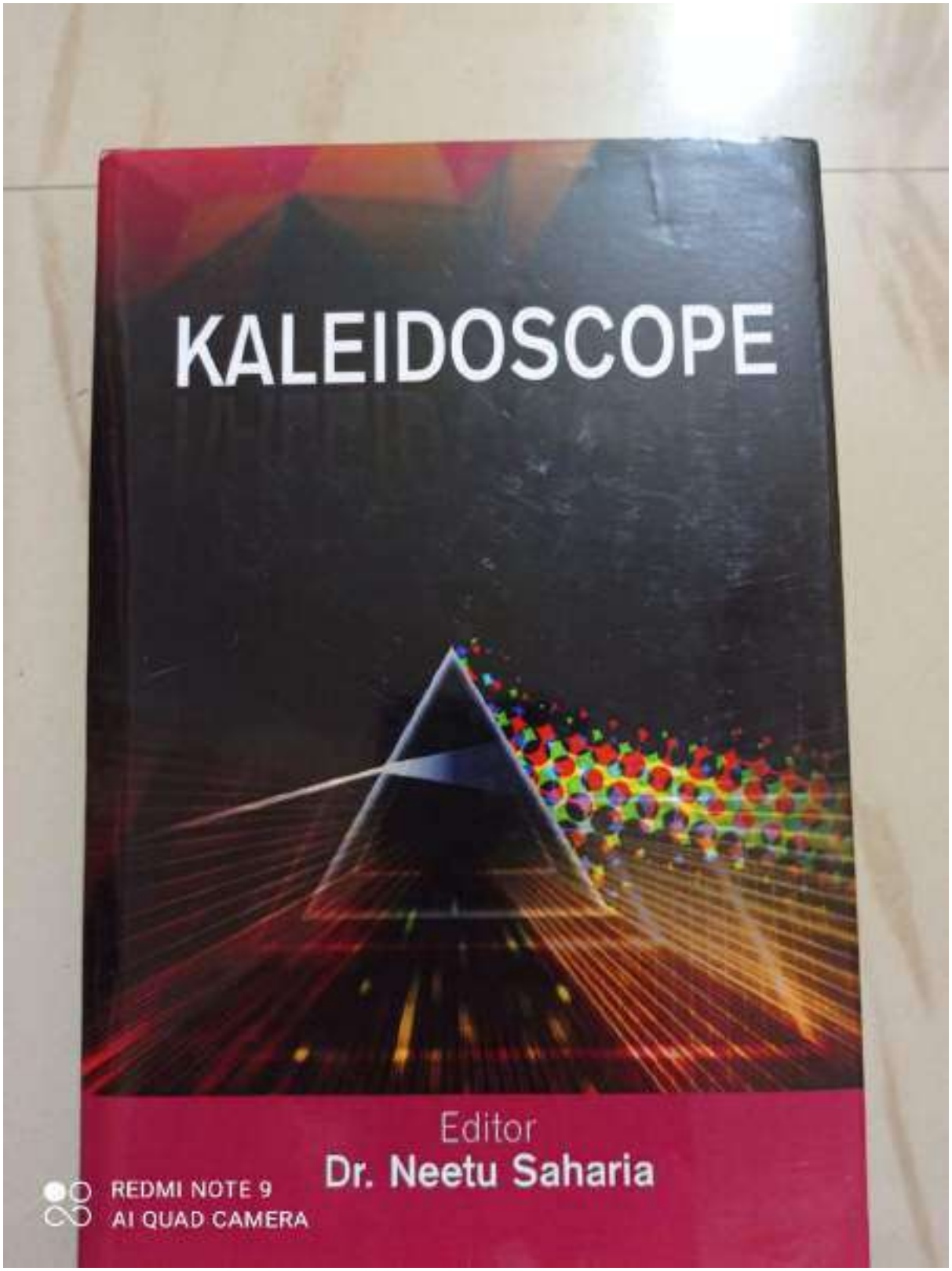
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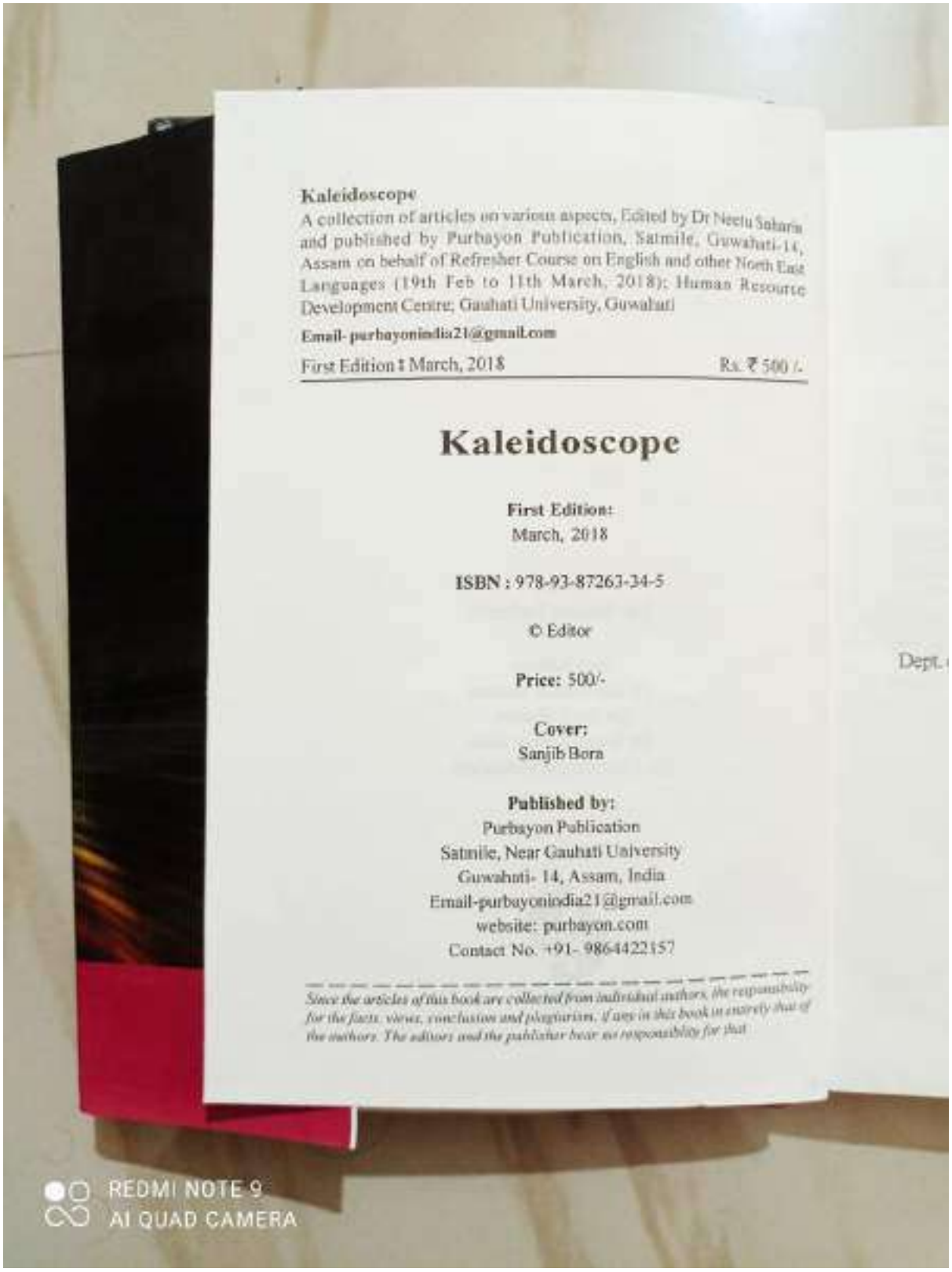
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Introduction:

Rashtriya Uchchatar ShikshaAbhiyan (RUSA) is a centrally sponsored scheme launched in 2013 under the Ministry of Human Resource Development for the purpose of strategic funding to eligible state higher educations, including private institutions which conform to the certain given conditions. In India, there is a marked difference between center and state funded higher education. When the central universities are adequately funded by the center to meet its demand, the state higher education institution has to completely depend on UGC for any monetary matter. Though the central govt. allocates some of its fund through UGC, yet it is too less an amount to fulfill the requirements of more than 300 state universities and 8500 colleges across the countries. Moreover, another serious concern of the UGC funding is that only those institutions are eligible for a grant who complies with the section of 12(B) and 2 (f) of UGC Act. According to a report published in 2012, almost 33% of the state universities and 51% of the colleges are not eligible for UGC grant, since they do not have the requirements to fulfill the criteria mentioned in the sections. Another recurrent problem that the state universities are facing the burden of affiliated colleges. Instead of conducting quality development programme and concentrating on quality research, state universities have become an institute of conducting exams of its affiliated college.In spite of all these disadvantages, state higher education institutions have to play a big role. As per a recent survey,48% students are enrolled in various government funded institutions and the rest 52 % are enrolled in various private institutes for higher education. Out of the 48% enrolled in various

Assistant Professor, Dept. of English, Dudhnoi College


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Editor
Dr. Neetu Saharia
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Lakshminath Bezboroa: A Social Reformer

Dilip Hazarika*

Abstract:

One of the important aspects of Lakshminath Bezboroa's writing is his reformative zeal. He observed the Assamese society very closely and saw many evil habits and practices developing rapidly among its people. As a true patriot who loved his motherland Assam immensely, he always believed it as the finest and most beautiful place in the world. However, this was not due to a sentimental or emotional attachment of the writer with his mother land. It expresses his strong sense of rootedness in the Assamese culture as well as his pride in the glorious past of Assam – a past which always inspires him and shaped his vision. He sees the contemporary Assam as a continuity of that glorious past. Therefore he never failed to remind his fellow Assamese of this fact if they show any sign that counters his conception of Assam. He was much concerned and worried about certain bad habits and practices like laziness, hypocrisy, artificiality, etc. that the Assamese people began to harbor in his time. He tried to remove these habits through different ways— firstly, by writing historical plays, which is an attempt to revisit his past and re-establish the link with past so that he can infuse a feeling of enthusiasm among the people of his time

*Asst. Professor, Dudhnoi College

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Utilization of Health Care in Rural Assam: A Case Study

Dipanjali Devi

IIP



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A Case Study

First Edition

Dipanjali Devi

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Dedicated to

Aranyak and Aradhya

Preface

This book is an outcome the doctoral work on health care utilization behaviour of people in Assam. The work is based on both primary and secondary data. Regarding the health status and supply of health care secondary data is available. But, in case of demand for health service, there is no secondary data for rural Assam. So, this study will fill up the gap in that regard to some extent.

The first chapter is an introductory one. In this chapter, background of the study, statement of the problem, objectives, research questions, and methodology are discussed. In the first chapter, literature review is also done. It starts with the health scenario of India on the basis of empirical as well as theoretical literature and how it is dependent on access to health care. There are both empirical as well as theoretical literatures in determining the factors which are responsible in regard of people's health care utilisation behaviour which have been reviewed.

Second chapter discussed about various health policies introduced in our country as well as our state to improve the health scenario and their impact on rural Assam in the comparison to all India, major Indian states. There has a global comparison also. It also tries to find out the cause of the present health scenario in rural Assam as well as rural Goalpara.

Chapter three is an attempt to give a clear picture about the access to health care in rural Assam as well as rural Goalpara in comparison to all India level and inter-state level of India and inter-district level of Assam. This chapter tries to assess the health care facilities and their critical inputs as per the norms. This chapter is mainly on availability and accessibility component of access to health care.

Fourth, fifth and sixth chapters are based on field survey carried out in this work. Chapter fourth discusses about the need for the field study, methodology used for analysis and socio-economic profile of the households in the study area. In the rest part of the chapter, analysis has been done to find out an answer to the second research question in terms of simple percentage. For deeper insight, in the fifth chapter, econometric analysis about the utilization of health care has been done. Here, the influence of economic and non-economic factors on health care utilization is sought to be assessed using logistic multinomial logit regression models.

In Chapter six, real burden arises from the expenditure occurred due to health care utilization also in terms of ratio of health care expenditure and Monthly Per Capita Consumption Expenditure (MPCE) have been discussed.

Chapter seven, the concluding chapter, summarizes the findings of the study and presents the conclusions drawn from them. Based on these findings and conclusions drawn few policy suggestions are also presented in the final chapter.

-Dipanjali Devi

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While doing this work I am highly indebted to Prof. Gayatri Goswami, Hod of economics department, Gauhaty University, Guwahati. Without her help and encouragement, it would not have been possible to complete this research work. I am grateful to Prof. Madhurjya Prasad Bezbaruah and Prof. Nisar Ahmed Barua of department of economics, Gauhati University for their advice and guidance since the beginning of the work.

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-Dipanjali Devi

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Chapter 1

Introduction

1.1 Background

In the present-day economy, investment in health and education is of greater importance from the point of view of human capital approach of New Growth Theory. This theory gave importance to human capital to explain the way towards long run growth with increasing returns to scale. Although, in the initial period emphasis was given on education as the source of human capital formation, in the ground breaking analysis of Mankiw et al., (1992), health and nutrition have also been given equal importance. Health is both means and end of development. Healthy and educated population can contribute to the productivity, economic growth and development. On the other hand, decreased health status reduces labour productivity resulting in poverty which further leads to more health care needs (Patrick et al., 1988). Mahbub ul Haq, the distinguished economist, who has introduced the *United Nations Development Programme (UNDP)*'s *Human Development index,* gives much importance on health as a goal of development. Any development should put people at centre of its concern. Purpose of development is to develop all human choices not just income (Haq, 2004).

India, over the last two decades, has enjoyed accelerated economic growth, but has performed poorly in human development indicators and health outcomes (Baru et al., 2017). Various health status indicators, specially, regarding child health and reproductive health, remain unacceptably low compared with countries in the South and East Asian region that have similar income levels and rates of economic growth. Infant mortality rate (IMR) in India in 2021 is 28.771 per thousand, while in Bangladesh, it is 23.672, Bhutan it is 21.371and in Sri Lanka it is 6.89 per thousand. Similarly, maternal mortality rate is 145 per lakh population on 2016[1].

Equity and quality considerations are vastly neglected in India. The health gap between rich and poor, urban and rural, male and female,

[1] https://www.macrotrends.net/countries/IND/india/maternal-mortality-rate).

different social strata more educated and less educated are quite large. As per NFHS-4, use of a skilled provider for Ante Natal Checkup (ANC) services is higher in urban areas than rural areas (89% and 75%, respectively). Use of a skilled provider for ANC services increases with rising education. Sixty-one percent of women with no schooling obtained ANC services from a skilled provider, compared with 93 % of women with 12 or more years of schooling. Women in the highest wealth quintile are much more likely to receive ANC from a skilled provider (94%) than those in the lowest quintile (57%). Women in the younger ages (below 20 years) are more likely to receive ANC from a skilled provider than women in the older age group 35-49 years (81% versus 62%). Similarly, women with a first birth are more likely to receive ANC from a skilled provider than women with a birth of order 6 and above (87% versus 49%). Urban women are more likely to have had four or more ANC visits than rural women (66% and 45%, respectively). Regarding institutional delivery also there is huge gap between rural and urban areas (79% and 85% respectively). In case of states like Assam, Himachal Pradesh, Nagaland, Meghalaya, Arunachal Pradesh, Jharkhand, Bihar, Uttar Pradesh, Uttarakhand, Manipur, Chhattisgarh, West Bengal, percentage of institutional delivery was much lower than all India average. Seventy-three percent of urban women received a postnatal check within two days, compared with 62 percent of rural women (NFHS-4).

National Health Policy 2017 has given much stress on a positive and proactive engagement with the private sector as it envisages private sector collaboration for strategic purchasing, capacity building, awareness generation, skill development programs, developing sustainable networks for the community to strengthen mental health services, and disaster management.However, in rural India only 20% of pregnant women go to private sector for institutional delivery according to NFHS-4.

Ministry of Health and Family Welfare of India, in its Annual Report to the People on Health (2010) has acknowledged about the persistent inequality in regard of health between rural and urban areas, between genders and among different social groups in India. A study points to the importance of economic factors, social status, and tradition in the construction of women health (Sagar 2001).Again, acute respiratory infection (ARI), fever, diarrhea is common health problem among children in rural areas. So, even after more than*forty years of Alma Ata declaration*

on health care, our health system is grossly short of defined objective of '*health for all by 2000'*.

Rural-urban divide in health care infrastructure and manpower (both public and private) is also substantial. According to Varatharanjan et al (2004), more than 94 percent of the doctors and 68.5 percent of hospitals are located in urban areas where only 27.8 percent people live here. An urban doctor serves 2000 people, whereas, a rural doctor serves 20000 people. Similarly, an urban bed serves 455 people, whereas, rural bed serves 10000 people. In 1991, "of all hospitals and beds in the country only 32 per cent and 20 per cent respectively were in rural areas" (Kumar, 2003: 3041). This gap in infrastructure and manpower, especially at the primary health care level, has negative impact on the rural health.

The paradigm shifts in the health care system from the universal access to a more market-oriented system during 1990's through *structural adjustment programme* led to this decreased access to health care and thereby decreased health status of the people of India (Baru, 2001). The Indian health care system became an inverse pyramid with very little primary care as foundation and ever-ballooning secondary and tertiary sector medical sector through a doctor centric and urban model which largely privatized, unregulated and western oriented. On the other hand, by the late 1960's, China was busy in making its very own widely based pyramidal health care system- from '*bare foot doctors*' to provincial hospitals which is the cause of the success story of the Chinese health system till today (Morley et al, 1983; Beaglahole and Bonita, 1997).

In India, out of pocket expenditure on health care is the second important cause of rural indebtedness after dowry (Benarji, 2001).Studies conducted by the National Council of Applied Economics Research, National Institute of Public Finance and Policy and National Samples Survey Organization (60^{th} round) reveal that about 23% persons do not access health care in India only because of their inability to afford it and about 40% slide below the poverty line after single hospitalization. The *1993 World Development Report (WDR)* of the World Bank has referred health as a basic human right and can contribute towards alleviating poverty and argued for the necessity of providing cost effective health services to the poor. The National Rural Health Mission (NRHM) of India, the largest public health care programme of world, is the outcome of such realization. It seeks to provide universal access to health care, which is

affordable, equitable, and of good quality particularly for the rural people. Based on the poor health indicators, 18 states[1] including Assam were selected from the country with special focus to improve the health outcomes especially in rural areas through improved access to a decentralized public health system under the National Rural Health Mission (NRHM) programme in 2005. Huge amount of investment has been done under this programme in the form of improved infrastructure for health delivery, established institutional standards and trained health care staff to improve the health status of the people. From a patient's out of pocket expenditure perspective, the net outflow is much lower in the public hospital than private ones.

But, health status of the people does not simply depend upon supply of health care; rather it depends on utilization of health care to a greater extent. *60th round of the National Sample Survey (NSS)* has identified poor health outcome in India is the result of lower utilization of health care services. The study has identified the factors which prevent utilization of health care facilities in rural areas are non-availability of health care facilities (12% of the respondents), financial constraints (by 28% of the household), considering the ailments to be not serious (by 32%of the household), long waiting time, lack of faith etc. Again, number of reported morbidity and utilization of health care is lowest among STs, followed by SCs and other backward classes and highest among the people of general category both in rural as well as urban areas.

The expenditure on healthcare by governments (union and states) has increased by more than four times in nominal terms, but the share of patient load for hospitalized care in government facilities has remained practically static in rural areas (41.7% to 41.9%) and steadily declining in the urban areas (38.2% to 32%) between the 60th and the 71st round surveys(Jain et al 2015). If access to health center is difficult, the opportunity cost in the form of transportation and man days lost can also become critical. It affects all economic classes in rural areas. Another important point is that in poorer quintiles of wealth groups financial condition dominates the decision of health care utilization where as in higher wealth quintile, perceived health condition is the major reason for not seeking health care. Besides, the survey has proved that in rural areas demand for health care increases significantly with the educational level of the household. The survey also shows that demand for health care has a non-linear relation with demographic factors principally age groups. New

born babies and children need and receive greater health care; but during productive years of life, perception of the gravity of illness and resultant demand for health care is low. The average medical expenditure for non-hospitalized treatment per ailing for a female, immunization of girl child etc. have shown much discrepancy. A large proportion of ailments, according to all the four NSS survey (i.e., in 42nd, 52nd, 60th and 71th round) were treated from private sources which lead to a high economic burden on the households.

However, from the perspective of the health system, it needs to be noted that this does not automatically translate into lower cost of service delivery in the public sector, compared to the private sector. While the cost to a household in a public hospital does not represent the full cost of service, the outgo at the private hospital represents the true opportunity cost of availing the medical service. This is so because of the subsidy element built into the public healthcare delivery —such as salaries of doctors and paramedical staff, cost of land, building and equipment, etc (**Jain et al. 2015).**

1.2 Statement of the Problem

In Assam, 31.98 percent of the population lives in rural areas (RBI, 2013) whereas in case of Goalpara district also 85.66 percent of its total population lives (2011 census). The Net State Domestic Product (NSDP nominal) is Rs.82, 837 in 2018-19. Health scenario of Assam is not at all satisfactory. In 2018, the IMR of Assam is 41 per thousand whereas national figure is 34 per thousand[2]. In 2005, there were 22 hospitals, 246 dispensaries, 610 primary health centers (PHC) and 6109 sub-centers in the state. Besides, there are 223 nursing homes. The Economic Survey of Assam (2006) estimated the bad strength as 7083 that is 25 per lakh population. According to NFHS-3 (Assam), 69.1% of household utilize public health facilities and 30.7% household uses private health care in rural Assam. Of them, only in 1.2%households, at least one member is entitled with health insurance or other such type of coverage.

Goalpara district has a population of 10, 08,183 out of them 8, and 70,121 in rural Goalpara (Census 2011). Among them, 32,886 are SCs and 2, 19,871 are the STs (Census 2011). In the district, there are 192 sub

[2]niti.gov.in/content/infant-mortality-rate-imr. accessed 28.01.2021

centers, 17 PHCs and 1 CHCs as in 2005 (MoHFW, Govt. of India). Again, there are five nursing homes and one civil hospital in urban area. In 2006-07, total number of doctors (allopathic) in rural Goalpara is 49 as against 30 nurses and 203 ANMs. IMR, in the district is 58 against 64 in state level. Sex ratio of the district is 946 against 959 in case of Assam (Annual Health Survey, 2010). But, in regard of district wise performance in regard of health care utilization in the form of safe and institutional delivery, immunization etc. the district is much below than state and national averages (Dutta and Bawari, 2007). Therefore, proposed study will examine whether the access to health care facilities is sufficient to fulfill the needs of the people of rural Goalpara and how it along with differential in income, educational attainment, perception regarding health status, age, caste, gender influence the health care utilization behavior of those people.

1.3 Review of Literature

The basis of any empirical analysis has been built on the basis of comprehensive review of existing relevant literature in the area of research as follows.

1.3.1 Utilization: The Interaction between Demand for and Supply of Health Care

Utilization of health care happens in terms of the interaction between demand and supply of health care; however, they do not necessarily happen on equal terms (Feldstein, 1965; Lee and Mills, 1983 and Mooney, 1986). Giving importance to demand side of health care, Mooney (1986) said that having equal access to health care meaning two individuals face the same costs of using the health care facility (e.g., as a proxy it might be that they live in the same distance from the facility) may not use it equally as their demand for health care may be different. So, there may be some mismatch between demand for and supply of health care which results in poor health outcome.

While discussing about the differentiating characteristics of demand for health care, Arrow (1963) explains that the most distinguishing characteristics of an individual's *demand for medical services are that it is not steady in origin as, for example food or clothing, but irregular and unpredictable.* Medical services, apart from preventive services, afford

satisfaction only in the event of illness, a departure from the normal state of affairs. In this regard, Mooney et al (1988), McPake et al (2002) say that demand for health care is a derived demand from the demand for health. Though consumption of health care is often unpleasant, people demand it for the sake of good health. Again, it is income elastic as well as is induced by supply of it. According to Grossman (1972), there are two types of demand for health: *consumption demand* and *investment demand.* Health may be viewed either as a fundamental commodity giving direct utility, in the consumption model, or as with *inter alia*, time to produce money earnings. This gives more emphasis on investment demand for health. So, by increasing one's health stock, the individual lowers the amount of time lost through ill health, which can be devoted for the production of market and non-market activities. This investment demand results demand for health care which is a *derived demand*. Demand for health care will increase as long as the price elasticity of the demand for health capital is less than one. Higher the wages, higher will be the demand for health as well as health care, subject to the available time constraint for health care. Again, the educational attainment improves the health status of the people and thereby reduces the demand for health care. While explaining the role of individuals perceived health status on demand for health care, Lee (1983) opines that individual should first realize whether his actual health status is or likely to be, less than his desired health status-presently or in future. This felt need will help him to take the decision if he seeks health care or not and if yes, what will be the mode of organization. Methods of payment used, cost incurred, distance and travel time, means of transport, administrative barriers between health workers and patients, confidence in or fear of, sophisticated technology and know-how and attitude of illness, roots in the culture of the community are the factors which convert the felt needs into demand for health care. Discussing income as an important determinant of demand for health care, Srinivasan and Mohanty (2008) have proved the impact of household economic conditions on the healthcare utilization behavior in regard of Reproductive Child Health programme during NFHS-1 to NFHS-3. This is true even after controlling for the availability of health services in different areas by the way of logit analysis. Here, author has introduced a new proxy of household economic condition in terms of Household Deprivation Score (HDS). The study suggests that increasing the funding for public health services cannot by itself improve the utilization of such services or improve health outcomes beyond a limit. There is a need to initiate developmental programmes aimed at more rapid reduction of

deprivation in basic amenities at the household level that are closely linked with health care utilization. Cutler (1994), in his paper, describes the relation between demand for health care and high costs, inefficient production and lack of security. Poor people, when they need health care, are not able to go to private health care on one hand. On the other hand, they are often reluctant to go to the public sector as this sector is inefficient in quality. Gertler et al (1988), Mwabu(1993) have analyzed the effects of various determinants of health care demand, such as user fee, income, quality of health care and distance to the health care provider, opportunity cost of time etc on the demand for public health care based on the data from World Bank's Living Standard Measurement Surveys. Gertler et al (1988), develops a discrete choice model that allows for the quantification of the effects of price and non-price variables on a person's decision of whether or not to obtain medical care, and if so, from which provider. The empirical work is based on recent data from a Peruvian health survey Mwabu(1993). Recently, Ellis and Mwabu (2004),Gupta and Dasgupta (2002) etc. have added to those literature where demographic factors like age, sex were also considered. Those studies examined the welfare aspect of user charge imposed public health care system in developing countries particularly among the poor.

If individuals have different access (supply) with same demands or same access (supply) with different demand, they will have different utilization. Reyes-Gabby et al (2005) classify access to health care in to two parts potential access (probability that services will be obtained) and realized. Among the factors to be highly associated with utilization of health care are a usual person or place to go to when sick or needing health advice and higher level of education. Berman et al (1989) have used two sets of logit regression models to predict the health care utilization behavior for curative care in rural Indonesia as a function of income, relative distance, age, perceived severity of illness etc. In the first model, due difficulty in quantifying the distance data, three dummy variables are used for the four sample villages having different combinations of distance and access characteristics with respect to three different categories of providers, namely, community level of treatment, private provider and public provider. Results show that income effect for both public and private sector are statistically significant; but the case is not same for community health services. Severity has a negative impact on the utilization of community health services whereas it is positive in case of public and private health services. The second model shows how the

relative distance between health center and sub center (i.e., HC/ SC in kilometers), income level, age structure, severity of health problem etc. determines people's preference between health center and sub center. Estimate shows that the relative distance affects only lower income groups but not the higher income groups. Another interesting outcome of the study is that perceived severity decides whether people will choose public or private health care but insignificant results on the probability of use health center or sub center. Jones et al (2007) discuss about various economic models which can be used in analyzing about the health care utilization as a dependent variable in terms of a count variable (non-negative integer valued count $y = 0,1, 2...$) such as the number of visits to a physician, number of hospitals stays or number of drug prescriptions. The explanatory variables are age in years, a dummy variable for sex (male), and the logarithm of household income where, household income is deflated by consumer price indices and a dummy variable that equals one if the self-assessed health status is bad or very bad. The various models used here are Poisson model, Negative Binomial model, Zero Inflated models etc. which shows health care utilization positively relates with age, income and poor health status and a negative effect on being male. Each model has own strengths and weaknesses. Mazumdar and Upadhyay (2004) has used *the model of Feldstein* to show the impact of availability and accessibility of health care, family characteristics, social structure, quality of care, education on health care utilization by fitting the same log linear model as used by Feldstein. A high R square value indicates that nearly all variations in utilization of services have been explained by the independent variables. Here, the impact of educational attainment is negative whereas the remaining has a positive influence. By giving immense importance to social stratification, Roy et al (2004) has assessed the inequalities in regard of utilization of health care with a special focus on caste and tribe to see whether these inequalities are attributed to social stratification or different economic as well as educational conditions of the people. This is attempted by employing a logistic regression model. The independent variables are caste, age, education and economic status, place of residence. Mishra et al (1993) have also done a same type of study with reference to a tribal block of Madhya Pradesh. The study shows a positive and nonlinear relation between income groups and percentage of treated cases which is statistically significant and also there is a positive relation between physical access of health care and its utilization. While discussing about the gender differential at household level as a crucial factor in determining the utilization of health care of a woman in rural areas,

Mathur (2008) and Kundu (2010) shows how a rural poor woman is lagging behind in regard of health care utilization as she is vulnerable from three not mutually exclusive angles that is from inequality in physical, economic as well as social accessibility. So, gender disparity along with rural-urban disparity has an adverse impact on health care utilization by a rural woman. Again, gender along with age, caste, education, exposure to media and work participation are closely associated with health care utilization to great extent, according to Mathur (2008).

1.3.2 Utilisation of health care and the economics of the Household

Healthcare utilization, in the absence of any insurance coverage creates burden on the household's economic conditions. Dror (2006) has highlighted that most Indian have to pay the vast majority of their healthcare costs out-of-pocket. This burden is particularly high for those who suffer from both poverty and illness. Without any insurance coverage, those people suffer severely. Krishnan (1999) classifies the burden of health care in two groups: the direct burden in the form of the direct cost of treatment and indirect burden is the amount of income to be foregone due inability to attend the work. This burden is higher among lower socio-economic groups. Based on NSSO 52nd round data, Dilip (2005) argues that although borrowing and selling of assets is widely prevalent in all economic classes, the amount borrowed is higher among lower socio-economic groups Not only in case of private sector health care services, 40 per cent of those seeking in- patient treatment in the public sector services in rural areas also fall in debt-trap due to out-of-pocket expenditure which further leads to high level of morbidity as well as low rate of health care utilization. While making a comparative analysis about the impact of health care utilization in both rural and urban India, Berman et al (2010) explains the impoverishing effect of health care expenditure as highest among the middle-income quintile in rural areas rather than the lowest quintile in India. In rural areas, the higher income quintile is affected more through the impoverishing effects than in urban areas. Again, for all expenditure groups, outpatient care accounts for a significantly larger share of the impoverishing effect both rural and urban areas, because, it involves smaller, but more frequent payments. These outcomes raise the importance of health insurance in India, which till now is not well-targeted and well-designed. Again, inter-state variation of impoverishing effect shows that those states having low level of consumption expenditure with higher education and propensity to use health care experience have more

impoverishment effect. To show the difference in regard of burden of health care both in urban and rural India, Baru et al (2010) has used a formula, where he computes the burden of health expenditure for the consumption size class i, as $b_i=x_i/c_i$, where, x_i is the average health related expenditure during the period of reference (15days for non-hospitalization and 365 days for hospitalized cases) per indisposed person. c_i is the average over all consumption expenditure per household during the corresponding period. Based on the analysis, Baru et al find that the burden of direct health expenditure across consumption classes shows a clear gradient. While the poorer sections carry a greater burden of it, others are also not free. Total health related expenditure as a percentage of household consumption expenditure for outpatient care in rural areas is highest, at around 30% for the poorest consumption size class, whereas, in case of inpatient treatment, it is 28% in India.

1.3. 3 Institutional Support

Government or institutional support is essential for overcoming the burden of out-of-pocket expenditure in health care. In this regard, Arrow (1963) argues that the market for health care is characterized by information asymmetries on part of providers and customers and both positive and negative externalities. For example, in case of communicable diseases, an individual who fails to be immunized not only risks his own health but also does others' lives. Risk and uncertainty related to health market also led to market failure in health care. Hence, loss of welfare below that is obtainable from existing resources and technology; failure to reach the Pareto optimality. So, Arrow, here, proposes the view that government and other non-market institutions should act as the agency which substitute for the market failure. According to Tobin (1970), the concept of '*specific egalitarianism'* meaning certain specific goods – such as health and the other basic necessities of life should be distributed less unequally than people's ability to pay for them. In other words, it should be distributed less unequally than the market would distribute them given an unequal distribution of income. In this regard, WHO has also focused the importance of the role to be played by government and nonprofit organizations? WHO (1988) explains the Alma -Ata declaration as the quest for equity in health expressed in term of its goal of Health for All (HFA) by the year 2000. According to the report, primary health care is the key to achieving HFA and should have universal coverage of the population, with care to be provided according to the need. No one should

be left out, no matter how poor or remote. If all cannot be served, those most in need should have priority. Here is the 'all' in health for all. For this, there is need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people. According to Sen and Dreze (1995) illness is one of the most widespread causes of human deprivation and economic insecurity in India. It affects not only the actual patient and those depends on them for their subsistence, but also other members of the society, in so far as the threat of diseases arising from wide spread morbidity reduces the quality of life. Further, private provision in the domain of health care is not satisfactory. So, a well-developed system of public health is an essential contribution for the fulfillment of social security objectives. If we consider both private as well as public health spending, it is evident that India has been spending a very large proportion of its GDP on health care; outcomes are not satisfactory. This mismatch between resources and achievements are due to poor functioning of the public health system especially in rural areas. So, efficient public health care system is the way for relieving people from social insecurity and deprivation. Rivera and Currais (2005) identify the importance of investing in health not only as a social and moral obligation rather as an effective means of stimulating economic growth in a country. While explaining the importance of public health care, they opine that a large proportion of the people who are unwell and seek health care are to be provided by public sector. Generally, the percentage of population dependent on Apublic health care increase as income diminishes, that is, poorer households rely more on public services.

1.4 Objectives

1. To study the impact of economic condition of the household to which the patient belongs in his/her utilization of health care in case of in-patient and out-patient health care (such as formal and informal kind of health care, rural primary or urban secondary health care facilities in case of formal health care) in rural Goalpara.

2. To examine whether distance to health care facility, road condition has an impact on people's choice between formal and informal kind of health care and between rural primary or urban secondary health care facilities in case of formal kind of health care for both in-patient and out-patient treatment.

3. To assess the impact of educational attainment, age and self-assessed health status on the health utilization behavior of the people of rural Goalpara for both in-patient and out-patient treatment.

4. To study about health care utilization behavior between gender groups and among different social groups of rural Goalpara for both in-patient and out-patient treatment.

5. To examine the economic consequences of the out-of-pocket expenditure for both in-patient and out-patient health care utilization on the households of rural Goalpara.

1.5 Research Question

1. Whether the existing health care facilities in rural Goalpara are adequate to support the health care needs of the people?

2. Whether the factors other than access have any influence on utilization of health care in rural Goalpara?

1.6 Methodology

The main terms used in this thesis and the methodology used for the purpose of the analysis are explained below

1.6.1 Definitions

For the purpose of this study, the terms ‘health’, ‘health care’, ‘access to health care’, ‘, ‘utilization of health care’ need to be defined

1.6.1. a. Health

According to World Health Organization, “health means a complete state of physical, mental and social wellbeing and not just merely the absence of disease or illness.” According to **Acheson et al (1966),** this definition considers nearly all of us to be sick. So, there is a need of a more precise definition of health. In economics, health has been considered as durable goods which provide services. The flow of services provided from health capital is consumed continuously over life time **(Grossman, 1972, 1973).** Each person is assumed to be endowed with a

given stock of health at the beginning of a period such as a year. This stock of health depreciates with age and may be augmented by investment in medical services. According to **Schutlz (2005)**, there may be four different types of health indicators as (1) self-reported health status; (2) morbidity rates; (3) physical functional limitations; and (4) nutritional and physical growth outcomes. But, all the four types of indicators have certain limitations as they lead to some subjective results based on socio economic condition, age group, regional disparities etc. Still, various studies conducted in India by National sample Survey Organization (NSSO), National Family Health Survey (NFHS) etc have assumed self-reported health status as a measuring rode of people's health. So, this study also considers self-reported health status as a parameter of measuring people's health

1.6.1. b. Health Care

Health care is about cure, care and prevention. Health care refers to those resources' society uses in an attempt to cure them or to care for people in ill health **(Dolan et al 2002).** In addition to curing and caring for people who have already become ill, health care includes some activities that seek to prevent people becoming ill in the first place.

Hence, cure is concerned with improvement in health that patient. When a person's life is in danger, or when they suffer from illness from illness, a 'cure' might (1) fully restore that patient's health (for example, rescue operations); (2) improve their health though not completely (for example, cataract operations); (3) limit the extent to which health deteriorates (for example, pain relief for the terminally ill). On the other hand, prevention includes those resources whose main purpose is to reduce the probability of illness or premature death. So, it is the subset of all the resources that impact upon health. Health care may be of three types: primary, secondary and tertiary. However, this study has basically dealt with primary health care.

1.6.3. c. Primary Health Care

Primary health care is distinguished from short term consultative care (secondary care) and long-term disease management (tertiary care) by several characteristics. Primary care deals with more common and less well-defined problems. Patients have direct access to an appropriate care,

which continues over time for a variety a problem and includes needs for preventive services (**Starfield, 1998).** Compared with other sectors, primary care is less intensive of both labour and capital and is less hierarchical in organization. They generally located relatively closer to the milieu of the patient. According to **World Health Organization (1978),** *"it is the first level of contact of individuals, the family and the community with national health system, bringing health care as close as possible to where people live and work and constitute first element of a continuing health process."* It addresses the most common problems in the community by providing preventive, curative and rehabilitative services to maximize health and wellbeing. But our study has dealt with preventive and curative care only. In our country, especially in case of rural areas primary health care is provided by the sub center (SCs), primary health centers (PHCs) and community health center (CHCs). So, our study has confine to the preventive and curative care provided by SCs, PHCs and CHCs.

1.6.1.d Access to Health Care

Access to health care comprises of five components*: availability, affordability, accessibility, acceptability and accommodation* **(Butsch, 2007).** Availability means total number of physical and human capital per unit of populations. Affordability means purchasing power whereas accessibility means spatial availability of health infrastructure, acceptability means attitude towards the existing health care services and accommodation means various kinds of health care organizations that are available. This study has given special focus in availability and accessibility of rural health care. Here, availability measured mainly in terms of number of populations served by each Sub Centre (SC), each Primary Health Center (PHC) and Community Health Centre. Accessibility is measured in terms of spatial availability of health care infrastructure in rural areas in terms of distance in kilometers from the respective study village. It is the supply side of health care.

1.6.1. e. Utilization of Health Care

Utilization of health care is a function of both demand and supply of health care. According to *positive version of egalitarianism,* equality in health care distribution is not just a matter of equalizing health care opportunities in the form of access to health care but also of equalizing the

utilization of this possibility **(Schneider- Bunner, 1998**). This study tries to find the impact of income class, relative distance between public and private health services, age group, educational attainment, perceived health status (as serious and not serious), caste stratification (as SC, ST and others), gender (male and female) as the factors which determines the health care utilization behavior of the people.

1.6.2 Data Source

Information regarding various aspects of the study is collected from different sources.

Secondary data have been collected from different reports of National Family Health Survey(NFHS) 1,2and 3, District Level Health Services(DLHS)3, National Sample Survey Organization (NSSO) 52nd, 60th and 71th rounds, sample registration system, 11th and 12th five year plan document, National Health Policy draft 2017, Bulletin of Rural Health Statistics, different reports of National Rural Health Mission(NRHM), Annual Health Survey Assam 2010, statistical hand book of Assam to compare our health status as well as health care service in global as well as regional perspective. Further, we have consulted different books, journals, research articles, newspapers relevant to our study.

The secondary data collected and analyzed is not sufficient to fulfill the research questions and objectives related to utilization of health care in this study. In case of health care utilization behavior of the people of rural Goalpara, there is no such secondary data. So, there is a need for generating primary data at Rural Goalpara level. Hence, on the basis of village data of Census (2001), we have selected three representative development blocks of rural Goalpara for our field study. Those blocks comprise of SCs, PHCs and CHCs. But there is no one blocks having at least one single private health care organization. However, there are some unorganized private prescriptions that provide health care in those areas. So, these blocks have been selected on the basis of number of available PHCs in each village of the respective development blocks within 5 kilometers, between 5-10 kilometers and above10 kilometers. These three blocks are of different status in regard of available health care facilities i.e., the first one is in better condition, second one is in worse condition and the third one is in between these two. After that, three such villages

from each block have selected which are purely representative of population of different social strata. So, a standard questionnaire is developed, and information has been collected from the households.

1.6.3 Method of Analysis

Regarding the comparative health status of the people of Assam, trends of the ratios of health indicators, bar diagram etc. are shown on the basis of secondary data. The secondary data are also analyzed in terms of percentages, simple average etc for a simple picture about the availability and accessibility of the existing health care system. First research question has been answered mainly on the basis of secondary data.

In case of primary data too, a simple analysis in terms of percentage is carried out in chapter four. It gives the profile of the sample in terms of various economic and non-economic parameters. For a deeper insight in regard of both the research questions, primary data has been used. Especially for the verification of the second research question that is to verify the factors which influences the health care utilization behavior of the people of rural Goalpara two different logistic models are carried out in case of out-patient health care. First one is used to find whether people choose formal or informal health service as a mode of health care based on the explanatory variables such as income class, ratio of distance to heath care service, age group, educational attainment, perceived health status (as serious and not serious), caste stratification (as SC, ST and others), gender (male and female). Of these explanatory variables except the first four, remaining will be in the form of dummy variable. In the second model, whether those who have preferred formal health care as a mode of health care organization will prefer rural health care or urban health care can be shown as dependent on income class, ratio of distance between PHC and CHC, age group, educational attainment, perceived health status (as serious and not serious), caste stratification (as SC, ST, and others), gender (male and female). Here, also, perceived health status, caste, gender will be in the form of dummy variable. Again, in case of in-patient care also another logistic regression model has been run with same set of explanatory variables. For that model has been developed in the relevant chapter 4.

1.7 Chapters

This book comprises of six chapters in total, including the present one as follows

1. Introduction
2. Health Status and Health Scenario in Rural Assam
3. Access to Health Care in Rural Goalpara District: A Comparative Study
4. Socio Economic Profile of Sample Household
5. Utilization of health Care in Rural Goalpara: An Econometric Analysis
6. Utilization of Health Care and Economics of Household.
7. Summary of Findings, Conclusion and Policy Suggestions

The first chapter is an introductory one. In this chapter, background of the study, statement of the problem, objectives, research questions, and methodology are discussed. In the first chapter, literature review is also done. It starts with the health scenario of India on the basis of empirical as well as theoretical literature and how it is dependent on access to health care. Next segment of the literature review is on how different study have conceptualise the meaning of access to health care. Some have argued the concept of access to health care simply in terms of spatial availability of health care whereas others have integrated many other components to it. There are both empirical as well as theoretical literatures in determining the factors which are responsible in regard of people's health care utilisation behaviour which have been reviewed. Again, the impact of health care utilisation on the household's economics is also surveyed.

Second chapter discussed about various health policies introduced in our country as well as our state to improve the health scenario and their impact on rural Assam in the comparison to all India, major Indian states. There has a global comparison also. It also tries to find out the cause of the present health scenario in rural Assam as well as rural Goalpara.

Chapter three is an attempt to give a clear picture about the access to health care in rural Assam as well as rural Goalpara in comparison to all India level and inter-state level of India and inter-district level of Assam. This chapter tries to assess the health care facilities and their critical inputs

as per the norms. This chapter is mainly on availability and accessibility component of access to health care.

Fourth, fifth and sixth chapters are based on field survey carried out in this work. Chapter fourth discusses about the need for the field study, methodology used for analysis and socio-economic profile of the households in the study area. In the rest part of the chapter three, analysis has been done to find out an answer to the second research question in terms of simple percentage. For deeper insight, in the fifth chapter, econometric analysis about the utilization of health care has been done. Here, the influence of economic and non-economic factors on health care utilization is sought to be assessed using logistic multinomial logit regression models.

In Chapter six, real burden arises from the expenditure occurred due to health care utilization also in terms of ratio of health care expenditure and Monthly Per Capita Consumption Expenditure (MPCE)have been discussed.

Chapter seven, the concluding chapter, summarizes the findings of the study and presents the conclusions drawn from them. Based on these findings and conclusions drawn few policy suggestions are also presented in the final chapter.

1.8 Likely Contribution of the Proposed Study

This study shall likely help in the policy formulation in regard of health care system as it has analyzed the exiting health care system of rural Goalpara in accordance with the people's need for health care.

1.9 Limitation of the Study

This book has given more importance on public health care system as in rural Assam only. Functions of health care include four components, preventive, promotive, curative and rehabilitative care. But in this study, preventive and curative health care in rural Goalpara will be focused. Again, our study will basically confine to allopathic system of treatment because in the whole Assam, there are only seven hospitals which deal with other system of treatment i.e., AYUSH during the inception of 11^{th}five-year plan.

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Chapter 2

Health Status and Health Care In Rural Assam

2.1 Introduction

"The challenge of development is to improve the quality of life. Especially in the world's poor countries, a better quality of life generally calls for higher incomes--but it involves much more. It encompasses as ends in them better education, higher standard of health and nutrition, less poverty……etc."

World Development Report, 1991

Development is a multidimensional process where income and wealth are not the ends in themselves. Rather, those are the instruments for many purposes like better education, higher standard of health and nutrition, less poverty etc.

Many people in developing countries are fighting a constant battle against malnutrition, disease and ill health. In general, the poorer a population is, the sicker they are and the shorter they live. Life expectancy[1] at birth and infant Mortality Rates[1] are the most commonly used indicators of health of a nation. Life expectancy at birth in least developed countries is 51 years, as compared to 78 years in high income countries (Dolan et al 2002). Infant Mortality Rates on average about 96 in the least developed countries and eight in developed countries. High Maternal Mortality Ratio is another major health related problem in developing countries. Besides, under five mortality rate, low birth weight etc. are common in these countries. Kloos (1994) has identified the top seven causes of death in children under five reported by developing countries in 1985 were acute respiratory diseases (causing an estimated 5 million deaths), diarrhoeal disease(4 million deaths), perinatal causes including low birth weight (3.2million), malaria,(7,50,000), tuberculosis(3.00,000), other infections and parasistic diseases (450,000) and other and unknown causes(7,00,000) are some major health problems in these countries. Again, there is wide intra-country variation in health and health care.

Under those circumstances, the new and holistic approach of measuring human development by United Nations Development Programme (UNDP) in its Human Development Reports which is quite relevant (Tadaro et al 2003). In this approach, health has been given much emphasis while measuring development.

Outline of the present chapter is as follows: Section 2.2 refers to the data base used for the chapter. Section 2.3 discusses about various health policies adopted in India to improve the health status of the people. Section 2.4 looks at the relative health status of India in comparison to some other countries across the world as well as interstate variation in the health status. Various types of disease burden prevalent in India are discussed here. Besides, inter regional variation (rural-urban difference) in the health status and health care of the people is also discussed in this segment. Section 2.5 examines the relative health status and health care of the people of rural Assam. Section 2.6 is concluding one.

2.2 Data Base

Secondary data have been used to have a comparative study about the relative health status of the people of rural Assam in terms of percentage, ratios and simple averages from different reports like National Family Health Survey (NFHS) 1,2,3 and 4 Sample Registration System data, 11th five-year plan document, different reports of National Rural Health Mission (NRHM), Annual Health Report of Assam 2010, National Health Policy of India 2017 etc.

2.3 Various Health Policies and Measures Adopted in India

Health is a fundamental human right. It is the responsibility of the governments to provide health care to all people in equal proportion. Ever since India's independence in 1947, various policies have been adopted specially in regard of primary health care of India in order to improve the health status of the people specially who reside in rural areas. Before that, importance of primary health care was recognized by Joseph Bhore in 1946. Bhore committee report recommended for equalizing the opportunity to get health care irrespective of their purchasing power. During the second five-year plan, Mudaliar Committee was appointed by the Government of India to review the progress of the health sector. The major recommendation of this committee was to limit the population to be served by each Primary Health Centre to 40,000 along with their quality

improvement. Jungawalla Committee in 1967 gave importance to integration of health services. After that Karter Singh Committee introduced the concept of a Sub Center. According to him each Primary Health Centre should be divided in 16 Sub Centers for a population of 3000 to 5000. Srivastav Committee argued for the development of a 'referral service complex by establishing linkages between PHC and higher-level referral and service center.

The Alma Ata declaration of 1978 introduced the concept of health for all by year 2000 (WHO, 1978). As per the declaration, it is the responsibility of the state to provide comprehensive primary health care to its people so as to achieve the goal of health for all by 2000. India was the member of that group and followed the target set by the declaration formulated National Health Policy in 1983. This was India's first national health policy. The major goal of the policy was to provide the universal, comprehensive primary health services. After many years of introducing this policy, another population policy was announced in 2000 in the name of National Population Policy. The immediate objective of this policy was to address the unmet needs of contraception, health care infrastructure and health personnel and to provide integrated delivery for basic reproductive and child care services. In 2002 that is after twenty years of introducing first health policy, the second National Health Policy was launched in India in 2002.

Thereafter government of India realized the importance of access to an improved and decentralized public health system for the improvement of health outcomes and hence introduced National Rural Health Mission in 2005. It has been targeted to eliminate the interstate and inter regional differences in regard of health status of their people and in regard of available health care infrastructure. So, based on the poor health indicators, 18 states[1] including Assam were selected from the country with special focus to improve the health outcomes especially in rural areas through improved access to a decentralized public health system under the National Rural Health Mission (NRHM) programme in 2005.The various goals set by NRHM were actually in co-ordination with the goals set by National Health Policy 2002. Aim of the mission is to provide universal access to equitable, affordable and quality health care that is accountable and at the same time responsive to the needs of the people, especially for those residing in rural areas, the poor women and children.

Another new health policy was introduced in 2017 in India in the name of National Health Policy 2017. Basic goal of this policy is to attain highest possible level of health and wellbeing for all at all ages, through a preventive and promotive health care orientation in all developmental policies, and universal access to good quality health care services without anyone having to face financial hardship as a consequence (National Health Policy 2017).

Eleventh and twelve five-year plan have been introduced by government of India with the objectives of achieving *faster and inclusive growth in* India. Inclusive growth demands that all social groups should have equal access to the services provided by the state and equal opportunity for upward economic and social mobility. So, importance was given to reducing disparities in health status also across regions and communities by ensuring access to affordable health care. In fact, **Sen (2000)** argued that a large section of people in Asian countries are excluded from public health service which is a matter of *social exclusion.*

Table2.1. Expected goals of National Rural Health Mission

1. IMR—reduced to 30/1000 live births.
2. Maternal Mortality—reduced to 100/100000 live births by 2012.
3. TFR—reduced to 2.1 by 2012.
4. Malaria Mortality Reduction—50% up to 2010, additional 10% by 2012.
5. Kala-azar Mortality Reduction—100% by 2010 and sustaining elimination until 2012.
6. Filaria/Microfilaria Reduction—70% by 2010, 80% by 2012, and elimination by 2015.
7. Dengue Mortality Reduction—50% by 2010 and sustaining at that level until 2012.
8. Cataract operations—increasing to 46 lakh until 2012.
9. Leprosy Prevalence Rate—reduces from 1.8 per 10000 in 2005 to less that 1 per 10000 thereafter.
10. Tuberculosis DOTS—maintain 85% cure rate through entire Mission Period and also sustain planned case detection rate.
11. Upgrading all health establishments in the district to IPHS.
12. Increase utilization of First Referral Units (FRUs) from bed occupancy by referred cases of less than 20% to over 75%.

Source: 11th five-year plan of India (2007-12), Govt. of India.

2.4 Health Scenario of India

2.4.1. Health Scenario of India at Global Perspective

India has widely heralded as a success story of globalization over the past two decades. But, the position of the country in UNDP's Human Development Index (HDI) is not much satisfactory. The comparative picture with regard to health indicators such as life expectancy at birth, Total Fertility Rate (TFR), Infant Mortality Rate (IMR), and Maternal Mortality Ratio (MMR) show that country like India have been placed in almost similar situations such as Indonesia, whereas countries like Sri Lanka, China etc have performed much better than India. Tables 2.2will make the condition of India in regard of various health outcomes clear.
Countries like China, Japan, Korea, Vietnam, Indonesia, Malaysia, Bangladesh, Sri Lanka etc. are experiencing lesser amount of IMR in comparison to India. Regarding MMR also, China, Japan, Korea, Vietnam, Indonesia, Malaysia, Sri Lanka even Bangladesh is experiencing lesser amount of MMR than India. One important point to be noted here is that in all the countries mentioned above, life expectancy at birth of the women is higher than the man.

Table: 2.2: Health Indicators among Selected Countries

Country	IMR (per 1000 live births	Life Expectancy (in years)		MMR (per 100000 live births)
		Male	Female	
India	**58**	**63.9***	**66.9***	**301**
China	32	70.6	74.2	56
Japan	3	78.9	86.1	10
Korea	3	74.2	81.5	20
Indonesia	36	66.2	69.9	230
Malaysia	9	71.6	76.2	41
Vietnam	27	69.5	73.5	130
Bangladesh	52	63.3	65.1	380
Nepal	58	62.4	63.4	740
Pakistan	73	64.0	64.3	500
Sri Lanka	15	72.2	77.5	92

* projected for 2001-06
Source: 11th five year plan (social Sector), vol. 2, Govt. of India

2.4.2. Types of Disease Burden in India

India is in the midst of an epidemiological and demographic transition with increasing burden of chronic diseases, decline in mortality and fertility rates and aging of populations (11^{th} five-year plan, vol. 2). Now- a- days, the country is suffering from dual burden of communicable and non-communicable diseases **(Misra, 2005).** Table 2.3 has shown the cases per lakh population in the main communicable diseases in India are HIV/ AIDs, Tuberculosis, Leprosy, diarrhea, malaria and other vector born disease like kala-azar, filariasis, Japanese encephalitis, dengue etc. Among the communicable diseases, AIDS is mostly prevalent in the five states as Andhra Pradesh, Maharastra, Karnataka, Manipur and Nagaland. As on 31 December, 2006, a total of 162257 cases of AIDS are reported. These HIV/AIDS patients are again more vulnerable to Tuberculosis. Tuberculosis, once known as the 'white plague' is contagious and spread through droplets that can travel through air when a person with infection coughs talks or sneezes. This remains as a major public health problem in India, accounting for one fifth of the world incidence.

Table 2.3: Disease Burden Estimation in India

Disease/Health Condition	Estimate of cases/lakh
a) Communicable Diseases	
i) Tuberculosis	85 (in 2000)
ii)HIV/AIDS	51 (in 2004)
iii)Diarrheal Disease Episodes per Year	760 (in 2005)
iv) Malaria and other Vector Born Diseases	20.37 (in 2004)
v) Leprosy	3.67 (in 2004)
b) Non-Communicable Diseases	
i) Cancers	8.07 (in 2004)
ii)Diabetes	310 (in 2005)
iii) Mental Health	650 (in 2005)
iv) Blindness	141.07(in 2005)
v) COPD and Asthma	405.20 (in 2001)
vi) Cardio Vascular Disease	290 (in 2000)
c) Other non-communicable problem	
i) Injuries- deaths	9.8 (in 2005)

Source: 11^{th} five year plan, vol.2, GOI

Every year, 1.8 million people in India develop Tuberculosis. Diarrheal disease episodes are 760 per lakh in 2005. Malaria and other vector borne diseases occurred in 2004 as 20.34 per lakh population. Again, in case of non-communicable diseases in India is cardio vascular disease, cancer, blindness, mental illnesses etc. are mostly prominent. Besides, injury related death is another non-communicable problem which occurred as 9.8 per lakh population in 2005.

2.4.3. Comparative Health Status among States within the Country

India has shown some amount of fall in the IMR, but there is greater interstate variation in regard of the rate of decline in IMR **(Puskar, 2011).** Actually, not only in case of IMR, but in case of MMR, perinatal mortality[1], percentage of women getting institutional delivery, percentage of children getting vaccination also, there is a large interstate variation. Table 2.4 will give some idea about the interstate variations regarding those indicators.

Table.2.4: Differences among States in India based on some selected states

Indicators	India	Kerala	Goa	Bihar	Rajasthan	UP	Assam
Infant Mortality Rate (IMR)	57.0	15	15.3	61.7	65.3	73	66.1
Under Five Mortality Rate (per 1000 live births)	74.3	16.3	20.3	84.4	85.4	96.4	85.0
Perinatal Mortality Rate	48.5	10.8	12.4	58.7	49.4	59.5	63.3
Maternal Mortality Ratio (MMR)**	212	81	NA	261	318	359	390
Institutional Delivery (%)	39	99	92	20	30	21	22
Children Receiving all Vaccines (%) *	44	75	79	33	27	23	31

*It includes two BCG, measles, and three doses each of DPT and polio vaccine excluding polio vaccine given at birth ** for the year 2007-09.

Source: National Family Health Survey (NFHS-3), India (2005-06) and Sample Registration System (2011) of India.

All India average IMR is 57. But the inter-regional and interstate differences are quite high in regard of IMR. In the southern states like Kerala, Goa are performing quite well with just 15 children who die before their first birth day out of every 1000 live births. But, in northern states like Bihar, Uttar Pradesh, Rajasthan as well as Assam are performing quite poorly. In case of under-five mortality also, Kerala, Goa are performing well whereas performance of states like Bihar, Uttar Pradesh, Rajasthan as well as Assam are quite dissatisfactory as in those states under five mortality is at least 85.

There is a greater diversity among the states regarding perinatal mortality rate also. At all India level, it is 48.5. Although, states like Bihar, Uttar Pradesh, Rajasthan, Assam etc are the worst performer with the perinatal mortality rate more than 55, among those worse performers, Assam is the worst with the perinatal mortality rate 63.3. Karala, Goa etc are the best performer states with only 10.8 and 12.4 respectively. Most of these child health indicators depend on immunization coverage, institutional deliveries etc. Some of Indian southern cities may be in the midst of technology boom; but one in every eleven Indian children dies in the five years of life for lack of technology and low-cost interventions. In case of Kerela and Goa, percentages of children getting immunization are 75% and 79% respectively. Whereas in case of the states where IMR, under five mortalities are very high like Bihar, Uttar Pradesh, Rajasthan northern part and in case of Assam also, percentage of children getting immunization lies between just 23 to 33 %.

In states like Kerala 99% deliveries are institutionalized like the developed countries. But, in case of the states of northern part in states like Bihar, Uttar Pradesh, Assam less deliveries are institutionalized. As a consequence, there are interstate variations on the reduction in maternal mortality ratio. In case of Kerala, MMR is just 82 whereas in other states like Bihar, Rajasthan, Uttar Pradesh, Assam, MMR is quite high. Assam has been experiencing the highest MMR i.e., 390.

2.4.4 Rural-urban Disparity in the Health Status in India

In India, there is high disparity between rural and urban areas regarding the health status of the people. Urban people are enjoying quite better health status than the rural people.

Table 2.5: Urban / Rural Divide in Regard of Health Indicators

Area	Crude Birth Rate (per 1000)	Crude Death Rate (per 1000)	IMR (per 1000 live births)	Prevalence Anemia among children (6-35) months	Prevalence Anemia among pregnant women
Urban	19.1	6.0	40	72.7	54.6
Rural	25.6	8.1	64	81.2	59.0
Over all	23.8	7.6	58	79.2	57.9

Source: Ministry of Health and Family Welfare (MoHFW), Govt. of India (2006) and National Family Health Survey (NFHS)-3(2005-06).

IMR in the country is 64 in rural areas against 40 in urban areas (Sample Registration System, 2005). There are sharp variations between rural-urban regarding Crude Birth Rate[1] (CBR), Crude Death Rate[1] (CDR) etc as observed from table 2.5. Crude birth rate in the rural areas is 25.6 whereas 19.1 in case of urban areas in India. Regarding prevalence of anemia among children (6-35) months and among pregnant women also, there is high disparity between rural and urban areas. Anemia is characterized by a low level of hemoglobin in blood. Anemia among younger children is a serious concern because it can result in impaired cognitive performance, behavioral and motor development, coordination, language development and scholastic achievement as well as increased morbidity from infectious disease. While discussing about the rural urban differential about the child health, it is important to consider about the level, trend and differentials in neonatal[1], post neonatal[1], infant, child mortality[1] and under- five mortality rate etc. Table 2.6 has presented various measures of infant and child mortality by residence for three five-year periods preceding the NFHS-3 to show the difference between the rural and urban areas of India in regard of early childhood mortality. From table 2.6, it has been clear that all the five types of child mortality that is neonatal, post neonatal, infant, child and under- five mortality rate have been declining during the three five-year periods preceding the NFHS-3 survey both in case of urban as well as rural areas.

Table.2.6: Early Childhood Mortality Rates

Yrs Preceding the survey	Neonatal mortality rate	Post neonatal mortality rate	Infant mortality rate	Child mortality rate	under- five mortality rate
Urban Areas					
0-4	28.5	13.0	41.5	10.6	51.7
10-14	34.6	18.4	52.7	17.7	69.5
Rural Areas					
0-4	42.5	19.7	62.2	21.0	82.0
10-14	57.5	28.1	85.5	38.4	120.6

Source: National Family Health Survey (NFHS)-3(2005-06).

The rate of neonatal, post neonatal, infant, child and under- five mortality rates are quite high for both urban and rural areas in India.From table 2.6 it has been observed that all kinds of child mortality are quite larger in rural areas than in urban areas not only 10-14 years before NFHS-3 but also 0-4years before it.

This gap between the rural and urban areas is prominent all over the country; not only in backward states but also in developed states as found in NFHS-3 data. The rural areas of the backward states (i.e., in regard of health indicators, provision of health care and in regard of utilization of health care) are double back ward in that sense. Hence, their health indicators are weaker than the urban and even rural forward states.

Among the rural population, there are wide differences regarding child health indicators in India based on the background characteristics. Mother's education has strong positive relation with the child health in the sense that with the increase in the years of schooling of the mother, all the kinds of child mortality that is in terms of neonatal, post neonatal, infant, child and under- five mortality rates decrease. The IMR is 71.1 whose mothers have no education in rural areas, compared with 50.1 whose mothers have 5-7 years of schooling and 29.6 for those whose mothers have 12 or more than years of schooling. In case of under-five mortality in rural areas is 97 for those children whose mothers have no education; but for those children whose mothers have completed 12 years or more years of schooling, it is only 31. Again, social stratification in terms of caste/tribe also influence child health. According to the NFHS-3 survey, children from schedule tribe and schedule caste are more vulnerable than

the children from other back ward caste or others. Again, if we consider about the wealth quintile distribution, it will be clear that like the all-India average as well as urban rate, in rural India also, with the increase in the wealth, childhood mortalities like neonatal, post neonatal, infant, and child and under- five mortality rates decrease. It means child health improves with the increase in economic status of the households.

If we consider the demographic characteristics of the rural population and its impact on the health status of the children, it will be clear that maternal age at birth bears a U- shaped relation with infant and child mortality rates. IMR is lowest for mother's age 20-29 years (54.0) where as it is substantially higher for mothers whose age is less than 20 years (84.6) and at 30-39 years of mother's age (61.0) and finally at 40-49 years of mother's age it is as high as for the mother's whose age is less than 20 years. Birth order has the similar effect in rural areas as like as the maternal age. If we consider about the gender dimension in regard of child health in rural areas, there is difference regarding the child mortality between a girl child and a boy child as like as the all-India average and the urban rate. Except the neonatal mortality, all the other types of child mortality are slightly higher for a girl child in rural India. There is another important factor which has a stronger impact on the child mortality not only in rural India, but also in India overall. It is the birth interval between previous and the current birth. It shows a strong negative effect on infant and child mortality rates. When the birth interval is less than two years it does not simply increase the rate of neonatal, post neonatal, infant and under five mortality rates but also endangered the life of the mother. Low birth weight babies are more vulnerable more vulnerable in rural areas. NFHS-3 has taken the reported size of the baby as the proxy for birth weight of the children and has found a strong negative correlation between the infant and child mortality rates and the birth weight.

Regarding maternal health also, there is huge difference between the urban and rural areas. During the pregnancy period, women suffer various problems like difficulty in vision during daylight, night blindness, convulsion not from fever, swelling of legs, body or face, excessive fatigue etc. according to NFHS-3 mostly in rural India. Again, in rural areas more than half of women are anemic except the women from highest wealth quintile and those who have 10 or more years of education. It is even high among pregnant women and breast-feeding women.

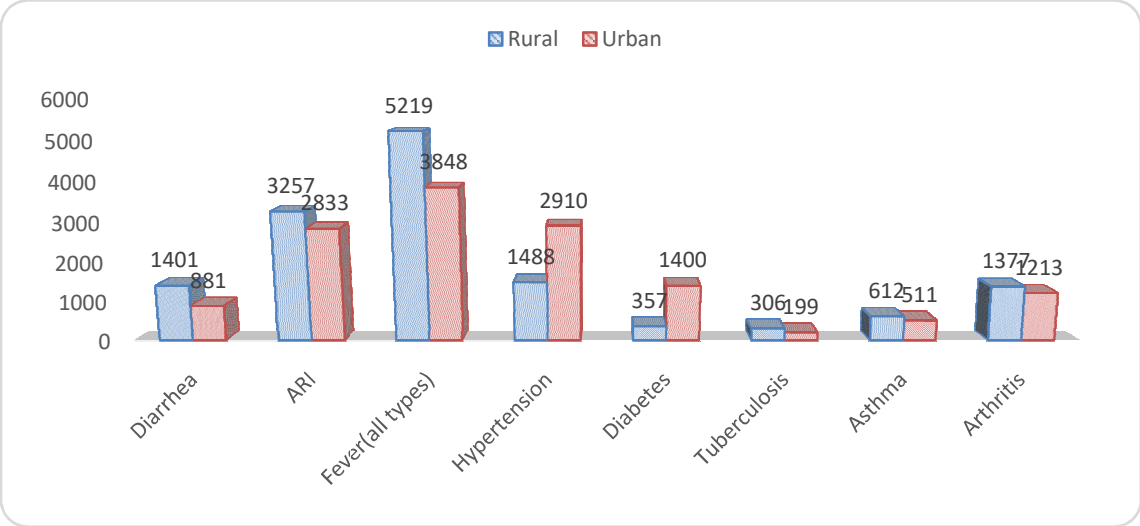
2.5 Comparative Health Scenario of Assam

People's health and wellbeing are considered as one of the major indicators of development. In Assam, if this indicator is used, then its level of development leaves much to be desired. Regarding most of the health and health care indicator, Assam's condition is serious as discussed earlier in comparison of other states of India. Life expectancy in Assam is below that of the country as a whole, and is one of the lowest amongst major Indian States (Human Development Report, Assam, 2003) Above all, like all India level, in Assam also, there is persistence of extreme inequality and disparity between rural and urban areas in terms of health outcomes and health care. Life expectancy of the rural people is lower than the urban people in Assam (Human Development Report, Assam, 2003).

2.5.1. Types of Disease Burden in Rural Assam

Assam is suffering from dual burden of acute and chronic disease burden. But there are differences regarding the nature of the disease between rural areas and urban areas. Acute illness like diarrhea, acute respiratory infection (ARI), all types of fever are more prevalent in rural Assam than the urban counter parts. Again, in case some chronic disease like diabetes, hypertensions which are actually lifestyle borne diseases mostly prevalent in urban Assam whereas some other chronic diseases like tuberculosis, asthma, arthritis are found more in rural areas than the urban areas as shown in figure 2.1.

Fig. 2.1: Persons Suffering from Different Diseases in Assam (per lakh population)

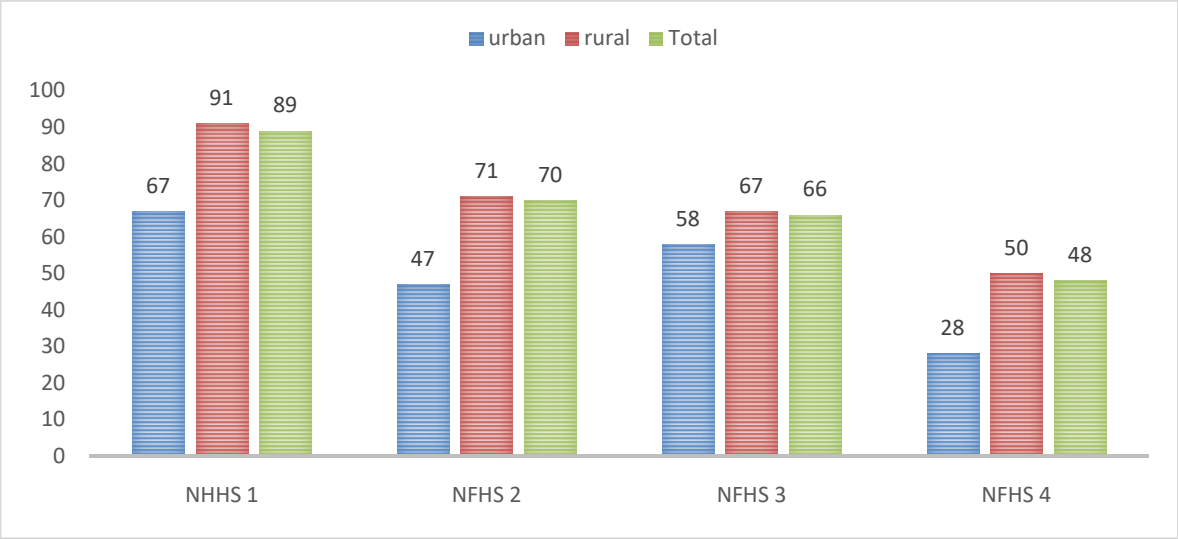


Source: Annual Health Survey 2010-11 Fact Sheet (Assam).

2.5.2. Child Health and Health Care in Rural Assam

Infant Mortality Rate (IMR) in Assam is fifth highest in the country and is highest among all the North Eastern states. Here, inter regional disparity is also quite higher. Annual Health Survey Bulletin (2011-12) of Registrar General of India have identified that in the nine states of India including namely Rajasthan, Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Orissa, Madhya Pradesh, Chhattisgarh and Assam, children from rural areas are more vulnerable to infant mortality. In Assam, underdeveloped infrastructure is another reason for high IMRs. This refers not just to facilities for established medical care, but also the inadequacy of good, all weather transportation and communications. The inability to move basic medicines easily, especially at certain times of the year, and the frequent occurrence of natural calamities such as floods, are impediments to better health service provisioning (Human Development Report, Assam, 2003).

Fig.2.2: Trends in Infant Mortality (Deaths per 1,000 live births)



Source: National Family Health Survey (Assam) 4(2015-16).

So, it is clear that in Assam too, IMR among the rural population is larger than the urban. Although, it has shown a declining trend from the estimated level of NFHS-1 to NFHS-4, still, it is quite high as shown in figure 2.2. In NFHS-1, IMR in rural areas was 91 against which in urban areas it was 67. Then, in the NFHS-2, the rural IMR come down to 71 as against urban IMR 47. Even during NFHS 4, IMR is almost double in case of rural Assam. This high magnitude of rural IMR has pushed the total

IMR not only in Assam but also in almost all the states of the country upward in spite of a lower level of IMR in urban areas during that period. Not only in case of IMR but in all the types of child mortality namely neonatal, post neonatal, infant, child mortality and under five mortality rates, there is much variation between the urban and rural areas of Assam which can be easily understood from the table 2.7.

Table: 2.7. Childhood Mortality Rates by Background Characteristics in Assam

Types / Residence	Neonatal mortality Rate	Post neonatal mortality Rate	Infant mortality Rate	Under-five mortality Rate
Urban	22	12	35	42
Rural	42	22	64	84

Source: Annual Health Survey 2010-11 Fact Sheet (Assam).

Disparity exists regarding rate of neonatal, post neonatal, infant and under- five mortality rates between urban and rural areas in Assam. Neonatal mortality rate, post neonatal rate and infant mortality rate in rural Assam are little bit less than double of urban Assam. In case of under-five mortality rates in rural Assam it is exactly double that of the urban Assam. Most of the cases of IMR occurred in rural Assam are actually preventable through simple and low-cost techniques like vaccination against six major childhood illnesses: tuberculosis, diphtheria, pertussis, tetanus, polio and measles. But it is a matter of serious concern that in rural Assam only 58.2% of children of age 12-23 months are fully immunized in contrast to 63.7% fully immunized in case of urban Assam as observed from table 2.12.

In case of percentage of children aged 12-23 months who received BCG is 93% in rural areas whereas in case of urban Assam it is 95.5%. In case of percentage of children aged 12-23 months who received three doses of polio vaccine and DPT, condition of both rural and urban Assam is not satisfactory; but condition of rural Assam is more severe. Regarding percentage of children aged 12-23 months who received measles vaccine, situation is little bit better. Still in case of rural Assam, percentage of children aged 12-23 months who received measles vaccine is lesser by almost 4 points than in case of urban Assam.

Table2.8. Vaccination among the children in Assam by Background Characteristics (%)

	BCG*	3 doses of Polio Vaccine*	3 doses of DPT Vaccine*	Measles Vaccine*	Fully Immunized Children*
Urban	95.5	79.4	76.0	80.3	63.7
Rural	93.0	74.8	71.5	76.8	58.2

* Children aged 12-23 months
Source: Annual Health Survey 2010-11 Fact Sheet (Assam).

The survey conducted by OKDISCD (2006) on immunization status of children in Assam found that the prime factor responsible for poor coverage of the immunization programme were unawareness of family members on the need for immunizations, wrong ideas, fear of side effects and non-availability of time to get their child immunized. As non-availability of time is one of the major factors which prevent people to immunize their children fully, there should be better access to health care which should be available for 24×7 so that people are availed with those services at any time.

The major health problems which lead to mortality among the child of Assam are acute respiratory infection (ARI), diarrhea, fever etc. But those problems are more prominent in rural Assam. In case of rural Assam, 19.2% children were suffered from ARI whereas in case of urban Assam it is 15.8%. But, in rural Assam, during Annual Health Survey 2010-11, 85.3% of the infected children are taken to a health facility or provider as against 88.7% in urban areas. So, more children from rural areas have been affected by ARI but less number of children gets treatment than the urban counter parts. Diarrhea is one of the single most common causes of death among children under age five worldwide, following acute respiratory infection. Like most of the childhood diseases, diarrhea is also more prevalent in rural Assam (8.5%) than in urban Assam (7.2%). Because deaths from diarrhea are a significant proportion of all child deaths, the Government of India has launched the Oral Rehydration Therapy Programme as one of its priority activities for child survival. In rural Assam, only 88.3% of the affected children get such treatment. In this regard, condition of rural Assam is better than the urban Assam. On the other hand, fever is a major manifestation of malaria and other acute infections in children. Malaria has been a serious problem in Assam, mainly due to topography such as hilly terrains and vast forest areas and

climatic conditions being congenial for its transmission (Dutta et al 2007). Fever contributes to high levels of malnutrition and mortality. Since malaria is a major contributor cause of death in infancy and childhood in many developing countries; the so-called presumptive treatment of fever with anti-malarial medication is advocated in many countries where malaria is endemic. In case of fever, in rural areas 32.9% children suffered from fever whereas in case of urban Assam 26.5% children were affected from any kind of fever. Unfortunately, lesser number of children sought treatment in comparison urban Assam. As per Annual Health Survey 2010-11, only 83.2% affected children have under gone treatment in rural Assam whereas 84.3% affected children have under gone treatment in urban Assam. Like all other developing countries, children are vulnerable to malnutrition because of lowdietary intakes, infectious diseases, lack of appropriate care, and inequitable distribution of food within the household in Assam also. Under nutrition is substantially higher in rural areas than in urban areas of Assam which may even lead to morbidity and mortality. Besides those, prevalence of anemia among children is higher in rural areas (70%) as against urban areas (60%) (NFHS-3). Anemia, among children, not only impairs cognitive performance, motor development and scholastic performances, severe anemia endanger their lives also.

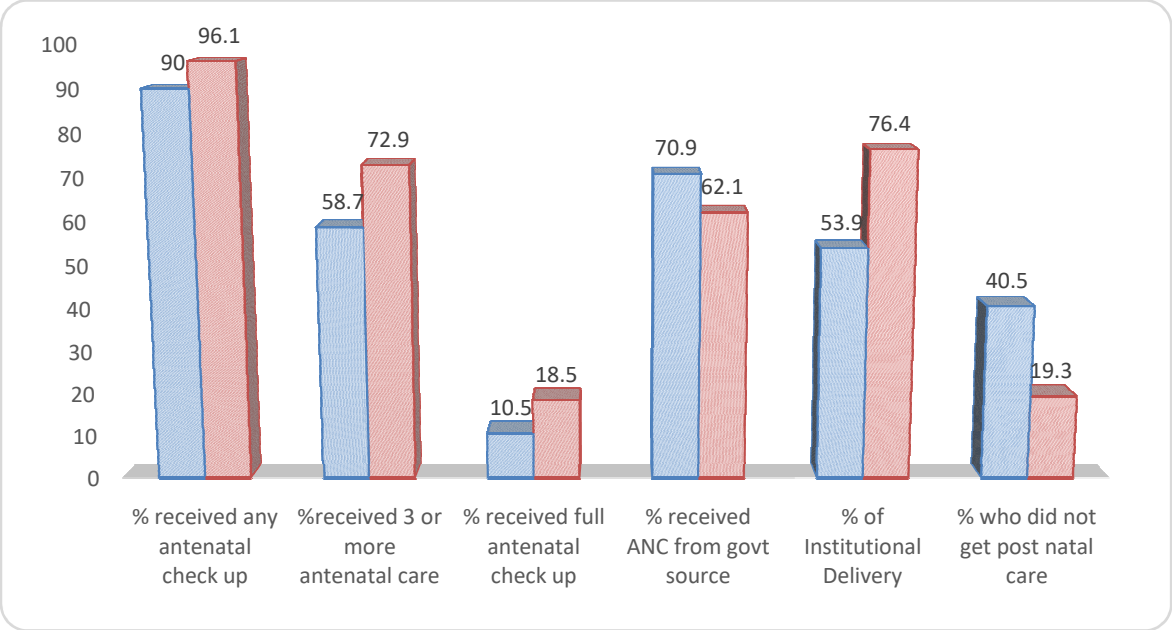
2.5.3 Maternal Health in Rural Assam

Maternal death is an important indicator of the reach of effective clinical health services to the poor, and is regarded as one of the composite measures to assess the country's progress. Unfortunately, MMR in Assam was the highest all over India followed by states like Bihar, Uttar Pradesh etc. States having higher percentage of institutional deliveries by skilled personnel generally have lower maternal mortality and vice versa as because, a substantial percentage of maternal deaths arise from maternal hemorrhage and other obstetrical causes (such as abortion) (Sample Registration System, 2003). If we consider about the percentage of women who receives any ante natal care in rural areas 90% people and urban areas 96% people receives such kind of care. But, in case of percentage of women who received three or more ante natal care the percentage come down in rural areas by almost 32 points where as in case of urban areas in comes down by 23 points. So, there is a gap between rural areas and urban areas by 14.2 points. But, if we compare with the southern states like Kerala, Goa and Tamil Nadu where 95% of women had at least three antenatal checkups five years preceding the NFHS-3.

Regarding women received full antenatal care the percentage comes down to 10.5% in rural areas whereas in case of urban areas it is 18.5%. Rural urban disparity is there; but it is a matter to be worried that both in rural as well as in urban areas in Assam 80-90% mothers do not get the full ante natal care.

Again, 70.9% mothers in rural areas received ante natal care (ANC) from government institutions where as in urban areas it is 62.1%. So, rural mothers are more dependent on government health care facilities. Regarding intuitional delivery also there is vast rural urban disparity as only 53.9% deliveries happen to intuitional framework against 76.4% deliveries in case of urban areas.

Fig. 2.3: Rural urban Disparity in Maternal Care Indicators in Assam



Source: Annual Health Survey 2010-11 Fact Sheet (Assam).

The health of a mother and her new born child depend not only on the health care she receives during her pregnancy and delivery, but also on the care she and the infant receive during the first few weeks after delivery. Post-natal checkups soon after the delivery are particularly important for births that take place in non-institutional settings. Recognizing the importance of post-natal check- ups, the Reproductive and Child Health Programme recommends three postnatal visits of which the first checkup should be within two days of delivery as a large portion

of maternal mortality happens during 48 hours after delivery (MoHFW, 1997). But, in rural Assam 36.4% of mothers did not get any kind of post-natal checkup against 20.7% in urban Assam (NFHS 4).

2.5.4 Adult Health in Rural Assam

The various adult health problems which are more prominent in rural Assam are tuberculosis, Jaundice, asthma, goitre, anemia, malaria etc. Besides the communicable diseases, some non-communicable diseases are also prevalent here like diabetes, blindness, mental disorder etc. According to NFHS-3, in rural Assam among the people of the age group 15-59, number of persons per lakh population those are infected by tuberculosis is 849 as against which 784 are medically treated tuberculosis cases. With the increase in the age, number of persons affected by tuberculosis also increases both in rural and urban areas; but the rate of increase is higher in rural areas. There is a close relation between the type of housing and cooking fuel and the number of affected cases. In case of rural Assam, solid fuels like coal, lignite, wood, Straw, grass, dung cakes, agricultural solids etc. are mostly used. So, the definitely number of persons infected by tuberculosis is more here. Again, goitre is more prevalent in rural areas whereas diabetes is more a disease of the urban and richer group. Again, asthma is more prevalent in rural areas (3394 per lakh population) than in urban areas (1931 per lakh population) and considerably high among the male than the female (NFHS-2). According to NFHS-2, number of persons reported to be suffered from jaundice is quite higher in Assam than all India average. But there are no rural-urban differences in Assam regarding the number of sufferers. But, in case of malaria, rural residents of Assam are more likely to suffer than the urban one.

2.6 Inter District Disparity Regarding Rural Health

Another problem confronting the rural health sector is the inter district disparity. Some districts are performing well whereas some others performed poorly. Poor performances in certain regions eventually obstruct the overall performance of the state.

2.6. a. Inter District Disparity Regarding Child Health

There is greater diversity between the districts of Assam regarding the IMR, Neo-natal Mortality Rate, Post Neo-natal Mortality Rate.

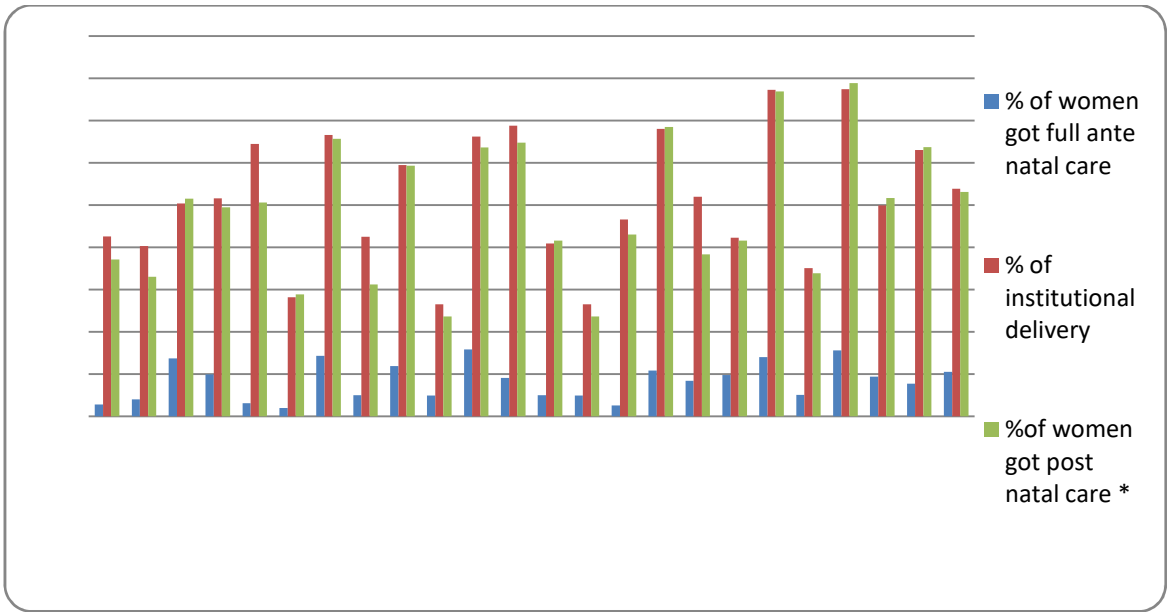
Regarding Neo-natal Mortality, rural areas of districts like Sonitpur, Nalbari, Morigaon, Karimganj, Jorhat, Golaghat, Dhubri are facing serious problem with the Neo-natal Mortality Rate more than the state average in rural areas (42). In case rural areas of districts NC Hills, Karbi Anglong, Hailakandi, Dhemaji, Darrang, Bongaigaon, Barpeta situation is better than rural Assam average in case of Neo-natal Mortality In case of Post Neo-natal Mortality Rate, all Assam average is 22 in case of rural areas whereas in case of urban Assam, it is 12 only. Rural areas of districts like NC Hills, Nagaon, Morigaon, Kokrajhar, Darrang, Post Neo-natal Mortality Rate is higher than state average. In rural areas of districts like Tinskia, Nalbari, Lakhimpur, Jorhat, Goalpara, Golaghat, Dibrugarh, Dhemaji, Barpeta, situation is quite better than state average regarding Post Neo-natal Mortality as per Annual Health Survey 2010-11.

Under Five Mortality Rate in rural Assam is exactly double of urban Assam. Again, there is some gender disparity in case of rural Assam regarding Under Five Mortality Rate. Except Goalpara and Hailakandi, in the rural areas all the districts of Assam, under Five Mortality in case of girl child is higher than male child. In case of male child, highest Under Five Mortality has been observed in case of Rural Hailakandi. Districts like Kokrajhar, Morigaon, Dhubri, Darrang are also facing higher rate of Under Five Mortality than all Assam average for male babies.

2.6. b. Inter District Disparity Regarding Maternal Health

Regarding maternal health and health care also much diversity observed among the districts of Assam. From figure 2.4, it has been clear that in regard of percentage of institutional delivery in rural areas, all districts of upper like Dhemaji, Dibrugarh, Golaghat, Jorhat, Sibsagar, Tinsukia are performing quite well than rural Assam average. But, in lower Assam, only Kamrup and Nalbari are performing above all Assam average in that matter. In Barak valley also, districts are not doing well. In rural areas of all most all districts, percentage of women received post-natal care is almost same with the percentage of institutional delivery. This is because who one goes for intuitional delivery will definitely get the post-natal care also immediately after delivery. Again, percentage of women received full ante natal care is quite lesser in rural areas of all districts of Assam.

Fig.2.4: Inter district Disparity regarding IMR in Rural Assam with its Components

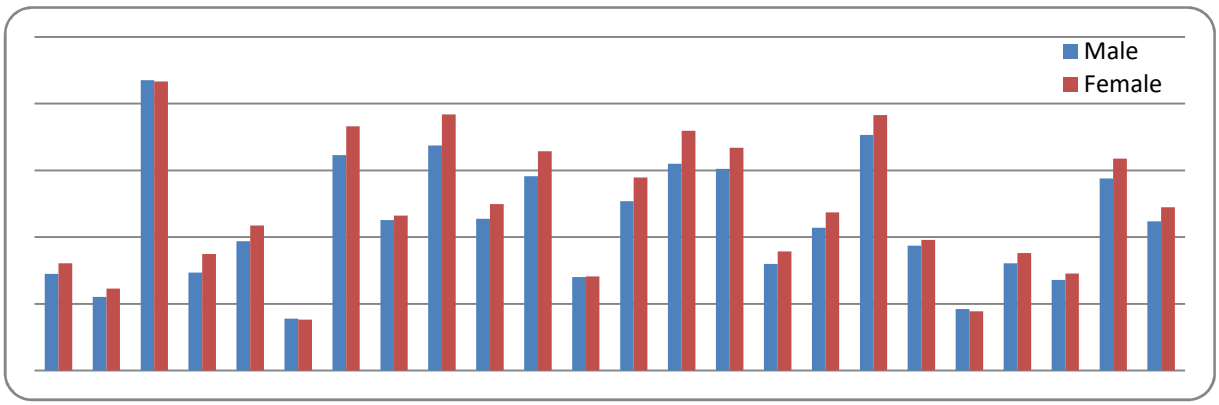


*Within 48 hours of delivery
Source: Annual Health Survey 2010-11.

2.6. c. Inter District Disparity Regarding Types of Disease

Acute diseases are more prevalent in rural Assam as already discussed. But there is inter district disparity regarding the number of patients suffered from different types of acute diseases in rural Assam as observed from figure 2.5.

Fig. 2.5: Gender Disparity in Acute Disease in the districts of Rural Assam

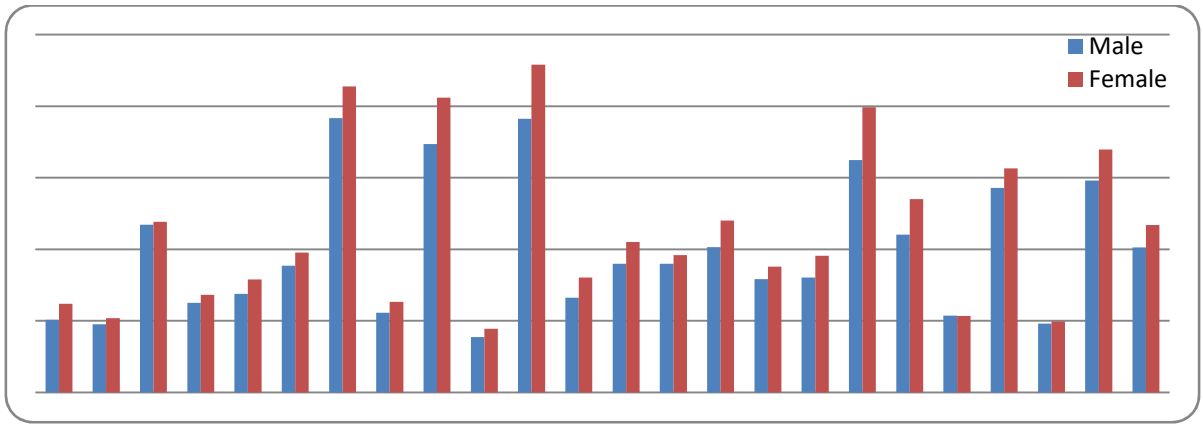


Source: Annual Health Survey 2010-11

In rural areas of districts like Cachar, Dibrugarh, Golaghat, Jorhat, Karimganj, Kokrajhar, Nagaon, Tinsukia, number of persons suffering from acute illness are quite higher where as in the rural areas of Barpeta, Bongaigaon, Dhubri, Kamrup, Lakhimpur, NC Hills and Lakhimpur, it is lower than all Assam average.

Another important dimension is there in terms of gender disparity regarding the number persons suffering from acute illness in rural Assam. This disparity reflects the fact that female themselves and their family members are less conscious about their health. Except a few districts Cachar, Dhubri, Kamrup, NC Hills in all other districts number female suffered acute illness per lakh population is more than the number male as observed from figure 2.5. In case of chronic illness also same trend has been observed except NC Hills as shown in figure 2.6.

Fig. 2.6: Patients suffering from any kind of symptoms of chronic illness in the districts of Rural Assam



Source: Annual Health Survey 2010-11

In rural Jorhat, number of persons suffered from any kind of symptom of chronic illness is highest among the districts of Assam. Along with rural Nagaon in rural Jorhat also gender disparity in this regard is highest. In all most all the districts of upper Assam, percentage of people suffering from any kind of symptom of chronic illness is quite higher than other parts of the state. In lower Assam, condition of rural Nalbari is worse than all Assam average both for male and female as shown from figure. 2.7. Kokrajhar is all most same situation as all Assam average. In Barak valley, in rural areas of Cachar district, more people per lakh are suffering from any kind of symptoms of chronic illness. But, other districts in this valley are in better situation than all Assam.

2.7 Conclusion

Though, various health policies and programmes were introduced in India including National Health Policies and National Rural Health Mission to restructure and revise the previous health policies in the light of *United Nations' Millennium Development Goals*; our health status is quite away from the MDGs till today particularly in case of rural Assam. Regarding adult health also, lots of communicable diseases like malaria, tuberculosis, jaundice etc are more prevalent in rural Assam. Besides, asthma and goitre are some other types of diseases prevalent in rural areas. Again, gender disparity regarding health status is another dimension. Above all, considerable inter district disparity has been observed regarding people's health status and health care utilization in rural Assam. Even the various targets set under National Rural Health Mission with special focus to rural Assam have not yet fulfilled. This wide disparity between the policy targets and the reality implies that for vulnerable sections of society, access to public health services may be nominal and poor in quality. One important point to be noted here is that for improving the health status of the people in a country, availability and accessibility of quality health care are the essential condition but not the sufficient condition.

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Chapter 3

Access to Health Care in Rural Goalpara District: A Comparative Study

3.1 Introduction

Health care provision is simply a manifestation of society's organization and distribution of scarce resources in space. According to Starfield (1998), there are two main goals for any health care service. The first is to optimize the health of the population by employing the most advanced state of knowledge about the causation of disease, illness management and health maximization. The second, but, equally important goal is to minimize the disparities across population subgroups so that certain groups are not at a systematic disadvantage with regard to their access to health care. These will lead the way towards achievement of optimal health status. But, in present day world, there are wide disparities in the availability of welfare facilities including those for health care at the international, national and regional levels (Akhtar et al 1994). There is shortage of trained personnel, inadequate preventive and curative care for maximum people, shortage of drugs and exorbitant prices. Especially, in case of developing countries, such supply side constraints are more. This is the main cause of excess morbidity and mortality in third world countries where affluent sections enjoy the similar health status with that of most people in developed countries. In case of India too, there is wide spatial variations exist in regard of health care provision.

Present chapter is an attempt to give a clear picture about the access to health care in rural Assam as well as rural Goalpara in comparison to all India level and inter-state level of India and inter-district level of Assam. This chapter tries to assess the health care facilities and their critical inputs as per the norms. This chapter is mainly on availability and accessibility component of access to health care. Availability component will mainly focus on the available amount of health care institutions in rural areas and the provision of manpower and infrastructure in those institutions. On the other hand, accessibility component will concentrate on the spatial availability of health care provision. One important point to be noted here is that this study is basically on public health care system. This is because in India around 21.92% people live below the poverty line in 2011.

Against this, in Assam 31.98% of people live below poverty line. Besides this, considerable numbers of people are just above the poverty line in the state especially in rural areas. For these people, taking health care from the private sector is a matter of hardship. Poverty and ill heath are intimately related. Catastrophic health expenses are one of the major push factors into the poverty across the world (Rajasekhar et al 2011). Eleventh plan of India has also accepted the close link between poverty and ill health in our country. Again, majority of people in our country lives in rural areas where qualified doctors are reluctant to provide their services. So, giving more emphasis to the private sector health care will fail to satisfy the second goal of the health care services. Again, we do not even basic statistics about private health care provision in rural areas. So, this chapter is an effort to understand about the public provisioning for health care service in the country especially in rural Assam with special focus on rural Goalpara.

The outline of the chapter is as follows. Section 3.2 elaborates on the methodology used; section 3.3 of the chapter discusses about the prevailing public health care system in rural India. Section 3.4 discusses about the progress in health care infrastructure in rural India and the present status of the health care infrastructure and manpower in rural India. Section 3.5 compares about the availability and accessibility of health care in rural Goalpara in comparison to national level and inter-state level, section 3.6 is on inter-district comparison of availability and accessibility of health care in rural Goalpara, section 3.7 is on rural Goalpara where a detailed study on the spatial as well as infrastructure availability in health care are done. Finally, section 3.8 is the conclusion of the chapter.

3.2 Data and Methodology

This chapter mainly deals with the first research question of the study. The main data bases of this chapter are village data of Census 2001 and 2011, Bulletin of Rural Health Statistics, District Level Household Data (DLHS) 3, Facility Survey of Public Health Institution in Assam; a report by Advent Health Care group, NRHM, and Statistical Hand Book of Assam 2010. Composite index has been constructed on the basis of secondary data to capture both availability and accessibility of health care to have an idea about the relative position of Goalpara among the districts of Assam.

3.3 Structure of Rural Health Care System in India

The health system in India, especially at rural areas, at present, is the synthesis of the recommendations of various committee reports on health like Bhore committee report, Mudaliar Committee, Jungawalla Committee report, Karter Singh Committee report, Srivastav Committee report etc. The present health care system in India is a three-tier structure to provide health care services to its people as – primary, secondary and tertiary sector. The first tier, known as primary tier, has been developed to provide health care services to the vast majority of people in rural areas. Again, the primary tier comprises of three types of health care institutions: sub centres (SCs), primary health center (PHCs) and community health center (CHCs). The rural health care infrastructure has been developed to provide primary health care services through a network of integrated health and family welfare programme **(Majumder et al (2004).**

The three tiers of rural health system have been discussed below in details

a. **Sub Center (SC):** Sub center is the first contact point between health workers and village community. There is a national norm of population coverage to be served by a sub center. In case of a plain area, it is 5000 people against 3000 people in hilly areas / tribal areas. The basic services to be provided by a sub center are registration and ante / postnatal services for pregnant women- checkups, general examinations, injection, minimum laboratory investigations, new born care, full immunization of all infants and children, treatment of minor ailments, first aid in accidents and emergencies, family planning and contraception- copper t, contraceptive pills, condoms etc. Besides those, it acts as the referring agent for high-risk pregnancies, accidents and emergencies to the PHCs.

b. **Primary Health Center (PHC):** Primary health center is the first contact point between village community and doctor. The activities of a PHC involve curative, preventive, promotive and Family Welfare Services. It acts as a referral unit for 6 SCs. National norms of population coverage of a PHC are 30,000 in plain area and 20,000 hilly tribal areas. In addition to the services, provided by sub centers, each PHC has to perform some other responsibilities. Indoor and outdoor patient services, 24 hours delivery services; both normal and assisted, sterilization services, accident and emergency services etc. are some of

the responsibilities of the Primary Health Centers. Again, basic laboratory services and microscopic services – TCL / DLC, urine, TB, malaria etc. are also provided by PHCs.

c. **Community Health Center (CHC):** Community Health Centres (CHCs) help provide specialized healthcare services to people in rural areas and acts as a referral center for 4 PHCs. It has 30 indoor beds with one operation theatre (OT), X-Ray, Labour Room and Laboratory facilities. According to the national norms each CHC should serve 1,20,000 people in a plain area and 80,000 people in hilly area. Various services done by a SC or a PHC are the responsibilities of a CHC also. Besides those functions, a CHC should perform some other duties like surgery emergency, obstetric emergency, various diagnostic services like ECG, X-Ray, and ultra sound etc. All the National Health Programmes like HIV/AIDS, Leprosy, and Blindness are also served under CHC.

Besides, NRHM has introduced a new kind of health care services known as Mobile Medical Units for each district by 2009. Different rural health care institutions have different staffing pattern depending on their duties.

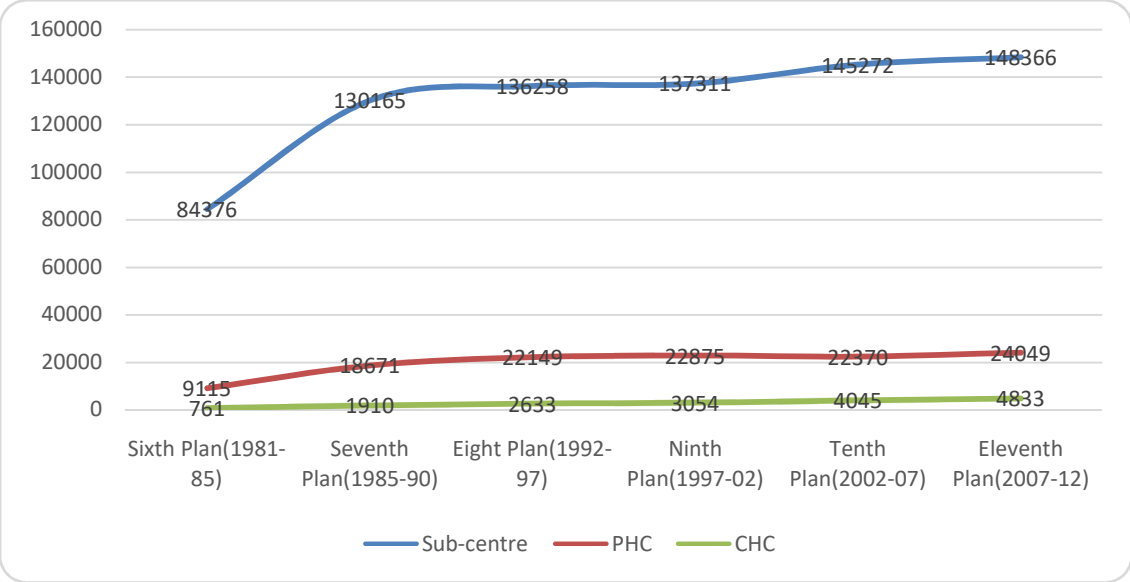
3.4 Rural Health Care System of India

3.4.1. Progress in the Rural Health Care System in India:

Progress of Sub Centres, which is the most peripheral contact point between the rural health care systems and the community, is a prerequisite for the overall progress of the entire system. An observation on the rural health care system of India has made it clear that in 1985 that is at the end of sixth plan, there were 84, 376 Sub Centres. The number increased to 1, 30, 165 at the end of seventh plan and to 1, 48,366 at the end of eleventh plan. Progress has been experienced in the number of PHCs also. At the end of sixth plan that is in 1981-85, it was 9115. This figure has become almost doubled to 18671 at the end of seventh plan (1985-90) and rose to 22370 at the end of tenth plan (2002-07). As on March 2012, there were 24049 PHCs functioning in the country. Number of CHCs has also increased from 761 at the end of sixth plan (1981-85) to 1910 at the end of seventh plan (1985-90) and 4045 at the end of tenth plan (2002-07). Finally, it became 4833 at the end of eleventh plan.

From the figure 3.1, it has been clear that the growth in the number of Sub centers was highest from the sixth plan to seventh plan. Not only in case of SCs, in case of PHCs also, there was significant increase in the number. Perhaps, because this was the immediate period after the inception of India's first health policy. However, the rate of growth in the number of CHCs has not shown the required amount of growth.

Fig. 3.1: Progress of Rural Health Care System in India



Source: Bulletin on Rural Health Statistics, March, 2012, GoI.

3.4.2. Availability of Rural Health Care during NRHM period

Total number sub-centres have increased 146026 to 148366 during last seven years from 2005 to 2012 whereas number of PHCs has increased from 23236 to 24049 from 2005 to 2012.In case of CHCs also; it has risen from 3346 to 4833 during this period

Fig. 3.1: Rural Health Care in India under NRHM

Type	Total number in 2005	Average population served (based on census 2001)	Total number in 2012	Average population served (based on census 2011)
Sub-centre	1,46,026	5,078	1,48,366	5,615
PHC	23,236	31,918	24,049	34,641
CHC	3,346	2,21,656	4,833	1,72,375

Source: Bulletin of Rural Health Statistics 2012, Census 2001, Census 2011.

After the introduction of NRHM, rural health care system of India seems to be improved. But it will be more appropriate if we consider about the average number of populations served by each type of health care system as shown in table 3.1. So, in case of average number of populations served by each SCs and PHCs, burden of health care has been increased instead of decreasing which are actually not up to the standard of national norm even today. But, in case of CHCs, average number of populations served by each of the CHCs has improved during the period 2005 to 2012; but still quite away from national norm.

3.4.3. Accessibility of Rural Health Care in India

Accessibility reflects the distance to health facilities. After controlling individual and household variables, such as length of previous birth interval, and maternal age and education, increasing distance to a hospital is accompanied by a rise in mortality risks of children: mortality rates for children living further than ten miles from a hospital are 40 percent higher than those for children living within three miles. Mortality rates are 54 per cent higher when children live further than five miles from a doctor than when a doctor resides in their village **(Frankenberg, 1995).**

DLHS-3 has given some idea about the accessibility of health care in India. According to this survey, in India, 71.4% of the villages that have been surveyed have Sub Centres within 3 kilometers from the respective villages. Again, 71.2% villages have PHCs within 10-kilometer distance.

3.4.4 Man Power in the Rural Health Care of India

It is by now widely acknowledged that a health worker, as an integral part of health systems, is a critical element in improving health outcomes. The World Health Report2006: working together for health sounded the alarm that without sufficient numbers of adequately trained and supported health workers, there is a significant risk of not attaining the health-related Millennium Development Goal (MDGs) (WHO, 2006). In India, there is a short fall of multipurpose workers (female/ANM at SCs and PHCs) by not more than 4%. But there is large number of vacant positions of doctors, nurses and paramedical personnel exist in the country.

Table 3.2: Shortfall in Health Personnel in Rural Health System- All India

For the Existing manpower	Required	In position	Shortfall
Multipurpose workers (female/ANM at SCs and PHCs	172415	165785	6630(3.84%)
Health Workers (male)/ MPW(M) at SCs	148366	51705	96661(65.16%)
Health Assistant (Female)/LVH at PHCs	24049	16109	7940(33.01%)
Health Assistant (Male) at PHCs	24049	14648	9401(39.09%)
Doctors at PHCs	24049	28984	**
Total Specialist at CHCs	19332	5858	13474(69.69%)
Radiographer at CHCs	4833	2342	2491(51.54%)
Pharmacists at PHCs and CHCs	28882	26219	2663(9.22%)
Laboratory Technician at PHCs and CHCs	28882	17525	11357(60.67%)

Source: Bulletin of Rural Health Statistics (2012), MoHFW, GOI.

A good percentage of women in rural areas are reluctant go to health facilities due to lack of lady medical officer (NFHS 3data). But, as per Bulletin of Rural Health Statistics (2011), only 20.89% of PHCs in India are serving lady medical officer. The extent of availability of human resources at CHC level in India is also not very encouraging according to the same survey. Only 44% of the CHCs have at least one Gynecologist in position.

3.4.5 Infrastructure in Rural Health Care of India

Besides sufficient number manpower, physical infrastructure is an important component for smooth functioning of the health care system. Unfortunately, Bulletin of Rural Health Statistics 2012 data has proven the inadequacy of the health care infrastructure in rural India as shown in table 3.3.

In rural India, 25.5% Sub-centres and 10.7% PHCs are without regular water supply whereas 25.5% Sub-centres and 8.0% PHCs are without electric supply. So, it is not possible for those PHCs to provide 24×7 services to the patients. Besides, only 34.4% PHCs are with operation theatre. Again, 67% of the existing PHCs are with at least 4 beds and 46.37% of the existing PHCs are with referral transport facility.

Regarding CHCs also it has observed that merely 80.65%of the CHCs have functional OT and 65.71% of the CHCs have the new born care services. Unfortunately, only 18.41% of the CHCs are with all four specialists. In other words, rural health care system of India fails to provide the stipulated services to a greater extent.

Table.3.3 Infrastructure Facilities in Sub centre and PHCs (in %)

Type of Infrastructure	**% of the Existing health care institutions**	
	Sub-centre	**PHC**
1.Without Regular Water Supply	25.5%	10.7%
2. Without Electric Supply	25.5%	8.0%
3.Without all-weather Motor able Approach	6.6%	5.8%
4.With Operation theatre	NA	34.4%
5.With at least 4 beds	NA	67.0%
6.With Referral Transport Facility	NA	46.37%

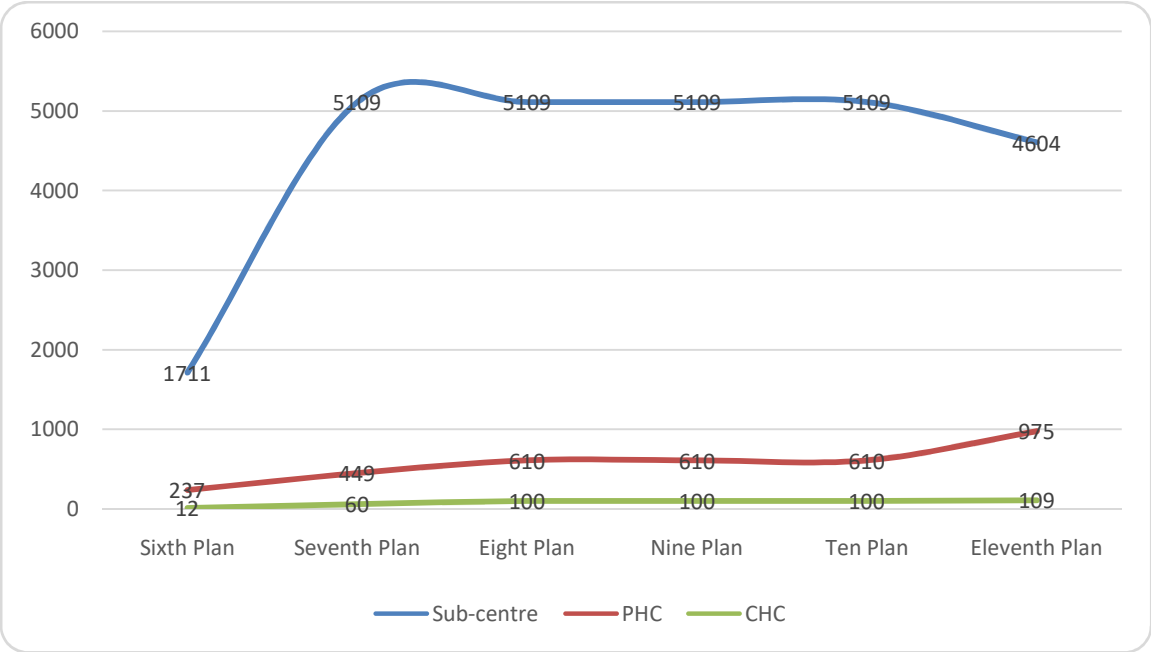
Source: Bulletin of Rural Health Statistics, 2012, MoHFW, GOI

3.5 Comparative Study of Rural Health Care of Assam as well as Goalpara

3.5.1. Progress in the Rural Health Care System in Assam

In case of rural Assam, in the 6th plan that is in 1981-85, total number of existing Sub centre was 1711. Like at the national level, in Assam also, numbers of sub centers jumped to a higher-level during 7th plan (1985-90) as the outcome of India's first health policy in 1983. During 7th plan, it rose to 5109 and thereby continued the same figure upto10th plan that is up to 2002-2007. Then, suddenly it fell to 4604 during eleventh plan as shown in figure 3.2. This fall in the number of Sub centre in Assam was due to up gradation of some Sub centres to a higher status as a part of NRHM programme. In case of PHC, from 6th plan to 7th plan, number of PHC functioning in Assam has increased from 237 to 449 which may also be the outcome of the introduction of the National Health policy 1983.

Fig.3.2: Plan wise Progress in the rural health system in Assam



Source: Bulletin on Rural Health Statistics, March, 2008, Govt. of India

Again, if we consider about CHC, it would be clear that it had been increased from 12 to 60 from the plan to the seventh plan. After then number of CHCs also remains constant up to 10th plan. Finally, in at the end eleventh plan it became 109.

3.5.2 Availability of Health care

To have an idea about the availability of rural health care system of Assam as well as Goalpara district, comparison have been done with some selected better performing states and worse performing states. Regarding average population served by each of the Sub-centre, position of rural Assam is better than states like Kerala, Bihar. But it is worse than states like Goa, Tamilnadu even states like Orissa. But, in case of rural Goalpara, with 5762 persons serving by each of the Sub-centre, its condition is weaker except in case of Bihar in table 3.4. But, one good thing about the rural health care system of Goalpara district is the availability of adequate number of PHCs. In that regard condition of Goalpara district is not just better than rural Assam; even quite better than those states like Kerala, Tamilnadu etc which are enjoying the same health status of those countries having very good ranking in HDI. Regarding the available number of CHCs, along with the poor performing states some of the better

performing states in regard of health status like Kerala, Tamilnadu are also lagging behind the required number.

Regarding the availability of CHCs, condition of Assam is a matter to be worried as with 212993 people to be served by each of the CHCs meaning there are only 50% of the required CHCs are existed in the states. But, if we consider about the situation of rural Goalpara, it is worst with 435060 people to be served by each of the CHC which is at least four times larger than the national norm. So, the rural health care system of rural Goalpara is overburdened.

Table3.4: Inter State Comparison of Rural Health Care System

State/District	**Average Population Served**		
	Sub-centre	PHC	CHC
Goa	3,271	34,641	1,72,374
Tamilnadu	4,011	28,461	39,549
Kerala	5,152	29,140	1,08,638
Orissa	4,678	25,519	82,990
Bihar	7,669	39,890	10,61,667
Assam	5,042	23,811	2,12,993
Goalpara	5,762	20,717	4,35,060

Source: Calculated on the basis of Bulletin of Rural Health Statistics (2012), MoHFW and Census 2011 population data of GoI.

3.5.3 Accessibility of Health Care

In rural Assam, regarding the accessibility of Sub centre, the state is in quite better position than all India level. In case of Sub-centre, 83.2% villages of Assam have a Sub-centre within 3 km as against 71.4% villages of all India. In case of accessibility of a PHC, the state is in worse condition than the all-India level. Here, only 68.3% of the villages have PHC within 10 km distance against 71.2% villages at all India level. This is a serious matter because PHC is a very important institution of the rural health care system which acts as referral unit for 6 Sub-centres. Even, state like Tripura in northeast, 78.9% villages have a PHC within 10 km distance from their village.

Table3.5: Comparative Accessibility of Health Care Facility in Rural Assam (in %)

States / Villages	Kerala	Tamilnadu	Bihar	Orissa	Tripura	Assam	India
SC within 3 KM	99.8	83.7	74.2	80.7	80	83.2	71.4
PHC within 10 KM	94.9	78.5	70.6	83.6	78.9	68.3	71.2

Source: District Level Household Survey (DLHS)-3(2006-07) fact sheet, GOI & IIPS Regarding accessibility of sub-centre relative position of rural Goalpara is better than Assam.

As per India Development Indicators (2012), in rural Goalpara 84.4% villages have sub-centre within 3km. But, in that regard, districts like Golaghat, Lakhimpur, Sonitpur, Morigaon, Dibrugarh, Karbi Anglong, Sivsagar, Dhemaji, Nagaon, Dhubri, Kamrup(m), Karimganj, Hailkandi are in better position whereas Dima Hasao, Udalguri, Baksa, Jorhat, Tinsukia, Kokrajhar, Nalbari, Kamrup(r), Darrang, Barpeta, Bongaigaon, Cachar, Chirang are in worse condition than Goalpara district.

3.5.4. a. Manpower in the Rural Health Care in Assam

As per Bulletin of Rural Health Statistics 2012, in Assam, there are no shortage regarding health worker (female) ANM, doctors on PHCs, regarding pharmacists and laboratory technician and nursing staff at PHCs and CHCs. But, in case of total specialist (surgeons, gynecologists, physician and pediatrician) and radiographers, there are shortages by 62.02% and 40.37% of the existing CHCs in Assam. But, when there are shortages of doctors in these institutions, the burden of treatment and care, generally falls on the nursing and paramedical staffs who actually not eligible to provide those specialized health care services.

3.5.4. b. Manpower in the Rural Health Care in Goalpara District

As per the Facility Survey of Public Health Institution in Goalpara, 77.3% Sub-centres have one ANM whereas 19.8% have two ANMs. But,

male Multi-purpose Health Worker (MPHW) is available only in 27% which is actually a vital component for smooth functioning of a Sub-centre. Again, voluntary worker is existed in 89.7% of the Sub-centres of rural Goalpara.

In case of Block PHC, in Goalpara district, all the PHCs have two or more than medical officers whereas in case of all Assam, only 79.2% of the Block PHCs have two or more doctors. Regarding the availability of Lady Doctors and staff nurses also, condition of the Block PHCs of rural Goalpara is better than rural Assam. Again, in the Block PHCs of rural Goalpara, laboratory assistants and ophthalmic assistants are available in all the PHCs whereas in rural Assam, laboratory technician and ophthalmic assistants are available in 86.6% of Block PHCs and 64.9% only Block PHCs respectively. There is shortage of Male Health Assistant and Female assistant in the Block PHCs of rural Goalpara.

In case of Mini PHCs of rural Goalpara, 93.7% of them have one doctor against 69.5% of Mini PHCs of rural Assam possess one doctor. There is no Mini PHCs having two or more doctors in rural Goalpara whereas in case of rural Assam, 16.1% of the Mini PHCs have two or more doctors. Regarding the availability of Lady Doctor or pharmacist, condition of the Mini PHCs of rural Goalpara is better than rural Assam. On the contrary, regarding staff nurse, laboratory technician, and ophthalmic assistant, male health assistant, female health assistant position of the district is weaker than all Assam level.

In regard of availability doctors and pharmacist in Subsidiary Health Centre (SHC), rural Goalpara is in a satisfactory condition with all the SHC having two or more doctors and pharmacists. But there is a loophole in the system with virtually nonexistence of any Lady Doctor in those SHCs. In regard of availability staff nurse and laboratory technician, condition of the district is better than the state; but not in a satisfactory condition in true sense. Posts of ophthalmic Assistant, male health assistant and female health assistant are vacant. In case of State dispensary (SD), condition of the district weaker than all Assam regarding all most all the positions except male health assistant.

Table 3.6 Manpower in PHCs of Goalpara and all Assam (%)

Types of PHC	One doctor	Two or more Doctors	Lady doctor	Three or more Staff nurse	Parmacist	Laboratory technician	Health assistant (male)	Health assistant (female)	Ophthalmic assistant.
Block PHC									
Goalpara	0.0	100.0	33.3	40.0	80.0	100.0	40.0	60.0	100.0
Assam	16.8	79.2	18.7	28.1	85.9	86.6	53.0	73.8	64.9
Mini PHC									
Goalpara	93.7	0.0	18.7	0.0	93.7	25.0	6.2	6.2	0.0
Assam	69.5	16.1	11.3	2.9	80.6	30.6	9.4	14.5	4.1
Subsidiary Health Centre (SHC)									
Goalpara	0.0	100.0	0.0	50.0*	100.0	50.0	0.0	0.0	0.0
Assam	59.4	30.0	8.6	33.8*	84.0	49.2	8.6	24.6	5.7
State Dispensary(SD)									
Goalpara	75	8.3	0.0	0.0	0.0	0.0	83.3	0.0	8.3
Assam	74.2	10.0	10.4	2.9	12.9	2.5	80.4	8.3	14.2

* -at least one staff nurse
Source: Facility Survey of Public Health Institution in Assam; a report by Advent Health Care group, NRHM.

Although condition of rural Goalpara is more or less good than rural Assam in regard of available manpower in PHCs, regarding availability of manpower in CHCs, status of the district is quite poor than rural Assam.

According to norms of the rural health care system of India, each CHC should provide various specialized services like surgery, gynecology and obstetrics care, emergency care, child care etc. But, unfortunately, in the CHCs of the district, there is no surgeon, no physician whereas in case of CHCs of Jorhat, Sivasagar, Tinsukia in upper Assam, Kamrup, Nagaon in central Assam and Nalbari, Bongaigaon Barpeta in lower Assam is in a better position regarding the availability of specialized medical officer. In case of rural Assam, 14.7% and 6.9% of the CHCs have surgeon and physician. There is no radiographer at all. Morigaon, Goalpara and Hailakandi are the only districts in the state of Assam that do not have a

radiographer in any of its CHCs whereas Jorhat and NC Hills have radiographers in all CHCs.

Table 3.7: Manpower in the CHCs of Goalpara and all Assam (%)

Manpower	Goalpara	Assam
1. Surgeon	0.0	14.7
2. Physician	0.0	6.9
3. Gynecology and obstetrics	33.3	27.5
4. Pediatrician	33.3	11.8
5. Eye specialist	33.3	33.3
6. General Duty Medical Officer (GDMO)	100.0	100.0
7. Auxiliary Nurse Midwife (ANM)	100.0	78.5
8. At least seven staff nurses	66.7	89.2
9. Pharmacist	100.0	79.4
10. Laboratory Technician	100.0	72.5
12.Radiographer	0.0	39.2
13.Ophthalmic Assistant	66.7	46.1

Source: Facility Survey of Public Health Institution in Assam; a report by Advent Health Care group, NRHM.

In contrast to specialized health care, General Duty Medical Officer (GDMO) is available in all CHCs of rural Goalpara. Regarding gynecology and obstetrics and pediatrics, condition of the CHCs in the district is better than rural Assam. Percentage of CHCs having eye specialist is same in Rural Goalpara and rural Assam. Regarding the availability of ANM, condition of the district is appreciable as every CHC have their ANM. In case of laboratory technician and pharmacist also, condition of the district is satisfactory. But there is a shortage of staff nurses which is quite big problem. Only 66.7% CHC have at least seven nurses which is actually required for each CHC. Except Kokrajhar, Karimgang and Cachar, all the district of Assam is in better than rural Goalpara in that aspect.

3.5.5. a. Infrastructure in the Rural Health Care in Assam

According to DLHS-3 fact sheet for Assam for the year 2007-08, merely 22% of the surveyed Sub-centres are equipped with regular water supply whereas 76.7% has toilet facility respectively. Only 64.6 % of the PHCs surveyed possess at least four beds which are slightly less than the

national average. There is another thing to be surprised is that merely 57.6% of the surveyed PHCs are equipped with regular power supply whereas PHCs are assigned with the responsibility to serve people by 24 × 7 basis which is quite impractical. Again, new born care equipment is available in 43% PHCs and functional operation theatre (OT) is available in 72.3% of the PHCs. About 80% of the PHCs in the state have functional vehicle against 37% at national level which is a matter of satisfaction. In case of CHCs, only 24.1% of the CHCs have functional OT which is the matter to be worried. Regarding the new born care services at CHCs, situation of rural Assam is satisfactory with 88.9% CHCs having that facility. Regarding blood storage facility also rural Assam is quite above rural India with 25.9% CHCs having this facility.

According to Facility survey in Public Health Institutions in Assam, 2007 in 100% CHCs of rural Assam, have 24 hours emergency services, 24 hours delivery services laboratory services. There is no provision for ultrasound in CHCs and 66.7% of CHCs have X-Ray services and referral transport facilities of each. Again, OPD service is available in all the PHCs. 24 hours service is available in 80% of block PHCs Inpatient facilities, 24% delivery services facilities and laboratory services are extremely poor in the PHCs.

3.5.5.b. Infrastructure in Rural Health Care of Goalpara District

According to Facility survey in Public Health Institutions in Assam, 2007, in Goalpara, only 48.4% of the total Sub-centres are functioning in their own building. Unfortunately, only 14.4% of the Sub-centres in rural Goalpara have electricity provision. 5.2% Sun-centres in rural Goalpara have piped water facility and 30.0% have hand pump facility. Only 20.9% of the Sub-centres have flush toilet facility. However, not only in rural Goalpara, but also in whole Assam due to lack of proper water supply facility the flush system is unworkable. Again, residential facility is available in 29.4% of Sub-centres of Goalpara; but ANM stays regularly only in 8.5% Sub-centres. As per the norms of the Indian Public Health System (IPHS), the equipment provided to the Sub-centres should be adequate to provide all the assured services in the Sub-centres. Those include BP instrument, weighing machine for adult, weighing machine for children, vaccine carrier, Kit C. But BP instrument is available in 69.9% Sub-centres whereas weighing machine for adult and children are available respectively in 70.5% and 28.7% Sub-centers. But, weighing machine for

infant is a crucial component for any health care institution in order to verify the low-birth-weight babies and mal-nourished babies.

Most of the rural health care institutions in rural Goalpara are lacking of the basic amenities and facilities. All the Block PHCs in rural Goalpara have the electricity facility whereas only 60% of them have generator provision. Although, 60% of the Block PHCs in rural Goalpara have the flush toilet facility; limited number are functional as because only 20% of the Block PHCs have the piped water facility. Further, telephone and ambulance facility are available in 60% and 40% Block PHCs respectively. Again, weighing machine, deep freezer, Ice lined Refrigerator (ILR) are available in all the Block PHCs. Medical Termination of Pregnancy (MTP) suction aspirator is totally nonexistent.

Due to non-availability of sufficient amount of telephone and ambulance facilities in different types of PHCs, communication system has been severely affected. Regarding BP instrument condition of the PHCs in Goalpara is not so bad. Weighing machine for infants is also available in sufficient number of PHCs except Mini PHCs as it is available only in 5% mini PHCs. An autoclave, an instrument used to sterilize equipment is very much essential in any health care institution. But, in case of rural Goalpara, it is available in a very limited number of PHCs.

Table 3.8: Availability of basic Amenities in Different Types of PHCs in Goalpara (in %)

Basic amenities	Block PHC	Mini PHCs	SHC	SD
1. Piped water supply	20.0	12.5	0.0	0.0
2. Flush toilet	60.0	87.5	50.0	41.7
3. Electricity	100.0	93.8	50.0	16.7
4. Generator	60.0	0.0	0.0	0.0
5. Telephone	60.0	0.0	0.0	0.0
6. Ambulance	40.0	6.2	0.0	8.3
7. BP instrument	80.0	93.7	100.0	75.0
8. Weighing machine for infants	100.0	15.0	100.0	91.7
9. Auto clave	40.0	37.5	50.0	16.7
10. Deep freezer	100.0	25.0	100.0	16.7
11. Ice lined Refrigerator (ILR)	100.0	18.7	50.0	16.7
12.Medical Termination of Pregnancy (MTP) suction aspirator	0.0	6.2	0.0	0.0

Source: Facility Survey of Public Health Institution in Assam; a report by Advent Health Care group, NRHM

Like Block PHCs, conditions of SHCs are quite good in regard of availability of deep freezer is satisfactory with 100% SHCs with that facility. But, Mini PHCs and SDs are in poor condition. Again, MTP suction aspirator is available only in 6.2% Mini PHCs. Apart from that no other type of PHC has that facility.

Table 3.9: Availability of Infrastructure in various Types of PHCs in Goalpara (in %)

Types	Examination Table	Labour Table	Iron Beds	Stretcher/Trolley
Block PHC	100.0	18.0	80.0	60.0
Mini PHC	81.2	56.2	31.2	0.0
SHC	100.0	100.0	50.0	100.0
SD	91.7	58.3	16.7	0.0

Source: Facility Survey of Public Health Institution in Assam; a report by Advent Health Care group, NRHM

In the district, all the Block PHCs and SHCs have examination table where as only 81.2% of the Mini PHCs and 91.7% of the SD have examination table. Further, labour table is available in all SHCs; but in case of Block PHCs, only 18% of them have labour table which create a serious problem as Block PHCs are the referral unit for SCs and other types of PHCs. In case of Mini PHCs and SDs, 56.2% and 58.3% of them have the labour table respectively. Highest number of iron beds are available in Block PHCs in contrast the lowest number of iron bed are available in SDs.

Only 66.7% of those CHCs have emergency/casualty service and operation theatre and only 33.3% of the CHCs have the blood storage facility (Facility survey, 2007). On the other hand, according to DLHS-3 survey, 50% CHCs in Goalpara have the blood storage facility. Actually, these type of variation between DLHS-3 report and the Facility Survey 2007 report have arose due to the fact that the Facility Survey 2007 report assumed the FRUs of each state as a CHC whereas DLHS-3 did not consider any FRU as a CHC. Again, according to the Facility Survey 2007, separate public utilities are available in 66.7% CHCs of Goalpara. Although, electricity is available in all CHCs in rural Goalpara, generator power back up is available in 33.3% CHCs. Incinerator is a device that combusts any amount of hospital waste and/or medical/infectious waste which is a important element for any rural health care institution. But, in Goalpara, no CHC has that facility.

3.6 Inter District comparison of the Rural Health Care of Goalpara in terms of Availability and Accessibility

In order to have a clear idea about the relative position of rural Goalpara among the districts of Assam, all the districts of the state are ranked in terms of composite indices indicated by Basic Rural Health Infrastructure (*BRHI*). For that both availability and accessibility components are taken into consideration because both the dimensions are important and neither of them alone is sufficient to rank the districts (**Goswami et al, 2012**). Dimension Index Technique of UNDP **(Anand et al, 1994)** is used for the construction of composite index of district wise rural health care infrastructure of Assam.

The Dimension Index of each indicator i can be written as

$$D_{ij} = \frac{X_{ij} - \min(X_{ig})}{\max(X_{ig}) - \min(X_{ig})} \quad \ldots\ldots\ldots\ldots i)$$

Where, X_{ij} is the actual value of ith indicator for district j. $\max(X_{ig})$ and $\min(X_{ig})$ are respectively the highest and lowest values for the ith indicator. D_{ij} lies between 0 and 1.

BRHI comprises of three Dimension indices

a. Population wise Basic Health Unit Index *(PBHUI)*:*PBHUI* is calculated on the basis of total number of SCs, PHCs, Dispensaries and CHCs against per lakh population
b. Population wise Bed Index *(PBI)*: *PBI* has been calculated on the basis of total number hospital beds in PHCs and CHCs per lakh population.
c. Area wise Basic Health Unit Index *(ABHUI): ABHUI* is based on total number of CHCs, PHCs, Dispensaries and Sub-centres per 100 square km. This criterion is useful in case sparsely populated area.

Therefore,

Population wise Basic Health Unit Index $(PBHUI) = \frac{X_1 - 16.14}{54.27 - 16.14}$

Population wise Bed Index $(PBI) = \frac{X_2 - 10.12}{70.12 - 10.12}$

Area wise Basic Health Unit Index $(ABHUI) = \frac{X_3 - 1.56}{31.14 - 1.56}$

Finally, Basic Rural Health Infrastructure **(***BRHI*) is arrived at by taking simple average of *PBHUI, PBI* and *ABHUI.*

$$\text{i.e., } BRHI = \frac{1}{3}(PBHUI + PBI + ABHUI) \ldots\ldots\ldots\ldots\ldots\ldots \quad (i)$$

Now, Basic Rural Health Infrastructure **(***BRHI*) for each of district will lie between 0 and 1. Higher *BRHI* value indicates higher level of achievement in Basic Rural Health Infrastructure and vice-versa.

Table3.10: Rank of the Districts in terms of Rural Health Infrastructure

District	PBHUI	Rank	PBI	Rank	ABHUI	Rank	BRHUI	Rank
Dhubri	0.024	26	0.071	22	0.563	3	0.219	13
Kokrajhar	0.304	4	0.115	19	0.194	19	0.204	16
Chirang	0.157	14	0.369	7	0.149	22	0.225	12
Bongaigaon	0	27	0.453	4	0.316	9	0.256	7
Goalpara	**0.169**	**11**	**0.369**	**7**	**0.356**	**5**	**0.298**	**6**
Barpeta	0.117	18	0.212	15	0.354	6	0.227	12
Nalbari	**0.286**	**5**	**1**	**1**	**0.578**	**2**	**0.621**	**2**
Baksa	0.144	15	0.203	16	0.290	12	0.185	17
Kamrup(M)	**1**	**1**	**0.357**	**8**	**1**	**1**	**0.785**	**1**
Kamrup	0.262	6	0.336	9	0.297	11	0.298	6
Darrang	**0.222**	**9**	**0.562**	**3**	**0.329**	**8**	**0.371**	**5**
Udalguri	0.130	17	0.260	12	0.288	13	0.226	12
Sonitpur	0.084	22	0.072	21	0.167	21	0.107	27
Lakhimpur	0.107	19	0.308	10	0.234	15	0.216	14
Dhemaji	**0.780**	**3**	**0.269**	**11**	**0.076**	**25**	**0.375**	**4**
Morigaon	0.068	23	.0008	25	0.312	10	0.127	25
Nagaon	0.061	24	0.034	24	0.341	7	0.145	23
Golaghat	0.100	20	0.226	14	0.134	23	0.153	19
Jorhat	0.163	12	0.043	23	0.184	20	0.130	24
Sivsagar	0.226	8	0.238	13	0.278	14	0.247	8
Dibrugarh	0.254	7	0.203	16	0.231	16	0.229	9
Tinsukia	0.051	25	0.172	17	0.121	24	0.114	26
Karbianglong	0.078	23	0.430	5	0	27	0.169	18
Dima Hasao	**0.937**	**2**	**0.816**	**2**	**0.002**	**26**	**0.585**	**3**
Karimganj	0.202	10	0	26	0.443	4	0.215	15
Hailakandi	0.091	21	0.125	18	0.225	17	0.147	20
Cachar	0.134	16	0.077	21	0.219	18	0.143	24

Sources: Calculated by using data from Statistical Hand Book of Assam 2010 and Census 2011 data.

In regard of PBHUI, rural Goalpara stands at 11th position. In that regard, Kamrup (Metro), Dima Hasao, Dhemaji, Kokrajhar, Nalbari (*PBHUI*), Kamrup (Rural) are in better position than the Goalpara district while districts like Dhubri, Bongaigoan, Morigaon, Nagaon, Karbi anglong are in weaker position as observed in table3.14. By attaining 7th position in case of PBI, Goalpara stands in a better position in comparison to PBHUI. Still, Kamrup(M), Darrang, Dima Hasao are in quite satisfactory position than Goalpara. ABHUI has been used to measure the capture the regional imbalances in regard of accessibility of health care. In that regard, position Goalpara district is relatively satisfactory as only Kamrup (metro), Dhubri, Nalbari, Karimganj districts are in better position than the district. Now the overall position of Goalpara district will be clear from Basic Rural Health Infrastructure Index (BRHUI). Among the districts of the Brahmaputra valley Kamrup(m), Nalbari, Dhemaji, Darrang and Dima Hasao and Karbi Anglong in Barak valley are in better position than Goalpara district regarding BRHUI as observed from table 3.14.

3.7 Conclusion

In this chapter comparative study about rural health care infrastructure of Assam as well as Goalpara district has been done. Here, it has been found that after launching the NRHM programme, there has been increase in the number of rural health care institutes in numerical sense. But, average number of populations served by each of the rural health care institutions in Assam are quite high even after considering Assam as high focus in the NRHM programme. On the other hand, position of rural Goalpara district is not only better than rural Assam in case of average number of populations served by each PHC but also better than other states taken into consideration enjoying quite better health indicators. But, in case of sub centre and CHCs condition of rural Goalpara is quite serious. Regarding accessibility of sub-centre position Goalpara district is quite better position than the all-Assam level as well as India. But, in case of internal infrastructure and man power, there is shortage in both rural Assam and Goalpara. It is really difficult for the even for the existing health care units to function smoothly without adequate provision of man power and infrastructure. Regarding availability and accessibility of rural health care, relative position of Goalpara is not so exemplary.

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Chapter 4

Socio-Economic Profile of the Sample And Choice of Health Care Institution

4.1 Introduction

To get an insight about the health care utilization behaviour among the people of rural Goalpara, no secondary data is available. This study, therefore, undertook a survey of a few sample patients of rural Goalpara to satisfy some of the objectives and research questions mentioned in Chapter I. First part of this chapter is on the methodological issues and the rest part gives an idea about the socio-economic profile of the sample patients and how it affects the choice of health care institution separately for out-patient treatment and in-patient treatment.

4.2 Methodological Issues in the Field Study

4.2.1 Cause of Selecting Goalpara district for Field Study

In order to study about utilization of health care in rural Assam, Goalpara district has been selected for field study as the district is a representative district of Assam. This district is multi-ethnic, multi-religious, multi-lingual and multi-caste district, which reflect the demographic pattern of Assam to a greater extent. A large number of ethnic groups like Rabha, Rajbangsi, Garo, Bodo, Hajong, Banai, Dalu etc. are in the district. Again, a large number of Schedule castes and other backward community people are living in the district. Further, along with the upper caste hindus, a large number of muslims are in the district. Another important cause which leads to select Goalpara is its rural health care system. As already discussed in Chapter III, condition of rural Goalpara is all most same in comparison to most of the districts of Assam in regard of the availability of Sub-centres. With mixed outcomes regarding the availability of various types of rural health care institutions, rural health system of the district stood at sixth position among the districts of Assam as per the analysis of chapter three.

4. 2.2. Sampling Design and Data Collection Tool

The sample has been selected using a multistage design. Three Development Blocks of the district have been selected for field study mainly on the basis of accessibility of PHCs in the villages of each block as per the village data of Census (2001). These blocks have been selected on the basis of number of available PHCs in each village of the respective development blocks within 5 kilometers, between 5-10 kilometers and above 10 kilometers. These three blocks are of different status in regard of available health care facilities i.e., the Balijana development block is in better condition, Rongjuli development block is in worst condition and the Khormouza development block is in between these two. After selecting the blocks, next stage is to select three such villages from each block which are purely representative of population of different social strata. From the Balijana block, three villages namely, Kalapani, Dorapara and Kurowa Bhasa are selected on that basis. From Rongjuli block, three villages, namely, Kothalmuri Palsa, Kayasthapara and Dhupdhora Pt-II are selected. Finally, from Kharmouza block, three villages, Nij Satrapur, Pandoba and Nalonga Pahartoli have been selected. Now, 30% households from each of the selected villages are selected randomly for field survey. So, a total of 845 households from rural Goalpara have been selected for the field survey. While taking the sample, utmost care was taken to capture variation in socio-economic background of the households.

The study dealt with both in-patient and out-patient treatments. In-patient treatment was considered on the basis of 365 days reference period. Here, among the people of 845 households, 132 ailment cases found during 365 days reference period where patients have utilized in-patient health care. Hence, in this case, sample size is 132 in case of in-patient care. For analysing the in-patient health care utilization behaviour, health care institutions were clubbed under two heads: (i) *Rural Primary Health Care (RPHC)* Institution which includes dispensaries, PHCs, CHCs, FRUs basically located in rural areas of Goalpara and the nearby areas of the district and (ii) *Urban Secondary Health Care (USHC)* Institution include Goalpara Civil Hospital, all the five nursing homes and the two-trustee hospital in Goalpara town.

Out-patient treatments cases are considered in 30 days reference period. Among the people of 845 households, 245 ailment cases found for 30 days reference period, where out-patient treatment were used. So, in

case of out- patient health care utilization, sample size is 245. In this case, types of health care utilised by the people are clubbed into three groups: (i) *Informal Health Care (IHC)* which includes self-medication without health personnel's advice, treatment by village *kabiraj, vadya* etc, (ii) *Rural Primary Health Care (RPHC)* institution which includes dispensaries, PHCs, CHCs etc and (iii) *other than IHC and RPHC* institution which include the health care provided by Urban Secondary Health Care Services *(USHC)* available in Goalpara town and the local private practioners located in both rural and urban areas of Goalpara.

4.3 Description of the Study Area

Balijana Block is located in the midst of the district. The Balijana block is the nearest block so far distance from the district head quarter is concerned. The demography of the block is multi-ethnic, multi-caste, multi religious. The number of Muslim inhabitants in the block is very high. A good number of Rabha and Garos have been living in the block. Further, along with Kalita a large number of Jogi have been living in the Balijana Block. Comparing to other blocks of the district the communication system particularly condition of the road is better in the block. Still, there is large number of villages without all-weather road communication. The socio-economic condition of the people is not so satisfactory. Along with agriculture, wage earning as labour is their main sources of livelihood. A few service holders and business men are there.

Among the Development Blocks, the Kharmuja block is located in the western part of the district. The block is almost 25 KM from the district head quarter i.e., Goalpara. The largest part of the population of the block is socio-economically backward. Along with cultivation, people of the block earned their livelihood as wage labour, carpenter, and kiln worker, labour in rubber plantations. A small number of people are engaged in government jobs and small business. The river Brahmaputra is flowing in the north side of the Kharmuja block. The 37 National Highway and the foothills of Meghalaya is the southern boundary of the Kharmuja block. Good number of inhabitants of the block has been victim of seasonal flood and riverbank erosion. The block is inhabited by people of different religious and ethnic groups. Along with Muslims of East Bengal origin, people from Other Backward Community i.e., Jogi, Scheduled Tribes i.e., Garo, Rabha, Hajong and Scheduled Castes like Harijan have been living in the block. Among the different religious groups, the

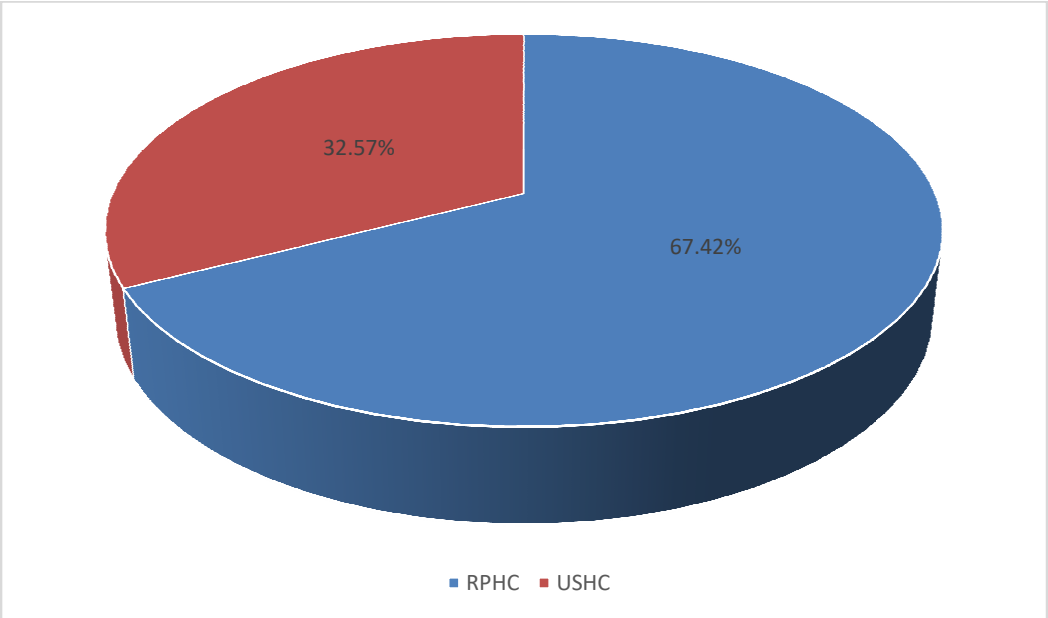
Muslims are the largest, whereas a good number of Christians and Hindus are also living in the block. The communication system of the block is not satisfactory. Large number of villages of the block has no provision of all-weather roads.

Rongjuli Block is the eastern most block of the Goalpara district. The block is bordering Garo Hills in the southern side and in the eastern side, the block share border with Kamrup district. The demography of the district is multi-ethnic, multi-caste, multi religious. Besides the general caste population and the OBC population, a good number of Rabha and Garos have been living in the block. The number of Muslim inhabitants in the block is marginal. There is large number of Scheduled castes population in the block. Economic condition of the household surveyed in the block is better in comparison to the Kharmouza block. The communication system is not bad in the surveyed village as there is all weather road facility in them.

4.4 Socio-economic Background and Choice of Health Care of the In-patient Sample

Regarding in-patient treatment, people in the study area rely upon RPHC institution mostly (67.42%). Only 32.57% of the patients from the study area opt for USHC institution for in-patient care as shown in fig 4.1.

Figure: 4.1: Choice of Health Care Institution for In-patient Care



Source: Primary data collected from field survey.

This type of choice of in-patient health care depends up on the socio-economic background of the sample to a greater extent.

4.4.1 Social Composition of the In-patient Sample and Choice of Health Care

Total population of the study area has been classified in to SC/ST and Others. Out of 132 in-patient sample, 31.81% of SC/ST group and the remaining 68.18% are from Others group (other than ST/SC).

Table 4.1 will reflact the choice of these social groups between RPHC institution and USHC institution for in-patient treatment. In case of ST/SC group, 70.58% have choosen RPHC institution and remaining 29.41% have choosen USHC institution for in-patient treatment. One important point observed from table 4.1 is that patient from Others group are less dependent upon RPHC institution than the ST/SC group. ST/SC group of population are more dependent on the RPHC than the Others group as 40.47% from Others group have been choosen USHC institution against 29.41% of the ST/SC group.

Table 4.1: Social Composition and Choice of In-patient Health Care

Category	RPHC institution	USHC institution
ST/SC	70.58%	29.41%
Others	59.52%	40.48%

Source: Primary data collected from field survey

4.4.2 Gender Profile of the Sample and Choice of In-patient Health Care

In the study area, 53% of patients who has undergone in-patient treatment are male whereas 47% are female. Here, female patients has shown greater preference for RPHC institution than the male patients as 63.23% of the male patients preferred RPHC for in-patient treatment whereas 73.43% female patients choose the same for in-patient health care. In case of USHC service, 36.76% of the male patients have chosen USHC institution for in-patient treatment against 26.56% of the female patients. So, gender dimension has influence in determining people's choice regarding in-patient health care to some extent.

4.4.3 Economic Condition and Choice of In-patient Health Care

For both in-patient and out-patient treatment, economic condition of household hasbeen measured in two ways: (i) Monthly Per Capita Consumption Expenditure (MPCE) of the household to which the patient who has under gone in-patient treatment belongs to and (ii) Cost of health care in terms of the distance from the patient's residence to the particular kind of health care utilized by the patient assuming other cost constant.

a. Monthly Per Capita Consumption Expenditure (MPCE)

Average MPCE of the households to which in-patient samples belong to is Rs 400.19.

Table 4.2: MPCE of the In-patient Sample and Their Choice

MPCE (i)	**In-patient cases (% of the total 132 in-patient sample) (ii)**	**RPHC institution (% of the column ii) (iii)**	**USHC institution (% of the column ii) (iv)**
0-300	63(47.72)	50(56.17)	13(43.83)
300-600	43(32.57)	24(26.96)	19(73.14)
600-900	23(17.42)	15(16.85)	8(83.14)
900 & above	3(2.27)	0(0.00)	3(100.00)

Source: Primary data collected from field survey

Depending upon the MPCE, households are categorised into different groups as shown in table 4.2. Maximum patients that is 47.72% of the in-patient sample belong to household having lowest MPCE group i.e., 0-300. Another important point observed from the table 4.2 is that percentage of sample of in-patients treatment declines for higher and higher MPCE group and ultimately in case of highest MPCE group, it is just 2.27%. So, patients belonging to household having lower MPCE are more vulnerable to disease whereas higher MPCE are less vulnerable.

Household having lowest MPCE prefer RBHC institution for in-patient care mostly. But, as the MPCE increases, percentages of patients choosing RBHC institution for in-patient treatment decreases. In case of USHC institution, only 43.83% patients' belonging to household having 0-

300 MPCE prefer it whereas it gradually increases to 100% for the patients belonging to highest level of MPCE group.

b. Distance

Distance from the patient's residence to a particular kind of health care service chosen by the patient provides the mirror image of cost of health care utilization as it reflects the travel cost in terms of time and money keeping other cost constant. Higher the distance, higher will be the cost of health care utilization and vice-versa. Again, cost of health care utilization is the proxy of capacity to pay for health care. In the study area, average distance travelled by the sample for in-patient treatment is 11.59 km. In table 4.3, it has been observed that 40.15% of the sample patients have chosen health care institution within 0-5km from residence for in-patient health care. Again, 23.48% and 36.36% of the in-patient sample have chosen the health care institution within 5-10km and 10km & above distance respectively.

Table 4.3: Relation between Capacity to Pay and In-patient Health Care Utilization

Distance(Proxy of Capacity to pay) (i)	**Total In-patient cases (ii)**	**RPHC institution (% of row total) (iii)**	**USHC institution (% of row total) (iv)**
0-5km	53(40.15)	53(100.00)	0 (0.00)
5-10km	31(23.48)	21(67.74)	10(32.25)
10km & above	48(36.36)	16(33.33)	32(66.66)

Source: Primary data collected from field survey

4.4.4 Age Composition and Choice of In-patient Health Care

Patients from different age are categorized under two groups: dependent age group and independent age group for both in-patient and out-patient treatments. Patients between 0–15-year age and 60 years and above are categorized as dependent age group whereas patients above 15 years to below 60 years age are categorized as independent age group. Patients from dependent age group may not necessarily dependent due to economic reason. Also, it may be due to physical reason also. In the study area, among 132 the sample patients, 58% are from independent age group whereas 42% are from dependent age group.Among the patients of

independent age group, 66.23% went to RBHC Instution against 76.36% of the patients of dependent age group for in-patient health care.

4.4.5 Educational Attainment of In-patient Sample and Choice of Treatment

Average years of education in study area of the in-patient sample is 4.57 years. In the study area, 22.72% of the in-patient samples are from the group 0 years of education. Then, 21.21%, 47.72% and 9.09% of the in-patient samples are from 0-4years of education, 4-10 years of the education and 10 years & above respectively. Of the total in-patient sample from the group 0 years, 80% have utilized RBHC institution for in-patient treatment. As the years of education increases percentage of sample patient from each group (group based on years of education) who have choosen RBHC institution for in-patient treatment decreases and ultimately become 58.33% at 10 years & above level of education. In case of UBHC institution, reverse has been happened as with the increase in the years of education, percentage of sample patient from each group choosing RBHC institution for in-patient treatment increases and ultimately bacame 41.66% for the highest group.

Table 4.4: Educational Attainment and Choice of In-patient Treatment

Years of Education (i)	**In-patient cases (% of total 132 in-patient cases) (ii)**	**RPHC institution (% of column ii) (iii)**	**USHC institution (% of columnii) (iv)**
0 years	30 (22.72)	24(80.00)	6(20.00)
0-4years	28 (21.21)	19(67.85)	9(32.15)
4-10years	63 (47.72)	42(66.66)	21(33.33)
10years & above	12 (9.09)	7(58.33)	5(41.66)

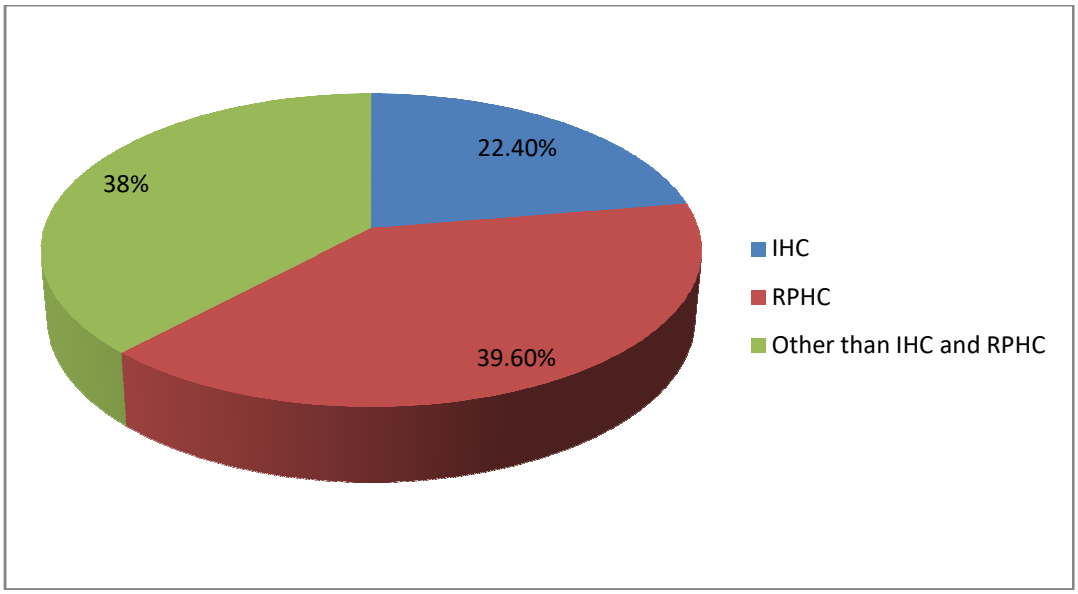
Source: Primary data collected from field survey

4.5 Socio-economic Background and Choice of Health Care of the Out-patient Sample

Regarding out-patient health care utilization, Rural Public Health Care (RPHC) institution plays significant role as 39.60 % patients of the study area choose it. Again, 22.40% patients went to Informal Health Care

(IHC). Remaining 38% have used other than IHC and RPHC for out-patient care in the study area.

Fig. 4.2: Choice of Health Care Institution for Out-patient Treatment



Source: Primary data collected from field survey

4.5.1. Social Composition of the Out-patient Sample and Their Health Care Choice

Out of 245 out-patient sample, 31.83% of SC/ST group and the remaining 68.16% are from Others group (other than ST/SC). From the table 4.5, it has been clear that of the SC/ST out-patient sample, highest percentage of patients goes for RPHC institution whereas in case of the others group, highest percentage of patient have utilized Other than IHC and RPHCinstitution for out-patient care.

Table 4.5: Social Composition and Choice of Health Care of the Out-patient Sample

Category (i)	**Out-patient cases(% of total 245 out-patient cases) (ii)**	**IHC (% of columnii) (iii)**	**RPHC institution(% of column ii) (iv)**	**Other than IHC and RPHC (% of columnii) (v)**
ST/SC	78(31.83)	18(23.07)	31(39.74)	29(37.17)
Others	167(68.16)	38(22.75)	62(37.12)	67(40.11)

Source: Primary data collected from field survey

4.5.2. Gender Profile of the Sample and Choice of Out-patient Health Care

Among the out-patient sample, there is some influence of the gender dimension regarding out-patient health care choice as observed from table 4.6.

Table 4.6: Gender Dimension and Choice of Out-patient Health Care

Gender (i)	Out-patient cases(% of total 245 out-patient cases) (ii)	IHC (% of column ii) (iii)	RPHC institution (% of column ii) (iv)	Other than IHC and RPHC (% of column ii) (v)
Male	110(44.89)	21(19.09)	39(35.45)	50(45.45)
Female	135(55.10)	39(28.88)	55(40.75)	41(30.37)

Source: Primary data collected from field survey

28.88% of the female patients in the study area have choosen IHC for out-patient health care whereas 19.09% of the male patients go to the same for out-patient care. Again, there is higher preference for RPHC among the female patients for out-patient health care.

4.5.3 Economic Condition and Choice of Out-patient Health Care

a. Monthly Per Capita Consumption Expenditure (MPCE): Average MPCE of the households to which out-patient samples belong to is Rs 403.

Table 4.7: MPCE of the Out-patient Sample and Health Care Choice

MPCE (i)	Out-patient cases (% of the total 245out-patient sample) (ii)	IHC (% of column ii) (iii)	RPHC institution (% of the column ii) (iv)	Other than IHC and RPHC (% of the column ii) (v)
0-300	94(38.36)	27(28.72)	58(61.70)	9(9.57)
300-600	110(44.89)	24(21.81)	31(28.18)	55(50.00)
600-900	36(14.69)	1(2.77)	4(11.11)	31(86.11)
900 & above	5(2.04)	0(0.00)	1(20.00)	4(80.00)

Source: Primary data collected from field survey

From table 4.7, it has been observed that out of the total 245 sample cases 38.56% cases are from MPCE group 0-300. Highest percentage of out-patient cases that is 44.89% cases are from the next MPCE group 300-600 and the lowest percentage of out-patient sample cases that is 2.04% are from highest MPCE group. As the MPCE increases, percentage of out-patient sample who have choosen IHC as a mode of health care falls down and ultimately become 0% for the highest MPCE group. In case of RPHC institution, 61.70% of the 0-300 MPCE group have choosen it for out-patient care. But, for higher MPCE group, less percentage of people have gone to RPHC institution for out-patient care. Actually, the out-patient samples from higher MPCE group mostly prefers the health care services from Other than IHC and RPHC as observed in table 4.7. From the MPCE group 600-900, 86.11% patients have utilized such kind of health care services. But, in case of the next MPCE group, percentage of out-patient sample who have utilized health care services from Other than IHC and RPHC has come down to 80.00%.

b. Distance: In the study area, average distance travelled by the sample for out-patient treatment is little bit lesser than in case of in-patient sample that is 8.08 km. In table 4.8, it has been observed that 64.89% of the sample patients have chosen health care institution within 0-5km from his residence for out-patient health care. 6.12% of the out-patient sample patients have chosen the health care institution within 5-10km. Remaining 28.97% have gone to health care institution at a distance of 10km & above respectively.

Table 4.8: Capacity to Pay of the Out-patient Sample and Health Care Utilization

Distance (i)	**Total Out-patient Cases (% of total 245 cases) (ii)**	**IHC (% of column ii) (iii)**	**RPHC institution (% of column ii) (iv)**	**Other than IHC and RPHC (% of column ii) (v)**
0-5km	159 (64.89)	55 (34.59)	85 (53.45)	19 (11.94)
5-10km	15 (6.12)	1 (6.66)	8 (53.33)	6 (40.00)
10km & above	71 (28.97)	3 (4.22)	0 (0.00)	68 (95.77)

Source: Primary data collected from field survey

From table 4.8, it has been observed 34.59% of the out-patient samples from lowest capacity to pay group (proxy 0-5km distance travelled) have chosen IHC for treatment. When the capacity to pay of the sample has improved, percentage of sample patients choosing IHC for out-patient treatment has been declining and ultimately for highest capacity to pay group of the sample it became only 4.22%. Almost same percentage of patients (approximately 53%) from both group 0-5km and 5-10km, have utilized RPHC institution for out-patient treatment. But, when the distance increased to 10km & above (in other words, when capacity to pay of the out-patient sample is highest) percentage of sample patients choosing RPHC institution for out-patient treatment has been decreased to 0%.

In case of health care institution from the category Other than IHC and RPHC, percentage of sample availing out-patient health care increases as from 11.94% to 95.77% as distance increases from 0-5km to 10km & above.

4.5.4. Age Composition and Choice of Out-patient Health Care

Utilization of IHC service for out-patient treatment is quite high (35.18%) among the sample from dependent age group where as among the sample of independent as group it is just 14.59%. In case of RPHC institution, slightly more percentage of patients from dependent age group have choosen it for out-patient treatment than the patients from independent age group. But, the patients from independent age group have shown more preference for the category Other than IHC and RPHC for out-patient treatment as 50.36% have utilized this kind of health care for out-patient health care. But, in case of the patients from dependent age group only 26.85% have utilized it.

Table 4.9: Age Composition of the Out-patient Sample and Health Care Utilization

Type (i)	**Total Out-patient Cases(% of total 245 cases) (ii)**	**IHC (% of column ii) (iii)**	**RPHC institution (% of column ii) (iv)**	**Other than IHC and RPHC (% of column ii) (v)**
Independent Age Group	137(56)	20(14.59)	48(35.03)	69(50.36)
Dependent Age Group	108(44)	38(35.18)	41(37.96)	29(26.85)

Source: Primary data collected from field survey

4.5.5. Educational Attainment of the Sample and Choice of Out-patient Treatment

Average years of education for out-patient treatment are 4.38 years. In the study area, 29.38% of the out-patient samples are from the group 0 years of education. Then, 24.08%, 38.36% and 34.69% of the out-patient samples are from 0-4years of education, 4-10 years of the education and 10 years & above respectively.

As the years of education increases utilization of IHC decreases from 30.55% in 0years of education to 0% in 10years & above level of education. An opposite trend has been observed in case of the utilization of the Other than IHC and RPHC category of health care.

Table 4.10: Educational Attainment of the Out-patient Sample and Choice of Health Care Institution

Years of Education (i)	**In-patient cases (% of total 245 in-patient cases) (ii)**	**IHC (% of column ii) (iii)**	**RPHC institution (% of column ii) (iv)**	**Other than IHC and RPHC (% of column ii) (v)**
0 years	72 (29.38)	22 (30.55)	35 (48.61)	15 (20.83)
0-4years	59 (24.08)	13(22.03)	26 (44.06)	20 (33.89)
4-10years	94 (38.36)	22(23.40)	26(27.65)	46(48.93)
10 years & above	85 (34.69)	0(0.00)	3(15.00)	17(85.00)

Source: Primary data collected from field survey

4.6 Conclusion

This chapter is the presentation of the socio-economic profile of the sample in-patient and out-patient cases of the study area corresponding to the reference period. Here, diversity observed among the in- patient and out-patient samples regarding several socio-economic parameters like age, gender, caste, educational attainment, capacity to pay etc and how these diversities influence demand for health care among the sample patients for both in-patient and out-patient treatment.

Chapter 5

Utilization of health Care in Rural Goalpara: an Econometric Analysis

5.1 Introduction

In Chapter 4, it has been shown how various socio-economic factors influence patients' health care utilization for both in-patient and out-patient treatment in terms of simple percentage in study area. To have a deeper understanding about how the various economic and non-economic factors affect in-patient and out-patient health care, econometric analysis is required now. So, to study about the health care utilization behavior among the people in the study area, econometric analysis has been done in terms of logistic regression model for in-patient health care and multinomial log it model for out-patient health care in this chapter.

The outline of the chapter is as follows. In section 5.2, based on the existing literature, relevant model has been developed for studying the in-patient and out-patient health care utilization. In section 5.3 of the chapter, econometric analysis has been done for in-patient treatment to identify the economic and non-economic factors which influences people's choice. In section 5.4, econometric analysis for out-patient treatment has been to identify the economic and non-economic factors which influence people's choice. Finally, section 5.5 is the conclusion of the chapter.

5.2 Model of Health Care Utilization for Both in-Patient and Out-Patient Treatment

5.2.1 Conceptual Framework

In this chapter, we have tried to identify the factors which are responsible regarding people's choice of health care institution for utilization of health care for both in-patient and out-patient treatment. In most of the studies related to choose for health care, since the pioneering work of Grossman (1972), empirical specification for such a model starts from a behavioral model of utility maximization, where utility depends on health and the consumption of other goods, besides medical care. On experiencing an illness, an individual is hypothesized to choose among

various treatment alternatives so as to maximize total utility subject to his/her budget constraint. If there are *k* alternatives, the individual *i* will

choose that particular one which maximizes his/her utility (U_{ik}).

Direct utility function of the consumer (U_{ik}) is represented by

$$U_{ik} = U_{ik}(H_{ik,} C_{ik}) \quad \text{..... (1)}$$

Where, H_{ik} is the expected health status after receiving treatment from provider *k* and C_{ik} is the consumption of non-health care goods which may depend upon the choice *k* because of the pecuniary and non-pecuniary costs of treatment from provider *k.*

As per most of such studies, in developing country research neither the patient's health status is conditional of each choice H_{ik} nor the consumption of non-health care goods are typically observed. The usual assumption is to relate H_{ik} and C_{ik} to observable variables are

$$H_{ik} = H_{ik}(X_i, Z_{ik}, H_0) \quad \text{..... (2)}$$

$$C_{ik} = I - P_{ik} - wT_{ik} \quad \text{..... (3)}$$

The function $H_{ik}(X_i, Z_{ik}, H_0)$ in equation (2) is a health care production function with X_i a vector of observable attributes of individual *i,* including those of neighborhood where they live; Z_{ik} is a vector of attributes specific to facility *k* and H_0 is consumer's initial health status. In the budget constraint equation (3), I_i is the relevant income variable, P_{ik} is the price of choosing provider *k, w* is the opportunity cost of time T_{ik} , which in the complete model of Ellis and Mwabu (2004) included time spent travelling to and from facility k, time spent for treatment and time spent in receiving out-patient treatment. In Ellis and Mwabu (2004), C_{ik} has been expressed in functional form where I_i, P_{ik} and T_{ik} entered explicitly instead of linear equation form like equation (3) in order to avoid internal inconsistency often arises due to lack of uniform unit of measurement as follows

$$C_{ik} = C_{ik}(I_i,\ P_{ik}, T_{ik}) \quad \text{..... (4)}$$

5.2.2. Modeling of Utilization Health Care for Rural Goalpara and Limitations

Substituting equation (2) and (4) in equation (1), the indirect utility function for rural Goalpara can be considered as

$$U_{ik} = U_{ik}(X_i, Z_{ik}, H_0, I_{i,} P_{ik}, T_{ik}) \quad \text{..... (5)}$$

Here, X_i is a vector of demographic variables related to the patient: gender (*GEN*), Caste (*CASTE*), age *(AGE),* years of education *(EDU),* severity of ailment *(SEVERE)* and the localities of residence *(BLOCK).* All the health care institutions in the study area have claimed to be well equipped with required health care infrastructure and manpower. Hence, Z_{ik} is a vector of facility characteristics takes into account two facts: whether the chosen health care facility is nearest one or not from the residence of the patient (NEAREST) and whether the condition of the road via which the patient had to go for utilizing health care is all-weather motorable or not (ROAD). In this study, initial heath status H_0 has been assumed to be good for every patient who has undergone either in-patient or out-patient treatment. So, H_0 has been dropped in this study. Crucial economic variables such as income of the household in terms of monthly per capita expenditure *(MPCE),* expenditure incurred in the hospitalization *(HEXP)* process are taken into consideration. Our study considers patients from all age groups i.e., the patients from both dependent and independent age group. So, it is not possible to have uniform measure of opportunity cost of health care all patients in monetary wage. Besides, it has been observed that during the study period even considerable percentage of individuals belonging to the independent age group were involuntarily unemployed. In Indian context, Gupta and Dasgupta (2002) considered number work days affected by illness for measuring opportunity cost of health care. But this idea is quite subjective and depends upon the economic condition of the household to which the patient belongs in the study area. So, this factor has been dropped. Besides, travel time and cost differ depending upon the mode of travel. So, to have a uniform set of measurement, distance from the patient's residence to the particular kind of health care *(DISNCE)* enjoyed by the patient in kilometers will be a better measuring scale. So, distance to be travelled for obtaining particular kind of health care *(DISNCE) as* another variable representing economic condition of the household to which the patient belongs to. It should be

worth to mention here that this variable has been used as a proxy of capacity to pay keeping other cost constant in the fourth chapter.

So, the utility function of choosing alternative k has been framed as

$$U_{ik} = U_{ik}(GEN, CASTE, AGE, EDU, SEVERE, BLOCK, NEAREST, ROAD, DISNCE, MPCE, HEXP)$$

…….……. (6)

5.2.3. Modeling of Utilization In-patient Health Care for Rural Goalpara

In–patient health care is often unpleasant; still people demand it for the sake of betterment of their health. In Assam, there are provision of rural public health care network, urban public health care provision, urban centered private health care provision and a few number of trustee hospitals also. In general, it is believed that that except the urban centred private health care provision, remaining health care institutions are quite inexpensive. In reality, there are hidden charges like user charge, transportation, medicines, tests, diets and even bribes which have made the public sector health care quite expensive specially in case of in-patient health care (Gupta and Dasgupta, 2002). The decision to choose between different health care providers influences by along with severity of ailment various socio-economic factors.

So, an attempt has been done through logistic model to examine various socio-economic factors influence people's choice between Urban Secondary level of health care institution or Rural Basic health care institutions even for those ailments where Rural Basic health care institutions are sufficient provide in-patient health care.

In this study, an individual *i* has two alternatives: *USHC*=0 and *RPHC* =1 so as to maximize utility. A person will choose *k=m* if and only if it maximizes his utility. In other words, if Y_i is a random variable whose value (*k*=0 or 1) indicates the choice made by person *i*, the probability of choosing alternative 1 over 0 is

$$\Pr(Y_i = 1) = \Pr(U_{i1} > U_{i0}) \quad \text{..... (7)}$$

Now, logistic regression model can be used to calculate the probabilities of choosing the binary alternatives as follows

$$\Pr(Y_i = 1) = \frac{1}{1 + e^{-\beta_i X_k}} \quad \text{..... (8)}$$

Where, $\Pr(Y_i = 1)$ is the probability of utilizing *RPHC*; β is a vector of unknown coefficients; and *X* is the vector of covariates as shown in equation (6).

If the probability of utilizing *RPHC* is $\Pr(Y_i = 1)$ and the probability of utilizing *USHC* is $\Pr(Y_i = 0)$, the *log odds ratio* of using *RPHC toUSHC* is

$$\log\{\frac{\Pr(Y_i = 1)}{P_r(Y_i = 0)}\} = \beta_0 + \beta_1 \ln MPCE + \beta_2 \ln HEXP + \beta_3 DISNCE + \beta_4 BLOCK + \beta_5 ROAD + \beta_6 EDU + \beta_7 AGE$$
$$+ \beta_8 CASTE + \beta_9 GEN + \beta_{10} SEVERE + \beta_{11} NEAREST \text{.....(9)}$$

Here, log transformations of MPCE and HEXP have been done as standard deviation of these two variables is very high.

5.2.4. Modeling of Utilization Out-patient Health Care for Rural Goalpara

In India, government spends an insignificant amount on health care services. Automatically, out-of-pocket expenditure for health care becomes high even in case of out-patient care in the formal health care not only in case of private sector but also in case of public sector. Hidden charges like user charge, transportation, medicines, tests, diets and even bribes which have made the public sector health care quite expensive in case of out-patient health care also. So, formal health care cannot be used by all. In contrast to that, informal kind of health care is less costly, easily accessible particularly in rural areas and sometimes effective also.
So, individual *i* have three alternatives: *IHC*=0, *RPHC*=1 and *Other than IHC and RPHC*=2 so as to maximize utility. A person will choose *k=m* if and only if it maximizes his utility. In other words, if Y_i is a random variable whose value (*k*=0, 1, 2) indicates the choice made by person *i*, the probability of choosing alternative 2 over 0, 1 is

$$\Pr(Y_i = 2) = \Pr(U_{i2} > U_{i0}, U_{i1}) \text{..... (10)}$$

Now, multinomial logit model can be used to calculate the probabilities of choosing the alternative *j.*

5.2.4. a. Multinomial Logit Model

Regarding the out-patient treatment choice of the patients are clubbed into three groups in fourth chapter. So, this one is static discrete choice model, it is difficult to order the choices unambiguously. In the context of discrete choice modeling, as per Borooah (2001), in the face of uncertainty about whether a variable is ordered or nonordered, a sensible rule might be to regard it as non-ordered and, as a corollary, to estimate models using it as dependent variable by the methods of multinomial logit model. This approach used mostly is based on random utility theory (McFadden, 1974). According this theory, given a choice between *M* alternatives *(j=1,2, 3,.,M),* the utility that the *i* th person *(i=1,2,3, ……N)* derives from the *j* th alternative may be represented as U_{ij} choosing the one which maximizes her utility. This individual function can be divided into a systematic component V_{ij} which considers the effect of the explanatory variables (measurable or observable by the modeler attributes) and a random component E_{ij} that takes into account all the effects not included in the systematic component of the utility function; for example, the capacity of the modeler to observe all the variables that have an influence in the measurement errors, differences between individuals incorrect attributes and the randomness inherent in human nature.

In this regard, one commonly used model is Multinomial Logit Model, which is derived assuming that the random error terms E_{ij} are independently identically distributed with Weibull distribution $F(E_{ij}) = \exp[\exp(-E_{ij})]$, then probabilities of different outcomes, are defined as follows

$$P_i(Y_i = j) = \frac{e^{\beta_j X_i}}{\sum_{j=1}^{M} e^{\beta_j X_i}} \quad \ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots\ldots \quad (11)$$

Where, $P_i(Y_i = j)$ is the probability of using *'j'* kind of health care facility, X_i is a vector of explanatory variables and β_j are the coefficients which are to be estimated by using maximum likelihood estimation. As the $\sum_{j=1}^{M} P_i(Y_i = j) = 1$, only *M-1* of the probabilities can be determined

simultaneously. Consequently, the multinomial logistic model is indeterminate as it is a system of M equations in which only M-1 independent unknowns. So, each *M-1* probabilities have to be expressed in terms of the reference category.

Assuming the first categoryas the reference category,

$$P_i(Y_i = 1) = \frac{1}{1 + \sum_{j=2}^{M} e^{\beta_j X_i}} \text{ .... (12)}$$

If the last category is a reference category,

$$P_i(Y_i = M) = \frac{1}{1 + \sum_{j=1}^{M-1} e^{\beta_j X_i}} \text{ .... (13)}$$

5.2.5. b. Application of Multinomial Logit Model in the Modeling of Utilization of Out-patient Health Care for Rural Goalpara

Now, applying multinomial logit model in the modeling of utilization of out-patient health care for rural Goalpara,

$$\Pr(Y_i = j) = \frac{e^{\beta_j X_i}}{\sum_{j=0}^{2} e^{\beta_j X_i}} \text{ .... (14)}$$

Where, $\Pr(Y_i = j)$ is the probability of utilizing *j* kind of health care service; β_j is a vector of unknown coefficients; and X_i is the vector of covariates as shown in equation (6).

If the last category *Other than IHC and RPHC* is a reference category,

$$\Pr(Y_i = 2) = \frac{1}{1 + \sum_{j=0}^{1} e^{\beta_j X_i}} \text{ .... (15)}$$

So, log odds ratio of using *IHC* for out-patient care is

$$\log\{\frac{\Pr(Y_i = 0)}{P_r(Y_i = 2)}\} = \beta_0 + \beta_1 \ln MPCE + \beta_2 \ln HEXP + \beta_3 DISNCE + \beta_4 BLOCK + \beta_5 ROAD + \beta_6 EDU + \beta_7 AGE$$
$$+ \beta_8 CASTE + \beta_9 GEN + \beta_{10} SEVERE + \beta_{11} NEAREST \text{.......................................(16)}$$

Log odds ratio of using *RPHC* for out-patient care is

$$\log\{\frac{\Pr(Y_i=1)}{P_r(Y_i=2)}\}=\beta_0+\beta_1\ln MPCE+\beta_2\ln HEXP+\beta_3 DISNCE+\beta_4 BLOCK+\beta_5 ROAD+\beta_6 EDU+\beta_7 AGE$$
$$+\beta_8 CASTE+\beta_9 GEN+\beta_{10} SEVERE+\beta_{11} NEAREST.....(17)$$

Here also, log transformations of MPCE and HEXP have been done as standard deviation of these two variables is very high.

5.3 Variables

Drawing from the model, a number of economic and non-economic factors have been identified as influencing people's choice regarding utilization health care service for in-patient and out-patient treatment which are the dependent variable in the log-odds ratio equations. All the variables and their respective measures are described here.

a. MPCE: Monthly Per Capita Expenditure (MPCE) of the household to which the patient belongs is assumed as the proxy of income in this study. This is one of the economic variables which reflect the capacity to pay. It is a quantitative variable. As the standard deviation is very high, log transformation of MPCE (lnMPCE) has been done. The co-efficient of lnMPCE will show the amount and the direction by which log-odds ratios for in-patient and out-patient treatment changes as result of change in lnMPCE by one unit. In other words, the co-efficient of lnMPCE captures the effect of economic condition of the household to which the patient belongs on the log-odds ratios of in-patient and out-patient treatment.

b. HEXP: Another important economic variable derived from the model is Health Care Expenditure (HEXP) that has been incurred in the respective ailment episode. This is also a quantitative variable. Like MPCE, HEXP variable has also high standard deviation as a result of which log transformation of the variable has been done for this variable also which is represented lnHEXP. Thus, the coefficient of lnHEXP will give the impact of change in lnHEXP by one unit on the amount and the direction of log-odds ratios for in-patient and out-patient treatment.

c. DISNCE: Distance from the patient's residence to the utilized health care institution (DISNCE) is a quantitative factor. It actually reflects the cost of travel and time a patient is capable to bear in order to have

particular type of treatment. That is variable has been used as both economic variable as well as specific attributes related to the respective kind of health care. It is also a quantitative variable. In other words, the co-efficient of DISNCE captures the effect of economic condition of the household to which the patient belongs on the log-odds ratios of in-patient and out-patient treatment. The co-efficient of DISNCE will show the amount and the direction by which log-odds ratios for in-patient and out-patient treatment changes as result of change in DISNCE by one unit.

d. BLOCK: Balijana is the nearest block to Goalpara town as this block is just 8 km away from Goalpara town where one district civil hospital and six private nursing homes exist. So, the people of this block have the easy access to not only Rural Public Health Care but also to Urban Public Health care and Private Health Care. Unlike Balijana block, Rangjuli block is 60 kilometers away from both Goalpara town and Kamrup metro; hence access to Urban Public Health Care and Private Health Care Institution is not so easy. One good thing about this block is that there exists one FRU. In case of Kharmouza block also, it is 30 kilometers away from Goalpara block, where Rural Public Health Care is relatively easily available than other types of formal health care. One recently proposed FRU is in nearby Lakhipur town. But, these two blocks, any kind of secondary health care is virtually non-existent. This difference in the access to health care between Balijana block and other two blocks can be captured by a dummy variable BLOCK.

- BLOCK =1, if the block is Balijana, BLOCK = 0 otherwise.

Thus, the coefficient of BLOCK captures the differential effect on the log-odd ratio for the patients from Balijana block over the other two blocks.

e. EDU: Education (EDU) is also a quantitative variable which provides the information regarding years of education attained by the patient. It is one of the demographic variables associated with the patient. Thus, the co-efficient of EDU will represent the amount and the direction of change in the log-odds ratios for in-patient and out-patient treatment as a result of change in the explanatory variable EDU by one unit.

f. AGE: In this study, all the patients are categorized into two groups depending upon their age: Dependent age group (between 0-15 years

age and 60 years and above) and independent age group (15-60years) as already explained in chapter 4. So, this demographic variable has been expressed as a qualitative variable having two categories, one dummy variable is introduced for that.

- AGE=1 if the patient is from independent age category; AGE=0 otherwise.

So, the coefficient of AGE captures the differential effect on the log-odds ratios of both type of treatment for patients from independent age group over patients from dependent age group.

g. ROAD: Road condition is a qualitative variable having two categories as all-weather motorable road and season specific motorable road. Hence, one dummy variable will be introduced.

- ROAD=1, if the road is all weather motorable; ROAD=0 otherwise.

Thus, the coefficient of ROAD captures the differential effect on the log-odds ratio of both in-patient and out-patient treatment for patients from areas having all weather motorable road over patients from areas not having all weather motorable road.

h. NEAREST: The variable **NEAREST** has been used to capture the location of the health care facility. To show whether the particular health facility is the nearest one from the patient's residence or not, one dummy variable will be introduced.

- NEAREST=1, if health facility chosen is nearest one; NEAREST =0 otherwise.

i. SEVERITY: Condition of ailment is a qualitative demographic variable in this study categorized as 'Severe' and 'not-Severe'. So, there will be one dummy variable.

- SEVERITY=1, if the ailment is severe; SEVERITY= 0 otherwise.

Co-efficient of SEVERITY measures the differential impact of condition of ailment as severe over those whose conditions are not serious on the log-odds ratios of both types of treatment.

j. CASTE: In this study, caste is another demographic qualitative variable having two categories: ST/ SC, Other than ST/SC category.

- CASTE=1, if the patient is from other than SC/ST category; CASTE=0 for SC/ST category.

Coefficient of another explanatory variable CASTE will show the differential impact on the log-odds ratios of both type treatments for other than SC/ST category over SC/ST category.

k. GEN: Gender, being a qualitative demographic variable having two categories: male and female, one dummy variable is introduced for it.

- GEN=1, if the patient is male one; otherwise, 0.

Thus, the coefficient of GEN captures the differential effect male patients over female patients on the log-odds ratios of both in-patient and out-patient treatment.

5.4 Results of Econometric Analysis for In-patient Treatment

For estimating the log-odds ratio equation for in-patient treatment represented by equation (9), logistic regression function has been run with the help of SPSS 18.0 package. Initially, all the eleven explanatory variables are included in the model. But, in that case the log-likelihood values approach to zero and maximum likelihood estimates do not exist. There may be complete separation in the data. As the variables *CASTE*, *NEAREST* and *BLOCK* have been dropped one by one, the problem disappeared. Finally, eight variables namely *GEN, AGE, EDU, SEVERE, ROAD, DISNCE, lnMPCE, lnHEXP* are included in the model and the log likelihood values improved and the relationship between the response variable and combination of explanatory variables has been accepted on the basis of statistical significance of the chi-square value of the final model. The value of chi-square test of 106.021 with a p-value < 0.0001 tells us that the model as a whole with the above mentioned eight variables fits significantly better than a model having no explanatory variable.

When all the eight explanatory variables are included in the model, good R-Square values have been observed in table 5.1 which represents the explanatory power of the model. Cox and Snell R-Square of the model

are little bit smaller than Nagelkarke R- Square because Cox and Snell R-Square ranges from 0 and 0.75 whereas the other lies between 0 and 1.

Table 5.1: Model summery

-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
59.871	0.549	0.771

Source: Based on primary data

From table 5.2, it has been clear that in-case of in-patient treatment log odds-ratio between *RPHC* and *USHC* have shown statistically significant relation with all the explanatory variables except *ln MPCE, GEN, AGE*. Still, those**,** three explanatory variables have not been dropped from the model as their exclusion reduces the value of both Cox and Snell R-square and Nagelkerke R-square value.

The co-efficient of *lnMPCE* being non-significant does not have any impact on the log odds-ratio between RPHC and USHC in case of in-patient treatment. So, capacity to pay does not have any impact on choice in-patient health care.

But another variable representing capacity to pay or the economic condition of the household to which the sample patient belongs is *lnHEXP*. As the value of the coefficient for *lnHEXP* is -4.640, a unit increase *lnHEXP* will reduce the log odds ratio of RPHC versus USHC by 4.640 at 1% level of significance. This finding reveals that the expenditure on health care has a negative effect on the log odds ratio of using *RPHC* to *USHC*. From Exp (B) column, it is clear that a unit increase in *HEXP* results in increase in the probability of using *RPHC* by just 0.010 times the increase in the probability of utilizing *USHC* kind of care. That means if somebody has more capacity to incur health expenditure, more likely she will go for *USHC* instead of *RPHC* for in-patient health care even for those ailments where *RPHC* is sufficient for treatment.

The value of the coefficient for *EDU* is -0.236 at 5% level of significance. This finding reflects the fact that a unit increase in *EDU* will lead to decline the log odds ratio of *RPHC* to *USHC* by 0.236 holding other factors constant at 5% level of significance. So, this finding indicates the negative impact of level of education on the log odds ratio of *RPHC* to *USHC*. In this case, value of Exp (B) is 0.790 meaning a unit

increase in *EDU* results in the increase in the probability of utilizing the *RPHC* kind of care for in-patient treatment 0.790 times the increase in the probability of the utilizing *USHC* kind of care. So, patients with higher level of education are more likely to use *USHC* kind of care for in-patient treatment than the *RPHC* kind of care even for that ailment where *RPHC* is sufficient for treatment.

DISNCE is the variable representing capacity to pay or the economic condition of the household to which the sample patient belongs to. The value of the coefficient for *DISNCE* is -0.156 at 1% level of significance which implies one unit increase in the variable *DISNCE* will lead to decrease in log odds ratio between *RPHC* to *USHC* for in-patient treatment by 0.156. So, the co-efficient of *DISNCE* captures the negative effect of economic condition of the household to which the patient belongs on the log-odds ratios of *RPHC* to *USHC* for in-patient treatment. Again, the value of Exp (B) is 0.855. So, one unit increase in the explanatory variable *DISNCE* will increase in the probability of choosing *RPHC* for in-patient treatment 0.855 times the increase in the probability of utilizing *USHC.* So, if somebody capable to bear travel cost and time more likely choose *USHC* for in-patient than *RPHC* institution for even for those ailments where *RPHC* is sufficient for treatment.

Table 5.2: Results of Logistic Analysis for In-patient Health Care Utilization

Variables		Estimated Coefficients/values	Exp(B)
	lnMPCE	0.142 (0.037)	0.868
	InHEXP	4.460*** (14.934)	0.010
	EDU	- 0.236** (3.638)	0.790
	DISNCE	-0.156***	
		(9.241)	0 .855
	SEVERE	-3.252** (4.076)	0.039
	GEN	-0.484 (0.259)	0.616
	AGE	-0.911 (1.108)	0.402
	ROAD	2.946*** (8.048)	19.026
	Constant	45.918*** (17.040)	8.750E19

Source: Primary Data collected from field survey

Notes: a) Values in the bracket represents Wald Chi square test; b) *** and ** represent significance at 1% and 5% level;

The value of the coefficient for *SEVERE* is -3.252 at 5% level of significance which implies if the ailment is serious, it will lead to a decline in log odds ratio between *RPHC* to *USHC* for in-patient treatment by

3.252. In this case, value of Exp (B) is 0.039. So, when the ailment is serious there is possibility of using *RPHC* just 0.039 times the possibility of using *USHC* for in-patient treatment. In other words, when the ailment is not serious more likely patients prefer *RPHC* for in-patient treatment. Oppositely, if the ailment is serious, there is more possibility of utilizing *USHC* institution for in-patient care.

The co-efficient of GEN being non-significant does not have any impact on the log odds-ratio between RPHC and USHC in case of in-patient treatment. So, a positive social picture has been observed as there is no difference between male and female patients regarding utilization of in-patient health care.

Coefficient of another variable AGE is not statistically significant reflecting the fact that whether a patient is from dependent age group or independent age group, it has nothing to do with the choice between RPHC and USHC institution for in-patient treatment. So, this result also reflects some positive signal about the society.

Coefficient of another dummy variable ROAD is -2.946 at 1% level of significance. That means if the road is all weather motorable, the log odds ratio between RPHC and USHC will decline by 2.946. Value of Exp (B) is 0.053. So, when all weather is motorable, there is possibility of using RPHC is 0.053 times the possibility of using USHC for in-patient treatment. In other words, if the road is all weather not motorable, more likely patients prefer

RPHC for in-patient treatment. On the other hand, if the road is all-weather motorable, there is more possibility of utilizing USHC institution for in-patient care even for that ailment where *RPHC* is sufficient for treatment.

The intercept term, which captures the mean effect of the variables not included in the model, is positive and significant at 1% level of significance.

So, the ultimate *log odds ratio* equation for in-patient treatment between *RPHC and USHC* is

$$\log\{\frac{\Pr(Y_i=1)}{\Pr(Y_i=0)}\} = 45.918 - 4.640\ln HEXP - 0.156DISNCE - 2.946ROAD - 0.236EDU - 3.252SEVERE \quad \text{.....(18)}$$

5.5 Results of Econometric Analysis for Out-patient Treatment

For estimating the log-odds ratio equation for out-patient treatment represented by equation (16) and (17), logistic regression function has been run with the help of SPSS 18.0 package. Initially, all the eleven explanatory variables are included in the model. But there is possibly a quasi-complete separation in the data. Either the maximum likelihood estimates do not exist or some parameter estimates are infinite. Validity of the model fit becomes uncertain. Once the variable BLOCK has been dropped, the problem has been overcome. But from the likelihood ratio test table with the remaining ten explanatory variables, it has been observed that variables *GEN, AGE, EDU, and ROAD* do not show any kind of statistically significant relation with the dependent variable. Finally, six variables: $CASTE, SEVERE, NEAR, DISNCE, \ln MPCE, \ln HEXP$ are included in the model and the relationship between the response variable and combination of explanatory variables has been accepted on the basis of statistical significance of the chi-square value of the final model as observed from table 5.3.

Table 5.3: Model Fitting Information

Model	Model Fitting Criteria	Likelihood Ratio Tests		
	-2 Log Likelihood	Chi-Square	Df	Sig.
Intercept Only	524.252			
Final	115.399	408.853	12	.000

Source: Primary Data collected from field survey

The value of chi-square test of 408.853 with a p-value < 0.0001 tells us that the model as a whole with the above mentioned six variables fits significantly better than a model having no explanatory variable. When all the six explanatory variables are included in the model, althoughCox and Snell R-Square and McFadden R-Square value of the model are little bit smaller than Nagelkarke R- Square, good Pseudo R-Square values have

been observed in table 6.4 which represents good explanatory power of the model.

Table 5.4: Pseudo R-Square

Cox and Snell	.812
Nagelkerke	.920
McFadden	.780

Source: Primary Data collected from field survey

Now, as there are three categories of the dependent variable and the *Other than IHC and RPHC* is the reference category, there will be two log odds ratio equations: a) log odds-ratio between *IHC* and *Other than IHC and RPHC* and b) log odds-ratio between *RPHC* and *Other than IHC and RPHC.*

a) Log odds-ratio between *IHC* and *Other than IHC and RPHC*

From table 6.5, it has been clear that in-case of out-patient treatment, log odds-ratio between *IHC* and *Other than IHC and RPHC* haveshown statistically significant relation in case of all the six explanatory variables included in the model. In case of *IHC,* the value of coefficient of lnMPCE is -5.215 with 1% level significance. So, a unit increase lnMPCE will reduce the log odds ratio of IHC versus *Other than IHC and RPHC* by 5.215. Again from the Exp(B) column it has been observed that the value of the Exp(B) is 0.113. So, a unit increase in lnMPCE will lead to increase in the probability of using IHC by only 0.113 times the increase in the probability of utilizing *Other than IHC and RPHC* kind of care for out-patient treatment. So, capacity to pay has impact on choice out-patient health care. When the capacity to pay is more there is lesser possibility of using IHC for out-patient health care than *Other than IHC and RPHC.*

Another variable representing capacity to pay or the economic condition of the household to which the sample patient belongs is lnHEXP. As the value of the coefficient for lnHEXP is -2.678, at 1% level of significance. So, a unit increase lnHEXP will reduce the log odds ratio of *IHC* and *Other than IHC and RPHC* for out-patient health care by -2.678. This finding reveals again reveals the negative effect of capacity to pay on the log odds ratio of using between *IHC* and *Other than IHC and RPHC*. From Exp (B) column, it is clear that a unit increase in HEXP results in increase in the probability of using IHC by just 0.069 times the

increase in the probability of utilizing *Other than IHC and RPHC* for out-patient health care. That means if somebody has more capacity to pay, less likely she will go for IHC instead of *Other than IHC and RPHC* for out - patient health care.

In case of out–patient health care, another variable quantitative variable *DISNCE* is the variable representing capacity to pay or the economic condition of the household to which the sample patient belongs to. The value of the coefficient for *DISNCE* is -0.210 at 1% level of significance which implies one unit increase in the variable *DISNCE* will lead to decrease in log odds ratio between *IHC* and *Other than IHC and RPHC* for out-patient treatment by 0.210. So, the co-efficient of *DISNCE* captures the negative effect of economic condition of the household to which the patient belongs on the log-odds ratios of IHC and *Other than IHC and RPHC* for out-patient treatment also. Again, the value of Exp (B) is 0.811. So, one unit increase in the explanatory variable DISNCE will increase in the probability of choosing IHC for in-patient treatment 0.811 times the increase in the probability of utilizing *Other than IHC and RPHC* for out-patient treatment. So, if somebody capable to bear travel cost and time more likely choose *Other than IHC and RPHC* for out-patient treatment patient than *IHC* institution.

Table 5.5: Results of Multinomial Logit Analysis for Out-patient Health Care Utilization

Variables		**Estimated Coefficients/values (B)**	**Exp(B)**
IHC			
	lnMPCE	-5.215*** (11.316)	.113
	lnHEXP	-2.678*** (23.438)	.069
	DISTANCE	-0.210*** (6.738)	.811
	SEVERITY	-2.913*** (8.622)	.054
	NEAREST	2.913* (2.933)	18.421
	CASTE	-1.711*** (6.539)	.181
	Intercept	51.765*** (19.495)	
RPHC	lnMPCE	-3.864*** (9.217)	.021
	lnHEXP	-1.426*** (9.250)	.240
	DISTANCE	-0.390*** (14.116)	.677
	NEAREST	4.433 (24.728)	84.147
	CASTE	-1.492** (6.394)	.225
	SEVERITY	-.868 (1.117)	0.420
	Intercept	34.474*** (12.211)	

Source: Primary Data collected from field survey

Notes: a) Values in the bracket represents Wald Chi square test; b) ***, ** and * represent significance at 1%, 5% and 10% level;

The value of the coefficient for SEVERE is -2.193 at 1% level of significance which implies if the ailment is serious, it will lead to a decline in log odds ratio between *IHC* and *Other than IHC and RPHC* for out-patient treatment by 2.193. In this case, value of Exp (B) is 0.054. So, when the ailment is serious there is possibility of using *IHC* just 0.054 times the possibility of using *Other than IHC and RPHC* for out-patient treatment. In other words, when the ailment is not serious more likely patients prefer *IHC* for out-patient treatment. On the other hand, if the ailment is serious, there is more possibility of utilizing *Other than IHC and RPHC* institution for out-patient care than *IHC.*

The co-efficient of another qualitative variable NEAREST is 2.913 being significant at 10% level. So, the log odds-ratio between *IHC* and *Other than IHC and RPHC* in case of out-patient treatment will increase by 2.913 when the IHC is the nearest one. Here, Exp (B) is 18.421. So, when the IHC is nearest one there is possibility of using it 18.421 times larger than the using *Other than IHC and RPHC.* So, when the IHC is available in the near by area from the residence of the patient, there is possibility of using IHC to large extent.

Another variable CASTE is significant at 1% level significance with the value of the co-efficient -1.711. So, if somebody is from other than SC/ST group, the log odd ratio between *IHC* and *Other than IHC and RPHC* in case of out-patient treatment will decline by 1.711. Again, the value of Exp (B) is 0.181. So, when the patient belongs to other than SC/ST group, there is probability of using the *IHC* just by 0.181 times the probability of using other than *Other than IHC and RPHC* in case of out-patient treatment. So, among the non-SC/ST group, preference is less for *IHC* in comparison to *Other than IHC and RPHC* for out-patient treatment.

The intercept term, which captures the mean effect of the variables not included in the model, is positive and significant at 1% level of significance.

So, log odds ratio of using *IHC* for out-patient care is

$$\log\{\frac{\Pr(Y_i = 0)}{P_r(Y_i = 2)}\} = 51.765 - 5.215 \ln MPCE - 2.678 \ln HEXP - 0.210 DISNCE - 2.913 SEVERE + 2.913 NEAREST - 1.711 CASTE \quad \text{.....(19)}$$

b) Log odds-ratio between *RPHC* and*Other than IHC and RPHC:*

In case of the log odds-ratio between *RPHC* and*Other than IHC and RPHC* also statistically significant relation has been observed in case of all the sixexplanatory variables except NEAREST and SEVERITY. Still, those**,** three explanatory variables have not been dropped from the model as their exclusion reduces the value of Pseudo R-square value.

Regarding utilization of *RPHC* as a source of out-patient treatment, the value of coefficient of lnMPCE is -3.864 with 1% level significance. So, a unit increase lnMPCE will reduce the log odds ratio of *RPHC* versus *Other than IHC and RPHC* by 3.864. Again from the Exp(B) column it has been observed that the value of the Exp(B) is 0.021. So, a unit increase in lnMPCE will lead to increase in the probability of using *RPHC* by only 0.021 times the increase in the probability of utilizing *Other than IHC and RPHC* kind of care for out-patient treatment (i.e., Urban Secondary Health Care or any other private health care service). So, capacity to pay has impact on choice out-patient health care. When the capacity to pay is more there is lesser possibility of using *RPHC* for out-patient health care than *Other than IHC and RPHC* for even some such ailment where *RPHC* is sufficient for treating such ailment.

Another variable lnHEXP representing capacity to pay or the economic condition of the household to which the sample patient belongs has shown to be significant 1% level of significance. As the value of the coefficient for lnHEXP is -1.426, a unit increase lnHEXP will reduce the log odds ratio of between *RPHC* and *Other than IHC and RPHC* by 1.426. This finding reveals that the expenditure on health care has a negative effect on the log odds ratio of using *RPHC* to *Other than IHC and RPHC*. From Exp (B) column, it is clear that a unit increase in lnHEXP results in increase in the probability of using *RPHC* by 0.240 times the increase in the probability of utilizing *Other than IHC and RPHC* kind of care (i.e., Urban Secondary Health Care or any other private health care service). That means if somebody has more capacity to pay, more likely she will go for *Other than IHC and RPHC* instead of *RPHC* for out-patient health care for even some such ailment where *RPHC* is sufficient for treating such ailment.

DISNCE is the one more variable reflecting capacity to pay or the economic condition of the household to which the sample patient belongs

to. The value of the coefficient for DISNCE is -0.390 at 1% level of significance which implies one unit increase in the variable DISNCE will lead to decrease in log odds ratio between *RPHC* and *Other than IHC and RPHC* by -0.390 in case of out-patient treatment. So, the co-efficient of DISNCE captures the negative effect of economic condition of the household to which the patient belongs on the log-odds ratios of *RPHC* and *Other than IHC and RPHC* for out-patient treatment in the study area. Again, the value of Exp (B) is 0.677. So, one unit increase in the explanatory variable DISNCE will increase in the probability of choosing RPHC for out-patient treatment 0.677 times the increase in the probability of utilizing *Other than IHC and RPHC* (i.e., Urban Secondary Health Care or any other private health care service). So, if somebody capable to bear travel cost and time more likely choose *Other than IHC and RPHC* for out-patient treatment than *RPHC* institution for even some such ailment where *RPHC* is sufficient for treating such ailment.

Coefficient for SEVERE being non-significant does not have any impact on the log odds-ratio between *RPHC* and *Other than IHC and RPHC* for out-patient treatment. So, patients are indifferent regarding choice between *RPHC* and *Other than IHC and RPHC* (i.e., Urban Secondary Health Care or any other private health care service). Patients with serious ailment also go to *RPHC* for out-patient treatment. So, this is a positive sign of NRHM programme.

Coefficient of another variable NEAREST is not statistically significant reflecting the fact that whether particular health care institute is stands nearby or not does not have any influence on the log odds-ratio between *RPHC* and *Other than IHC and RPHC* for out-patient treatment. So, it has nothing to do with the choice between RPHC and Other *than IHC and RPHC* institution (i.e., Urban Secondary Health Care or any other private health care service) for out-patient treatment. Coefficient of another dummy variable CASTE is -1.492 at 5% level of significance. So, if somebody is from other than SC/ST group, the log odd ratio between *RPHC* and *Other than IHC and RPHC* in case of out-patient treatment will decline by -1.492. Again, the value of Exp (B) is 0.225. So, when the patient belongs to other than SC/ST group, there is probability of using the *RPHC* just by 0.225 times the probability of using other than *Other than IHC and RPHC* in case of out-patient treatment. So, among the non-SC/ST group, preference is less for *RPHC* in comparison to *Other than IHC and*

RPHC(i.e., Urban Secondary Health Care or any other private health care service) for out-patient treatment.

The intercept term, which captures the mean effect of the variables not included in the model, is positive and significant at 1% level of significance.

So, the ultimate *log odds ratio* equation for in-patient treatment between *RPHC* and *Other than IHC and RPHC* for out-patient treatment will be

$$\log\{\frac{\Pr(Y_i = 1)}{P_r(Y_i = 2)}\} = 34.474 - 3.864 \ln MPCE - 1.426 \ln HEXP - 0.390 DISNCE - 1.492 CASTE$$

.....(20)

5.6 Conclusion

Influence of various economic and non-economic factors have been examined here regarding utilization of both in-patient and out-patient health care differently in this chapter. For analyzing the in-patient health care utilization behavior logistic regression model has been used whereas for analyzing out-patient health care multinomial logit model has been used. Accordingly, a number of variables were identified for the purpose and incorporated in the model. In case of in-patient health care utilization, the results reveals that there is more possibility of choosing Urban Secondary Health Care institution by the economically well to do people even for those ailment Rural Primary Health Care is sufficient. Besides, some non-economic factors like road condition and severity of ailment, level of educational attainment all those factors influence people's choice between Urban Secondary Health Care institution and Rural Primary Health Care Institution for in-patient health care. If the road is all weather motorable, patients will more probably go to Urban Secondary Health Care institution for in –patient health care. If somebody is more educated or his/her ailment is considered too serious by the patient or his/her family more likely they go to Urban Secondary Health Care institution for it-patient treatment.

Again, in case of out-patient care also economic factors plays important role in deciding whether to go to Informal Health Care or Rural Primary Health Care or other than these two. Generally, possibility of using Informal Health Care for out-patient care among the economically is

lesser than Urban Secondary Health Care and in rural areas from the Private practitioners. Again, like in-patient treatment in case of out-patient treatment also economically better off people are less likely to prefer Rural Primary Health Care. Besides, a few non-economic factors like severity of ailment, caste stratification, location of the health care facility etc. also play important role in choosing between different kinds of out-patient health care facility. In case of out-patient care, when the ailment is not serious or if the patient's is from SC/ST category or when the Informal Health Care is available in the nearest distance, there is possibility more of using Informal Health Care than the Urban Secondary Health Care Services and in rural areas the Private practitioners. In case of Rural Primary Health Care only one non-economic factor that is the caste stratification plays important role while there is no importance of the other non-economic factors.

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Chapter 6

Utilization of Health Care and Economics of the Household

6.1 Introduction

In India, government spends an insignificant amount on health care services. Automatically, out-of -pocket health expenditure for health care becomes high even in case of out-patient care. Therefore, formal health care utilization, in the absence of any insurance coverage has serious impoverish effect on the economic conditions as well as consumption possibilities of the household to which the patient in developing countries like India. Again, in all states of the country except Kerala, rural patients pay more for health care and bear a higher burden of treatment. For the poor section of people, not only the burden is higher, but a single hospitalization episode can increase the intensity of poverty for those households. Again, each year, a number of families who are marginally above the poverty line are pushed below the poverty line on account of hospitalisation of its family member (**Krishnan, 1999).** In case of in-patient health care, not only in case of private sector health care services, 40 per cent of those seeking in- patient treatment in the public sector services in rural areas also fall in debt-trap due to out-of-pocket expenditure which further leads to high level of morbidity as well as low rate of health care utilization **(Dilip, 2005).** Actually, health care utilization has dual burden on the in the form of direct cost of health care and indirect burden in terms of income forgone due to inability to attend the work.

Present chapter is an attempt to give an idea about the both direct burden of health care in the study area. The outline of the chapter is as follows. Section 6.2 elaborates on the methodology used; section 6.3 of the chapter discusses about the direct burden of health care for in-patient treatment calculated in the study area. Section 6.4 discusses about the direct burden of health care for out-patient treatment calculated in the study area. Finally, section 6.5 is the conclusion of the chapter.

6.2 Data Source and Methodology

This chapter is based on primary data collected from field study. Data has been collected regarding the direct burden and indirect burden of health care in the study area. In case out-patient treatment direct burden of health care utilization has been calculated in terms of ratio between health care expenditure incurred in that particular ailment episode in last 30 days reference period and monthly per capita consumption expenditure of the household to which the patient the patient belongs to in the same period. Then, average direct burden for out-patient treatment for each of the MPCE group has been calculated. On the other hand, in-patient treatment direct burden of health care utilization has been calculated in terms of ratio between health care expenditure incurred in a particular hospitalized ailment episode in last 365 days and average per capita consumption expenditure of the household during the last year to which the patient the patient belongs to. Then, average direct burden for in-patient treatment for each of the MPCE group has been calculated.

Indirect burden of health care can be expressed in terms of opportunity cost of health care. But our study comprises of patients from both dependent and independent age group. So, it is really difficult to measure the opportunity cost of health care. In Indian context, **Gupta and Dasgupta (2002)** considered number work days affected by illness for measuring opportunity cost of health care. Still, measuring indirect burden in terms of number of work days lost is subject to serious limitation as already mentioned in chapter V the number of work days lost by the patient depends upon the economic condition of the household to which the patient belongs. So, the idea of calculating indirect burden of health care has been dropped from this study.

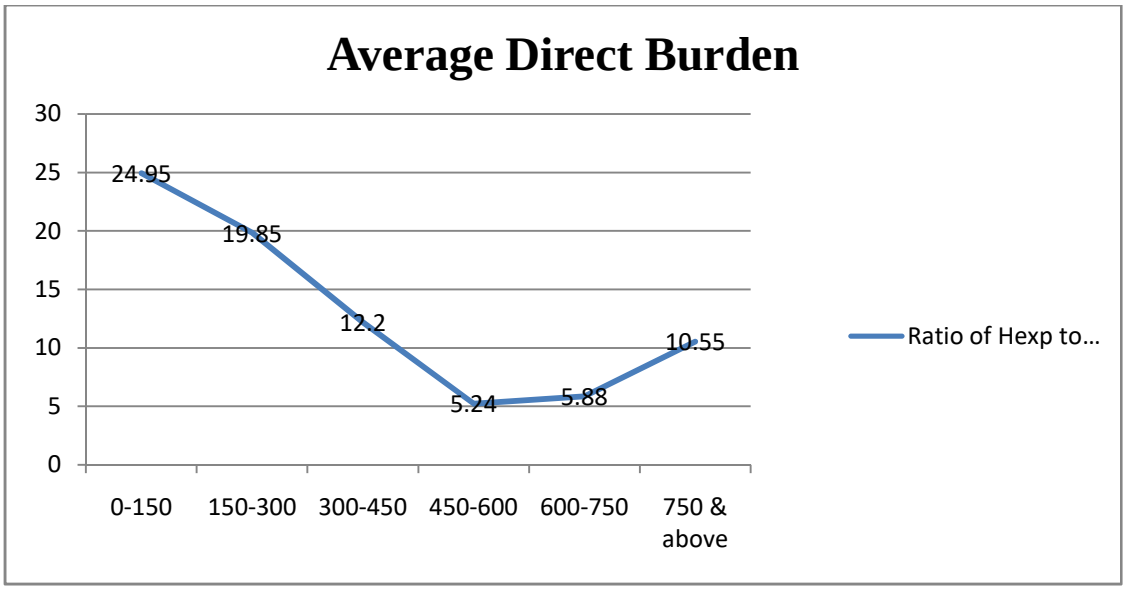
6.3 Direct Burden of Health Care for In-patient Treatment

In-patient health care utilization creates direct burden for all sections of people in the study area because not a single case found in which there is insurance coverage. The overall average direct burden for in-patient treatment in the study area is 15.78. In 80% of the ailment cases in the study area where in-patient treatment was utilized, households to which those patients belong to had been indebted and some of them sold their assets and cattle for meeting up the cost. Still in-patient health care creates more burdens for low MPCE group whereas lesser burden to high MPCE

group. As in this study, MPCE of the household to which a particular patient belongs to is one of the proxies of household's economic condition, in fig.6.1, average direct burden arises from a single episode of hospitalization during the reference period has been portrayed against each of the MPCE group.

From fig.6.1, it has been observed that average direct burden arises for in-patient treatment for the lowest MPCE group i.e., 0-150 MPCE group is highest. Actually, for them in-patient health care is quite expensive in comparison to their MPCE. For this income group average direct burden arises from a single episode of in-patient treatment during the reference period is 24.95 in the study area. For the next MPCE group average direct burden of in-patient treatment in the study area during the reference period has been declined to 19.85. Still, it is quite higher. Impoverishing effect of health care utilization is highest for this MPCE group. They generally incur such expenditure by borrowing money from money lenders and relatives, liquidation of their movable and immovable properties etc. Thereafter, the direct burden for in-patient treatment for each of the MPCE group comes below the overall average direct burden of in-patient treatment. And ultimately it reached 5.24 for 450-600. Again, it starts rising from the MPCE group 600-750 and finally reached to 10.55 for the MPCE group 750 and above. For those patients MPCE is quite higher. This means those patients incur more health care expenditure for in-patient treatment.

Fig.6.1: Direct Burden of Health Care for In-patient Treatment



Source: Based on primary data

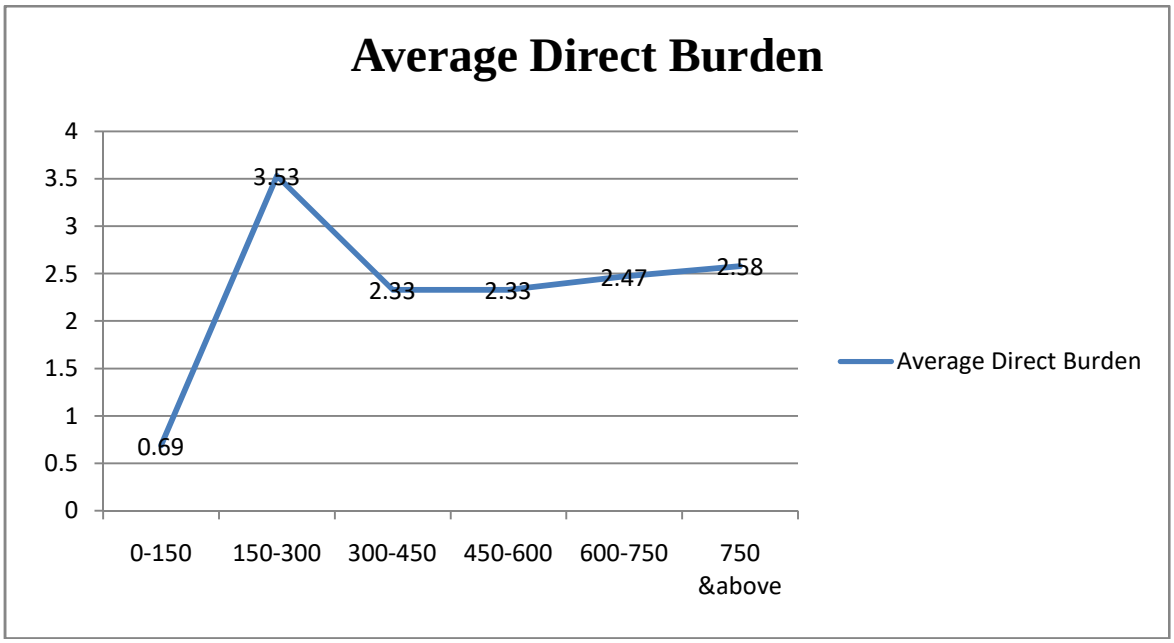
In the study area 67.42% patients go to RPHC institution for in-patient treatment whereas 32.57% patients go to USHC institution. In the study area, most of the patients from the higher MPCE group like 600-750 and 750 and above prefer USHC institutions for in-patient health care. Utilizing USHC institution is more expensive because assuming other costs to be constant it requires more transportation cost. So, the among those MPCE group direct burden of in-patient health care is more than the previous MPCE groups.

6.4 Direct Burden of Health Care for Out-patient Treatment

Although direct burden of out-patient health care is quite lesser than in case in-patient health care utilization, still there is some amount of direct burden for all sections of people. This result again contradicts the result of **Berman et al (2010)** according to which burden of out-patient health care is more. The overall average direct burden of out-patient treatment in the study area is 2.43. But it creates lesser burden for higher MPCE group. As in this study, MPCE of the household to which a particular patient belongs to is one of the proxies of household's economic condition, in fig.6.2; average direct burden arises from a single out-patient during the last 30 days reference period has been portrayed against each of the MPCE group.

From fig.6.2, it has been observed that in contrast to in-patient treatment, average direct burden arises for out-patient treatment for the lowest i.e., 0.69 for the lowest MPCE group i.e., 0-150 MPCE group. Actually, it is quite below the overall average direct burden arises out-patient treatment in the study area. This is because the patients from this group generally prefer the IHC service for out-patient treatment which is generally available at meagre amount of cost.

Fig.6.2: Direct Burden of Health Care for Out-patient Treatment



Source: Based on primary data

For the next MPCE group (150-300), there is sudden jump in the average direct burden and becomes the highest among the entire MPCE group in the study area. This is because of the fact that from these income group patients in the study area starts utilizing formal health care services which suddenly increases the health care expenditure at a much higher rate than the increase in the MPCE. So, this result shows some consistency with **Berman et al (2010)** according to which the impoverishing effect of health care expenditure as highest among the middle-income quintile in rural areas rather than the lowest quintile in India.

Again, the average direct burden for the next MPCE group (i.e., 300-450 group), average direct burden of health care comes down to 2.33 and remains at the same figure for the next MPCE group also. Thereafter, direct burden of out-patient treatment starts increasing and become greater than the overall average direct burden for the next MPCE groups. For the MPCE group 600-750, it increases to 2.47 which is slightly higher than the overall average direct burden of out-patient treatment in the study area. For the highest MPCE group i.e., 750 and above, the average direct burden for out-patient treatment is 2.58. This is because, although, patients from higher MPCE group generally prefers USHC service for out-patient treatment; there is not so much difference in the cost of health care between USHC and RPHC services for out-patient health care. So, direct

burden of health care for outpatient health care which is a ratio between outpatient health care expenditure in a particular ailment episode and MPCE remains almost same as the higher health care expenditure is outweigh by their higher in MPCE.

6.5 Conclusion

While making a comparative analysis about the impact of both in-patient and out-patient health care utilization in rural Goalpara, three important points has been observed. Firstly, no one is free from direct burden of health care whether it is a case of in-patient treatment or out-patient treatment and whether the patient belongs to higher MPCE group or lower MPCE group as in the study area health care insurance is virtually non-existent. Secondly, in-patient treatment is much more burdensome as the overall direct burden from single episode of in-patient treatment is more than six times larger than the overall direct burden from single episode of out-patient treatment in the study area. Lastly, there is no similarity between in-patient treatment and out-patient treatment regarding its direct burden on different MPCE groups.

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Chapter 7

Summary of the Findings and Conclusion

7.1 Introduction

This chapter is the concluding chapter of the study. Before drawing final conclusion from the study, it would be instructive to go through the principal findings of the study which is presented in the section 7.2. Based on the principal findings, the conclusions drawn are presented in section 7.3 and suggestive policy measures in section 7.4.

7.2 Principal Findings

The principal findings of the study are presented under following heads

7.2.1 Health Status and Health Care in Rural Assam

- Acute illness like diarrhoea, acute respiratory infection (ARI), all types of fever, tuberculosis, asthma, arthritis are more prevalent in rural Assam than the urban counter parts.

- As per Annual Health Survey Bulletin (2011-12) of RGI, along with other nine states of India, in rural Assam children are more vulnerable to infant mortality. As per NFHS-3, in rural Assam, IMR is 67 against 58 in the urban Assam.

- As per Annual Health Survey 2010-11(Assam), disparity exists regarding rate of neonatal, post neonatal, infant and under- five mortality rates between urban and rural areas in Assam. Neonatal mortality rate, post neonatal rate and infant mortality rate in rural Assam is little bit less than double of urban Assam. In case of under-five mortality rates in rural Assam it is exactly double that of the urban Assam.

- Most of the cases of IMR occurred in rural Assam are actually preventable through simple and low-cost techniques like vaccination against six major childhood illnesses: tuberculosis, diphtheria, pertussis, tetanus, polio and measles. But it is a matter of serious concern that in

rural Assam only 58.2% of children of age 12-23 months are fully immunized in contrast to 63.7% fully immunized in case of urban Assam (Annual Health Survey 2010-11, Assam).

- According to Annual Health Survey 2010-11, Assam rural Assam, 19.2% children were suffered from ARI whereas in case of urban Assam it is 15.8%. But, in rural Assam, during Annual Health Survey 2010-11, 85.3% of the infected children are taken to a health facility or provider as against 88.7% in urban areas. Diarrhea is also more prevalent in rural Assam (8.5%) than in urban Assam (7.2%).

- In rural areas of Assam, 32.9% children suffered from fever whereas in case of urban Assam 26.5% children were affected from any kind of fever. Unfortunately, as per Annual Health Survey 2010-11, only 83.2% affected children have under gone treatment in rural Assam. Prevalence of anaemia among children is higher in rural areas (70%) as against urban areas (60%) (NFHS-3).

- MMR in Assam is the highest all over India followed by states like Bihar, Uttar Pradesh etc (Sample Registration System 2007). In contrast to that, states like Karala, Maharastra, Tamilnadu have achieved the target of the Millennium Development Goal (MDG). States like Andhra Pradesh, West Bengal, Gujarat and Haryana are in closer proximity to the MDG target.

- Bulletin of Sample Registration System on maternal mortality in India (1997-2003) have strongly recommend for institutional delivery because the pattern of maternal mortality in India especially in rural Assam reinforces rapid expansion of institutional and skilled birth attendance.

- As per Annual Health Survey 2010-11, Assam, percentage of women who receives any ante natal care in rural areas is 90%. But, in case of percentage of women who received three or more ante natal care, the percentage come down in rural areas by almost 32 points. Only 10.5% pregnant women in rural Assam actually receive full antenatal care.

- Rural mothers are more dependent on government health care facilities as 70.9% mothers in rural areas received ante natal care (ANC) from government institutions against 62.1% in urban areas. Again, only

53.9% deliveries happen to intuitional framework in rural Assam against 76.4% deliveries in case of urban areas.

- According to NFHS-3, in rural Assam among the people of the age group 15-59, number of person per lakh population those are infected by tuberculosis is 849 as against which 784 are medically treated tuberculosis cases. With the increase in the age, number of persons affected by tuberculosis also increases both in rural and urban areas; but the rate of increase is higher in rural areas. Besides, goitre is another more prevalent in rural areas.

- There is an inter-district variation regarding Neo-natal Mortality. Rural areas of districts like Sonitpur, Nalbari, Morigaon, Karimganj, Jorhat, Golaghat, Dhubri are facing serious problem with the Neo-natal Mortality Rate more than the state average in case of rural areas (42). In case rural areas of districts NC Hills, Karbi Anglong, Hailakandi, Dhemaji, Darrang, Bongaigaon, Barpeta situation is better than rural Assam average.

- In case of Post Neo-natal Mortality Rate, all Assam average is 22 in case of rural areas whereas in case of urban Assam, it is 12. Rural areas of districts like NC Hills, Nagaon, Morigaon, Kokrajhar, Darrang, Post Neo-natal Mortality Rate is higher than state average. In rural areas of districts like Tinskia, Nalbari, Lakhimpur, Jorhat, Goalpara, Golaghat, Dibrugarh, Dhemaji, Barpeta situation is quite better than state average regarding Post Neo-natal Mortality as per Annual Health Survey 2010-11, Assam.

- Under Five Mortality Rate in rural Assam is exactly double of urban Assam. Under Five Mortality is quite higher is among the girl child of rural areas of many districts like NC Hiils, Kokrajhar, Nalbari, Nagaon, Morigaon, Karimganj, Karbi Anglong, Golaghat, Dhubri, Darrang etc. In case of male child, highest Under Five Mortality has been observed in case of Rural Hailakandi. Next to that rural areas of Kokrajhar, Morigaon, Dhubri, Darrang are also facing higher rate of Under Five Mortality than all Assam average for male babies; still it lesser than in case of girl child.

- In regard of percentage of institutional delivery in rural areas, all most all districts of upper like Dhemaji, Dibrugarh, Golaghat, Jorhat,

Sibsagar, Tinsukia are performing quite well than rural Assam average. Again in lower Assam, only Kamrup and Nalbari are performing above all Assam average in that matter. But, in Barak valley, districts are not doing well in that matter.

- In rural areas of districts like Cachar, Dibrugarh, Golaghat, Jorhat, Karimganj, Kokrajhar, Nagaon, Tinsukia, number of persons suffering from acute illness are quite higher where as in the rural areas of Barpeta, Bongaigaon, Dhubri, Kamrup, Lakhimpur, NC Hills and Lakhimpur, it is lower than all Assam average.

- Another important dimension is there in terms of gender disparity regarding the number persons suffering from acute illness in rural Assam. Except a few districts Cachar, Dhubri, Kamrup, NC Hills in all other districts number female suffered acute illness per lakh population is more than the number male.

- In rural Jorhat, number of persons suffered from any kind of symptom of chronic illness is highest among the rural areas of the districts of Assam. Again, along with rural Nagaon in rural Jorhat also gender disparity in this regard is highest. In all most all the districts of upper Assam, percentage of people suffering from any kind of symptom of chronic illness is quite higher than other parts of the state. In lower Assam, condition of rural Nalbari is worse than all Assam average both for male and female. Kokrajhar is all most same situation as all Assam average. Among Barak valley districts, in rural areas of Cachar district, more people per lakh are suffering from any kind of symptoms of chronic illness. But, other districts in this valley are in better situation than all Assam average in that context.

- In Assam, underdeveloped infrastructure is another reason for poor health status. This refers not just to facilities for established medical care, but also the inadequacy of good, all weather transportation and communications. The inability to move basic medicines easily, especially at certain times of the year, and the frequent occurrence of natural calamities such as floods, are impediments to better health service provisioning (Human Development Report, Assam, 2003).

7.2.2. Supply Side of Public Sector Health Care in Rural Goalpara

- In rural Assam, during the eleventh plan, total number of PHCs and CHCs is 975 and 109 respectively.

- Regarding average population served by each of the Sub-centre, position of rural Assam is better than states like Kerala, Bihar and worse than states like Goa, Tamilnadu even Orissa. In case of rural Goalpara, with 5762 persons serving by each of the Sub-centre, its condition is weaker except in case of state like Bihar.

- In regard of number of PHCs, condition of Goalpara district is not just better than rural Assam; even quite better than those states like Kerala, Tamilnadu etc. Regarding the availability of CHCs, situation of rural Goalpara is worst with 435060 people to be served by each of the CHC which is atleast four times larger than the national norm.

- In rural Assam, regarding the accessibility of Sub-centre, 83.2% villages of Assam have a Sub-centre within 3 kilometers as against 71.4% villages of all India. In case of accessibility of a PHC, only 68.3% of the villages have PHC within 10 kilometer distance a against 71.2% villages at all India level.

- Regarding accessibility of sub-centre relative position of rural Goalpara is better than Assam. As per India Development Indicators (2012), in rural Goalpara 84.4% villages have sub-centre within 3km. Districts like Golaghat, Lakhimpur, Sonitpur, Morigaon, Dibrugarh, Karbi Anglong, Sivsagar, Dhemaji, Nagaon, Dhubri, Kamrup(m), Karimganj, Hailkandi are in better position whereas Dima Hasao, Udalguri, Baksa, Jorhat, Tinsukia, Kokrajhar, Nalbari, Kamrup(r), Darrang, Barpeta, Bongaigaon, Cachar, Chirang are in worse condition than the Goalpara district.

- As per the Facility Survey of Public Health Institution, in Goalpara, 77.3% Sub-centres have one ANM whereas 19.8% have two ANMs. But, male Multi-purpose Health Worker (MPHW) is available only in 27% which is actually a vital component for smooth functioning of a Sub-centre. Again, voluntary worker is existed in 89.7% of the Sub-centres of rural Goalpara.

- In case of Block PHC, in Goalpara district, 100% of the PHCs have two or more than medical officers whereas in case of all Assam, only 79.2% of the Block PHCs have two or more doctors. Regarding the availability of Lady Doctors and staff nurses also, condition of the Block PHCs of rural Goalpara is better than rural Assam. Again, in 100% Block PHCs of rural Goalpara, laboratory assistants and ophthalmic assistants are available in all the PHCs whereas in rural Assam, laboratory technician and ophthalmic assistants are available in 86.6% of Block PHCs and 64.9% only Block PHCs respectively which are actually very much crucial for any PHC. There is shortage of Male Health Assistant and Female assistant in the Block PHCs of rural Goalpara.

- In case of Mini PHCs of rural Goalpara, 93.7% of them have one doctor against 69.5% of Mini PHCs of rural Assam possess one doctor. There is no Mini PHCs having two or more doctors in rural Goalpara whereas in case of rural Assam, 16.1% of the Mini PHCs have two or more doctors. Regarding staff nurse, laboratory technician, ophthalmic assistant, male health assistant, female health assistant position of the district is weaker than all Assam level.

- Subsidiary Health Centre (SHC) of rural Goalpara has two or more doctors and pharmacists but virtually, Lady Doctor in those SHCs is non-existent. In regard of availability staff nurse and laboratory technician, condition of the district is better than the state; but posts of ophthalmic Assistant, male health assistant and female health assistant are vacant. In case of State dispensary (SD), condition of the district weaker than all Assam regarding all most all the positions except male health assistant.

- According to Facility survey in Public Health Institutions in Assam, in the CHCs of the district, there is no surgeon, no physician whereas in case of rural Assam, 14.7% and 6.9% of the CHCs have surgeon and physician respectively. In rural Goalpara, there is no radiographer at all. But, in rural Assam, a total of 39.2% CHCs have radiographers. Only 33.3% of the CHCs of rural Goalpara have specialist of gynecology and obstetrics and pediatrics of each. Percentage of CHCs having eye specialist is same in Rural Goalpara and rural Assam. General Duty Medical Officer (GDMO) is available in 100% CHCs of rural Goalpara.

- According to Facility survey in Public Health Institutions in Assam, 2007, regarding the availability of ANM, laboratory technician and pharmacist, condition of the district is satisfactory. But, only 66.7% CHC have at least seven nurses which is actually required for each CHC. Except Kokrajhar, Karimgang and Cachar, all the district of Assam is in better than rural Goalpara in that aspect.

- According to Facility survey in Public Health Institutions in Assam, 2007, in Goalpara, only 48.4% of the total Sub-centres are functioning in their own building, only 14.4% of the Sub-centres in rural Goalpara have electricity provision, 5.2% Sub-centres in rural Goalpara have piped water facility and 30.0% have hand pump facility, only 20.9% of the Sub-centres have flush toilet facility. Besides, residential facility is available in 29.4% of Sub-centres of Goalpara; but ANM stays regularly only in 8.5% Sub-centres.

- All the Block PHCs in rural Goalpara have the electricity facility whereas only 60% of them have generator provision. Although, 60% of the Block PHCs in rural Goalpara have the flush toilet facility; limited number are functional as because only 20% of the Block PHCs have the piped water facility. Further, telephone and ambulance facility are available in 60% and 40% Block PHCs respectively. Again, weighing machine, deep freezer, Ice lined Refrigerator (ILR) are available in all the Block PHCs. Medical Termination of Pregnancy (MTP) suction aspirator is totally nonexistent.

- In rural Goalpara, separate ward for male and female and labour room are available in all CHCs. But, only 66.7% of those CHCs have emergency/casualty service and operation theatre. According to DLHS-3 survey, 50% CHCs in Goalpara have the blood storage facility. Although, electricity is available in all CHCs in rural Goalpara, generator power back up is available in 33.3% CHCs. In Goalpara, no CHC has Incinerator facility.

- As per Population Basic Health Unit Index (PBHUI) calculated by dimension index technique of UNDP on the basis of secondary data, rural Goalpara stands at 11th position among the districts of Assam. In that regard, Kamrup (Metro), Dima Hasao, Dhemaji, Kokrajhar, Nalbari (*PBHUI*), Kamrup (Rural) are in better position than the Goapara district while districts like Dhubri, Bongaigoan, Morigaon,

Nagaon, Karbi anglong are in weaker position. By attaining 7th position in case of Population wise Bed Index (PBI) calculated by same method that has been followed in calculating PBHUI, Goalpara stands in a better position in comparison to PBHUI. Still, Kamrup(M), Darrang, Dima Hasao are in quite satisfactory position than Goalpara. Area wise Basic Health Unit Index (ABHUI) has been used to measure the capture the regional imbalances in regard of accessibility of health care by the same dimension index technique. In that regard, position Goalpara district is relatively satisfactory as only Kamrup (metro), Dhubri, Nalbari, Karimganj districts are in better position than the district.

- The overall position of regarding access to health care of Goalpara district will be clear from Basic Rural Health Infrastructure Index (BRHUI) which is the simple average of PBHUI, PBI and ABHUI. Among the districts of the Brahmaputra valley Kamrup(m), Nalbari, Dhemaji, Darrang and Dima Hasao and Karbi Anglong in Barak valley are in better position than Goalpara district regarding BRHU while other districts are worse off.

7.2.3 Socio-economic Profile of the Patients and its impact on Health Care Choice

- Regarding in-patient treatment, people in the study area rely upon Rural Public Health Care (RPHC) institution mostly as 67.42% of the patients choose it for in-patient treatment. Only 32.57% of the patients from the study area opt for Urban Secondary Health Care (USHC) institution for in-patient care.

- In case of ST/SC group, 70.58% have choosen RPHC institution and remaining 29.41% have choosen USHC institution for in-patient treatment On the other hand, patients from ST/SC group of population are more dependent on the RPHC than the Others group as 40.47% from Others group have been choosen USHC institution against 29.41% of the ST/SC group.

- In the study area, 53% of patients who has undergone in-patient treatment are male whereas 47% are female. 63.23% of the male patients preferred RPHC for in-patient treatment whereas 73.43% female patients choose the same for in-patient health care.

- Average MPCE of the households to which in-patient samples belong to is Rs 400.19. 47.72% of the in-patient sample belong to household having lowest MPCE group i.e.,0-300. Percentage of sample of in-patients treatment declines for higher and higher MPCE group and ultimately in case of highest MPCE group, it is just 2.27%. Patients' belonging to household having lowest MPCE prefer RBHC institution for in-patient care mostly. But, as the MPCE increases, percentages of patients choosing RBHC institution for in-patient treatment decreases. In case of USHC institution, only 43.83% patients' belonging to household having 0-300 MPCE prefer it whereas it gradually increases to 100% for the patients belonging to highest level of MPCE group.

- 40.15% of the sample patients have chosen health care institution within 0-5km from his residence for in-patient health care. Again, 23.48% and 36.36% of the in-patient sample have chosen the health care institution within 5-10km and 10km & above distance respectively. 100% of the inpatient samples from lowest capacity to pay group (proxy 0-5km) have chosen RPHC institution for in-patient treatment. When the capacity to have improved, percentage of sample patients choosing RPHC institution for in-patient treatment has been declining and ultimately for highest capacity to pay group of the sample it became only 33.33%. In case of USHC institution, when the capacity to pay improved, percentage of sample patients choosing USHC institution for in-patient treatment has been increasing (proxy 10km &above group).

- 58% of in-patient samples are from independent age group whereas 42% are from dependent age group. Among the patients of independent age group, 66.23% went to RBHC instution whereas 76.36% of the patients of dependent age group have choosen RBHC institution. In case of USHC, 33.76% of the patients from independent age group went there whereas 23.63% of the patients of the dependent age group preferred USHC Institution for in-patient health care.

- Average years of education in study area of the in-patient sample is 4.57 years. In the study area, 22.72% of the in-patient samples are illeterate. Then, 21.21%, 47.72% and 9.09% of the in-patient samples are from 0-4years of education, 4-10 years of the education and 10 years & above respectively.

- Of the total in-patient sample from the illeterate group, 80% have utilized RBHC institution for in-patient treatment whereas remaining 20% have utilized USHC institution. As the years of education increases percentage of sample patient from each group (group based on years of education) who have choosen RBHC institution for in-patient treatment decreases and ultimately become 58.33% at 10 years & above level of education. In case of UBHC institution, reverse thing happened.

- Regarding out-patient health care utilization, RPHC institution plays significant role as 39.60 % patients of the study area choose it. Again, 22.40% patients went to Informal Health Care (IHC). Remaining 38% have used Other than IHC and RPHC for out-patient care in the study area.

- Out of 245 out-patient sample, 31.83% of SC/ST group and the remaining 68.16% are from Others group. Among SC/ST out-patient sample, 39.74% that is the highest percentage of patients go for RPHC institution whereas in case of the Others group 40.11% that is highest percentage of patient have utilized Other than IHC and RPHCinstitution for out-patient care.

- Among the out-patient sample, 44.89% are male whereas 55.10% are female 28.88% of the female patients in the study area have choosen IHC for out-patient health care whereas 19.09% of the male patients go to the same for out-patient care. Again, there is higher preference for RPHC among the female patients for out-patient health care.

- Average MPCE of the households to which out-patient samples belong to is Rs 403. 38.56% cases are from MPCE group 0-300. Highest percentage of out-patient cases that is 44.89% cases are from the next MPCE group 300-600 and the lowest percentage of out-patient sample cases that is 2.04% are from highest MPCE group.

- As the MPCE increases, percentage of out-patient sample choosing IHC falls down and ultimately become 0% for the highest MPCE group. In case of RPHC institution, 61.70% of the 0-300 MPCE group have choosen it for out-patient care. But, for higher MPCE group, less percentage of people have gone to RPHC institution for out-patient care. Actually, the out-patient samples from higher MPCE group

mostly prefers the health care services from Other than IHC and RPHC. From the MPCE group 600-900, 86.11% patients have utilized such kind of health care services.

- 64.89% of the sample patients have chosen health care institution within 0-5km from his residence for out-patient health care. 6.12% of the out-patient sample patients have chosen the health care institution within 5-10km. Remaining 28.97% have gone to health care institution at a distance of 10km & above respectively.

- 34.59% of the out-patient samples from lowest capacity to pay group (proxy 0-5km distance travelled) have chosen IHC and ultimately for highest capacity to pay group of the sample it declines to 4.22%. Almost same percentage of patients (approximately 53%) from both group 0-5km and 5-10km, have utilized RPHC institution for out-patient treatment. But, when the distance increased to 10km & above, percentage of sample patients choosing RPHC institution for out-patient treatment has been decreased to 0%. For Other than IHC and RPHC category, percentage of sample availing out-patient health care increases as from 11.94% to 95.77% as distance increases from 0-5km to 10km & above.

- Out of the total out-patient sample, 56% are from independent age group whereas 44% are from the dependent age group.Utilization of IHC services is higher (35.18%) among the sample from dependent age group where as among the sample of independent as group it is just 14.59%. In case of RPHC institution, slightly more percentage of patients from dependent age group have choosen it for out-patient treatment than the patients from independent age group. But, the patients from independent age group have shown more preference for the category Other than IHC and RPHC for out-patient treatment as 50.36% have utilized this kind of health care for out-patient health care. But, in case of the patients from dependent age group only 26.85% have utilized it.

- Average years of education for out-patient treatment are 4.38 years. In the study area, 29.38% of the out-patient samples are from the group 0 years of education. Then, 24.08%, 38.36% and 34.69% of the out-patient samples are from 0-4years of education, 4-10 years of the education and 10 years & above respectively. As the years of education

increases utilization of IHC decreases from 30.55% in 0years of education to 0% in 10years & above level of education. Utilization of RPHC decreases from 30.55% in 0years of education to only 15% in 10years & above level of education. In case of Other than IHC and RPHC category , as the years of education increases from 0 years to 10 years & above, out-patient utilization of health care increases from 20.83% to 85.00%.

7.2.4 Choice of Health Care Institution for In-patient Treatment in Rural Goalpara

- In this study, various economic factors which have been assumed to have influence on people's choice regarding utilization of in-patient treatment in rural Goalpara are Monthly Per Capita Consumption Expenditure (MPCE), health expenditure incurred for that ailment episode (HEXP), distance travelled to have that particular health care institution which is the proxy of capacity to pay (DISNCE).

- The study reveals that Monthly Per Capita Consumption Expenditure (MPCE) does not have any impact on people's choice regarding utilization of in-patient treatment in rural Goalpara.

- As per the result of the study if somebody has more capacity to incur health expenditure, more likely she will go for Urban Secondary Health Careinstead of Rural Primary Health Care for in-patient health care even for those ailments where Rural Primary Health Care Institution is sufficient for treatment in the rural areas of Goalpara.

- This study shows that if somebody capable to bear travel cost and time more likely choose Urban Secondary Health Care institution for in-patient treatment than Rural Primary Health Care institution for even for those ailments where Rural Primary Health Care institutionis sufficient for in-patient treatment in rural Goalpara.

- Various non-economic factors which have been assumed to have influence on people's choice regarding utilization of in-patient treatment in rural Goalpara are educational attainment of the patient (EDU), gender (GEN), age (AGE), caste (CASTE), severity of ailment (SEVERE), road condition to the health care institution from the patient's residence (ROAD), location of the patient's residence

(BLOCK), location of the health care facility (NEAREST) initially. Of them five variables $GEN, AGE, EDU, SEVERE, ROAD$ remained in the final model.

- The study shows a positive social picture as there is no gender differential among the patients regarding utilization of in-patient health care in rural Goalpara.

- Another important dimension reflected by this study is that when the ailment is not serious more likely patients prefer Rural Primary Health Care institution for in-patient treatment in rural Goalpara district. Oppositely, if the ailment is serious, there is more possibility of utilizing Urban Secondary Health Careinstitution for in-patient care in rural Goalpara district.

- This study reflects that whether a patient is from dependent age group or independent age group; it has nothing to do with the choice between Rural Primary Health Care institution and Urban Secondary Health Careinstitution for in-patient treatment in rural Goalpara.

- This study shows that if the road is all weather not motorable, more likely patients prefer Rural Primary Health Care institution for in-patient treatment in rural areas of Goalpara district. On the other hand, if the road is all-weather motorable, there is more possibility of utilizing Urban Secondary Health Care institution for in-patient care even for that ailment where Rural Primary Health Care institutionis sufficient for treatment.

7.2.5 Choice of Health Care Service for Out-patient Treatment Rural Goalpara

- Various economic factors which have been assumed to have influence on people's choice regarding utilization of out-patient treatment in rural Goalpara in this study are Monthly Per Capita Consumption Expenditure (MPCE), health expenditure incurred for that ailment episode (HEXP), distance travelled to have that particular health care institution which is the proxy of capacity to pay (DISNCE).

- According to this study, capacity to pay has impact on choice out-patient health care in rural Goalpara. When the capacity to pay is more, there is lesser possibility of using Informal Health Care service for out-patient health care than Urban Secondary Health Care or any other private health care service and vice-versa. Again, in case of choice between Rural Public Health Care and Urban Secondary Health Care or any other private health care service, when the capacity to pay is more there is lesser possibility of using Urban Secondary Health Care or any other private health care service for out-patient health care than Rural Public Health Care for even some such ailment where Rural Public Health Care Institution is sufficient for treating such ailment.

- This study shows if somebody can bear more health care expenditure in other words if the capacity to pay more, less likely he/she will go for Informal Health Care instead of Urban Secondary Health Care or any other private health care service for out-patient health care in rural Goalpara. In case of choice between Rural Public Health Care and Urban Secondary Health Care or any other private health care service, if somebody is capable bear health care expenditure, more likely she will go for Urban Secondary Health Care or any other private health care service instead of Rural Public Health Care for out-patient health care in rural Goalpara for even some such ailment where Rural Public Health Careis sufficient for treating such ailment.

- This study reveals that if somebody capable to bear travel cost and time more likely choose Urban Secondary Health Care or any other private health care service than Informal Health Care for out-patient treatment instead of in rural Goalpara. On the other hand, when somebody is to choose between Rural Public Health Care and Urban Secondary Health Care or any other private health care service, more likely he will choose Urban Secondary Health Care or any other private health care service for out-patient treatment by the people of rural Goalpara for those ailments where Rural Public Health Care is sufficient.

- Various non-economic factors which have been assumed to have influence on people's choice regarding utilization of out-patient treatment in rural Goalpara in those ailment cases where Rural Public Health Care is sufficient for treatment are educational attainment of the patient (EDU), gender (GEN), age (AGE), caste (CASTE), severity of ailment (SEVERE), road condition to the health care institution from

the patient's residence (ROAD), location of the patient's residence (BLOCK), location of the health care facility (NEAREST) initially. In the final model, only three non-economic variables *CASTE*, *SEVERE*, *NEAR* remained while others were excluded.

- The study reveals that in rural Goalpara, there some differential in between the ST/SC groups and the non-ST/SC group regarding choice of utilization of out-patient health care in rural Goalpara. In case of choosing between Informal Health Care and Urban Secondary Health Care or some other private health care service for out-patient treatment, there is more possibility of choosing Urban Secondary Health Care or some other private health care service by the non-SC/ST people. Again, in case of choosing between Rural Public Health Care and Urban Secondary Health Care or some other private health care service for out-patient treatment also, probability of choosing Urban Secondary Health Care or some other private health care service is more among the non-SC/ST people.

- This study shows that in rural Goalpara, when the ailment is not serious more likely patients prefer Informal Health Care for out-patient treatment than Urban Secondary Health Care or some other private health care service and vice versa.

- As per this study, location of the health care service has some influence on the choice regarding utilization of health care between Informal Health Care and Urban Secondary Health Care or some other private health care service for out-patient treatment in rural Goalpara. So, when the Informal Health Care is available in the near by area from the residence of the patient, there is possibility of using it to large extent and vice versa.

7.2.6. Direct Burden of Health Care in Rural Goalpara

- This study shows that no one is free from direct burden of health care whether it is a case of in-patient treatment or out-patient treatment and whether the patient belongs to higher MPCE group or lower MPCE group as in the study area health care insurance is virtually non-existent.

- The overall average direct burden for in-patient treatment in the rural Goapara is 15.78. In-patient health care creates more burdens for low MPCE group whereas lesser burden to high MPCE group. In 80% of the ailment cases in the study area where in-patient treatment was utilized, households to which those patients belong to had been indebted and some of them sold their assets and cattle for meeting up the cost.

- This study shows average direct burden arises for in-patient treatment for the lowest Monthly Per Capita Consumption Expenditure (MPCE) group is highest in rural Goalpara. Actually, for them in-patient health care is quite expensive in comparison to their MPCE. For this income group average direct burden arises from a single episode of in-patient treatment during the reference period is 24.95 in rural Goalpara. From the next MPCE group average direct burden for in-patient treatment comes down and again it goes up at higher level MPCE.

- The study reflects that in -patient treatment is much more burdensome as the overall direct burden from single episode of in-patient treatment is more than six times larger than the overall direct burden from single episode of out-patient treatment in rural Goalpara. Unlike in case of in-patient treatment, average direct burden of out-patient health care is lowest for the lowest MPCE group. Then it increases for the next group. Thereafter, decreases and continued to be almost same from the middle MPCE group

7.3 Conclusions

Health status of the people of rural Assam is quite poor in comparison urban Assam even after many years of launching the NRHM programme in which Assam is also one of the high focussed states. The rural areas of the state have encountered the burden of acute illness and various kinds of child mortality and maternal mortality at a higher rate than urban counterpart. Secondary data from various sources show that poor health care utilization is the cause behind such health scenario in rural Assam. So, the study aimed to examine about the supply side of health care and the factors behind the health care utilization in the rural areas of Goalpara district So, the study is induced by two research questions

1. Whether the existing health care facilities in rural Goalpara are adequate to support the health care needs of the people?
2. Whether economic and non-economic factors have any influence on people's choice regarding utilization of health care in rural Goalpara?

- This study shows that the health care system of rural Goalpara has failed to maintain the national norm regarding average population served by each Sub-centre and CHCs. In case of CHCs, situation of rural Goalpara is worst as each CHC in the district has to serve more than four times larger population than the maximum capacity limit. In regard of number of PHCs, condition of Goalpara district is even quite better than states like Kerala, Tamilnadu etc. Even in the existing health care facilities also, there is shortage of some basic health care infrastructure and manpower. So, it is really difficult for the existing health care units to function smoothly without adequate provision of manpower and infrastructure.

  In case of Population Wise Basic Health Unit Index (PBHUI), rural Goalpara stands at 11^{th} position among the districts of Assam. By attaining 7^{th} position in case of Population wise Bed Index (PBI), Goalpara stands in a better position. Area wise Basic Health Unit Index (ABHUI) which captures the regional imbalances in regard of accessibility of health care shows that position of Goalpara district is relatively satisfactory as only Kamrup (metro), Nalbari, Dhemaji, Darrang in Brahmaputra valley and Dima Hasao and Karbi Anglong in Barak Valley. So, it can be concluded that the existing health care facilities in rural Goalpara are yet to be adequate to support the health care needs of the people.

- Regarding the utilization of in-patient health care, economic factors like health care expenditure and travel cost influence the health care utilization of the people of rural Goalpara. If the patient is capable to bear more health expenditure and travel cost and time, more likely he/she will go to Urban Secondary Health Care Institution instead of Rural Primary Health Care institution even for those ailment cases whereas Rural Primary Health Care is sufficient to provide health care service.

- Non-economic factors like educational attainment of the patient, severity of ailment, road condition from patient's residence to the chosen health care facility has much influence on the in-patient health care utilization behaviour of the people in rural Goalpara. If the patient is more educated or if his or her ailment is more serious more likely he/she will prefer Urban Secondary Health Care Institution for in-patient health care. Besides, if the road condition is also better, there is more possibility of preferring Urban Secondary Health Care Institution for in-patient Health Care which generally exists at a higher distance.

- In case of out-patient health care utilization also, both economic and non-economic factors influence the people's choice regarding health care utilization behaviour in rural Gaolpara. Economic factors like Monthly Per Capita Expenditure of the household to which the patient belongs to, health expenditure, the travel cost influence people's choice regarding health care utilization. If Monthly Per Capita Expenditure of the household to which the patient belongs to, health expenditure, the travel cost influence people's choice regarding health care utilization. If Monthly Per Capita Expenditure is higher, there is some possibility of choosing Urban Secondary Health Care or any private health care than informal health care. While choosing between Urban Secondary Health Care facilities for out-patient treatment in rural Goalpara. Economic factors like Monthly Per Capita Expenditure of the household to which the patient belongs to, health care expenditure, the travel cost influence the people's choice regarding health care utilization. If Monthly Per Capita Expenditure of the household to which the patient belongs to is higher, there is more possibility of choosing Urban Secondary Health Care or any other private health care than informal health care. While choosing between Urban Secondary Health Care or any other private health care and Rural Primary Health Care, higher the Monthly Per Capita Expenditure higher the possibility of choosing Urban Secondary Health Care or any other private health care than Rural Primary Health Care even for minor ailments. Besides, if somebody is capable to bear more health care expenditure or travel cost of availing health care, there is more possibility of choosing Urban Secondary Health Care or any other Private Health Care over Informal and Rural Health care. Among non-economic factors, caste stratification has influence on choosing health care facilities for out-patient treatment in rural Goalpara. In case of non-SC/ST patients, there is more possibility of choosing Urban Secondary Health Care or any other private health care over Informal

Health Care and Rural Primary Health Care for out-patient treatment in rural Goalpara. Again, when the ailment is less serious, there is more probability of using Informal Health Care than Urban Secondary Health Care or any other private health care for out-patient care in rural Goalpara. When the Informal Health Care is available in nearby area from the residence of the patient, there is possibility of using it to large extent and vice versa in rural areas of Goalpara district.

So, besides access to health care, there is some other economic and non-economic factors which influences the health care utilization behaviour of the people of rural Goalpara.

7.4 Suggestive Policies

- In order to attract all section of people towards Rural Public Health Care Services, qualitative improvement of Rural Public Health Sector is essential. For that strict vigilance is necessary so as to make the Rural Public Health sector more efficient.

- Government should take steps to improve rural health care facilities both in terms of increasing number of rural health care facilities and manpower in those institutions.

- In order to improve the rural health care system, policies should be adopted to overcome the problem of absenteeism, irregularity on the side of health personnel and to ensure 24 hours service in all rural health care institutions.

- Government should ensure compulsory practicing for the health personnel in rural and remote areas. Besides, extra incentives should be provided for those who are willing to serve in those areas.

- Security of the health professional should be strictly ensured.

- Government should provide health care insurance facilities at minimum cost especially for the economically and socially under privileged group.

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List of Abbreviations

ARI	Acute Respiratory Infection
ANC	Ante Natal Care
ABHUI	Area wise Basic Health Unit Index
BRHI	Basic Rural Health Infrastructure
BCG	Bacillus Calmette-Guerin
CHC	Community Health Centre
CBR	Crude Birth Rate
CDR	Crude Death Rate
DOTS	Directly Observed Treatments
EAG	Empowered Action Group
FRU	First Referral Unit
GDP	Gross Domestic Product
GDMO	General Duty Medical Officer
IHC	Informal Health Care
IPHS	Indian Public Health System
ILR	Ice Lined Refrigerator
MTP	Medical Termination of Pregnancy
IMR	Infant Mortality Rate
IHC	Informal Health Care
LVH	Lady Voluntary Health Worker
MMR	Maternal Mortality Ratio
MDG	Millennium Development Goal
MPCE	Monthly Per Capita Consumption Expenditure
MPW	Multi Purpose Worker
NFHS	National Family Health Survey
NRHM	National Rural Health Mission
NSS	National Sample Survey
NSSO	National Sample Survey Organization
PHC	Primary Health Centers
PBHUI	Population wise Basic Health Unit Index
PBI	Population wise Bed Index
RPHC	Rural Primary Health Centre
SD	State Dispensary
SHC	Subsidiary Health Centre
SC	Sub Centre
TB	Tubercle Basicillus
TFR	Total Fertility Rate
DLHS	District Level Health Services

UNDP	United Nations Development Programme
USHC	Urban Secondary Health Centre
WHO	World Health Organisation

About Author



Dr. Dipanjali Devi did her MA in Economics with specialisation in Econometrics from Gauhati University. Devi has research experience of almost a decade. Gauhati Univesity awarded her PhD for her doctoral research on economics of health. Dr. Devi published number of research papers on diverse issues concerning economics of health, education and demography in different national and international journals and books. Her widely acclaimed paper includes Utilization of Outpatient Healthcare Among the People of Rural Assam-A Case Study published in 2015 in Journal of Health Management (Sage Publication). Her research area includes health finance, maternal health, general public health and issues concerning gender. Dr. Devi is a dedicated faculty member of Department of Economics in Dudhnoi College under Gauhati University.

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Preface

It is our privilege and pleasure that we are bringing out some selected papers in the form of this book. The papers included here present the varied mosaic of the North East Indian art, culture, language, literature, society, politico-economic aspects etc. as they reveal a wide array of information on all these aspects which will surely help understand a number of areas which remained in shadow till now. One of our sincere endeavours in bringing out this book is to permanently preserve some selections which will contribute on different dimensions of the NE India. India's North East is, in true sense, a meeting point of many communities, faiths and cultures. This region has always been the hub of cultural and linguistic diversity owing to multiple ethnic and non-ethnic communities living herein, practicing their own language, customs and traditions. However, the variegated cultural heritage of this region which has not been viewed in the right perspectives may be due to its geographical isolation, insulation and lack of academic interest etc. There have been very limited number of institution or organisations which have endeavoured to carry forward systematic and pragmatic study of the NE region. As a matter of fact, North East India still suffers from the lack of deserved academic pursuits and full exploration so far as its cultural and linguistic diversities are concerned.

The book is a humble attempt to record various aspects of North East India found and documented by the scholars and researchers. It contains a number of scholarly papers in the field of art, culture and heritage of North East India which are expected to go a long way towards providing valuable inputs about the region. The book editors have invited some articles in the form of book chapters related to North East India from academicians and scholars

with interest in research and applications to contribute on the basis of their theoretical and practical research, with new valuable research on subjects related, but not limited to the topic areas: Administrative sciences, Physical anthropology, Archaeology, criticism, Cultural Aspects of Development, Economics, Education, English language, Fine Arts, Geography, History, Library and Archival Sciences, mass communication, Philosophy, Photography, Physical Education and sports, Political Science, Psychology, Public Administration, Religious Studies, Social Welfare, Sociology, Statistics, Teacher Education, Tourism Management, Women Studies etc. A commendable response was obtained from a good number of authors within a short period of time.

It is intended that this book will be useful to students, teachers, and researchers in the field of arts, humanities and allied subjects. With great pleasure and respect, we extend our sincere thanks to all the contributors for their timely responses, excellent and updated contributions, and consistent cooperation. The technical support and continued encouragement received from the book publishing team at RED'SHINE Publication is also acknowledged.

Har Kumar Nath
Chief Editor

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CHAPTER 1

Factors Determining Utilization of Health Care Institution among the Pregnant Women: A Case Study

Dr. Dipanjali Devi

Summary

India is on the set to reach the MDG with respect to maternal health with some better performing states. Health priorities of the country have been switching from maternal health care now. Unfortunately, states like Assam, Uttar Pradesh, Uttarakhand, Rajasthan, Odisha etc. are still worse performer in case of maternal health. So, this study basically dealt with the economic and non-economic factors like economic condition of rural household, level of education of the patient, distance to health care facilities, age and caste as determining factor regarding the kind of health care institution chosen for maternal health care in rural Assam on the basis of a case study in rural Nalbari.

Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth; 20 percent of these women are from India (UNICEF). Most of them died because they had no access to skilled routine and emergency care. While motherhood is often a positive and fulfilling experience; but for too many women it is associated with suffering, ill-health and even death (WHO, 1988).

India is on set to reach the Millennium Development Goal (MDG) with respect to maternal survival (National Health Policy draft, 2015). India has successfully brought down MMR by 9 points

per year (RGI)). This success has been attributed intuitional and effective maternal health care (MoHFW). The ratio has been declined to 113 in 2016-18 (7.4 % decline) due to high scale improvement in states like Kerala (66), Maharashtra (87), Tamil Nadu (90). National Health Policy 2017 set the target of declining the MMR up to 100 for the country as a whole by 2020. But, in states like Chhattisgarh (159), Rajasthan (164), Madhya Pradesh (173), Uttar Pradesh (197) and Assam (215) performance is poor (www.indiatoday.in/india/story/india-maternal...on 5.11.20).

In Assam, the decline in MMR during 2006-2009 was remarkable i.e. near 19 percent considering the high base. This has been possible due to progress in institutional deliveries under the various schemes like Janani Surakhsa Yojana (JSY), Mamoni, Adoroni, Accredited Social Health Activist (ASHA) etc. Earlier safe deliveries remained a challenge in the State (DLHS-3(2007-08). Bulletin of Sample Registration System on Maternal Mortality in India (1997-2013) has strongly recommended for institutional delivery because of the pattern of maternal mortality in India especially in rural areas including Assam. Rural areas of Assam UP, Rajasthan, Odisha are double marginalised as in National Health Policy 2017 priorities health sector has been changed now.

Quality of care is also a matter of serious concern (National Health Policy Draft 2015). Only about 68.7 % of women have received the mandatory three antenatal check-ups. Only 31% of pregnant women had consumed more than 100 IFA tablets. According to National Family Health Survey 4 (NFHS-4) survey, more than four-fifths (83%) received antenatal care (ANC) for their last birth from a health professional.*60th round of the National Sample Survey (NSS)* has also identified poor health outcome in India is the result of lower utilization of health care services. Utilization of health care is the interaction between Demand for and supply of health care. However, that does not necessarily happen at equal terms (Feldstein 1965; Lee and Mills 1983; Mooney 1986).

So, this study basically dealt with the factors which are responsible for the decision regarding the kind of health care institution chosen for maternal health care in rural Assam on the basis of a case study in rural Nalbari.

Review of existing Study

Regarding economic factor Gabrysh and Campbell (2009) opined that, women whose husbands have higher income are more likely to utilize maternal health care. Those, who are economically better are more likely to go to health care institution for maternal and child health care (Chakraborty et al, 2003, Mahapatro, 2012,). Again, mother's education is one of the important determinants of utilization of maternal health care. (Cleland, 1990, Gobindasami and Ramesh 1997, Yanajisawa et. al 2005). Again, husband's education much influence on pre natal and post-natal health care utilization along with institutional delivery (Shariff and Singh, 2002). As per WHO (2005), women with more decision-making capacity utilize more maternal health care. Caste and religion also have some influence in maternal utilization. According to Baral et al (2010), in remote areas in Nepal, cultural and religious practices among some social groups prevent women from accessing and utilizing essential health care facilities during the post delivery period. Geographical location is another important factor affecting the utilization of maternal health care. Because, when the distance is more it becomes really difficult to have health care especially for a pregnant woman (Bicego et al., 1997, Sarma and Rampal, 2007). Throughout several studies, women ranked inadequate finances and lack of transportation as the most common barriers to receiving proper prenatal care (Curry, 1990). Number of children may cause resource constraint which negatively associated with maternal health care utilization (Wong et al, 1987, Chakraborty et al, 2003). Maternal age is another determining factor of maternal health care utilization (Grossman, 2000). Family size is another determining

maternal health care utilization. Resource constraint and lack of time affect the health care utilization negatively (Wong et al. 1987).

Objectives

1. To examine the impact of income, distance to health care facility, caste etc. on choice of health care institution for maternal health care.
2. To study impact of educational attainment and age of the mother on the choice of health care institution for maternal health care.

Research Question

Whether socio-economic and demographic factors have any influence on the choice of health care institution for maternal health care?

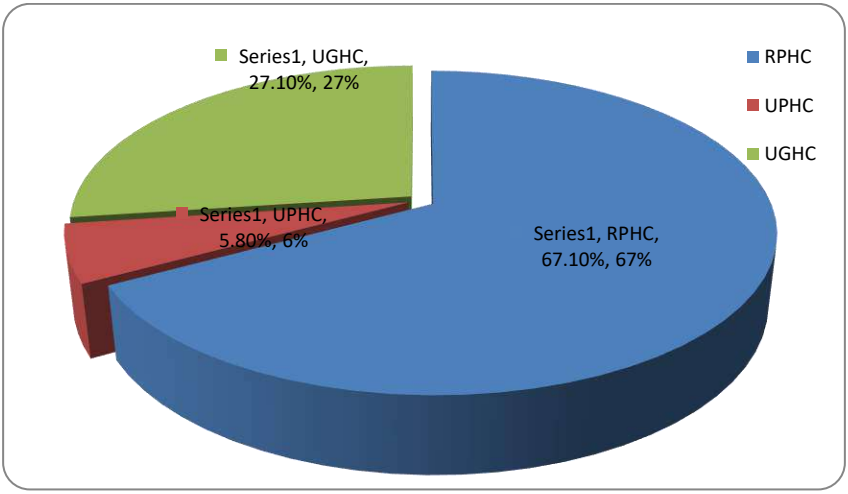
Data Source and Methodology

Primary data has been collected from rural areas of Nalbari district of Assam as it reflects socio-demographic pattern of Assam to a greater extend. The district contains one civil hospital, 5CHCs, 40PHC, 121 SCs and five nursing homes.

Sample will be selected by multi-stage design. Three community development blocks namely Modhupur, Borbhag and Borkhetri have been selected based on their geographic location. The highest number inhabited villages (124) are found in Barkhetri CD Block and lowest inhabited villages (30) is found in Madhupur CD Block (Census 2011). Five villages from each of the block have been selected. Finally, 40% households were selected randomly. From those households, ever married women from the age group 15-49 years were interviewed who have given birth at least one baby within last three years prior to the survey. Ultimate sample women are 1017.

Socio-economic Background and Choice of Health Care

Regarding maternal health care utilization, in rural Nalbari, women rely upon Rural Public Health Care (RPHC) institution mostly (67.01%) choose as shown in Fig 1.



.

Fig. 1: Choice of Health Care Institution for maternal health Care in Rural Nalbari

Reversely, least minimum percentage women go Urban Private Health Care (UPHC) facilities for utilisation of maternal health care.

Economic Condition and Choice of Health Care Institution

Economic condition of household has been measured as: (i) Monthly Per Capita Consumption Expenditure (MPCE) (ii) Cost of health care in terms of the distance.

(I) Monthly Per Capita Consumption Expenditure (MPCE)

Average MPCE of the households to which samples women belongs to is Rs 400.19. Most of the household are economically backward and these people have higher fertility in the sample area.

Table 1: MPCE of the Sample Households and Choice of health care Rural Nalbari

MPCE (i)	**% out of the total sample (ii)**	**RPHC (iii)**	**UGHC**	**UPHC**
0-300	47.72%	56.17	43.83	0.00
300-600	32.57%	26.96	73.14	0.00
600-900	17.42%	36.85	51.14	12.14
900 & above	2.27%	0.00	10.00	90.00

Women belongs to household upto 600 MPCE, no body goes to UPHC facilities because this involves more cost. So, this is not a matter of choice rather almost under compulsion that patient from this category have to choose either RPHC or UGHC institution. Another important point is that availing maternal health care in government sector privides some kind of finacial and non-financial benefit to both mother and the baby. Richer section prefer UPHC because they can afford it and incentives are quite minimal from their point of view .

(II) Distance

Distance from the patient's residence to a particular kind of health care service chosen by the patient provides the mirror image of cost of health care utilization as it reflects the travel cost in terms of time and money keeping other cost constant. It also captures the supply side of health care here. Average distance travelled by the sample for maternal treatment is 11.59 km.

Majority of the sample women from lowest capacity to pay group (travelling 0-5km) have chosen RPHC institution for in-patient and out-patient maternal treatment. If the sample women are capable to travel more than 5 km distance (higher capacity to pay) percentage of sample patients choosing RPHC institution is declining.

Table 2.: Capacity to Pay and Maternal Health Care Utilization in Rural Nalbari

Distance (i)	% of sample (ii)	RPHC (iii)	UGHC (iv)	UPHC (v)
0-5 km	70.32	80.00	15.07	4.93
5-10 km	19.75	67.70	14.05	8.15
10 km & above	9.93	33.33	30.00	36.66

In case of UGHC institution, when the financial capacity improved, percentage of sample patients choosing UGHC institution for in-patient and out-patient treatment has been increasing and ultimately became 30percent. Again, in case of UPHC institution also, there is a positive relation between capacity to expend travelling cost and utilization of UPHC for maternal health.

Age and Choice of Maternal Health Care

Majority of the sample are from 26-35 years age group in rural Nalbari as years of marriage have been increased significantly now a days.

Table 3: Age Composition and Choice of Health Care in rural Nalbari

Age (i)	% of total sample (ii)	RPHC (iii)	UGHC (iv)	UPHC (v)
15-25 yrs	40.15	20.00	61.05	19.95
26 yrs-35yrs	55.75	67.70	14.05	8.15
35-49 yrs	2.10	0	13.33	86.66

It has been observed that at 15-25 Years age group, there is more tendency of going the urban centric health care for utilization of maternal health care as RPHC centre often refer the yonger patients to urban secondary health care sector. At a higher age group that is at 35-49years age group 86.66% sample women have choosen UPHC instution for maternal health care because at this age risk factor is more for both mother and child.

Educational Attainment of Sample and Choice of Treatment

Average years of education of sample women in rural Nalbari is 4.57 years. Among the 0 years of education section, 80% of the women have used RPHC for maternal health care. But, preference for RPHC has been declining as years of education increases and ultimately becomes 50.32% when the years of education is 10 years and above. Reverse trend has been observed in case UGHC and UPHC.

Table 4: Educational Attainment and Choice of Maternal Treatment in Rural Nalbari

Years of Education (i)	cases (%) (ii)	RPHC (%) (iii)	UGHC (%) (iv)	UPHC(%) (V)
0 years	22.72	80.00	18.7	1.3
0-4 years	21.21	67.85	28.95	3.2
4-10 years	47.72	60.66	33.33	6.01
10 years & above	9.09	50.32	41.66	8.01

Social Composition of the Sample women and Choice of Health Care

Total sample of the study area has been classified in to SC/ST and Others. Among them, greater percentage of ST/SC prefers RPHC for maternal health care as those people has lesser mobility as compared to others. They basically go for institutional delivery only because of monetary and other incentives from govt health care institution and the initiative of ASHA worker.

Table 5: Social Composition and Choice of Health Care in Rural Nalbari

Category	RPHC institution	UGHC	UPHC institution
ST/SC	70.58%	27.41%	2.01%
Others	59.52%	32.00%	8.48%

Conclusion

Economic condition of the household, level of educational attainment, age of the patient, caste are the significant factor regarding utilisation of maternal health care. Besides supply of health care facility also influences women's choice for maternal health care utilization. So, in order to bring equity in health care, quality of rural health care should be improved in practical sense so that socio-economically backward women can also avail the same quality of maternal health care as the richer section of women avail.

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Author Information

Dr. Dipanjali Devi

Department of Economics, Dudhnoi College, Dudhnoi, Goalpara, Assam, PIN 783124

eMail: dipanjalimld@gmail.com, Contact No.: 9854038416

CHAPTER 2

"Kushan Gaan" as a Performing Art Form in Assam

Dr. Kulendu Nath

Summary

Through performing art form the characteristics of traditional verbal Art are visually reflected. Originally when songs, legends, proverbs, ballads, folk dramas etc. take the audio visual shape through songs and dances, acting, musical instruments, such type of art is called performing art. As it conserves tradition audio-visually, so it is folk dramatistic. Such type of an art prevailing in western region in Assam is "Kushan Gaan". The art can be traced in undivided Goalpara district "Kushan Gaan" is based on the stories of Ramayana. The characters of Laba-Kusha is specially glorified. The stage performing "Kushan Gaan" is performed by 20/25 performers. They are divided into four groups – (i) Pail, (ii) Badak or Bain, (iii) Geedal and (iv) Sukuri. The main musical instrument of "Kushan Gaan" among various instrument is "Bena".

Songs, folk-tales, romantic songs, imaginary songs, ballads, proverbs, that are written on the basis of verbal tradition can be considered as verbal art. A notable type of verbal art is "Performing Art". The performers who performs the Art flawlessly in the form of traditional music and acting, that kind of art is said the performing art (Sarma, N.C., 2009). Generally, the art that performed along with the dances, songs, music, acting is called performing art. This art deals with the audio visual aspect. Here one or more than one person can take part.

Our discussing subject "Kushan Gaan" is an inclusive of folk performing art. The characteristics of folk performing art can

be seen in "Kushan Gaan", songs, dances, musical instruments are indivisible part of dramatic art. On the other hand, this art form can be considered as folk drama. "Kushan Gaan" is performed conserving the religious tradition. This dramatic form is related to folk life and rustic life. So, this class of art is created on the backbone of religious aspects in far past.

Through the art hearts of folk get entertainment. Besides undivided Goalpara "Kushan Gaan" is performed in Kochbihar, Jalpaiguri and so on.

Aims and Methods of Discussion

Off late, the effect of western aspects of entertainment is extincting the performing art such as "Kushan Gaan". Moreover, the educated society is also unaware of such kind of art form. The main cause of this is besides Lower Assam, it isn't performed paying importance in other parts of Assam and it is not seen important discussion on this type of art. So, it is the main perspective of spreading knowledge related to such type of art among the educated ones. To prepare this article explanatory and field study method are used.

The Introductory Details of Folk Drama

In every country dance drama, drama and acting are sourced by religious rituals. In west dance drama was originated from the chorus sung by the pardoner on the occasion of the festivals held to pray Greek God Dionysus (Bharali S., 1994). In Goalpara–Behar, it can be said that the folk drama is originated on the basis of Mahabharat, Ramayana, various Purans, folk lives and on the shelter of temples (Sarma N., 1971). Dwijen Nath divided the folk dramas of Goalpara into three divisions-

Festivic: Marai Gaan, Basi Puran Gaan, Vasan Gaan, songs of Kati Puja, songs of Chadak Puja, songs of Hudum Puja, songs of Sonaray Puja, songs of Madan Kam, songs of Jaydhulia etc. are colouring examples.

Legend Basik: Kushan, Kharataal, Satyapeer, Bhaogaan, Bharigaan, Khara Puran, Nayanaswari, Manai Jatra, Maynamoti, Gowalini Jatra, Julum Jatra, Kalukaji, Swetpori, Sarijugi, Dotara Gaan, Palagaan etc.

Various Subject Oriented : Putala Naas (Nath D., 2007).

Folk culturalists Dr. Nabin Chandra Sarma divided the folk dramas into two divisions on the basis of wholeness, they are – Religious Idealistic and Religieous Irrespective idealistic. Religious idealistic is divided into two – (i) Epic, ancient character basic and religeoustic and (ii) Imaginary or legends of Gods and Goddesses. Similarly religious irrespective entertaining folk drama are divided into four – (i) verbal tales (ii) history related stories, (iii) social and place specific incidental stories and (iv) humorous stories (Sarma N. C., 2010). On the other hand, seeing the criticizes made by different critics on the basis of stories, songs, dances, musical instruments and acting the folk dramas are divided into two divisions – (i) fully dramatic folk drama and (ii) half dramatic folk drama (Nath S. D., 2013).

Generally, where there are stories, songs, dances musical instruments and all other aspects of drama; that is called fully dramatic folk drama. All the aspects can be seen in our discussing "Kushan Gaan". "Kushan Gaan" inclusive of fully dramatic folk drama is an indivisible part of the culture of western Assam.

Some critics wants to say that "Kushan Gaan" is related to Ram's son "Kusha". Some criticizes noted that "Kushan Gaan" came from the word "Kushalav". It has different meanings. Such as –

(i) Singer, Poet
(ii) Performer, dancer
(iii) News seller, news writer
(iv) A name of Balmiki
(v) Ramchandra's two sons (Kusha & Lava) (Sarma N. C. 2010)

The word 'Gaan' in 'Kushan Gaan' carries general meaning that is the combination of song, dance, drama, musical instrument and acting.

Introductory Details of Kushan Pala

The dramas of this performing art is performed on the basis of the stories of Ramayana. Example- Dani Raja Hairchandra, Lakshmanar Shaktishel, Mahiravan Bodh, Ravan Bodh etc. It is seen that the stories are generally taken from the bangle "Kirtibusi Ramayana". Later, it is translated and sung in deshi language. Generally there are 20/25 members in a group of "Kushan Gaan". Firstly 'Geedal' (main person) and other artists enter in the stage or seated at their specific places. The performers are divided into six parts- Geedal, Baon or Badak. Dowari or Dohari, Bam Geedal or Baowa, Pail or Pali and Sukari or Nasani,. 'Geedal' or 'Kushani' is the main person of the group. He takes the role of leader of the song. He uses conversations to connect with the audiences. Bama Geedal or Baowa helps him in this regard. Dohari is also a helper in conversation. Palis, Sukaris end fruitfully this art form from be to head with Kholbon, Bandana, Jopsaal and song or Fyasa (Informer Ray B.C., 2012).

(i) **Kholbon**: The performers performed a special programme of Khol playing sitting together. Here the playing of Khol plays major role. As the playing of Khol gave the audiences inauspicious feeling, so it is called "Khol Bandana" (worship).

(ii) **Bandana (Worship)** : After 'Khol Bandana' a 'Sloka' is sung that is related to the subject –

'Sloka'

"Ram Lakshan Purbajong Raghubarang Sitapating Sundaram.
Kabusthang Karunamayang gunanidhing biprapriyong dharnikam.."
Rajendrang Satyasandhang Dasharatha tanayang Shyamalang Shantamurtom.

Bande Lokabhiramang raghukula tilakang raghabang
Ravanavarim..” (Informer Ray B.C., 2012).
After recitation of the ‘Sloka’ ‘Gurubandana (spiritual guide worship), ‘Saraswati Bandana, Raghu Bandana etc. are performed.

“Saraswati Bandana”

“Aaisek maa mor saraswati hain
Rathe karia bhor
Jay jogare aisek maa tui
Mor savare vitar.
Ai sava saria Jodi maa
Anyer sava jais
Kisu aar nadang kira
Dharmer matha khais.” (Informer Ray P., 2011).

(iii) **Jopsal** : After the ‘Bandana’ a humorous programme of questioning and answering is acted such as “today what pala (part) will be sung”, “what is the inner meaning of today’s acting” etc. Here ‘Dowari plays the major role. This part of incident is called “Jopsal”.

(iv) **Song or Fyasa** : In some breaks of the story some ridiculous incidents are inacted which are not connected with the original story. In the time of singing ‘Fyasa’ the ‘Sukuris’ sings original story excluded songs. Some examples of such songs are – Bhaoyaia, Chotka Biya Geet, Nindali etc.

Bhaoyaia

“Pratham joubaner kale hoilo mor biya
Aar kotokaal rahim ghare akakini haya.
Re bidhi nidiya.
Haliya poril mor sonar jouban maleyar jhore
Mao bape mor hoilo badi nadil parer ghare
Re bidhi nidayang.” (Informer Ray P., 2011).

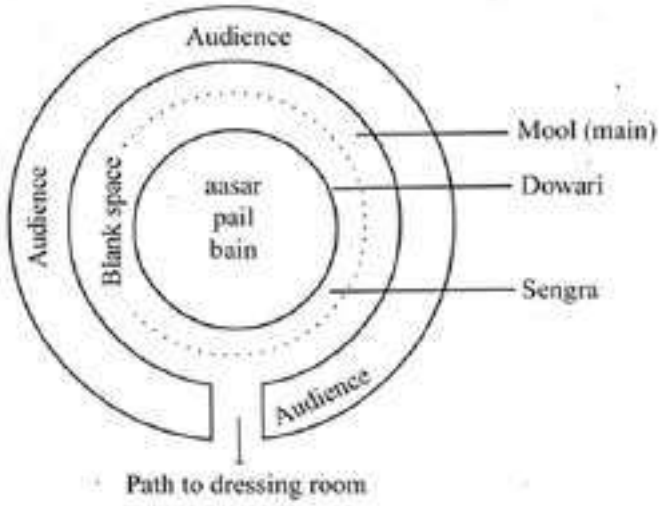
Conclusion

At last Ram's praising songs are sung. It is believed that pronouncing the name of Ram one can get "Boikuntha" (heaven).

"Jei jon sunibare kare abhilash.
Sarba paap ghuse taar swarge hoy baas..
O' putrak sunile se pay putrabor.
Je jaha basana kare, puray sattar..
Seijon Ramayan karibo gaman
Paralok se swarge karibe gaman..
Mrityu kale Ram naam kare jeijon.
Sasharire karibo se biokuntha gaman.."(Sarma U., 2009)

The stage of "Kushan Gaan"

The stage of 'Kushan Gaan' is prepared in the centre of the pandal (temporary shed). It is either circular or rectangular. The audiences manage the distance of 7/8 hands from the performers. The stage of Kushan Gaan can be shown as below-



Musical Instrument : According to Natya Shastra the Indian musical instruments are divided into four sections- (i) Tot Badya (string operated), (ii) Aabanaddha (skin covered instrument), (iii) Ghan Badya or 'Taal' type musical instrument (iv) Sushir Badya (air related) (Sastry N., 1991). All the four types of musical instrument can be seen in 'Kushan Pala". In Aabanaddha Badya 'Mridanga' or 'Khol', in 'Ghan Badya', 'Taal, in Tot Badya 'Bena', Dotora and in Sushir Badya 'Mukh Basi' (flute) and Basi are played. The use of musical beat in the 'Kushan Gaan' is very specific.

Costumes and others: In the matter of costumes used in 'Kushan Gaan' is not too much variable. Geedal or the leader uses white 'Bhuni' (a special dress), shirt, shawl etc; the Palis (members) use Bhuni Chola (shirt) and shawl. Dowari wears knee touched Bhuni in the waist and vest in body. He takes a Gamosa (a special cloth). Bayan or Bain wears Dhoti (a special dress) and shirt. Sari (a dress of woman) or Ghuri is used by the 'Sukuri'. 'Sukuri' wears blouse in chest, ornaments in ears, neck, hands and nose, tinkling bell in feet. In olden days the male enacted the role of female taking the costumes of female. Now a days it has been changed – male takes the role of male and female takes the role of female.

Culture is the mirror of a society. The performing art form, an emblem of the society is gradually dying day by day. We can identify ourselves with proud in the world through such kind of art which we have gotten from our forefathers. The artists of such art should be given prizes, pensions and monetary helps. The media should give them a platform through which they can flourish the special art and themselves also. As it is a group art, so the society must try to live it up in groups. In this matter 'Asom Sahitya Sava', 'Sangeet Natak Akademi' have a vital role and have much and more responsibilities. The educational institutions also should take proper propagandas to save this art form. If we are enable to conserve and flourish this art form in time, it will be vanished one day and we will loose our original introductions. It is natural that everything

changes with the time; but we can't let this art form be defeated by time. Therefore, the proper awareness of every person, every society, every organization can save and animate such kind of art form.

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Author Information

Dr. Kulendu Nath

Assistantt Professor

Department of Assamese, Bikali College, Dhupdhara, Goalpara, Assam, PIN-783123

Email : kulendu789@gmail.com, Contact No.: +919864647753

CHAPTER 3

Application of Eco- friendly Textile Dyes on Cotton and Silk fabric Extracted From Vegetative Waste

Dr. Shabnam Hazarika

Summary

The advancement in science and technology and industrial progresses has brought changes in all fields of modern life. This has increased population density, industrial, urban and transportation activities resulting in the production of enormous amount of pollutant gases. These noticeable negative effects created many environmental issues leading to an imbalance in ecology. In recent years there have been international calls for returning back to the nature for protecting the environment and the human race. It has been observed that there is a major environmental pollution created by the textile processing industries as the effluent from these industries contains a heavy load of chemicals including dyes used during textile processing. This environmental pollution can be limited either by constructing sufficiently large and highly effective effluent treatment plants, or by making use of dyes and chemicals that are environmental friendly. Use of natural dyes along with safe chemical can reduce the effluent treatment cost, which will help to reduce the cost of production. Thus keeping in view the above, the present study has been undertaken to extract eco-friendly dyes from household waste, to apply the dyes with different mordants on cotton and silk fabric, to examine the colour fastness of the dyed fabric and to extend the derived knowledge among the masses. Solvent extraction method was used for extraction of the dyes from different household waste like onion scales, tea leaves, marigold flowers etc. and applied on cotton and silk fabric. The colour effect

and colour fastness of the dyes were found to be satisfactory. The derived knowledge was extended to the rural women mass to enhance their knowledge and skill on this regard.

The concept of 'Eco-friendly' is fast spreading the world over and it has been observed that various steps are being taken to preserve the environment and to reduce pollution. The advancement in science and technology and industrial progresses has brought changes in all fields of modern life. This has increased population density, industrial, urban and transportation activities resulting in the production of enormous amount of pollutant gases. These noticeable negative effects created many environmental issues leading to an imbalance in ecology. In recent years there have been international calls for returning back to the nature for protecting the environment and the human race [Nagia & Mohamedy, (2007: 551); Vankar & Shanker, (2009:156); Mirjalili et.al. (2011:1045)]. The textile manufacturing industries are the second most contaminating industry in the ecosphere [Adeel, S. (2020: 744)]. It has been observed that there is a major environmental pollution created by the Textile processing industries as the effluent from these industries contains a heavy load of chemicals including dyes used during textile processing. This environmental pollution can be limited either by constructing sufficiently large and highly effective effluent treatment plants, or by making use of dyes and chemicals that are environmental friendly. Use of natural dyes along with safe chemical can reduce the effluent treatment cost, which will help to reduce the cost of production.

With the spurt in the rising of prices it has become significant to reutilize the biodegradable products instead of disposing it. There is a growing environmental concern among the people who believe that they have a significant role to play in conservation of resources by using it judiciously and recycling it wherever possible. Those days are gone when we throw away

commodities. Now we are turning to books, magazines and websites articles that show us how to save money. Examples, many of us already have a compost heap of garbage at the bottom of the garden into which we put all kinds of vegetable peelings and waste plant matter. When this material has recycled sufficiently, we use it as manure for plants as it is rich in nutrients. Similarly colour extracted from our much known kitchen wastes can be used for dyeing textiles.

Surveys have shown that naturally dyed garment are in great demand now a days. Fortunately, many of these plant species have made their position in our kitchen/household. But due to ignorance, these are thrown away as garbage. Today, where most of us run after eco-friendly products, especially dyed fabric, we can easily utilize the household vegetative waste for extracting natural dyes.

Environmental consideration is now becoming an additional important factor during the selection of consumer goods including textile all over the World. The world has become increasingly burdened with problems like greenhouse effect, ozone layer depletion, water pollution and waste disposal. The role of dyestuffs and dye industries in introducing harmful contaminants into the environment has been criticized. The acute ecological crisis has caused the environmentalists to ironic the call “Go back to the nature”.

At present the textile industry in many developing countries are facing the impact of many chemical dyes. To protect the environment the use of natural dyes has greatly been emphasized as some of the synthetic dyes were carcinogenic in nature. Natural dyes are safer than synthetic dyes due to the biodegradable nature and therefore are considered to be good alternative than harmful synthetic dyes.

In spite of the several advantages of natural dyes over synthetic dyes, the use of natural colours is still very limited due to non-availability of standard shade cards, precise and specific ways of application and standard norms. The appropriate technical

knowledge of colour extraction, purification and standardization of dyeing techniques is of immense value and requires detailed scientific studies.

It has been observed that household wastes could be recycled and be used for extracting natural dyes for textile.

Aims and Objectives

Thus, keeping in view the above, the present study has been undertaken with the following objectives-

a) to extract the eco- friendly dyes from household wastes.
b) to apply the dyes with different mordants on cotton and silk fabrics.
c) to examine the colour fastness of the dyed fabric.

Materials and Methods

Different vegetative waste like henna leaves, jasmine flowers, jorot, myrobolan, onion scales, pomegranate rinds, tea leaves, teak leaves and turmeric were collected from different households. Plain weave 100% pure cotton and mulberry silk fabric were used. Aqueous extraction of myrobolan, pomegranate rind, potash alum and lime stone were used as mordants.



Tea Leaves



Henna Leaves



Teak Leaves



Onion Scales



Pomegranate



Myrobolan



Potash Alum



Lime Stone

Fig: 1 Raw material for Dyes **Fig: 2 Mordants**

Degumming for silk and scouring for cotton were done to remove natural/ added impurities.

Procedure for extraction of the dye

The dye was extracted from the raw material by boiling in distilled water for one hour. The pH of the aqueous extract was determined with a pH meter.

Optimization of dyeing and mordanting Parameters

The two fabric, cotton and mulberry silk were treated with different mordants (myrobolan, pomegranate rind, potash alum and lime stone). Post modanting processes was used after dyeing, the dyed samples were washed with distilled water and dried at room temperature. [Kulkarni et.al, (2011: 136); Pruthi et.al. 2008:43; Jothi, (2008:168); Ghoreishian et.al. (2013:201)] Dyeing on un-mordanted cotton and silk fabric were also done to get the controlled sample for comparison of colour differences with the mordanted samples.

The dyed samples were tested for light fastness and wash fastness. Light fastness was analyzed by exposing the dyed fabric to direct sunlight for 24 hours and wash fastness by washing the dyed samples with non-ionic detergent (1g/lit).

Results and Discussion

The dyes extracted from different household waste gave different colour tones. When mulberry silk and cotton fabric were dyed with the extracted dyes, different colour tones were obtained depending on the mordant used as can be observed in the Fig: 3. Mordants are an important part of successful dyeing technique. According to Belfer, (1972), mordants are chemical solution which prepares the fiber to receive the colour and also to control the actual hue obtained.

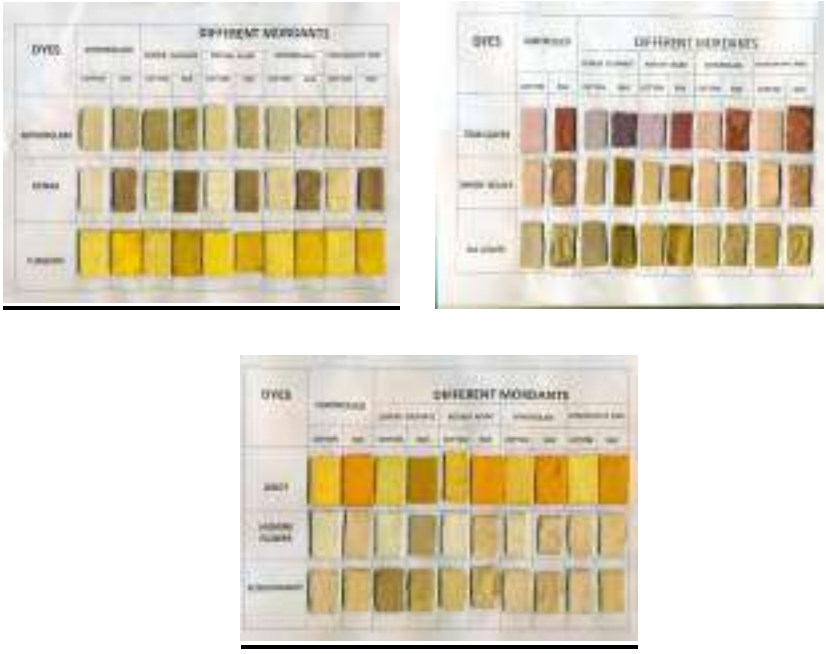


Fig : 3 ***Colours obtained from different dye source with different mordants on cotton and silk fabric***

Four dyes were selected from the chart viz henna leaves, teak leaves, tea leaves and onion tunics, which were applied on cotton and mulberry silk fabric under aqueous media using different mordants.

Effect of mordants

Four natural resources were used as mordants, viz pomegranate rind, myrobolan (silikha), potash alum and lime stone. It was observed that mordants, apart from improving the fastness of the dyes on fabric, also gives darker shades to the dyed fabric as can be seen in Fig 4 & 5. This finding is in support with the findings of Gupta (1990: 22) and Seema (2020:315)

It was found that mordants have more impact on silk fabric in comparison to cotton fabric. It was observed that lime stones gave blackish brown shade to silk fabric dyed with tea whereas alum gave yellowish hue to samples dyed with onion scales as can be observed in Fig: 5. This observation is in support of the observation of Hazarika et.al (201: 94)

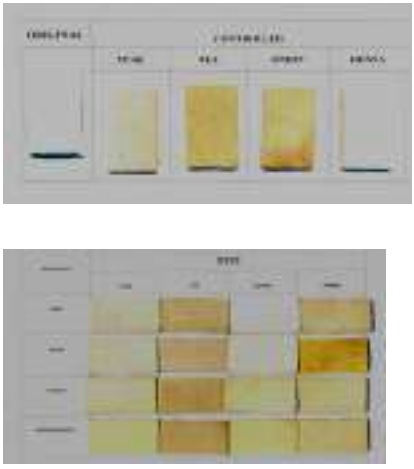


Fig:4 Controlled samples & Effect of mordants on dyed samples of Cotton

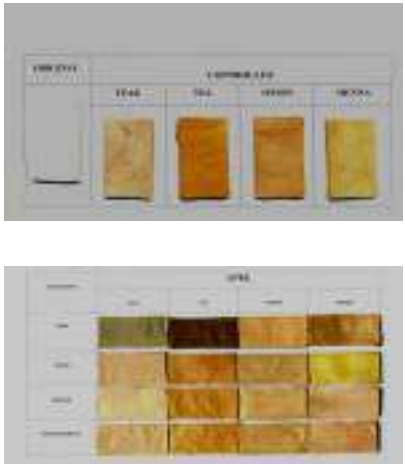


Fig:5 Controlled samples & Effect of mordants on dyed samples of silk

Colour fastness on the dyed fabric

Due to better effect of dyes on silk fabric than on cotton fabric, only silk was considered for further fastness tests. Four major fastness tests were conducted on silk samples dyed with various dyes, viz, wash fastness, rub fastness, press fastness and light fastness, using four different mordants(myrobolan, pomegranate rind, potash alum and lime stone).

It was found that the samples dyed with henna had very good fastness properties and had no effect of any other chemicals on it.

Regarding the fastness of samples dyed with onion scales, it was found to have fair fastness properties. It was interesting to observe that when the samples were exposed to press, a darker shade was available. The results of the study conducted by Hazarika, (2017:227) and Seema (2017: 315) also had similar finding.

Similarly, samples dyed with tea and teak leaves, also had good fastness properties. Colours of the sample were found to remain intake. From the observation in Fig 6, 7, 8 &9, it can be stated that the selected natural dyes had good fastness properties on silk fabric. It may be due to the acidic nature of the dyes.

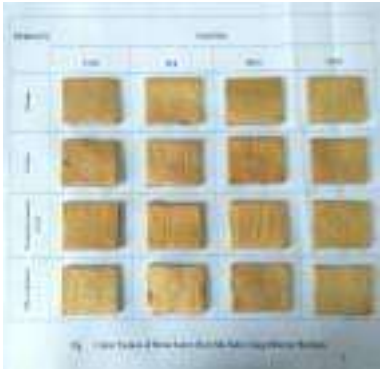


Fig: 6 colour fastness of henna on silk different mordants

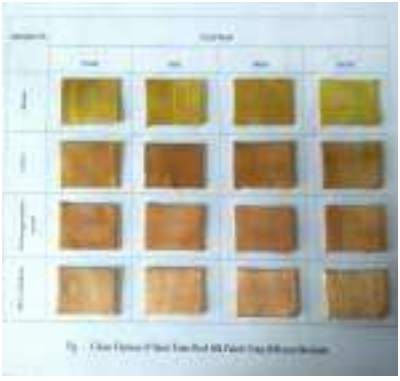


Fig: 7 colour fastness of onion scales on silk different mordants

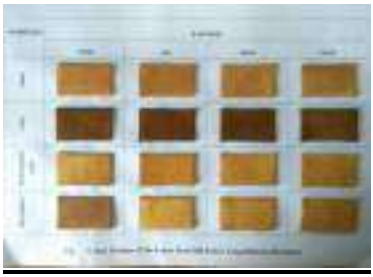


Fig:8 colour fastness of tea leaves on silk different mordants

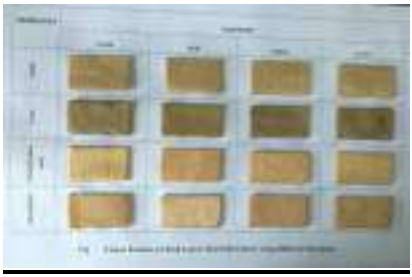


Fig: 9 colour fastness of teak leaves on silk different mordants

Conclusion

Natural dyes are sustainable and does not pollute like synthetic dyes as they are obtained from the renewable resource. Some natural dyes have very good color fastness properties although some people consider synthetic dyes to have better color fastness properties than that of natural dyes. The whole process of extraction and dyeing is ecologically safe. The present work emphasizes the scope of using vegetative wastes as source of natural dyes for obtaining various colour shades. It also looks at the use of organic mordants like pomegranate and Myrobolan (silikha) extracts for eco-friendly textile dyeing. There is need for proper knowledge, documentation and assessment of dye-yielding plants as well as the dyeing techniques so as to increase the use of natural dyes and use of this knowledge in skill development. This paper will be beneficial to the personnel who are responsible for dyeing the textile materials with natural dyes and to maintaining of their sustainable characteristics.

Recommendation

- A campaign on awareness among the masses regarding eco-friendly dyes can be conducted to aware the people on this regard.

- Training can be given for skill development to raise more and more entrepreneurs in North East States of India.
- Fashionable garments can be constructed with the eco-friendly dyed fabric to raise its popularity among the new generation.
- Today there is a growing concern for the environment. Going "*Green*" is the growing trend. With consumers focused in this mindset, the textile companies can embrace this trend and advertise "*Green*" products. If textile producing companies embrace these trends, they will not only capitalize by increasing profits but will also help in protecting our environment.

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Author Information

Dr. Shabnam Hazarika

Assistant Professor

Department of Home Science, Handique Girls' College, Guwahati, Assam, PIN-781001

eMail: shazarikaahmed@gmail.com,

Contact No. : +918638477260

CHAPTER 4

Positivism and Writings on Upper Assam and Arunachal Pradesh – an Attempt to Locate Paradigms and Shifts in them

Swaswati Borkataki

Summary

The idea of Positivism, most famously associated with the French philosopher, Auguste Comte, in a way goes back to the Enlightenment period and also the ideas of Francis Bacon, with regard to the foundation on which it rests.

According to Comte, there is a great Fundamental law, by dint of which knowledge passes through three progressive stages: the Theological stage, which is characterized by a deviation of the mind, the metaphysical stage or the stage of transition and finally the Positive or Scientific stage, which is the ultimate definitive state.

The central idea of Positivism is that we have no knowledge apart from that gained through Phenomena, which is again not Absolute, but Relative in nature. Moreover, according to the theory of Positivism, there are certain immutable social laws, and in order for a society to run smoothly, legislation should be framed in accordance with those immutable laws.

This paper is an attempt to view the historical writings on Upper Assam and Arunachal Pradesh in the light of Positivism and its various strands, in connection to which the works of H.K Barpujari, S.L Barua and an article by Tamo Mibang has been analyzed.

Presumptions and Presuppositions about what can be known about the past is, according to Chris Lorenz, linked to presuppositions about how the past can be known, and therefore, Substantial and Cognitive theories have always been inter-related. The position labelled as **Positivism** is distinguished by the inter-connection of Substantial theories (that hold that history is characterised by underlying causal mechanisms and regularities) with Cognitive theories (that assert that scientific knowledge of history implies knowledge of general laws).[1]

Positivism, most strongly advocated and preached by French philosopher **Auguste Comte**, states that in order to run smoothly, every society has to discover the immutable social laws, and implement legislation in accordance with these laws. Comte built on a tradition that can be dated back to the French Enlightenment, according to which, the history of humankind progressed from superstition in its various forms through a metaphysical phase, to a modern positivist scientific phase.[2]

As a theory, the crux of **Positivism** lies in the fact that it repudiates the metaphysical, and is basically secular, anti-theological and anti-metaphysical. It is indeed characterised by the elimination of metaphysics and philosophical tenets that can be said to be the cause of the growth of a number of critics of the theory, in the 20th century.

Objectives: To study selected historical writings on Upper Assam and Arunachal Pradesh in the light of the idea of Positivism and to highlight the paradigms created by them.

Survey of Literature

Problems of the Hill Tribes of North East Frontier is essentially a description of the geo-ecological conditions of the North East and the ways of life of the communities inhabiting the area.

Chris Lorenz, in "Scientific Historiography" in Aviezer Tucker(ed.), ***A Companion to the Philosophy of History and***

Historiography tries to analyse the Positivist school of historiography and the necessity of historiography or history writing to be scientific and objective in nature, focusing on truth, objectivity and critical method.

Chowdhury, S. Dutta (ed.), *Arunachal Pradesh District Gazetteers: Tirap District* has chapters on the life and conditions of the people of Arunachal Pradesh. In an article, author Tamo Mibang tries to depict the settlement, migration and culture of the people of the Tirap district of Arunachal Pradesh.

Georg G. Iggers, and Q. Edward Wang, with the assistance of Supriya Mukherjee in *A Global History of Modern Historiography* give a fair description of historiographical paradigms and patterns. Under the heading of the Positivist paradigm, one can find a vivid description of the central theme of the Positivist school in a crisp and lucid manner.

Manorama Sarma in *History and History Writing in North East India* writes about historical writings in North East India as well as about the life and conditions of the people.

John Stuart Mill in Auguste Comte and Positivism tries to critically analyse the works of Comte and his Positivist school, while never negating the value of his writings and the significance of his thoughts.

Bentley, Michael (ed.), *Routledge Companion to Historiography* is nothing less of an encyclopaedia when it comes to historiography and historical writings, including the Positivist school of historiography.

Mike Gane in *Auguste Comte* gives a description of the life and works of Auguste Comte, focusing on the Positivist school of historiography most firmly advocated and preached by him.

Research Methodology: Trial and Error method proposed by Popper, with an attempt to keep the ideas as simple and lucid as possible.

Discussion

Positivism infers that all knowledge is based on positive information garnered through experience. Comte talks about a great Fundamental law, according to which every branch of knowledge passes through the three stages of theology, metaphysics and positive or scientific knowledge. The first stage is considered to be that of the deviation of the mind, while the third that of fixed or the ultimate definitive state. The second stage is a mere state of transition.

According to Comte and his positive philosophy, we have no knowledge of anything apart from Phenomena, which is again not absolute, but relative. We only know about the relation of facts to other facts.

The central idea of Positivism is the presence of certain immutable social laws. The society would run smoothly only when it discovered these laws and implement legislation in accordance with them.

The idea that Comte drew went back to the Enlightenment and Francis Bacon, studying and researching in the 16th and early 17th century.

According to this tradition, the history of humanity progresses through a path from superstitions to modern 'positive science' moving through a transitional stage of metaphysics.

- Chris Lorenz, "Scientific Historiography", in Aviezer Tucker (ed.), A *Companion to the Philosophy of History and Historiography*, Blackwell Publishing ltd., the Atrium, Southern Gate, West Sussex, United Kingdom, 2009, p. 396.
- Georg G. Iggers and Q. Edward Wang, A Global History of Modern Historiography, Routledge, 2 Park Square, Abingdon, 711 Third Avenue, New York, U.S.A, 2013, p. 120.

With regard to historical writings on Upper Assam and neighbouring hills, the writings of H.K Barpujari may be mentioned in connection with the theory of Logical Positivism. Now, as regards Logical Positivism, it implies the name given in 1931 by A.E Blumberg and H. Fiegl to a set of philosophical ideas put forward by the Vienna circle. H.K Barpujari does not content himself with the mere collection of empirical data, but his woks embody interpretation to a great extent. [3]

Therefore, Barpujari's works may be said to have been written from a Logical Positivist standpoint. However, the interpretations of H.K Barpujari emanated from the Rankean Tradition, which can be said to be the basic foundation of the ideas of Positivism as many other traditions and sub traditions of thought.

Ranke, universally accepted as the first modern historian to have applied the scientific method to history-writing, which according to him would only be possible if history-writing would be based on facts and not on philosophical speculations.

Ranke wanted to find out "What actually had happened".

Ranke sought to introduce a new scientific history that would be based on a critical study of evidence, not being based on broad generalisations and philosophical speculations.

Ranke created a distinctive paradigm where study of history would be based on three essential methods: a critical attitude towards the sources, emphasis on the use of original documents and the use of the philological method in historiography.[4]

Historiography, according to Ranke should always be concerned with particular events and not the general and universal happenings.

In Ranke's conception of historiography, political events always occupy centre-stage. Insistence on the particular and individual rather than the general is the chief feature of Rankean historiography.

1. Manorama Sarma, History and History Writing in North East India, 2nd Edition, Regency Publications, New Delhi, 2006, pp. 29-30.
2. Thomas Gil, "Leopold Ranke", in Aviezer Tucker (ed.), A *Companion to the Philosophy of History and Historiography*, Blackwell Publishing ltd., the Atrium, Southern Gate, West Sussex, United Kingdom, 2009, p. 384.

One important characteristic of Barpujari's writings is that they provide a statement of facts and emphasise on a proper documentation of facts, while more or less ignoring the underlying causes for the occurrence of the events.

Here, the ***Problems of the Hill Tribes of North East Frontier*** may be taken into account. While there can be seen a great emphasis on the documentation of facts, there is a serious dearth in the presentation of the underlying causes of the problems as well as the possible solutions to those problems.

S.L Baruah in ***A Comprehensive History of Assam*** gives a factual description about events in Upper Assam and about the neighbouring hill tribes, providing details about the geographical areas inhabited by theses tribes, mentioning about boundaries and locations. Here again, while there is an emphasis on the presentation of facts, there can be seen a lack of the explanation of the causes associated to the occurrence of the events.

These writings can be said to be oriented to a great extent to the Positivist tradition, as they are mainly concerned with the statement of narratives and events and interpretations at the super-structural level.[4]

Again, there is a category of writings on the history of Upper Assam and the neighbouring hill tribes that concern themselves to traditions and myths that form a significant part in the life of these societies. These writings again bring in elements of myth and the occult, which are based almost entirely on the word of

mouth of the people of these societies, without any critical analysis of the same.

Here, an article by Tamo Mibang entitled "The Origin and Migration of the tribes of Tirap" may be mentioned. The article plainly discusses the origin myths of the tribes inhabiting the Tirap district of Arunachal Pradesh, while providing little to no description about the pattern of settlement of the tribes as well as the utilisation of resources by theses tribes, which forms a most important part in the process of settlement of any tribe after its migration to a particular place.

Conclusion

Hence, it may be said that most writings on Upper Assam and neighbouring hill tribes do not take into account the economic aspect of subsistence and have been written concentrating on the 'super-structural' order of things.

Therefore, on the whole, it may be said that traits of the Positivist tradition can be seen in the history of history-writing with regard to Upper Assam and the neighbouring hill tribes, taking into consideration the collection of data and factual statement of things and events. However, this statement cannot be generalised.

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Author Information
Swaswati Bokakati
Assistant Professor, Department of History
Royal Global University, Assam
eMail: 18493swaswati@gmail.com,
Contact No.: +916002291323

CHAPTER 5

Empowerment of Tribal Women: A Study of Rabha Society from Socio-cultural and Political Perspective with Special Reference to Goalpara District of Assam

Rumi Nath

Summary

Women empowerment is a multidimensional phenomenon in socio-political sphere. In Rabha society the women plays an important role in socio-religious, cultural and political aspects. To eradicate some social evils the women of Rabha society have been creating awareness among the people and empowered themselves. At once the Rabha society was matriarchal but due to changing situation it was transmitted to patrilineal pattern of society like the other Hindu society. Though the Rabha society give them equal status with man but due to their custom and lack of social unconsciousness still the Rabha women victimize socially. They have need empowerment among them through which they could contribute to the society. The Rabhas are one of the Indo-Mongloid ethnic group of North-East India. Tibet region was their original homeland but due to several causes they have settled in various parts of Assam and North-East India. In Assam the majority of the Rabhas are found in Goalpara and Kamrup district. The Rabhas have different sub-groups i.e. Pati, Rangdani, Maitari, Dahori, Bitaliya, Totla, Hana, Koch and Songa Rabha. Having several traditional and cultural elements they are regarded very rich in this field. In this paper it is try to discuss the empowerment of Rabha women in various aspects and how they encourage their people to creating awareness in socio-cultural, religious and political aspects.

Women empowerment in the present time is a significant topic of discussion which regards to the education, socio-economic, cultural and political empowerment. It is a way to see the women equal members in a society; where they get self-respect through their contribution to the society. Women empowerment is a multidimensional phenomenon in socio-political sphere. Empowerment of women helps the whole society and lead towards the front. It brings social change and makes the society civilized in different ways. The present day women are able to stand and demand their every kind of human rights in a so called male dominated society. Through the present discussion we will try to focus how the Rabha women perform in their Rabha traditional society through the distinct activities and what is the level of awareness in various aspects.

Objective of the study

The main objectives of the present study are-

i) To determine the level of women empowerment.
ii) To highlight the problem facing by the Rabha women.
iii) Awareness in distinct level among them.
iv) Improving the status of Rabha women.

Methodology

To prepare the present paper both primary and secondary sources have been applied. For primary source the researcher have surveyed most of the Rabha villages of Goalpara district in descriptive way. To analyse the primary data the researcher had gone through number of published books, journals, articles, Magazines as secondary sources. Web sources will also use whenever necessary.

Significance of the present study

The study about the empowerment of tribal women is basically emphasis on the women of the Rabha tribe. Through this

study it is try to determine the level of living standard of Rabha women. An effort has been made to focus their present status in Rabha society in various aspects.

Historical background of the Rabhas

The Rabhas are one of the Indo-mongloid ethnic group of Assam and North-East India. They constitute fifth largest community among the tribes of North-East India. Mirza Nathan's book in 1632 'Baharistan-I-Ghaibi' narrated briefly about the Rabha tribe, but that was not sufficient to know about the Rabhas elaborately. Regarding the origin and migration M. Playfair stated his view in his book 'The Garos' that the Rabhas were migrated from the Tibet region to the Brahamaputra valley. Tibet region was their original homeland but they come down to the northern slopes of the Garo hills. Baines in his 'Ethnography' (1912) also mentioned about the Rabhas that *'the Rabhas originally occupied the northern part of the Garo Hills wherefrom they came down in course of time'* (Das, 2008:4-5). Their traditional legend showed that the word *'Rabha'* is derived from the word '*Raba'* which means 'to bring'. In Assam they are found mostly Goalpara, Kamrup, Darrang, Kokrajhar, Dhuburi, Odalguri district etc. They are divided into various sub-groups i.e. Rangdani, Maitari, Coch, Pati, Totla, Bitalia, Dahori, Hana and Songa. But only first three sections of the Rabhas have their own dialect and able to keep their age old culture and traditions. They are very rich in their various cultural traits. On the other hand another section of the Rabhas have lost their own language and Pati Rabhas have follow all the Hindu rites and modern trends. So, not any cultures and traditions is found among this section. They have observed several festivals and ceremonies in a year collectively which make the Rabha tribe more beautiful. They have distinct language, food habit, dress and so many tradition and cultural traits which recognized them as a separate tribe.

Status of Rabha women

At once the Rabha society was matrilineal but due to changing situation it was transmitted to patrilineal pattern of society like the other Hindu society. Though the Rabha society give them equal status with man but according to their custom and lack of social consciousness still the Rabha women victim socially. In Rabha society the women plays an important role in socio-religious, cultural and political aspects. To eradicate some social evils the women of Rabha society have been creating awareness among the people and empowered themselves. During the conflicting situation of Rabha Hasong Autonomous Council movement the Rabha women had taken part strongly. To bring change and create awareness against the social evils and freedom from the male domination, equal status with man, increase of female education they have created women organization. Through education they try to create awareness among the Rabha society and by empowering themselves they would able to contribute to the whole Rabha society.

In the present time the women of the Rabhas become conscious for their right and status. They have constitute women organization, mahila samiti, self help group (SHG) etc for their self empowerment economically, socially and politically. The women council of the Rabhas lead the Rabha women and the whole society to established them in world context. Now the educated and active Rabha women have been trying to empower them in all aspects. In the present time the women of the Rabhas are very conscious in the field of politics. Now they know the importance of voting and taking part of election process to elect their leaders.

Education

During study it is observed that most of the women of Rabha society are less educated, for which still the Rabha women are not fully empower in distinct level. We all know that for the overall development and empowerment of every women education

plays an important role. For the lake of education they are not able to reach about the constitutional provision for women and they become victim in their society. Most of the women of rural areas are not aware fully about their right and status in a society. So they become victim and suffer so many social problems.

Witch-hunting

Witch hunting one of the major and burning issue in their society which is still prevailing in Rabha society. They still believe that the women are the branches of witches and are caused of societies. It is happening due to lack of education and awareness among the illiterate section. In the present time Birubala Rabha one of the popular name who take the courageous steps to reducing witch hunting. Through the Mission Birubala project she has been trying to make aware the rural illiterate people that witch means nothing, it's just a superstitious belief.

C**ustomary laws**

On the other hand the customary laws of the Rabha society also preferred male in some context. Some customary laws are found discriminatory which are strictly followed in Rabha society. Still the women are not allowed to take part in some socio-religious ceremonies for their impurity. The widow, barren and menstruation women are regarded as bad omen. But to aim at the present situation these customary laws has been changing time to time.

Awareness

Due to the lack of proper awareness among them, the Rabha women of rural areas can not able to come out from conservativeness and superstitious. So, there is need for proper empowerment to overcome inequality, discrimination and exploitation to achieve overall development of Rabha society.

For the overall development of Rabha society and to reach their goal, empowering women is very much important which is

now seen among them to great extent. Due to the impact of education, influence of other communities, impact of media, urban settings, social contacts and the modernization process empowered the Rabha women in distinct level.

Conclusion

From the above discussion it is clear that the Rabha women have substantial contribution to the society. They have performed various activities. But instead of their great contribution the Rabha women still become victim socially. Though the Rabha society is not fully free from the conservativeness and superstitious, it is hoped that a change will coming by the great effort of various leading Rabha organization and the active steps of educated section of the Rabha people.

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Author Information

Rumi Nath

Research Scholar, Gauhati University, Guwahati, Assam, PIN-781014

eMail: ruminath12@gmail.com ,

Contact No. : 9365965847

CHAPTER 6

Development of Teacher Education in India: Pre Independence Period

Archana Devi

Summary

Premises and equipment are needed in the education enterprise but persons are vital to them and a teacher is the supreme factor. There is no exaggeration that a spacious building, costly equipment and sound syllabus will serve some useful purpose only when there are teachers who are fully alive to the nobility of the profession and its accompanying responsibilities. The teachers play an important role in moulding and shaping those attitudes, habits, manners and above all, the character and personality of the students. This article mainly focuses to study about the status and development of teacher education in India in pre independence period. As the progress of a country depends upon the quality of its teachers and for this reason teacher occupies a very important place in society because he brings about the transfer of their intellectual tradition from one generation to another. In ancient time, it is considered that teacher that teachers are born, not made. Through the proper training and education of teacher enables him to have knowledge of how children grow, develop and learn how they can be taught effectively and how their inner potentialities can be brought out and developed.

The Progress of a country depends upon the quality of its teachers and for this reason teaching is the noblest among all professions. Teacher education refers to the policies and procedures designed to equip prospective

teachers with the knowledge, attitudes, behaviours and skills they requires to perform their tasks effectively in the classroom, school and wider community. As education helps in the development of an individual's cognitive, cognitive and affective abilities, teacher education programmes are designed to prepare effective teachers by providing theoretical awareness of teaching and developing teaching competency and teaching ability. Teachers have an important role to play in leading to effective growth and development to the students. The major significance of teacher education is focussed upon the important of training to the teachers, with the main purpose of achieving the desired academic outcomes.

Dictionary of education,--C, V, Good (1973), defined teachers education as ''All formal and informal activities and experiences that help to qualify a person to assume the responsibility as a member of educational profession or to discharge his responsibility most effectively.

So it can be said that the teacher education as the total education experiences which contribute to the preparation of a person for teaching profession in educational institution.

Earlier, teacher education was called teacher training, but now, broad outlook has been accepted in teacher education, so the term ''Teacher education' 'has been used for the preparation of making a teacher.

Development of teacher education in India in pre-independency period

Education is not exotic in India. It had been an enlightened country at all periods of its history. The history of teacher education in India is as old as the history of Indian education itself. Education of teacher's educational system may be taken as born in 2500 B.C. The pre independence period normally covers the ancient Indian educational system comparing the Vedic, Buddhist and Muslims Era. It also covers the British rule till 1947 after which India attained freedom.

1. Vedic or Brahmanic period:- During Vedic period teaching was concerned with teaching of 'Veds' at that time there were only Brahmins who served as masters of the Brahmins were earning their livelihood by teaching and they were employed by high class people. There was no training in any institution. They get trained as ‘Gurus’ in their families by guardians and parents. It was first a hereditary process-teacher learnt art of teaching his/her family. In this way teaching profession continued from one generation to another.

Method and techniques of teaching were very simple. For learning highly complicated rituals, a student had to rely completely on the word of teacher. It can be considered as a drawback of the education system of that period. R. P. Shing writes that ‘’one thing is however evident that there were certain Brahman families where teaching was a hereditary profession. There is no evidence to hold the view that teaching training existed in the formal sense, known to us. But surely the Brahmins knew about their future callings and learnt their subjects keeping in future in mind.

In this way we find that there was no formal system of teacher learning. It was the hereditary process from 2500 B.C to 500 B.C until the Buddhist period started.

2. Buddhist period:- During the Buddhist period importance of teacher education was recognised. It got an expansion. It was felt that the profession of teaching was not the right privilege of only Brahmins. Any enlightened person from any class of the community may get the status of a teacher after a vigorous training.

Actually, formal system of teacher training for the teaching professions started during this age so formal teachers training finds its roots in this period. Teachers were trained to propagate Buddhist religion amongst the people. The trainee had to remain under the supervision of teachers from whom he learnt the elements of morality, proper conduct and training in ‘DHARMA’. When the

teacher was satisfied they gave a certificate that one is fit to become a teacher.

3. Muslim period:-During this period also there was no formal system of teacher training. Education was public affairs, education institutions were called 'Hadassah' and they were attached to molvies. Education during this period was mainly religious. Mainly teaching of 'Quran' was imparted. There was no formal training for teachers Molvies were the teacher of Mokalis and Madras's. There were some advanced Arabic school with more advance and comprehensive courses of study. Need of formal education was not felt or recognised for any appointment on any post during this period. No special professional training was required. The posts were filled upon consideration other than more academic qualifications.

4. British period:- The education system was changed by the Britishers according to their own system of England and according to their need and philosophy. Advanced system of education was incorporates. The monitorial system of training the teacher and the semi-formal system of teachers training in India was not recognised by them. When the Britishers came, their major goal in the field of education was to educate India children in British system. Formal system of teacher educations was started by Britishers.

First of all Danish Missionaries established a formal training centre at Serampu (West Bengal). These missionaries were private institutions. This was the first step in the field of training the teachers in India.

After this more intuitions (private) called Normal school were opened for training the teachers, one each at Madras, Bombay and Calcutta.

After this institutions started function in government also took part and felt the need. It came in picture and thus Normal school was opened at Poona, Surat and Calcutta. Later on as the need of teachers was increasing and the number of primary school

was increased the more in tuitions were set up at Agra, Meerut and Varanasi.

In 1824, total number of such teachers training institutions rose to 26, Elphinston made arrangement for training teachers, such program of teachers training was primarily meant for preparing Indians for lower levels.

1. Lancastrian system was introduced in 1819 in Bengal was Calcutta school society to train the teachers. Thomas Monroe in 1826 had planned for teacher training first.
2. Wood's recommendation suggested for the extensions of teachers training in 1854. There were 106 Normal schools and 4000 pupil teacher were enrolled. Total expenditure was 4 lakh rupees. There were two training colleges for secondary level in Madras and Lahore at that time. The graduates and undergraduate were enrolled in these training colleges.
3. The first secondary teacher training school was established in 1856 at Madras, known as government Normal school, Madras. It trained primary teachers as well as secondary teachers both.
4. In 1881-82 there were 106 Normal school established in the country and in total 38886 pupil teachers were getting training in the Normal schools. All these instructions were preparing primary teachers only.
5. In 1886 the first training college was setup at Saidapet in Madras to prepare secondary school teachers. By the end of 19^{th} century, there were six teachers training colleges in the country and fifty training schools for secondary teachers. So teacher education schools expanded and become more advanced.
6. In 1904, Lord Curzon in his education policy laid great stress on the training graduates the training courses should be one year university course leading to a university degree or diploma.

The Calcutta University Commission of 1917-19 or Saddler commission recommended that-

1. Establishment of a department of education in each university.
2. A master course in education (M.Ed) was also recommended to be intended.
3. Education should be taught as a subject B.A and intermediate level.

Consequent of these recommendations:-

1. Most of the universities started training programme for graduate teacher.
2. Number of training colleges/departments for graduate teachers increased.

After 10 years again the system was revised by British educationists. Hartog committee submitted a report of Indian education. These also evaluated the recommendation about teacher education.

In 1929 Hartog committee gave valuable recommendations about in inservice revaluation of teachers. Seminars and conferences, refresher course should be organised for them who are already in service. Hartog committee found that only 44% teachers of the primary school were trained and 28% had completed middle course.

The committee put forwarded the following recommendations in this regard-

The standard of general education for primary should be raised.

The duration of their training should be sufficiently long.

Primary training in tuitions should be well staffed for greater efficiency.

In 1930, there were three types of distinct institutions for training teachers in India-

1. Training school for primary teachers.
2. Normal teacher institutions for training teachers for secondary schools.
3. Training in tuitions for graduates.

- In 1937 M. K Gandhi propounded the India of Basic education which was self-supporting and cheap education.
- In1944 again John Sargent formulated the plan of improving the education system. This was comprehensive plan which was considered at all levels. About teacher education he made 4-5 recommendations.

1. Graduate teachers should be trained in training colleges.
2. Quality of school education should be improved but it possible only through quality of teacher training.
3. The commission suggested three types of training school
    I. Training schools for preparing teachers for pre-primary schools.
    II. Training schools for training teachers for primary level.
    III. Teacher training for junior training schools.

So, above the discussions it has been known that as a result of this number of training school and colleges increased in country with a very fast rate. Before 1947, Bed, department were not found in affiliated colleges. Most of untrained teachers were appointed on less salary.

Conclusion

Teaching is regarded as the noblest profession in all other profession since ancient period. The teacher within the country before it attained independence put emphasis only on religious education. The different periods that was taken into consideration when understanding of teacher education in the pro-independence period of India. Those are the history of teacher education in India during pre-Independence period. Various committee put emphasis

on improvement of both qualitative and quantitative development of teacher training programmes in India. So that teacher can serve better in society.

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Author Information

Archana Devi

Assistant Professor

Department of Education, Dudhnoi College, Goalpara, Assam, PIN-783124

eMail : archana7805@gmail.com

CHAPTER 7

Religious Ideas and Practices of the Rabha Tribes in Assam: An Analytical Study

Dr. Nazrul Islam

Summary

Religious thoughts of human race is a commonly found phenomenon and it is too a controversial and complicated subject in religious studies. The contentious matters of religious ideas and practices of any tribal race are generally found so much interesting than that of other races. Although they are Hindu now, the Rabha Tribes in Assam has been regarded as one of the unique in religious ideas and practices, they have been following since ages. These uniqueness and wide range of religious faiths, ideas as well as practices are always the matter of attraction to study, which has been intended in this paper.

Rabhas are an indigenous Tibeto-Burman community of Assam, Meghalaya and West Bengal. They speak Rabha, a Tibeto-Burman language, as well as Assamese. In Assam, the Rabhas live mostly in Goalpara. So far as the religion is concerned Hinduism is the main religion of the Rabha people today. However, they more often follow a faith, which is a blend of some Hindu and a few animistic rituals. There are Rabhas who follow Christianity (wikipedia.org, 2018).

Scholars are in the opinion that the prehistoric tribal community was a "religious universe" in which all living was a religious way of life. The eminent anthropologist Evans-Pritchard wrote that tribal communities "have just as long a history as our own, and while they are less developed than our own society in

some respects they are often more developed in others**.**"(Evans-Pritchard, 1951). It was indicated about nothing, other than their religious ideas and practices.

Religious Practices of the Tribes in Assam

The people who have been residing in Assam province since ages are mainly of Mongoloid race (Devi, 1987). All such hilly groups of people have their own dialects, social rituals and internal governances. The ancient Pragjyotishpur and Kamrupa were the old name of Asom or Assam. Mahiranga Danava, the oldest king of Kamrupa was a Mongalian and also known as Kirata or Mlechha. Ghatat Kirata followed him and Narakasura, as a king of Pragjyotishpur, came after him. At that time, the most of the population of Prgjyotishpur were Kirata or Mlechha (Devi, 1987). During the time of Naraka and Bhagadutta, the land had been exposed to Aryan Hinduism. According to the Historians, Sakti Puja (Nari and Devi Puja) of Hinduism was transmitted, in fact, from the Non-Aryans, i.e. not other than tribal.

Kamakshya Devi of Nilachala hill (Guwahati) and Tamreswari or Kechaikhaiti Gosani of Tamreswari temple of Sadia etc were the example of such women goddesses (Devi, 1987).

According to Kalika Purana (composed in the 11th & 12th Century), Shaiva Dharma' was the oldest religious institution in ancient Kamrupa. The people of this land worshiped Lord Shiva before Naraka instituted the worship of Kamakshya Devi. Shiva had ruled the land when the

Kirata captured it. ("Sh Ch Swarajyarthe Purvang Gupteshch Shambhuna.") Chronology says that there are three Hindu dynasties had ruled Kamrupa. They were supposed to be Shaiva and accordingly the Shaiva Dharma was spread here (Neog, 1988).

However, there were two trends in performing Shiva Puja (i.e., the worship of Lord Shiva). One is of Brahmins and other is of the Kiratas. ("Dharmah Kiratajh Smritah.") On the other hand,

Yogini Tantra (composed after Kalika Purana) says that during the early 16th century, 'Shakta Dharma' was substantially influential. It is, however, not easier to find out the origin of the Shakta Dharma. Perhaps, the said intormation given by Yogini Tantra is the Single and unopposed.

Again, the religion in Yogini Peetha, i.e. the holy place under control of Devi Kamakshya, had come from the religious practices of the Kiratas, as Shiva said to Parvati. "Shiddheshi! Yogini Peethe Dharma-h Kiratajh mata-h." (Neog, 1988).

There were several other small religious faiths and beliefs in Kamrupa, as Dr. Maheswar Neog asserted. Mongoloid tribes performed the existing tribal religious ideas and semi-Hinduaised religious practices were also prevailing among them.

Bishnu Prasad Rabha, a cultural doyen of Assam, criticized the Brahmanism for making the liberal Sanatana religion orthodox and aboriginal one. His assessment relating to documentary evidence assures that there were a predominance of tribal religious faiths and practices in this province of Assam. According to him, the Brahmins had written the Puranas and Tantras, and created a new order of religion as their own property. In such a situation, the age-old culture and civilization had taken a new shape, the name of places, rivers, god and goddess were changed and they were recognized as their ancestral properties.

According to his opinion, tribal people knew Kamrupa as Kamru, Kamakshya as Kam-Lakhi, Kamkhi or Kamakha etc, Btrahma-putra as Bhullung-Buthur, Lohit or Lauhitya as Titao, Bharalu or Bharali as Bhalli (Rabha, B, 1991).

When we concentrate our mind to discuss the religious ideas and practices of the tribes, we find that it is almost inseparable from the ingredients of folk-etymology (lok-byutpatti), folklore (loksanskriti or lokachar), folk-literature (loksahitya), folk-theatre (loknatya) etc (Playfair, 1909). Folk songs (lokgeet) have also a great role in tribal and folkreligion. These are all non-Aryan (Anarya) as well as (Non-Vedik) Abaidik in nature.

It is already discussed that the ancient Assam was the 1and of many tribes, The Rabha, be it a little in number, is also among them. This is a statutorily known Scheduled Tribe community of Assam and West Bengal. In Assam, the Rabhas live mostly in Goalpara and Kamrup districts (encyclopedia).

Religious Ideas and Practices of the Rabhas

The philosophy behind almost all the religions rests on idea of the creation of creatures and all the living and non-living things. The religious idea of the Rabhas was also brought about through the faiths relating to that creation of creatures. They believed in that the first creation was Cancer and bringing about the mud from waterlogged area, Cancer created the Earth. In addition, the second creation was Worm and Worm created the hills, rivers, lakes, beels, etc. Thirdly, a Tortoise was created and the Earth was set up on it **(Rabha, R, 1992).**

The Rabhas believe that there were eighteen gods before the Earth was created. Along them, the Rishi was considered the oldest, most powerful, and so respectable. Rishi, for the Rabhas is a male deity. He is also known as Mahakal. The Rabhas worship him in all important social and religious ceremonies (Grierson, 1903). On the other hand, historian Benudhar Sarma says that Rishi and Charipak are the main god and goddess of the Rabhas. They stay in heaven. For Rishi, another god, Tak Manbra, whom is not worshiped at all, controls Earth. Secondly, Mahesh, LDhanpal, Lakhor Thakur, Sonabai, Rupabai are the gods and Khubsoni, Chandi are the goddesses (Sarma, 1987).

The Rabhas are in faiths of re-incarnation (Punarjanma), ie. belief that the soul enters a new (human or animals) body after death, spiritualism (Pretatma), i.e. belief in the possibility of receiving messages from the spirits of dead; practices based on this belief and optimism i.e. tendency to expect the best in all things or belief the good will triumph over evil in the end). They have also great faith in animism (Jibaba-da), i.e. belief that all natural objects

and phenomena (c.g. trees, stones, the winds, etc) have souls (Atma). They have never belief in the worship of non-existing objects. Before being Hinduaised, they were not idol-worshipers. They have been worshiping the natural things like stones, trees etc assuming the souls of their hypothetically believed gods and goddesses, ghosts-spirits etc (Rabha, R, 1974).

All the practices are derived from the ideas of the fetishism. According to R.R. Merret, 'Fetishism is the magico religious belief in and use of material objects held to possess supernatural value either Own right or because of the presence of spirit (Barman, 1982). A piece of stone, Shivling, Tabij, Kaurie etc is the example of fetish. Most of the religious idols are also fetish. The idea behind the fetish is to keep the humankind away from any hardship. To be a fetish, it must have believed to be the power of saving humanity from problem (Barman, 1982).

It is noteworthy that animism is the latest development in this line. In this regard, Merret said that the tendency of the primitive mind to regard and treat the inanimate in so far as it is sacred as if it were animated (Barman, 1982). The places of worship like Kamakshya, Sri Surya, Tukreswari etc are the results of fetish and were also considered sacred places of various local tribes. In fact, there were the religious practices of the tribal people of this area. The Bodos had a great faith in Kamakhi. According to the Garos hearsay, at the time of migration, their priests went Gure Chimran, i.e. Kamakshya for sacrifices.

Sri Surya or Satali hill is known to the Garos as 'Sambal Ading', i.e. hill of medicine (Sambal means medicines and Ading means hills.) In relation to fetish, completely the hill is a object of worship to the Garos, as it serves for human welfare (Momin, 2018). The sect of Pati-Rabha worship one Tukura Deo, in their Mare puja (Manasha Devi) This puja is of Bhagawati.[19] Today's Hindu system of worship in Tukreswari temple is almost similar to above. The folk songs called, Tukuriya Geet relating to Tukura Puja is of the worship of Shakti. All this indicates that the Tukreswari

Temple belongs to the Rabhas. [20] Moreover, it may be mentioned here that according to other hearsay, there was a Garo king or chieftain (Habra) at Killajhar near Krishnai. His princess discovered the Adya Shakti Peetha at Tukura hill and started the system of worship there (Islam, 1991).

Finally, the Rabhas believe in Monotheism (Adwitabada), i.e. belief that there is only one God. At the same time, they do not reject the existence of many gods, goddesses, ghosts and spirits. They believe that these are the creations of god, the creator (Rabha, R 1974). At the same time, they are the parts of the creator. Apart from Rishi, they are as follows: Mahari) under their control (Sarkar, 1991). Dadan had no son, his niece-in-law Marukshetri (Marukhetri) is also regarded among them. The temple of Dadan at Baida in the district of Goalpara is the proof of it.

It is already mentioned that Khokchi or Baikho is the principal goddess of the Rabhas. It is actually the goddess of cultivation. Interestingly, the word Bihu of the Assamese culture has been derived from the Baikho>Bikho>Biho>Bihu). Khokchi Puja is also the main socio-cultural festival of the Rabhas. At first, this Puja-festival was started at Athiabari under Habraghat Pargana; but its place was altered later on to Darmang hill (Rabha, R, 1974). The process of Khokchi Puja is universal to all and same in the places of the Rabha villages. However, in some places Khokchi Puja is regarded as the transformed state of Yoni Puja. A pull of earth (mud) making as if Yoni on one piece of flat stone is set up on the Puja alter. The goddesses Suchari, Daduri, Nakati and Tamai are the four states of Khokchi. In the past, as the Agni Devi (Fire goddess), Daduri was Worshiped at Dariduri, Hatisila and Fatamati areas. A piece of stone is the symbol of Daduri. It was sacrificed pigs for Khokchi, seeking heavy harvest and rains and getting rid of general ailments or diseases, earthquakes and other natural calamities (Rabha, R, 1974).

The Puja of Suchari is also known as Lata (climbing plants) or Lewa Tana Puja. Necklace is the symbol of Suchari. Nakati Devi

is worshiped as a symbol of Chakra (wheels) or vyuha (chain). Worship of Tamai is regarded as the Devadhani or Deodhani Puja. Its symbol is a silver nasal ornament (Rabha, R, 1974). In the days of Dadan, there is another Puja, namely Nairangi-Bairangi. This was done in commemoration of the martyrs, who sacrificed lives for their land.

The Rabha believe in animal sacrifices, which are accompanied to different Puja's. Moreover, the processes of worship are different in different Pujas.

It is also to be remembered that the ingredients of folk-etymology (lok-byutpatti), folklore (loksanskriti or lokachar), folk-literature (loksahitya), folk-theatre (loknatya) etc are inseparably co-related to the ideas and practices of the Rabhas. Folk songs (lok geet) have also a great role here.

According to Kurma Purana, the Rabhas are Chandrabanshiya kshatrya.' They have various sub-ethnic groups (Khel), e.g. Rangdaniya, Maitori, Dahari, Pati, Hana, Madahi, Totla, Bitoliya, Kocha etc. So many differences are noticed among these groups. When the first Khokchi Puja was initiated, these groups are created from the division of works (Sarkar, 1991).

It would be just to mention here that Khokchi has been the initial and tribal form of Shakti Puja of Hinduism. The name of Khokchi was derived from the word Khokdurchi, which means seeing the Khaloi (fish pot made of bamboo), in which a piece of stone was found and then, it was known as the Baikho, which is, in turn, derived from the word Baini-kho and which means the greatest goddess (Playfair, 1909).

A. Khokchi or Baikho (Principal goddess, goddess of cultivation and alternative to Yoni Puja) - A pull of earth making like Yoni and one piece of flat stone is set up on the alter (Puja Bedi). It has four shapes (Rupa), e.g. Daduri (Agni), Suchari (Lata or Lewa Tana), Nakati (Chakra or Vyuh) and Tamai (Deodhani).

B. Hasong - The Maitoria sect of the Rabhas worships the god Hasong. It is nothing but the new edition of goddess of Khokchi or Baikho. The Rangdania sect has already left worshiping this Puja.

Hasong is not a single god; it is, in fact a collection of twelve gods. Darmang is set on the middle and Konch, Fedor, Langa Chara, Langacha, Burha-burhi, on the right and Chari (Lakhi), Koinag, Trainag, Tura, Pajamba and Khuchuri are set on the left of the alter. A Pig for Darmang, a he-goat for Tura and hen or cocks for others are sacrificed along with this.

C. Rantak or Rantuk - It is called Ghar Gosanir Puja (worship of Household goddess). All the sects have been doing this, as it is believed to be the oldest Puja of the Rabhas.

D. Shongwai Tang-ee - This Puja is generally performed by the Koch-Rabha. It is done to get rid of Grahadosha (Astronomical problems); so it is also known as Shankan Bakaing-ee that is Sani Graha (Plannet of Saturn) Puja.

E. Lang-aa- The Pati Rabha and Rangdania Rabha do this Puja. The god Lang-aais believed to be Mahadeva. This is done along with other god and goddesses, e.g. Dhan Kuber, Thakurani, Dudh-kumar - Phul-kumar and Khokchi or Baikho. All the god and goddesses are symboiically represented with a piece of stone.

F. Kachai Khaiti - It is a Bhagawati or Kali. The Rabha believe in the fact is that only Kechai Khaiti (i.e. un-cooked eater goddess) can be captor of all the ghosts and spirits.

G. Damrang Bai - It is the chief god worshiped in Hasong Puja. Individual worship of Darmang Bai is also done. It is believed to be the god of health and propertiees.

H. Bena Hachu Bai - It is the custodian of all pet animals. A goat and red he-cock are sacrificed for the satisfaction of it.

I. Lang-aa-chara Bai - To get rid of all kinds of accidents or disasters in community as whole, it is worshiped It is also performed along with the Hasong Puja.

J. Hai Mairong Bai - As an individual household god, it is worshiped for the betterment of the household and also of health problems.

According to the Rabha mythology, (K) Marong Bai, (L) Tukura Deo and (M) Ma-re or Manasha are the different gods and goddesses, whom are also worshiped in different ways in different occasions (Rabha, M., 1974)

Similarly, the various hills (Hachu) were named after the names of various Rabha deities. The hills, like Tura (Kund), Tura (Hakur), Darmang, Dudhnath, Tukura, (Para) Hachu, (Samphung) Hachu are the hills or the centre of worship of the Rabha and accordingly they are also worshiped as their deities (Rabha, R, 1974).

Conclusion

The Rabhas have great regards to ancestors and do not forget worshiping them, and the great women of their community are regarded as the goddesses. They believe that such women led the community in the ancient times. Their matriarchal influences in their family and society are also among other reasons of that. Only for this, their first King, Dadan and his family members, i.e. Suchari, Daduri, Nakati, Tamai, Duri etc along with Khokchi or Baikho are Worshiped. After the death of Dadan in a battle, all the family members had managed to escape from the capital Para Hachu (Meghalaya). Suchari, the mother of Dadan is believed to be hidden herself at Tukura hill and all the daughters, Daduri, Nakati, Tamai, Duri and others had gone to different areas. In course of time, there had been five Gotras (Barai or to conclude, Rabha people traditionally practice some animistic rituals. However, today they more often follow a faith, which is a blend of some Hindu and their own traditional and animistic rituals (Playfair, 1909). Moreover, the processes of worship are different in different Pujas. There are also considerable differences in religious practices among different sects of the Rabhas.

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Author information
Dr. Nazrul Islam
Assistant Professor
Dalgoma Anchalik College, Matia- 783125, Goalpara (Assam)
eMail : nazrul.is2009@gmail.com ,
Contact No. : 9864767884

CHAPTER 8

"Bagejari Git": A Folksong and Dance of the Rabhas in Assam

Pranita Mahanta

Summary

The Rabha community is one of the major tribal communities and have contributed much towards in formation of greater Assamese society, which is a branch of the Indo-Mongoloid Race. There are several sub-groups among the Rabhas, that is-Rangdhani, Maitori, Dahari, Pati and Totala and so on. Among the different sub -groups of the Rabhas the most numerous in south Kamrup are the Pati Rabhas. The Pati Rabhas is one of the largest group of the Rabhas. They are scattered in different parts of the different district of Assam. They have lost their original language and accepted Assamese language as their mother tongue. Although the Pati Rabhas have come under Hindu influence, they still observed traditional ritual singing and dancing are important features. But there are some secular festivals also where sangeet (song / dance / music) play the important role. The spring time Bihu (knowns Bahag bihu) is an occasion for marry- making. The Bahurangi or Bagejari geet is a ceremonial occasions where singing and dancing performances are observed during the Bahag -Bihu festival. The Bahurangi or Bagejari geet is one of the most interesting traditional performance of the Pati- Rabhas. The songs have been composed in colloquial Assamese language used by the Pati Rabhas. The melody of Bagejari -geet is very sweet and impressive. Both men and women folk perform this songs and dances. The dance associated with Bagejari songs. The musical instruments accompanying the performance are-Singa, Bransi, Dighal peti and Duguri, Serja and

Kar-tal etc. The socio- cultural life and behaviour of the pati Rabhas have been reflected through Bagejari -geets. The dance is not of the margi type but of a desi type with a peculiarly local flavor. Due to the impact of modernity the tradition of Bagejari geet and dance has been changed to the greater extent. Now it has been surviving in the second existence.

The Rabhas are one of the most aboriginal plain Scheduled tribes of Assam. In Assam they are widely scattered but mostly concentrated in undivided districts of Goalpara, Kamrup, Darrang. Besides Assam, their distribution spreads over Meghalaya, Bangladesh, Nepal, West Bengal, Manipur etc. As per 1971 census, they constitute 8.63% of the total plains tribal population of Assam and o.63% of the total state population. Their rate of literacy is 22.24% according to the same census and rank fourth among the scheduled tribes of Assam plains (Bordoloi B. N., 1987). Anthropologically they belong to mongoloid stock and linguistically the Rabhas belong to Sino-Tibetan group. Like other tribal groups and sub-groups of Assam the Rabhas has a distinct language, diverse art and culture, traditional dress, social - cultural rites and rituals, fair and festivals. The Rabhas Comprise of a number of socio-cultural and linguistic groups, viz-*Rangdani, Maitori, Totla, Pati, Bitoliya, Dahuri and Shunga* (Hakacham R. U., 2010). The habitat of the patis mainly on the southern bank of the river Brahmaputra right from Guwahati in Kamrup to Dudhnoi in Goalpara district.

Folk-Dance occupies an important place in the cultural heritage of a community. The Rabhas have rich traditions of Folk dance. They have been celebrating various festivals and rituals throughout the year. During this festivals and rituals they perform various dances and songs with great joy. Their popular dances are *"Bhaluk dance, "Deodhani"; "Girikai"; "Hanaghora"*, "*Bagejari* " or "*Bahurangi etc.* All the dances are ritualistic in nature and connected with their religious and seasonal festivals. Dances play a

very significant role in the socio- cultural life of the Rabha people. It is a source of pleasure and happiness and also the way to express sorrow. Folk-Dances are performed mainly during festivals, marriages recreational gatherings or sessions, worships, harvesting, jungle cleaning and other occasion like funerals.

Discussion

The Bagejari dance is an interesting dance among the Pati Rabhas of south Kamrup in Assam which takes place on the occasion of their seasonal festivals. "*Bagejari*" is also called "*Bohurangi*" in the southern part of the District Goalpara. It has been come to know that Bagejari song was written by a queen artist named Bagejari. It had also been came to known that in the past, there was a kingdom between Bongaon and Bamunigaon of South Kamrup district of Assam. According to sri Bhuban Rabha- ``The name of the king of this kingdom was *Boga* or *Boge Singh*. According to his name the kingdom was known as Bugri. The King Boge Sing have five daughters. Among the five daughters, Bagejari was the elder daughter of King Boge Singh. The other four were *Bohurongi, Khaparongi, Rupemali and Toreng Pageli*. Among this five daughters *Bagejari, Bohurongi* and *Khoparongi* were artists by birth. All of them were expert in dancing and singing. Bagejari composed songs by herself and performed songs and dances in South Kamrup. On the other hand, Bohurongi and Khoparongi also composed theses types of songs and performed in Rongjuli area of the district Goalpara. As because of the name of Bohurongi and Khoparongi these songs came to be known as "Bohurongi" in this area" (Informent: Sri Bhuben Rabha, 2017)

Bagejari performance is related to Bahag Bihu festival (first assamese month). But this performance may be presented on any ceremonial occasions. Initially a group of females of Rabha tribe perform this song during first *Bohag* to seventh *Bohag* in house to house of their villages. Now- a- days besides women, the young girls and boys also perform this dances. According to eminent

folklorist Dhaneswar Kalita -" During the Bohag Bihu festival both the young boys and girls of a village join together form troupe which move from house to house and perform the Bagejari songs and dances along with their traditional musical instruments . They move to the neighbouring villages also and by exchanges joking and pleasantries they collect rewards for their performance." (Kalita D., 1991).

The Rabhas use traditional musical instrument during the performance of Bagejari e.g. singa (buffalo horn trumpet), bransi (flute), dighal peti (dhol like long sized drum), duguri (small type nagara), Serja (Serenda), and Kar-tal (cymbal) etc. (Kalita D., 1991).

In presenting the performance Bagejari the troup at first offered worship the goddess Saraswati and begin to singing and dancing. The first stanga of Bagejari geet, eg. :

"Saraswati Mohini
Geetor Sahini
Kayo Bajay Dhak Dhol
Kayo Bajay Bahi"

The Bagejari song is performed after praying the goddess of education "*Saraswati*" which is most popular among the Pati Rabhas.

The feelings of happiness, sadness, love and affection of the common people were reflected in Bagejari and Bohurongi songs. Normally the Rabha women are expert in handicraft. The *Tat-Shal* (a weaving instrument) is the only partner in their happiness and sadness. During the time of weaving they expressed their feeling as follows –

"Bubringa Bhiut Bhiut
Bajang Tator Shalot
Tore Kotha Bhabi Bhabi
Deha Shukal Rodat"

Again a young boy performed this song for his lovers by expressing his emotions –

"Kee Dilung
Kee Nidilung Gabhur
Kee Bulilung Toke
Raatio Ghumuti Nahe
Sapon Dekhung Toke"

When a young girl loves a young boy, she is always ready to walk with him without obeying her parents advice . An example of this song is enumerating below -

"Kakarare Gaarate
seng Baha loy
Tui nili jaam moi
Dadak nakarong Bhoi".

Age and time never waits for anyone! When the parents of a sixteen year old girl is unable to arrange her marriage, she expresses her sorrowness keeping in view of her own luck .

"Boyas gel mor bhatiyai
pokil mathar suli
Bandar thuga dil mok
Biya dim dim buli"

On the other hand, unable to marry the beautiful girl of his choice the young boy express his emotions through this song -

"Bako Nadi hatalung
Khale fatalung
Tok gabhur sai sai
Din katalung"

Naturally the Rabha women are weavers. They can weave various types of clothes but there are some girls who cannot weave.

The girl who do not know how to weave was not eligible for marriage and also called as *"Jakari*" in Rabha language. The anguish of these girl are very unbearable.

"Linglung Lau kumura
Kai keman khaw
Fulia mekheli pindhiba khujong
Kai pindhab."

The male and female wears very colourful clothes while performing these dances. The man wear coloured *"Gamocha"* and shirt. A red *"Patani*" (a traditional dress) is weared by females. During the time of dance the female wears *Jonbiri, Muthi Kharu etc*. (Rabha R., 2015).

Conclusion

Apart from the previous discussions it can be assumed that the Pati Rabhas have a separate identity in the realm of social and cultural life of the Rabha society. Bagejari geet and dance as well as folk performing art the Pati Rabhas are essentially related to their traditional life and culture. In fact this genre of folk art should be well preserved for the future generation. At present Bagejari songs has been lost its first existence, now it has been surviving in the second existance. The new generation of the Rabhas feel ashamed to sings and to dance Bagejari. These dances and songs are contributing to our Assamese folk culture showing the natural integrity and unity after giving lot of enjoyment to the people.

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Author Information

Mrs. Pranita Mahanta

Assistant Professor

Department of Assamese

eMail: pranitamahanta17@gmail.com,

Contact No. +919957492862

CHAPTER 9

Globalization and its Effects on Social Integration

Mukul Nath

Summary

Globalization is an age old phenomenon. It is a process of increasing global interaction connectivity and integration connectivity and integration between nation states, households or individual corporations and other organization. It is an umbrella term referring to increased interdependence among nations in the economic, social, technological, cultural, political and ecological spheres. The term "globalization" is first used by Throdre Lavit in economic perspective but after the 1980 decade the term gain popularity in different parts of world. It has affected a change across the regions of the world and India is no exception. The relevance of globalization in context of Assam has additional implication in terms of social and political integration.

Globalisation is an age old phenomenon and basically an economic term. Business has been carried on by the states transcending national boundaries in manufactured goods, services, communication and so on from the early times. We are aware of the existence of the famous "Silk Route" through which merchandise from India found its way to far away countries like Rome Globalisation is a process of increasing global interaction connectivity and integration connectivity and integration between nation states, households or individual corporations and other organisation. It is an umbrella term referring to increase interdependence among nations in the economic, social technological, cultural, political and ecological

spheres. The terms "globalisation" is first used by Thodre Lavit in economic perspective but after the 1980 decade the term gain popularity in different parts of the world. It has affected a change across the regions of the world and India is no exception. The 1991 economic reforms were far more comprehensive and helped in liberalising the Indian economy to the world economy. The national economy has become far more integrated with global economy now. If globalised trade and free flow of goods was limited in scale it was only because of insurmountable natural barriers of distance, difficult terrain etc.

Dhiren Bhagawati in his book "The State of Higher Education in the Age of Liberalisation and Globalisation" observed "Globalisation would have been a natural process if it had resulted from friendly and co-operative relation among equal sovereign nations. The present mode of globalisation has reduced nation states into an agent of imperialism to carry out its dictates to subjugate the common men and women to the insecurity of livelihood, deprive him/ her of the social security in matter of public education and healthcare and reduce him/ her to a tool for appropriation of profit by the multinational corporations. The state is transformed into a passive agent for facilitating these process. The responsibilities of the state are being transferred to agencies of civil society, which are dependent on multi-national corporation and International Monetary Fund, World Bank for fund'.

Field and Methodology

The field of the paper related with Assam which situated in the northeast of Indian Union between 23rd north and 27th north latitude and 89.46 and 77.4 longitude. The total geographical area of the state is 78438 sq. Km. Assam is popularly known as the gateway to the North-East. On the north it is surrounded by Arunachal Pradesh and Bhutan. On the east and south boundary surrounded by Nagaland, Monipur, Mizoram and Meghalaya. In its western boundary lies West Bengal, Tripura and Bangladesh.

Assam compromises of two natural regions melting both plains and hills namely the Brahmaputra Valley and Barak Valley and two hill districts Karbi Anglong and North Cacher hills. Assam is the largest state in terms of population in the North east regions. The population of Assam stood at 31,169,272, the decadal growth being 16.93% during 2001- 2011 decade. Sex ratio is 954 females per 1000 males as against 940 females per 1000 males in the rest of the country. Since independence, the political map of Assam has undergone several changes. In spite of her rich natural resources and culture the state is lagging behind the other parts of the India. In such a society to find out the effects of globalisation on social integration are very complicated. Assam is an economically backward state in comparison to the other states of the rest of India. In such a state the effects of globalisation is also very poor.

The study is conducted on field observation, descriptive and analytical method is used. The data are collected from the different primary and secondary sources such as books, journals, newspaper and internet etc.

Objective of the Study

The main objective of the seminar paper is that

- To find out the effects of globalisation
- To examine the globalisation's impact on social integration in Assam in different spheres and what type of remedial measures are needed to establish social integration.
- To determine how globalisation has contributed to the transformation of social integrity in Assam.
- It is also to examine the current rate of integration and characteristics of people in the social integration process.

Effects on Social Integration

Globalisation is in the area of social life beyond the national level and as a quality involved in the world- wide

stretching of social relations. At present the social relation have linked distant localities in such a way that the happenings in one place thousands of miles away. Secondly, globalisation is a growing global consciousness regarding the need for the preservation of physical habitat which we all share. Thirdly, globalisation implies trans nationalisation of production, capital and standardisation of consumer tastes and their legitimatisation with the help of international institutions like International Monetary Funds, World Bank, World Trade Organisation, etc. The term 'integration' is very difficult to define because of it mean many things to many different people and there is a doubt from many authors on if integration is a condition a process or a combination of both. Integration is understood as' the process of inclusion of immigrants in the institutions and relation of host society'. It is realised that when people migrate in to a country or a city, they change the size and the composition of that country, city, or society that receives them. After that the new immigrant population react by adopting to the institutions and policies of the country. Sociologically, it is the stability of relations 'within a clearly defined social system'. It is 'the stability of relations among parts within a system- like whole' and which border are said to be 'clearly separated from it environment'. The 21st century has seen a remarkable growth in the level of popular concern for environment, political, economic and social field only for globalisation. Globalisation has led to change in cultural values and norms in the Assamese people.

Food Habits

The Assamese people prepared their meals at home and so going to eat out in restaurants was not common among them and considered something of a threat. However, with the coming up of fast food restaurants the food habits among the young generation is changed. Food processing industries are virtually none existent in rural areas of Assam. Development of food preservation,

processing, earning units can be taken up on the basis of locally available fruits in the regions due to globalisation. Jelly, fruit-juice, pickles have good demand in the urban areas and greater portion of this demand is met from supplies of outside Assam. Moreover, preparation of various type of rice products on commercial basis also the effects of globalisation.

Dress Pattern

Assam is identified no better than its Bihu songs and dance, silk such as paat and muga which rank the finest in the world, the state's tea which finds its way to millions of homes in the world. Representing the rich cultural heritage and traditional legacy of Assam takes handloom industry of Assam portrays the artistic mastery of local craftsmen. Globalisation has been beneficial for the country and its economy at large, but it has led to major changes in the business environment of the country. With the coming up of the globalisation there is now a change in the way of dressing. Some of the Assamese people now dress very casually. What we now see is where people turn to copy other dress culture. With the advent of globalisation the Assamese dress is well known to the other parts of the globe and it helps to social integration in the region.

Language

Language is usually considered an indicator of social integration. In Assam though there are lived several language speaking people but they have live their lives peacefully in their respective area. The impact of globalisation has a big threat to the regional language. Although no Assamese language have enough scope to develop due to globalisation. The researcher has argued that with the advent of globalisation the regional languages have disappeared. The new generation have not given their attention to preserved their own mother tongue. The people of the region are

aware to use the regional language and its help to social integration in Assam.

Family

Globalisation has led to a change in family life of Assamese people. The most noticeable of it is the change in family formation. Single family is found in every parts of Assam instead of traditional joint family pattern. With the emergence of globalisation the joint family structure has change to nuclear family structure. The people are busy only their own duties and they are not concern about their parents due to the impact of globalisation.

Technology

Technology has been the other principal driver of globalisation. Advance in information technology in particular have dramatically transformed economic life. Information technologies have given all sorts of economic actors- consumes investors, business, valuable new tools for identifying and pursuing economic opportunities including faster and more informed analyses of economic trends around the world, easy transfers of assets and collaboration with far flung partners. With the use of social media, the people are socially integrated to different parts of the world. They are well aware to use these type of technology to communicate the other persons. The states have better infrastructure have gained from globalisation.

Tourism

Tourism is a major industry and play a vital role in the growth of an economy. Its contributions are primarily related to increase foreign exchange earning provide employment opportunities, fair return on investment, and conservation of resources. It is a composite phenomenon of various segments of society. Tourism refers to the temporary movement of people from

one place to another. It is essentially pleasure and recreational activity in which money earned in one's normal domicile. The technological advances development of communication system, better transportation, mainly rail, road, and air transportation, marketing and promotional technique etc. given boost to international as well as domestic tourism. Most of Assam's historical place Rang Ghor, Kareng Ghor, Talatal Ghor, Temple etc. National Parks, Namghor, Satras have enough scope for tourism. With the development of globalisation if the opportunities are converted into reality than the social integration of the people of Assam also developed.

Ethnicity

There is a change in the self-identity of most ethnic groups with the advent of the phenomenon of globalisation. Identity relates to the understanding people hold about who they are and what is meaningful to them, like gender, sexual, orientation, nationality or ethnicity and social class. With the emergence of the phenomenon of globalisation these identities are constantly being destroyed and constantly being disappearing. People of these region are being conscious about their ethnic identity and they raise their demand for constitutional safeguards.

Education

The twenty- first century is bound to witness enormous transitions in the education sector. The impact of revolutions in communication, transmission and computing technologies have changed the face of education. If we recognise the fact that Assam cannot remain outside the orbit of such the orbits of changes. The government is reduced to invest funds in the education sector and it harm to the general people to develop themselves in the age of globalisation. Globalisation also give the chance to connect the people to know the modern technology used by the developed countries. The powerful argument behind such a concept is that

today it is the strength of the productive human power that determines the economic strength of the nation.

Suggestions

Though globalisation has several positive effect on social integration but it also affects in other aspects of the people. Assam is not properly developing to take the opportunities of globalisation. So some suggestions are made to the concerning social integration in Assam.

1) We must follow the positive aspects of other culture but not ignored our own rich and glorious culture in the age of globalisation. If we do not give proper attention to preserve our culture than our culture will be lost in due course of time.
2) Globalisation give us so many opportunities to socially integrate ourselves in the regions. We should try to convert these opportunities into reality than social integration will be achieved.
3) Information technology have given many effects in the Assamese society. Mostly the student is benefited to the advent of globalisation, but they should have use information technology to the greater demand of the Assamese society.
4) Assam is recognized as a ethnical museum of the North East India, but the emergence of globalisation various ethnic groups raised their demand for autonomous statehood and constitutional safeguards from the government of India. The government should have created positive atmosphere and settle the issues as fast as possible than social integration of the region could not harmed. And immigrants are always seen as a threat to both citizens and state governments. The government should have solved the burning problem to socially integrate the people of the state.

5) Assam government do not give proper attention to develop in the education sector and tourism. The government and the multinational companies invest their money in these region than social integration cannot be disrupted. Without proper education social integration should not be achieved.
6) Assam is a backward state in compression to the other state of the country. First of all, to use globalisation in proper way the region should be developed, otherwise social integration it is not achieved. The NGO's have also taken steps to social integration and the political parties should not encourage such conflicts than social integration cannot disrupted.

Conclusion

The Assamese society in the 21st century is a complex society. Even though there is social integration but some groups and illegal migration have change the structure of the society. The people of the regions have the duty to strengthen social integration in these parts of the country. Language, religions, ethnicity technology, food habits, culture such things help social integration in the age of globalisation. Although social integration of the region is so good in compression to the other parts of the country, but the intellectuals, researchers, educated elite, NGO's, Political Parties, student Government should keep their eyes like night watchman thEn no one can disintegrate Assam socially.

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Author Information

Mukul Nath

Assistant Professor

Department of Political Science, Telahi Tuwaram Nath College, North Lakhimpur, Assam

eMail: mukulnath801@gmail.com

Contact No. 8638283501

CHAPTER 10

Contribution of Krishna Kanta Handiqui towards Educational Development of Assam

Swapna Lahon

Summary

The great Assamese Ideologist and Sanskrit scholar Krishna Kanta Handiqui, is primarily known to common people as an educationist and in this field he successfully set ideals and values for all times. Our modern education in the country was a primary concern of K.K. Handiqui, like an Indian sage or rishi in his single-minded devotion to the search for knowledge. Krishna Kanta Handiqui had been the principal of J.B. College for 17 years and in 1948 he became the vice-chancellor of Gauhati University for nine years and he shaped this new university according to his vision. Handiqui bequeathed his personal library containing 7,489 great books in different languages to Gauhati University. Handiqui's love for knowledge, complete devotion to profound study, values and standards he set in the field of education and his simple living will forever remain a source of inspiration to the people of our country. But, it has been noticed that a very few study has conducted on his life philosophy and his contributions. So the researcher felt it necessary to study in depth about Krishna Kanta Handiqui. This paper attempt to encompass the educational contributions of Krishna Kanta Handiqui towards Assam.

Handiqui saw the educated man not just as an individual but also as an agent of changes and progress of a country. Education is the key stone for the development of a society as well as a country. There are lots of

noble persons spent their whole life for the development of a society and country through education. One of them is Krishna Kanta Handiqui, the great Assamese Ideologist and Sanskrit scholar. Handiqui, like an Indian sage or rishi in his single-minded devotion to the search for knowledge. He is primarily known to common people as an educationist and in this field he successfully set ideals and values for all times. He is well known for his munificence to literary and educational foundations in the state of Assam. Among all the modern Assamese, Krishna Kanta Handiqui understood his country and the world the best. A name synonymous with scholastic pursuits, he was a great Assamese of whom every Indian can justifiably be proud.

Objectives of the study

a) to study about Krishna Kanta Handiqui;
b) to discuss Krishna Kanta Handiqui's educational contribution towards Assam.

Research Methodology

To fulfill the above objectives the descriptive methodology have been used. The work is purly based on secondary data sources such as books, journals, newspapers and online database.

Krishna Kanta Handiqui: A Brief Profile

An illustrious son of Assam, Professor Krishna Handiqui is one of the greatest Sanskritists and one of the greatest Indologists of the World, and above all, an educationist with uncommon ability and vision. During his life time he became a legendary figure and even to-day the very name K.K. Handiqui stands for all the good and great qualities of a Saintly person. Prof. Handiqui inherited in his veins the blue blood of an aristocratic Ahom Family of traditional administrators connected with the Ahom monarchs of medieval Assam who ruled over the kingdom of Assam for six hundred years at a stretch till 1826 when the kingdom got annexed

to the territory under the sway of the East India Company. His family name Handiqui appears to be an Anlicised form of Assamese word Sandikai pronounced in Assamese as handikai or xandikai. The word is however derived from the Ahom (Tai) language meaning a bridge (hun) to lay (dikai).

His life and works were a balancing of apparently irreconcilable opposites. A man given completely to profound study and never bothering about popularity, power and fame, Handiqui had a strong sense of social and moral obligation. Being the son of a rich tea planter, Handiqui could have easily devoted all his time and energy to profound study and that would have actually been the sort of life that came most naturally to him. But he chose instead not to turn his back on social duties.

He was born in1988 at Jorhat. Handiqui had his early education at Johrat Govt. High School, then Cotton College, Guwahati (1913-15). He got a First Class in B.A. Honours in Sanskrit Securing Prasanna Kummar Sarbadhikari Gold medal as a student of Calcutta Sanskrit College in 1917 at the age of nineteen. During his college days he contributed illuminating articles to Assamese magazine *Banhi* edited by Sahityarathi Lakshminath Bezbaruah. His English articles were published in research journals like *The Modern Review* and *The Indian Antiquary*, Bombay. All of his articles bear stamp of wide study and clear exposition. He was one of the pioneers who started Asom Chatra Sanmilan and one of the Chief aims of the organisation was to encourage the student community to study and write for the advancement of Assamese literature. In 1919, he obtained Master Degree in First Class First in Calcutta University. With this thoroughly classical and traditional background Handiqui proceeded to England in 1920 and did his M.A. in Oxford University with honours in Modern History in 1923. Justice S.K. Dutta, an eminent educationist and a close associate of Handiqui is quite right in saying, "Handiqui was on the one hand a Sanskrit *Pandit*, on the other hand an Oxford don. There was a beautiful blend of Oriental and occidental culture in him."

After 1923, he spent four years in France and Germany, perusing his insatiable desire to learn more European languages. He studied Classical Greek and Latin, and modern languages like Spanish, Italian and Russian. In 1927 Handiqui came back to Assam with a huge personal collection of books purchased during his stay in Europe. He then got married with Hemolota Aideo, the eldest daughter of U.N. Buragohain of Nowgong. When he returned home, he was already a scholar with very few peers in India. He was written various important essays and books and also translated many books from Sanskrit. . He was the founder Principal of the J.B. College, Johrat (1930-47). He became the President of Axom Xahitya Xabha in the year 1937, which was held at Guwahati. at a very young age of 39 and is apparently the youngest President of this literary society of Assam .He was appointed as the Vice-Chancellor of Guwahati University in 1948 and was re-appointed in 1951 and 1954 and continued as such till 1957. He was adorned with “Padmashree” in 1955, and “PadaBhushan" in 1967 by the Govt. of India. In the year 1951, he was elected as the President of Classical Sanskrit Section, XVI All India Oriental Conference of Lucknow Session and in the year 1961 he was elected as the general President of the Srinagar Session. He was nominated by the Maharashtra Government, as Honorary Fellow of Deccan College, a rare distinction reserved for outstanding scholars in India and abroad. He was made Sadasyamahian by the Assam Sahitya Sabha, a highest honour conferred by the Sabha on scholars of exceptional. . He was awarded honorary fellowship of Deccan College, Poona in 1968, a rare distinction reserved for scholars in India and abroad and received only by four others so far. He received the honorary D. Litt. Degree of Guwahati University in 1968 and that of Dibrugarh University in 1972. In 1984 the Sahitya Academy Award was presented to Prof. Handiqui posthumously for the volume comprising his literary works in Assamese Krishna*Kanta Handikai Rachana Sambhar*, compiled by Prof. J.N. Goswami.

He was passes away on 7 June 1982. He is the pride of Jorhat. Internationally acclaimed Indologist and Sanskritist Prof. Krishna Kanta Handiqui passed away on June 7, 1982.

Life Philosophy

Prof. K.K. Handique was a scholar of great distinction, a pioneer Indologist and a philanthropist whose life epitomized an era marked by sacrifice, diligence and devotion to high principles. Prof. Handiqui attached greater importance to moral excellence than to the cultivation of the intellect and Ibsen's dictum "Innocence is the source of all joy and happiness" was the motto of his life. His character may be summed up by a verse of *Pravarasena's Setubandha*: "Rare are the honest persons who silently achieve their tasks. Few also are the trees that yield fruit without their following being noticed". (Setubandha III, 9).

He gave emphasized on formation of character and a pure heart rather than obtain lots of educational degrees. Though celebrated in the world of letters, Handiqui Shunned publicity and was shy of position. He led the life of a true Vanaprasthi Scholar whose entire life was spent in fruitful study and quiet research.

Educational Philosophy

Handiqui's notion of values and ideals in education are best articulated in the convocation of speeches as the vice-chancellor of Gauhati University He saw education as an internal condition that continuously changes the man from with. In other words, education is an extension of man's knowledge of man himself. On January 31, 1955 he addressed the students: "The graduates who will be given their degrees today have my best wishes and congratulations. I need not remind them that the man counts more than the degrees and their university education will be judged by the influence it exerts upon their lives and actions." It shows that he was a practical educationist.

Educational Contribution of Krishna Kanta handiqui towards Assam

K.K. Handiqui, the Sanskrit scholar and Indologist, is primarily known to common people as an educationist and in this field he successfully set ideals and values for all times.

1) Contribution towards Jagannath Barooah College

From 1930 to 1948 Handiqui served as the founder Principal of the Jorhat Jagannath Baruah College, which was the first non-government degree college of the entire North-East region of India. He never entertained the idea of going into government service but he gladly agreed to become the principal of Upper Assam College (which later became Jorhat and finally J.B. College, Jorhat) the first non-government college in Assam. The fact that Handiqui agreed to become the principal of a proposed non-government college is an example of the great scholar's sense of social obligation. At that time the government did not welcome the idea of private colleges. But Handiqui remained principal at the institution for 17 years and that meant a lot for higher education in the state.

Behind the establishment of this premier seat of higher education lies the selfless and enthusiastic commitment of a tiny but highly learned group of scholars of this culturally rich city who, in fact, shaped the destiny of the academic milieu of the North East region in general and the entire Brahmaputra valley in particular. The valuable contributions made by this dedicated group had subsequently led to the formal initiation of an institution known as **Upper Assam College** in Jorhat in 19th August, 1930. Less than a month later, i.e., on 4th September 1930, the first Governing Body (GB) Meeting of the Upper Assam College resolved to name the college as **Jorhat College** and this continued till 1938 when, in a resolution of another GB Meeting, it was again decided to rename the college as **Jagannath Barooah College** in the memory of Jagannath Barooah, the first Graduate of Upper Assam. The founder principal of this oldest institution of the region was Prof. Krishna

Kanta Handique, world renowned Orientalist, distinguished scholar and academician. The other dedicated founder teachers were Prof. Tulshi Narayan Sarma (Founder Secretary), Jagneswar Sarma, Phanidhar Dutta, Prafulla Pran Changkakati and Gunagobinda Dutta. With a small batch of 14 students in 1930, the college was started first with Intermediate of Arts (IA) which received formal affiliation from Calcutta University in 1931. Thereafter, the events of the college moved rapidly. In 1939, the Intermediate of Commerce (I.Com.), in 1941 the Bachelor of Arts (B.A.), in 1944 the Bachelor of Commerce (B.Com.), in 1949-50 the Intermediate of Science (I.Sc.) and in 1952-53 the Bachelor of Science (B.Sc.) streams were opened. From 1931 to 1948, the college was affiliated to the Calcutta University and from 1948 to 1965 to the Gauhati University. Since the establishment of Dibrugarh University (DU) in 1965, the college has been affiliated to it. The college now has a diversified field of teaching. Currently it has 19 departments.

2) Contribution towards Gauhati University

In the year 1948, Krishna Kanta Handique was made the founder Vice-Chancellor of Gauhati University the oldest University of the entire North-East region of India and served there for 9 years until 1957. He was elected as a vice chancellor of Gauhati University for 3 times. Just after taking the charge of VC, Krishna Kanta Handiqui tried his best to make the university a well settled centre of higher education.

From the very beginning he was involved in founding the university as a first grade Indian university like Calcutta University. He tried his best to keep a watchful eye so that the standard of the university cannot be deteriorated. It is remarkable that in the year of 1949 the University Education Commission came to inspect the University and the chairperson of this commission was Dr. Sarvapalli Radhakrishnan. The commission expressed satisfaction towards the work of Gauhati University. Again in 1951, D. Radhakrishnan visited the university and became the special guest

of the 1st convocation of the university. Addressing the young graduates in the first convocation of the Gauhati University held in 1951 Krishna Kanta Handiqui said: “I need not remind them of then nascent responsibilities and the great tradition they have to carry forward as worthy citizens of India. They must remember that it is not degrees but character and the purity of the heart that will entitle them to the dignity of man. In a world full of temptations they have to keep their balance and resist the forces of evil." Handiqui adopted the same recruitment policy as Sir Ashutosh Mookherjee did in the Calcutta University, viz., to recruit the best qualified persons as teachers from any part of India, irrespective of cast, creed or community. This put the University not only on a sound footing but also enhanced its prestige. Under his strong leadership, this institute grew from strength to strength.

3) Contribution towards educational administration

Handiqui was a strict disciplinarian in the domain of educational administration. He was the founder of a clean administration system in Gauhati University and he tried his best to produce quality education. Due to his strong personality and strong discipline, the teaching faculty, the non teaching staff did their duty properly. He terminated a professor because of his misbehavior in an MA class. In his tenure, the University has under its control one constituent college, the Law College handed over by the Government, and nineteen affiliated colleges in different parts of Assam. He found that Assam had lagged so far behind in the Educational sphere that there was a dearth of local talents for the staffing of most of our teaching department. He suggested solving the problem by recruiting properly qualified men from different parts of India.

4) Contribution towards Examination reform

According to him examination as a system are decried from time to time but they provide a vital link between the University and

the public; and the University as the guardian of its own reputation must be able to inspire confidence in its examination standard and the integrity of its methods. He tried to introduce a clean examination system. Once, some students were come out from the examination hall as they found the question paper tough and the students requested him to reconduct the exam by preparing with a new question paper. Krishna Kanta Handiqui strictly ordered that it is out of rule, no new question paper would be provided to them. He issued an order that re examination is not possible, however according to role of exam there will be facility of compartmental exam and the candidate seat for the same. These are indicates a contribution of KKH towards educational reform.

5) Contribution towards Construction of Curriculum

He emphasized on introducing new courses on history, philosophy, economics, assamese, mathematics, statistics, botany, education and commerce and advised to Gauhati University to follow the curriculum prescribed by Calcutta Universiity.

6) Contribution towards teacher training programme

During his tenure a Teachers' training department was organized in close association with the Department of Education, and it was a position to take charge of as many teachers as could be deputed by Government and other Institutions for training under the University. In addition to the B.T. Classes, the University provided a Teacher' Training Certificate course in Geography.

7) Contribution of books to the Library of Gauhati University

His well-kept personal library at Jorhat contains ten thousand rare and valuable books in eleven languages of the world. Eight thousand books of this library now a part of the Gauhati University library out of which 842 books are in Greek, 337 are in Italian, 565 in German, 336 in French, 283 in Latin, 100 books in Spanish and Provincial languages, 2052 in Sanskrit, 73 in Buddistic Sanskrit,

193 in Pali, 342 in Prakrit, 191 in Prakrit and Sanskrit (Jain literature), 253 books on Archaelogy, Arts and Painting, 85 Dictionary. This multilingual approach to scholarship made him a keen student of comparative literature. It is for his library works that the world of letters will be ever indebted to Prof. K.K. Handiqui. He liberally contributed both his knowledge and resources to literary and educational causes in Assam and for the development of Assamese literature. He bequeathed his massive personal library to Gauhati University. He also gave the copy right of all three books of his to respective publisher's viz. Deccan Collge Post Graduate and Research Institute, Poona, the Jain Samskriti Samrakshaka Sangha, Maharastra and the Prakrit Text Society, Ahmedabad. Handiqui, during his tenure as the Vice Chancellor, donated his huge personal library to Guwahati University for the benefit of the students. It consisted of rare and valuable books in about 11 different languages, which were made available to public for reading.

Literary Contribution

Literature is nothing but it is a part of education. KKH literary contribution denotes his profound contribution towards education of Assam. When he was in Europe Handiqui's heart was in Assam and he occasionally contributed valuable articles in Assamese to journals like Banhi and Cetana. In Assamese, Handiqui wrote a few prefaces to books written by others, some reminiscences and a few articles for children. He translated some prose pieces into Assamese from the Russian language. The few English articles he wrote were published in research journals like The Modern Review, Calcutta, The Indian Antiquary, Bombay, and Indian Historical Quarterly etc. His pioneer work in Assamese on Western literature and criticism acquainted the readers with various aspects of Spanish, Greek, Russian and German literatures. It is to be noted that his assessment on foreign literatures is based on his knowledge of the original work. As early as 1928 he wrote an article on "German Academic Ideals" in Forward, a journal published from Calcutta. He was

moved by the fact that the faculty members of the German universities were all very learned people devoted to the cause of education. The professors were all writers with new achievements in their respective fields. He could also see how different the environment for study and research was at the universities in his country as the founder-principal of the first non-government college of Assam, Handiqui tried to inculcate noble ideals in the most uncompromising of conditions. He wrote several articles named Anubadar Katha, Spanish Sahityat Romeo Juliet, German Sahityat Sapon Natak, Greek Natakar Gan, Socratesar Mate Kavir Prakriti, etc. His literary works reflect his unparalleled knowledge as well as deep understanding of literature as well as other subject matters.

The English translation of Sanskrit Mahakavya Naisadhacarita published in 1934 as the first ever translation immediately made Prof. Handiqui known to the whole world. Naisadhacarita composed in circa twelfth century, is the toughest of all the Sanskrit epics.

Yasastilaka and Indian Culture, the second monumental work of Prof. Handiqui earned more eminence. The book was published in the year 1949 by Jain Sanskriti Samrakshaka Sangh of Sholapur (Moharastra), and the second edition came out in 1968. Obviously his zest for Indian learning is a part of his personality; and his devoted self-training in Western Universities has equipped him with the knowledge of many European languages, Catholic taste and Critical outlook.

Handiqui's third monumental work Pravarasena's Setubandha was published by Prakrit Text Society as Prakrit text series XX in 1976 from Ahmedabad under the General Editorship of Professor H.C. Bhayani and Professor D.D. Malvania. "Prof. Handiqui's critical translation of Pravarasena's Setubandha is one of the few woks that mark the highest achievement in the major literary genre of Mahakavya. These are the three major literary works of this great scholar. Prof. K.K. Handiqui was a scholar of singular distinction, a pioneer Indologist and a philanthropist whose

life epitomized an era marked by sacrifice, diligence and devotion to high principles. He is well known for his munificence to literary and educational foundations in the state of Assam. In memory of his beloved wife Hemolata Aideo, he established Hemolata Handiqui Memorial Institute, a Higher Secondary School at Jorhat in 1962 with his innovative and constructive ideas.

Conclusion

Professor K.K Handiqui was a scholar of singular distinction, a pioneer Indologist and a philanthropist whose life epitomizes an era marked by sacrifice, diligence and devotion to high principles. He is well known for his munificence to literary and educational foundations in the state of Assam. The merit of Handiqui's work was duly acknowledged by scholars of the All India Oriental Conference held that year in Bombay and Handiqui was elected the president of the next Classical Sanskrit Session of the All India Oriental Conference held in Lucknow in 1951.

The Indian Posts and Telegraphs Department issued a commemorative Stamp in honor the renowned educationist. The state Government of Assam has established the Krishna Kanta Handique Memorial Award in his honor, who worked hard in promotion of literature and Sanskrit language in the state. The Government of Assam decided to establish a state open university with an objective to expand higher education among those who could not be covered or reached by the conventional system of education, and to name it after the great educationist. Accordingly, the "Krishna Kanta Handiqui State Open University Act, 2005" was enacted by the State Legislature. In continuing with the aim of building a knowledge based society Krishna Kanta Handiqui State Open University was established to provide quality higher education through open and distance learning to reach the unreached of the society.

The entire nation and the state of Assam in particular is forever indebted to his valuable contributions to the field of education and literature.

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Author Information

Swapna Lahon

Assistant Professor, Department of Education, Handique Girls' College, Guwahati, Assam

E-Mail : swapnalahon2812@gmail.com ,

Contact No. +919957270586

CHAPTER 11

Problems and Prospects of Ecotourism in North East India

Sarat Kumar Nath, Biswajit Nath

Summary

North Eastern India is well blessed by nature. Moreover it has rich ethnic heritage. Ecotourism is a growing area in this tourist friendly region. It is a responsible tour to the natural areas, which cover the ecology and promote the welfare of the people. It is a sound environment tourism. It focuses to the destination where flora and fauna, cultural and other historical heritage etc. exist. If ecotourism is not properly monitored it can be as damaging as mass tourism. The paper highlights the challenges and opportunities of ecotourism in North Eastern India.

The North Eastern India is endowed with numerous beautiful hill ranges covered with forests, coupled with the rich natural and cultural heritage provide unique opportunities for Ecotourism. The landscape constituents of the region viz, hills (60%), plateau (12%) along with the river system contributes substantially in enriching the scenic component. This area is a part of Indo-Burma Hotspot with 66.07 % of forest covered area (SFR 2015) that supports various species of mammels, birds, reptiles, more than 2500 species of plants and more than 300 species of medical plants.

Ecotourism or Ecologically Sustainable Tourism is a form of tourism involving visiting fragile, pristine and relatively undistributed natural areas, intended as a low impact and offer small scale alternative to standard commercial mass tourism. It offers

opportunity to showcase states' unique natural and associated cultural heritage to visitors while enhancing the livelihood options for the local peoples. Ecotourism is globally identified as a means of achieving twin goals of Biodiversity Conservation and Sustainable Development.

Ecotourism focuses on local cultures and wildness adventures and environmental protection. More over it can generate employment opportunities, particularly in underdeveloped areas. It also ensures proper utilisation of natural resources like landscape, mountains, biodiversity area, rivers etc. for benefit of the local people. Ecotourism is the best way to enjoy the natures charisma.

Tourism vs Ecotourism**

The key difference between tourism and ecotourism lies with the involvement of nature; tourism is much concerned about the well being of the local people and conservation of nature, ecotourism tries to create a minimal impact on the people and on the environment.

***** *In most of the time it is used as a substitute of Tourism.***

Main Focus of Ecotourism

- Ecotourism focuses on local culture, wildness adventures and cultural heritage.
- Personal growth and leaving new ways to live on our vulnerable planet.
- On cultural artefacts from the society.
- Travel to destination where Flora, Fauna and ethnic heritage are the primary attraction.
- Minimise the adverse effects of traditional tourism on natural environment and cultural integrity of local people.
- Evaluating cultural and environmental elements initiatives by hospitality providers to promote energy efficiency, water reuse, recycle and the creation of economic opportunities for local individuals.

Study Area

The study area of the paper is Ecotourism in North-eastern India. The area comprises eight states viz Arunachal Pradesh, Assam, Meghalaya, Tripura, Mizoram, Monipur, Nagaland and Sikkim. The region covers an area of 2.5 lakhs sq. km out of which 4567 km is bounded by international border. The region has 4.85 crores population as per the census of 2011.

Methodology and Data Base

To cope with the objectives of the study an evaluative and descriptive method has been adopted for the study. The present paper is based on secondary data only and was collected from various books, journals, magazines report and publication, internet etc.

Objectives of the Study

The basic objectives of the present paper are:

1. to explore various Eco tourist destination of the NE India;
2. to assess the potentiality of ecotourism in NE India;
3. to unearth the problems of ecotourism in the region;
4. to explore the pattern of foreign tourist arrival and domestic tourist arrival in the region.

Usefullness of the Study

The study would be useful to all stake holders in tourism. It is useful in understanding the problems and prospects of ecotourism in NE India and thereby helps to promote sustainable development by raising standard of living with a great environmental protection. The suggestion and policy recommendations made in the study would be useful to formulate the policy for future growth of ecotourism in the North East India.

Prospects of Ecotourism in the North East India

Protected Area Based Ecotourism - The North East India is blessed with natural resources. There are numbers of national

parks and wildlife sanctuaries which are created to preserve the valuable wildlife resources of the region. Such wildlife resources should be preserved, protected and promoted to attract tourists from the rest of the world.

Village Based Ecotourism - Rural tourism also can grow tremendously in the region. Traditional methods of cultivation, housing pattern, rural life style, food habit, dresses, music and dances festivals always attract tourists.

River Based Ecotourism - There is also tremendous potentiality of river based tourism in the region. The region is having mighty rivers like river Brahmaputra and Barak. The government of Assam has already started Brahmaputra beach festival. Further there is a great scope of developing river angling, canoening, para-sailing, white water rafting, river expendition, cruishing, boating etc

Ecotourism based on Pilgrim sites - There are various pilgrim sites in the region. Such as Kamakhya Temple(Guwahati), Poa Mocca of Hajo (Guwahati), Tawang Monastry, Mainathan and Parashuram Kunda (Arunachal pradesh), Imphal's Govinda Temple, Bhubaneswar temple, Jagganath Temple and Tripura Sundari Temple (Tripura), rumtake Monastry, Zurmang Monastry, Phodong Monastry,Pamayangtse Monastry, Tashiding Monastery, (sikkim) etc. There is the potentiality to attract pilgrims from China, Myanmar and Thailan.

Medical Ecotourism - The north eastern region has various government and private medical institution of high standard and there is a scope for developing medical ecotourism.

Ecotourism based on Historical Monuments and Caves - The region has been famous for various historical monuments, historical places, archeological sites, forts, and anciants temples. Moreover, the NE state of Meghalaya has more than 780 caves. In the region cave tourism can be promoted.

Ecotourism in Forests outside the protected Area - The entire region is covered with green forests and vegetation. Most of

the region is highly covered by dense forests. Moreover, the region has many world famous tea gardens and is rich in Orchids.

Golf Course Based Ecotourism - The states like Meghalaya and Assam have various Golf courses. In Assam 10 golf courses are located within the compact area of tea estates. Most of the golf courses are having adequate infrastructure which can be further improved for golf tourism.

Ecotourism Based on Ethnicity and Culture - The NE states are rich in Ethnicity and Culture. Different ethnic groups of the region have their own language and dialecte, religious practicies, customs and traditions, dresses, cuisenes and preforming art. Hence there is tremendous scope promotion cultural ecotourism in the region.

Tourist Destinations of the Region

The Eco tourist destination of the region are-

National parks

Namdapha National Park, Arunachal Pradesh
Kaziranga National Park, Assam
Bhal Phakram National Park, Meghalaya
Nokrek National Park, Meghalaya
Mauling National Park, Arunachal Pradesh
Keibul Lamjo National Park, Manipur
Sirohi National Park, Manipur
Murlen National Park, Mizoram
Natangki National Park, Nagaland
Phawngpni National Park, Mizoram
Pobitara Wild Life Sanctuary, Assam
Sipahijola Wild Life Sanctuary, Tripura
Orang National Park, Assam
Manash National Park, Assam
Dibru Saikhowa National Park, Assam
Nameri National Park, Assam

Waterfalls

Nohkalikai fall, Meghalaya
Nohsngithiang fall, Meghalaya
Lang Shiyang fall, Meghalaya
Keynrem fall, Meghalaya
Elephant fall, Meghalaya
Panimur fall, Assam
Vantawng fall, Mizoram
Nurarang fall, Arunachal
Champawati Kunda, Assam
Siva Kunda, Assam
Akashigangafall, Assam
Bishop fall, Meghalaya
Khaipolangso fall, Assam
Belughat fall, Assam

Reserved Forest

Kakoijana Reserved Forest-It is famous for Golden Langurs.

Pilgrimage sites

Kamakhya Temple (Guwahati)
Poa Mocca of Hajo (Guwahati)
Tawang Monastery
Mainathan and Parashuram Kunda (Arunachal Pradesh)
Imphal's Govinda Temple
Bhubaneswar temple
Jagganath Temple and Tripura Sundari Temple (Tripura)
Rumtake Monastery
Zurmang Monastery
Phodong Monastery
Pamayangtse Monastery
Tashiding Monastery, (sikkim)

Hills

Kangchanjunga (located in Nepal, Sikkim)
Naga hills
Patkai hills
Khasi hills, Meghalaya
Assam Himalaya hills
Garo Hills
Salla Pass
Jong Song hillsGimi Gela Suli Mountain
Kabru Mountain
Kirat Suli Mountain
Lusai Hills or Mizo Hills

River Island

Majuli, Assam-total area of 1250 square km.
Umananda Island, Assam-the smallest island in the world.

Hill Stations

Haflong, Assam
Tawang, Arunachal Pradesh
Cherrapunji, Meghalaya

Lakes

Kaecheplri Lake, Sikkim
Lake Tsongmo, Sikkim
Gurudongmar Lake, Sikkim
Lake Shilloi, Nagaland
Umium Lake, Meghalaya
Chandubi Lake, Assam
Dipor Beel, Assam
Son Beel, Assam
Rudrasagar Lake or Rudijala Lake, Tripura & Meghalaya
Bijoy Sagar, Tripura

Other Tourist Spotg

Living Root Bridge, Cherrapunji

Tourist trend to the NE Area

Sikkim has highest share of Foreign Tourist inflow (37.08 %) and Assam has highest share of Domestic Tourist inflow (67.36%) among the NE states during 2008-09. But during 2011-12, sikkim (46.44) and Assam (42.45) has highest shares in foreign tourist inflow and domestic tourist inflow respectively.

During 2008-09, Manipur (0.635) has least share in foreign tourist inflow and Nagaland (0.295) has least share in domestic tourist inflow. The situation remains same also during 2011-12.

The inflow of domestic tourists and foreign tourists have been increasing. During the period of 2008 and 2012 % of foreign tourist inflow to the region increased by 11.52 %.Where as the % of domestic tourist inflow increased by 77.78 %.During the same period foreign % tourist inflow increases for the states Sikkim, Tripura, Nagaland , Arunachal Pradesh, Assam. On the other hand, % of foreign tourist inflow decreases for the states like Monipur, Meghalaya, Mizoram. During the same period, % of domestic tourist inflow increases for Arunachal Pradesh, Tripura and Nagaland. While the % of domestic tourist inflow for the states like Manipur, Meghalaya, Mizoram and Nagaland.

Table: Statistical data on tourism of NE India

1	*2*	*3*	*4*	*5*	*6*	*7*
SL no	**Years**	**States**	**Foreign tourists(FT)**	**% of total FT**	**Domestic Tourists(DT)**	**% of total DT**
1	2008-09	Arunachal Pradesh	321	0.83	39767	1.17
		Assam	7285	18.44	2288093	67.39
		Manipur	249	0.63	93476	2.75
		Meghalaya	12407	31.42	433495	12.77
		Mizoram	326	0.82	38598	1.15
		Nagaland	1084	2.75	10056	0.29
		Sikkim	14646	37.08	230719	6.79
		Tripura	3171	8.03	260907	7.69
		Total	***39489***	***100***	***3395090***	***100%***
2	2011-12	Arunachal Pradesh	404	0.92	82686	1.36
		Assam	10432	23.68	2569842	42.55
		Manipur	297	0.68	98870	1.63
		Meghalaya	7500	17.02	388704	6.43
		Mizoram	356	0.81	56854	0.96
		Nagaland	675	1.53	16578	0.28
		Sikkim	20456	46.44	264256	4.38
		Tripura	3920	8.92	2560456	42.40
		Total	***44040***	***100%***	***6038246***	***100%***

Source: Department of tourism; Govt of India,
(Figures in column 5 and column 7 are calculated by the author)

Problems of Ecotourism in the North East India

Although there is great potentiality of ecotourism in the region, yet it is suffering some problems .Close and specific attention of government is highly important to avail the optimal benefit of tourism. The main problems of ecotourism in the region are -

Insufficient Transportation and Communication facilities: The transportation and communication facilities status of the region is very poor. Again the natural hazards like flood, landslide harm roads almost every year. Hence, although there is incentive from government to improve the roads it becomes irritating.

Geographical Isolation: The North-eastern region is a landlocked region and only connected by 22 kms chicken neck. Moreover, the region sometimes get completely cut-off from the larger part of the country due to some natural calamities like lanslide, flood etc.

Unavailability of Average Standard accommodation: Infrastructure and hotels are few in numbers and they needed to be improved. The stake holders and owners should be trained in hospitality and preserve their traditional home and food habits.

Security and Insurgency Problems: Government policy, generation stability and security are very important factor for any long run sustainable ecotourism in the region. Various militant groups like ULFA, NDFB(s) active in the region, which act as a threat to various foreign and domestic tourists.

Lack of Promotion: Lack of proper advertising, marketing, networking, brand building, initiative, market research, skill development and publishing materials relating to NE region are another problems towards the development of ecotourism in the terrain. Very few travellers even in India have little ides about the region and consider some of the states to be alien and dangerous.

Rigid Laws and Restrictions: Various laws and restrictions are another impediments in this context. Government of India has certain permit system such as RAP (restricted area permit), ILP (inner line permit) and both Indian and foreign nationals have to abide by them to gain entry into some states.

Inadequate Public Services & wayside amenities: The region is facing also the problem of inadequate public services and way side amenities. The public services like PCOs, ATMs, banking

and other financial services, petrol pumps, toilets, road maps for tourists, have to be provided in order to boost interest of tourists for the region.

Poverty and Illliteracy: The per capita income and state domestic products are very low in the region. Therefore the level of living standard is below the average quality. Moreover, illiteracy among the people nearby tourist spots act as a constraint towards the development of tourist industry.

Communication Gap: Due to language problems there may exits a communication gap between the tourists and the common peoples. This may also act as a disturbing factor for the tourists.

Natural Hazards: Various natural hazards like flood, landslide, flash flood, etc. are frequent in the area. They create problems for the tourists. Moreover, most the tourist spots like Kaziranga and Bobitara etc. are affected by flood. They remain closed during the flood.

Lack Environment Friendly Tourism: Tourists are attracted by hygienic and clean environment of the spots. But due to the lack of proper of management of tourist destinations some of the tourists reject to come to the region.

Lack of local Community Participation: Participation and acceptation of local community is key for the success of ecotourism. Failure of ecotourism in the region creates disincentives to the local community to participate in the entire process, which in turn further aggravate the problem of disincentive for the tourists.

Suggestion and Policy Recommendation

In order to strengthen the current state of Ecotourism in the NE India some suggestion and policy recommendations are mentioned form the author.

- Preservation and restoration of historical monuments, artwork, painting, carving etc. with every care.
- Improve and add value to the existing destination and create new one.

- Improve the management of natural and man made resources in the region.
- Set standard of requirement for the employment in tourism and hospitality sector.
- All around development of infrastructure, efficient means of transport including civil aviation.
- Adequate and proper information research and communication on tourism should be made available.
- Pay more attention on environment protection, more emphasis should be placed on eco friendly sustainable tourism.
- Awareness campaign should be conducted towards sustainable tourism and there should be peoples' participation.
- Cost Benefit analysis of Environment should be undertaken prior to the commencement of major projects.
- Agencies, corporations groups and individuals should follow the ethical and other principles with respect to the culture and environment of the host area.
- Leverage our ethnicity, culture and nature's enormous gift to the region.
- Improve the law and order situation.

Concluding Remarks

In spite of all the problems ecotourism has a strong and reliable advantage to boost the economy of a particular country. In the context of North Eastern India, it may be stated here that the tourism has tremendous potentiality to reinforce the development pace of the region sustainably. Ecotourism can bring prosperity to the region as it has broad natural base.

Ecotourism has been rightly recognised as smokeless industry that provide all the benefits to the manufacturing without any way adding to any negative impact like environmental degradation. Actually the benefits of ecotourism are so many and so diverse that almost all countries of the world are according a very high priority to its promotion.

Government of India has to reap all potential benefits of ecotourism from the NE region as the area is regarded as the Paradise for tourists. All the governments of the NE states are

increasing their attention towards the tourism sector. One request to the policy makers to remove sluggishness in making public investment projects on promoting sustainable tourism in the region, as there is every possibility of faster development with it.

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Author Information

Sarat Kumar Nath

Assistant Professor

Lakhipur College, Goalpara, Assam

Biswajit Nath

Assistant Professor

Lumding College, Hojai, Assam

E-Mail: nathbiswajit654@gmail.com,

Contact No. 8133059845

CHAPTER 12

Women in Jyoti Prasad Agarwala's Play, Special Reference to "Karengor Ligiri"

Darpana Choudhary

Summary

Jyoti Prasad Agarwa is a versatile genius in the field of Assamese literature, who is among people know as Rupknowar. He is in a row, a noted playwright, song writer, poet, writer, and a film maker. He is one f the groundbreaking playwrights of twentieth century Assamese drama; without his reference Assamese drama can't be discussed. Agarwal was born in 17 June 1903 to an Agarwal family, Paramananda Agarwala and Kiranmoyee Agarwala in Tamulbari Tea Estate. Agarwal earned his name and fame as a dramatist with his play "Sunit Kuwari" which was composed in his teens. Agarwala retrieved Srimanta Sankardev and noticed himself in exposing the artistic and literary capabilities. In this paper, I will try to highlight Jyoti Prasad Agarwala's presentation of women throughout special reference to"Karengor Ligiri". I will try to strengthen the psychological conflicts of his woman characters.

Literature is the mirror of the society is a fact that has been extensively acceded. Indeed, literature reflects the society; its ethics and vulgarity. In its corrective justification literature mirrors the society with an intention to make the society realize its mistakes and make amends. Literature, throughout its disparate genres spectacle the sketch of the bloc. 'Drama' is such a form of literature. Drama possesses both visual and auditory qualities. It is read but actually composed to be

performed on the stage; which brings the issues of 'mimesis or imitation'. But in 1956 the thrill master Alfred Hitchcock made a brilliant observation in a preview of his latest film ''The Man Knew Too Much'' as 'drama is life with the dull bits cut out'. Every fiction is someone's fact. But drama has time restrictions; what drama doesn't include are dull memories- 'dull bits in the citation is often replace with 'boring parts' or 'dull parts'- of life. For instance, a biographical play won't show hero sleeping for eight hours.

Assamese drama without reference to Jyoti Prasad Agarwal is like a car without its petrol. He is one of the groundbreaking playwrights of Assamese drama. He has contributed extensively to Assamese drama. Agarwal has abandoned the traditional style of writing Assamese drama and turned to Western dramatic style. Dramatists like Henrik Ibsen, Bernard Shaw and Galsworthy have overwhelming influence upon him. Sonit Kunwari -1925-, Karengor Ligiri -1930-,Rupalim -1938-, Nimati Kanya/Rupkonwar -1964-, Sonpakhilee -incomplete-, Lobhita (1945),Khanikar -1977-, Kanak Lata – incomplete-, and Sundor Knowar -incomplete- are the plays penned by him.

Women are authentic contriver of the society. The glory of women's power is immense. Without women creation is incomplete. This combination of female power is often seen in Jyoti Prasad Agarwal's plays. In Rupalim, Lobhita, Sonit Kunwari, Nimati Kanya, Kanak Lata etc. Agarwal has been able to strengthen his portrayal of female characters. In this article I will try to demonstrate women in Jyoti Prasad Agarwal's plays; Karengor Ligiri is a beautiful reflection of the psychology of his female characters.

Objective of the study

The purpose of this discussion is to focus on Women in Jyoti Prasad Agarwal's play with his special reference to Karengor Ligiri.

Methodology

The research is based on descriptive and analytical methods. This research is on the secondary information. The secondary informations are books, research papers, magazines and so on and so on.

Results and discussion

Although modern Assamese drama appeared in the mid-nineteenth century but the number of Assamese dramas with literary and dramatic quality is not sufficient. But as a modern drama Karengor Ligiri achieves almost all the elements of modernity. Agarwal pioneers in importing the qualities of modern Western realistic play. His Karengor Ligiri is the dawn of contemplative realistic drama in Assam.

The playwrights before Agarwal paid less attention upon the character of the play. But he was conscious about this aspect of characterization; at the time of writing Karengor Ligiri. When we scrutinize the characters in Agarwal's play, we experience the psychological conflict of his characters.

Sawali is the protagonist of Agarwal's Karengor Ligiri. Presumably, she is like Coral Jasmine mildly fragrant, white, and orange. Swells in the night and dies as the dawn breaks and left no trace of its existence. She is straightforwardly a maid in mansion but has beauty and ethics to fascinate a youth like Sundor. Before she sacrificed her life in the alart of love has made Knower to feel the fragrance of women's love.

Unquestionably, Sawali's character is a splendid romantic character. Simply to imply, Sawali loves Sundor. She ponders:

"Knowarloy mor eman morom kiyo? Kiyono tomar xonboronya mukhot mor morombor jilmelay asa. Moi dekhisu tomar sulir sama sama mor morombor luka vaku khelisa. Tomar denit mokota mone kai tit kona rohor khenelya. Tome moloi nela akashot purnimar jon, tomak moi napow. Kinto tomar moromor jonakot mok jur loboloio nedebanay?"

(English gist: Why do I love Knowar so much? Cause love is sparkling on your golden face. I see in your curly hair love is playing peekaboo. Who put blushes upon pearls of your neck. You are mine full moon in the blue sky, I can't have you. But will you not allow me to rest in the light of your love?"

Satya Prasad Baruah articulates," sag paio tai Sundorok xobidha nedelay taik grohon koreboloi."

(English gist: "though she has a chance to seize the opportunity but she didn't allow Sundor to accept her.")

Sawali loves Sundor; nevertheless she perceived that Knowar can't obtain her. Since she is just a skivvy. Therefore, she feels his love from outer space. Bernard Shaw's Pygmalion (1913) tells almost the same story between a poor girl, Eliza Doolittle, who speaks the Cockney dialect, and a bachelor phonetician named, Henry Higgins, who speaks perfect English as a symbol of nobility.

Sawali has maintained a distance from Sundor. Thus and so, she spreads love for Sundor. Henceforth, she moves straightforwardly, through the way that the plot of the play demands; without any objection. The remoteness has upsurged a dilemma upon the communication and dignity that she has maintained from Sundor. Something that Shaw too portraits through his above mentioned play.

Rajmaw is the stumbling block among Knowar and Sawali. Sawali has been ostracized; at the behest of Rajmaw custodians left her at the Naga hill. But, Sawali has bowed her head before Rajmaw's abuse without any objection. It is only due to devotedness for Sundor; she took this punishment longing for altruism for Sundor. In the climax, when Sawali and Sundor were separated; Sawali got chance to unite with Sundor but she denies and choose the path to commit suicide. Sawali has articulated in front of her friend Runuk:

Runuk: *"eh! Bor assorit dakhon. Morom asa jode habahe laga."*
Sawali: *"Rojar lorai mok kowari patelay dangroya xokolay Knowarok roja bhaniboa aro marowai palaba para bojesa."*

English gist:

Runuk: 'Eh! Absolutely flabbergasted. If there is love, it's necessary.'

Sawali: If the prince makes me the princess then the king's ministers will make Knowar leave his position and may kill him.

Even before that Sawali has said Runuk that she loves Knowar and so she refused to be his princess. Sawali has opened another dimension of female characters by sacrificing everything she loves. In general, her character said to be an irreversible manifestation of the female nature. Sawali's love has won the heart of Sundor. Realizing the true significance of Sawali's love, Knowar was forced to accept it, *"terotar ontoroto xuvra prame thake".*

English gist:

"there is divine love in the heart of woman".

Kanchanmoti is another female character in Karengor Ligiri. Kanchan's role in the play is also cardinal. This character is portrayed by Satyendranath Sarma as pure and sparkling that gained God's seriousness. She is arguably so unspeakable compared to her rational words the words of Sundor Knowar and Ananga become irrational.

There was a relation of love in between Kanchan and Ananga. But Kanchan didn't denied when she came to know, her marriage was already fixed with Sundar. Than Ananga asked Kanchan to fight for their love and not to accept Sundar. Ananga also cried for Kanchan saying she had destroyed all his dreams, all his wishes. Although he thought they would live happily. Kanchan replied, "*karo xopon konao bhaniboa nowray xopon nofolihay*."

English gist:

"nobody can break someone's dreams, it is something that not fulfills."

By saying this Kanchan again proud that love is something immortal. Ananga than asked again to fight for their relationship, than Budhhimat asked Sundar Kunwar why he didn't took any step towards Kanchan. Than Ananga said that he worries about society and what people thinks and what they say about. Than Kanchan replied to Ananga, "*tar mane apunar xomajoloi voi. Apuni munhi manhu hoi xomajoloi voi koresay, ame terota manhu athuya tolor moh."*

English gist:

"oh it means you still scare to the so called society. Being a man if you still scare to the society, we women are just honey below the knee."

Such saying by Kanchana posses reasons which also brings out Kanchana's consciousness/awareness to human existence. Kanchan was born and brought up in an ideal society and also she is influenced by the manners and mannerisms of her society. Human relationships took a new path at that time. When Ananga directly asked Kanchan, "*tome jode mok val powa tentya mok beya nokorowa keya."*

English gist:

"if you really love me then why don't you marry me?"

Kanchan replies, *"amar daxot sowaliya jak ishya taka val paboa para, kinto jak ishya taka beya korba nowaray. Sorok xodhe sowoul nobohai."*

English gist:

"in our country a girl can love whom she wants, but can't marry whom she desires. When you have the right and

responsibility to take decision, you don't wait for the beneficiaries input."

Kanchan replied, *"beyar bexoya ame sowaliya ai-bopair vitoryadhay isshya koribya paro. Nij isshyaray beya koraboloi gola xe beya nohoi bamajale howar xomvob. Ay kotha aponi janai". (*Karengor Ligiri, 18 page)

English gist:

"When it comes to marriage, we girls can do it only when our parents choose someone for us. If we do it according to our desire then it will not be a marriage, rather it can confusion later. You know it well" (Karengor Ligiri, 18 page)

At last she got married to sundar but her affection towards Ananga continues and without trying to hide anything she reveals all this thing to Sundar, her husband. Due to this, a debate has taken place between them. Kanchan with her reason based arguments make Sundar to understand that he (Sundar) has married her only to satisfy others. Kanchan says, "*obosheshe-karon apuni mok matrya somajor xontostir karonahay bhabhi koraisil aro val koi jane sil aponar matre aro somajay melon besaresil. Apuni tat mot deya nasil nay?*" (Karengor Ligiri, page 31)

English gist:

"Even you also married me to satisfy the society and you were better acknowledged that both your mother and the society wanted us to marry to have physical relationship. Haven't you gave your opinion on that"? (Karengor Ligiri, page 31)

The charmingness in Kanchan's character comes out only because of mobility in her character. In case of her marriage Kanchanmoti had argued with her parents and the society. One day, after marriage she comes up with a brilliant idea reasonably protest in front of her husband to show the difference between marriage and love. She says, "*bhabhi hor dara sharirik xombondoha ghota aro manokhokik xombondoha hoboai lagiboa bole somajay dhore loi,*

nerdakh kora. Valpowa manokhokik xombondoha, shariric xombondoha tar uddeshya nohoboa para." (2nd scene, 1st act)

English gist:

Marriage gives license only to physical relationship, the society also considered that a marriage must resulted mantel relationship. On the other hand love is nothing but a mental relationship between two persons. It never focuses on physical relationship." (2nd scene, 1st act)

Not generally possible for typical Indian women. Kanchanmati's statement reveals the psychological truth of the inner world of life. In this case, some of the statements made by Kanchan and Sundor can be cited:

> Sundor: "*Boriha kotha tantya tome mon athyet thoi mon athyet thobolay ako appoty nokore*".
> Kanchanmoti: *Tat bichetrota ke? Apuni xarerik vabya ay kothatot xomai thake monto Himalayat thaeboa para*.
> Sundor: *Somajor kotha tome neschoi mane soleboa xoja.*
> Kanchanmoti: O (2nd act, 1st scene)

English gist:

> Sundor: Wonderful, so you don't bother to keep your body in one place and the mind in elsewhere.
> Kanchanmoti: "What's so wired about that ? If you are physically in this room, your mind may be in Himalayas.'
> Kanchanmoti: You might want to obey society.
> Kanchanmoti: "Oh" (2nd act, 1st scene)

Therefore, according to Kanchan, the body was sent to the marriage hall at the request of the mother, but there was no reason for the other crowd to go there. Kanchan is ergo, ready to provide pure physical chastity. But can't give her mind. In response to Kanchan's argument, Sundor said with a sigh: "*xei bhul sudhraba ligeboa*".

English gist: "That mistake needs to be corrected."

Then Kanchan replies, *"kesoman bhul sudhraba golya dhonsoa hoi. Borghror khutabor suddhya koi xowaboloi gola gotai ghortoka bhaniboa ligeboa."*

English gist:

"Some mistake destroys if you try to correct them. The whole house has to be demolished to change the stakes of the house."

But when Sundor contrary to Kanchan's argument decided to leave Kanchan with Angaram, Kanchan committed suicide. However, he did not show his weakness by crying in front of men after his heart was broken due to his self-control and mental well-being. Of course, Kanchan's character also has a bit of weakness. He only wants to satisfy the society. He acknowledges that in all areas and at all times; social barriers, obstacle from parents are not conducive for the complete improvement of an individual but he himself refuses to give up, and acknowledges such influence upon an individual's life. By destroying such beliefs when Sundor left her in Kaziranga then she committed suicide by consuming poison without revealing any meaning and without any defeat to Sundor. Kanchan herself is answerable for her miserable condition.

In order to be successful in one's life, one must have the ability to absorb the dust of truth. There is no place for a deity like character in the mortal world, but there is no doubt that this character in the drama is a unique character.

In the play Sawali and Kanchan are in actual fact, beautiful female characters. The playwright has been successful in decorating both the characters. But through both, the real social situation is expressed in different ways. Shewali and Kanchan's characters are the brightest representatives of Assamese women, although there is a difference between the two characters.

Shewali is a straightforward rural girl. She has accepted all circumstances at all times.

Therefore, she cannot make a firm decision on one's own role, due own weakness. On the other hand, Sawali has bowed her head before Rajmaw's abuse without any objection. But the love for Knowar has perpetuated and earned the admiration of the entire female race. She was simple, elegant and thoughtful. The character of Sawali is predominant with the inclination of the heart rather than reason. In danger she was crying because of her helpless situation. No attempt was made to cover the inner turbulence of the heart like Kanchan.

Kanchan is a daughter of Burahagokhai's house. Nobility is in her character. Like Shewali, she does not have the mentality of accepting the slavery of the situation at all times. She has not been able to freely protest against the anti-social norms of the society for the reason that she is a woman but she has strong emotional differences against such vulgarity. She is aware of individual consciousness.

So, after getting married to Konwar, she did not want to losse herself totally in the hands of Knowar. And silently she made her determine not to do so. Kanchan is very serious, moderate, not prone to fever like Shewali. Showing her weakness, she has never cried in front of any person. In her case, mind gets the upper hand in comparison to the heart but in case of Shewali it is completely opposite. Kanchan was ready to possess all the qualities of a typical housewife.

Rajmaon is another female character in Agarwal's Karengor Ligiri. In the play, Rajmao is a stumbling block between the union of Shewali and Sundar. She is the epitome of a typical mediaeval mother, always wanting some good happening in her son's side . Through the character Rajmao, Jyoti Prasad portrays both feudal and medieval society. The gradual collapse of the character in the play brings a crucial ending to the play.

In Rajmao, the character of a worthy mother has emerged. Her love and care for her son's is immense. Through her sons, she desired to retain the aristocratic rule of the country in her hand. This

is why all the time she kept an eye on his son's mental state and all other works. In short, She knows how to rule her sons. To retain the dignity of her dynasty, she sent Shewali away from Sundar. Overall, through the character of Rajmao, Jyoti Prasad portrays the image of a typical mediaeval mother.

The other two female characters to be mentioned in the play are Revati and Seuji. Both of them are the maid of king's palace. Reboti is jealous and indolent. She feels jealous after knowing the secrecy between Sundar Knowar and Shewali. On the contrary, Sheuji is like a blooming flower and light minded. She is one of Shewali's friend. She is a straight forward rural girl.

Runuk, Junuk, Thunuk all of them are from Naga tribe. They are light minded and playful. In the Naga hills, they used to be with Shewali.

Conclusion

From the above discussion we can say in writing the play Jyoti Prasad Agarwala portrays the various aspects of India women life throughout the various actions of the play. In Indian philosophy and culture women are worshipped and even in present society also. Jyoti Prasad Agarwala has been succeeded in keeping both Kanchanmoti and Shewali on the peak in his play Karengor Ligiri. Despite of loving Anangaram, Kanchanmoti has married to Sundar Knowar, which shows her respect to her father. Kanchan has transformed love into heavenly love. She has respected love like Radha and Krishna did. She made Knowar to understand the gap between love and marriage. Shewali also loves Sundar Knowar but she was not willing to make him to feel shy in front of others by getting married to her.

Respecting Knower's love for her, she had committed suicide before meeting him and had showed her greatness.

The character of Rajmao has beautifully portrayed the image of aristocracy. Because no mother would give permission to her son to get married to someone, which will cause the downfall of

their family. All these characters are drawn from our Indian culture. Jyoti Prasad Agarwala got succeeded in creating women character.

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Author Information

Darpana Choudhary

Department of Assamese

Bipin Chandra Media University, Ramdeya, Assam

eMail: darpanachoudhary18@gmail.com,

Contact No. 8638530297

CHAPTER 13

Child Language: A Study on Psycholinguistics

Dipika Rabha, Tunuka Rabha

Summary

Psycholinguistics is a branch of linguistics and psychology that studies the mental aspects of language and speech. It inquires about why human speech is called a language, how human produces speech sounds etc. The process of acquiring human language by children is one of the fundamental study in psycholinguistics. A child acquires a language without institutional or formal education. From the stage of cooing upto 6 or 7 years of his or her age, children use a different form of speech while they talk to their peer friends. This is called Child language/ baby talk. This paper is an attempt to analyse the syntactic, morphological and phonological differences in Assamese language found while children use long vowels or different types of tone.

Psycholinguistics is the study of cognitive process that support the acquisition and use of language. According to David Crystal "A branch of linguistics which studies the co-relation between linguistics behaviour and psychological processes thought to underline that behavior". There are some linguistic aspects that can be analysed under the purview of psycholinguistics.

Here are they--

1) Why human speech is called a language?
2) How child acquires a language?
3) How human being produces speech?

4) How human being understands a language? What is the inherent mental faculty that help us understand a language?

The process of acquiring a language by children in psycholinguistics is an fundamental area of study. A child learns his or her first language quickly and easily without formal teaching or practices. There are two types of language acquisition processes i.e. Genetic and Environmental. Children are generally influenced by their environment of a his or her society. They possess a special mental faculty to learn a language easily. In this process of learning their first languages, parents, closed relatives play an crucial role in child language acquisition. They first starts imitating the sound they are exposed to by the environment, then gradually acquire the language when they are interacted by the parents or relatives one. From the stage of cooing upto the age of 6/ 7 yrs children employ different forms of language while they interact with their peer group. This is called child language/ baby talk. Children generally use different types of tone in child language/ baby talk. That is quite evident in Assamese language in terms of phonology, morphology, and syntax. We can also notice it while interacting with pets or talking to elderly person. Researchers posit that child language is an important area of study under child language acquisition.

Objective

This paper studies on child language acquisition, especially how a child acquires his or her first language and gets familiar with a society without formal education in Assamese society.

Methodology

This research paper is carried out with primary and secondary data. For primary data, a survey was conducted. A few children was directly interviewed. Secondary data are taken from published books and journals related to child language.

Analysis

A child starts acquiring a language through the exposer he gets from the environment. i.e. interaction with parents or caregivers. As they gradually grow up, they follow all the ques and nuances of language.

However, children learn the basic structure of language through these interactions which help in the development of cognitive ability of children.

Generally baby talk is a language which is mutual coalescence of word and syntax. It is a kind of language simplified language where compound word, affixes are usually avoided. Repeated occurrence of phoneme and word is common in this language. Moreover, question forms are used in speech more often.

We conducted a survey to show the different characteristics child language/ baby talk. We carried out the survey in two stages.

First Stage

In the first stage, I took 10 children of different age group for the interview. I asked questions and interacted with them. Here are some data given below.

SRISTI RABHA

Q. What is your name?

A- Sisti

Q- ki koi aasa? (what are you doing) (child language is used by interviewer)

A- Mam mam (have eaten is omitted)

Q- Mur logot phu phu jaba (will you go out with me?)

A- Dam (will go) /d/ is replaced with /z/.

HIMAKSHI RABHA

Q- Tumar naam ki?

A- himakhi (kkh is omited)

Q- Kun srenit porha?

A- Omuk seni (/r/ is omitted in sreni and becomes seni)

ANKUR DAS

Q- Tumar naam ki ?
A- Anku Das (/r/ is omitted in Ankur)
Q- Ki khaba etia ?
A- Cha kham (/h/ is omitted in chah)

ZURIKA DAS

Q- ki kori asa Juri?
A- kheli asu (o is replaced with u)
Q- Aaji school bondho neki?
A- Bondo aspirated sound is omitted)
Q- Ki kheli aasa?
A- Chua chui (/u/ replaces /o/)

Second Stage

In the second stage of the survey, we studied the linguistic forms they acquire in child language in the linguistic environment of Assamese language. In this survey, we noticed some phonological, morphological and syntactic syntactic aspects

Phonological aspect

Aspirated sounds are always turned into non aspirated sounds in child language.

For instance:

Dhemali- demali (fun)
Bondho- bondo (closed)

The spirants c and z changes into plosives.

For instance

Ase - athe
korisa- koritha
zam- dam

Again spirants /h/ in child language is often omitted.

For instance

porh- po

chah- cha

Moreover, child language exhibits a remarkable characteristics that, regional dialectical form influences the child language a lot. This is vividly seen in child language of that particular region.

For instance

Morom- moom

ghorial- goial

Sometimes, the sound

/r/ Undergoes changes to laterals /l/ sound.

For example

kotari- kotal

Again, the vocalic anaptyxis and swaragama s at the word final position of zuktaaXar are generally simplified. e.g

Plaam-palam

skul-iskul

Skel-iskel

Lexicology

Use of word plays a crucial role in child language or baby talk. Here words are simplified so that a child can easily pronounce it. Some examples are given below:

biku- biscuit

meu- mekuti(cat)

ba ba- dhunia(beautiful)

chi chi - letera(dirty)

mam mam- bhat (rice or other food)

phu phu- phuriboloi jua (to go out.)

Morphological differences

There is a limitation of using ponouns in baby talk. Only nouns are seen being used extensively. Children also use their names while describing a fact instead of pronoun I, me, my, he she etc. For instance: a child name Hari says

Hari will eat rice instead I will eat rice.

Hari's toy instead of My toy.

Again, difference of case marking system is vividly seen. In Assamese grammar, Prothoma bibhokti (nominal case) and Choturthi Bibhokti (ablative case) are seen omitted in baby talk. Eg.

mun khabo (mun e khabo)

ghor zaam (ghor oloi zaam)

iskul zaam (skuloloi jaam)

While acquiring a language, children often listen to some common grammatical pattern which is generally used more often while interacting with him. For example simple past or present tense, less complex structure etc. Consequently, they try to use these simplified or common form to describe something. For example

moi goisilu- moi jaisilu

moi kham- moi khabo

Syntactic difference

In baby talk, usually short sentences are used to describe a fact. For instance:

Biku lage instead of muk eta biscuit lage (I want a biscuit)

Maa zaam instead Maar usoroloi jaam.

Sometimes a child uses only one word to convey his feelings (holophrastic word) and that denotes a complete sentence. Parents are also used to that kind of words and easily grasp the messge what his child wanted to convey.

For example:

diya- (pointing a book)

e.i. muk kitap khan diya (give me that book)

Conclusion

Child language study is one of the fundamental research areas in psycholinguistics. Many a times researchers and psycholiguists gives different opinions that creat rucus among themselves. Most of the psycholinguists posit that child language/ baby talk helps children's mental cognitive development and also in

child language acquisiton. But some researchs also argues that it is a barrier in child language acquision.

Child language is yet not extensively researched in psycholinguistical theoratical framework. Though some researchers are enganged in this field and deliberately doing their reseaech. Still more researchers are needed so that an extensive reseach can be done in this field and basing on these research, researchers can further explore more in that area.

Children involved in Data Collection

1. Das, Ankur: Age 3 yrs.
2. Das, Jurika: Age 4 yrs 6 month.
3. Rabha, Sristi: Age 1 yrs 6 month.
4. Rabha, Himaskhi: Age 2 yrs 6 month.

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Author Information

Dipika Rabha & Tunuka Rabha

Bikali College, Dhupdhara, Assam

eMail : tunurabha01@gmail.com

CHAPTER 14

Folk Dance and Festivals of Khasi Tribes of Northeast India

Dr. Shahnaz Begum

Summary

The Khasi were earliest immigrant tribes who came from Myanmar and Settled down in the plains of East Assam. The 'Khasi' are an indigenous tribe, living in the state of Meghalaya which is in the North Eastern part of India with small population in neighbouring Assam. The Khasi are divided into seven sub-tribes: Khnriam, Pnar, Bhoi, War, Maram, Lyngngam and Diko. The khasi tribe in khasi hills in known as 'Khynriam'. There are belongs to Mongoloid stock. There language are belongs to Austroasiatic language. The Khasi Tribe's are one of the largest surviving martrilineal culture in the world. Its means the mother and the children reside with the maternal family. The main aim of this paper is to bring into highlight the richness of the Khasis traditional festivals with Dance of North East India. In this process, special emphasis would be put on their traditional festivals and Dance. These tribes are a great Lover of Music and Dance. And also celebrate different traditional For example : Nongkrem, Shad-Suk-mynsiem, Shad-Mastieh, Ka-Shad-Leh-Niam-Lewduh, Bangsorat etc. In my Research paper it is tried to analysis how can celebrate their traditional festivals with dance.

According to the 2011 census of India, over 1.41 million the Khasi Tribe lived in the state of Meghalaya in the districts of East Khasi hills, West

Khasi hill, South West Khasi Hills, Ri-bhoi, West Jaintia Hills and East Jaintia Hills. They call themselves 'ki Hynniew Trep' which means 'The Seven Huts' in the Khasi language.[1]

Objective of the study

- to give a brief information about the traditional festivals and Dance of the Khasi Tribe's.
- to study about their food habits, traditional dresses and marriage.

Methodology

In this study the descriptive methodology has been applied while discussing the mentioned topic. The present study is based on primary and secondary data collection. To collect primary data the researcher would use ethnographic research method. This data are attained by means of questionnaires, schedule and also collect it through interview and observation method such as marriage, traditional dresses, food habits and their traditional dance and festivals of the Khasi Tribe's. Secondary data are gathered from the individuals books, some documents etc. and can also be collected through census reports, books, various information published in newspaper and magazine.

Social Life of Khasi people

Sub Tribe

The Khasi are divided into seven sub tribes – *Khynriam*, *Pnar*, *Bhoi*, *War*, *Maram*, *Lyngngam* and *Diko*. The Khynriam (or Nongphlang) inhabit the uplands of the East Khasi hills district. The *Pnar* or *Synteng* live in the uplands of the jaintia Hills. The Bhoi live in the lower hills to the north and north-east of the Khasi hills. And jaintia hills towards the Brahmaputra valley, a vast area now under Ri-bhoi District. The war usually divided into *war - jaintia* and *war-khynriam* in the South of the khasi hills, live on the steep southern slopes leading to Bangladesh. The Maram inhabit the

uplands of the central parts of west khasi hills districts. The Khasi tribe belongs to Mongoldoid stock. Khasi tribe in khasi hills in known as '*Khynriam'*.[2]

Language

Khasi is categorized as the northern most Austroasiatic Language. This language was essentially oral until the arrival of Eureopean Missionaries particularly significant in this regard war welsh missionary, Thomas Jones, who transcribed the Khasi language into Roman Script.

Clan

The Khasi society is matrilineal. Children adopt their respective mother clans. Khasi matriliny makes a clear distinction between *kur*, relatives from the mother's line and *kha* relatives from the father's class. The *kur* or *clan* is a kinship group. Most clans trace their roots to their great grandmothers. The mothers of the family is the head of the family and the father doesn't play any important part in a khasis family. Khasis ascribe to the youngest daughter the bulk of family inheritance. Only the youngest daughter (*Khadduh*) would inherit the remains of her parents' wealth and property without any further consideration towards the other siblings. The youngest daughter also takes care of her parents during their old age when she does get married her husband ends up moving in with her and her parents.

Marriage

The Khasi Tribe's marriage ceremony is very simple. According to Khasi Law, the marriage is purely a civil contract. Male's marriageable age group is from 18-25 while women's is 13-18. Arrange marriages do occur but not in a preferred form young men and women are given freedom to choose their mates. According to Khasi society rules, a khasi cannot marry a girl from his own *clan*. If one does, he will be liable to serious religious and

socially cut off. The most remarkable feature of the Khasi marriage is that it was customary in the earlier days for the husband to live with his wife in his mother-in-law's house till the time his wife in his mother-in-law's house. There is no polygamy amongst the Khasis.

Dress

The Khasi habitually dress themselves with traditional attire. Specially, male are wearing '***Boh Khaila'***. It is called '*Dhoti'*. It is made from cotton and silk. They are using two types of Dhoti one is of white colour, which is called **'*Boh Khaila*'** and another one is totally Embroidery based, which is called **'*Boh Khor'***. **'*Jaienspong'*** is another one male dress. It's called **'*pagri'***, a multifarious coloured red and yellow turban of pure silk. Sometimes they use to wear tringle type of **'*pagri'***. Khasi males also wore the **'*Jymphong'***. It's called sleevless coat which is a garment leaving the neck and arms bare, with a fringe at the bottom and with a row of tassels across the chest; It is fastened by frongs in front. They usually wear that type of dress during festivals.

The Khasi females also wear traditional dress **'*Ka Jainsem*'** – a long piece of cloth especially muga silk is worn which hangs loosely from the shoulders down to a little above the ankles and is not caught in at the waist. It's always kept in position by knotting each piece over both the shoulders. **'*Ka Jain Kup*'** is another female dress. This is thrown over the shoulders like a shawl, the ends being knotted in front; it also hangs loosely down the back and sides to the ankles. **'*Ka tap-moh-khlieh*'** is called wrapper. According to the traditions Khasi women always cover their head and shoulders. This again is frequently of some bright colour, but is often white.

'*Tapmoh'* is another one female dress. ***Tapmoh*** made from Eri cotton. ***Tapmoh*** wears in head its have Red and yellow colour. Its called **'*Rindi* yatlem'**. ***Tapmoh*** upper head part its fold like that the wearing person head is fully covered. Lower two part is turned

on the back of the neck in such use of ***Tapmoh*** is similar to Assamese '***Dupatta***'.

Food

Khasi people are mostly like to eat rise. They are specially loved to eat boil food items. **'*Rice-Beer*'** is also traditional liquar foods. They take the meat of all animals and birds. They also loves at eat fish item. Khasi society have also used **'*pitha*'** for food items. Their's likes to be Assamese pitha. Some pithas names are gives below- ***pujer, pus yep, pu doh, pu maloi, pu nei, pu khlein, pu niang hali, pu saw pu tyndong, pulum, pu saw*** etc.[3]

Festivals and Dance

The Khasi society also celebrates their festivals along with dance. Some of the main festivals along with dance are given below-

Nongkrem

This is the most important and most colourful festival in Khasi hills. It is usually held in the month of may at smit, the head quarter of khyriem syiemship. Khasi tribe's organize this festival in Shillong for period of five days known in Khasi as *pamtiah, umni, Iewduh, Lyngka* and *iew Shillong*[4] The Nongkrem Dance is one of the greatest festivals among the Khasi hills. The Nongkrem Dance is really part of what is known as the ***pom-blang*** or goat-killing ceremony, performed by the siem of Khyrim. A lucky day having been fixed, the siem sends a ring of cane (***Kyrwoh***) by way of a summons to the people of every village in the state at the same time informing them of the and requesting then to attend with their offerings consisting of goats and different article of food. It is also proclaimed by playing the music of drums and pipes once a week on every '***Pamtiah night'*** in the "***Ing Sad***" the house of the eldest sister of the ruling syiem. On this night, which is always a '***pamtiah night***', the High priest known as the '***Soh Blei***'[5], first enters the ***lng***

sad and site near the hearth. The syiem sad the eldest sister of the ruling syiem then gives him a gourd of rice beer which he pours lsibation to '***Blei Shilong***' founder of the state invoking him to bless the syiem clan and the people of the state with social and moral well-being, prosperity and ever flowing goodness in everything. A second gourd of rice beer is then given and poured invoking the blessing of the '***Lei Long Syiem***'[6] the first ancestress of the syiem clan and a third gourd is poured invoking the blessing of the first maternal uncle of the syiem clan.

On this second day, the villagers also clean the dancing place and the path from the '***Ing sad'*** to the hill where the sacrifice of the he- goat only, in honour of '***u shillong***' is to be performed. Beside other Libation a puja or religious ceremony is performed invoking the aid of '***Ka Blei synshar***' the goddess of justice to bless the state with justice and righteousness in all actions so that its honour and dignity may be maintained continuously.

On the third day just after sunset, in the syiem, the Bakhraw and public proceed together from the '***Ing sad***' to the Hillock where a he-goat in honour of '***U Blei Shillong***' is to be sacrificed. They are led by the dancers who dance along the way and Dholias who play the music followed by the high priest, the female members of the syiem clan, the ruling syiem and Myntries, the female member of the syiem clan take their respective seats arranged in the postion and facing east. After, 'puja' a dance known as the '***Mastieh***'.[7] is performed first by the high priest, and one of the '***Dholias***' then by the public and then by the ruling syiem himself or his nephew and a member of the *Bakhraws* or Myntries clam and then again by the public. He-goat brought from different Raid (country) and villages are formally offered to the syiem in the verandah of the '***Ing sad***' in presence of all, as an indication that they are united to one state. These goats are sacrificed on the following day.

The fourth day of the festival starts with dancing of the female members of the syiem clan together with the ***Bakhraws*** or Myntries early at sunrise. First, round the hearth in the main hall of

the ***Ing sad*** and then in the court-yard. The main attraction in this festival is the participation of the ladies of the ruling syiem's family adorned with heavy gold ornaments and best dresses, come to dance in the court-yard of the '***Ing-sad***' to the accompaniment of the music of pipes and drums. Also participation in this ceremonial dances is restricted only to young unmarried girls whereas there is no such rigid restrictions for the males. The girls dance in a circle inside and the men in circle outside. They don't lift their hands up and dance a very slow speed. A women dance goes on, though separately but throughout the night because the Khasi's women believe that it gives then the fertility in order to spreading of their clan.

On the fifth day of the festival specially on this night all must pray to God the creator. The Khasi Tribe don't give any offerings or sacrifices to God and all most observed a complete silence. The syiem and the people, so assembled in the '***Ing sad***' and this assembling is known as '***Durbar sla***' is also called ***'Durban Biei'***[8] The syiem sits on a mat spread out in a raised platform facing east and another elderly person sits on other platform facing north and the public faces the syiem. After sometime proclamation is made that all should observe complete silence, no one should sleep, no one should talk and no one should come in or go out. Then all are asked to pray in silence within themselves. It is ceremony performed to honour and respect ancestors, the founders of the state and religion and to invoke their blessings on the people.

Shad-Suk-Mynsiem

Shad-Suk-Mynsiem is one of the another colourful festival among the Khasi tribe's. This festival is celebrated in Khasi hills region occupied by the Khynriam clans. This festival in always celebrated in the month of April every year as a welcome festival to the onset of spring at the wiking grounds near shillong. The

Literally meaning of '***Shad-Suk-Mynsiem***' means *the Dance of joy, hence this festival is always a great occasion for special gathering*.[9]

The seng khasi the indigenous religion of the Khasi Jaintias organize this festival in shillong for a period of three days. Religious ceremonies are first performed at the seng khasi hall at Mawkhar in the heart of Shillong. It is a dance of thanks giving to God for all the blessings of the past year and devotion prayers to God for the blessing yet to come in the coming year. Maidens attired in traditional finest dresses and menfolk in colorful dresses, takes part in the dance. Dancing and Marry making for the whole day, they return to the seng Khasi hall by the sunset to continue their festivities. The Khasis believes in God, who is good and kind desires then to live their lives fully. The dance during the festival is supported by the music of flutes, drums and pipes signifying the joy of living and the ardent desire for happiness. The ladies dance in the middle of the ground, arms on their sides with slow shuffling of the feet only ; while the male dancers dance around in the outer circle with livelier steps with a sword his right hand signifying the symbol of power and strong determination, while swishing '***the bunch of yak tail hairs***' called '***symphiah***' with his left hand a sign of understanding and wisdom.

Shad-Mastieh

This is the one of Khasi Tribe's Warrior Dance. The Khasis depicting the social and customary practices when men go out for wars. This is a narrative dance from showing the fighting skill of the warriors with their bows and arrows and swords. A sword dance is a typical combat dance in which males only participate holding a sword and a shield and showing signs as if they were assaulting thrusting and ueling. A mastieh is which male dancers use a sword and fly-flap consists of stepping forward and receding, starting three steps forward, then bowing down their heads and dropping down their swords and fly-flaps, then receding and the process is

repeated. Dancers in group face each other charging forward and receding in the above style.

Ka Shad Leh Niam Lewduh

This is a goat sacrifice ceremony performed annaually at lewduh or Bara Bazar in shillong, by the syiem of Mylliem Syiemship to propitiate the market deity. '***Ka shad Leh Niam Lewduh***' it's a very pretty dance. Its another name is '***Ka shad lymmoh***'. It's performed by men who held the leafy branches of trees in their hands. This is most effective. Then followed a dance of some forty young girls, very well dressed, covered with the usual gold and coral beads and silver chains and wearing the silver crown. The young women danced with great spirit and with an absence of all shyness, but still with the greatest decorum. Many of the women, spectators as well as dancers, were observed to be without the usual ***Tap moh Khlih*** (head-cloth) the absence of which is always a sign amongst the khasi women of merry making. Dancing may be described as one of the characteristic features of Khasi life.

Bangsorat

This is one of the funeral rituals of the *Marams* or *Lyngngams* a sub-tribe of the *Hynniewtrep* who lives in the western portion of the Khasi hills. This sub-tribe is however more like a cross between the Khasis and the Garos. Sandwiched between the Khasi's on one side and the Garos on the other side, they have managed to remain neutral and beautifully adapted themselves to the way of living of both the tribes. The Khasis call them ***Marams*** or ***Lyngngams***.

Bangsorat is the main celebration an elaborate funeral rites and rituals of this sub-tribe. Among the ***Lyngngams*** when a man dies in the olden days it was customary to keep the dead body for days, months or every years till they could arrange for the cattle to be slaughtered at the time of final funeral rites. Till the arrangement is complete they roll up the dead body in a mat and keep near the

fire place supported by poles to keep away the flies and to prevent it from decomposing. One member of the family had a keep a close watch at all times so that no damage to the body would come.

Finally the body is ready for cremated with all the fanfare of a festival for they want the spirit to go away happy. They don't dispose of the body immediately after death for they believe that the spirit of the dead continue to remain on earth for a long time. The cattle are slaughtered and a fest organized for the whole village and neighbourhood. During this period of waiting the family members are to make all efforts to gather sufficient grains stock the rice beer and get the cattle, for it's an essential part of the ritual to slaughter cattle.

The khasi tribe's every year celebrate their different festival with joy and happiness.

Conclusion

In Conclusion it may be remarked that the study of the festival also shows that the Khasi have a deep love for their culture and it is this love which has sustained them. Although the study reveals that most of the festivals are localized yet whenever the ***Nongkrem***, ***Shad-Suk-mynsiem***, ***Shad-Mastieh***, ***Ka Shad Leh Niam Lewduh***, ***Bangsorat*** and other festivals are approaching everybody is in a festive mood. Thousands of people in their best and colourful dress irrespective of religious creeds witness these festivals and the above festivals are getting bigger and attract more people than ever the festivals have persevered the distinctive traits of the culture and tradition of the people. The Khasi Tribe's is still transmitting their own tradition. The Khasi's are developing their sense of identity by continuing their traditional dance with festivals.

Footnotes

5. H.G. Joshi: Meghalaya (past& present) p. 219.
6. Ibid : p. 219
7. Ibid : p.203

8. Captain B.S. Rana : The people of Meghalaya, p.87
9. Ibid : p.87
10. Ibid : p.88
11. Ibid : p.89
12. Ibid : p.90
13. C.T. Sangma : Meghalaya – yours to discover, page No. 40

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Author Information

Dr. Shahnaz Begum

Ex Research Scholar

Department MIL & LE, Gauhati University, Guwahati, Assam

E-Mail : begum.shahnaz2@gmail.com

CHAPTER 15

Role of Community Level Factors Affecting the Utilisation of Maternal Health Care Services in Assam: A Study in Three Selected Districts of Assam

Jonali Nath

Summary

Most of the public health studies, in developing countries assessing the determinants of maternal health care services focus on household and individual level factors. But, at present, there has been a trend to study the health care services in association of community level factors. Community has great impact on the behaviour of individual and society. Community characters influence individual decision making with respect to various aspects. It is well recognized that disparities of health outcomes may arise not only from differences in the characteristics of families but also from differences in the socio-economic attribute and communities where they live (Fosto and Kuate- Defo, 2005, Kravdal, 2004, Robert, 1999).

It is clear from various studies that maternal health seeking behaviour is not only associated with the individual and household level factors, but also with community level factors, such as place of residence, community poverty, community level education, community mass media exposure among others which may affect the maternal health care behaviour. In this paper an attempt has made to assess the role of community level factors affecting the utilisation of maternal health care services in Assam.

In developing countries, most of the public health studies assessing the determinants of maternal health care services focus on household and individual level factors. But, in recent time, there has been a trend to study the health care services in association of community level factors. Community characters influence individual decision making with respect to various aspects. It is well recognized that disparities of health outcomes may arise not only from differences in the characteristics of families but also from difference in the socio-economic attribute and communities where they live (Fotso and Kuate- Defo, 2005, Kravdal, 2004, Robert, 1999).

Mackian (2003) has explained how community characteristics influence on the individual decision making and thus providing knowledge that not only individual level factors are sufficient to provide health care behaviour but community level factors are also equally essential. In addition, he also argued that health seeking behaviour is not an isolated event but also a part of the individual or community's identity. In recent time, the association between community level factors and health outcomes has been frequently discussed in public health studies (Stephenson et al 2006, Babalola and Fatusi 2009). In these studies the community level factors such as type of residence, community level education, community poverty, community mass media exposure, and community hospital delivery are considered.

Stella.O. Bababola (2014) in his study, reveals that community compositional effects appears more conspicuous for use of skilled birth attendance than for ANC. The study also found that there is a strong association of use of skilled attendance of at birth and community media saturation and the negative relationship between use of skilled attendance and distance is consistence i.e. the decrease in use of health care that distance of health facility increases.

A study in Nigeria, by D.N. Ononokpono (2013) reveals that community factors were significantly associated with the

maternal health seeking behaviour. Specifically women from communities with high proportion of educated women, high proportion of those that delivered in a healthy facility, and high proportion of women exposed to mass media were more likely to seek maternal health care than those from disadvantaged communities. The study also found that residing in communities with high level of poverty was associated with lower odds of seeking maternal healthcare. Another study in Nigeria by S babaloal & A Fatusi (2009), found that community level factors, urban residence and community mass media saturation are significant predictors of maternal health outcomes.

Rahman (2000) in his study found that women decision to use health care services is not only influenced by personal factors but also influence by social factor and the location of health care services. Das et al. (2010), found that custom, lack of time to reach the health care facility, poverty, hazardous location were associated with the choice of delivery location. Moreover cultural norms and lack of health facility were considered as the most important factors influencing the home delivery.

Several studies show a strong relationship between poor and uneducated community and utilization of maternal health care services (Montgomery and Hewett 2005, Gage and Calixte 2006; Mahmud et al 2006). It is argued that communities with a low concentration of educated women have lower awareness of the need of health care services. In a study by P.K Sing a considerable difference was found in the probability of healthcare utilization as between women of rural and urban areas, and in illiterate and poor women in the community. He also found that poor accessibility and communication, substandard infrastructure facilities, comparatively high poverty, coupled with traditional belief extensively render the lower utilization of health care services in rural areas.

Another study in Uttar Pradesh, India shows that the community level factors, such as availability of a sub- centre in the primary sampling unit (PSU) and the distance of the PSU to the

nearest primary health centre, were significantly associated with the utilization of maternal health care services in Uttar Pradesh (Tiwari, 2010). K. Navanethan & D. Dharmalingan (2002) in their study - found that urban residence, mass media exposure and women employment were important determinants of institutional delivery. The authors found that women who had greater exposure to mass media were more likely to deliver at health institutions as compared to women have had little or no mass media exposure. It was also found the community health workers (ANM) play an important role in providing MNC services to pregnant women in rural areas of south Indian States.

Thus from the above discussion, it is clear that maternal health seeking behaviour is not only associated with the individual and household level factors, but also with community level factors such as place of residence, community poverty, community level education, community mass media exposure among others which may affect the maternal health care behaviour.

Objectives

The objective of the paper is to assess the role of community level factors affecting the utilisation of maternal health care services in Assam.

Study Areas

Our study area is Assam which is the biggest state of the north eastern region. The state is spread over an area of approximately 78,523 kilometres. The mighty Brahmaputra flows through the heart of the state. Geographically the state extending from $22^0 19^/$ and $28^0 16^/$ North latitude and $89^0 42^/$ and $90^0 30^/$ east longitude between the foot hills of the Eastern Himalaya and Patkai and Naga hill ranges. The state is bounded in the north by Bhutan and in the East by Arunachal Pradesh. In the south it is bounded by Nagaland, Mizoram, and Manipur. Meghalaya lies to the southwest and west Bengal and Bangladesh to the west. The state has 27

administrative districts. Our study is done in the three districts of Assam viz, Jorhat, Nagaon and Dhubri.

Earlier Jorhat was a subdivision of undivided Sibsagar district. In 1983 Jorhat was carved out of Sibsagar district and became a separate district of Assam. It is located at $26^{0}45$ North latitude and $94^{0}13$ East longitudes. It occupies an area of 2851 square kilometres. The district is bounded by Lakhimpur district in North, Nagaland state in the south, Sibsagar on the east and Golaghat on the West. It is located in the central part of Brahmaputra valley.

According to 2011 census Jorhat district has a population of 10, 91,256 of which male and female population are 556805 and 535451 respectively. The district has a population density of 383; literacy rate is 72.50% and sex ratio is 962. The district has 7.61% SC and 12.09% ST population. The district has 79.81 % of rural population.

Nagaon district is located $26^{0}21$ North latitude and $92^{0}41$ East longitude. The district is bounded by Sonitpur district and Brahmaputra River in North, Karbi Anglong and Dima hasao district in the south. Karbi aanglong and Golaghat districts lies to the east and Marigaon district to the west. It occupies the area of 3973 square kilometres. According to the 2011 census Nagaon district has a population of 2823768 of which male and female population are 1439112 and 1384645 respectively. The Nagaon district has population density of 711 is and literacy rate is 86.34%. Around 58% to 60 % of the total population of this district is Muslim. The district has 86.91% of rural population and Sex ratio is 967.

Dhubri district is situated in the western most corner of the state between 26^{0} $02^{/}$ North latitude and $89^{0}58^{/}$ East longitude. It occupies the area of 2176 square kilometres. The district is bounded by Kokrajhar on the North, Goalpara on the East. Goalpara and Meghalaya state lies on the south and Bangladesh and West Bengal on the west. According to 2011 census, the total population of the

district is 1,949,258 of which male and female population are 997848 and 951410 respectively. The district has population density of 896 and literacy rate is 82.28% according to 2011 census. Dhubri district has 89.55% of rural population. And the sex ratio of the district is 953.

Methodology

The study is based on primary as well as secondary data. The secondary data required for the study is collected from published or unpublished official sources like census reports (Govt. of India), Dept. of Statistics, Govt. of Assam, Directorate of NRHM, Health and Family Welfare (FW) Department of Assam.

Primary data were collected from three districts of Assam. The selections of districts were based on percentage of the level of utilization of maternal healthcare services [ANC+ Institutional delivery+ post natal services] in Assam. These three districts are – 1) Jorhat, 2Nagoan 3) Dhubri. Jorhat has a relatively better utilisation of maternal health care services, whereas Nagaon and Dhubri have a moderate and low utilisation of such services. At the same time these three districts represent the upper Assam, middle Assam and lower Assam. In such a way these three districts will indicate the overall picture of the state. The ultimate sampling unit is eligible woman from the individual household level. The total sample size is 384 (follow from Krenge Morgain sample size determination table). 16.5 %(65) data collected from Dhubri, 56.3 % (215) collected from Jorhat and 27.3% (104) data collected from Nagaon. The primary data were collected from currently married women (aged 15-49) who have given birth to at least one child in the last three years of preceding the survey.

Descriptive analysis was done by using table, frequency distribution and cross tabulation, and the statistical significance of the variables was determined by the chi square test of association.

**In our study community refers to the village/ward in which the respondent resides.*

In this study we take seven community variables i.e. community level education, community women education, community mass media exposure, community hospital delivery, community poverty, performance of community health centre and motivated by community health worker. Here we examine the effect of community level variables on utilization of maternal health care services.

Community level variables used in the study and its measurement

Table 1 variable used as the community level characteristics:

The following variables are used as the community level characteristics.

1 **Community Education**: community education is the level of education in that community (village/ward) where the respondent resides. This measures was divided in to three categories as low, medium and high,. (Low, if it is <30%; medium, if 30%-60% and high if it is >60%)

2 **Community women's Education**: This is measured as the proportion of women who are literate in the community. Community women's education is the proportion of women who are literate in the community. This measure was divided into three categories as low, medium and high. (Low, if it is <30%; medium, if 30%-60% and high if it is>60)

3 **Performance of community health centre:** Performance of community health centre is based on the activity performed by the health centre for rendering maternal health services to that community where the respondent resides. It is based on three components –a) percentage of women registered for ANC during the 1st trimester, b) percentage of women received 1st PNC within 24 hours of delivery in case of home deliveries, c) percentage of babies who received 1st birth dose at the time of birth. This measure was also divided into

three categories as low, medium and high. (Low, if it is <60 %, medium, if 60%-79% and high, if it is > 80%).

4 **Community level hospital deliveries:** community level hospital delivery is the proportion of women who delivered in a health facility in the community. This measure was divided into three categories as low medium and high. (Low, if it is <60 %, medium, if 60%-79% and high, if it is > 80%).

5 C**ommunity mass media exposure:** Mass media exposure plays an important role in the utilization of maternal health care services. This is the proportion of women who were exposed to mass media in the community. It is categorised as low, medium and high. If the respondent watching TV or listening radio daily it is categories as high mass media exposure. If the respondent watches TV or listen to the radio 3-4 days in a week categorised as medium and if the respondent watches TV or listens to the radio once in a week or not at all, it is categorised as low mass media exposure.

6 **Community poverty:** This variable is defined as the proportion of women in the community who live below the poverty line. Level of poverty is determined on the basis of possession of BPL card by the respondent. This measure was also divided in to three categories as low, medium and high. (Low, if it is <30%; medium, if 30%-60% and high if it is>60%)

7 **Motivated by community health workers:** This variable is defined as the proportion of women in the community who motivated by health workers. This measure is categorised as yes and no.

Percentage distributions of women by community characteristics in selected three districts.

The percentage distribution of respondents by community characteristics are given in the following table 2.

Table:2 Percentage distributions of women by community characteristics:

Variable	**Community level Education**								
Place	**Jorhat**			**Nagaon**			**Dhubri**		
	Low	**Medium**	**High**	**Low**	**Medium**	**High**	**Low**	**Medium**	**High**
Rural	21.4%	42.9%	35.7%	57.1%	14.3%	28.6%	50.0%	37.5%	12.5%
Urban	0.0%	20.0%	80.0%	20.0%	20.0%	60.0%	40.0%	40.0%	20.0%
Total	10.7%	31.45	57.85	38.55%	17.15%	44.3%	45.0%	38.75%	16.25%
Community women's Education									
Rural	42.9%	35.7%	21.4%	57.1%	14.3%	28.6%	62.5%	25.0%	12.5%
Urban	0.0%	20.0%	80.0%	20.0%	20.0%	60.0%	40.0%	40.0%	20.0%
Total	21.6%	27.85%	50.7%	38.55%	17.15%	44.3%	51.25%	32.5%	16.25%
Performance of community health centre									
Rural	13.1%	64.3%	22.6%	50.6%	42.4%	7.1%	43.1%	54.9%	2.0%
Urban	0%	71.5%	28.5%	20.0%	60.5%	19.5%	40.1%	59.9%	0%
Total	6.55%	67.9%	25.55%	35.3%	51.9%	13.3%	41.6%	57.4%	1.0%
Community Hospital Delivery									
Rural	-	29.4%	70 .6%	41.2%	48.2%	10.6%	43.1%	54.9%	2.0%
Urban	-	12.0%	88.0%	0%	90.0%	10%	17.1%	71.4%	11.4%
Total	-	20.7%	79.3%	21. 0%	69.1%	10.3%	30.1%	63.15%	6.7%
Community mass media exposure									
Rural	20.2%	38.1%	41.7%	36.5%	44.7%	18.8%	39.2%	49.0%	11.8%
Urban	8.5%	31.7%	59.6%	15.8%	42.1%	42.1%	7.1%	57.1%	35.7%
Total	14.35%	34.1%	50.65%	26.15%	43.4%	30.45%	33.05%	43.15%	23.75%
Community poverty									
Rural	45.5%	34.5%	20.5%	36.0%	34.0%	20.0%	39.2%	32.8%	29.7%
Urban	78.0%	22%	-	45.0%	54.5%	10.5%	50.5%	35.3%	14.2%
Total	61.75%	28.25%	10.25	40.5%	44.25%	15.25%	44.85%	34.05%	21.95%

Source: Field survey of present study: 2015-16

The above table 2 explains the community character wise percentage distribution of women in selected three districts. It is clear from the table that, in case of community level education, in Jorhat district 57.85 % women belongs to the community where level of education is high. Among which 80% of women in urban and 35.7% women resides in rural areas respectively. Again 31.45% women in Jorhat reside in the community where community level

education is medium while 10.7 % women belong to the community where level of education is low. In Nagaon 44.3% and in Dhubri 16.25% women resides in the community where community level education high. Again 17.15% and 38.75% women belong to the community where level of education is medium while 38.55% and 45.0% women resides in the community where level of education is low in Nagaon and Dhubri districts respectively. In all three districts taken together, Jorhat recorded as the highest number of women lives in the community where community level education is high followed by Nagaon and Dhubri.

In case of community women's education, in Jorhat 50.7% women resides in the community where community level women's education is high. The percentage of women who resides in the medium and low community level education is 27.85% and 21.6% respectively in Jorhat. On the other hand in Nagaon 44.3% and in Dhubri 16.25 % women belongs to the community where community women's education is high. Again 17.15% women in Nagaon and 32.5% women in Dhubri belong to the community where community women's education is medium. While 38.55% women in Nagaon and 51.25% women in Dhubri resides in the community where community level women's education is low. Among three districts Jorhat recorded as the highest number of women belongs to the community where community level education is high followed by Nagaon and Dhubi on the other hand Nagaon recorded as the highest number of women residing in the community where community level women's education is low.

As regards, performance of community health centre, in Jorhat 25.55% women reside in the community where the performance of community health centre is high followed by Nagaon (13.3%) and Dhubri (1.0%). While the percentage of women who belongs to the community whose performance of community health centre is medium is 67.9%in Jorhat, 51.9% in Nagaon and 57.4 % in Dhubri. On the other hand the percentage of women who resides in the community where performance of

community health centre is low is 6.55%, 35.3% and 41.6% in the three districts Jorhat, Nagaon and Dhubri respectively. Considering all three districts together, Jorhat (25.5%) recorded as the highest number of women belongs to the community where performance of community health centre is high, on the other hand in Dhubri (1.0%) lowest number of women belong to the community where performance of community health centre is high.

In case of community hospital delivery, in Jorhat district 79.3% women belongs to the community where community hospital delivery is high, on the other hand in Nagaon 10.3% women and in Dhubri only 6.7% women resides in the community where community hospital delivery is high. The percentage of women who belongs to the community where community hospital delivery is medium is 20.7% in Jorhat, 69.1% in Nagaon and 63.15% in Dhubri. It is worth while notice that in jorhat has not found any women who belong to the community where community hospital delivery is low. While in Nagaon 21.0% women and 30.1% women in Dhubri resides in the community where community hospital delivery is low.

The percentage of women who have high mass media exposure is 50.65% in Jorhat, 30.45% in Nagaon and 23.75 % in Dhubri. Again the percentage of women who have medium mass media exposure is 34.1% in Jorhat, 43.4% in Nagaon and 43.15% in Dhubri. On the other hand, the percentage of women who have low mass media exposure is 14.35% in Jorhat, 26.15% in Nagaon and 33.05 % in Dhubri.

As regards the community poverty, the percentage of women who belongs to the community where community poverty is high is found to be highest in Dhubri 21.95%, followed by Nagaon (15.25%). In Jorhat district the percentage of women found to be lowest (10.25%) in the community where community poverty is high. Again the percentage of women who resides in the community where community poverty is medium is 28.25% in Jorhat, 44.25% in Nagaon and 34.05% in Dhubri. On the other hand the percentage

of women who belongs to the community where community poverty is low is 61.75% in Jorhat, 40.5% in Nagaon and 44.85% in Dhubri respectively.

Community level factors and its effects on utilization of maternal health care services

In order to find out the association between the community level variables and utilisation of maternal health care services, we categories the community level variables into low, medium and high. Within the respective categories of community level variables, we examine the effect of community level variables on receiving at least 3 Anti-natal Care (ANC), institutional delivery and receiving 1st Post-natal care (PNC) within 24 hours of delivery. For this, cross tabulation and chi2 test of analyses are used to find out the answer.

Table 3: Chi 2 result of Community level factors affecting on utilization of maternal health care services on the basis of the data collected from 3 districts:

Community level Factor		**Receiving at least 3 ANC**	**Institutional Delivery**	**1st PNC within 24 hours of delivery.**
Community level education				
	Low	58.5%	70.5%	71.2%
	Medium	78.8%	68.8%	70.4%
	High	99.3%	89.0%	92.0%
	Total	78.86%	76.1%	77.89%
Chi 2 Test		Chi=2.427, df=2, p=.100*	Chi=.425 df=2, p=.325	1.356, df=2, p=.179
Community women's education				
	Low	49.8%	70.2%	72.8%
	Medium	81.7%	73.8%	74.5%
	High	100%	92.7%	85.7%
	Total	77.1%	78.9%	77.66%
Chi 2 Test		Chi =.415,df=2, p=.001***	Chi =.519, df=2, p= .771	1.415, df =2, p=.493

Community level Factor		**Receiving at least 3 ANC**	**Institutional Delivery**	**1st PNC within 24 hours of delivery.**
Performance of community health centre				
	Low	30.5%	27.8%	40.5%
	Medium	78.8%	65.7%	70.3%
	High	93.7%	91.8 %	92.1%
	Total	67.66%	61.76%	67.63%
	Chi value	10.457 df=2, p=.005**	47.357, df=2, p=.001***	2.397,df=2, p=.302
Community hospital delivery				
	Low	40.8%	32.4%	37.6%
	Medium	71.2%	67.2%	69.3%
	High	95.1%	97.4%	98.1%
	Total	100%	100.0%	100.0%
	Chi value	.208 df=2 , p=.029 **	45.432, df=2, p=.001***	.631, df=2. P=.027**
Community mass media exposure				
	Low	70.8%	37.1%	76.4%
	Medium	69.7%	69.9%	70.4%
	High	79.1%	84 .5%	89.5%
	Total	69.03%	63.83%	78.76%
Chi 2 Test	Chi value	3.730, df=2, p=.151	36.148, df=2, p=.001***	3.829, df=2, p=.147
Community Poverty				
	Low	76.32%	70.2%	71.8%
	Medium	82.5%	81.3%	83.2%
	High	70.5%	74.3%	75.1%
	Total	76.44%	75.26%	76.7%
	Chi value	2.567,df=2, p=.502	Chi=10.548, df=2, p=.153	3.518, df=2, p=.128
Motivated by community health workers				
	Yes	86.4%	91.6%	90.9%
	No	13.6%	8.4%	9.1%
	Total	100.0%	100.0%	100.0%
	Chi	.208, df=1, p=.029**	13.671,df=1 , p=.001***	.631, df=1, p=.027**

*Source: Field survey of the present study, 2015-16. Note ***significant at 1% level, **significant at 5% level, *significant at 10% level; d.f: Degree of Freedom.*

The above table 3 shows the result of chi 2 analysis which explains the association between community level variables and its effect on utilisation of maternal health care services. It is clear from the tables 3, that the chi 2 tests shows that community level education has significant relationship for receiving at least 3 ANC (chi value being 2.427) but it has no significant relationship with place of institutional delivery and receiving 1st PNC within 24 hours of deliveries.

With regards to the variable community women's education, the result of chi 2 analyses shows that the community women's education is significantly associated with receiving at least 3 ANC (p value being .001) , but at the same time it is also found that it has no significant association with institutional delivery and receiving 1st PNC within 24 hours of delivery.

In order to examine the association between performance of community health centre and utilization of maternal health care services, the result of the chi 2 analysis shows that performance of community health centre is significantly associated with receiving at least 3 ANC(p= .005) . Again chi 2 analysis shows highly significant relationship between performance of community health centre and institutional delivery. On the other hand, it is also found that there is no significant association between the performance of community health centre and receiving 1st PNC within 24 hours of delivery.

In case of another important community level variable, community hospital delivery, chi 2 analysis shows that community hospital delivery is significantly associated with all three maternal health care indicators. Community hospital delivery and receiving at least 3 ANC is positively and significantly associated (p value being 0.029). Again chi 2 analysis shows highly significant relationship between the community institutional delivery and institutional birth (p value being .001). At the same time it is also positively and significantly associated with receiving 1st PNC within 24 hours of delivery.

One of the important community level variables is community mass media exposure, which also influences on the utilization of maternal health care services. In our study, it is found that community mass media exposure does not have significant association with receiving at least 3 ANC (p=.151) and receiving 1st PNC within 24 hours of delivery (p=.147). On the other hand chi 2 analysis shows highly significant relationship between mass media exposure and institutional delivery (p value being .001).

In case of community poverty, the chi 2 analysis shows that community poverty is not significant by association with utilization of these above mentioned three maternal health care indicators. The motivating factor community health workers (ASHA/ANM) play an important role in utilization of maternal health care indicators. Chi 2 analysis shows that motivation by community health workers is positively and significantly associated with receiving at least 3 ANC (P=.029). Again chi 2 analysis shows the highly significant association between motivation by community health workers and institutional delivery (p = .001). Similarly, a significant association is found between the motivation by community health workers and receiving 1st PNC within 24 hours of delivery.

Discussion

The focus of this chapter was to examine the independent effect of community level variables on utilization of maternal health care services. Result of chi2 analysis shows that the community women's education, performance of community health centre, community hospital delivery, and community health workers had strong association with maternal health seeking behavior. Community women education had positive and significant association with receiving at least three ANC. Community women's education measure the proportion of women who are literate in the community. This result may imply that women residing in a community where high proportion of women were literate, may be

more aware of the need for maternal health services and therefore, may able to seek maternal health care services.

Living in communities where performance of community health centre is high is significantly associated with receiving at least three ANC and institutional deliveries. It was seen, that living in communities with a high proportion of women who delivered in a hospital was significantly associated with utilization of maternal health care services.

Similarly living in a community with a high proportion of women who were exposed to mass media (radio/T.V.) was highly associated with institutional delivery. This may imply that community mass media exposure may influence social attitude and customs toward maternal health care services, thus increasing the propensity to go to hospital for delivery.

Community poverty and utilization of maternal health care services are not significantly associated. That is living in a community where poverty is high is not associated with maternal health seeking behavior. This may be due to the introduction of NHM which expect to help the poor people to receive such maternal health care services in the state.

Conclusion

Overall result from the chi 2 test revealed that community level factors were strongly associated with utilization of maternal health care services. The findings of the study indicate high level of socio economic development in advanced communities (for example access to health care services as well as easily accessible health care provider) which lead to more utilization of such services in that community. The effect of community level factors on utilization of maternal health care services is quite substantial. The findings suggest that future interventions aiming at improving maternal health care services may be enhanced by targeting not only the disadvantageous women but also the disadvantageous communities in which the women live.

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Author Information
Jonali Nath
Assistant Professor
Department of Education
D. K. College, Mirza, Assam
E-Maill: jonalinath25@gmail.com,
Contact No. : +918876992933

CHAPTER 16

Covid 19 and Tourism Industry in India - Problems and Suggestions

Arabinda Medhi, Munmun Das

Summary

The outbreak of the COVID 19 pandemic is an unprecedented shock to the tourism industry. Tourism is considered as an important industry in 21st century with vast scope for employment generation and income. The travel and tourism industry has proven its importance as an engine of economic growth for the world economy. India with its geographically and culturally vast landscape attracts travelers for a multitude of reasons-from business to leisure. The travel and tourism is the greatest sufferer due to this pandemic. Unlike other sectors tourism will take longer to recover, especially leisure tourism. Because of this pandemic tourists cancel their travels avoiding suspect places and people. This industry is link with every sector of the economy in the world which positively and negatively affects the GDP of the country. The economic consequences of this outbreak will be serious and it will cause damages to tourist destinations including hospitality sectors. . FAITH, a policy federation of associations of tourism and hospitality industry has estimated a loss of Rs 10 lakh crore for the industry due to COVID-19. The tourism sector in India needs a redoubled and renewed push for its revival in the post COVID-19 world. The government must consider an immediate recovery package and plan that focuses on the tourism sector, not just because it is one of the worst affected, but also because it is arguably the largest source of employment and source of income for

many MSMEs. This paper is an effort to identify the major problems faced by the tourism sector during the pandemic period and suggest some measures for the post protection and upliftment of this industry.

Tourism industry is rapidly growing industry in the world. It has emerged as key drivers of economic growth without disturbing the environment. In many countries travel and tourism sector plays a decisive role in terms of economic inputs and employment. In fact it has linked with other major sectors in an economy like agriculture, horticulture, handicrafts, construction etc. Tourism in India has significant potential considering the rich cultural and historical heritage, variety in ecology, terrains and places of natural beauty spread across the country. Moreover natural parks, sanctuaries, forests, rivers, lakes are principal components of tourists attraction of India. Anybody visiting India will have experience of different cultures, dresses, cuisine, flora and fauna in different states. Thus, India has always been a destination for tourists who want to enjoy this combination of culture, tradition and rich heritage. Tourism industry is highly labour intensive. Providing employment, this sector creates additional consumption demand. This increase demand will generate income through multiplier effect which boost up of an economy. Several types of business such as hotels, restaurants, tour operators, handicrafts, transporters, travel agents etc can get benefit from it. Other allied activities such as cab drivers, photographers, and food and beverage suppliers can also have profitable earnings. Employment in tourism sector is very much important for India as it is basically an agrarian economy where industry has not much developed. Tourism contributes around 9.2 percent of India's GDP (2018). If tourism is developed through proper planning, it is sure to bring revolutionary transformation in the whole economy. But the outbreak of COVID 19 has hit hard the travel and tourism industry. This sector has experienced a huge economic loss due to the drastic

decrease in tourist's arrivals. The United Nations World Tourism Organization estimated that global international tourist arrivals might decrease by 20–30% in 2020, leading to a potential loss of US$30–50 billion. This pandemic results huge bankruptcies, business losses and mass unemployment. Moreover the continuous cancelling of booking from February 2020 leading the travel sector as completely paralysis.

Covid-19 in India

The Coronavirus disease 2019 (COVID-19) pandemic, which originated in the city of Wuhan, China, has quickly spread to worldwide countries. In India, the disease was first detected on 30 January 2020 in Kerala in a student who returned from Wuhan. The Indian economy has been hit hard by the ongoing Coronavirus (COVID-19)-driven global crisis. As on 18 August 2020, about 673166 people in India have been affected by COVID-19. So far, India has been able to keep the spread of the virus relatively low compared to the US and many European countries. COVID-19 is an economic disaster and is predicted to make serious challenges to an economy. Due to nationwide lockdown, tourism sector is the worst hit sector in India, Now a days, this sector faces major challenges among all other sectors in India. IBEF has predicted new forms of tourism in with few special add - on concepts but due to COVID 19 all is messed up. The following figure shows some advancement in tourism in India.



Review of Literature

Bharali (2020) analysed the percentage share of foreign exchange earnings (FEEs) from tourism in balance of payments of India. The Researcher has found that FEEs along with foreign tourist arrivals are growing in India. Increase in FEEs through tourism leads to favourable effect on the balance of payments of the country. Aktar et al (2014) explained about the relationship between tourist arrival and foreign exchange earnings (FEEs). Tourism industry affects economic growth in terms of foreign exchange earnings in a country. Malik (2014) examined the changes in the number of tourist arrivals from 1997 to 2012. He found that the number of tourist arrival is directly proportional to economic growth. This industry has a major impact on employment generation and foreign exchange earnings of the country. In a study done by Patel et al (2020) found that COVID 19 has major effect on tourism industry in India. India is experiencing a 25% to 30% drop inbound international visitors to the country. It has also found that foreign tourist arrival has fallen by about 67% yearly in the January to March quarter. Hospitality companies have seen a 50% drop in bookings within India March 2 and 9. They have found that FTA in February, 2020 has dropped by 9.3% month on month and 7 % year on year. Ghatage et al (2015) found that the share of top ten states i.e Maharashtra, Tamil Nadu, Delhi, UP, Rajasthan, West Bengal, Kerala, Bihar, Karnataka and Goa. in India in respect of foreign tourists' visits was 89.9 percent in 2013. Moreover, India's share in the world market of travel and tourism has also increased from .65% to 1.59% during the period of 1997 to 2013.

Objectives

The specific objectives of the study are:

1. To study the problems of COVID-19 on tourism sector in India
2. To find out some suggestions for the government for the revival of tourism sector in India.

Data Source and Methodology

In order to achieve the objectives of the study, the descriptive method has been used. The present study is based on secondary data. The secondary data has been collected from various sources like journals, reports, publication, etc. To analyze the data, different tables and charts have been used.

Results and discussion

Tourist Arrivals in India & Foreign Exchange Earnings from Tourism from the month January to March, 2016-2020

Tourism is considered as an important sector in the Indian economy. It contributes significantly to the country's gross domestic product and foreign exchange earnings. According to World Travel and Tourism Council the tourism sector has generated ₹16.91 lakh crore (US$240 billion) or 9.2% of India's GDP in 2018. The contribution of tourism sector towards GDP has come to a halt in India due to the rise of this pandemic. The WTTC has reported that India ranked 34th among 140 countries in terms of contribution to tourism. The foreign exchange earnings of India during January 2020 were `20,282 crore as compared to `18,079 crore in January 2019. During the past decade, the number of tourist's arrivals in India is continuously rising. But now this industry has remarkably affected due to the outbreak of COVID-19. In this pandemic situation, the government provides hospitality services only for those who were accommodating tourists and people stranded due to the lockdown, and those designated as quarantine facilities. Generally the success of tourism is measured by the increasing number of tourist arrival and foreign exchange earnings. In fact, the tourism industry has experienced a wide range of crisis due to the global economic slowdown over the years before the rise of this pandemic. The economic survey 2019-20 has reported that tourism sector growth decelerated in 2019-20 with weaker growth in foreign tourist arrivals and consequently in foreign exchange earnings from tourism. In Indian markets the

period from February to May is the perfect time for travel with suitable climatic conditions. But this did not happen due to this pandemic. Table1 below represents the statistics of the arrivals of foreign tourists during the period 2016 to 2020. The table1 also provides the percentage increase/decrease in tourist's arrival over the previous year.

Table 1: Foreign Tourists Arrivals (FTAs) in India from 2016 to 2020

	FTAs in India		**Percentage share over previous year**	
Month	2017/16	2018/17	2019/18	2020/19
January	14.2	8.4	5.6	1.3
February	9.7	12.7	3.6	-6.6
March	9.5	15.3	-4.2	-66.4

Source: *Ministry of Tourism, Government of India*

It will be observed from the data in table 1 that there has been a healthy growth of 15.3 percent in the tourist's arrivals from other countries in the month March 2018 over the year 2017. But this percentage share has been fluctuating during the three months from the year 2016 to 2020. Here in the month January (2017), the visits by foreign tourists have registered a growth of about 14.2 percent over the year 2016. It has also found that there has been negative growth in the month February 2020 when the FTAs fall by -6.6 percent over 2019. This happens due to the spread of COVID 19. But this growth rate becomes negative in the month March 2020 at -66.4 percent over the year 2019.

Fig1: Foreign Tourists Arrivals to India, 2016-17 to 2019-2020



Source: Table 1

Foreign exchange earnings from the tourism sector during 2016 to 2020

During the past decade, there are the fastest growing foreign exchange earnings in India. The arrival of foreign tourists has given a major part of foreign exchange earnings to the country. An estimate of Associated Chamber of Commerce and Industries of India (ASSOCHAM) claims that India's FEEs from the tourism sector are likely to grow and reach US $ 26 billion in 2015. The table 2 shows percentage share of FEEs of India for three months during the year 2016 -20.

Table 2: Foreign Exchange Earnings in India from Tourism during 2016 to 2020

Month	**FEEs from Tourism (In Rs crore)**					**Percentage Change over previous year**			
	2016	2017	2018	2019	2020	2017/16	2018/17	2019/18	2020/19
January	13671	15799	17755	18079	20282	15.6	12.4	1.82	12.2
February	13661	15353	17757	17912	18281	12.4	15.7	.87	2.06
March	12985	14667	17222	16214	5833	13.0	17.4	-5.85	-64.02

Source: *Ministry of Tourism, Government of India*

There has been positive growth in foreign exchange earnings in the month of January & February though it's fluctuating during the years. Here, in the month January 2020, percentage change in foreign exchange earnings has 12.2 percent over the year 2019. In the month March, the growth has worked out 17.4 percent in 2018 over 2017. But due to this pandemic, the rate of growth becomes negative at - 64.04 percent in the month March. The decline in FEEs in the year 2020 over 2019 is occurred due to shut down of hospitality, suspension of visas after the growing spread of COVID 19.

Fig 2: Percentage change in Foreign Exchange Earnings in India from Tourism



Source: Table2

Table 3: Foreign Tourists Arrivals (FTAs) on e-tourist visa in India

	FTAs on e tourists visa (in percentages)			
Month	2017/16	2018/17	2019/18	2020/19
January	72.0	58.5	21.1	31.0
February	45.2	62.0	21.4	6.8
March	25.8	68.8	14.7	-64.9

Source: *Ministry of Tourism, Government of India*

An attempt was made to examine the percentage share of foreign tourist's arrivals on e tourist visa in India. The table showed that the percentage share of FTAs in the month January was the highest i.e 72.0 percent (2017/16). In the month February and March this share was also high i.e 62.0 percent and 68.8 percent in 2018 over 2017 respectively. In case of FTAs on e tourist visa, the month March received a negative growth i.e -64.9 percent.

Fig 3: Foreign Tourists Arrival on E tourists Visa in India, 2016-17 to 2019-2020



Source: Table 3

Other effects of COVID 19 on travel and tourism industry in India:

- India's tourism industry has to incur a huge economic loss of Rs1.25 trillion in this year 2020. Moreover, this sector alone is staring at a potential job loss of around 38 million, which is around 70 percent of the total workforce.
- In the third week of March 2020 itself, the hotel sector saw a decline of more than 65% in occupancy levels as compared to the same period in 2019.
- Indian Association of Tour Operators (IATO) estimates the hotel, aviation and travel sector together may suffer a loss of

about ₹85 billion keeping in mind the travel restrictions imposed on foreign tourists.

- The restaurant industry in India is expecting almost zero revenue in the immediate term, and a drop of 50% in the months to come.
- At least 30 per cent of hotel and hospitality industry revenue could be impacted if the situation doesn't improve by the end of June 2020.
- Aviation industry in India could incur losses worth ₹ 27,000 crore ($3.3-3.6 billion) in the first quarter of 2020-21.
- The passenger growth of airlines is likely to fall sharply to a negative 20-25% growth for the 2020-21.

Suggestions

Suggestions include both short term and long term measures:- Since a ton of casual works are occupied with this segment, due to covid-19 pandemic a considerable lot of them misfortune their occupations. They become jobless for the time. So the government or the travel industry office should take legitimate activities to help them monetarily. In any case there will be a momentary work flexibly emergency inside the business on post pandemic circumstance. This will eventually affect the organizations of lodgings, resorts and so forth.

The momentary apportions graph prompt moves required to be made to pull out the division from monetary sand trap. Somewhat, these measures are intended to safeguard the division from liquidation and utilized principally with the end goal of starting harm control. Limit of the travel industry organizations beset by Coronavirus Pandemic are currently tensely searching for interval alleviation to pay EMIs, portions, assessments, and pay rates to workers for at any rate six (6) months. The Reserve Bank of India (RBI) effectively reported that all banks and NBFCs had been allowed to permit a ban of 3 months on reimbursement of term credits remarkable on March 1, 2020. The advance EMI

installments will restart just once the ban timespan of 3 months lapses. Given the seriousness of harm, ICC feels that Government ought to stretch out the timeframe to six (6) months.

The Government should concentrate profoundly on all kind of wellbeing and safety efforts for the vacationers visiting different spots of the nation.

ICC might want to suggest a total GST occasion for the travel industry, travel and cordiality industry for the following a year till the time the recuperation occurs.

The administration declared Rs 1.7 lakh crore alleviation bundle planned for giving a wellbeing net to those hit the hardest by the Covid-19 lockdown. Business society imagines that this sum is to a great extent lacking and Government ought to consider to build the alleviation bundle to in any event Rs. 2.5 Lakh crore to ride over the Covid-19 emergency.

Since East and North Eastern States are comparatively in better position in terms of spread of Corona virus, both Central and State Government of this region should emphasize on promoting and developing tourism attractions of this region. There are lot of unexplored tourism options in North Eastern States.

We will also recommend for interest reduction or subvention on term loans and working capital loans for Travel and Tourism industry.

ICC also strongly recommend for removal of fees for any upcoming licenses, permits renewal, excise exemption (for liquor mainly) for the hospitality and travel industry across the country.

We will also urge the Ministry to provide funds from the MGNREGA scheme to support the salaries of employees in the industry.

Conclusion

This research work has also showcased the ultimate damage it created on the economy of the country and the globe too at the same time. It is being thought that the impact will continue for some

more time and that is of much more concern in recent times. The travelling agencies are seen to be impacted by Covid-19 as the lockdown situation is established by the governments for prohibiting the spread of Covid-19. Due to this reason, the group of hotels and the other tourism activities are not gaining the opportunity to fully stop the services. Due to this reason, there lies a chance of spreading of virus more and more across the world.

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Author Information
Arabinda Medhi
Assistant Professor
Lumding College
eMail: medhiarabinda@gmail.com,
Contact No. : +917002558359

Munmun Das
Department of Education
M. Phil Scholar
E-Mail: munmundas654@gmail.com

CHAPTER 17

Earthquake as a Major Geo-environmental Problem in North Eastern India with Special Reference to Goalpara District of Assam

Dr. Asraf Ali, Dr. Ratneswar Barman

Summary

The geo-environmental conditions and situation of an area has its substantially big exercising role on the nature and development cultural landscape. The entire Brahmaputra valley and its adjoining highlands of North-east India have been seismically an unstable area fraught with frequent occurrences of earthquakes. The North-East Indian part of earthquake region is placed in zone V. it is the highest calamity zone; of the seismic zonation map constructed India by IIT Kanpur. Along with the various geo-environmental problems like floods including flash floods, river bank erosion, soil and land degradation, landslide cyclones, etc. earthquakes specially in north-east india is therefore, very significant. The Oldhum and Ddudhnoi fault in the district of Goalpara in Assam is also tectonically and seismically very active and matter of concern.

The present paper is a modest attempt to analyze earthquake as major geo-environmental problems in north eastern India with special reference to Goalpara district of Assam.

The concepts as well as the methodological approaches for investigating geo-environmental pattern, process and problems in a region have been continuously getting their holds since few decades past to make them firm-footed in the contemporary trend of geo-environmental

studies. The geo-environmental setting of a region has been receiving much importance during last two or three decades as the factors of development and the problems as well that can be clearly identified and understood in the midst of natural landscape of a region. The present paper is a modest attempt to analyze earthquake as major geo-environmental problems in north eastern India with special reference to Goalpara district of Assam.

Study Area

The study area covers the North-East India lies between 22°N and 29°5'N latitude and a longitudinal extension of $89^0 45^/$E to $96^0 00^/$ E. The Seven Sister States is a popular term for the contiguous states of Arunachal Pradesh, Assam, Meghalaya, Manipur, Mizoram, Nagaland and Tripura prior to inclusion of the state of Sikkim into the North Eastern Region of India. A case study of Goalpara District of Assam which is extends latitudinaly from 25^o $54^/$N to 26^o $17^/$N and longitudinally from $90^o 3^/$E to $91^o 6^/$E. (Fig-1).

Objective

The basic objective of the study is to analyze earthquake as major geo-environmental problems in north eastern India with special reference to Goalpara district of Assam.

Methodology

To execute the above objectives of the study an attempt has been made to analyze the earthquake as major geo-environmental problems in north eastern India citing some examples from Assam specially from Goalpara district by collecting data and information specially from some secondary sources. The secondary informations are collected from different officials. Besides, various published and unpublished documents like reports, books, journals, proceedings etc. are also consulted. The collected information after processing it properly made the final write-up of the paper.

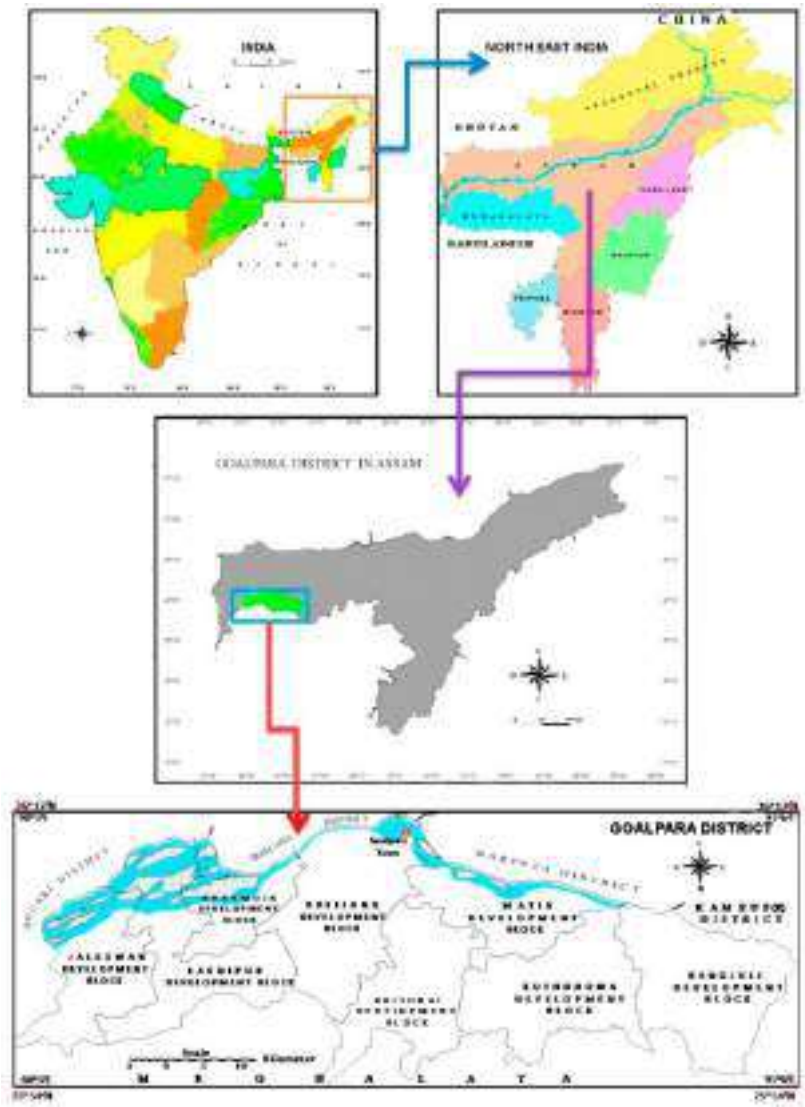


Fig. 1: *Location*

Analysis

The occurrence of earthquake is a global phenomenon even as it is of high frequency and magnitude in the earthquake belts. Earthquakes occur due to crustal disturbance along the faults and other kind of structurally weaker zones. High-magnitude earthquakes

are most disastrous of all the natural calamities as they affect large areas causing death of lives, injuries to living animals and destruction of physical resources and human properties on a massive scale. These occur without any fore warning and hence they are unpredictable. The extent to which an earthquake can cause devastation depends on its magnitude, location and time duration. The death of man and animals during an earthquake mostly occurs due to the collapse of the buildings or lands (such as landslips or slides). Since the timing of occurrence of earthquakes cannot be predicted, post-quake programmes are usually undertaken on ad-hoc basis without prior preparedness (Tiwari, 2000).

India's northeast is seismically one of the six most active regions of the world. The other five are badly felt in Mexico, Taiwan, California, Japan and Turkey. The north-east Indian part of earthquake region is placed in zone V. it is the highest calamity zone, of the seismic zonation map of India (Fig. 2). It lies at the junction of the Himalayan arc to the north and Burmese arc in the east. The region has experienced 18 large earthquakes of magnitude (M) 7 and greater than 7 in the Richter scale during the last hundred years. The great earthquakes (M=8.7) occurred in 1897 at Shillong plateau and another that occurred in the Assam-Tibet border in 1950 with M=8.7 may be well mentioned here. Table 1 gives a picture of disastrous earthquake events of the region.

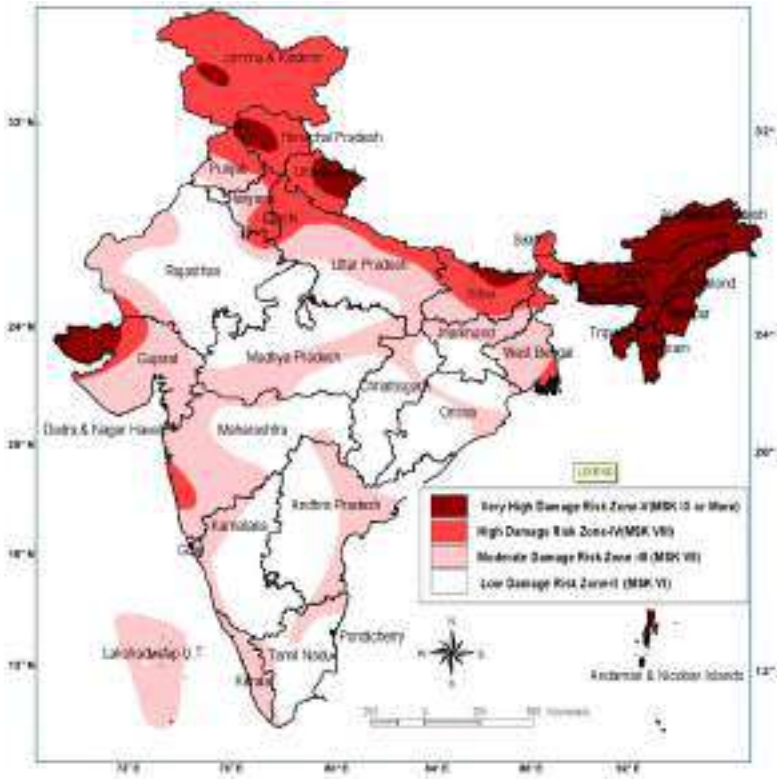


Fig. 2 India: Seismic Zonation

Source: IIT Kanpur, India, 2002

Table 1 : Major Earthquakes in the Northeastern Region in Recent Past

Place of occurrence/damage	**Year of occurrence**	**Magnitude**	**Remarks**
Cachar	March 21, 1869	7.8	Numerous earth fissures and sand craters
Shillong plateau	June 12, 1897	8.7	About 1542 people died
Sibsagar	August 31, 1906	7.0	Property damage
Myanmar	December 12, 1908	7.5	Property damage
Srimangal	July 8, 1918	7.6	4500 km^2 area suffered from damage
SW Assam	September 9,1923	7.1	Property damage

Place of occurrence/damage	Year of occurrence	Magnitude	Remarks
Dhubri	July 2, 1930	7.1	Railway line, culverts and bridges cracked
Assam	January 27, 1931	7.6	Destruction of property
Nagaland	1932	7.0	Destruction of property
N-E Assam	October 23, 1943	7.2	Destruction of property
Arunachal pradesh	July 7, 1947	7.5	Destruction of property
Upper Assam	July 29, 1949	7.6	Severe damage
Upper Assam	August 15, 1950	8.7	About 1520 people died. One of the largest known quake in the history
Patkai Range, Arunachal	1950	7.0	Property damage
Manipur-Burma border	1954	7.4	Property damage
Darjeeling	1959	7.5	Property damage
Indo-Myanmar border	August 6, 1988	7.5	No casualty reported

Source: Kayal, 1998 and Nandy, 2001

The entire Brahmaputra valley and its adjoining highlands of North-East India have been seismically an unstable area fraught with frequent occurrences of earthquakes. Among the recorded events of earthquakes during the last two hundred years or more, the most devastating are the earthquakes of 1869 (March 21), 1897 (June 12), 1906 (August 31), 1918 (July 8), 1931 (January 27), 1949 (July 29), 1950 (August 15), which registered the magnitude More than 7.5 Richter scale. Out of these, earthquakes of 1869, 1897 and 1950 were most destructive. The magnitudes of these quakes were recorded as 7.8, 8.7 and 8.7 respectively.

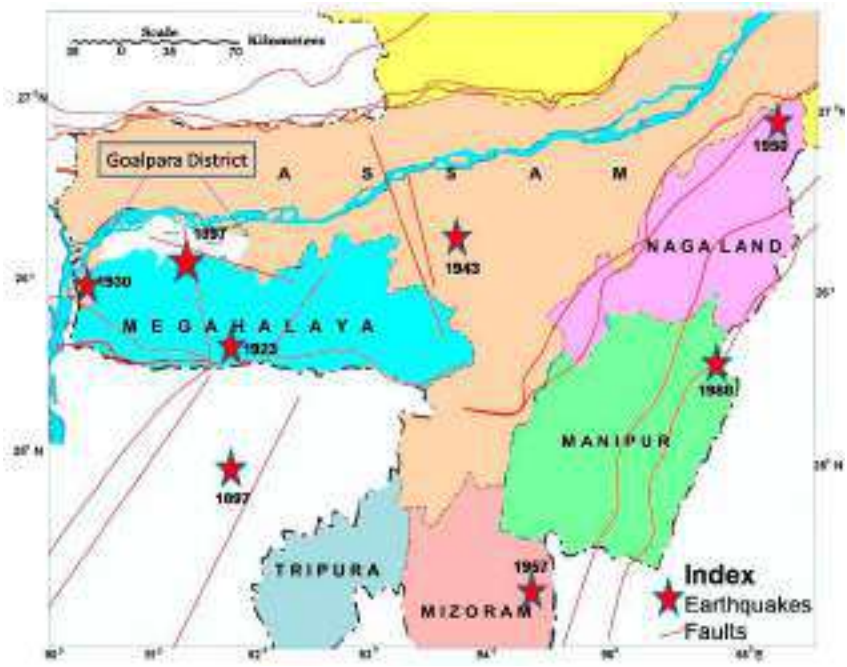


Fig. 3 Major Earthquakes and Faults in and Surrounding areas of Goalpara District

Source: UNDP district disaster management cell Goalpara district.

So far the study area is concerned the earthquake which occurred at the Shillong plateau on 12th June, 1897 at 5:15 pm was more influencing not only in present district of Goalpara, but also in the whole of the lower Brahmaputra valley in Assam. The earthquake occurring for more than 2.5 minutes killed as many as 1542 people in addition to killing cattle, goats etc. Almost all the brick-walled buildings were practically destroyed within an area of 30,000 sq. miles. The ground rocked violently. A large number of fissures and vents were developed. The epicentral area of the earthquake witnessed many secondary effects like ejection of water and sand, rotation of pillars, rising of river beds and banks, crushing of soils blocks and sinking of houses. The important ground ruptures developed due to this earthquake are the Chidrang, Samin and Mandalgiri faults and the Bordwar fracture as well in the lower

part of Assam including the district of Goalpara. In Goalpara district earthquake was caused by sinistral movement along the sub-vertical oblique Dudhnai fault (Fig. 3 and Fig. 5.3). The tectonic block between the NNW part of Dudhnai and the Kulsi faults moved northward.

Fig. 4 Oldhum and Dudhnoi fault



There has been much influence of earthquake in the history of landform development not only in the study area but also in its surroundings. These earthquakes disturbed many of the drainage channels and raised the bed of the river Brahmaputra along with that of some tributary rivers. For this reason most of the rivers in Assam including those of the Goalpara have turned hazardous with heavy river bank-erosion and drastic bank line migration or shifting and change in the river-course. Such a situation has been acute in Goalpara District also. This tectonic event had caused numerous depressions in the form of *beels* (a kind of wetland), swamps and other kinds of waterlogged areas along and adjoining parts of the Brahmaputra and its tributaries. The consequence of the earthquakes has therefore, been one of the major causes of derangement of channels of the Brahmaputra and some of its tributaries in the area. Podder's (1952) work as cited by Goswami (1985), Steven, et al. (2003) and Deka, (2005) and many more can well be cited here to substantiate the effect of the earthquake in the whole of the

Brahmaputra valley. They described that a large amount of the sediment generated by landslides due to earthquakes was brought down into the rivers and thereby raised their beds considerably. This has also been the major cause for increasing flood problems in the Brahmaputra valley, which is no exception to Goalpara district also. The channels of the river Brahmaputra at several places were choked with sediments released from fissuring and squeezing of soft levee areas (Goswami, 1985). Therefore, this seismic instability over the weak zones characterized by fault, thrusts, lineament etc. in the study area bears geo-tectonically a great significance.

Conclusion

The geo-environmental conditions and situation of an area has its substantially big exercising role on the nature and development of landform and land cover change of an arena. The North East Indian states along with the district of Goalpara stands amidst complex geotectonic and physiographic set-up. Because of the hills, foothills and river plain topography, tectonic disturbances, existence of notable faults, joints and line-aments etc. the district and the seven states of the study area as a whole remarkably have been experiencing earthquakes time to time. Ever since the great earthquake of August 15, 1950, there has been a remarkable change in many river channels of the Brahmaputra valley including some of the district of Goalpara.

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Author Information

Dr. Asraf Ali
Assistant Professor (Sr.)
Department of Geography, Sonapur College, Sonapur, Kamrup Metro, Assam, 782402
E-Mail: asrafali12@gmail.com, Contact No. 88761-38709

Dr. Ratneswar Barman
Retired Professor,
Department of Geography
Gauhati University**,** Assam

CHAPTER 18

Musculoskeletal Disorders among Bamboo Workers of Assam: An Ergonomic Study

Dr. Susmita Nath

Summary

Bamboo industry is one such industry in which workers contribute their effort and skills in large numbers. It is one industry where the method of working has not changed over the years and the working techniques have remained same for centuries. This study aims in finding out the problems faced by the workers of bamboo industry and propose methods of improving work posture for better health of the worker, in turn contributing to increase in productivity. A total of 40 workers in the Bamboo Industry of Assam; belonging to the age group of 26 to 43 years were studied to know about their socio-demographic profile of the workers, to evaluate their working postures. The findings of the study revealed that incidences of some muscular-skeletal problems among the workers and the incidence of back pain was high. Based on the findings it was recommended that work station with proper height be introduced, so that workers did not have to bend awkwardly to perform a task. Work rest cycles should be incorporated to give relief from static work.

Bamboo, the poor man's bonanza is nature's wonderful gift to mankind since time immemorial (Abdul Razak Mohd. Ali & Abd. Latif Mohmod, 1998). The quality and availability of this renewable resource have both causes and effects in the larger socio-cultural and economic dimensions of a community (ASSOCHAM, 2007; Bishwas, S.A.S.,

1984; Gangopadhyay, P. B. 2003). Bamboo industry is one such occupation in which workers contribute their effort and skills in large numbers (ASSOCHAM, 2007; Badoni, S.P. and Rajput, S.S., 1977: Bahadur, K.N and Jain, S.S; 1983). This industry is one industry where-in much ergonomic research has not been undertaken especially in the area of occupation Astrand, (P.O., Rodahl K., 1977; Astrand, P.O and Rodahl, 1986). It is one of the industries where the method of working has not changed over the years and the working techniques have remained same for centuries. The primary aim of the research is to increase efficiency and productivity among the workers with emphasis on health and wellbeing. Bamboo industry basically, being a handicraft industry, employees' worker in different fields of activity. It is important that "Occupational health" be maintained for the workers by implementing proper tools and workstation in order to promote efficiency and as well as health and well-being of the workers (Bendix, T. 1984; Chauhan, M.K and Vargese, M.A., 1994; Solidaki M. D., 2010). Ergonomics can contribute and play an important role in all these aspects (Chaffin and Anderson, 1984; Solidaki M. D., 2010). This study aims in finding out the problems faced by the workers of bamboo industry and propose methods of improving work posture for better health of the worker, in turn contributing to increase in productivity. The main objectives of this study is to ascertain the socio demographic and work profile of workers and evaluate the working postures and study the prevalence of musculoskeletal problems among the workers.



Fig 1. Bamboo workers doing different activities

Methodology

Rhino Bamboo Industry of Guwahati, Assam was chosen as the locale of the study. Bamboo products are very famous in Assam and the art of making bamboo products is considered to be popular amongst the people in rural areas.

Sample and Sampling procedure

All the 40 workers irrespective of their age and gender who were working in the Bamboo Industry in Assam were considered as

sample for the research. The numbers of male workers were 30 and female workers were 10 worked in the organization.

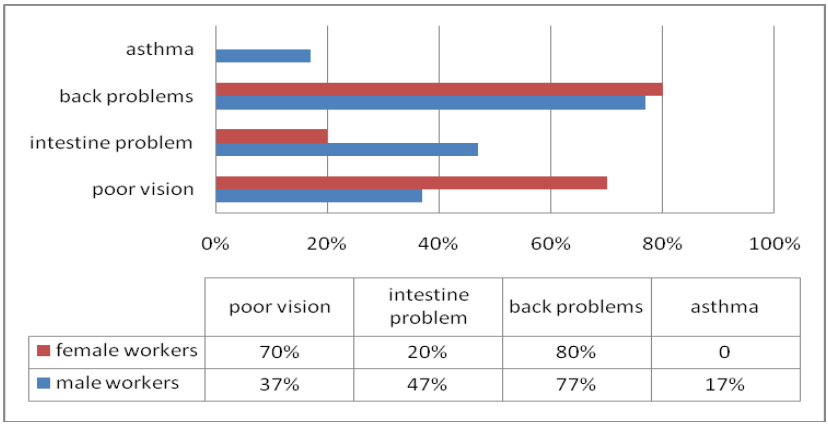
Tools for data collection

A Questionnaire was developed to collect information according to the objectives of the study. The schedule contained both open ended and closed ended questions which the researcher herself explained to the respondents for accurate answers. The most predominantly adopted postures were analysed by RULA: a survey method for the investigation of work-related upper limb disorders. Before starting the data collection, the schedules were pre-tested on 10 workers of the industry out of which 5 were female workers and 5 were male workers with the help of the in charge of the bamboo industry of Assam.

Results

The demographic details showed that majority of the female workers belonged to the age group of 32 to 37 years and the male workers belonged to the age group of 26 to 31 years. 40% of the female workers were between 32- 37 age group and 30% were between 38-43 age groups. For the male workers majority of them were middle aged. 37% workers were of the age group 25-30, 40% were of 31-36 age group and 3% were of 43-48 age group. Regarding the experience level, it was found that (80%) of workers had been working in the Bamboo Industry for 6 years, 64% of workers had been working for 5 years and 33% of workers had been working for 7 years. Thus it can be concluded that both male and female workers were equally experienced. The education qualification was below Class X standard for most workers. Among the male workers 46% were below X standard pass, 36% were up to class XII standard pass, 10% were graduate and 7% had done diploma courses. But it seemed that the workers knew all types of work needed to be done in the industry. They knew to handle all types of work in the industry. 100% of the workers both male and

female worked for 8 hours. Both male and female workers worked for equal hours. The female also need to do household activities after reaching home. The workers were required to do overtime for 2 hours during peak seasons. Summer season was the peak season. The workers were allowed to take leave for 13 days and casual leave for 10 days per year. The above table indicates that 100% of the workers both male and female (100%) takes only one lunch break in a day. They worked continuously throughout the day with only a lunch break. This pattern of work without any proper rest and good meals could lead to many health problems. Usually workers of bamboo industry are provided good meal followed by tea. To conclude, overall all the workers (100%) only took a lunch break in between their work which was not good for their health and efficiency of work. Thus it is advised that the worker should take proper rest and break between their works. The above figure indicates that the workers both male and female took 1 hour break throughout the day. Thus it was concluded that majority of the worker (100%) worked continuously in a day with only one break in between working hours, which was not good for health and efficiency of work.



	poor vision	intestine problem	back problems	asthma
female workers	70%	20%	80%	0
male workers	37%	47%	77%	17%

Fig. 2 Distribution of workers problems faced by the bamboo workers

The above figure indicates that back pain was common for both male and female workers. Intestine problem was high among the female workers. Female workers didn't had asthma problem. Poor vision was also an issue among both male and female workers. Thus it was found out that the major health problem among the workers was back pain due to which sometimes they needed to visit doctor.

Postural Analysis

The analysis revealed that the posture requires investigation and changes immediately. The upper arms score of the workers was generally between 2 and 3, which means that the upper arms were slightly abducted and flexed between 20^0 and 45^0. The lower arms score for the majority of workers was also between 2 and 3, indicating working across midline of the body with elbow flexion less than 60^0 or more than 100^0. The wrist score was 3 that means the wrists of workers were in extension of up to 15. The neck and trunk scores of 2 and 3 for the majority of workers also indicates that the workers necks and trunks were in more than 20 flexion to the front. The risk scores of the legs were determined to be stressful due to the workers awkward sitting position the final RULA grand score ranged from a minimum of 4 to a maximum of 7 with an average score of 6.2. Percentages of workers with the final RULA grand scores of 5, 6 or 7 were 12.6%, 48.8% and 40.4% respectively. None of the participants had the final RULA grand score 1 or 2, which is an acceptable working posture.

It is concluded here that the posture adapted for work after the work needs to be corrected. A proper level of work station for working should be given to avoid musculoskeletal problems. Thus none of the postures adapted by the workers both male and female, in the bamboo industry was correct and these were mostly static postures for long periods of time as they got only one break. Thus for such kind of static work more breaks are recommended. It was interesting to note that there was a high incidence of low back pain

among all the age group irrespective of age, which was mainly due to the adaptation of bad postures. The pain was high during the occupation hours but during holidays there was no such incidence of severe pain. Sometimes the workers needed to visit a doctor for severe back pain, which was treated by giving pain killers.

Discussion

Majority of the workers had been working for 6 years. The majority of female workers were married compared to the male workers. The educational level of male workers was high as compared to the educational level of female workers. The maximum level of education for the workers was 10^{th} standard. The workers knew all types of work required in the industry. It was found that the female workers earned more as compared to the male workers. The workers received their salary on time. There was no problem regarding the salary system. The workers took only one break for one hour in between their work which was not good for health and efficiency of work. Thus it was advised that the workers should take proper rest and break between their works. After visiting the bamboo industry, it was observed that ergonomics factors were not implemented although there was enough space to do so in the industry. Workers were performing the activity bearing stress in the body. This was due to several reasons as justified by the photographs taken of the workers performing the activity. By applying the RULA method to assess postures, it was observed that in every category of processes taken into consideration, every work is under muscular stress to some extent. This was justified by the RULA score calculated from RULA sheet through posture analysis of the worker taken from the photograph of the workers from different section of the industry. There was some space for improvement in the industries for the betterment of the workers to perform their operations with minimum load and stress on their bodies. During the calculations of the posture it was observed that in different processes the worker is subjected to different Muscular

disorders. In the tailoring sections, cleaning sections and cutting section, the workers does sitting work continuously for 8 hours with only one break in between working hours. Moreover they were subjected to bending as the stress is observed on the back and neck. So improvement in the posture to some extent is must.

Thus none of the postures assumed by the workers; both male and female were said to be completely good. Some posture adopted were bad postures for longer periods of time.

There was a high incidence of low back pain among all the age group irrespective of age, which was mainly due to the adaptation of bad postures. The pain was high during the occupation hours but during holidays there was no such incidence of high pain. Sometimes the workers needed to visit a doctor for severe pain.

Conclusion

It seems bad working postures was found to be responsible for causing low back pain and other problems. It is desirable that the activities of these workers should be carried out with frequent breaks, so that the static loading and consequent development of pain as observed in the present study be minimised. Imparting training to the workers to adapt posture and methods, which need no corrections or little correction in future. Usage of static and dynamic postures for the toning of muscles is necessary. This will help in preventing the further deterioration of health among the workers. Specific programmes and policies need to be developed for women in the bamboo industry. Government should provide more incentives to the bamboo industry which produce bamboo products which have high demand in national and international; markets. The industry should be given a high status in the society so that various entitlements available to industry can be availed of. It was felt that if possible flexi-time could be made available for female workers, which would give enough time to care for their children and also perform their jobs efficiently without pressure.

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Author Information
Dr. Susmita Nath
Teaching Assistant
Department of Design, IIT Guwahati, Assam
E-Mail: susmitanath44@gmail.com,
Contact No. +918256044688

CHAPTER 19

Folk performing arts of Lower Assam: Special reference to Goalpara District

Asma Easmin

Summary

This article is about the folk performing arts of lower Assam specially Goalpara district. Assam is a land, rich in cultural heritage and performing arts. Goalpara is one of the districts of Assam and has been a treasure house of folk songs, folk dances, folk festivals distincts from those of Kamrup, Darrang, Sivasagar districts. The songs and dances of Kartika puja of Gauripur, Charakpuja, Kushan gaan, Pala gaan, Bhari gaan, Keochabandi, Disha and Pad, the songs ogf elephant driver (Mahut) and the buffalo keeper (Moishal) and many other songs and dances are prevalent in Goalpara. inspite of our negligence and the onslaught of modern civilization these have survived and at the height of their voice they proclaim the vitality of folk life.

Assam is one of the seven sister state of north-east India. It is considered among the progressive state by its arts and cultures. Geographical location is undoubtedly a very important factor in shaping the culture of a place. The location of Assam is unique in the sense that it is situated at the casp of two great civilization, the Indian and East and South East Asian. Lower Assam is a region situated in western Brahmaputra Valley encompasing undivided Kamrup and Goalpara region. Anyway in this context I am going to explain shortly about the folk performing arts of lower Assam. The Assamese culture is a

rich and exotic tapestry of all these evolved through a long assimilative process. The native of the state of Assam are known as "Asomiya" (Assamese) which is also the state language of Assam. (Cultural Affair, Assam Govt.in) This article is about the performing arts of lower Assam specially Goalpara district.

Description

Folk performing arts is a part of Assamese culture and arts. The culture of Assam is traditionally a hybrid one developed due to cultural assimilation of different ethno-cultural groups under various political economic systems in different periods of history. It is belived that Assamese culture developed its roots over 750 years as the country of Kamarupa during the first millennium AD of Bodo-Kachari people assimilation with Aryan which is debatable as the idea of Assam as an entity. When the Tai-Shan entered the region in 1228 under the leadership of Sukapha to establish Ahom Kingdom in Assam for the next 600 years, again a new chapter of cultural assimilation was written and thus the modern form of Assamese culture developed (Culture of Assam, Wikipedia). In lower Assam there are many different religious communities. There are many performing arts in the district of lower Assam include Ankia Naat a traditional Vaishnav dance drama (Bhaona). It makes use of large mask of Gods, Goddesses, demon and animals and in between the plays a sutradhar.

Folk performing arts

Ojapali: A unique performing art form that consists of a perfect blending of narrative singing, dancind and dramatic interludes originally from Darrang district of Assam. This art form is presented by 5 to 6 performers usually men. The main performer is called the Oja and the other members are called Palis. In this performance only one instrument is used i.e Khutitaal (A small sized cymbal).

Jhumur: These songs and dances are from tea garden of Assam. Jhumur is basically performed by the tea tribe people of Assam. This dance is performed by girls and boys together. Sometimes by the girls alone with precision of foot work while clapping tightly each others waist. Their unique music along with the dance performance really adds to the rhythmic sensation to the music.

Dihanam: A kind of congregational payers sung by women with different instruments like Nagara, Taal along with clapping of hands. These songs are mainly sung in call and responcse style by women.

Aainam: This traditional devotional folk song specially associated with the illness and health, especially sung during the time of small pox performed by women to praise Sitala Devi (Goddess Sitala) with the hand clappings, Aainam is still there in the rural Assam.

Holi: Performed in the lower Assam basically in the Barpeta district of Assam, these type of song performed by group of man on the occasion of Douljatra or Holi with the instruments called Dhulki (A kind of Drum) and Khunjuri (A kind of cymbal) they perform Holi geets. The main theme of the Holi geet based on lord Sri Krishna.

Bihu Geet: Assam is known for Bihu and Bihu is known for Assam. Poetic lyrics and the celebration of life expressed through Bihu songs are the life line of Assamese culture. Songs sung in Bihu are woven around themes of love and often carry erotic overtones. People adorn traditational attires like Dhoti, Gamocha and Chador Mekhala. Bihu performed by young boy's and girl's charecterised by brist stepping finging and clapping of hands and swaying of hips represents youthful passion.

Nao Khelor Geet: (The song of the Boat race) Nao khelor geet is a pattern of Assamese folk song at lower Assam especially at Barpeta Sub-division in ancient time the mean of the transportation and the communication was only the boat. When the boatman had

gone so tired and fatigue then some of the boatman has song some so beautiful and mind blowing songs which were composed with music by them. Those folk songs are carried out until now, generation by generation. Those most mind blowing fantastic and attractive folk songs are the most important part of the Asamese literature and culture.

Goalparia Lokogeet and Dance: The folk song from Goalpara district of Assam is an integral part of Assamese music with traditional language of goalpara, these songs describe and represent the social life of people with folk dance Pratima Barua Pandey the legendary folk singer popularized the genre of Goalpariya lokageet into the mainstream Assamese music and even to the international erena.

Hudam Puja: It is an interesting exuberance of feeling which got associated with a worship. Hundam is regarded as the God of rain and seems to be possessed with the qualities and attributes of Indra and Varun. Young girls going to a secluded place especially in dense forests dance naked to appeare the God Hundam. Moreover Goalpara is rich treasure house of folk songs, folk dance. The song and dance of Kartik Puja of Gauripur, Charak Puja, Kusham Gaan, Palagan, Bharigan, the song of the elephant driver (Mahut) and many other song and dance are prevalent in Goalpara.

Conclusion

The folk arts are the products of the folkways and culture of the society. They are inseparable as they from a part of the society that they belong to. It can't be denied that folk art is the most effective way of communication. Our tradition plays an important role in a creative artistic process particularly in the field of folk performing arts, Folk performing art is functional and spontaneous. Every part of its state is full of music, dance or theatre. The folk performing art is changing its structure continuously over centuries modifying itself to the needs of the changing situation making it

functionally to the society. Traditional performing arts though nothing can be immune to time and mutability, should be saved from becoming extinct and defunct. In Assam many performing arts are yet a live force especially in rural area and religious circles. It is necessary that folk performing arts of Assam like Nao Khel Geet and many others deserve utmost attention regarding its preservation, promotion and proliferation.

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Author Information

Asma Easmin

Assistant Professor

Lakhipur College, Goalpara, Assam, PIN-783129

E-Mail : asma.easmin52@gmail.com,

Contact No. +919678462846

CHAPTER 20

Tribal Religions of North-East India with special reference to Bathouism, Donyi-Poloism and Sanamahism

Nihar Bordoloi, Nayanjyoti Bordoloi

Summary

Human beings are social animals. They try to inhabit within some bonding. They have some kind of awareness to the people within their dependency. Tribalism is a word to refer a tribe or tribes, a cultural group, and their worldviews. The word tribalism often exhibits 'way of beings'; a strong cultural or ethnic recognition that discrete them from the members of other ethnic social groups. Tribal people of Northeast India have a close kinship or sentiment and a possession of an earnest feeling of identity. This common feeling of identity brings honesty among the people. However, like other religious beliefs, tribal religious traditions do not have any founder. Despite, they have many creation theories, religious myths, and rituals. Their mythological believes, folktales etc. are considered essential elements of their worship.

Mongoloid people of North-East India are regarded as ‘scheduled tribes’. There are many sub-divisions among Mongoloids inhabiting in the North Eastern India. Further, it is observed that there is much empathy among the various Mongoloid people of North East India. Most of them reside in remote areas, within beautiful surroundings of natural resources. Economic condition of these people is lower than the National average. Most of them depend on agriculture and other domestic activities. Tribals are not incorporated within the Vedic *'Chaturvarna'* or caste

system found in Hinduism. The social systems constructed by them are perfectly egalitarian in nature, with absence of hierarchy of class among the people. As a result of the inability to rationalize the actual phenomena and causal relation many superstitious beliefs and erroneous worldviews prevail in tribal society. In some *'Puranas'* a tribal is referred to as '*Smlesh*' or devil who use to eat fresh flesh and blood. Bodos are the largest tribes found in Assam, they often feel proud to be the grandson of *Bhima*, a character of the great epic '*Mahabharata*', who was considered to have physical strength of approximately ten thousand elephants. Most of them believe in 'animism' and nature worship. They use to worship trees, stones, sun, moon, animated as well as unanimated substances etc. since they believe such objects to be divine and thought that worshiping the divine may help them from natural calamities such as earthquake, thunderstorm etc. and also from other extraordinary situations. This intense fear created a unity among them.

Some Ingredients of Tribal people of North-East India

Following are some of the main ingredients or key features of the tribes of North-East India:

1. One of the most important features of the tribal society is that it does not possess any religious or sacred text. All the religious as well as household activities are product of the oral tradition prevalent in different forms such as folk tales, folk songs, oral tradition, folk music and visual arts. These are the sources through which they preserve knowledge for the future generation.
2. Tribal people of North east India, like other parts of India, have greater affinity towards the nature. They think that nature is something living and conscious. For this reason, they try to communicate with nature through different means of worships and also try to satisfy the nature and believe it to be their deity. Most of them use to worship through prayers, songs and dance. The Bodo tribe of Assam worship 'Siju', (Ephorbia splendens) a plant as their deity. All their household as well as social activities are centered

towards the Siju, also known as 'Bathau'.

3. Feeling of uniqueness is another important characteristic feature of the tribal culture. Every tribal group posses some specialty in their lifestyle from food habit to religious worship. They possess a feeling of unity within themselves and this probably leads the concept of their identity. It is seen that tribal people are very much aware of their identity. They maintain distance from those activities through which their society may lose their identity.

Main theme discussion

Generally religious life of north-eastern tribes of India depicts the indigenous rites and rituals followed by different indigenous groups in North East India. They believe in constant insistency to remain united under some specific customs and faith. In North East India, most of the indigenous groups follow certain lifestyles, customs and rituals which lead them to transcendental definite religious form which every member of that group ought to follow.

Donyi-Polo faith

Donyi-Polo is an indegenious religion of Arunachal Pradesh. It is a folk religion of animistic tribe. Literally ‘Doyni Polo’ refers to 'sun and moon'. They have many hymns and rituals as for means to pray their iconic God. Most special feature of this indigenous religion is that it has a founder. Talom Rukbo was the pioneer of Donyi-Polo. He started to reconstruct the animistic spirituality and to protect the people from conversion to other religion. There are many myths regarding the Donyi Polo. In Tibeto-Barman tradition *'Ane Donyi'* that means Mother Sun and *'Abo polo*' means Father Moon, constitute a similar notion of Prakriti and Purusa in Samkhya philosophy as well as '*yin'* and ‘yan’ of Chinese Philosophy.

Talom Rukbo explained that earth originates from some sources, not from nothing. Donyi polo faith can be found in the day to day habit and experience of people. People have a faith that they are the children of sun and moon God. When they are in distress or in any fragile

condition they invoke "Donyi- Polo". Moreover, when people do some mistake or realize his or her fault they invoke *'Donyi-e'* meaning oh sun.

Donyi polo is the symbol of truth. It is the paradigm of wisdom, conscience enlightenment and selflessness. Therefore in faith the aware people are known as "Children of truth" or '*Donyi-polo-ome'* or he is the representation of truth.

Sanamahism

Sanamahism is an indigenous faith among Meitei found in Manipur, Myanmar and Assam. Sanamahi is one of the deities of Meitei. Bertil Lintner stated that "Sanamahism is an ancestor worshiping shaman led tradition." Sanamahism is also known as the eternal forces or cells responsible for the creation of living beings. They used to worship their ancestors as almighty since time immemorial. In many Sanamahi practices, Meities offer food combined with hymns to call for Gods and Goddess twice in a day. Sanamahism worships some forces or elements of nature such as fire, water, mountains along with ancestor worship and other Sanamahism beliefs.

Bathouism

Boros are the largest indigenous tribal groups of Assam. Their religion is known as Bathoism. Bathou is their supreme God. They believe in five entities and these are earth, water, air, fire and sky. In a traditional Boro language *'Ba'* refers to five *'thou'* means entity. Bathou describes the world with these five gross elements of universe. *'Siju'* tree (Euphorbia splendens) is used as a symbol of Bathou. Bathou is worshiped with several Gods and Goddesses. The followers of Bathou among the Boros are known as *'Bathouari'*. The whole religious philosophical systems of Boros are intimately related with 'Number five'. Their Supreme God is *'Sibrai*', also known as Siva in Hinduism. *Bathou Brai* or *Siv Brai* creates this universe without possessing any form.

Polytheism

Most of the indigenous tribal faiths are polytheistic in nature.

The word polytheism comes from the Latin term 'Polytheismus' which means the worship of multiple deities in the form of Gods and Goddesses. It is opposed to monotheism or belief in a single God or deity. Most deities are found in a natural form.

The followers of Donyi-Poloism worship different Gods and Goddesses that they believe are in nature. They have a faith that these deities take part in maintaining a balance between Donyi and Polo which controls the cosmic order of the universe. They also believe that the Donyi and Polo help in the different manifestations of the earth (*sedi*), with the help of some peculiar power and characteristics. People have a faith that they take care of human beings as well as other animate or inanimate substances.

Some main Deities in Donyi Polo faith are:

1. *Donyi and Polo* (Sun moon)
2. *Doying Bote*
3. *Kie Nane*
4. *Pedong Nane*
5. *Guumin Soyin*

Even in Sanamahism, we find the impact of polytheism to a great extent. According to their faith, *Atiya Sidaba*, *Apanba* and *Asheeba*, these three are the manifested form of God, who are regarded as the creator, preserver, and destroyer of the universe respectively. They can be compared with the mythological character in Hinduism such as, *Brahma*, *Vishnu* and *Shiva*. Moreover, many male deities like *Sanamahi*, *Pakhangba*, *Nogpok, etc.* can be compared with lord Shiva in Hindu mythology and female deity *Panthobi*, is similar to the *Parvati* (wife of *Siva*) of the Hindu culture. The most significant similarities among these goddesses are associated with the lion. Hence, this indigenous faith depicts a remarkable connection with Hinduism. Again, according to the Meities, *Panthobi* is the mother of the universe and *Nongpok Ningthou* is her spouse. There are almost three hundred sixty four deities among the Meities with their consort.

Some very important deities worshiped by Meities-

1. *The Lainingthou Sanamahi* (Supreme household Gods and Goddesses).
2. *Shidaba Mapu* (Immortal owner)
3. *Ebdu Paakanba* (Ruler of outside world)

Apart from these deities they believe in Ancestor Gods and Goddesses called *'Apoka'*, Goddess of wealth, *Ebendhou* which has a resemblance with Hindu Goddess *'Lakshmi'*, God of property and wealth, *Ebudhou* which is the God of sports and many deities are honoured as the God of direction.

Like other tribal religions, Sanamahism practices forest Gods and Goddesses like *Umaglais*. They are the protectors of that certain area or locality specially houses and the fields. These Gods and Goddesses are akin to the day to day activities of the people and they are very powerful.

Bathou religion appears to be polytheistic. But the fact is that in Bathouism, it is believed that all other gods and goddesses are the manifestation of one supreme God known as Bathou Brai. Thinkers try to explain Bathouism from anthropocentric standpoint and regard that the deities are the shifting forms of the formless divinities. Like other polytheistic religions, Boros believe in different Gods and goddesses, basically they believe in five traditional God's such as *Ailong*,(good of earth) *Agrang*,(god of water) *Khoila*,(God of air) *Sanjhborle*,(God of fire and light)and *Rajkumbre* (good of sky). All popular deities are grouped into two classes:

1. Household deities (*na ni modai*)

Some significant household deities are

1. *Bathou Brai*
2. *Mainou or Bhuli Buri*
3. *Asu Mainao*
4. *Sali Mainao*
5. *Song Raja*
6. Song Brai

Bathou here is the most important God, the second important deity is the *'Mainao'* the second consort of Bathou, and she is the Guardian of rice fields or the protector of paddy fields. Therefore, in the harvesting period, Boros offer egg to the deity so that it will protect the land and the people as well as increase the production of rice.

Revivalism of tribal Faith

The concept of revivalism especially in tribal culture is a movement which sole aim is to reawaken the faith and to revive customs and habits to make a religion more popular and influential. Revivalism is not an immediate process or movement, it depends on several stages and situations. It is a wider process. Revivalism should not be confused with de tribalism because de tribalism refers to the removal of tribal social behavior, activities and livelihood from someone. Thus, revivalism leads to a process of correcting some social structure as well as norms to cope up with time and circumstances. Somehow this is an indication of modernisation of some values and social structure. Revivalism takes place in all these religions in different times depending on the structure, situation of the society and the growing mindset of the people. Education and globalization are the media through which people can access and reevaluate their social norms, values etc. Thus, revivalism brings an optimistic and a pragmatic mode among the followers, which is an aid to deal with the modern situations from a constructive dimension. In Donyi-Polo religion, the followers seem to revive their religion in dealing with the questions of 'identity' because the rapid extent of Christianity and Hinduism affects not only their religious and spiritual sphere but their identity too.

Revivalism in Sanamahism

Sanamahi religion is one of the oldest religions of South East Asia, which is worshiped by the Meities. Revivalism of Sanamahism had passed a long historical period. After the British invasions, the state of Manipur became dominated by Christianity and other religions like Hinduism, so there are a very few number of followers who worship

Sanamahism. At the closet of twentieth century, it gains a strong foothold owing to modern education, increase of population, globalization and other social factors. During that period, the impact of Sanamahism became more and more embedded in the hearts of the people. As a result, it gave a new dimension to the revivalist movement of Sanamahism. Old beliefs and religious bindings are united and the belief of emerging movement began to take their places. Consequently, many books were written in Bengali and Meitei script. As a result, the various undisclosed festivals of Sanamahi religion became more popular and are being observed by more people in recent times. According to the census of 1981, 2001, Sahnamahi religion was recorded as one of the believed recognized religions of Manipur. Many books providing religious ceremonies with rites and rituals were being published. Holy books for Sanamahi religion were selected for the development of Sanamahi religion.

Revivalism in Bathou

During the last 19th century and the early part of 20th century there was a religious crisis among the Boros. Many of them are converted to Hinduism and Christianity. The social systems and age old relations among people were about to die. In1992, All Bathou Religious union which was an organization founded in 1992, has begun receiving and reforming the traditional religion. Some changes took place such as The *Douri* and *Dourini* (Chief dancer) were replaced by *Gwthari*, *Asari.* Even, many changes in prayer or *Aroj* also took place. The construction of temples, *Thansali* came into being, *Aroj* is being performed on every Tuesday in *Thansali* congregationally; sacrifice of animals and offering of rice beer as a mode of worship has been replaced by offering flowers and fruits. There was another revivalist movement which took place and was lead by Gurudev Kalicharan Brahma. He was determined that the religions of Boros should be reformed through an emancipatory vision. Therefore, he reformed the religion and named it *'Brahma Dharma'*, it modified some core concept of Bathouism such as it rejects the polytheistic nature of God which was accepted earlier, and it

concentrated on monotheism. Brahma dharma accepted the concept of Trinity found in Hinduism which means God is the preserver, sustainer and destroyer who possess the triple quality of Sattva, Rajas and Tamas.

Conclusion

In our observation it has been found that Religion is a system of belief in something which we the human beings consider to be beyond ourselves. It is universal in nature. Faith and rituals are the core elements of a tribal religion and which makes the tradition alive. Religion helps to make the rituals functional and meaningful. It will not be an exaggeration to say that tribes are the prime bearer of the originality of religion. The prime objective of their worship is to satisfy their deities for the prosperity and well being of the society.

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Author Details

Nihar Bordoloi

E-Mail: mniharbordoloi23438@gmail.com

Contact no- 9101420493

Nayanjyoti Boro

Assistant Professor

Department of Phiolosophy, Handique Girls' College, Guwahati, Assam

E-Mail: boronayanjyoti@gmail.com

Contact no- 7578897976

Critical Approach to Inclusive Growth and Development

First Edition

Authors

Dipanjali Devi
Dipti Baishya



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Dipanjali Devi, Assistant Professor, Department of Economics, Dudhnoi College, Dudhnoi, Assam.

Dipti Baishya, Assistant Professor, Department of Economics, Dudhnoi College, Dudhnoi, Assam.

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E-mail: info@iiponline.org

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List of Contributors

Dipti Baishya, Assistant Professor, Department of Economics, Dudhnoi College, Dudhnoi, Assam.

Dipanjali Devi, Assistant Professor, Department of Economics, Dudhnoi College, Dudhnoi, Assam.

Vinita Priyedarshi, Assistant Professor and Head, Department of Political Science, Patna Women's College (Autonomous), Patna University, Bihar.

Bandana Chowdhury, Assistant Professor, Department of Economics, Gauhati University, Guwahati, Assam.

Jayashree Chowdhury, Assistant Professor, Department of Economics, Handique Girls' College, Guwahati, Assam.

Mousumi Das, Assistant Professor, Department of Economics, Chhaygaon College, Kamrup, Assam.

Arumugam Sankaran, Faculty Member, Department of Economics, School of Management, Pondicherry Central University, Pondicherry.

Bhavna Bhatt, Ex Guest Faculty, Department of Economics, Cotton University, Assam.

Mitali Barman, Librarian, Pub Bongsor College, Pacharia, Kamrup, Assam.

Kakali Hazarika, Assistant Professor, Department of Economics, Nabajyoti College, Kalgachia, Barpeta, Assam.

Himadri Bharali, Assistant Professor**,** Department Of English**,** Pub Bongsor College, Pacharia, Kamrup (R), Assam.

Chandan Sharma, Assistant Professor of Economics, Morigaon College, Morigaon, Assam.

Dipali Baishya, Assistant Professor, Nanda Nath Saikia College, Jorhat, Assam.

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Kasturi Goswami, Assistant Professor, Bahona College, Jorhat, Assam.

Sorwar Alam Khan, Assistant Professor of Economics, Nabinchandra College, Badarpur, Assam.

Kingshuk Chakraborty, Assistant Professor, Department of Economics, Bilasipara College, Dhubri, Assam.

Dipa Baruah, Assistant Professor, Department of Education, Pub-Bongsor College, Pacharia, Kamrup (R), Assam.

Ritirekha Kalita, Assistant Professor, Department of Education, Pub-Bongshor College, Pacharia, Kamrup (R), Assam.

Gita Rani Das, Assistant Professor, Department Of History, Pub Bongsor College, Pacharia, Kamrup (R), Assam.

Swagata Bezboruah, Research Scholar, Dept. of Humanities and Social Sciences, IIT Guwahati. Assam.

Debashree Kashyap, Research Scholar, Department of Economics, Gauhati University, Assam.

Ms. Srabani Das, Assistant Professor, Rabindra Sadan Girl's College, Karimganj, Assam.

Lija Mery Rabha, Guest Faculty, Department of Economics, Dudhnoi College, Assam.

Boby Biswakarma, Guest Faculty, Department of Economics, Dudhnoi College, Dudhnoi, Assam.

Ankita Jain, Assistant Professor, Department of Commerce, Dudhnoi College, Dudhnoi, Assam.

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Foreword

It is a great pleasure for me to learn that Dr D Devi and Dr D Baishya are taking a noble effort to publish an edited book titled “Critical Approach to Inclusive Growth and Development”. The authors have made a sincere effort in their research articles to highlight changing scenario of different dimensions of developmental issues. This is a fantastic book on inclusive growth and development that has covered many important aspects on which our society needs to put emphasis to speed up to pace of growth and development.

Subhas Ch Barman
Head of the Department
Department of Economics
Dudhnoi College

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Preface and Acknowledgements

Historically, growth and development have been mainly supposed in terms of economic performance. We were preoccupied with material production in terms of GDP and per capita income. However, perspectives on development and its rationale and measures have changed during previous decades. In the 1990s, United Nations Development Programme (UNDP)'s Human Development index brought visible attention towards the non-income dimensions of human wellbeing in the concept of development. Development is now much more than the rising and fall of national income; it is about the quality of life, level of human wellbeing, and access to basic social services. GDP and per capita income are just means but not an end. GDP growth or per capita income growth can be a valuable means when it creates jobs or raises wages or plumps government budget so that it can be redistributed. However, the ultimate goal of the economy should be to improve the quality of life of the average person and especially the worst-off section of society.

So, development is not just about the expansion of the production of goods and services and the resultant growth of per capita income. Any development should put people at the center of its concern. It should be an inclusive process for enlarging people's choices, opportunities, and capabilities. Previous experience of India shows that economic prosperity measured in terms of GDP as well as per capita income does not always ensure enrichment in quality of life reflected in broader dimensions of well-being like in indicators on equality, equity, longevity, literacy, environmental sustainability, social inclusion, woman empowerment, etc.
This book is a collaborative effort to critically examine various dimensions of growth and development both from a global and local perspective based on the contributions of intellectuals from diverse fields. At this juncture of time, often people in power talk blithely about growth and development which is skewed, and the media, as well as social media, carry the risk of misleading the public by blurring the distinction between rumors and truths. Hence, policymaking turns into a journey without maps. In that context, this book will be momentously pertinent in research as well as policy-

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making level.

Dr Dipti Baishya in her paper “Sustainability of Self Help Groups under SHG-Bank Linkage Programme in Assam” tried to analyze the sustainability of SHGs and the SHG bank linkage programme which is questionable due to escalating rate of Non Performing Assets against bank loans over the years. The paper analyses the status of indicators that determine the sustainability of SHG’s in Assam. It is found that for Self Help Groups to be sustainable in the long-run, financial sustainability is very crucial, and financial sustainability is achievable only with proper group management.

Dr Dipanjali Devi in her paper “Maternal Health Care During COVID 19 in Rural Nalbari” focused on the factors affecting utilisation of maternal health care in rural areas of Nalbari district during the COVID 19 pandemic. With good Pseudo R square, the study found the economic condition of the household, health expenditure, severity of the ailment, educational attainment, number of previous children, fear for COVID19 are the major factors that actually guide the decision regarding utilization of maternal health care in rural Nalbari. The paper suggested taking special initiative during COVID 19 period for increasing maternal health care utilisation so as achieve safe motherhood and lower infant mortality rate.

Dr Vinita Priyedarshi in her paper “Conspiracy behind Corona: Unrevealing the Truth” tried to critically evaluate the various hypotheses/debates/conspiracy theories circulating in the media regarding the origin of the corona virus. Such an analysis is significant not merely to find the truth behind the scene but also to save estrangement of relations between China and other countries of the world which has the potential to escalate into regional or world conflicts.

Dr Jayashree Chowdhury and Bandana Chowdhury’s in their paper “Rural Tourism: A Case Study of Hajo City in Assam” examined the opportunities of improving productivity, income, and employment opportunities and challenges associated with rural tourism. It can be used as an important tool to increase the socio-economic well-being of the people living in those areas. The paper using primary data explores the main factors which acted as obstacles for rural

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tourism development of the archaic city of Hajo, located in Assam, Northeast India during the Covid-19 situation.

Mousumi Das and Arumugam Sankaran in their paper “Economic Impact of COVID-19 on Tea industry with Special Reference to the North-East Region” attempt to explain the economic impact of Covid-19 on the tea industry in India in general and the northeast region in particular. By processing data with the help of a structural equation model, the study attempts to capture the major determinants of the monetary loss due to the COVID-19 pandemic. The model yielded the result that the number of days tea garden work closed is the major determinant of the total monetary loss in the tea processing industry.

Dr Bhavna Bhatt in her paper “A scenario of Tertiary Education in Assam: An Inter-District Analysis” aims to study the level of growth along with the access and spread of tertiary education amongst the districts of Assam. It deals with the aspect of adequacy in terms of the Gross Enrolment Ratio in higher education institutions in Assam. Overall findings suggest that adequate policies are needed to bring about uniform development in tertiary education in the state of Assam.

Mitali Barman in her paper “Strategy for Re-engineering of College Libraries: A Proposal” discussed how Information and Communication Technology (ICT) has brought remarkable changes in the field of Library Science and time demands up-gradation of libraries with the continuation of these changes. This paper points out that in the rapidly growing technology, the college libraries should adopt re-engineer process in the respective institutions to provide quality services to its user in a very short span of time and within a limited budget. Some important suggestions have been put forward for enhancing better library services.

Dr Kakali Hazarika in her paper “A journey from Garden to Kitchen: The complex Tea Supply Chain” tries to explain what the tea supply chain is and how it affects the quality development of tea. The study has advocated the revival of the domestic tea industry from the downturn. Tea Board of India need new measures related to the subsidy for production, subsidy for re-plantation and, subsidy in the

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transportation of tea for export. The study mentioned the benefits of direct marketing to make the tea industry more profitable than auction.

Dr. Himadri Bharali in her paper “A Study on the Role of College Libraries in Promoting Reading Habits among the Students at Degree Level with Special Reference to Greater Guwahati” has investigated the role of library in developing reading habits among students at the degree level. The study is restricted to the ten degree colleges of greater Guwahati area. It also investigates the services provided by the libraries to enhance the reading habits among the students. Findings of the study show that students of the study area possess a positive attitude towards readings. Additionally, college libraries play a crucial role in providing various services to the readers that help in promoting reading habits of the students.

Dr Chandan Sharma in his paper “Funding Education in Developing Countries: A Cross-sectional Analysis” discussed about the increasing trend of privatization of education among developing countries. It has the impact of increasing inequality in income, impoverishment and decreasing environmental quality. However, for inclusive growth, government funding in education is prima-facie. The paper has highlighted these aspects of education funding and its impact on society. The study has found that there is a declining trend of public funding of education in developing countries. It paves the way for the privatization of education in poor countries.

Dr Dipali Baishya and Dr Kasturi Goswami in their paper “Re-articulating Quality Education in the Era of COVID-19 Pandemic: A case study of higher education in Assam” examined the impact of COVID 19 on the education sector with special reference to higher education in Assam. The study found that the prevalence of the urban-rural digital divide, gender difference, lack of motivation to attend online classes, lack of access to libraries are the major issues while implementing online education during COVID 19 pandemic. The paper suggested for a uniform medium of instruction across Assam as the students and up-gradation of the institutional libraries to provide the feature of remote access.

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Dr Sorwar Alam Khan in his paper “Women and Inclusive Development in the context of Workforce Participation in NER of India” analyze the status of women in the context of inclusive development in Northeastern states of India. The study reveals that there is a wide gap between males and females in terms of literacy and workforce participation in the study area. The paper suggests measures to raise the workforce participation of females for the socio-economic upliftment of women for inclusive development in the region.

Dr. Kingshuk Chakraborty in his paper “COVID-19 Pandemic and Women Managed Micro Business: A Study” explains how the COVID -19 situation affects the women managed micro activities in Bilasipara Revenue Circle under the Dhubri district of Assam. The study found out the challenges faced by micro-enterprises during the pandemic situation and it has provided proper suggestive measures to overcome such situations.

Dipa Baruah in her paper “Impact of Pandemic on the Mental Health of Children and Adolescents” examined the impact of COVID-19 on the mental health of children and adolescents. Restricting social interactions, imposing travel restrictions, suspending sports activities, and converting all classes to online ones have caused mental pain, dread, and worry among the children. The paper suggested a collaborative approach involving their parents, educators, school administrators, counselors, psychologists, and psychiatrists to overcome those problems.

Ritirekha Kalita in her paper “COVID-19 and Mental Health of students: An analytical study” aims to analyze both the positive and negative impacts of Covid-19 on students and to obtain possible solutions to reduce the negative impact on the psychology of our future generation. The study has advocated that in this global humanitarian crisis of COVID-19 pandemic, collaborative networks of parents, educators, psychiatrists, psychologists, and community volunteers are deemed necessary to enhance the mental balance of individuals.

Gita Rani Das in her paper “Participation of Assamese Women in the Freedom Movement of India with Special Reference to Kiran

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Bala Bora: a Historical Study" explained that with the special contribution of Kiron Bala Bora during the time of the Civil Disobedience Movement in India. Whenever the history of the freedom movement of India is sketched, the dedication and sacrifice of Kiron Bala Bora should find the most prominent place in it. In this paper, the emphasis has been laid on the proactive participation of Assamese women in the freedom struggle.

Swagata Bezboruah in her paper "COVID-19 pandemic and its impact on Female Labour Force Participation: The Indian case" discussed how the COVID-19 pandemic affected the Indian labour market and the decline in female labour force participation rate after this pandemic. The paper examined possible impacts of the mobility restriction imposed by different states, the reverse migration of male workers from urban centers to rural areas, increasing time allocation to unpaid domestic duties on female labor force participation.
Debashree Kashyap in her paper "Impact of Perceived Risks on Online Shopping Before and After Pandemic (COVID-19): A Study on Consumer Behaviour" attempts to study the impact of various risks factors on the shopping intention of online shoppers in the Guwahati city of Assam before and after the outbreak of the coronavirus. It was found that financial risk, social risk, convenience risk, time risk, delivery risk and privacy risk does not have any effect on the shopping intention of customers. However, product risk and psychological risk harm the shopping intension of online customers before the outbreak of COVID-19.

Srabani Das in her paper "A Review on Impact of COVID-19 Pandemic on the Mental Health of Children and Adolescents" examined various aspects of mental health of children and adolescents impacted by Covid-19 pandemic and enforcement of worldwide, nationwide, and regional lockdown to prevent further spread of infection. The paper discusses both possible positive effects of the pandemic like online digital learning, Greater awareness about pandemic and safety measures, developing relationships and empathy, learning of nature's values, etc. as well as on the negative side, anxiety about the future, health issues for not being able to engage in outdoor physical activities due to lockdown, addiction to social media, not benefitted by school food

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programs, aggressive behavioral changes, isolation, physical distance, and loneliness.

Lija Mery Rabha in her paper “COVID -19 and Healthcare Sector” discussed the low level of public spending on the health sector as the fundamental problem of the Indian health care system. The paper identified the widespread inequality in the distribution of health facilities across states in India as the root cause of devastation during the COVID-19 pandemic and states with low income are performing better than the high-income states in terms of controlling the virus. The paper also suggested greater public spending on the secondary and tertiary sectors.

Boby Biswakarma in her paper “COVID-19 Pandemic and Tourism Sector” made a deliberate attempt to examine the connection between the COVID-19 pandemic and its impact on the tourism sector. The discussion suggests that due to the COVID-19, tourism sector incurred great loss. However, the pandemic has helped to cleanse our contaminated world which will have a positive effect on world tourism in coming years.

Ankita Jain in her paper “Impact of pandemic on Student Psychology” has discussed about high rates of mental health issues, anxiety and depression among children and adolescent as a result of various lockdown measures by Government. Preventions and foremost ways to cope up with such situations have been discussed in the chapter.

We are extremely grateful to all the authors for their valuable contributions and also extend sincere thanks to all those people who inspired us in bringing out this book. We thank our publisher for taking the task of publishing this volume swiftly. We believe the contents of the book will be useful for the students, academicians, policy makers to get an idea on inclusive growth and development in India at the time of COVID-19 pandemic[1].

[1] The opinions expressed in the respective papers are solely from the outlook of the authors. However, the editors take the responsibility of compilation and bringing out the volume as well as the remaining printing errors if any.

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Dipanjali Devi

Dipti Baishya

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Sustainability of Self Help Groups under SHG-Bank Linkage Programme in Assam

Dr Dipti Baishya[*]

In rural India, formal credit system is highly important to fight against poverty and to make village people self dependent. Banks are providing microcredit facilities to the poor and needy by forming, nurturing and disbursing credit facilities to Self Help Groups under SHG Bank Linkage Programme. However, sustainability of these groups and the programme itself is questionable due to escalating rate of Non Performing Assets against bank loans over the years. The paper analyses the status of indicators that determines the sustainability of SHG's in Assam. The two indicators taken to measure the sustainability of Self Help Groups are – organizational sustainability and financial sustainability. It is found that for Self Help Groups to be sustainable in the long-run, financial sustainability is very crucial and financial sustainability is achievable only with proper group management.

1. Introduction

Financial assistance is very much essential to fight against poverty. People living in villages inherit skills and desire to be a part of the nation's workforce so that they can be self dependent. But due to unavailability of finance they fail to come out of the pit-hole of poverty. The need for finance of rural poor are small, but no formal financial institutions are ready to provide finances as they fail to provide any collateral against their loan. This financial bottleneck in developing countries has helped in making the concept of microfinance successful and this concept got a blooming ground in India too. One microfinance programs which is working in favour of the poor in India is SHG Bank Linkage Program (SBLP). However, sustainability of the Self Help Groups (SHGs) formed under SBLP and the program itself is questionable due to the burgeoning rate of Non Performing Assets (NPA) against SHG loans. The paper analyses the status of the indicators that determines the sustainability of SHG's in Assam.

Among the banking agencies that have been promoting SBLP in India, Regional Rural Bank's (RRB's) performance in Assam is better than

[*]Assistant Professor, Department of Economics, Dudhnoi College, Assam

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others [1]. Therefore, Assam Gramin Vikash Bank (AGVB) has been considered for this study. This chapter highlights the sustainability of the SHGs under SBLP through AGVB.

The paper has been divided into five sections. The second section discusses the related literature. Third section deals with the methodology used for the study. Results and discussion have been presented in the fourth section and finally, the fifth section concludes the paper with recommendation drawn during the course of study.

2. Review of Literature

2.1 National level Studies

The term sustainability of microfinance refers to the financial and operational performance of the programme. Nair [2] tried to explore the sustainability of microfinance institutions and recommended strategies to strengthen them. After estimating both operational and financial self-sufficiency, it was found that the SHG federations provided several services to their SHG member that helps SHGs to gain economies of scale. Very often, potential of SHG institutions were not realized and as such sustainability of SHG and federation remained uncertain [3]. Meshram [4] examined the SHG's operational efficiency and overall performance in the district of Aurangabad. The study found that the quality of groups is quite low in the selected Development Blocks as compared to other blocks or states. However, study of Reddy and Reddy [5] analyse the quality and sustainability of SHG promoted by various SHPI in India and the study confirmed that SHGs over a period of time did build a good amount of assets. The financial performance of SHGs over a course of time brought a lot of changes at the group level and added to the high-quality institutional sustainability of SHGs promoted by various SHPI.

2.2 State Level Studies

The quality assessment of SHG is now being considered as an important issue [6]. To make an appraisal of the sustainability of the dairy -based SHGs in Assam, Rahman[7] assessed the financial and organisational sustainability of the selected dairy-based SHGs. It was observed that dairy farms of SHG members were economically, socially and environmentally sustainable than the dairy farms of non-members. Another study was conducted among women SHGs of Sivasagar district of Assam to understand the functioning pattern and sustainability of the

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SHGs. As all the SHGs more or less adopted the same activities which resulted in marginal profit within a particular geographical locality, the market turned competitive [8]. The quality of SHGs in three development blocks of Nagaon Districts of Assam during 2010-11 is quite low and a good number of SHGs were defunct in nature and were just in records [9]. Sustainability of SHG formed under SBLP in Assam is questionable as almost all studies have advocated negatively about the presence of better performing SHG's in this state. The present study focuses on finding out the status of indicators that determines the sustainability of SHG's in Assam, particularly in the Lower Brahmaputra Valley. This will help in framing policies for the SHGs under SBLP to increase their efficiency.

3. Methodology

The objective of the study is "To find out the status of sustainability indicators of SBLP in Assam" is sought to be fulfilled through the analysis of the primary data. The unit of the study comprises of the SHGs linked to Assam Gramin Vikash Bank under SBLP. A structured questionnaire is used for collecting responses and for drawing conclusions for the study. The samples for the study are selected from five districts namely Barpeta, Baksa, Nalbari, Kamrup (R) and Kamrup (M), of the Lower Brahmaputra Valley. A total of 170 sample SHGs are collected from these five districts. The sustainability is analysed on the basis of two indicators namely organisational sustainability and financial sustainability respectively.

The sustainability index for the SHGs is constructed for Organisational and Financial Sustainability. Organisational Sustainability has 8 variables namely- Articulation by the members, Regularity of meetings, Attendance at the meeting, Participation of members in decision making, Group composition, Regularity of savings, Rate of attendance in training, Dropout rate. Similarly, Financial Sustainability has 4 variables namely- Rotation of fund, Loan disbursement to members, Repayment performance of members, Utilisations of common fund. A Composite Sustainability Index will be constructed to understand the functioning and performance of SHGs. The construction of the Composite Sustainability Index for the SHGs in terms of their performances consists of 3 steps viz. Normalization, Weighting, Aggregation.

Normalization is used to eliminate any bias of scale in the indicators. The formula used is-

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$$\frac{Xi-Xmin}{Xmax-Xmin}$$

Where X_i is the value of the i^{th} indicator; X_{min} is the minimum value of all the indicator; X_{max} is the maximum value of all the indicators. We have normalised the values to cast the data in a specific range of 0 and 1.

The second step is to determine proper weights that are to be assigned to different indicators. In this analysis, the weights of individual indicators have been assigned on the basis of the Principal Component Analysis (PCA).

The formula used to determine the index is

$$I = \frac{\sum_{i=1}^{n} Xi[\sum_{j=1}^{n} |Lij|Ej]}{\sum_{i=1}^{n} [\sum_{j=1}^{n} |Lij|Ej]}$$

Where I is the index, Xi is the normalised value of the indicator, Lij is the factor loading value of the ith variable on the j-th factor, E j is the Eigen Value of the j-th factor.

In the first step, indices are obtained for each set of two indicators, viz., Organisational and Financial Sustainability. In the next step, PCA is run on these two indices viz., Organisational and Financial Sustainability and every index are treated as a variable. The same steps mentioned are repeated to get the overall Composite Sustainability Index (CSI).

To identify the rate of sustainability, SHGs are divided into poor, average and good on the basis of stratification. For the construction of strata, the cumulative square root frequency method is used. This study has classified SHGs into low, medium and high strata with the help of this method.

4. Results and Discussions

With the help of data normalisation technique first, all the data's has been normalized to eliminate any bias of scale in the indicators. After normalisation, the PCA is used to obtain Factor Loadings and Eigen Values. The extracted component matrix is multiplied by the Eigen Values. The values obtained are added in case of each indicator to get

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weight for that particular indicator. The Grand Total Weight of 14.826for organisational sustainability indicator is obtained by summing up all the weights of the variables representing the organisational sustainability indicator.

The same procedure is followed to obtain the Grand Total Weight for Financial Sustainability. The Grand Total Weight of 6.701 for financial sustainability indicator is obtained.

With the help of PCA the indices are obtained for each set of two indicators, viz., Organisational and Financial Sustainability.

In the next step, PCA is run on these two indices viz., Organisational and Financial Sustainability and every index are treated as a variable to get the overall Composite Performance Index (CPI).

The Grand Total Weight of 2.898 is obtained by summing up all the weights of the variables representing the Composite sustainability indicator.

In the next step, the Sustainability index for all the districts is calculated based on the weights of organisational sustainability indicator, financial sustainability indicator and the composite sustainability indicator. The results for the same are represented in table 1.

Table 1: Sustainability Index

Districts	Organisational Index	Rank	Financial Index	Rank	Composite Index	Rank
Barpeta	22.199	4	22.258	3	13.77	3
Baksa	22.196	5	21.668	4	13.59	4
Nalbari	22.471	2	22.698	2	14.00	2
Kamrup (M)	22.275	3	20.995	5	13.41	5
Kamrup (R)	22.801	1	24.199	1	14.56	1

Source: Calculated by the author from Primary data

From table 1 it is evident that Kamrup (R) is performing better than other districts in all the three indices with a composite index value of 14.56. It can be inferred from the table 1 that organisational sustainability does not ensure financial sustainability for some of the

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sampled districts. Additionally, composite index is influenced more by financial sustainability indicators.

Stratification of SHG

Merely ranking the SHGs is not sufficient to indicate if the SHGs are performing properly or not. As such the sampled SHGs are ranked based stratification which is with the help cumulative of the square root of the frequencymethod and the SHGs are distributed across performance categories. So based on the organisational, financial and composite sustainability index the strata for each indicator is determined and the SHGs are classified as Poor, Average and Good.

Table 2: Frequency Of Sample SHGs According To Organisational Sustainability Index

Performance Category	Frequency	Percentage to total
Poor (<0.60)	49	28.82
Average (0.60 - 0.75)	69	40.59
Good (>0.75)	52	30.59
Overall	170	100

Source: Calculated by the author from Primary data

SHG's are organisationally performing better with 70% of total sampled SHG performing fairly. It is observed from the table 2 out of sampled 170 SHGs, 28.82% of the SHGs are performing poorly and needs special attention to enhance their performance socially. 30.59% SHGs are found to have a good organisational performance which can suggest these SHGs can be sustainable in the long run provided they retain their current social performance and also design measures to perform even better in the long run.

Table 3: Frequency Of Sample SHGs According To Financial Sustainability Index

Performance Category	Frequency	Percentage to total
Poor (<0.60)	59	34.71
Average (0.60 - 0.85)	72	42.35

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Good (>0.85)	39	22.94
Overall	170	100

Source: Calculated by the author from Primary data

It is observed from the table 3 that 34.71% of the SHGs are performing poorly and needs special attention to enhance their performance economically. 22.94% SHGs are found to have a good financial performance which suggests these SHGs can be sustainable in the long run provided they retain their current economic performance and also design measures to perform even better in the long run.

Table 4: Frequency Of Sample SHGs According To Composite Sustainability Index

Performance Category	Frequency	Percentage to total
Poor (<0.50)	87	51.18
Average (0.50 - 0.75)	61	35.88
Good (>0.75)	22	12.94
Overall	170	100

Source: Calculated by the author from Primary data

Table 4 shows merely 12.94 SHGs are found to have good performance in terms of composite sustainability index, however, more than 50% of the total sample SHGs are a poor performer in overall sustainability. This suggests their inability to come out of poverty despite getting financial assistance from the bank. AGVB needs to nurture its SHG continuously and dedicatedly to make SHG sustainable in the long- run.

5. Conclusion and Recommendations

Based on the composite sustainability index for each district it can be concluded that Kamrup (M) is at the bottom of the sustainability index. It is closely followed by Baksa. On the contrary to this Kamrup (R) is the best performing district.

Out of 170 SHG, 30.59% SHGs are found to have good organisational performance and 22.94% SHGs are found to have good financial performance. However, only 12.94 % of SHGs are found to have good performance in terms of composite sustainability index. It is suggestive of the fact that for SHGs to be sustainable in the long run financial sustainability is very crucial and financial sustainability is achievable only with proper group management. A district with higher rural branch network has performed better than districts with the less

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rural branch network.

The bank should encourage those SHG's which has diversified activities rather than monotonous activities for profit generation. This will help in increasing the profit margin of SHG's and will help in making the SBLP more sustainable in the long run by reducing the NPA rate. Banking agencies should also emphasize on opening more branches in the villages of Assam. That will ensure a higher level of SHG bank linkage and better performances of SHG's if they get more individual attention from branch officials. SHG needs more nurturing to sustain in the long run from their SHPI.

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Maternal Health Care during COVID 19 in Rural Nalbari

Dr Dipanjali Devi[1*]

This study tries to focus on the factors affecting the utilisation of maternal health care in rural areas of Nalbari district during the COVID 19 pandemic. For that primary data has been collected from rural households selected through multi-stage sampling in which 317 cases were found where out-patient and in-patient maternal health care was utilised during 365 days reference period. The logistic regression model has been used to find the factors responsible for women's decision to use maternal health care or not. With good Pseudo R square, the study found the economic condition of the household, health expenditure, severity of the ailment, educational attainment, number of previous children, fear for COVID 19 are the major factors that actually guide the decision regarding utilisation of maternal health care in rural Nalbari.

1. Introduction

Preparing and responding to COVID 19, a public health emergency strained the already over-stretched health system in India causing severe risk disruptions in the provision of health services, particularly for mothers and children. In the event of a nationwide lockdown due to COVID, fear for the virus and the restrictions of physical movement and social distancing bounded with financial and human resources to be directed towards tackling the outbreak, adversely affected the health-seeking behavior of pregnant women. In a recent study on the impact of COVID-19 on maternal utilization, it has been observed that the COVID-19 Pandemic has negatively affected both the provision and utilization of maternal and child healthcare services[1]. It is a deterrent to the progress achieved in maternal and child health parameters in our country over the years. These will impede in achieving the UN's sustainable development goal as well as a millennium development goal.

Globally, about 800 women die every day of preventable causes related to pregnancy and childbirth; 20 per cent of these women are from India (UNICEF). Maternal Mortality Ratio (MMR) of India for the period 2016-18 is 113/100,000 live births, declining by 17 points, from 130/ 100,000 live births in 2014-16 (SRS). In regard the maternal health, the condition of Assam is not so enthusiastic even before COVID 19 pandemic. Maternal Mortality Ratio (MMR) in Assam is the highest all

[*]Dr Dipanjali Devi, Assistant Professor, Department of Economics, Dudhnoi College, Dudhnoi, Assam

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over India followed by states like Bihar, Uttar Pradesh etc. As per the SRS (July 2011), the MMR in Assam (2007-09) of 390 per 100000 live births is the highest in the country, the corresponding national attainment level is 212 with Kerala having the lowest MMR at 81. Safe deliveries remain a challenge in the State (DLHS-4). High rural MMR has pushed the overall MMR of the state which is the outcome of low health care utilization.

Therefore, under National Rural Health Mission (NRHM), various sub-programmes like Janani Suraksha Yojana (JSY), Accredited Social Health Activist (ASHA), **Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA)** etc. are introduced to improve Child survival and safe motherhood through the utilisation of institutional health care. The government of Assam also launched a number of maternal health schemes like 'Majoni', 'Morom', 'Mamoni', 'Adoroni' etc.

However maternal health status of the women does not simply depend upon the supply of health care; rather it depends on the utilization of health care to a greater extent. This paper tries to find out the factors responsible for women's maternal health care utilization behaviour especially during the COVID 19 period in the study area.

2. Literature Review

COVID 19 pandemic has created lots of challenges to the health care market. There is a reduction in utilization of basic essential maternal and child health care services[2] such as antenatal care, family planning and immunization due to the implementation of lockdown which triggered fear of contracting the COVID-19[3,4,5] and transportation challenges[6]. There are several factors that affect maternal health care utilization during the covid 19 pandemic. Maternal educational status, distance from the health facility, monthly estimated income, fear of COVID-19 infection, permission request from husband to visit a health facility, and practising COVID-19 prevention measures were found to be significantly associated with maternal health service utilization[7]. Besides, the direct impacts of the disease, a plethora of indirect consequences of the pandemic reduce access to reproductive health services, increased mental health strain, and increased socioeconomic deprivation thereby reduction in maternal health care use[8]. Due to this pandemic, women are facing more barriers to accessing maternal healthcare, including restrictions, transport challenges, anxiety, and fear over possibly being exposed to coronavirus.

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However, studies in the Indian context and especially in the context of NE regions of India are quite insignificant. So, this is an attempt to fill up the gap.

3. Objectives

1. To examine the impact of various socio-economic factors like income, educational attainment of the mother, distance to a health care facility, caste, etc. in the utilization of maternal health care in rural Nalbari during COVID 19.
2. To study the effect of various demographic factors like birth order, age of the mother, perception about covid 19 on the utilization of maternal health care in the study area.

This research work is based on the field study of rural areas of Nalbari district of Assam where 89.28% are rural population. The sample has been selected by multi-stage design. Finally, 317 sample women were interviewed between the age group 15-49 years who have given birth at least one baby during the COVID 19 period.

4. Model for Health Care Choice

4.1 Conceptual Framework

In most of the studies related to choose for health care, since the pioneering work of Grossman[9], empirical specification for such a model starts from a behavioural model of utility maximization, where utility depends on health and the consumption of other goods, besides medical care. On experiencing an illness, an individual is hypothesized to choose among various treatment alternatives so as to maximize total utility subject to his/her budget constraint. If there are *k* alternatives, the indvidual *i* will choose that particular one which maximizes his/her utility (U_{ik}).

Direct utility function of the consumer (U_{ik}) is represented by

$$U_{ik} = U_{ik}(H_{ik,} C_{ik}) \quad \text{..... (1)}$$

Where, H_{ik} is the expected health status after receiving treatment from provider *k* and C_{ik} is the consumption of non-health care goods which may depend upon the choice *k* because of the pecuniary and non-

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pecuniary costs of treatment from provider *k.* As per most of such studies, in developing country research neither the patient's health status is conditional of each choice H_{ik} nor the consumption of non-health care goods. The usual assumption is to relate H_{ik} and C_{ik} to observable variables are

$$H_{ik} = H_{ik}(X_i, Z_{ik}, H_0) \quad \text{..... (2)}$$
$$C_{ik} = I - P_{i_k} - wT_{ik} \quad \text{..... (3)}$$

The function $H_{ik}(X_i, Z_{ik}, H_0)$ in equation (2) is a health care production function with X_i a vector of observable attributes of individual *i,* including those of neighborhoods where they live; Z_{ik} is a vector of attributes specific to facility *k* and H_0 is consumer's initial health status. In the budget constraint equation (3), I_i is the relevant income variable, P_{i_k} is the price of choosing provider *k, w* is the opportunity cost of time T_{ik}, which in the complete model of Ellis and Mwabu[10] included time spent travelling to and from facility k, time spent for treatment and time spent in receiving treatment. There, C_{ik} has been expressed in functional form where I_i, P_{i_k} and T_{ik} entered explicitly instead of linear equation form like equation (3) in order to avoid internal inconsistency often arises due to lack of uniform unit of measurement as follows

$$C_{ik} = C_{ik}(I_i, P_{ik}, T_{ik}) \quad \text{..... (4)}$$

4.2 Modelling of Maternal Health Care Utilization for both Rural Nalbari District and Limitations

Substituting equation (2) and (4) in equation (1), the indirect utility function for rural Nalbari,

$$U_{ik} = U_{ik}(X_i, Z_{ik}, H_0, I_i, P_{ik}, T_{ik}) \quad \text{..... (5)}$$

Here, X_i is a vector of demographic variables related to the patient: No of previous Children (CHLD), Caste (*CASTE*), age *(AGE),* years of education *(EDU)* and severity of ailment *(SEVERE).* All the health care institutions in the study area have claimed to be well equipped with required health care infrastructure and manpower. Hence, Z_{ik} is a vector of facility characteristics takes into account three facts: fear of Covid 19 (COVID), whether the chosen health care facility is nearest one or not from the residence of the patient (NEAREST), the condition of the road (ROAD). In this study, initial heath status H_0 has been assumed to be

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good for every patient who has undergone either in-patient or out-patient treatment. So, H_0 has been dropped in this study. Crucial economic variables such as income of the household in terms of monthly per capita expenditure *(MPCE),* expenditure incurred in the hospitalization *(HEXP)* process are taken into consideration. Our study considers patients from both dependent and independent age group. So, it is not possible to have uniform measure of opportunity cost of health care all patients in monetary wage. Besides, it has been observed that during the study period even considerable percentage of women belonging to the independent age group were involuntarily unemployed. In Indian context, Gupta and Dasgupta[11] considered number work days affected by illness for measuring opportunity cost of health care. But this idea is quite subjective and depends upon the economic condition of the household to which the patient belongs to. So, this factor has been dropped. Besides, travel time and cost differ depending upon the mode of travel. So, to have a uniform set of measurement, distance from the patient's residence to the particular kind of health care *(DISNCE)* enjoyed by the patient in kilometres will be a better measurement scale. So, distance to be travelled for obtaining particular kind of health care *(DISNCE) as* another variable representing economic condition of the household to which the patient belongs to.It should be worth to mention here that this variable has been used as a proxy of capacity to pay keeping other cost constant.

So, the utility function of choosing alternative k has been framed as

$$U_{ik}=U_{ik}(CHLD,CASTE,AGE,EDU,SEVERE,NEAREST,ROAD,DISNCE,MPCE,HEXP,COVID) \quad (6)$$

In this study, an individual *i* has two alternatives: Institutional Maternal Health Care Utilization (IMHC) =1and otherwise (OTHR) =0 so as to maximise utility. A woman will choose *k=m* if and only if it maximises his utility. In other words, if Y_i is a random variable whose value (*k*=0 or 1) indicates the choice made by woman *i,* the probability of choosing alternative 1 over 0 is

$$Pr(y_i=1) = Pr(U_{i1} > U_{i0}) \quad (7)$$

Now, logistic regression model can be used to calculate the probabilities of choosing the binary alternatives as follows

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$$Pr(Y_i = 1) = \frac{1}{1+e^{-\beta x}} \quad \text{.....(8)}$$

Where, $Pr(Y_i = 1)$ is the probability of utilising IMHC; β is a vector of unknown coefficients; and X is the vector of covariates as shown in equation (6). The *log odds ratio* of using IMHC is

$$\text{loglog}\{\frac{\text{PrPr}(Y_i=1)}{P_r(Y_i=0)} = \beta_0 + \beta_1 \text{InInMPCE} + \beta_2 \text{InInHexp} + \beta_3 \text{DISNCE} + \beta_4 \text{ROAD} + \beta_5 \text{EDU} + \beta_6 \text{AGE} + \beta_7 \text{CASTE} + \beta_8 \text{CHILD} + \beta_9 \text{SEVERE.} + \beta_{10} \text{NEAREST} + \beta_{11} \text{COVID} \quad \text{.....(9)}$$

4.3 Factors affecting Utilization of Maternal Health Care in Rural Nalbari

Going to maternal health care service is often unpleasant; still women demand it for the sake of betterment of their as well as baby's health. In general, it is believed that except the urban centred private health care provision, remaining health care institutions are quite inexpensive. In reality, there are hidden charges like user charge, transportation, medicines, tests, diets and even bribes which have made the public sector health care quite expensive specially in case of in-patient health care[11]. The decision to choose between using health care or not especially during the critical period of covid 19 is something complicated. So, an attempt has been done through logistic regression model to examine various socio-economic factors influence people's decision to take maternal health care or not during covid 19 period.

4.4 Results

Cox and Snell R-square of the model is little bit smaller than Nagekarke R square because Cox and Snell R-square ranges from 0 and 0.75 whereas the other lies between 0 to 1.

Table 1: Pseudo R-Square

Cox and Snell	0.636
Nagelkerke	0.888

Source: Primary Data collected from field survey

From table 2, it has been clear that log odds-ratio between IMHC and OTHR has shown statistically significant relation with all the

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explanatory variables except NEAR, DISTANCE and CASTE. Still, those, explanatory variables have not been dropped from the model as their exclusion reduces the value of Pseudo R-square value.

Regarding utilization of *IMHC* as a source of in-patient and out-patient maternal treatment, the value of coefficient of lnMPCE is 8.864 with 1% level significance. So, a unit increase lnMPCE will increase the log odds ratioby 8.864. That means higher the capacity to pay, higher the possibility of availing maternal health care even during the pandemic. Another variable lnHEXP representing capacity to pay or the economic condition of the household to which the sample patient belongs has shown to be significant 1% level of significance. As the value of the coefficient for lnHEXP is -5.426, a unit increase lnHEXP will reduce the log odds ratio of between IMHC and OTHRS by 5.426. This finding reveals that the expenditure on health care has a negative effect. Coefficient of EDUCATION also has positive influence on making choice between using IMHC and Others. One more year of educational attainment increase the log odd ratio by 3.26% at 1% level of significance. The coefficient for the dummy variable SEVERE is 5.868 being significant at 5% level of significance have positive impact on the log odds-ratio between IMHC and OTHRS for in-patient and out-patient maternal treatment. When the health condition of the maternal women is serious, the log odds ratio of choosing IMHC to OTHRSin rural Nalbari increases by 5.868. Existing number of children has a negative impact on the log odd ratio of maternal health care or not. A unit increase in this variable leads to reduce the probability of choosing maternal health care and hence log odds ratio between IMHC and OTHRS by -2.560%. Fear for Covid measured in terms of a dummy variable COVID has shown a significant negative impact on the log odds ratio between IMHC and OTHRS by -9.531%. So, like other studies, this study also found the negative impact of covid 19 on the probability of choosing maternal health care. The intercept term, which captures the mean effect of the variables not included in the model, is positive and significant at 1% level of significance.

Table 2: Results of Logistic Regression Analysis

Variables		**Estimated Co-efficient/ Value**
	LnMPCE	8.864*** (9.217)

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	LnHEXP	-5.426*** (9.250)
	DISTANCE	-0.390 (14.116)
	NEAREST	4.433 (24.728)
	EDUCATION	3.26** (7.618)
	CASTE	1.492 (6.394)
	SEVERE	5.868** (1.117)
	CHLD	-2.560** (8.16)
	COVID	- 9.531** (3.06)
	Constant	4.474** (12.211)

Source: Primary Data collected from field survey

Notes: *a) Values in the bracket represents Wald statistic; b) *** and ** represent significance at 1% and 5% level*

So, the ultimate *log odds ratio* equation for in-patient and out-patient maternal treatment between *IMHC* and *OTHRS* will be

$$\text{loglog}\{\frac{\text{PrPr}(Y_i=1)}{P_r(Y_i=0)}\} = 4.474 + 8.864\text{lnlnMPCE} - 5.426\text{lnlnHexp} + 3.26\text{EDUCATION} + 5.868\text{SEVERE} - 2.56\text{CHLD} - 9.531\text{COVID}$$

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5. Conclusion

The study found the economic condition of the household, health expenditure, severity of the ailment, educational attainment, number of previous children, fear for COVID 19 are the major factors whthatctually guide the decision regarding utilization of maternal health care in rural Nalbari during the COVID 19 period. So, special emphasis should be taken by the government during this COVID 19 pandemic period so that maternal health care utilization, as well as maternal health indicators, improve further so as achieve safe motherhood and lower infant mortality rate..

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Conspiracy behind Corona: Unrevealing the Truth

Dr Vinita Priyedarshi[*]

Media is considered the fourth pillar of democracy, a necessity for ensuring the freedom of speech and expression. Mill argued that right to express one's belief should be absolute because in the world of ideas, it is truth and truth alone which survives. But today's information driven world led by powerful corporate media houses can play havoc with the imagination of the masses if they don't restrain themselves and therefore Mill needs to be supplemented by Marx's dialectic because when false ideas are fed to the masses it always carries the risk of misleading the public thereby blurring the distinction between rumors and truths. Therefore, it is essential that a balanced view is presented to the masses or that they are provided with both sides of the story so that they are in a better position to judge the authenticity of those ideas. Recently stories are running in the media of China being the inventor of Corona Virus and spreading it across the world particularly in those parts of the world which happens to be its die hard enemy like US, Britain, South Africa and India. It has also been debated by experts in the media that if that is not the case then how is it possible that Corona Virus is not that lethal in Pro-China countries like Pakistan, Sri-Lanka and Nepal? Certain PLA (Peoples Liberation Army) documents leaked on the internet as well as some books written by Chinese military Generals discussing the use of biological weapons are cited as proofs of Chinese origin of Corona. If these facts are taken on their face value, it has the potential to make one believe it. The various hypothesis put forth in the media and supported by a group of experts need critical engagement. This chapter is an attempt to critically evaluate the various hypothesis/debates/conspiracy theories circulating in the media regarding the origin of the virus. Such an analysis is significant not merely to find the truth behind the scene but also to save estrangement of relations between China and other countries of the world which has the potential to escalate into regional or world conflicts.

1. Introduction

Warfare has changed and changed to an extent that one can't predict its future course with any certainty. The transition from traditional security

[*]Assistant Professor and Head, Department of Political Science, Patna Women's College (Autonomous), Patna University

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threats to no-traditional security threats (like food, energy, environment, terrorism, epidemic etc.) has opened new challenges for states. But one thing that has not changed is the 'desire to acquire more and more power' on part of states to create a balance of power which is favourable to them. From ancient times to contemporary era states have used all means of warfare to gain victory in the battlefield and use of biological weapons has not been an exception to this. But it's also true that throughout the ages use of biological weapons have been considered against the 'rules of just war' and therefore not accepted as ethical means of warfare. Another interesting facet of the use of biological weapons as instruments of warfare is that it's difficult to put the onus on culprit as states use it discretely and quite often the use of biological weapons by states gets engulfed and surrounded by numerous conspiracy theories built in and around them. Moreover, there is a thin line of demarcation between truth and falsehood since an idea can be presented in different ways citing both for and against data to substantiate them and hence conspiracies are hard to prove or disprove. This chapter tries to unfold the intricacies, the trajectories involved in the use of biological weapons by states as instruments of warfare particularly in the context of the debate over the origin of Novel Corona Virus from China accusing China of leasing biological terror in the world. The objective of this paper is to unravel the conspiracy theories that have been circulating in the media and internet accusing China of being the inventor of coronavirus to create an unbiased objective understanding of the issue at stake.

2. Conspiracy Theory: Concept and Debate

Before going to the debate over tracing the origin of Corona virus, it would be wise to first understand what exactly conspiracy means, the role which conspiracy theory plays in International Relations and whether the current euphoria about Chinese origin of the virus fits under that category? Conspiracy in international relations refers to the secret plot by two or more actors to gain economic or political power, violate rights, infringe upon established agreements, withhold vital secrets or alter bedrock institutions (Douglas et al 2019) whereas conspiracy theories are attempts to explain the ultimate causes of significant social and political events and circumstances with claims of secret plots by two or more powerful actors (Byford 2011). The onset of Corona pandemic was a significant event with worldwide social, economic, political and cultural impact and hence there were numerous attempts made both within and outside the academia to find the causes of its outbreak. The result unfortunately was several conspiracy theories being circulated regarding

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its origin as to whether it was a natural virus or man-made virus?

One theory alleged that China manufactured the virus in its lab and China in collusion with the World Health Organization tried to spread the virus worldwide with the hidden agenda of downrating President Bush and increasing Chinese clout in the international sphere. The above narration was supported by Mr Boyle, a Harvard trained law professor at the University of Illinois who claimed that coronavirus is a genetically engineered bioweapon that escaped from a high-level lab in Wuhan (The Hindu 2021). Another theory tried to trace the causes of the origin of the virus to the roll out of 5G mobile telephony technology in Wuhan and around the world (Bruns et al. 2020). Conspiracy theorists like David Icke went to the extent of saying that it was a ploy by Bill Gates to insert microchips in humans (Olorunfemi 2020). Further, Montreal based Centre for Research on Globalization published an interview with Igor Nikulin suggesting that the coronavirus was a US bioweapon created to target Chinese People (The Hindu 2021). These theories further fueled by the announcement made by US President Joe Biden urging US Intelligence officials to submit a report within 90 days regarding the origin of the virus (Shekhar 2021). Among all these theories the one which caught the imagination of the masses (thanks to the role played by media in sustaining the conspiracy) was the role of China in the outbreak of coronavirus. Various arguments were put forward to prove the point that the virus originated in China and the role played by it in its spread.

3. Conspiracy theory: Unravelling the 'if's and but's'

It was debated that China has been engaged in researching biological weapons at its various institutes like Wuhan Institute of Virology, Military Medical Research Institute of the Beijing Military Region, Yan'an Bacteriological Factory, Dalian Biological Products Factory, and Changchun Biological Products Factory. The State Department Compliance Report has noted that China maintains some elements of an offensive Biological Weapons Capability (Department of State 2019). The question is does mere existence of labs doing research on biological pathogens are reasons enough to claim that the virus originated in Wuhan. Besides, one should also keep in mind that China was the victim of countless biological attacks by Japan leading to Beijing's future efforts to develop a stronger biodefence infrastructure and a biotechnology industry that could be used for both biodefence and bioweapons (Pfluke 2020). Not only this People's Republic of China is a signatory to the Geneva Protocol and Biological and Toxin Weapons

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Convention in 1952 and 1984 respectively.

History is replete with examples of states manufacturing, stockpiling, and using biological weapons in the battlefield. In 'Greek Fire, Poison Arrows and Scorpion Bombs: Biological and Chemical Warfare in the Ancient World' Mayor (2009) cites numerous examples from history where states deployed plants and animals' toxins as well using plague viruses to infect water tank, tube wells and cisterns of enemy by the Greeks and Romans. It was the foundation of microbiology by Louis Pasteur and Robert Koch that opened new avenues in the manufacturing of biological weapons for those interested. The German army was the first to deploy chemical and biological weapons (use of anthrax and glanders) during the First World War (Wheelis 1999). Japan used biological weapons in their conquest against China and even attempted to obtain yellow fever virus from the Rockefeller Institute in New York during the Second World War (Harris 2002). In America the first biological weapon research Centre was started way back in 1940. Thus, one finds that even before China started its research in biological weapons countries like Germany, Japan, Russia, USA, and Britain had labs which during the First and the Second World War were engaged in developing biological weapons. The owners of many of these labs are running renowned pharmaceutical companies.

The theory supporting Chinese origin of the virus was substantiated by the leaked Chinese documents which described SARS Corona viruses as 'presenting a new era of genetic weapons' which could be the cause of Third World War. Further it was asserted by Robert Potter, a cyber security specialist who analyzed leaked Chinese documents that the leaked documents were not false (Indian Express 2021). The question which got subdued in the euphoria of debating the origin of the virus is that 'can literatures dealing with past, present and future warfare by Military Generals, Statesman and Academia be counted as evidence of empirical research findings?' It is not for the first time that the use of pathogens to defeat the enemy has been discussed and written about. Stephen Riedel Pizarro wrote way back how South American natives were infected with variola-contaminated clothing in the 15th century. In addition, during the French Indian War (1754–1767), Sir Jeffrey Amherst, the commander of the British forces in North America, suggested the deliberate use of smallpox to diminish the native Indian population hostile to the British. Besides Sun Tzu of China and Kautilya of India have discussed the use of poison and pathogens for victory against enemy. A whole lot of literature on 5th Generation Warfare exclusively talks about the use of biological weapons in future warfare.

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The point is that academicians including defence scholars as well as military personnel's from across the world have written about strategies employed in warfare and those which could be employed in future warfare to have a better understating of military strategies of past, present, and future.

Apart from these certain other facts also need to be highlighted here. Both SARS and Corona were first detected in China. If China invented these viruses, why did it use it against its nationals first? Second if it leaked from the Chinese lab then why it took 10 months to defeat the SARS virus and why the authorities didn't act swiftly (fully aware of the severity of matter) since a country which manufactures a virus will surely have its antidote too. It could even be suggested here that if China has the antidote why don't it sell it to the world and further grow its economy since it's the GDP which gives one the superpower status in today's globalized world.

Chinese local anti-epidemic station informed about the disease to the bureau who in turn informed the provincial government and the Ministry of Health shortly afterwards (Renmin 2003). However, the matter got delayed as it coincided with the Chinese New Year (Pomfret 2003) as the letter sent to the Provincial Health Bureau could not be opened as the officials were on leave and after the document was finally read the provincial bureau immediately released health advisories to hospitals across the province (Huang 2004).

4. Conclusion

Viruses mutate and globalization made that mutation speedy and devastating. Virologists have clearly stated that a strong immune system can't be evaded by the virus. A country which takes the risk of manufacturing it will surely make it more lethal considering the status of the nation at risk. China for sure could have stopped its rapid spread by timely informing the WHO and sealing its borders but considering the circumstantial evidence and the distrust it harbours against Western countries it didn't do that is not surprising. But it's time to act collectively rather than putting allegations against one another. Masses need to be fed with balanced view since ideas can build or destroy the society and today the need of the hour is united human efforts against the virus and not some conspiracy theory to prove how and where it came from.

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Rural Tourism: A Case Study of Hajo City in Assam

Dr. Jayashree Chowdhury[*]
Bandana Chowdhury[**]

Tourism stands to be one of the largest and fastest growing industries in the world. It is an important aspect of fostering economic prosperity, development of the local community and eradication of poverty, especially in case of developing countries. Rural Tourism provides ample opportunities to the local community to improve their productivity and in turn increase their standard of living with a higher income. Tourism has direct positive impact on the livelihood of the people who engage themselves in tourism. It can be used as an important tool to increase the socio-economic well-being of the people living in those areas. Tourism in the rural areas positively affects the livelihood of the people living in the community. The city of Hajo acts as an attractive tourist destination for the Hindus, Muslims and the Buddhists. The paper using primary data explores the main factors which acted as obstacles for rural tourism development of the archaic city of Hajo, located in Assam, Northeast India during the Covid-19 situation.

1. Introduction

Tourism stands to be one of the growth engines in the world. Tourism being the largest and fastest growing industries helps in fostering economic prosperity and development of the local community. In addition, it also helps in employment generation and eradication of poverty, especially in case of developing countries. Through Rural tourism people get to explore a wide range of attractions which exist in the non-urban areas. Rural tourism includes several attractions such as heritage tourism, nature-based tourism/ecotourism, agritourism, in addition to partnership-based approaches.

"Rural tourism is a multi-faced activity that takes place in an environment outside heavily urbanized area. It is an industry sector characterized by small scale tourism business, set in areas where land use id dominated by agricultural pursuits, forestry or natural area." (Department of Tourism, 1994).

[*] Assistant Professor, Department of Economics, Handique Girls' College, Guwahati, Assam, India
[**] Assistant Professor, Department of Economics, Gauhati University, Guwahati, Assam, India

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Rural Tourism has immense scope for the local community to increase their productivity which in turn improves their standard of living with an elevated level of income. Tourism positively impacts the livelihood of the people engaged in tourism. The socio-economic well-being of the people living in those areas increases as well.

2. Objectives

1. To identify the various tourism potentials in Hajo city
2. To examine the obstacles of tourism development

3. Data Source and Methodology

The data has been collected from both primary and secondary sources. Primary data is collected from field survey which had been conducted in the town of Hajo. Purposive sampling had been undertaken to include people of diverse fields and ages. Secondary data are collected from various reliable sources like research papers, journals, Government websites etc.

4. Study Area

The main focus of the paper is on the development of rural tourism in Hajo city , located in Assam, North East India. Hajo is an archaic city which is located about 24 km away from the capital city of Assam, Guwahati. It has a total area of 414 km² including 392.10 km² rural area and 21.65 km² urban area. Hajo has a population of 2,62,531(Census 2011) with 134,603 males and 127,928 females. Around 52,362 houses are in the sub-district. There are about 137 villages in Hajo block, with the average sex ratio of 950. 15.8% of the population resides in Urban areas while 84.2% in the Rural areas. The average literacy rate in urban areas is 89.6% while that in the rural areas is 76.5%.

Due to the presence of a number of temples, pagodas and mosques in Hajo, this region acts as a main tourist attraction and a pilgrimage centre for the Hindus, Muslims and the Buddhists. Along with its various natural bounties it acts as an attractive tourist destination. People of different parts of the state get attracted to this archaic city for various religious and academic purposes.

The demographic profile of Hajo about religion and occupation has

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been given by the following tables:

Religion-wise Population –Hajo Circle

Religion	Total		Male	Female
Hindu	146.816	(55.92%)	74,583	72,253
Muslim	114,669	(43.68%)	59.542	55.127
Christian	149	(0.06%)	68	81
Sikh	19	(0.01%)	9	10
Buddhist	4	(0%)	2	2
Jain	11	(0%)	6	5
Other Religion	3	(0%)	2	1
No Religion Specified	860	(0.33%)	411	449

Occupation of People

	Total	Male	Female
Main Workers	75,236	58,368	16,868
Cultivators	19,971	18,555	1,416
Agriculture Labourer	4,759	3,657	1,102
Household Industries	13,589	6,302	7,287
Other Workers	36,917	29,854	7,063
Marginal Workers	35,007	14,334	20,673

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5. Places with Tourism Potential

The following are the main places which are mostly religious places having tourism potential in Hajo city.

1. **Hayagriva Madhava Temple** : The Hayagriva Madhava Temple which is one of the most visited temples of the Hindus, is dedicated to Lord Vishnu, the idol of which is similar to that of Lord Jagannatha in Puri. Also, it is believed that Lord Buddha has attained Nirvana at this spiritual abode. Therefore, this place also acts as a sacred spot for the Buddhist people. Many devotees and tourists throng to this temple all throughout the year.

2. **Hajo Powa Mecca**: Powa[2] Mecca represents as a miniscule version of Mecca. It is the burial chamber of Pir Giasuddin Auliya, a pioneer of Islam. Created during the reign of the Mughal Emperor Shahjahan in 1657 by Mir Lutufullah-i-Shiraji,it is believed that the mosque build here was laid on the soil that was brought from Mecca. People of all religions visit this place every year.
3. **Kedareswar Temple** : This temple dedicated to Lord Shiva, is located in the Madanachala Hill in Hajo. Being one of the oldest temples in the subcontinent of India, this temple portrays a large Shivalinga, which is made of stone and is covered by a large metal bowl. Another popular name of this Shiva Linga is “Svayambhu Linga”. The Ardhanariswara form of Lord Shiva is believed to exist here. People try to visit both Hayagreeb Madhab temple and Kedar temple during the same day.

4. **Joy Durga Temple** : Joy Durga Temple is a temple which is dedicated to the Goddess Durga, the Goddess with ten hands. This temple tends to be a popular holy place especially for the Hindus. The idol of the Goddess which is made of stone, is situated on a hill adjacent to the Kedareswara Temple. The temple was built in 1777, during the rule of the Ahom king, Lakshminath Singha.

5. **Kamesware Temple**: The Kamesware Temple is one of the most ancient temples in Assam. It was built by Pramatta Singha, an Ahom king in the eighteenth century. In later part of the history, it was changed into a Shiva temple. The Shiva Linga which is present in the Kamasware temple is similar to the one present in Kedarnath temple at Hajo..

[2] '*Powa*' means 1/4th or quarter in Assamese

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6. Obstacles and Challenges

1. **Lack of Conservational Measures by Government**: No doubt the government has taken measures to conserve tourism in Hajo, but there is still a lack of a clear policy on the part of the government for the conservation of the potential tourism sites of the area. In addition, due to the Covid 19 pandemic, the tourism industry as well as the others has come to a standstill.

2. **Lack of Promotion**: There is a lack of planning to promote the tourism industry at Hajo. Sufficient measures and efforts must be undertaken in state and national level to promote tourism of this region. Although many visitors from all over India come to this place but many of the tourists are from Assam itself.

3. **Lack of other amenities:** The place lacks in the provision of some basic facilities like school, hospital, restaurants, hotels, lodge, etc.

4. **Lack of an organized market:** The local residents and the visitors find it difficult to buy various goods and services from this area because there is no provision of proper organised markets for selling as well as buying.

5. **Communication Problem due to language:** Language also acts as a barrier for the enrichment of the tourism potential of the region. This is because the people mostly speak the local language Assamese and are not so fluent in Hindi or English which is required for interaction with the tourists. Only 28 percent of the surveyed population could speak in Hindi and 15 percent could converse in English.

6. **Lack of Financial Assistance:** In the absence of proper financial support, it will be difficult to preserve the rich cultural heritage of this city.

7. **Inadequate Infrastructural facilities:** Infrastructure stands as an obstacle for the development of this region. There is lack of proper Transport and Communication facility in the region. In addition, appropriate bus or cab service is also not available in the region. Moreover, the roads are also narrow in nature.

8. **Lack of Trained tourist guide:** There is no proper tourists guide in

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the region. There is a lack of proper training and enthusiasm among the local youths to promote the tourism perspective of this region.

9. **Insufficient business planning skill:** No doubt this region has a rich diversity and portrays a potential of being an important tourist destination. But for this an appropriate business plan is the need of the hour.

The survey results have been stated below:



Only the income of 25 per cent of the people were not affected by Covid. The remaining 75 per cent of the people mainly comprised of small businesses, agriculture etc. were affected



Out of the 50-household surveyed, the standard of living of 7 was not affected. Covid did not have a huge impact in their lives financially due to the nature of their job. They were service men and women and received their monthly salary. There were teachers, policemen and housewives who felt that covid did not play a deterrent role and did not decrease their standard of living.

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38 per cent of the surveyed households, had their occupation/employment related to rural tourism sector. The rest 62 percent jobs of the household heads were not related to tourism sector. This indicates that a major proportion of people from Hajo are related to tourism sector.

7. Conclusion

It is of no doubt that tourism stands to be a very important sector for economic growth and development of a particular region or place. Apart from bringing socio-economic changes in the rural areas Rural tourism increases business, income and employment in the region concerned. Rural tourism has many potential benefits for including employment growth, along with sustainable human development. This leads to an expanded economic base with raised standard of living, social improvement, and revitalization of local crafts. The archaic city of Hajo in Assam seems to haves an immense potential of being a popular tourist hotspot. With proper long term and short-term planning, the rich diversity of this place can be flourished to its full potential. Subsequently, it shall lead to the development of the place and boost the economic status of the people. Although tourism is not the panacea for all rural problems, but it has number of positive attractions. It is one of the many opportunities that rural communities might consider improving productivity, income and employment opportunities. Hence, it has a crucial role to play in the economic development of the region as well its people.

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Economic Impact of Covid-19 on Tea Industry with Special Reference to the North-East Region

Mousumi Das[*]
Arumugam Sankaran[**]

Tea industry plays a substantial role in the socio-economic development of developing countries like India. Being a labour-intensive industry, it plays a very important role in providing employment opportunities and livelihood, especially to rural people. Throughout development, this industry is subject to several shocks. The recent outbreak of the corona virus affected the global economy at a massive scale as governments in different layers enacted the lockdown mechanism. According to WHO, globally it has affected the socio-economic life of more than 200 countries and territories. As a populous and developing country, the effect of corona virus on the Indian economy is very large. Against this background, the paper attempts to explain the economic impact of Covid-19 on the Tea industry in India in general and the northeast region in particular. To execute this research, the necessary information has been collected from the labour employed in the tea industry. The study has been pursued by adopting the focussed group discussion method. The information on the impact of the above-mentioned issue has been collected from 45 sample respondents over the phone by adopting the snowball technique. By processing data with the help of structural equation model, the study attempts to capture the major determinants of the monetary loss due to Covid-19 pandemic. Further, the insights obtained from the study offer some policy suggestions for the betterment of the tea industry.

1. Introduction

The tea industry in India plays a very significant role in the economic development of a country. The Indian tea industry is about 172 years old. It plays a very important role in an economy for earning national income. It is the most famous and cheapest beverage in the world after water. Though India is exporting many goods and services to other countries tea is the most famous among them. There are 35 countries intensively engaged in the cultivation of tea around the world, among those performances of China, India, Sri Lanka, Kenya, and

*Assistant Professor, Department of Economics, Chhaygaon College, Kamrup, Assam.
**Faculty Member, Department of Economics, School of Management, Pondicherry Central University, Pondicherry.

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Indonesia are very significant. In the case of the global market, China is one of the most important tea producing country followed by India, Sri Lanka, and Kenya. In terms of export, Sri Lanka, Kenya plays a very important role followed by China and India. The major tea growing states in India are Assam, West Bengal, Tamil Nadu, Kerala, Karnataka and Himachal Pradesh. Since it is labour intensive industry, it plays a very important role in providing employment opportunities, especially among rural peoples. It requires a large number of workers for doing many things like plucking, gardening, cutting, packaging etc. So workers are the most important part of the tea industry. In the year 1950, the tea industry employed about 0.95 million people while at present it employs 1.2 million people directly and 10 million people indirectly. (S. K Shah and Patel, 2016) Moreover, it helps the country in earning national income as well as maintaining the BOP positions of the country.

Over the course of development, this industry is facing several shocks. During the early phase of liberalization, the performance of the Indian tea industry was very significant in terms of production, productivity and export. But after the liberalization and mainly WTO regime the situation of the tea industry has changed. There is a significant impact on the tea industry due to globalisation. It has converted the Indian tea industry to more competitive, with the rest of other tea producing countries. Indian Tea Industry is one of the oldest organised sectors, which plays a very important role in the economic development of the country and helps in earning foreign exchange. Besides this LPG regime, the ASEAN free trade agreement has also a negative impact on the slow growth of export of the Indian tea industry. Liberalization and WTO regime coupled with multilateral trade agreements have a bad impact on the export growth performance of the tea industry in India. The recent outbreak of the corona virus affected the global economy at a massive scale as governments in different layers enacted the lockdown mechanism. Globally it has affected the socio-economic life of more than 200 countries and territories declared by WHO. All the developed and underdeveloped countries are largely affected by this global pandemic. As a developing and populous country, the effect of Covid-19 on the Indian economy is very large. The present paper tries to find out the effect of Covid-19 on the Tea industry in India in general and the North-East region in particular. As labour-intensive industry in recent pandemic has adversely affected those workers, which is their only source of livelihood. Indian Tea Industry is one of the oldest organised sectors, which plays a very important role in the economic development of the country and helps in earning foreign exchange.

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Covid-19 pandemic is now affecting most of the countries around the world. It has changed the activities and lifestyle of people. Governments are trying very hard to mitigate the crisis and put various restrictions on people and their work. Many countries have given complete lockdown to restrict the further transmission of diseases in the community. These measures and restrictions have affected the economic activity of the people and many other sectors. The government expenditure has increased dramatically due to the large expenditure on health, medical supplies, health service staff and welfare payments. But, at the same time tax revenue has fallen due to the limited income. Many people have lost their job and business which leads to the problem of inequality and unemployment. All the international and domestic flights have cancelled railways, buses, trucks and other vehicles are suspended except related some essential commodities. All the educational institutions, markets, malls, shopping complexes are still closed in many affected countries. According to the International Monetary Fund (IMF), the global economy is expected to shrink by over 3 per cent in 2020. The pandemic has pushed the economy into recession, which means the economy's growth stops. The price of many products and commodities has increased, leading to the problem of inflation. Manufacturing products of many countries has gone down, which adversely reflects a fall in external demand. The tourism industry is one of the industries which suffer the most from the pandemic. According to World Trade Organization (WTO) and Organization for Economic Cooperation and Development (OECD), Covid-19 pandemic is the largest threat to the global economy since the financial emergency of 2008-2009. The Covid-19 pandemic has badly impacted all the countries around the world. The unemployment problem lost businesses, economic inequalities etc. are some economic effects of this pandemic. Rapidly increasing number of Covid-19 positive cases around the globe is posing threat to health, economic and environmental and social challenges. It has hit all the major developed countries around the World. As a developing country, the impact of Covid 19 on the Indian economy is very large.

2. Literature Review

A large number of studies have already been pursued on various dimensions of the tea industry in the world and India. There is a limited number of studies on the tea industry with special reference to the North -East region on various dimensions. But there are no studies that have been done on the recent outbreak of Covid-19 on the tea industry. The

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present study is an attempt to study the impact of Covid-19 on the tea industry with special reference to the North-East region. Hence, the present study is an attempt to fill the gap existing in the literature.

Nagoor and Nalin Kumar (2010) in their article mainly focussed on the impact of the ASEAN-FTA agreement on the Indian tea industry and discussed India's tea export, import, the growth rate of production, productivity, and area under tea cultivation for the period from 1991-2008. According to the authors, a reduction in the import tariff adversely affects the Indian tea industry. The MFN tariff is currently applied on tea, coffee, palm oil and in the case of tea there is a commitment to reduce the tariff from 100 per cent to 50 per cent by 2019. Thus, in conclusion, the authors have mentioned that the possibilities of Indian tea export to ASEAN countries are very weak and India is in a disadvantageous position in the ASEAN-FTA.

Siva Kumar and Saravana Bhavan (2016) assessed the performance of the tea industry in India. The main purpose of their study is to examine the status of India in the world tea economy. Using simple statistical tools, they found that India's contribution to world export has declined from 13.14 per cent in 2001 to 11.34 per cent in the year 2014. This is mainly because of the lack of improvement in the area under cultivation and export of tea. Further, an increase in domestic consumption, poor quality of tea, availability of tea from other producing countries like Kenya, Sri Lanka; at a cheaper rate are the reasons for the poor performance.

Pramod Kumar, et. al., (2008), has mainly focussed on composition, nature, the direction of the tea trade and the competitiveness of tea for the period 1980-2004. The study has mainly found there is a decreasing trend in the export of tea after the 1990s. Further, they found that the fluctuation in the exchange rate and market size, coffee price in the international market are the significant determinants for tea exports.

Udeshna Talukdar and C. Hazarika (2017) in their article focussed on production, trends of growth of value-added tea and its competitiveness in the world market. The author has discussed why in recent year's export of India's export is declining. The outcome of this study revealed that this is mainly because of higher production cost, availability of substitutes, high domestic consumption, high import, low quality of production. The study has concluded that to gain competitive advantages, India should focus more on value-added tea by reducing the

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cost of production.

Sharbanti Maity and Maumita Ghosh (2015), has mainly focussed on the impact of trade openness on the export of tea from India from 1992 to 2012. The study has divided the whole period into 2 segments, from 1992-93 to 2007-08 and 2007-08 to 2011-12. The author has mentioned that over the last decades India's export declined due to stiff competition from other countries like Kenya and Sri Lanka. However, India has lost its market share with USSR and at the same time, there has been an improvement in the exports of non-traditional markets like Iraq, UAE, and Pakistan.

Nagoor, B.H (2009), in their study has mainly discussed the performance of the production of the Indian tea industry. India is one of the major producers in the world but after the nineties, India's position in terms of export is declining in the global world. Export of tea in the Post-liberalization and post -WTO regimes has declined. It is also noted that in terms of export Kenya played a very important place and it exported most of its production. . In the case of Sri Lanka, domestic consumption is very less and in China, production, consumption and exports have shown an increase trend.

3. Data, Methodology and Estimation

The present study is an attempt to assess the impact of the recent global pandemic Covid-19 on the tea industry. As a labour-intensive industry, the tea industry is facing a lot of problems in the present scenario. The present study observed both quantitative and qualitative information from those who are actively engaged in tea production activities. The information has been collected over the phone. By adopting the snowball technique and focus group discussion method, the present study has collected data from 45 sample respondents. By asking some relevant questions, the study tries to find out the impact of Covid-19 on the tea industry in India and the North-East in particular. The study has collected information from tea estates managers, field workers, supervisors of workers of different tea gardens of Upper Assam and Lower Assam. To capture the major determinant of the monetary loss, we have executed the non-standardised structural equation model. By processing available information, the study brings the real picture of corona virus' impact on the tea industry in the present scenario.

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4. Analysis and Discussion

The present study is an attempt to understand the ground-level impact of Covid-19 on the tea industry. To execute the study, we have collected data from different types of respondents. Our study comprises 45 respondents in which, 31 members are workers, who are employed in the tea processing factory, while 7 members have a dual responsibility in the tea industry such as they look over the workers and groundwork, and the remaining 7 are managers. The socio-economic condition of the sample respondents such as age, educational qualification, nature of the job, income and expenditure vary widely as they are employed in different layers.

The information collected concerning the status of the tea industry during the lockdown period and the impact of the Covid-19 on the tea industry demonstrates some key insights. The collected statistics revealed that the tea estates have closed from 16 to 25 days, which destroyed the livelihood of the daily waged workers. The entire respondents reported that the Covid-19 has damaged the tea leaves like all the tea-related works are stopped in because of lockdown. Majority of the processing units (42 tea processing units) sold their products so that there is no unsold stock during the lockdown period. This trend revealed both the awareness & marketing strategy of the tea estate owners and demand for the product. Besides, the majority of the respondents revealed that they have protected themselves from the critical situation as they had minimum stock. Out of the total respondents, 36 respondents distributed their final products through their market, this may be the additional reason for the same. The total number of hours of work last varies across the tea processing units. The collected statistics illustrate that the total number of hours lost are account for between 120 and 176 hours. The monetary value of the man-hours lost could be a sizable amount.

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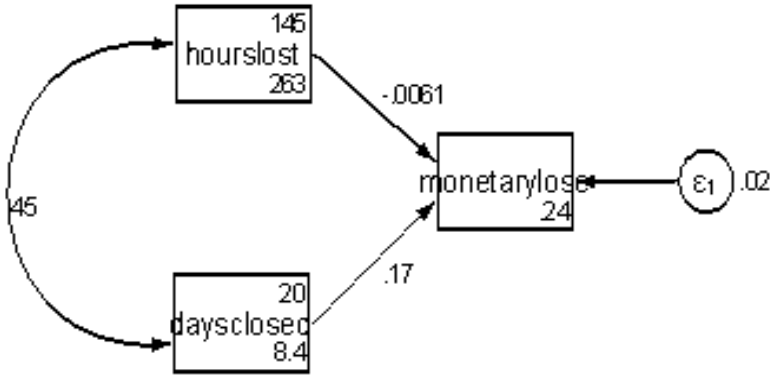


Figure: 1

To capture the determinants of the monetary loss due to the pandemic of Covid-19, we used the percentage of monetary loss as an explained variable, while the total number of days lost and total hours lost are the explanatory variables in our model. We have used the unstandardised structural equation model to achieve the above-mentioned goal. The result presented in the table: 1 revealed that the regression coefficient of hours lost is -0.006, while it is 0.17 for days closed.

The mean of the hours lost is 145, at the same, it is 19.8 for the number of days closed. While the error variances of monitory loss, several hours loss and the number of days closed are 0.02 per cent, 263 hours and 8.42 days respectively. It should be highlighted here is that the total hours lost is not a significant explanatory variable as the p-value is more than 0.5. At the same time, the total number of days closed the processing units are the major determinant of the total monetary loss in the tea procession units of Assam as the p-value is less than 0.5. Finally, as the probability value co-variance is 0.00, the null hypothesis that *there is no co-variance*, is getting rejected.

Table: 1 Result of the unstandardized structural equation model

		Coef.	CNM Std. Err.	Z	P> |Z|	[95: Coof. Interval}	
Structural monetary lose	Hourslost	-.006113	.004451	-1.37	0.170	-.014837	.002610

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	daysclosed _cons	5 .1718975 .2389518	3 .0248865 .2284903	6.91 1.05	0.000 0.296	9 1231208 -.2089908	9 .2206742 .6866845
Nean (hourslost) Neam (daysclosed		145.0667 19.8	2.419346 .4327346	59.96 45.76	0.000 0.000	141.3248 18.95186	149.8085 20.64814
Var(e.nonetarylose) Var(hourslost) Var(daysclosed)		0.0204583 263.3956 8.426667	.004313 55.52866 1.776497			.0135338 174.2446 5.574511	.0309256 398.1599 12.73811
Cov(hourslost,daysclosed)		45.01333	9.713389	4.63	0.000	25.97544	64.05123
LR test of nodel vs. saturated: doi2(0) = 0.00, Prob >chi2 = .							

Further, the information observed from the field revealed that the support of the government is moderate, it includes offering rations, and daily wage only for the works who have zero balance in their bank account. The sample respondents felt that during the post lockdown period, the processing units may experience some unique problems such as a sudden increase in demand & price and shortage of labours. At the same time, the majority of the respondents expect rehabilitating measures (monetary support, medical support and other recovery measures) to manage the pandemic. It should be appreciated that most of the sample respondents have their visions to refill the profit lost by adopting some kinds of mechanisms during the post lockdown period.

5. Conclusion

In this research, we attempted to check the impact of Covid-19 on the tea industries of Assam. To accomplish the study, we have used

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both primary and secondary data sources. Secondary information is sourced from published books, articles reports and websites, while primary data have been collected from 45 sample respondents using the snowball method. Because of the critical situation, we collected all the primary information using a telephonic interview. The result of our research disclosed that the socio-economic condition of the sample respondents such as age, educational qualification, nature of the job, income and expenditure vary widely as they are employed in different layers. The collected statistics revealed that the tea estates have closed from 16 to 25 days, which destroyed the livelihood of the daily waged workers. The entire respondents reported that the Covid-19 has damaged the tea leaves as all the tea-related works are stopped because of lockdown. Our structural equation model yielded the result that the number of days closed is the major determinant of the total monetary loss in the tea processing industry. Moreover, as the government's support are inadequate, both central and state governments should come forward to bridge the gap.

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A scenario of Tertiary Education in Assam: An Inter-District Analysis

Dr Bhavna Bhatt[*]

Providing an equal educational opportunity to all is a well-cherished goal of most welfare states which in turn aims at reduction in regional disparities on all fronts. This chapter aims to study the level of growth along with the access and spread of tertiary education amongst the districts of Assam. It deals with the aspect of adequacy in terms of the Gross Enrolment Ratio in higher education institutions in Assam. A composite index has been developed to examine the spread of higher educational facilities/performance across all districts of the State. The study shows that despite the expansion of tertiary education and enrolment therein, extensive disparities exist in all the 27 districts of Assam. Some districts like Kamrup Metropolitan, Nalbari, Dhemaji and Sibsagar have turned out to be much ahead while some districts like Dhubri, Udalguri, Kokrajhar, Baksa and Chirang have been lagging. Hence, overall findings suggest that adequate policies are needed to bring about uniform development in tertiary education in the state of Assam.

1. Introduction

Higher education is considered an engine of development in this era of knowledge; it acts as a catalyst in fostering growth, reducing poverty and boosting the overall wellbeing of the nation. Higher education is one of the vital factors of national development, an important social resource and means of reducing inequalities in society. Keeping in view the important role of tertiary education in transforming the society into a more prosperous and civilized one, the Indian Governments (Central & State levels) and various Commissions & Committees paid special attention to the growth and spread of tertiary education facilities in the country.

Even though the higher education system in India has grown tremendously over the years, there exist large disparities in the spread of higher educational facilities not only across different States but also within each State. Some regions have better educational facilities while others lag. Such disparities are a major roadblock in the development process. Therefore, serious scrutiny is required to understand the problem and its magnitude before looking for its solution.

[*]Ex-guest faculty, Cotton University, Guwahati, Assam

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The present study is devoted to tracing the access and spread of tertiary education facilities in the State of Assam. In this study, an attempt has been made to rank the districts of Assam using district-level data on tertiary education. The stage of development at the district level will help in understanding where a given district stands about others. The region and the population under different phases of development have been identified so that districts with a low level of development may improve. In the following section, an overview of the growth of Tertiary Education of the State is presented. The next section deals with the aspect of adequacy in terms of the Gross Enrolment Ratio in Higher Education Institutions (HEIs) in the State of Assam. A composite index for all the districts of the State has been developed based on tertiary educational facilities available in the following section and a few concluding observations are made in the last section.

2. Objectives of the Study

The major objectives of the study are as follows

1. To estimate the Gross Enrolment Ratio of Tertiary Education across districts of Assam.
2. To study the spread of Tertiary Education Facilities across districts of Assam.

3. Data & Methodology

The study is entirely based on secondary data taken from various government documents namely Census Reports, Economic Survey of Assam, and Statistical Abstracts of Assam. To understand the aspect of accessibility of educational facilities, the Gross Enrolment Ratio (GER) is used which refers to the total enrolment in higher education proportionate to the population in the age group of 18-23 years. Here the formula used is as follows:

$$GER = \frac{\text{All enrolled in HEIs}}{\text{The total population in 18-23 age groups}} \times 100$$

Next, to estimate the disparities in the spread of tertiary education by using the data of the 2011 Census for the State of Assam, a composite index was constructed by applying the following formula:

$$C = \frac{Xi - X\,min}{}$$

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$$X\ max - X\ min$$

Here - C represent the factor score for each district in the index, Xi is the Actual value in ith district, X min. value is minimum goal-post selected for the indicator and X max. value is maximum goal-post selected for the indicator. In this composite index, equal weight is given to all the component indicators. Minimum and maximum values (goalposts) are set to transform the indicators into indices between 0 and 1. Where 0 represents a defined "worst performance" and 1 represents a defined "best performance" (HDR, 2014). For the analysis of the pattern of disparity in education facilities, the following indicators are selected:

Literacy rates, number of educational institutions per lakh of population or College Population Index, Density of educational institutions per 100 sq. km of the area and Average enrolment per institution.

According to World Bank "Higher education, also known as tertiary education in some countries, refers to all post-secondary education, including both public and private universities, colleges, technical training institutes, and vocational schools". The formula here is used to develop Education Index which takes into tertiary education only. The aggregate index is used to find the relative performance of all districts of the State of Assam in the field of tertiary education.

4. Results & Discussion

The two important aspects of educational development are educational growth and distribution of educational facilities respectively. The expansion of education is undoubted, a major factor for the all-around growth of an economy whereas lack of educational opportunity is indicative of its backwardness. The proper access and adequate availability of requisite infrastructure play a significant role in the spread of education. The next section is devoted to highlighting the growth pattern of tertiary education with a special focus on educational institutions and enrolment therein.

4.1 Growth of Tertiary Education in Assam

The higher education system of the State of Assam expanded and underwent drastic change over the years. The number of higher education institutions have multiplied by more than eleven times

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(from1947 to-2000-2001). The Total Student Enrolment in overall higher educational institutions of Assam increased by many folds during the same period. In Assam, the first University was established at Guwahati in the year 1948 and the second one at Dibrugarh in1965. The Directorate of Higher Education is established to give primary focus on expansion and promotion of Higher Education by granting financial assistance to the needy educational institutions besides implementing various programmes for the development of education and assisting for infrastructure development in general with a special focus on rural and backward areas.

As one of the important objectives of the State's Education programmes has been to ensure balanced growth in educational opportunities/facilities across regions and all sections of the people in the State. Therefore, it becomes imperative to examine the access (in terms of GER) and the spread of tertiary education facilities across 27 districts of the State. Hence, the subsequent sections are devoted to these two major aspects of tertiary education across all districts of the State. Gross Enrolment Ratio (GER), which is a gross measure that includes all enrolled in higher education proportionate to the population in the 18-23 years age group, is applied for identification of Educationally Backward Districts (EBDs). Since enrolment in higher education is significantly influenced by the availability of educational infrastructure and facilities, College-Population Index (C-PI) has been calculated as a measure of college availability. C-PI represents the number of colleges per lakh population in the age group of 18-23 years in each district.

4.2 Gross Enrolment Ratio in Tertiary Education in Assam: 2011 Census

The percentage of enrolment to the population of relevant age group is one of the important indicators of quantitative development of education. Gross Enrolment Ratio (GER) in Higher education in India is 20.8, which is calculated for the 18-23 years of age group. GER for the male population is 22.1 and for females, it is 19.4. Though GER for Assam improved over the years and has reached 14.7 percent in 2011-12, it was behind many leading States of India, the highest being 42.2 percent for Chandigarh (amongst U. Ts of India) and 40.0 percent for Tamil Nadu (AISHE, 2011-12).

Table 1 Gross Enrolment Ratio in Tertiary Education, Assam: 2011 Census

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sl.no.	District	Enrolment	pop. age 18-23 yrs.	GER
1	Nagaon	19245	319366	6.03
2	Dhubri	9738	225453	4.32
3	Sonitpur	10141	220231	4.60
4	Cachar	11607	208232	5.57
5	Barpeta	10550	189887	5.56
6	Kamrup	83847	179385	46.74
7	Tinsukia	15769	159552	9.88
8	Dibrugarh	14883	158752	9.38
9	Kamrup Metropolitan	40827	148422	27.51
10	Karimganj	5438	145114	3.75
11	Sivasagar	15655	133119	11.76
12	Jorhat	18879	126810	14.89
13	Golaghat	11898	127152	9.36
14	Lakhimpur	14787	118745	12.45
15	Goalpara	5018	119632	4.19
16	Morigaon	4351	107353	4.05
17	Karbi Anglong	1968	116753	1.69
18	Baksa	1023	110394	0.93
19	Darrang	8209	100497	8.17
20	Kokrajhar	5240	102869	5.09
21	Udalguri	3176	97122	3.27
22	Nalbari	7622	90451	8.43

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23	Bongaigaon	8914	86779	10.27
24	Dhemaji	9226	79665	11.58
25	Hailakandi	920	77940	1.18
26	Chirang	1800	55052	3.27
27	Dima Hasao	213	26171	0.81

Source: Calculated by using data from http://www.census2011.co.in/census/state/districtlist/assam.html and http://aishe.nic.in/aishe/dataUserReportHome

Note: Enrolment includes both male and female students enrolment in PhD. , M.Phil. , Post Graduate, Undergraduate, PG Diploma, Diploma, Certificate and Integrated Courses during 2011- 2012

To depict the differences in the enrolment of higher education within Assam, GER has been estimated using the relevant information from the Census of 2011 (Table 1). It showed that some districts had a better access ratio while some others are less developed. The districts with the highest access ratio were: Kamrup (46.74 percent), Kamrup Metropolitan (27.51 percent) and Jorhat (14.89 percent) while backward districts comprise Dima Hasao (0.81percent), Baksa (0.93 percent) and Hailakandi (1.18 percent).

4.3 Assam's Higher Education Institution and Enrolment Across Districts:2011 Census

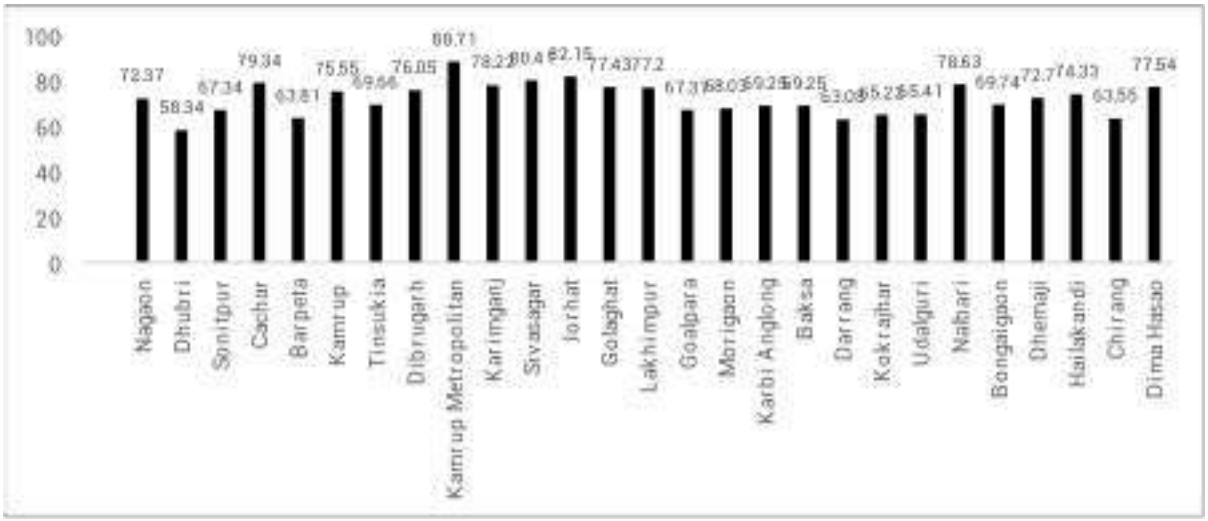
This section highlights the spread of HEIs and enrolment across all 27 districts of Assam by using the indicators namely (i) Literacy rate; (ii) Higher Education Institutions per lakh of population i.e. College population Index; (iii) Density of Higher Education Institutions per 100 square kilometres and (iv) Average Enrolment of Students per Institution.

4.3.1 Literacy Rates across Districts

Based on Figure 1, it is observed that the highest and the lowest literacy rates were registered in the districts of Kamrup Metropolitan (88.71 percent) and Dhubri (58.34 percent) respectively. Moreover, there were nearly 12 districts that registered higher literacy rates than the state average.

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Fig. 1 Overall Literacy Rate of Assam (Census 2011)



Source:
http://www.census2011.co.in/census/state/districtlist/assam.html

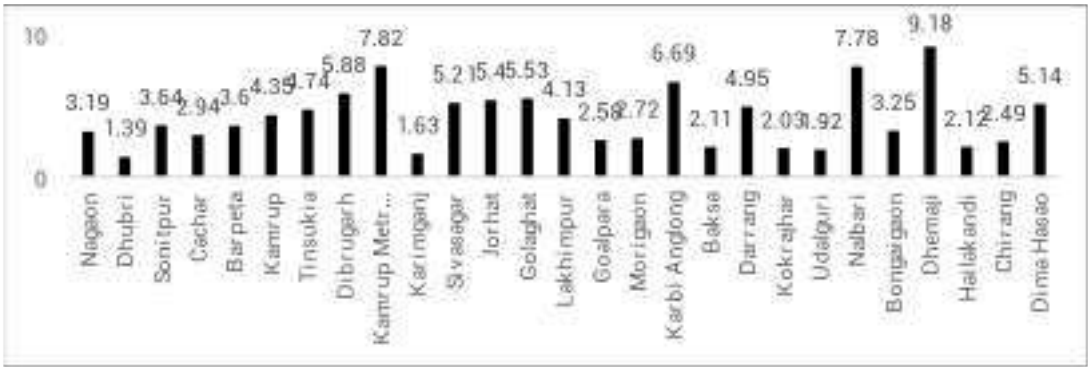
Further, in terms of index values, Table 2 (Column 1) shows that: (i) the front runners in the total literacy index consists of- Kamrup Metropolitan (1), Jorhat (0.78), Sibsagar (0.73), and Cachar (0.69) respectively. While backward districts in the respective values comprise Dhubri, Darrang and Chirang.

4.3.2 District-wise Availability of HEIs per lakh of population

To trace the distribution of HEIs across all 27 districts of the State, two indices are used- (a) availability of HEIs per lakh of population i.e. College population index and (b) Density of institutions per 100 square kilometres in the State. The Government has taken many initiatives for of provision of an adequate number of educational institutions to promote the overall development of the educational scenario in the state. When the districts of Assam are arranged based on the availability of HEIs per lakh of population, both in terms of actual values (Fig. 2) as well as in terms of index values (Col. 2 of Table-2), the best performing districts were - Dhemaji (1), followed by Kamrup Metropolitan (0.82), and Nalbari (0.82); while the districts lagging behind consists of Dhubri followed by Karimganj and Udalguri. A skewed and uneven distribution of educational institutions implies a huge wastage of resources resulting from the underutilization of potential human capital.

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Fig. 2 Number of Higher Education Institutions per Lakh of Population



Source: Calculated by using data from http://www.census2011.co.in/census/state/districtlist/assam.html and http://aishe.nic.in/aishe/dataUserReportHome

Note: Higher education institutions include universities, degree colleges of arts, science, commerce, engineering & medical, management institute, polytechnic, vocational training school/ITI and nonformal training centres. In towns and districts of the respective districts.

It was found that the district of Dhubri which had the lowest literacy rates suffered from low availability of Colleges per lakh of population. Goalpara, Morigaon and Kamrup are the districts that stood on equal position both in terms of literacy rate and in the availability of higher educational institutions. However, no symmetry was found regarding the number of institutions per lakh of population in other districts. This low availability of educational institutions results in a low level of educational attainments of the students. Hence, the provision of an adequate number of higher educational institutions in the region emerges as an important indicator to be addressed for equal growth of educational facilities.

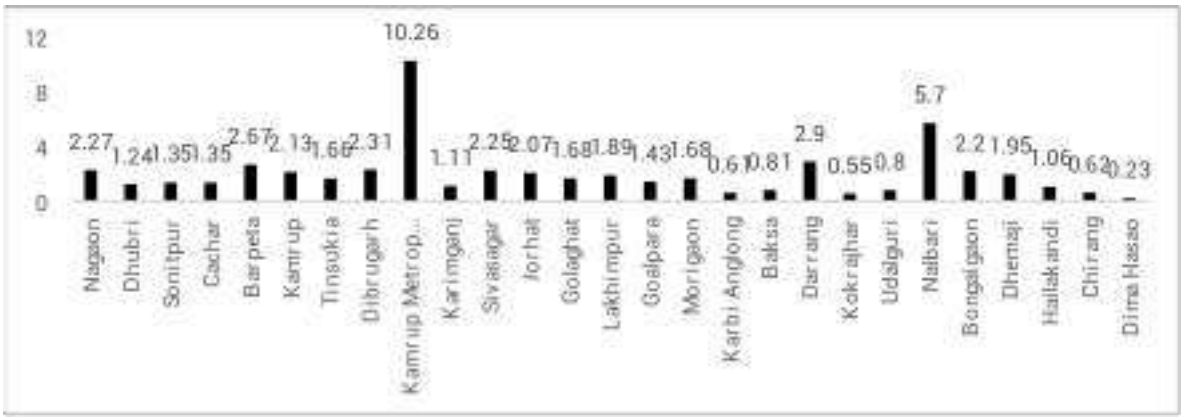
4.3.3 Density of Higher Educational Institutions (per 100 sq. km.)

To see the average distance travelled by students, a density of educational institutions (per 100 square kilometres) was calculated.

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Figure 3 (and Col. 3 of Table 2) show that the growth of educational institutions is high in some districts while it is very low in others. The districts with the highest density were Kamrup Metropolitan, followed by Nalbari and Darrang respectively. The districts with the lowest density comprise Dima Hasao, Kokrajhar, Chirang and Karbi Anglong respectively.

Fig. 3 Density of Higher Education Institutions per 100 sq. km.



SourceCalculated by using data from *http://www.census2011.co.in/census/state/districtlist/assam.html* *and* *http://aishe.nic.in/aishe/dataUserReportHome*

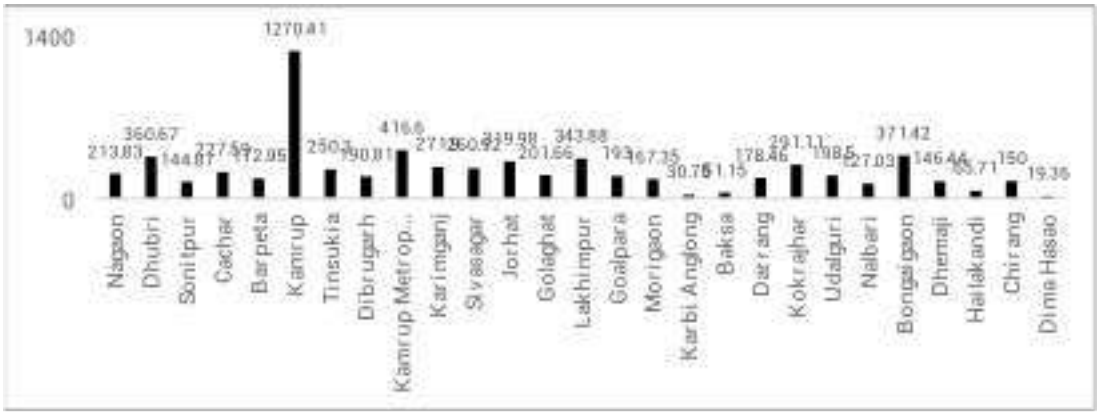
Here also Kamrup Metropolitan and Nalbari emerged as the best performing districts. Finally, it can be said that students had to travel long distances to avail the facilities of higher education in the districts with a relatively lower density of such educational institutions negatively impacts the spread of education.

4.3.4 Average Enrolments Per College

Enrolment of students per institution is an important indicator of effective utilization of infrastructure on one hand and the need for establishing more institutions on the other. As per Figure 4 (and Col. 4 of Table 2), the leading districts as per indicator were Kamrup (1), Kamrup Metropolitan (0.38), and Bongaigaon (0.32). While the districts with lower enrolment per institution were Dima Hasao and Karbi Anglong respectively.

Fig 4 Average enrolment per college

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Source Calculated by using data from *http://www.census2011.co.in/census/state/districtlist/assam.html* *and* *http://aishe.nic.in/aishe/dataUserReportHome*

4.3.5 Aggregate Composite Index of all the Individual Variables

Finally, an aggregate composite index is developed, as depicted in Col. (5) of Table-2 for analysing the overall spread of Tertiary Education facilities across districts of the state. The composite index shows that the overall best performing districtsare Kamrup Metropolitan (0.73), Nalbari (0.55), and Dhemaji (0.44), while the districts which lag are Dhubri (0.09), Udalguri (0.11), Kokrajhar (0.15) and Baksa (0.15) respectively.

Table-2 Composite Index of all the Individual Variables, (2011 Census)

Districts	Index value of total literacy rates (1)	Index value of no. of colleges per lakh of population (2)	Index value of density of colleges per 100 sq. km. (3)	Index value of average enrolment per college (4)	Aggregate composite index (5)
Nagaon	0.46	0.23	0.2	0.16	0.26
Dhubri	**0 L_1**	**0 L_1**	0.1	0.27	**0.09 L_1**
Sonitpur	0.3	0.29	0.11	0.1	0.2
Cachar	0.69	0.2	0.11	0.17	0.29
Barpeta	0.18	0.28	0.24	0.12	0.25
Kamrup	0.57	0.38	0.19	**1H_1**	0.31
Tinsukia	0.37	0.43	0.14	0.18	0.28
Dibrugarh	0.58	0.58	0.21	0.14	0.41
Kamrup Metropolitan	**1 H_1**	**0.82 H_2**	**1 H_1**	**0.32 H_2**	**0.73 H_1**
Karimganj	0.65	**0.03 L_2**	0.09	0.2	0.23
Sivasagar	**0.73 H_3**	0.49	0.2	0.19	0.42
Jorhat	**0.78 H_2**	0.52	0.18	0.24	0.4
Golaghat	0.63	0.53	0.15	0.15	0.37
Lakhimpur	0.62	0.35	0.17	0.26	0.35

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Goalpara	0.3	0.15	0.12	0.14	0.17
Morigaon	0.32	0.17	0.14	0.12	0.2
Karbi Anglong	0.36	**0.68H_3**	**0.04L_3**	**0.01 L_2**	0.34
Baksa	0.36	0.09	0.06	**0.03 L_3**	**0.15 L_3**
Darrang	**0.16 L_2**	0.46	**0.27 H_3**	0.13	0.26
Kokrajhar	0.23	0.08	**0.03L_2**	0.22	**0.15 L_3**
Udalguri	0.23	**0.07 L_3**	0.06	0.14	**0.11L_2**
Nalbari	0.67	**0.82 H_2**	**0.55 H_2**	0.09	**0.55 H_2**
Bongaigaon	0.38	0.24	0.2	**0.28 H_3**	0.27
Dhemaji	0.47	**1H_1**	0.17	0.1	**0.44 H_3**
Hailakandi	0.53	0.09	0.08	0.04	0.21
Chirang	**0.17 L_3**	0.14	**0.04L_3**	0.1	0.16
Dima Hasao	0.63	0.48	**0L_1**	**0L_1**	0.3

Source: Compiled from data collected from (i) Govt. of Assam, Census of Assam, 2011; and (ii) Govt. of Assam, Statistical Abstract of Assam,2011-12.

*Note: 1. Institutions per lakh of population are calculated as (number of Higher Education Institutions / total population) *100,000.*

- Density of institutions are calculated as (number of institutions/ total area of district) *100
- Enrolment per institutions = Enrolment of students / Number of HEIs
- Indicator Index C = (Xi – X min) / (X max – X min)
- Aggregate Composite Index= Summation of Columns. [(1) +(2)+(3)+(4)] / 4
- **Hi** represents districts with three highest values and **Li** represents districts with three lowest values in their respective column.

Thus, wide variations were found in terms of enrolment of students per institution among the districts of the State. A significant observation is that the district of Dhubri lags in terms of literacy rate, availability of higher education institutions for its population as well as density of colleges, which also suffered from the highest pressure of student enrolment per institution, thereby indicating that the district urgently needs better facilities. The districts with lower availability of educational institutions but with larger enrolment depicted pressure on the existing educational infrastructure and thus demand more colleges to cater to a large student population of the district.

5. Conclusion

Over the years Government has undertaken a major restructuring

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of the tertiary education systems to enhance its reach and effectiveness. However, progress has been uneven. It's important to ensure that the policies and programmes prioritize equitable access, improved learning, efficient retention, and increased assurance of the success of all qualified students, regardless of background. Both policies and program degrees need to be better tailored to fit the needs of the local economy.

Given that there is a wide gap to be bridged in terms of achievements in the education sector compared to several other states or the all India average, Assam faces a major challenge in fostering tertiary education. The use of geographic targeting can be a way to help the backward districts so that resources are not thinly spread and the development is large enough to pull them out of backwardness. Linking education with the work and giving priority to the vocational, IT, technical, need-based courses in higher education to enhance employability can yield better results. Effective utilization of existing infrastructure, quality improvement in higher education especially in rural areas will enable the backward regions to perform better. Encouraging private investment in higher education i.e. self-financing institutions can change the picture to a greater extent.

To sum up, despite commendable progress on various fronts; there exist intra-state disparities in the case of availability of tertiary educational facilities. As some districts showed better performance and some lag quite behind. Hence, educational policymakers should take care of the ground reality before policy formulation. Special focus on the backward districts will push up the average performance of the State.

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Strategy for Re-engineering of College Libraries: A Proposal

Mitali Barman[*]

Information and Communication Technology (ICT) has brought remarkable changes in the field of Library Science and time demands up gradation of libraries with continuation of these changes. This paper highlights the historical background of the concept of re-engineering as well as its importance in college libraries. The required information for the study is collected from various secondary sources and analysed accordingly. From the study, it is found that there are different steps of re-engineering process which are closely related with each other. This paper points out that in the rapidly growing technology, the college libraries should adopt re-engineer process in the respective institutions to provide quality services to its user at a very short span of time and within a limited budget. Some important suggestions have been put forwarded for enhance better library services.

1. Introduction

With the infusion of new information technologies, the library and information centers are being transformed to the power house of knowledge and hub of global information system. The rapid expansion of network information services together with the increased emphasis on quality assurance processes highlights some remarkable problems for academic libraries. To meet the needs of its user, library should need to develop a new paradigm for information resources provision. Technologies have created a new service environment that has pushed the library system to keep it up-to-date in technology field. Human resources play the active role in the growth and development of a library. So, the library personal always feel the need of proper guidance on managerial, technical and service sectors. Technological knowledge is much essential in the present time for the library professionals.

2. Objectives of the Study

The study has been carried out taking into consideration of two main objectives:

1. to explore the concept of re-engineering in college libraries.

[*] Librarian, Pub Bongsor College, Pacharia, Kamrup, Assam,

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2. to provide a strategy for re-engineering the college libraries.

3. The Concept of Re-engineering

Re-engineering is an essential management tool of the present informative age which helps the libraries to achieve their goals more efficiently and effectively. The history of re-engineering concept was started with Frederick Winslow Taylor, known as the father of Scientific Management School. In the early 1990's, Michal Hammer, leading business process re-engineering expert, introduced the term "Business Re-engineering" which is simply the process of reviewing all the different levels of an organization's way of doing its functions and considering how to improve that. Michal Hammer and James Champy in 1993, defined "Reengineering is the fundamental rethinking and radical redesign of business processes to achieve dramatic improvements in critical, contemporary measures of performance, such as cost, quality, service and speed".[1]

Daniel P. Petrozoo and John C. Stepper in their book "Successful Re-engineering" defined the term re-engineering as "Re-engineering is the concurrent redesign of processes, organization and their supporting information systems to achieve radical improvement in time, cost, quality and customers' regard for the company's products and services" .[2]

Re-engineering is a concept which is directly related with business world. But at present, the concept is also applicable in service sector to increase the work efficiency of the workers. The purpose of re-engineering is to make all the processes of an organization to the best-in class. The library and information service is another field to adopt this new management technique. In the library and information service, the re-engineering concept is studied by replacing the two terms i.e. customer and company. Here, customer is replaced in library user and company is replaced in library and information centre.

4. Re-engineering of College Libraries

Major reasons for re-engineering of college libraries are (i) changing pattern of user need, (ii) increasing number of non- relevant resources in library, lack of spaces to store the resources, (iii) newly developed technology in libraries etc.

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5. Re-engineering Strategy for College Libraries: A Proposal

Re-engineering is a team work and a continuous process, where an organisation or a college may re-engineer their sections as per their requirements. There is no common step applicable for each college, as the colleges are at different levels. However, the planning for re-engineering is forwarded in this paper. A particular college has its liberty to start a particular step of re-engineering considering its present works and services.

5.1 Steps of Re-engineering Process

Generally, the re-engineering process is consisting of ten successive steps as follows:

1. **State a Case for Action:** The need and importance for change should be effectively communicated to the staff of the organisation through proper communication. The objectives of re-engineering must be in the form of a qualitative and quantitative vision statement. These objectives include goals for cost reduction, quality and user satisfaction levels and financial indicators.

2. **Identification of Goals and Purpose:** Before continuing the re-engineering process, the manager must identify the strategic goals and purpose of which the process helps to achieve. The organization try to achieve through this process is the main aim of re-engineering.

3. **Identify the User Need:** The third step of re-engineering process is the identification of user need. It is the prime condition of re-engineering. The process shall be redesigned in such a way that it clearly provides the added value to the user.

4. **Set the Re-engineering Team:** The organization does not re-engineer itself, it needs an active and efficient working team with proper division of activity and mechanism for proper coordination. Hammer and Champy have identified five roles that either distinctly or in various combinations, are critical to implement re-engineering process:

    a. The Leader
    b. The Process Owner
    c. The Re-engineering Team

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d. The Steering Committee
e. The Re-engineering Czar

5. **Analysis of existing Process:** Before applying the re-engineering process in the organization, the manager must be carefully investigated the current process and position of the organization. The existing process provides a base for the new process and by observing the advantages and disadvantages of that system an effective plan can be prepared.

6. **Identifying the Area to be Re-engineered:** No organization can re-engineer all its high-level processes at once. So, it is important to choose the right processes, to begin with right area. Hammer and Champy in 1993 suggest using three criteria to make the area selection .[3]
   a. **Dysfunction:** The most trouble and serious area should select for the process of re-engineering.
   b. **Importance:** The area which has the greatest impact on users should select for the process of re-engineering.
   c. **Feasibility:** The third criterion for selecting the re-engineered area is practicability of that area and it should effective.

7. **Redesigning the Process with Integrating the New Information Technology:** Re-engineering is a branch of a process which requires imagination, inductive thinking and touch of strong decision. The re-design process has not any rigid principle to its operation.

8. **Initialising the Process with close Observation:** Re-engineering is a managerial process where every step should need a close observation with sufficient time. When in the process of re-engineering to do too much at once, organization becomes puzzled rather than energized.

9. **Expand the Re-engineering Process into the other Section of the Organization**: Re-engineering is not a one-shot programme. It is a process of step by step redesigning entire organization to better serve the needs of the users. Following are some of the points which should consider at the time of re-engineering process throughout the organization.
   a. **Trying to fix a process instead of changing it:** The amount of time, energy and cost inherent in re-engineering require a complete and total re-design of work processes.

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b. **Ignoring everything except process of re-design:** A re-engineering effort activates many changes, such as job designs, organizational structures and management systems. These must also be re-designed to maintain organizational integrity.
c. **Neglecting staff's values and beliefs:** Attention should pay to the employees' mindset as well as their psychological status. Regularly communicate about the new principles, reward behaviors that support those principles, and express the dedication to them.
d. **Settle for minor results:** Insignificant improvements only complicate the process; the working team should make it harder to figure out how things really work.
e. **Quitting too early:** The re-engineering team should always keep focused on the long-term goal rather than short run achievement.
f. **Trying to make re-engineering happen from the bottom up:** The re-engineering teams always try to cover the process from bottom to top level. It should include the all level of staff as well as their working area.
g. **Economical on the resources needed for re-engineering: Re-engineering always demand investment of time and attention from the working team. Moreover, the process should always economical in the use of resources needed for re-engineering process.**
h. **Pulling back when people resist:** Conflict is an inevitable reaction to major change. Re-engineering demand everyone should be more talented and this may not be possible for everyone. Many human resources will have a vested interest in maintaining their status **quo.** So, expecting and planning for resistance must be an integral part of any re-engineering effort.

10. **Add force to the Culture of Re-engineering:** For re-engineering to work, the culture must support the process. The desired culture can be created and reinforced through a focus on three key areas: signals, symbols and systems. Resources of the organization must attach with the process of re-engineering. The strength of the re-engineering should spread over the whole system. System should encourage those staff who thinking about some radical change in their organization.

5.2 Strategy for Re-engineering the College Libraries

Re-engineering is a very complex process. It is really hard to

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implement the re-engineering plan in the organization like college libraries. This process involves different levels of staff and resources of the library. Following are the steps of re-engineering of the college libraries:

1. **Prepare a List of Need and Importance of the Process:** A proper and systematic list should be prepared by the college librarian on the need and importance of re-engineering of the library. The librarian may consult about this with the other library staff also. The list should follow the objectives of cost reduction and maximum user satisfaction.
2. **Identification of the Objective**: There is a need to be formulated the objective of the re-engineering process by the librarian. The objective should reflect the positive progress of the entire library.
3. **Categorize the Library user Need:** In the third step, librarian should study the user's expectation from different sections of the library and what actually they received from the library services. This will help the librarian to identify the section or area to be re-engineered according to preference.
4. **Prepare the Re-engineering Team**: This step contains the preparation of a re-engineering team. In Assam, as per Directorate of Higher Education (DHE) notification, each college is expected to have a library committee. The notification suggests that the principal and the librarian are the chairman and member secretary respectively, and three or four faculty persons are the member of the library committee. This library committee of the college may take up the re-engineering aspects. If necessary, two or three members with different expertise from among the faculties or even from outside may be taken as a member of re-engineering team.
5. **Analysis the Existing Condition of the Library in Different Sections:** A close observation is needed by the re-engineering team of the different sections of the college library and should identify their advantages and drawbacks.
6. **Identify the Activities or Section to be Re-engineered :** In this step, the re-engineering team selects the sections or activities need to be re-engineered according to preference. This may include:
   a. Physical layout/ facilities of the college library.
   b. College library collection.
   c. Manual processes of housekeeping operations.
7. **Adopt Different Re-design Technique as required by the Section:** The effective and efficient technique should be adopted by the re-engineering team as the respective section required. There are

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three main types of library, i.e. non-technological, partial-technological and fully-technological. There may be variation in adopting the different re-design tools and techniques according to the need of the college libraries.

8. **Implement the Re-engineering Process in the College Libraries with a specified time frame for Completion:** After proper selection of re-defined technique, the re-engineering team should implement it into their college libraries with a specified time frame for completion. For re-engineering of the physical layout of college libraries, the team may consider different sectors, such as:
   a. Separate stack room.
   b. Computer laboratory with sufficient number of computers having Broad Band Connectivity.
   c. In computer laboratory, there should be printing and scanning facility for student user under the supervision of proper authority.
   d. Separate reading room facility for students and teachers with adequate library fitting and furniture.
   e. Proper ventilation and lighting facility should be there in the library.
   f. Separate reference section.
   g. Reprographic section.
   h. Processing section.
   i. Independent cabin for Librarian and Assistant Librarian.

In the case of re-engineering of library collection, the re-engineering team may adopt the following tools and techniques:

- Collection should procure in CDs, DVDs, Microfilms, etc.
- Preference should be given to subscribing on online-books, online journals, online database, etc.
- Always prefer to access the e-reference sources.

If the library wants to re-engineer it's housekeeping operations than the library should be automated with standard library software. The re-engineering team while selecting the software for library automation, they should follow different criteria. Manual library housekeeping operations will be re-designed with the help of various new information technological systems like:

- Automated Acquisition System.
- Automated Cataloguing System.
- Automated Circulation System.

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- Automated Serial Control System.
- Automated Reporting System.
- Automated Stock Verification System.

If the college authorities want to re-engineer the service section of libraries then they may adopt the following services:

- CAS and SDI services by e-mail.
- Online Information Retrieval System.
- Online Resource Sharing.
- Development of Institutional Repository following by suitable software.

Human resource is another important section of the college library. Application of new information technology is required more efficient and skilled person for the functioning of library operations. Following activities may be conducted for re-engineering the human resources:

- Conducting of motivation /study tour for the library staff.
- Providing adequate facilities for the development in the field of training and research programme.
- Arrange different training programme to develop the communication skill, leadership skill, information handling skill, decision making skill both the professional and non-professional staff of the library.
- Inform the library staff about the importance of re-engineering process.
- Give the provision to attend different continuing education programme in service period of the library staff.
- Make more aware in ICT field by giving the opportunity to attend different seminars, short-term courses etc. in application of Information and Communication Technology (ICT).

The college library may also re-engineer its information resources because of increasing cost. The re-engineering process suggests the college libraries to follow electronic version of all document to meet the users need.

- ***Books to E-books***: College libraries may increase or raise their collection by downloading the e-books from different links. There are two major categories of e-books-

  Off-line (CD-ROM).

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On-line.

There are numbers of e-books in multidisciplinary subject available free-of cost on internet.

- ***Journals to E-journals:*** The movement from journals to e-journals is one of the effective ways of re-engineering. Today e-journals are becoming the main source of scholarly information and its use has been increased.
- ***Movement from Conventional Reference Sources to E-reference Sources:*** In the re-engineering process college libraries should prefer to purchase e-reference sources rather than conventional reference sources. Different valuable dictionaries are available both off line and online version and which can be accessed by the user easily and within a very short time.
- ***Adaptation of E-Consortia Approach:*** E-Consortia approach should follow by the college libraries to increase the information resources of the library. It is one of the effective approaches of re-engineering of the college libraries. But internet connectivity is essential component for establishing consortia network. So college libraries should at first connect to the internet before adopt this consortia mode.

9. **Evaluation of Change on Re-engineering:** After implementation the re-engineering process, next step is to evaluate the library system. What changes achieved by the college library or is it success to meet the user need at present technological environment, all should be evaluated after applying the step of re-engineering. This task will be performing by the re-engineering team of the library.
10. **Review of the Results:** The achieving results will be reviewed by the re-engineering committee and report should be sent to higher authority of the college library i.e. the principal of the college.
11. **Sustaining the Re-engineering Process:** The re-engineering process should support with the continuous learning, process improvement, feedback and fine modification.

There is a need of an active plan for re-engineering of the college libraries. In the online version of encyclopedia and during the implementation stage, it is accepted that IT is only the part of solution and the re-engineering process continually monitors IT performances and keeps up with new IT development. According to S. B. Sangole, “at the time of re-engineering process college librarian should adopt faculty

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researcher model. As per this model, a college librarian should play the role of faculty by providing instructions in the use of library and reading material". An effective and efficient active plan of re-engineering always encourages the college library community to walk with the changing library environment and blesses positive transform to library profession.

6. Conclusion

Re-engineering of library system is a movement of the concept from traditional to modernization. Re-engineering does not only mean the use of computer or other technology by replacing the existing one. It is a process which enhances the college libraries for better use of their resources at efficient cost and provides quality service to it's user. Different innovative services are created during the process of re-engineering by the college libraries. The college librarians should be aware of the importance of the applicability of the concept of re-engineering in the libraries and try to apply it in their respective libraries.

7. Suggestions

1. The higher authority should always support the positive change of the library and provide more fund in the yearly budget of the college.
2. The college authority should have a technical committee for the library to take some steps in improving the working condition of the library and should advice the library authority time to time.
3. The functions of the college libraries should apply the re-engineering concept to meet the challenges posed by the Information Communication Technology. It is suggested to implement the re-engineering concept to achieve the maximum efficiency at least cost with better service to its users.
4. A well structure set of rules and regulation should be prepared by the college libraries by adjusting with this changing ICT environment. These rules and regulations help the library system to well management and provide a systematic way of user services.
5. College library should design a library-oriented education programme.
6. The college librarian should develop a proper co-operation among the college authority library, staff and readers.
7. Provision of adequate training, orientation and short-term course for all categories of library staff is very important to cope up with the changing library environment. Sincere, dedication, skillful

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manpower etc are is important to run a good information service with honesty.

8. College libraries should follow the Library Consortia for subscribing the library resources as it is proved more economical and efficient.
9. All the college libraries should try to develop the digital libraries and institutional repositories of in-house publication i.e. college magazines, departmental journals and other general documents.
10. Library marketing concept should apply in the college libraries which will help the organization to raise their fund. Different electronic marketing tools should use for the advertisement of library services and products.
11. User should always try to make themselves proper aware about their library and disseminate the information by using latest technological equipments available in their library.
12. User should actively participate in User Education and Information Literacy Programme. Participation of user in such type of programme encourages the library staff to perform their functions effectively and to provide better service to their users.

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A Journey from Garden to Kitchen: The Complex Tea Supply Chain

Dr Kakali Hazarika[*]

Tea, the most popular and cheapest beverage after water, is available in our kitchens. There is no class or age boundary in consuming tea. India has had a very significant position in the world tea market in terms of production, consumption and export since long back. But last few years Indiatea is losing its position due to its high price and poor quality. Moreover, in the domestic market, tea is facing tough competition from other beverages and health drinks like Horlicks, Bournvita etc. The traditional tea industry was production oriented. But now to meet the competition, new market orientation is emerging. The market production linkage can be strengthened by either Market creation or Market matching. Here a product is sold to match the market demand. To meet both approaches quality development is the only way for the tea industry and it needs better infrastructural facilities in the estate. Behind each cup of tea, there is a very complex supply chain. The tea supply chain shows the movement of tea from garden to ultimate consumer. And this chain has a large impact on the quality improvement of tea.

This paper tries to explain what the tea supply chain is and how it affects the quality development of tea.

1. Introduction

Tea is one of the most essential parts of human beings in urban as well as rural areas and people do not hesitate to say every time is 'tea time'. Tea production in India is divided into two geographical divisions as North India and South India. Assam and Sikkim from North India and Tamilnadu (Nilgiri), Kerala and Karnataka in South India represent Indian tea all across the globe. According to the Tea Board of India, during 2019, the domestic tea production of India was 1389.70 million kg showing an increase from 1338.63 million kg in 2018. Though it is a positive sign, the tea industry of India has to do a lot to maintain this increasing trend.

Earlier the industry has the constraint in meeting up high domestic consumption requirements; which now ironically is witnessing an oversupply of tea in the home market. Also due to quality degradation,

[*]Assistant Professor, Department of Economics, Nabajyoti College, Kalgachia, Barpeta, Assam

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Indian tea is losing its position in the world market. Tea Board of India has started promoting and re-positioning the 'Made in India' tag in the world market to boost Indian tea export [6]. In the last two-three years in the world, tea market output declined drastically and the export dropped. In the year 2019, the total tea export from India was the US $ 830.90 million. This was declined in 2020, reporting an export volume of US $ 826.47 million (Tea Board of India, Statistics). Presently, to cope with the situation, the next alternative for the Indian growers is the domestic market.

2. The Tea Marketing

There are various modes of tea disposal like an auction, ex garden sale, forward contract etc. However, when one says about the marketing of tea; it directly refers to the auction system; because among these, all modes auction is the most preferred one. In India, out of 800 million kg, bulk packaged tea, 500 million kg (62.5 %) is sold through public auction annually [4]. The participants of the auction system are auction organizers, sellers or producers, brokers, buyers and warehouse keepers. Here producers send tea for auction. On arrival of this tea, it is stored at registered warehouses which in turn forward "*arrival and weighment report*" to the brokers concerned. This report contains details of the date of arrival, grade of tea and actual weights received by the warehouse. Once the tea has been catalogued, the brokers collect samples from each lot for distribution to the buyers. Brokers also draw samples for their tasting and valuation of tea. These valuations are distributed among buyers and form a guideline for price levels at which the tea is expected to sell.

On the given date of the auction, usually early in the morning auction commences. Each broker sells by rotation. Bidding starts once the auctioneer announces the lot number to be sold. Each lot is sold or "knocked down" to the highest bidder. After-sale, brokers issue a "Delivery order" of tea purchased to the buyer. On presentation of these documents, buyers can take delivery of tea from the warehouse. To place all the teas of various qualities on a single forum and yet retain the capacity to sell large quantities at the right prices, the auction system is the most useful method. In its 174th year (since the first auction sale in1837 in London) the auction system has withstood the passage of time. Nevertheless, it is seen that here brokers are given all the power from tasting to delivering. A limited number of brokers operates the whole system. Producers, which are the caretaker of tea, do not have an active role in the auction system. The auction buyers are mostly big tea

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companies having their network of blending, packaging and marketing. Many industry insiders believe that the large buyers have co-operated with the brokers on the auction floor to keep tea prices low [3]. Hence, actual growers can do nothing regarding the price of their tea. They cannot hold on to their stocks for a long time and so have to be satisfied with the price fixed by the big buyers.

Actual marketing of tea starts after the auction. This process involves blending, packaging, advertising, wholesaling and retailing tea. In most of the agricultural produces, value addition is done downstream; in the higher processing and retailing stages of the supply chain [4]. This is also true with tea. Value is added to tea leaves at each stage of processing. As tea is ready to drink item, the downstream stages such as blending, packaging and ultimate marketing are the most profitable ones. Moreover, here the big companies collect all the profit margins [2]. Hence, supply chain management is now a very significant issue in the tea marketing process.

3. Supply Chain Management

A supply chain refers to the entire process of birth, growth and marketing of a product. The tea supply chain begins in plantation and ends at the final consumers of the retail market. A sustainable supply chain management can help to lower costs and increase revenue if effectively implemented. *A key focus of supply chain analysis is the question of governance i.e. who can influence what others do? In the past; price was the main aspect to consider, but now it has been changed to quality, delivery order, reliability of the supplier etc.* [11]. Tea supply chains are long and weakly integrated compared to many industries. The trading system of tea is complex with numerous intermediaries between the actual grower and the retailer. Here common ownership of plantations (having more than one garden), factories, blending and merchandising operations strengthens co-operation within the chain.

4. The Tea Supply Chain

Millions of people are engaged in producing and processing tea. Tea production has been dominated by large plantations but smallholdings are on the increase. The simple tea supply chain is as follow:

Garden ⟶ Factory ⟶ Auction ⟶ Buyer ⟶ Market

Flow chart: 1

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The tea supply chain begins in a plantation, where tea leaves are grown and plucked. Then these are either sent to Bought Leaf Factory (BLF) in case of small growers or processed in the factory of the big gardens. The processing is done in the producing countries themselves because tea must be processed within hours of its plucking to maintain quality. After processing, made tea is taken either to auction or for direct marketing. In an auction, buyers purchase it and the next stage is marketing after blending and packaging. Tea will generally reach the supermarket's shelf within 20 to 30 weeks of leaving the bush. The above supply chain (Flow chart: 1) is a simple description of the movement of tea from garden to market. However, the actual scenery is not so simple. There are many participants in every part of the above chain. The movement of Tea from Garden to Factory is shown below:



Flow chart: 2

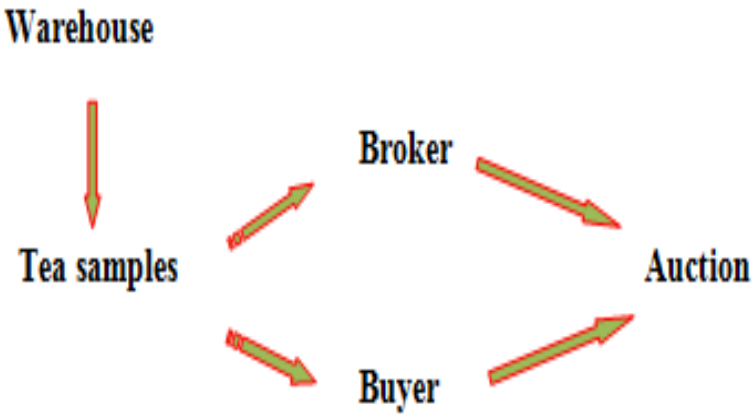
The added complexity in the tea industry is the "Effect of seasonality in tea production on supply chain efficiency". The Journey of Tea from Factory to Market is described below:

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Flow chart: 3

The Tea Auction



Flow chart: 4

The above figure (Flow chart: 3) shows how tea leaves move from factory to market. After processing in the factory, made tea is sent either for direct selling or to the warehouse for auction sale. The most complicated part of the tea supply chain is when tea passes through auction (Flow chart: 4).

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Producers send their tea to the registered warehouses prescribed by the brokers. Now producers are not involved in the next steps of the tea supply chain. In this part (Flow chart: 5) the chain brokers are the active participants. The warehouse has to inform the brokers about the arrival of tea. Brokers for tasting and valuing draw tea samples and they also send samples to the buyers. Tea is sold at the price decided at auction. The auction takes place between brokers and buyers only.

Auction to Retailer



Flow chart: 5

This structure creates a long supply chain that put smallholders at the bottom end without bargaining power and allows large corporations to influence prices. Tea prices at the smallholder level that are set by exporters and processing companies change weekly while the price of packed tea that they produce are relatively stable. The big companies likely influence prices at tea auctions as they buy almost 80 per cent of the auctioned tea. Generally, there is no structural relationship between actors in the tea supply chain. The producer is the starting point of the tea supply chain. A tea plant grows in tea estates and when it gains productive age level, leaves are plucked and sent to the factory for processing. After processing normally, 65 per cent of the made tea is sent to auction. The Big tea companies, who are the Auction buyers purchase tea in bulk quantities and sell them again either directly or after blending and packaging. Thus our favourite tea moves to our cup passing through a long journey.

5. Findings of the study

The word supply chain refers to the distribution channel of a product from its sourcing to its delivery to the end consumer. The study of the tea supply chain gives the following findings

1. In a normal view, the tea supply chain looks very simple process of moving tea from garden to final consumer. In reality behind each cup of tea, there is a complex supply chain bringing together some of the world's most powerful companies.

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2. The big buyers or the big companies are the key actors within the supply chain. In the whole process of tea auction, the decision of the buyers (big foreign tea companies) can be better recognized than the critical contribution made by the producer to produce better quality tea.
3. Producers are the 'price taker'. They give the authority of tea to the concerned broker and have no idea about the buyer of their tea.
4. Poor price realization in auction leads to less investment for infrastructural development and this results in degradation of tea quality, again low price for poor quality in the auction and ultimately closer of the garden.

6. Recommendations

Based on the above observations some recommendations are made for a smooth flow of tea throughout the entire supply chain to ensure better price realization and to increase the investment in infrastructural development.

1. Producers and buyers must have a direct relationship, cutting the length of the tea supply chain. This will help to understand the requirements of each other.
2. An agreement or contract should be developed between producer and buyer specifying the length of the relationship; so that the producer can invest for better quality.
3. A minimum sustainable price must be decided by the Tea Board or other controlling authority for every garden based on the quality of tea so that they can meet the cost of production.
4. Auction organizers should monitor the loopholes of the auction system. In addition, effort should be made to make it more transparent.
5. Organizations should be established by the Central Government, State Government or by the Tea Board of India for tasting and valuation of tea. It will ensure that better will be the quality, higher will be the price.
6. To enable a revival of the domestic tea industry from the downturn, the Tea Board of India should take new measures related to the subsidy for production, subsidy for replantation and subsidy in the transportation of tea for export.
7. Direct marketing will be more profitable for the producers than auction. Producers prefer auction regarding it as an effortless task from the producer's side. However, if they think beyond the boundaries, they go for some effort for direct marketing to achieve

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a better price.

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A Study on the Role of College Libraries in Promoting Reading Habits among the Students at Degree Level with Special Reference to Greater Guwahati

Dr Himadri Bharali[*]

Library services in a higher education institution play a significant role in enhancing the quality of academic and research environment. As such the college libraries are the treasure trove of knowledge which cater to the needs of all those who are directly associated with the mainstream of higher education. Library in an educational setting can play a crucial role in developing good reading habits among the students. Reading is an integrative process which starts with the reader and covers the affective, perceptual and cognitive domains. The present study would investigate the role of library in developing reading habits among students at the degree level which is mainly restricted to the ten Degree Colleges of Greater Guwahati area. It also investigates the services provided by those libraries to enhance the reading habits among the students.

1. Introduction

A library is a temple of knowledge. It is a service institution. Library services are one of the most widely used and accepted in the modern world. Academic work is supported by library. Therefore, library is rightly regarded as the heart of an academic institution. Education and library services always go together and cannot be separated from each other. The college is an institution which provides learning and knowledge to bachelor degree course usually. The college libraries are the treasure house of knowledge which cater to the needs of all those who are directly associated with the mainstream of higher education. College libraries are information center established with an aim to generate knowledge, equip students, teaching and non-teaching members of the college.

Reading is the fundamental process of learning. Reading habit is the best among all soft skills as it is a source of creative power. It is essential tool for lifelong learning for everybody through which humans can transmit knowledge to their future generation. Reading habit should start from young itself. Reading habit enables one in personal and social growth in general. Therefore, parents should encourage students to

[*]Assistant Professor, Department of English, Pub Bongsor College, Pacharia, Kamrup, Assam

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study different books concerning national, social, cultural and political issues. Parents can set up a mini library at home with materials available and suitable for reading. Parents should advise their adult children to read newspaper on a daily basis along with story books and novels. Most importantly library in an educational setting can play a crucial role in developing good reading habits among the students. Library services in a higher education play a significant role in enhancing the quality of academic and research environment.

Libraries play crucial role in promoting the reading habits in any society. To create reading habits among students it is necessary for the librarian to reach out to the students. Librarians will have to motivate the readers to read books and for this the librarian might utilize various methods to attract the students to come to the library. In this context, the library staff must take the initiative. First of all the overall environment of the library should be calm and peaceful. Secondly, the library staff must arrange the books very systematically and methodically, so that the readers can find the required books easily. Besides, the behavior of the librarian as well as the library staff should be kind and polite. Their behavior will necessarily attract the students to inquire about books and text materials and demand frequent visits to the library. The library must organize extension programs like book exhibition, debate competition, book review competition, author lecture series, essay competition, quiz competition, seminars, workshops, conferences etc. Library activities should be promoted through advertising using masses, electronic and print media. The college magazine acts as an effective tool for creating awareness among the library users. Moreover, online websites of the colleges can be a great help for the library staffs to promote the manifold activities of the library. In this regard, the college authority can take the initiative to facilitate the necessity of using college library among the students. Last but not the least, the library staffs should be properly trained and qualified. They accommodate the latest and relevant books and journals according to the needs of the students.

2. Relevance of the Study

The present study would investigate the role of library in developing reading habits among students at the degree level. As the prior studies find that it is a very emerging problem in modern era that our students are far away from reading printed literary genres which might diminish the individual and social upliftment of the future

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generation. It is seen that present education system is structured in such a way that students are studying only academic books and not other books or magazines. College should frequently organize seminars and debates on relevant issues. Now-a-days although every college has a library, it is unfortunate to say that most of these libraries are busy only during exams. In any class, not even half of the students use libraries effectively. It helps students to improve their technical knowledge and communication skills.

Guwahati is the hub of socio-cultural, political and economic activity of the entire northeastern regions. The students come from the different parts of the northeastern regions to have best quality and productive education in the various educational institutions at Guwahati. The degree colleges have been providing good quality education since its inception. The libraries of the colleges are regarded as the soul of the higher education. A college library is established with a view to aiding in successful accomplishment of the objective such as research, teaching, learning, transformation of students behavious, art of reading, writing and producing new and innovative creations in various fields of education like arts, science, commerce etc. In the world of globalization, the college library is the national precious wealth that would help in inculcating reading culture among the students of our society. Reading is a root of learning. This skill enables a person to achieve practical efficiency in life. The students coming from the various parts of the region must be benefited from the colleges and the use of library. Therefore, it is the sole responsibility of the library to fulfill the needs of the students providing its best services to the users. In this context, the researcher has selected the proposed work of study with special reference to Guwahati and delimited the work within the ten selected libraries of degree colleges.

3. Objectives of the Study

The following are the main objectives of the present study

1. To analyze the reading habits among the under graduate college students.
2. To study the role of library services in colleges to promote reading habits among the students.

4. Methodology

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The present study employed descriptive survey method as a basis of the investigation. In the selection of the sample of the present study, random sampling method has been employed. The data are collected from the libraries of ten (10) Degree Colleges within greater Guwahati. The data are collected from the selected ten (10) librarians of the college libraries and eighty (80) students randomly from the selected ten colleges data. The data are presented in Table 1:

Table 1: Sample of the study

S/L No.	Name of The Colleges	Year of Establishment	Name of the Libraries	No. of Librarian	No. of Respondents
1	Lalit Chandra Bharali College	1971	Lalit Chandra Bharali Central Library	1	9
2	Karmashree Hiteswar Saikia College	1988	Umacharan Bania Memorial Library and Education Centre	1	12
3	Pandu College	1962	Pandu College Library	1	7
4	Pragjyotish College	1954	Pandit Tirthanath Sarma Library	1	8
5	B. Barooah College	1943	Hem Baruah Library	1	9
6	K.C. Das Commerce College	1983	K.C. Das Commerce College Library	1	10
7	Handique Girls College	1939	Rajabala Das Library	1	7

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8	Guwahati Commerce College	1962	Dr. Birinchi Kumar Baruah Library	1	3
9	Radha Govinda Baruah College	1978	Radha Govinda Baruah College Library	1	9
10	Guwahati College	1964	Guwahati College Library	1	6
TOTAL				10	80

The data were collected through primary and secondary sources. For the primary data collection, the researcher selected questionnaire both for the librarians as well as for the students. Observation technique was also followed during data collection.

For secondary data the researcher accessed journals, articles, thesises, dissertations, books, newspapers etc. For the secondary data the investigator had to depend on library, internet sources mainly. Review of important relevant literature has also done for the present study.

5. Analysis S and Interpretation of Data

5.1 The Librarian Responses

The data are analyzed according to the responses provided by the librarians of the selected colleges.

5.1.1 Students as Library Members

The data provided by the librarians of the selected colleges show that all the students of the colleges may not be the members of the libraries. A section of the students might use library services and access library books, but all students might not be the library users.

5.1.2 Average number of Students using the Reading Room Daily

Depending on the responses of the librarians, 30% of the colleges state that the average number of students using reading room daily is below 30. Besides, 60% of college libraries responded that their average numbers of students are from 30 to 60 students. And, only 10% mentioned that the average numbers of students using reading room are

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within 60 to 90. These are graphically shown in Figure 1:

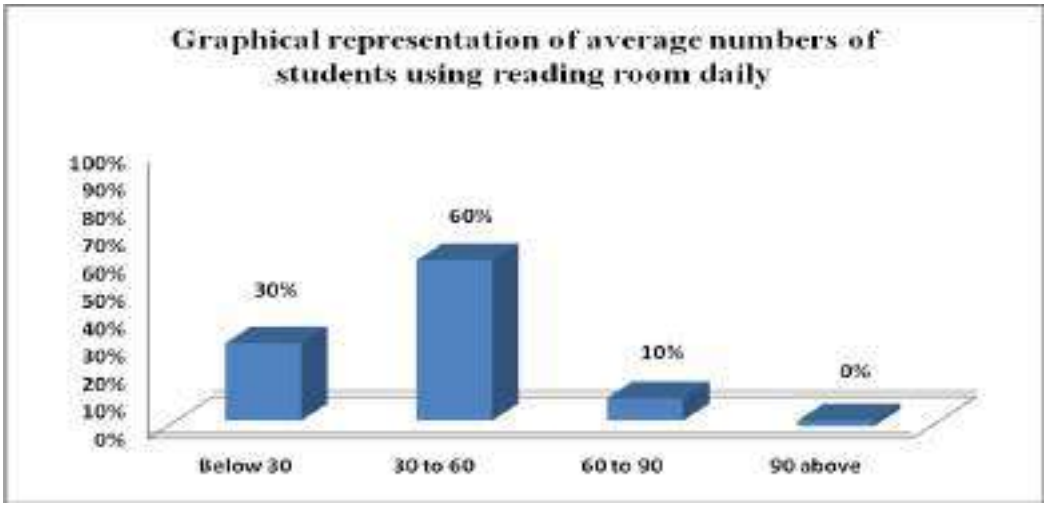


Figure 1: Average numbers of students using reading room daily

5.1.3 Students' Demand for Latest Books and Recent Periodicals

The data represents that 80% of the College students demand for latest books, journals, magazines etc. Only 20% of the students are not concerned with the latest books and magazines. The demand for latest collection of books in the college library is higher than those do not demand the latest reading materials. The above data are shown graphically in Figure 2:

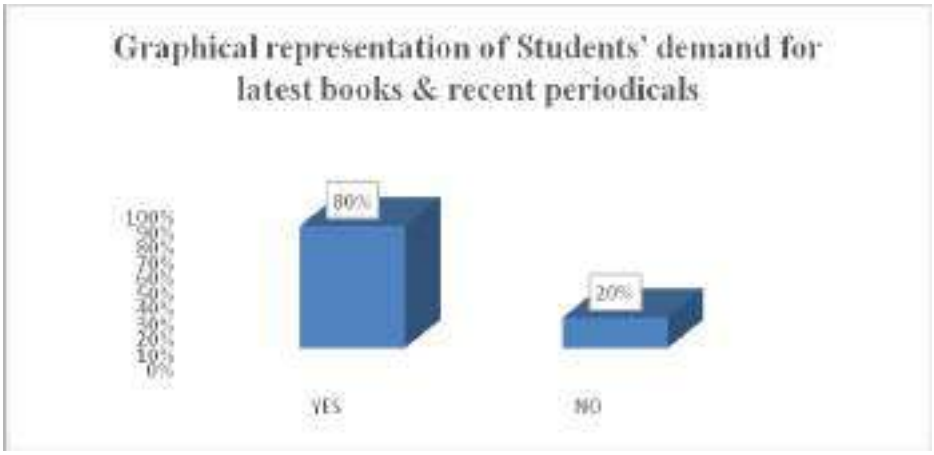


Figure 2: Students' demand for latest books & recent periodicals

5.1.4 Students' purpose for use Library

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The responses reveal that the purposes of using the library vary from student to student. Maximum numbers of students make use of library for borrowing books. The 90% of the selected colleges, students come to the library only to read books. It is seen that now-a-days college libraries are providing internet and wi fi facilities to the users. Most of the students come for accessing internet and wi fi facilities in the libraries. 80% college libraries responded that students come to the library to use internet facility for online accessing of books. Besides, 65% shows that students come to the libraries to read books in the library only.

5.1.5 Students visit to Library on Vacations

The responses show that the students come to the library during vacations in most of the colleges in Guwahati. 40% college libraries responded that students come rarely to the library during vacations to access books. In 20% of the libraries, it is observed that students come to the library daily. As a matter of fact, if the students are given some projects works by the subject teachers during vacations, then they come on daily basis to find materials for the assigned works. Otherwise, the students do not come regularly to the library on vacations except some concerned ones. The graphical representation of the data responses are given in Figure 3:

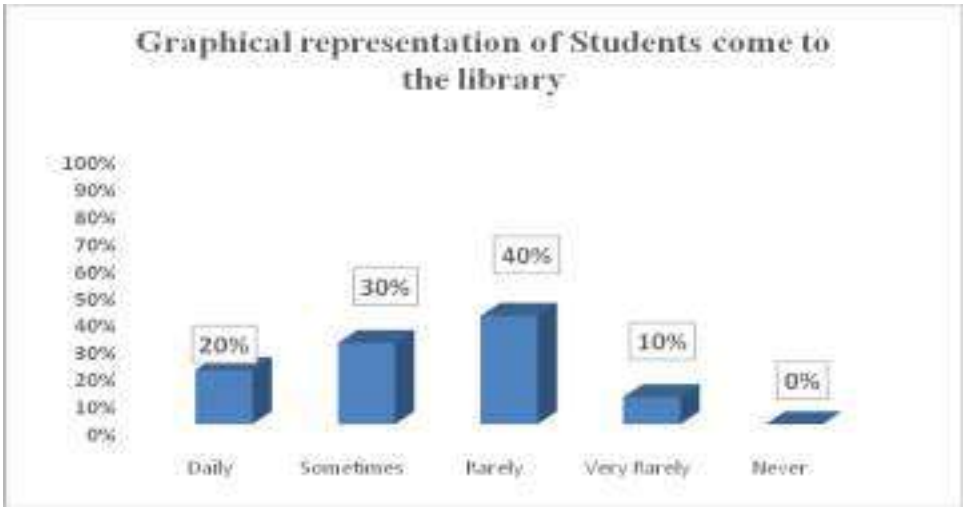


Figure 3: Students come to the library

5.1.6 Library Services

The data shows that all the selected college libraries provide facilities to the students such as Photocopying, Issue and Return of books, extension services (100%). Compiling bibliography service is also

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available in 20% of the college libraries. Apart from these, Book bank and CAS (Current Awareness Service) are provided by 60% and 70% of the college libraries in Guwahati respectively. These facilities help in motivating the readers to access more and more books. The above data responses are graphically presented in Figure 4:

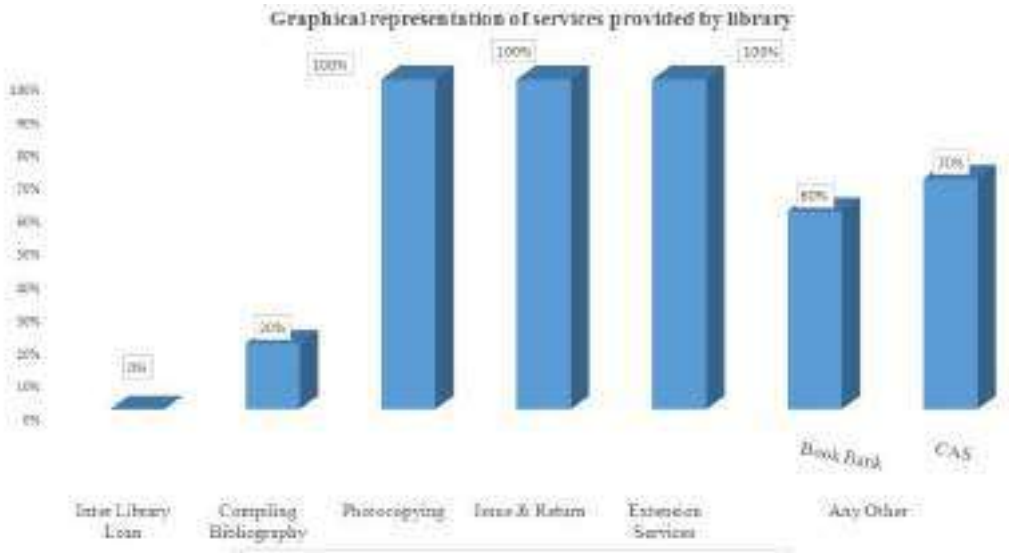


Figure 4: Services provided by library

5.1.7 Computerized Library Service

It is seen that all the college libraries are providing responses in 100% in providing library computerized system. This is accounted as significant development in the library services facilities to the students in digital era.

5.1.8 Digital Library

The responses indicate that 60% of the selected college libraries have been digitalized partially that means some sections of the libraries are made digitalized. And 40% of the libraries are not yet digitalized. The percentage of digitalized sections is the sign of advancement in the path of digital movement in the global context.

5.2 Student's Responses

The data are analyzed according to the responses provided by the students of the selected colleges.

5.2.1 Book Borrowed Regularly from the Library

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The responses reveal that 50% of the students borrow books from the college library occasionally. Moreover, 25% of the students borrow books regularly and 25% of the total students do not borrow any books from the library. The data are graphically represented in Figure 5:

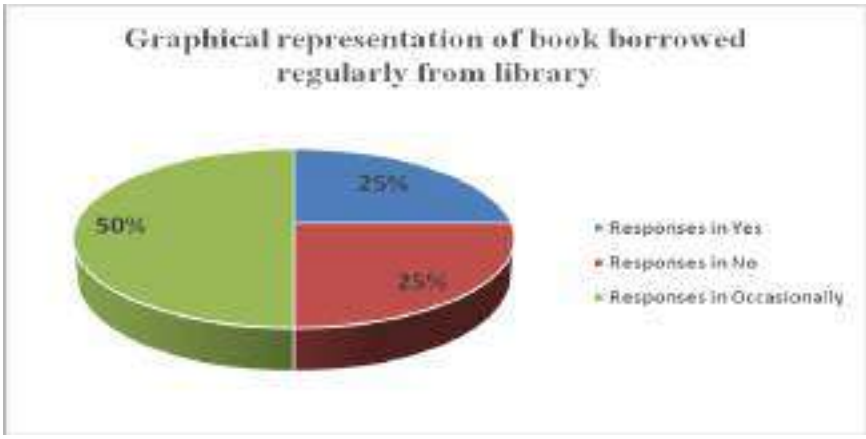


Figure 5: Book borrowed regularly from library

5.2.2 Students Using Reading Room

According to the responses made by the students, it is found that 72.5% of the students make use of library reading room. Only 8.75% do not use reading room and 18.75% of the students use reading room occasionally.

5.2.3 Library Staff Help

The responses show that library staffs of the selected college libraries provide manifold services to motivate the readers to read more and more books. 20% students are motivated by the personal advice of the librarian. 10% students are motivated by the attractive arrangement of books in the library to use library resources. Besides, 7.5% students are attracted to come to library by the open access system. 21.25% students are motivated by orientation classes taken by the librarian and 41.25% students are attracted by the best reader or user award in the library. The data are presented with the help of a pie diagram in Figure 6:

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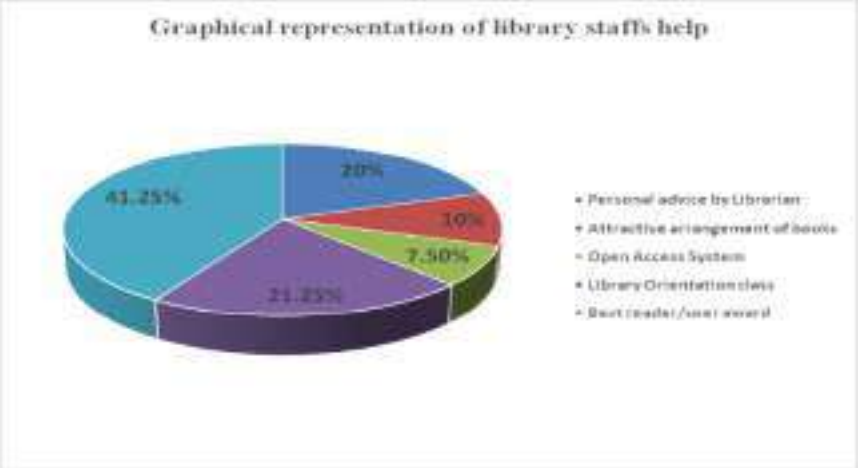


Figure 6: library staffs help

6. Major Findings and Suggestions

6.1 Findings

After making proper analysis and interpretation of the data, the following findings have been drowned:

The results have shown that there is a good reading habit among the users of the colleges. 80% of the College students demand for latest books, journals, magazines etc. Only 20% of the students are not concerned with the latest books and magazines. The demand for latest collection of books in the college library is higher than those do not demand the latest reading materials. The results show that the most of the students at degree level enjoy reading other than the text books. Therefore, it can be stated that students possess a positive attitude towards readings.

The survey shows that all the selected college libraries provide facilities to the students such as photocopying, issue and return of books, extension services (100%). Compiling bibliography service is also available in 20% of the college libraries. Apart from these, book bank and CAS (Current Awareness Service) is provided by 60% and 70% of the college libraries in Guwahati respectively. The students also responded in a very positive manner that the services provided by the college libraries are excellent. Thus, it is found that the college libraries play a crucial role in providing various services to the readers that helps in promoting reading habits of the students.

6.2 Suggestions

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Some suggestions have been mentioned after analyzing the collected data from the Librarians and the students.

1. Proper training should be provided to the students for online searching and reading of library books.
2. Extension programmes like book exhibition, group discussion, and eminent author lecture series should be organized by the libraries. Besides, debate competition, book review competition also must be held with the collaboration with other college libraries. These activities would definitely give a motivational spirit to make use of library resources.
3. The authority of the college must give more importance to the library infrastructure. It should make provisions to set up different library sections providing all the facilities.

7. Conclusion

The role of library is very extensive so far college education is concerned. A well equipped and well managed library is the foundation of modern educational infrastructure. College library enables a student learns to use a library expertly and systematically. It is the essential condition of any degree college to have a full fledged library with good quality of books and other printed materials. It is the library that can help a student to raise and keep alive reading habit. College should maintain a special class using of general books in college libraries and encourage pupils to study the books, magazines and newspapers by conducting the debates, seminars on issues relating to general awareness, to motivate them. There should be dedicated period in the daily time table, to attend the students in library. Thus, it is the sole responsibility of the college authority as well as intellectual society to make the college library as a full-blown library system to help the reader community in all spheres.

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Funding Education in Developing Countries: A Cross-sectional Analysis

*Dr Chandan Sharma**

Education is the key to economic development and social progress. The labour market data across the world shows that better-educated workers provide more outcomes measured in terms of production and income compared to those having less education. Education by imparting knowledge and skills contributes to creating a strong labour force which is critical for a country's comparative advantage, particularly in the present time of increasing global competition. Therefore, economists are now more concerned about how scarce resources of the society are allocated in education, distributed among formal educational institutions as well as among different social groups. For inclusive growth government funding in education is prima-facie. It is experienced that developed countries are spending a significant amount on education. Public funding has got always been a priority in those countries. But there is an increasing trend of privatization of education among developing countries. It has the impact of increasing inequality in income, impoverishment and decreasing environmental quality. This paper highlighted these aspects of education funding and its impact on society.

1. Introduction

The World Development Report quotes Kuan Chung (7th century BC) "If your plan is for one year, plant rice. If your plan is for ten years, plant trees. If your plan is for one hundred years, educate children"[1]. Education is the key to economic development and social progress. The intensifying convergence of knowledge-driven economies, demographic dividends and human rights-based development makes education more pertinent. The labour market data across the world shows that better-educated workers provide more outcomes measured in terms of production and income compared to those having less education. Education by imparting knowledge and skills contributes to creating a strong labour force which is critical for a country's comparative advantage, particularly in the present time of increasing global competition. Therefore, economists are now more concerned about how scarce resources of the society are allocated in education, distributed

*Assistant Professor, Department of Economics, Morigaon College, Assam

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among formal educational institutions as well as among different social groups. For inclusive growth government funding on education is prima-facie.

2. Review of Literature

The government has the primary responsibility of funding education so that inclusive growth is achieved. Glomm & Schiopu (2011) observes that the public education funding system may be—pure local, centralized or a mixture of local and centralized. Under the local funding system education is financed entirely through local taxes. In the centralized system, the state funded the entire education with voter determining taxes and all public schools receive the same funding per pupil. The spending per student is $E = \tau Y$ where τ is the statewide income tax rate and Y is economy-wide income. Goldrick & Rab (2016) argues that free education helps students focus on learning rather than working so that they complete degrees faster and have acquired more skills. George & et.al (1986) shows that the adverse macroeconomic conditions and keen inter-sectoral competition for public funds in developing countries forced their government's ability to invest in education. The rapidly growing population and underdevelopment of economic activities limited the potential contribution of households in education. It results in underinvestment in education in developing countries. Lindert (1994) measures public education expenditure as a percentage of GDP. Similarly, Roser & Ospina (2020) by analyzing the early data concludes that government funds to finance the expansion of education came from several different sources, but especially taxes at the local level played a crucial role. This local funding is the root of regional inequalities in education.

3. Objective

The objectives of this paper are—

1. To highlight the aspects of education funding in developing countries.
2. To examine the impact of public funding of education on the society of developing countries.

4. Methodology

This paper uses the descriptive method of analysis. Only secondary data are used. Data are collected from reports of international organizations like World Bank and UNESCO, government reports,

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journals and books. Web materials are also used. For collecting data a sample of 20 developing countries were taken. These countries were selected by taking the consideration of their growth rate of GDP which is moderately high than other least developed countries.

5. Discussion

5.1 Education Funding in Developing Countries

In many developed countries which are following capitalism, education is public good funded by governments. The Scandinavian countries provide education free of cost to their citizens as well as students belonging to other European countries. A pure capitalist country, Germany offers education for free. Students from any foreign country could attain education in the universities of Germany without spending money. In Sweden pursuing a PhD is free to students of any country[2]. In other countries like Austria, Czech Republic, France, Belgium, Greece etc. education is free. According to World Scholarship Forum in 2021, 30 countries provide free education[3]. Today's advanced industrialized countries recognized the role of education very early and took initiation of expanding education through public finances and government interventions. This process got intensified in mid 19th century and continued thereafter. Taking encouragement from developed countries, the developing countries were also providing education through public funding. From 1970 to 1980 there was a significant jump in the government spending on education (as evident from table-1). This continued till 1990. Before 1990 the government spending on education as a share of GDP in developing countries became close to the average spending in developed countries[4]. After 1990, the IMF and World Bank became strict on the fiscal discipline of the developing countries. They were required to maintain a fiscal deficit below 4% of GDP to avail more financial assistance from these institutions. This fiscal deficit cap made a casualty of education. Many countries including India had to fight hard to make the public resource available for education. The countries got relief from this situation after the adoption of Millennium Development Goals (MDG: Goal 2-Achieve Universal Primary Education) in 2000. In the first decade, i.e, up to 2010 the developing countries were witnessed the free flow of international funds for education under development assistance. But after 2010, the assistance for education stops growing which affects the education sector, particularly the primary education in the low-income countries

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dependent on international assistance.

Table 1: Government Expenditure on Education, 1970-2019 (% of GDP)

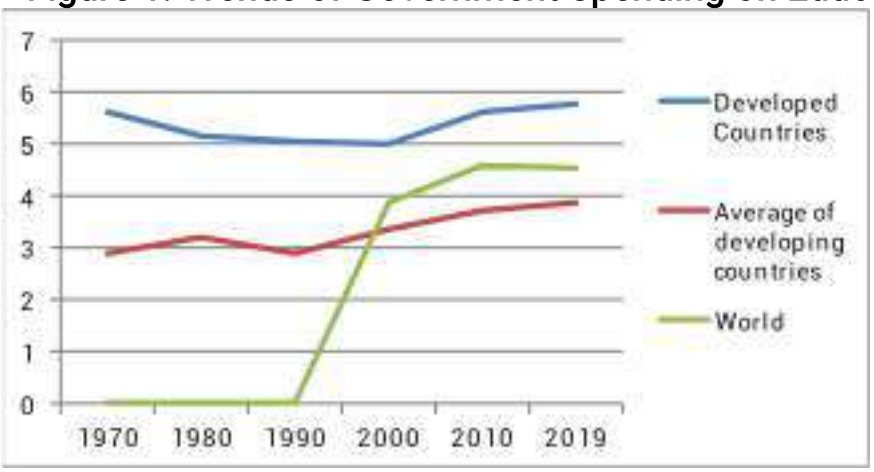
Country	1970	1980	1990	2000	2010	2019
Developed Countries	5.6	5.1	5.0	4.96	5.59	5.72
South Korea	3.41	3.46	3.04	3.4	3.9	4.3
Cameron	2.8	3.1	3.29	1.78	2.99	3.1
Bangladesh	0.98	0.94	1.52	2.13	1.9	1.33
India	2.6	3.0	3.9	4.27	3.33	3.4
Colombia	1.9	2.4	2.6	3.49	4.8	4.5
Brazil	2.9	3.6	4.5	3.94	5.64	5.5
Pakistan	1.7	2.1	2.7	1.84	2.37	2.3
Thailand	2.5	2.57	3.08	5.2	3.75	3.8
Venezuela	3.9	4.1	2.45	2.9	3.63	3.4
Mexico	1.3	2.0	2.3	3.8	5.29	4.5
Indonesia	2.6	1.5	0.87	2.1	3.5	3.4
Egypt	4.9	4.28	4.2	4.0	3.76	3.1
Iran	2.87	7.1	3.7	4.0	4.67	3.95
Turkey	2.4	2.8	2.2	2.5	2.86	2.8

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Zambia	1.8	4.12	2.51	1.78	1.35	4.6
South Africa	6.5	4.85	5.12	5.44	5.72	6.5
Peru	5.0	3.3	3.6	3.22	2.86	3.8
Philippines	2.6	1.72	2.8	3.27	2.65	2.5
Argentina	2.0	2.6	1.06	4.2	5.03	5.5
Chile	2.7	4.22	2.25	3.77	4.16	5.04
Average of these Selected Developing Countries	2.86	3.18	2.88	3.35	3.70	3.86
World	-	-	-	3.86	4.54	4.52

Source: World Bank-2021, UNESCO-2020% of GDP

Figure 1: Trends of Government Spending on Education



From Table-1 it is evident that government spending on education as a share of GDP is only half of the public spending on education in developed countries at all times. Since the GDP of developing countries is very low in comparison to developed countries, therefore, the absolute amount of government spending on education in developing countries was very limited. Among the selected countries only South Africa, Argentina, Chile and Brazil spent above 5% of GDP on education. No country could spend the required 6% of GDP on education at any time. During the last 50 years, there is an only a small improvement in education spending in the developing countries. Figure-1 reveals the trends of public spending on education. In the developed countries, the

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average spending is remained constant in between 5% to 6% of GDP. The World average expenditure witnessed a sharp rise from 2000 to 2010, but declines after that. The average public expenditure on education in the selected developed countries experienced a flatten trend between 2010 and 2019, after witnessing a sharp rise from 2000 to 2010. It means that education in developing countries no longer got priority in their governments' budgets.

5.2 Impact of Falling Public Funding on Education

The inability of the governments of developing countries to spend more on education cost their economic growth and human development. Due to insufficient investment in education, these countries are always facing serious shortages of human capital. They were unable to convert the higher population of their country into human resources. It lowers their economic growth rate despite having natural resources. Low economic growth, in turn, affects their performance in the human development index. There is already a stagnation of public spending on education in developing countries due to dwindling international financial assistance. The outbreak of the Covid-19 pandemic significantly restricts economic activities across the globe. It has the impact of falling government revenue drastically. This scarcity of resources would again restrict the ability of government's spending on education in developing countries which was already insufficient. Because the high-income countries on average were spending 43 times as much on education on primary education as the low-income countries[5]. There is an increasing trend of privatization of education in developing countries. The UNESCO (2019) data reveals that the households have to bear 29% of education expenditure in lower-income countries in comparison to only 18% in high-income countries.

6. Findings

Important findings of the study are

1. There is a strong relationship between public education funding and human development. Those countries where education is free to perform well in the human development index.
2. Governments' spending on education in the developing countries is far below the required 6% of GDP.
3. Developing countries witnessed a flatted trend in public education funding.

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4. World average public expenditure on education declined after 2010.
5. Education in developing countries became a casualty after liberal financial assistance from international organizations stops.

7. Conclusion

From the above discussion, it is clear that education is the most important determinant of economic development. The high-income countries achieve higher growth by investing more in education through public funding. These countries have been provided free education to their citizens through budgetary provision for many decades. On the other hand, the governments of developing countries are not given education the priority. Public funding of education is remaining almost stagnant. It retards the economic growth of developing countries. Even if some developing countries attain higher growth rates they fail to contain income inequality. Their performances in the human development index are poor. There is a declining trend of public funding of education in developing countries. It paves the way for the privatization of education in poor countries. Already the burden of education funding on the households is much higher in developing countries than the high-income countries. Further reduction of public funding would have a serious social injustice impact. So, public funding of education should be the priority in the policy-making of developing countries by reducing other unproductive public expenditures.

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Re-articulating Quality Education in the Era of COVID-19 Pandemic: a case study of higher education in Assam

Dr Dipali Baishya[*]
Dr Kasturi Goswami[**]

With the onset of the COVID-19 Pandemic of the many sectors that had to halt down all its physical activities rapidly, one was Academia. But the world of academia was not ready for a sudden transition from face-to-face learning to online mode. In the Sustainable Development Goals, education is articulated as a stand-alone goal and is highlighted as the key to realization of 2030 Agenda of Sustainable Development. But in a country like India with a diverse demographic divide and many people with minimum per capita income, ensuring universal access to inclusive and equitable quality education and promoting lifelong learning opportunities for all poses challenges. The pandemic has created another inequality in the form of digital divide which now poses a greater threat than earlier in ensuring the successful implementation of SDG 4: Quality Education. The objective of the study is to assess how the corona virus pandemic has affected the implementation of SDG Goal 4 i.e., Quality Education. The study is mainly exploratory and descriptive in nature. A sample of 512 students from higher educational institutions across Assam was interviewed with a structured questionnaire collected through an online survey. The study found that there is prevalence of urban-rural digital divide. Further, inequality has widened with respect to gender and education. Remote Learning was found to be stressful and affected the health and social life of students. There was a lack of motivation to attend online classes and negative emotions have cropped up as well with an uncertain future looming ahead. Lack of access to libraries was another problem faced especially by the students of the vernacular medium. The digital divide led inequality calls for reconsidering the outcome targets of Quality Education and restructuring its implementation.

1. Introduction

The world has committed to implementing the 2030 Agenda for Sustainable Development with 17 Sustainable Development Goals (SDGs) adopted by United Nations (UN) Member States in September 2015. The COVID-19 pandemic led to an unstable situation, in early 2020, affecting

[*]Assistant Professor in Economics, Nanda Nath Saikia College, Jorhat
[**] Assistant Professor in Economics, Bahona College, Jorhat

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this obligation and compromising the general approach toward sustainability by slowing down the process toward achieving the SDGs and changing the course of development. The overarching aim "leave no one behind" is threatened by the current growing inequalities. While the heightened global challenges, economic and financial shocks associated with COVID-19 make financing for sustainability difficult. The impact of the pandemic on society is unclear, long-lasting, and difficult to measure. (Shulla et.al, 2021). UNESCO estimates about 1.25 billion students are affected by lockdowns. UNDP estimates 86 percent of primary school children in developing countries are not being educated.

The Corona virus was detected in China and spread throughout the world. Due to its highly contagious nature, the COVID-19 virus swept the globe in a matter of weeks. The call for social distancing and limiting face-to-face contact outside the immediate family has never been louder. Social distancing is a deliberate increase in the physical gap between individuals to minimize the spread of disease (Manar et. al 2020)

It was declared a pandemic by WHO which resulted in the closure of educational institutions and shift to online mode of education. (Chakrabarty et al, 2020) The Pandemic however has proved to be a constructive disruptor in Education giving this sector an opportunity for restructuring the present conventional classroom-based education system. (Rajhans et.al.2020). However, the sudden transition to online learning has not been smooth for many as they were not adequately prepared to meet the challenges ahead. (Hodges et.al,2020). This migration to remote learning had to be implemented as quickly as possible. And for many educational institutions it happened several months into the academic year, leaving both staff and students with little time to plan, adjust and adapt.

In this situation, institutions opted for Online Distance Education (ODE). It is the use of the internet and certain other significant technology for the production of educational content, instructional delivery and program management. ODE can be delivered in two main formats: Synchronous and Asynchronous. Synchronous distance education involves live, real time interaction between teachers and students. Example: live webinar or virtual classroom with Zoom,Google Meet, Cisco Webex etc. Asynchronous Education does not require real time interaction. The educational material is available online for students to access at their convenience. Example: Video recording and Emails. (Manar et.al, 2021). He.et. al. (2020) found no significant difference between traditional education and Synchronous Distance Education in

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terms of effectiveness and objective assessment. Di Pietro et. al (2020) explores the direct and indirect ways in which the Covid Pandemic may impact education and found that learning will suffer a setback on the average and the effect on academic performance is likely to vary with socio economic status. The widening social gap may persist and have long term implications. Mathivanan et.al (2021) found that developing countries face difficulties like weak internet connectivity, improper knowledge of ICT usage and weakness of content growth. Pokhrel et.al (2020) highlights certain drawbacks of remote learning such as weakness of Online teaching and information gap, and a non-conducive environment for learning at home. Many countries have issues with reliable internet connection and access to digital services. Jena (2020) highlights the impact of Covid pandemic on higher education in the form of Destabilized educational activities, severely affected educational assessment systems and reduced employment opportunities. With increased unemployment, interest for education may gradually decrease, as people struggle for food rather than education. The Post covid trends in higher education are that personalised learning may be encouraged, national and international student mobility for higher studies may be reduced, student debt crisis may rise, blended learning may take the leading role and unemployment rates will increase.

This pandemic has brought about many unforeseen problems ahead of us. Continuous research will be needed to understand the full- and long-term impact of the pandemic. In a state like Assam, especially in rural areas the students have a tendency to drop out primarily due to economic reasons. Most of the higher education institutes are situated in semi urban or rural areas and they do not have the necessary infrastructure to cater the remote learning needs of the students. Face to face interactions with the teachers and Peer learning forms an integral part of the learning process. However, the Pandemic has halted these activities which in turn is affecting the learning process.

Hence this study is carried out with the following objective: to assess how the coronavirus pandemic has affected the implementation of SDG Goal 4 i.e., Quality Education.

2. Materials & Methods: The Questionnaire

The study is based on primary data and structured questionnaires were used for collecting online responses for drawing conclusions. The questions were considered keeping in mind the area of study i.e., Assam

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and also the available literature related to the impact of Pandemic on Higher Education. The responses received from 512 students in Higher education in Assam were used to draw conclusions. The questions were mainly dichotomous choice based or multiple choice based. Some of the questions were also open-ended. The questionnaire has 4 sections relating to general information about the students, their opinions on online education, the support for online education, the institutional and family support to continue with online education.

3. Results and Discussion

Since, the data is mainly exploratory and descriptive in nature, the data was analysed mainly using Descriptive Statistics.

3.1 Basic Information of the Respondents

This section represents the basic information of the respondents. Of the 512 respondents 33.7% were residing in Urban Areas; 26.9% were in semi urban areas and 39.4% were residing in the rural areas. The data on Educational Qualification of the respondents represents 45.5% were in their 12^{th} Grade; 47.3% were pursuing their Bachelors; 4.9% were in their masters and 2.3% were from other disciplines. It is also seen in the study that 29.1% are in their introductory years; 38.3% are from intermediate years; and 32.6% were in their final years. The respondents were enrolled in the following subjects: 18.9% in Humanities; 30.5% in Social Sciences; 16.8% are in Physical Sciences; 15.5% Life Sciences; 1.2% are enrolled in law; 9.8% are pursuing medical; 5.7% are pursuing are engineering and 1.6% are in pursuing other subjects.

From the basic information of the respondents, it is evident that most of the respondents from higher educational institutions across Assam are from semi-urban and rural areas. This forms the background and necessity for conducting the study. The basic information of the subjects the respondents are enrolled in is indicative that in Assam there is need for professional courses as well as skill-based and vocational courses. This requires institutions to adapt and introduce new courses and the stakeholders to come together and provide the infrastructure for the same.

3.2 On Online Learning

This section represents statistics of the online classes. It is seen

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in the study that 98.9 % of the institutions have opted for online classes. 37.7% of the institutions offer classes for 2 hours a day followed by 27.7% institutions who offer classes for 3 hours a day. 49.6% institutions offer both Synchronous and Asynchronous classes. On the other hand, 41.7% institutions offer only Synchronous, while 8.7% institutions offer only Asynchronous classes. The institutions use various platforms for delivery of synchronous classes like Google Meet, Zoom, Skype, Microsoft Teams, Cisco Webex Meetings and various other platforms. It was found that 89.8% institutions use Google meet, while 26.5% use Zoom. For Asynchronous classes it was found that 85.6% institutions use WhatsApp, while 38.3% use mail facilities like Google classroom or direct mail or shared drive for sharing the materials. The study reveals that around 75.8% of the students are able to follow the online lectures. However, they have difficulty in certain areas which involve practical (47%) and mathematical explanation (42.40%). Further, the study also reveals that Institutions (65.20%) are not able to help the students who have no access to online classes.

This section is of particular importance as it gives an idea of the online classes. Most of the institutions have opted for online classes, which was an emergency response initially. Nonetheless, this transition happened and e-learning has taken precedence since then. The institutions have been offering both Synchronous and Asynchronous classes. However, most of the institutions have been using Google Meet for delivering synchronous classes followed by zoom. The survey conducted amongst the students, however is indicative that the other platforms are not so popular amongst the teaching community, which can be attributed to various reasons like Zoom only provides 40 minutes of free session, while Google meet has no such limitations. Further, it is seen that most of the institutions are using WhatsApp as a platform to share class materials. The use of Google class room is also found. But the usage is not very commendable in most of the institutions. This requires awareness and training programmes amongst the teachers to make online classes more sustainable in the long run. The transition has provided an opportunity for a blended mode of learning. This requires training the faculties for the same and making them future ready. While the study found that the students are able to follow online lectures, there is also a contradiction that reveals that the subjects involving practical and mathematical explanation are difficult to follow. This also requires innovative ideas to make the class more interesting and understandable to the students whenever mathematical calculations are involved.

However, being able to follow the online classes and the

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satisfaction derived from the online classes are different. 70.8% of the students were not satisfied with the online classes, primarily due to lack of face-to-face communication with the teachers. Peer learning is still relevant for the students and they are in touch with each other through social media platforms. However, the reduced peer learning in the physical classroom is affecting their mental health. Besides, network issues also act as an impediment for attending a seamless online class. Therefore, the students find the physical learning environment conducive than online learning.

3.3 Technological support for Online Classes

This section covers the results of usage of technology for attending the online classes like the number and type of devices available at home. It also gives a picture of the internet connectivity and cost of internet connectivity. It also highlights the constraints in purchasing data for attending classes.

Around 57.6% students were relying on a single device to attend their classes; while 22.3% had 2 devices for attending the classes. 8.7%, 5.7% and 1.5% students respectively had 3, 4 and 5 devices available at home for attending their classes. Most of the students around 98.5% relied on smartphones for attending the online classes and only 15.5% had a laptop for attending the classes. Only 42.4% of students reported having good internet connectivity while 39% had fair internet connectivity and 18.6% had bad internet connectivity. Most students, around 67% had a 1 GB daily data limit, while 24.2% had 1.5 GB to 2 GB daily data limit. Again only 7.6% had 3 GB of daily data limit, while only 1.10% of the students had more than 3 GB of daily data. Owing to the limitations in the data pack, around 55.8% students reported to have brought extra data packs regularly; while 20.7% reported buying extra data packs sometimes. For those buying extra data packs the costs varied from Less than 100 every month to 500 and above a month. Around 49.2% spent less than Rs. 300 in extra data packs, while 36% spent less than 100 rupees in extra data packs. Again 7.2% spent less than 500 and 7.6% spent 500 and above on extra data packs.

However, there were around 23.5% respondents who were not able to purchase extra data packs. The reasons cited were Financial Constraint (49.6%), Closure of the recharge shops due to lockdown (30.30%), Expensive data packs (24.6%) and no recharge through online portals due to internet issues (20.10%).
This represents the digital divide. Institutions have definitely transitioned

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to an online mode of teaching. However, the Institutions (65.20%) are not able to help the students who have no access to online classes or affordable data packs. This represents that although some institutions were able to adapt to the crisis and respond adequately, the majority of the institutions are yet to adapt to the change adequately. This is primarily due to the fact that there is dearth of resources necessary for developing infrastructure required for remote learning.

3.4 Family and Institutional Support

The cross-tabulation of the data on the possession of number of devices and the number of siblings reveals that 51.5% of the respondents who had 1 Device at home had at least 1 sibling at home; while 22.30% of the respondents who had 1 device had 2 siblings at home. Further, the number of siblings were cross verified for the count of girl siblings and it was found that 42.8% had 1 girl as sibling, while 43.2% had 2 girl siblings. The study also reveals that 67.8% of the respondents had to share their devices with their siblings and sometimes they had to do it unwillingly. This reveals a gender divide. The main reasons cited for this by the respondents were that in male siblings usually had access to better devices than their female counterparts. Further, in rural areas, where the people faced economic constraints, they were not able to afford excess data packs when the daily limit of data was exhausted. This also represents the rural- urban divide prevalent in Assam.

The study also reveals that in the institutions where the medium of instruction was in vernacular medium, the respondents had difficulty locating resources online and it stands at around 49.5%. The study reveals that the work-load has increased due to online classes. Around 51.9% have revealed that work pressure has increased due to the online classes. Besides, it is taking a toll on their physical and mental health, like Stress (38.3%), eye problem (50.8%), Back pain (22%), Anxiety (21.2%), insomnia/ Sleeplessness (15.9%), Lethargy (11.7%) and other physical and mental health issues (30.3%). There is an urgent need to take into consideration the students' careers especially in the final year/semester of their courses so that they are not affected by the interruptions caused by the delayed exams. Reflecting on the psychological health of the students' the faculty and institutions should actively respond to keep a check on their negative thoughts as the students are increasingly worried about their future.

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4. Conclusion

The study can be summed up into the following four issues:

1. Network issues because of which either the students are not able to join the classes altogether or get dropped out in between the classes. Sometimes the teachers have to cancel the classes due to network issues.
2. Financial constraints and lack of support from the family and institutions.
3. Irregular class timings, unlike the offline classes that had a particular schedule and reduced interactions amongst the teachers and peers.
4. The unit cost of attending classes has increased, so students often opt out of certain classes.

From the study it is evident that Covid-19 has exposed the long due transition in the education system of Assam. There is indeed a pressing need for innovative and alternative teaching and assessment strategies. There is a dearth of digital devices for the learners from underprivileged backgrounds, which needs to be adequately addressed. Besides, there should be reliable internet connections at affordable prices. For this transition to be successful the educators, policy makers and stakeholders should come together with a unique and sustainable solution in the long run, which will make blended learning accessible and affordable. In a state like Assam, especially in rural areas the students have a tendency to drop out due to economic reasons which has increased during the Pandemic. Necessary steps should be taken in this direction to minimise the drop-out rate. Further the poor internet connectivity in rural areas acts as a bottleneck for remote learning and the stakeholders should address this issue at the earliest.

In context of the Sustainable Development goal 4 to ensure inclusive and equitable quality education and promoting lifelong learning opportunities for all, the affordability of education in the wake of the pandemic is necessary. Along with the development of physical infrastructure, the goal should also focus on the development of remote learning infrastructure at affordable prices, to make education more inclusive. The rural-urban divide also needs to be minimised and adequate measures should be adopted by the policy makers and the implementation should be monitored strictly. Further, education serves as a means for reducing gender inequality, which is at rise due to the

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pandemic as revealed by the study. This calls for transition in the system, so that women have access to higher education at all levels. The higher institutions can play an important role in the development of strategy and impart technological know-how amongst the educators and students alike. Conducting various workshops on tools for online education has been on rise. However, the necessary steps need to be taken in this direction to make uninterrupted access to online education for all sections of the society is the need of the hour. Education is important as it has an impact on the overall development of the society. And the sustainable development goals also heavily rely on it. Re-articulating Quality Education in the Era of COVID-19 Pandemic is of utmost necessity as it will ensure fulfilment of the other sustainable development goals.

From the study two suggestions are that: First, the medium of instruction should be uniform across Assam as the students mostly from the vernacular medium are struggling to cope up with the new mode of learning. There is a dearth of books as the book shops are closed due to the lockdowns and there is a dearth of resources online. Further, there should be an upgradation of the institutional libraries to provide the feature of remote access.

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Women and Inclusive Development in the Context of Workforce Participation in NER of India

Dr Sorwar Alam Khan[*]

The present paper is a modest attempt to analyse the status of women vis-a-vis men in the context of inclusive development in Northeastern states of India using secondary data. The study reveals that there is wide gap between male and female in terms of literacy and workforce participation in the study area. Although some of the Northeastern states showing better rates of work force participation both for male and female compared to the country, but it is yet much low compared to many countries of the world. Low workforce participation rate and gender disparity in it is a cause for concern. There are several causes of low female workforce participation and the disparity in terms of gender. The paper suggests measures to raise the workforce participation of female for socio-economic upliftment of women for inclusive development in the region.

1. Introduction

Women play a significant role in the development process of a country and hence development of women has been attaining the priority in policies and programmes of the different countries of the world. Unfortunately, in 21st century, the socio-economic condition of women especially in the third world countries is yet quite disappointing. In work, employment, earnings, education, health status and decision making, there is a clear disparity between male and female entitlements. Female literacy and education, workforce participation, political participation etc are necessary elements of an inclusive and sustainable development process.

There has been a growing call for inclusive development to meet contemporary development needs and challenges in recent years. Economic growth is necessary, but it is not sufficient on its own in improving the welfare of a population. There is a general agreement that inclusive development forces focus on the equitable sharing of the benefits of growth and related distribution of well-being in society across divides within societies, across income groups, genders,

[*]Assistant Professor, Department of Economics, Nabinchandra College, Badarpur

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ethnicities, religions, religious groups or others.[1] Inclusive development hinges on the inclusion of excluded people and the utilization of their capabilities.[2] Keeping in view the importance of socio-economic upliftment of women for an inclusive sustainable development of a nation, the present paper is an attempt to study the status of women in terms of literacy and workforce participation in North-Eastern states of India based on secondary data.

2. Review of Literature

Women's participation in employment can help in reduce gender inequality, thereby empowering women and contributing to their capacity to exert choice and decision-making power and agency in key domains of their lives.[3,4]Employment of women is a critical factor in their progression towards economic independence and is also considered as an indicator of their overall status in society.[5] Female faces so many problems and barriers to participate in works.The potential barriers to female labour force participation are education levels, time burden of domestic responsibilities, wage gaps (dynamic disincentive), discrimination in other markets (land, credit) and culture.[6] Paid work and household responsibilities not only impact on each other but also creates conflict. Time spent in one sphere means less time spent in the other and hence some of the demands of paid labour or household labour must go unaddressed.[7]The economic conditions of women labour were very pitiable. Their socio-economic status in the rural community is the lowest. The hours of work were not fixed. Even during maternity period, women labours were compelled to work. The wage rates paid were also low as compared to the male workers for the same job.[8] Technological progress has the dual effect of widening women's employment opportunities and at the same time pushing them into less skilled and less mechanised occupations.[9]The absence of opportunities for non-agricultural employment, institutional biases could be the possible causes for low rural female work participation rate in the study area.[10]

3. Analysis of Data

The female/male workforce participation means the rate of percentage of female/male engaged in the total working population of a state or country. The participation of women in the labour market varies greatly across countries, reflecting differences in economic development, education level, fertility rates, access to childcare, other supportive services, and social norms and hence, participation rates vary

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considerably across the world.[11]

India ranked low at 140th position out of 156 countries as per Global Gender Gap Index 2021 released as part of World Economic Forum's (WEF) Global Gender Gap Report 2021. India ranks abysmally low in terms of economic participation of women. The World Economic Forum ranked India at 151 out of 156 countries in 2021 in economic participation of women and in case of women health and survival, India ranked at 155 out of 156 countries in 2021. In case of women educational attainment, India ranked at 114 out of 156 countries and in case of political empowerment, India ranked at 51 out of 156 countries in 2021 (World Economic Forum, 2021).[12] India has amongst the lowest women's labour force participation rates (LFPR) in the world. Not only women's participation rate is low, but has been showing a declining trend. Women's LFPR dropped from 31.2 percent in 2011-12 to 27.4 percent in 2015-16 (ILO, 2017).[13] The World Bank in its India Development Report (May, 2017) said the country had one of the lowest female participation in the workforce, ranking 120th among 131 countries for which data was available. While China has 64% of its women working and this is one among the highest rates in the world. In the US, the rate is over 56% and the same is 27% in India. Even countries like Nepal and Bangladesh are doing much better than India (World Bank's India Development Update, May, 2017).[14] The above picture clearly reflecting the backward position of India compared to the other countries of the world in terms of health, education, economic participation, and political empowerment of women.

The Northeastern Region (NER) of India comprised of eight sister states namely Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura. It is geographically isolated region, densely administered, sparsely populated, and least developed region as compared to other regions of India. Northeast occupies an area of 262179 sq km and comprising of about 8.06 per cent of India's total land area. The total population of North-East India is 45,772,188 (Census, 2011) with 68 percent of that living in Assam alone. NER covers 3.76 percent of India's total population.

Table – I Sex Ratio Since 1991 to 2011 (Female Sex Ratio per 1000 Male)

Place	1991	2001	2011
Assam	923	935	954

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Arunachal	859	901	920
Manipur	968	978	987
Meghalaya	955	975	986
Mizoram	921	938	975
Nagaland	886	909	931
Sikkim	878	875	889
Tripura	945	950	961
India	929	934	940

Source: Office of the Registrar General, India.

India and entire North-Eastern region are showing positive trend in sex composition. This is a good sign reflecting positive thinking of the people towards girl child.

Table – II Literacy Since 2001 to 2011 (In Percentage)

Place	2001			2011		
	Male	Female	Gap	Male	Female	Gap
Assam	71.3	54.6	16.7	77.8	66.3	11.5
Arunachal	63.8	43.5	20.3	72.6	57.7	14.9
Manipur	80.3	60.5	19.8	83.6	70.3	13.3
Meghalaya	65.4	59.6	5.8	76.0	72.9	3.1
Mizoram	90.7	86.8	3.9	93.3	89.3	4.0
Nagaland	71.2	61.5	9.7	82.8	76.1	6.7
Sikkim	76.0	60.4	15.6	86.6	75.6	11.0
Tripura	81.0	64.9	16.1	91.5	82.7	8.8
India	75.2	53.6	21.6	80.8	64.6	16.2

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Source: Office of the Registrar General, India

Note: Literacy rates pertain to the population aged 7 years and above.

For a community's overall development and for the development of a nation, literacy and education plays a significant role. The state Mizoram has been in the leading position in case of both male and female literacy in the entire North-Eastern Region. All North-Eastern states are showing a declining trend of gender gap in rate of literacy. The gap is low in Meghalaya which is followed by Mizoram and Nagaland. Female literacy rate in all states is lower than male literacy rate showing backward position of female compared to male in the region. In case of female literacy, the region is in a better position than the country as a whole except Arunachal Pradesh as per census 2011.

Table – III Workforce Participation Rate Since 1991 to 2011 (Percentage to total male and total female population)

Place	1991			2001			2011		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Assam	49.45	21.61	36.09	49.93	20.80	35.88	53.59	22.46	38.36
Arunachal	53.76	37.49	46.24	50.69	36.45	43.97	49.06	35.44	42.47
Manipur	45.27	38.96	42.18	48.91	40.51	44.79	51.58	38.56	45.09
Meghalaya	50.07	34.93	42.67	47.76	35.02	41.47	47.17	32.67	39.96
Mizoram	53.87	43.52	48.91	57.47	47.63	52.70	52.35	36.16	44.36
Nagaland	46.86	37.96	42.68	46.82	38.25	42.74	53.42	44.74	49.24
Sikkim	51.26	30.41	41.51	57.58	38.59	48.72	60.16	39.57	50.47
Tripura	47.5	13.76	31.1	50.8	21.02	36.2	55.7	23.57	40.0

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	5		4	1		9	7		0
India	51.55	22.25	37.46	51.93	25.68	39.26	53.26	25.51	39.79

Source: Office of the Registrar General, India.

Except Tripura and Assam, the female workforce participation rates is better in other North-Eastern states and are higher than all India average in the mentioned periods. As per census 2011, the rate is highest in Nagaland (44.7%) which is followed by Sikkim (39.6%), Manipur (38.6%) and Mizoram (36.2%). Positive trend in female workforce participation rate is found mainly in three states namely, Nagaland, Sikkim and in Tripura during the considered period. But the rate is almost stagnant or falling in other states of NER. The work participation rate of female is lownot only in the region but also in the country. It is a clear reflection of the backwardness of female in workforce participation. Though there is slight improvement of the trend of female workforce participation rate in mentioned period but in recent years the rate is falling in the country which is a serious cause of concern. As per census 2011, among the North Eastern states, female work force participation rate is lowest in Assam which is followed by Tripura and the rates are lower than all India average. Even females who are working, almost half are marginal workers reflecting their weak status as workers.In a country where more than 74 percent female are non-workers, the emancipation of women is a matter of challenge.

As regards gender gap in workforce participation, as per census 2011, the state Nagaland is in a better position having lowest gap in male-female workforce participation which is followed by Manipur, Arunachal, Meghalaya and Mizoram. The wide gap is found in Tripura which is followed by Assam and Sikkim. A wide gender gap in workforce participation is also visible in the country. In short, except Nagaland, all other North-Eastern States and the country showing a big gender disparity in workforce participation.

Table – IV Gender Gap in Workforce Participation as per Census 2011 (In Percent)

Place	Male	Female	Gap
Assam	53.59	22.46	31.13

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Arunachal	49.06	35.44	13.62
Manipur	51.58	38.56	13.02
Meghalaya	47.17	32.67	14.50
Mizoram	52.35	36.16	16.19
Nagaland	53.42	44.74	8.68
Sikkim	60.16	39.57	20.59
Tripura	55.77	23.57	32.20
India	53.26	25.51	27.75

Source:Office of the Registrar General, India.

4. Representation in Politics

The picture of female representation in politics is also quite negligible in North-Eastern states. Out of 496 elected MLAs of entire NER (Sept., 2021), only 20 members are female i.e., the female representation is only 4 percent. As per 17th Lok Sabha election result, out of 22 elected MPs of entire NER, only 3 members are female i.e., the female representation is only 12 percent. As on 3rd October 2021, the female representation from NER in Rajya Sabha is only 2 out of 14.

5. Conclusion & Suggestions

It has been clear from the study that there is gender disparity in workforce participation rate, political representation, literacy in the study area.Regarding gender gap in workforce participation, as per census 2011, the state Nagaland is in a better position having lowest gap in male-female workforce participation which is followed by Manipur, Arunachal, Meghalaya and Mizoram. The wide gap is found in Tripura which is followed by Assam and Sikkim. Positive trend in female workforce participation rate is found in three states namely Nagaland, Sikkim and in Tripura during the considered period of study. The rate is almost stagnant or falling in other states.

Low workforce participation in general and low female workforce

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participation in the country is a cause for concern. There may be several causes of low female workforce participation in different regions of the country. In the demand side there is lack of employment opportunities and access to facilities and resources to start economic activity and in the supply side there is inefficiency like lack of technical and vocational education, skill and also several social issues involved to start economic activity for female. Female faces so many problems and barriers to participate in works.Low level of education, time burden of domestic responsibilities, wage gaps, poor access to financial services, lack of mobility, low status and rigid traditional and social norms etc are responsible for their weak position in workforce participation. The picture of unemployment in the country is also supporting the fact that the government is getting unable to address the problem of unemployment properly.

Women specific vocational education, entrepreneurial training, skill development programmes etc can play a significant role to raise the work force participation rate of female in the region. It is necessary to create a good and decent work environment to encourage females to participate in economic activity. Awareness programmes on women rights and their participation in social organizations can play a crucial role. Along with farming, spread of rural non-farm activity can play a crucial role. Northeastern states have plenty of resources and huge potential. Government needs to give special attention to the Northeastern states considering its backwardness in terms of access to resources, facilities and infrastructure. The participation of women in economic activity varies largely across countries and regions reflecting differences in socio-economic conditions. Therefore, intensive study is necessary to explore the main causes of this low workforce participation in general and gender disparity in particular in the region from demand and supply side and its solution for socio-economic upliftment of women to ascertain an inclusive sustainable development of the region.

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COVID-19 Pandemic and Women Managed Micro Business: A Study

Dr Kingshuk Chakraborty[*]

Poverty has been defined as a situation in which a person is unable to cover his/her minimum requirement for subsistence living with his/her income. The concept of poverty is closely associated with the issues like hunger and malnutrition, ill-health, inadequate housing, illiteracy, living in an unsafe environment, social discrimination and exclusion. The COVID-19 pandemic situation affects several aspects of the national economy. Different studies revealed that the COVID-19 pandemic affects men and women differently. Women are an important part of the labour force of the economy. From various empirical studies, it is cleared that majority of the women labour force is associated with the informal sector of the economy. This sector is suffering from various socio-economic oddities. This is because it does not follow any labour rules and regulations. Particularly, in the rural sector agriculture is the main source of livelihood and due to lack of gainful job avenues individuals are forced to join in the various types of informal activities. This paper explains how the COVID-19 situation affects the women managed micro activities in Bilasipara Revenue Circle under the Dhubri district of Assam. The main objective of the study is to find out the challenges faced by Micro-enterprises during the pandemic situation and to provide proper suggestive measures to overcome such situations.

1. Introduction

Poverty is a chronic problem of underdeveloped societies and women are the most affected section. Poverty has been defined as a situation in which a person is unable to cover his/her minimum requirement for subsistence living with his/her income. In India, several economists such as Dandekar and Ruth, Bardhan, Minhas, Ojha, Da Costa etc have determined the poverty line based on minimum nutritional level of subsistence and per capita consumption expenditure. It should be noted here that the concept of poverty is closely associated with the issues like hunger and malnutrition, ill-health, inadequate housing, illiteracy, living in an unsafe environment, social discrimination and exclusion. Similarly, it is featured by a lack of participation in the decision making in civil, socio-economic and cultural life. The nature and extent of poverty of any region are affected by several factors. Covid

[*]Assistant Professor , Department of Economics, Bilasipara College ,Assam

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pandemic has massively disrupted common people life. This pandemic adversely affects both male and female workers. The available data proved that women were more affected disproportionately than men. During 2019-2020 women's employment declined by 4.2 per cent globally against 3 percent of men. In India unemployment rate for women decreased from 5.1 percent to 4.2 per cent in 2019-20 (according to the Periodic Labour Force Survey conducted by National Statistical Office). Different recent research studies proved that pandemic affects women's life from three different points such as physically, economically and socially. During COVID pandemic 2020 a large section of women workers have lost their permanent and casual jobs and hence, the pandemic induced gender gap will increase which in turn increases the risk of gender-based violence all over the world. A study made by Azim Premji University shows that the COVID pandemic and the prolonged lockdown adversely affect the livelihood and around 23 crores Indians have been pushed into poverty. The study said that the rural poverty rate increased by 15 percentage points and the urban poverty rate was up nearly 20 points. A recent New Yorker article analyzed that, "one in three jobs held by women has been designated as essential work" in the United States. It is estimated that 136 million non-farm jobs are at immediate risk. The World Bank survey reveals the facts that women workers are engaged largely in the unorganized sectors or informal sectors. These sectors commonly contain self-employment in small business and domestic works. In India, most of the women workforce is engaged in the informal sector. They are suffering from low payment, lack of social security measures, uncertainty, lack of capital and sexual exploitation. This can have a serious impact on 90 percent of the total women workers who are engaged in the informal sector or have temporary jobs in the absence of social protection measures like health insurance, paid sick and maternity leave, pensions and unemployment benefits, etc. As India's workforce and job opportunities are rapidly masculinising the menace of Covid 19 might make it more difficult for 121.8 million and 28 million female rural and urban workers, respectively, to return to work, thereby lowering the dismal female labour force participation further. Furthermore, for frontline workers, mostly women, it is an occupational hazard.

2. Objectives of the Study

The basic objective of the study is to analyze the impact of the COVID pandemic on women managed Micro enterprises. The specific objective is to find out the challenges faced by Micro-enterprises during the pandemic situation.

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3. Methodology

The study was conducted in the Bilasipara Revenue Circle under the Dhubri district of Assam. For the survey, a multistage sampling method has been used. At the first stage, 257 numbers of villages in the said circle were taken for macro-level study. Data have been collected regarding the nearness of the city centre, infrastructural facilities, population living standard etc. For this reason, information has been collected from the village headman or some person, such as teachers, businessmen, farmers etc. At the Second stage, villages have been stratified into four categories according to the size of the population as (up to 750), (751-1500), (1501-2250) and (2251 and above). In the third stage, five villages have been selected at a random from each of the three Blocks, subject to the condition that at least one village from each stratum is included. In the fourth stage, the activity mapping work has been carried out to find out the number of women entrepreneurs. Here a total of 40 numbers of women entrepreneurs has been identified. This study is based on primary data and secondary data. The primary data has been collected from the respondents through the questionnaire. Necessary secondary data has been collected from government publications and periodicals. The study is being conducted from December 2020 to March 2021. The study covers women managed micro-business activities whose investment limit on plant and machinery does not exceed Rs. 25 lakhs. Here all the respondents belong to poor families or BPL families. For data analysis, the statistical tools have been used and data have been processed by MS Excel and SPSS.

Table (1) Sample Units

Name of the activity	Numbers of Respondents.
Food Processing	18
Pottery	5
Tailor	6
Vegetable/Fish Seller	3
Bamboo Crafts/Fish Net making	4
Biri Making	4

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4. The Study Results

From the said study we derived some important results.

1. It is observed that 30 percent of women belong to the age group 41-45 years, 27.5 percent to the age group 36-40 years, 22.5 per cent to the age group 46 and above years, 15 percent to the age group 31-35 years, and only 5 per cent to the age group below 30 years. It means that the middle group of the society is associated with the business enterprise.
2. It is observed in this study that 25 per cent of the respondents are primary level and the remaining is illiterate.
3. The study shows that out of the respondent, the majority 40 percent are held asset in the rented house, 25 percent of the respondent are held land, 20 percent of the respondent are held machinery, 15 percent of the respondent are held house.

Table -2 The Assets held by respondents of Dhubri District

Detail of Assets	Number of respondents	Valid Percent
House	6	15
Land	10	25
Machinery	8	20
Rented	16	40
Total	40	100

1. Income is an important determinant of the study. Table 3 shows a comparative picture of the income generation of the respondents. The large sample test shows that the difference is significant at the 5 percent level. It means that the lockdown program certainly affects the income generation capacity of the women managed enterprises.

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Table-3: The monthly income of respondents during the study period

Monthly Income(Rs)	Before COVID Pandemic	After COVID Pandemic
Up to 5000	4	2
5001 to 10000	10	29
10001 to 15000	18	7
15001 to 20000	6	2
Above 20000	2	0
Total	40	40
z = 2.85 Significant at 5% level F= 2.56 Significant at 5% level	$\underline{x}_1$ =11500 s_1 =4898.98	$\underline{x}_2$ =8625 s_2 =3059.31

1. During the study, comparative data had been collected based on pre-COVID and during the COVID lock down situation. From the study, it is cleared that the problem faced by respondents in production during the lockdown period adversely affected entrepreneur performance in production as well financial sides. Due to lockdown, so many problems are faced such as, 100 percent of the respondent are facing transportation problems during the lock down period (during pre COVID period it was 90 percent). It reveals the fact that the transport system of the study area is very bad. They could not able to collect their raw material and supply the finished products due to transport blockage. Again 87.5 percent of the respondent are facing scarcity of raw material due to non-available and its cost price during the lockdown period (during the pre-COVID period it was 75 percent), 75 percent of the respondent are facing labour problems during the lockdown period (during the pre-COVID period it was 62.5 percent), again 75 percent of the respondents are facing the problem of financial liquidity (working capital) during lockdown period (during the pre-COVID

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period it was 62.5 percent), 77.5 percent are facing Business uncertain to recover (during pre COVID period it was 60 percent), 100 percent no order from outside customer (during pre COVID period it was 50 percent) and 77.5 percent Increase in overdue payment in financial Institution (during pre COVID period it was 60 percent). Here we used the Spearmen correlation and observed that there is a positive correlation (0.62) between the problems of the Pre-COVID situation and during the COVID lockdown situation. It means that an increase in the problems of the pre-COVID situation accelerates the problems of the COVID lockdown situation and vice versa. Here we also used the chi-square test and find that the problems faced by the respondents are not uniform. Rather they are diverse.

Table-4: The table shows the Production problem faced by small enterprises during covid-19 lockdown

Types of problems	Pre-COVID Situation	%	During COVID Situation	%
Scarcity of raw materials	30	75	32	80
Labour problem	25	62.5	30	75
Shortage of power	12	30	12	30
Transportation problem	36	90	40	100
High cost of raw material	30	75	35	87.5
No order from outside	20	50	40	100
Lack of financial liquidity	25	62.5	30	75
Increase in overdue payment	10	25	27	67.5
Business uncertain to recover	24	60	31	77.5
$\rho = 0.62$			$\chi^2 = 18.11552$	

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Source: Investigator personal calculation.

5. Government Incentives

In the democratic state, the incidence of socio-economic problems and their impact existence directly depends upon the Government initiatives or incentives. In this context, it is worth mentionable that Nobel Prize winner Economist Abhijit Banerjee said that to overcome the pandemic loss government incentives plays a significant role. During the lockdown periods, the government of India announced that 20 crores women *Jan Dhan* account holders will get an exgratia amount of Rs 500 per month for three months. Similarly, the collateral-free loan amount to Rs 20 lakhs through 63 lakhs self-help groups will be doubled which will benefit seven crores households. Again 8.3 crores BPL families covered under the *Ujjwala* scheme will get free cylinders. The Government also provides medical insurance cover of Rs 50 lakhs per person for frontline health works. Health-related facilities provided by *Anganwadi* workers are treated as essential services and thus exempted from the lockdown, within the established protocols of Covid 19. The government also provides some Social Protection to the womenfolk. To ensure nutritional security, in the absence of home-cooked meals, additional take-home ration in the form of the dry ration can be distributed with the established Covid 19 protocols or corresponding money can be transferred through the DBT. Further, identifying high-risk pregnancies and migrant workers and extending services to them should be a high priority. To ensure maternal nutrition, all instalments related to schemes like *Janani Suraksha Yojana* and *Pradhan Mantri Mantri Vandana Yojana* should be made in advance. A comprehensive conditional cash transfer scheme with staggered incentives from birth to 18 years is recommended to ensure continuity in their education. (The Hindu, Vedeika Shekhar, April/ 20)

6. Suggestive Measures

Depending upon the present study, the following remedial measures are suggested to be taken up on a priority basis for the welfare and empowerment of women:

1. From the study, it is clear that the government rationing system is an important way to solve the problem of stress. But unfortunately, the rationing system itself has been suffering from several hurdles. Therefore the rationing system should be revived so that the poor

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families can get support to face uncertainty.

2. A proper financial monitoring mechanism should be developed by the banks or other financial institutions which ensure that the loan or cash transfer reaches the targeted women. It will reduce the misuse of public funds and ensure maximum efficiency.
3. Transportation blockage is an important problem that affects the socio-economic empowerment process of poor women. The transportation system should be developed in the rural areas. A smooth and cheap transport sets a link between rural and urban markets. During COVID lock down the transport blockage seriously affects the business activities of the women workforce.

4. Many protective measures have been taken for the welfare and empowerment of women and those have been amended at different points of time depending upon the emerging issues and requirements. Such measures include, (i) constitutional rights and privileges, and (ii) legislative measures.

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Impact of Pandemic on the Mental Health of Children and Adolescents

Dipa Baruah[*]

Mental health includes a person's emotional psychological and social wellbeing. However, at times health and wellbeing of a person can be put at risk owing to certain conditions. A pandemic is such a condition where a rise in disease outburst quickly across region rapidly affecting large number of people worldwide and leading to death. Disease outbreaks are usually caused by an infection, transmitted through person-to-person contact, animal-to-person contact, or from the environment or other media. The World Health Organization (WHO) declared COVID-19 as pandemic when it became clear that the illness was severe and it has been spreading quickly over a wide area. As history repeats, the world had an experience of another pandemic namely Spanish Flu occurred during 1918. Unfortunately, COVID-19 pandemic of 2020 adversely affected both mental & physical health of all sectors of society and human of all age groups.

COVID-19 pandemic affected directly or indirectly many young children and adolescents psychologically and socially and will in the future. If this pandemic could not be prevented the impact on children's and adolescents' mental health will be great concern for the society. The paper will try to emphasize especially to improve the mental health outcomes of adolescents (age group 10-19) in the time of the current situation or whatever is yet to come forth.

I. Introduction

The prevalence of a pandemic accentuates new challenges in the socio-economic life of the society as in such situations, physical movement is constrained, and social interaction is minimized thus creating a radical lifestyle in our society. The outbreak of the COVID-19 pandemic in 2020 and subsequent nation-wide lockdowns in different countries have brought in a sense of fear, frustration and anxiety in the minds of people, globally. This pandemic has made a detrimental impact on many people's mental health and created new barriers for those who already suffer from mental illness or substance abuse problems. This phenomenon has affected the mental and psychological well-being of youngsters, children and adolescents alike. Global trends show that

[*]Assistant Professor, Department of Education, Pub-Bongsor College, Pacharia, Kamrup (Rural)

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there has been several medical reports depicting a rise in psychological and behavioral problems among children. Mental health issues such as- depression, grief, distraction or lack of concentration, phobias, anxiety, frustration etc. has negatively affected these young children and made them vulnerable and weak. During this period of uncertainty, adolescents experienced acute and chronic stress because of parental anxiety, disruption of daily routines, increased family violence, and home confinement with little or no access to peers, teachers, or physical activity.

Mental health is just as essential as physical health in attaining developmental milestones during childhood. It aids in the emotional well -being and social skills of youngsters. Furthermore, mentally healthy children do well at home, school, and in their communities, increasing their chances of living a happy and successful life. Poor mental health during childhood, on the other hand, may have a significant influence on how children learn, behave, and deal with their emotions. Such issues can affect a young student's abilities and capabilities, which can hamper one's lifestyle at large.

Adolescence *(people aged 10-19 years)* is a unique age-group. Multiple physical, emotional and social changes happen in and around them which makes adolescent vulnerable to social vices and many other problems, including mental health problems. Adolescents have experienced an adverse environment in their private lives which has affected their individual well-being, critically. Mental health has been negatively affected in adolescents owing to issues like- loss of their loved ones, anxiety, mental pressure, lack of social interaction etc. Youngsters are finding it hard to cope-up with this radical lifestyle brought in by this COVID-19 pandemic. The negative emotions such as fear, disappointment, sorrow, anxiety, rage, and loss are common among youngsters. However, the COVID-19 pandemic's protracted, restricted, and broad character has aggravated the problem, posing a difficulty in people's lives.

II. Aim

This paper attempts to study the impact of COVID-19 pandemic on the lives of young children and adolescents and how it has affected their mental health.

III. Objectives

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This paper is a study that highlights the importance of a good and stable mental health condition in a youngster's life.

Moreover, this paper attempts to identify the issues that directly or indirectly affect the mental health of a youngster and further recommends some guidelines that could help to maintain the mental health issue among them.

IV. Research Methodology

The researcher conducted 'doctrinal research' to collect proper data and gather appropriate information. The use of library sources and internet resources, including journals and articles has greatly supplemented the research.
Researcher also conducted the 'empirical research' by collecting relevant information from a small group of parents and children regarding their personal views on the topic which aided in formulating recommendations and suggestions for coping with such issues.

V. Understanding Mental Health and Its Importance in today's Time

Mental health relates to how people think, feel, and act when confronted with life's challenges and other events. Our mental health has an impact on how we deal with stress, interact with others, and make decisions. Individuals' mental health has an impact on how they view themselves, their life, and those in their lives. Mental health, like physical health, is vital at all stages of life.
Mental wellness entails more than just the absence of mental illnesses. It has been characterized as a condition of well-being in which people acknowledge their own skills, are able to cope with everyday challenges, work successfully and fruitfully, and give back to their communities. Subjective well-being, perceived self-efficacy, autonomy, competence and acknowledgement of one's capacity to reach one's intellectual and emotional potential are all examples of mental health concepts.

Individuals and groups may improve their mental health by strengthening their competences and enabling them to attain their self-determined goals. Mental health should be a priority for everyone, not just those who suffer from mental illness. Mental health issues affect the entire society, not simply a tiny, isolated community.

Our mental health has an impact on all area of our life, and it is a natural part of our parental responsibility to preserve our children's mental health. Caring for our children on an emotional and physical level

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is essential to their everyday lives and independence. No group is immune to mental disorders, but the risk is higher among children and adolescents.

VI. Importance of Mental Health

A person's mental health has an impact on how we make decisions, how we deal with stress, and how we interact with people. Emotional well-being can boost our productivity and effectiveness in activities such as job, education, and caregiving. It plays an important part in the health of your relationships, and allows you to adapt to changes in your life and cope with adversity.

The burden of mental disorders is likely to be underestimated because of inadequate appreciation of the inter-play between mental illness and other health disorders. It is vital to examine the mental health awareness paradigm as a method of reducing stigma, improving prevention, assuring early detection, and motivating simple and practical treatments in the society. Mental health awareness initiatives have a positive impact and can improve people's perceptions about mental illnesses. Progressive government policies based on evidence-based approaches, an involved media, a thriving educational system, a responsive industry, aggressive use of newer technology, and innovative crowd-sourcing might all work together to help alleviate the scourge of mental diseases.

VII. Mental Health during COVID-19 Pandemic

Coronavirus disease (COVID-19) pandemic has unfolded a tsunami of challenges for mankind over the last year. Despite this, it has sparked a global effort to contain the epidemic, and it has changed everyone's life by affecting family dynamics. Many families are dealing with a persistent sense of loss, such as the loss of social networks, jobs, financial security, and the danger of losing loved ones. The quality of relationships between parents, children, and siblings has suffered as a result of this pandemic. Given their reliance on healthy family processes for a variety of developmental outcomes, it poses a considerable danger to the adjustment of children's wellbeing.

COVID-19 has caused numerous concerns among children, including if they will see their friends and family, attend school, or become ill. Because of the instability in their life, it might be difficult for parents to ease their children's fears. Parents are usually good at

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establishing plans for their children, but those plans have been put on hold for the time being.

People might experience a wide range of psychological effects as a result of disease outbreaks. Individually, new psychiatric symptoms in people without mental disease might accelerate or exacerbate the condition of those with pre-existing mental illness, causing anguish to those who care for them. Regardless of their exposure, people may experience worry and anxiety about getting sick or dying, helplessness, or blame for other people's illnesses, which can lead to a mental breakdown. Moreover, loneliness and social isolation have potential implications on the youth during this COVID-19 pandemic. During these hard times, mental health professionals recommend preventive support and early intervention to meet the mental health needs of children and adolescents.

The pandemic's social upheavals, as well as shifts in gender norms (moving closer to equal roles in the home) that characterize our new 'normal,' have resulted in increased levels of psychological discomfort, affecting the quality of parent-child relationships.

During this pandemic, children have spent more time at home than at any other time in recent memory. School closures, a lack of extracurricular and outdoor activities, changing eating and sleeping patterns, and a lack of peer time have all contributed to boredom, agony, irritation, and a variety of neuropsychiatric disorders. Despite the fact that a child's home should be the safest place for them, sexual, psychological, and physical abuse is on the rise. This has erupted into an unprecedented worldwide mental health crisis, posing a unique challenge to psychological resilience around the globe. This could lead to the emergence of a "second pandemic" of mental health crises in the near future.

Among the adolescents, it has been witnessed that most of them, basically from poorer backgrounds have not had proper access to education. Online classrooms have become popular in well-off metropolitan schools, although they are not generally available. Not everyone could own a smartphone or could afford a computer. While many other adolescents have access to a family member's phone if they need it, they may not be able to use it for long periods of time. Accessing the phone may be nearly hard if there are two or more children at home. Access to the internet without interruption is also a concern. Fears about reverting to schools and the ramifications for their goals and futures are legitimate concerns. And the gap between the wealthy

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and the poor had increased, thus creating a cloud of insecurity and complexes in the minds of adolescents.

Inattention, clinginess, distraction, and fear of asking questions about the pandemic were among the most frequent psychological and behavioral disorders among children and adolescents during the epidemic, according to reports. Those who have a history of mental illness are at a significantly higher risk. In the middle of the COVID-19 epidemic, helpline numbers for mental health counselling are witnessing a significant increase in calls, with anxiety and adjustment concerns at the top of the list. In such cases, significant difference in their behavior should be given due cognizance by health professionals.

VIII. Covid 19 Pandemic vis-à-vis the Mental Health of Children and Adolescences

In 2020, the World Health Organization (WHO) has classified the corona virus outbreak as a pandemic and a public health emergency of worldwide significance. The United States of America, Brazil, India, Russia, and Europe have all been badly affected, with the United States, Brazil, India, Russia, and Europe seeing a higher number of cases and fatalities than the rest of the globe. The COVID-19 pandemic has impacted individuals all over the world. Although children are less physically damaged by the condition, their mental health is not so fortunate.

The impact on young people has been systematic, deep, and disproportionate, according to global findings. In low-income countries, youth are bound to suffer greatly. More than 330 million youngsters have been stuck at home, till March 2021, for at least nine months, since the virus spread uncontrollably this time last year. Since the young children are quarantined, or their parent(s) are quarantined, they are mostly restricted to their homes and, in certain cases, may be removed from their parents. Anxiety, fear, worry, melancholy, difficulty sleeping, and loss of appetite are some of the psychological challenges that children may face. Many youngsters may develop acute stress disorder, PTSD, and bereavement as a result of quarantine and isolation.

IX. Impacts

1. **Education:** School closures, along with the economic strain and uncertainty faced by poor and vulnerable families, have the potential to reverse decades of progress in this area. Despite

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educational institutions' best efforts to ensure continuity through online delivery, 65 percent of young people say they have learned less since the pandemic began, and 51 percent believe their education would be delayed, according to a global survey of young people and adolescents.

2. **Employment:** COVID-19's employment issues are exacerbated by the fact that the availability of good jobs is fast and drastically diminishing. In the short to medium term, as unemployment rises, young folks' chances of finding decent jobs can become increasingly challenging.

3. **Gender-based violence against children and women**: Due to the concomitant lockdown measures, cases of child sexual assault have surged during COVID-19. The number of rape cases reported has risen, as have requests for counselling for females under the age of 18 who have been sexually exploited, primarily by family members. Victims frequently exhibit depressive, traumatic, fearful, and anxious sensations.

4. **Psychological health**: Adolescents have different requirements than children or adults, and the crisis and lockdown tactics are likely to have a considerably bigger emotional impact on them. Adolescence is about the development of social skills, empathy, and a sense of self, all of which are influenced by peer interactions. The COVID-19 situation is putting young adults under a lot of psychological stress because of their isolation, and it's going to set them back in these crucial social and emotional components of development.

Thus, young people whose education or work is disrupted are almost twice as likely to have anxiety or depression as those who did not experience such disruptions before.

Children with special needs, such as those on the autistic spectrum or those with other disabilities, are also at risk. They can get dissatisfied and irritable when their daily routines are interrupted. To alleviate anxiety caused by uncertainty, parents should develop a schedule for their children. Furthermore, delaying therapy sessions for children with exceptional needs may limit their ability to develop critical skills.

It is essential for doctors who treat parents of children and

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adolescents to inquire about their children's mental health during this pandemic. The mental health of parents may be influenced by the mental health of their children. Negative emotions such as fear, disappointment, grief, anxiety, rage, and loss are common among children. The COVID-19 epidemic has exacerbated the problem because of its lengthy, restricting, and broad character.

X. Factors Affecting the Mental Health

During this pandemic, children and their families have been exposed to direct or indirect factors that could pose stress and emotional disturbance. Adolescents are likely to have preoccupation with them, a sense of insecurity, mostly identify with their peer group and are often prone to risk-taking behaviors.Some adolescents may have feelings of being invincible and may take risks by not maintaining personal hygiene and social distancing. Others may be withdrawn, afraid of leaving home and worried about their health as well as that of their family members. They may also lose regular contact with friends because schools, colleges, and universities are closed. This may lead to feelings of boredom, loneliness, sadness, aggression, and irritability towards siblings and other family members.Few may start using Tobacco, Cannabis, Alcohol, etc. to handle their boredom, loneliness and emotional changes. The uncertainty about examinations and its impact on their career choices can exacerbate the stress due to the prevailing COVID-19 Pandemic. Fearing about rejections and failures, most adolescents tend to harm themselves.

Untreated mental health issues can interfere with a child's ability to perform at home, school, and in the community. Because they are the first to notice changes in a child's emotions or behavior, parents and teachers should learn how to recognize and respond to early symptoms of mental health problems in children. Children and teenagers should be taught to express their emotions and seek help from a trustworthy friend or family member. This COVID-19 pandemic's long-term mental health implications can be avoided with early management.

XI. Suggestions to Mitigate the Psychological Stressors

Only a strong educational and healthcare system will be able to protect and sustain the mental health of the future generation of adults. To address this situation, substantial resources are required. Educational institutions should place an emphasis on students' mental health by supporting and disseminating updated health organization

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recommendations via online lectures. On-time counselling services for students' mental health and well-being should be offered. As they gain more education and discuss the impact of a pandemic, psychological assessment will help them cope with their mental issues and stabilize their condition. It will offer them support and reassurance in order to help them build resilience and stay positive and motivated.

Because children typically draw emotional signals from crucial people in their life, such as parents and teachers, it is critical that adults regulate their own emotions and remain calm, listen to children's worries, talk sweetly, and comfort them. Parents should keep a careful eye on their children for any symptoms of change in behavior, and gently inform them of the problem while keeping in mind their naivety will help them get through these difficult times. Parents should spend quality time with their children, maintain a regular daily schedule, engage in interesting activities with them to divert their attention away from the crisis, encourage them to engage in physical activity, and assist them with their hobbies.

Additionally, children can be taught coping techniques that allow them to self-regulate their emotions without relying on others. Behavioral activation, which focuses on participating in things people enjoy rather than using avoidance behaviors, is one technique for achieving this goal.Excessive use of cell phones and other electronic devices may result in a behavioral addiction. Parents must work with their children to ensure that gadget use is limited and that healthy non-tech activities are included in the daily routine. If teenage physical aggressiveness toward others occurs, or if the adolescent expresses death wishes, suicidal ideas, or hopelessness, or attempts self-harm, or if the adolescent uses alcohol or other substances, professional treatment should be sought immediately.

Professionals and mental health specialists can talk with the patients about the impact of COVID-19 on their lives and assess its potential relationship to their current mental health. Social anxiety disorders, remaining at home and doing online schooling may temporarily relieve their anxiety, but this is not a long-term solution and may result in overwhelming anxiety when it is necessary to return to school. During clinical visits, it is especially crucial for health care practitioners to identify children and adolescents who are at risk. Screening for psychiatric and psychological impacts of social isolation and confinement on families is critical. Screening children at risk of or experiencing domestic abuse will entail asking direct questions about

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their well-being and safety at home. Suggestions for mental health resources, contact or emergency numbers, and counselling are all important interventions for families.

XII. Conclusion

COVID-19 is far too complex for a health care provider or a parent to solve on their own. The long-term mental health impacts on the children are very challenging to estimate too. Measures to prevent the virus from spreading and tackling the uncertain situations pose risks to the psychological well-being of the children and adolescents. Restricting social interactions, imposing travel restrictions, suspending sports activities, and converting all classes to online ones have caused mental pain, dread, and worry among the children. The mental health of children and the adolescents must be continually protected and guarded by guardians, educational institutions, and health authorities through open communication and the facilitation of competent counselling to address stressors. Children who are more vulnerable to mental health crises should be provided special attention through a collaborative approach involving their parents, educators, school administrators, counsellors, psychologists, and psychiatrists.

As the need of the hour, the impact of stress and hardship on physical and psychological well-being should be increasingly focused on in a pediatric clinic. Preventing psychosocial crises, promoting psychosocial wellness, and developing cost-effective, broadly accessible intervention models should be the governments', health-care professionals', and other stakeholders' top priorities.

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Impact of Perceived Risks on Online Shopping Before and After Pandemic (COVID-19): A Study on Consumer Behaviour

Debashree Kashyap
*

Corona virus is an ongoing pandemic that has affected throughout the countries in the world. Its outbreak has been declared as a public health emergency of international concern and recognized as a pandemic by World Health Organization. The government of India decided to take a lockdown system to secure the lives of the people of the country from this pandemic. However, the lockdown system affects badly the economy of the country. All types of industries including agriculture-based industries, hotel, trade, restaurants, transports, automobile sectors, chemical sectors, tourism and textiles etc have been affected because of lockdown conditions. Online shopping, also known as electronic commerce, too affected due to the lockdown system to tackle COVID-19. Although e-commerce has offered several opportunities for its customers before and after the pandemic, some negative aspects in terms of risks are also becoming more frequently associated with online shopping. So, in this paper, an attempt is made to study the impact of various risks factors on the shopping intention of online shoppers in the Guwahati city of Assam before and after the outbreak of the corona virus. The study is done with the help of primary data. From the analysis of the impact of risks factors on shopping intentions of online shoppers before the pandemic, it is found that financial risk, social risk, convenience risk, time risk, delivery risk and privacy risk have not any effect on the shopping intention of customers. However, product risk and psychological risk harm the shopping intension of online customers before the outbreak of COVID-19. After or during the outbreak of the virus not only product and psychological risks but also delivery and social risks negatively affect the shopping intension of shoppers to buy goods from online stores in the study area.

1. Introduction

Corona virus is an ongoing pandemic that has affected throughout the countries in the world, detected first in the City of Wuhan, China in 2019. Its outbreak has been declared as a public health emergency of international concern and recognized as a pandemic by World Health

*Research Scholar, Department of Economics, Gauhati University, Assam

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Organization. When India was about to get affected by the Corona virus, the government of India decided to take a lockdown system to secure the lives of the people of the country. However, the lockdown system affects badly the economy of the country. All types of industries including agriculture-based industries, hotels, transports, automobile sectors, chemical sectors, tourism, textiles and even e-commerce have been affected because of lockdown conditions. After the end of the lockdown system, the best way to guard against COVID-19 is to stay at home as COVID-19 spreads primarily through contact with an infected person. This situation has increased the number of first-time e-commerce users or online shoppers in India. Online shopping, also known as electronic commerce allows people to buy anything at any time, thus, making it the most flexible way of purchasing electronically. Although e-commerce has offered several opportunities for its customers, some negative aspects in terms of risks are also becoming more frequently associated with online shopping. So, in this paper, an attempt is made to study the impact of various risks factors on the shopping intention of online shoppers in the Guwahati city of Assam before and after the outbreak of COVID-19.

2. Literature Review

There are several studies on e-commerce relating to consumers satisfaction and perceived risks in several fields like marketing, consumer research and psychology. Following are some of the empirical studies on perspectives of perceived risks related to online shopping.

Risks issues were first introduced into the consumer behaviour research field by Bauer. By identifying risks perceived by consumers in the market, he tried to explain the purchasers' actions, such as searching for information about product and place of purchase, brand loyalty or importance of leaders and groups of reference when buying particular goods and services (Bauer, 1960; Maciejewski, 2011). The researchers of consumer behaviour identified and described several types of risks connected with purchasing, perceived by consumers. They may occur in any combination and on a different level in the case of a particular item or service purchase. As per the researchers, five types of risks shall be noticed, namely physical risk, performance risk, financial risk, social risk and psychological risk (Bateson, 1989). Ariff, M.S. et al. (2014) examined four types of risks – product risk, financial, convenience and non-delivery risks in terms of their effect on consumers' online attitudes. The findings indicated that product risks, financial and non-delivery risks are

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hazardous and negatively affect the attitude of online shoppers, whereas convenience risks were found to have a positive effect on consumers attitudes. Mamman. H. et al (2015) employed financial risks and information security on investigating the effect of consumers perceived risks on online shopping.

3. Objective

The present study is carried out with the following objective

To study the impact of various perceived risks on online shopping intension of customers before and after COVID-19 in Guwahati City.

4. Methodology

The study is done by using the sample survey method. The sample for the present study is drawn by using the purposive sampling method from my locality. The sample of the present study consists of 100 online shoppers. The study is mainly based on the primary data collected from the respondents with the help of a questionnaire. The questionnaire is designed to get information on various types of risks and customers' shopping intentions. This information is collected through statements constructed on the Likert scale in which the respondents have to choose out of the five responses. The collected primary data are analysed by using the simple regression model.

5. Results

Impact of Various Perceived Risks on Online Shopping Intention of Customers in Guwahati City Before and After the Outbreak of COVID-19

Despite the benefits of online shopping over offline shopping, some negative aspects are associated with online shopping. In this regard, perceived risks play an essential role as it is related to the uncertainty of a decision making process and the consequences of such decisions. So, perceived risks of consumers have been considered as a fundamental concern while purchasing a product through online mode. Perceived risk can be defined as the possibilities for loss perceived by the customers while taking a particular buying decision. So, after identifying eight types of perceived risk from the review of related

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literature, an attempt is made to study the impact of various types of perceived risks on online shopping intension of customers before and after the pandemic.

For the eight perceived risks, a total of 19 statements are chosen. A scale to measure all of these factors is constructed covering the 19 statements and these statements are constructed on a Likert five-point scale. Scores are given according to the degree of the responses. The responses are- Strongly Disagree-1, Disagree-2, Neutral-3, Agree-4, and Strongly Agree-5. The total score of each online shopper is obtained by adding the scores of all the individual items on that scale. After that mean value of each statement is calculated. Again, to measure the intention of customers to do online shopping, 3 statements are chosen and these statements are also constructed on a Likert five-point scale. The responses of the 100 respondents on the statements before and after the outbreak of COVID-19 are shown in Table 1 and Table 3 respectively.

Table1: Statements Regarding Customer's Intension and Customer's Perceived Risk Factors Before the Outbreak of COVID-19

Mean Score	Statements	Factors
2.64 3.36	1. I feel that it is unsafe to use my credit card information as it may be misused while shopping online. 2. I feel unsafe because I may not get true value for money for the product which is purchased online.	Financial Risk
4.00 4.36	1. The product I get may be of poor quality and defective. 2. I do not trust online shopping as I feel that I may get something different from what I ordered. 3. I feel that it is not easy to judge the quality of the product over the	Product Risk

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4.12	internet.	
2.36 3.00	1. My family members, friends and relatives may not agree to my online shopping decision. 2. I feel worried as my online shopping decision may create a negative opinion about my purchasing behaviour in my community.	Social Risk
4.12 3.96 2.64	1. It is difficult to examine the product. 2. Cancellation of order is a difficult task. 3. I may face problems in returning the product when I purchase online.	Convenience Risk
4.12 3.42	1. Searching right product online takes a lot of time. 2. Placing an order for a product is very time-consuming.	Time Risk
4.78 2.34 2.62	1. I feel that online stores provide fast delivery of the product. 2. I may not get the same product as I ordered. 3. I do not use online shopping as there may be non-availability of reliable shippers.	Delivery Risk
2.32 3.14	1. I feel that my personal information may be misused without my knowledge. 2. I feel that third parties may abuse me by using my contact number, email and other personal information.	Privacy Risk

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4.46 4.68	1. I feel safe and comfortable while shopping online. 2. I do not get tense while shopping online as online shopping saves fuel and energy.	Psychological Risk
4.88 4.00 4.26	1. I will continue to purchase a product online in future. 2. I will continue to shop online for my personal needs only. 3. I will recommend good online stores to others to purchase from these online stores.	Customer's Intension

Source: Field Survey

Further, to determine the impact of various risks on the shopping intentions of online shoppers before COVID-19, a simple regression analysis is conducted. For this, the following null hypotheses are made:

H_1: Financial risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_2: Product risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_3: Social risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_4: Convenience risk has not had any significant impact on the online shopping intension of customers before COVID-19.
H_5: Time risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_6: Delivery risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_7: Privacy risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
H_8: Psychological risk has not had any significant impact on the online shopping intentions of customers before COVID-19.
The following regression model is estimated separately for each perceived risk factor.

$$Y_t = a_o + a_1 X_{1t} + U_t \quad \text{.....t =1, 2, 3....., 100}$$

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Table 2: Regression Result

Dependent Variable: Online Shopping Intention of Customers Independent Variables: Financial Risk, Product Risk, Social Risk, Convenience Risk,Time Risk, Delivery Risk, Privacy Risk and Psychological Risk			
Null Hypotheses	p-value	t-value	Risk Factors
Accepted	.175	1.27	Financial Risk
Rejected	.021**	-2.26	Product Risk
Accepted	.664	.442	Social Risk
Accepted	.542	.354	Convenience Risk
Accepted	.474	.232	Time Risk
Accepted	.653	.335	Delivery Risk
Accepted	.491	.283	Privacy Risk
Rejected	.036**	-2.73	Psychological Risk

***** indicates 5% level of significance***

The result shows that financial risk, social risk, convenience risk, time risk, delivery risk and privacy risk have not had any effect on the dependent variable before the outbreak of COVID-19. However, it is revealed that product risk and psychological risk harm the shopping intention of online customers. It means that the higher the product and psychological risk, the lower will be the shopping intention of shoppers to purchase goods from online stores. It is found that the impact of product and psychological risks on the intention of customers towards online shopping are statistically significant at a 5% level of significance respectively. So, it leads to the rejection of two null hypotheses as the product and psychological risks have significantly affected the intention of online shoppers in the study area before the pandemic.

Table3: Statements Regarding Customer's Intension and Customer's Perceived Risk Factors After the Outbreak of COVID-19

Mean	Statements	Factors

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Score		
2.62 3.32	1. I feel that it is unsafe to use my credit card information as it may be misused while shopping online. 2. I feel unsafe because I may not get true value for money for the product which is purchased online.	Financial Risk
4.24 4.46 4.54	1. The product I get may be of poor quality and defective. 2. I do not trust online shopping as I feel that I may get something different from what I ordered. 3. I feel that it is not easy to judge the quality of the product over the internet.	Product Risk
4.36 4.12	1. My family members, friends and relatives may not agree to my online shopping decision. 2. I feel worried as my online shopping decision may create a negative opinion about my purchasing behaviour in my community.	Social Risk
4.24 3.42 2.38	1. It is difficult to examine the product. 2. Cancellation of order is a difficult task. 3. I may face problems in returning the product when I purchase online.	Convenience Risk
4.18 2.46	1. Searching right product online takes a lot of time.	Time Risk

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	2. Placing an order for a product is very time-consuming.	
4.42 4.34 4.26	1. I feel that online stores provide fast delivery of the product. 2. I may not get the same product as I ordered. 3. I do not use online shopping as there may be non-availability of reliable shippers.	Delivery Risk
2.36 3.68	1. I feel that my personal information may be misused without my knowledge. 2. I feel that third parties may abuse me by using my contact number, email and other personal information.	Privacy Risk
4.68 4.82	1. I feel safe and comfortable while shopping online. 2. I do not get tense while shopping online as online shopping saves fuel and energy.	Psychological Risk
4.86 4.48 4.66	1. I will continue to purchase a product online in future. 2. I will continue to shop online for my personal needs only. 2. I will recommend good online stores to others to purchase from these online stores.	Customer's Intension

Source: Field Survey

Further, to determine the impact of various risks on the shopping intentions of online shoppers after COVID-19, a simple regression analysis is conducted. For this, the following null hypotheses are made:

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H_1: Financial risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_2: Product risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_3: Social risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_4: Convenience risk has not had any significant impact on the online shopping intension of customers after COVID-19.
H_5: Time risk has not any significant impact on online shopping intension of customers after COVID-19.
H_6: Delivery risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_7: Privacy risk has not had any significant impact on the online shopping intentions of customers after COVID-19.
H_8: Psychological risk has not had any significant impact on the online shopping intentions of customers after COVID-19.

The following regression model is estimated separately for each perceived risk factor.

$$Y_t = a_o + a_1 X_{1t} + U_t \quad \text{.....t =1, 2, 3....., 100}$$

Table 4: Regression Result

Dependent Variable: Online Shopping Intention of Customers **Independent Variables: Financial Risk, Product Risk, Social Risk, Convenience Risk, Time Risk, Delivery Risk, Privacy Risk and Psychological Risk**			
Null Hypotheses	p-value	t-value	Risk Factors
Accepted	.275	1.12	Financial Risk
Rejected	.032**	-2.20	Product Risk
Accepted	.012**	-2.42	Social Risk
Accepted	.531	.353	Convenience Risk
Accepted	.651	.323	Time Risk

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Accepted	.022**	-2.23	Delivery Risk
Accepted	.592	.382	Privacy Risk
Rejected	.032**	-2.82	Psychological Risk

***** indicates 5% level of significance***

The result shows that financial risk, convenience risk, time risk and privacy risk have not any effect on the dependent variable after the outbreak of COVID-19. However, it is revealed that product risk, psychological risk, social risk and delivery risk harm shopping intension of online customers after the outbreak of coronavirus. It means that the higher the product, social, delivery and psychological risk, the lower will be the shopping intention of shoppers to purchase goods from online stores due to pandemics. So, it is found that the product, social, delivery and psychological risks have a significant negative impact on the intention of online shoppers in the study area due to the pandemic COVID-19.

6. Conclusion

From the above discussion, it is found that COVID-19 has a considerable impact on risks factors related to online shopping which affect the shopping intentions of customers. It is revealed that product risk and psychological risk harm shopping intentions of online customers before the outbreak of COVID-19. It means that the higher the product and psychological risk, the lower will be the shopping intensions of shoppers to buy goods from online stores. However, it is revealed that product risk, psychological risk, social risk and delivery risk harm shopping intensions of online customers after the outbreak of the corona virus. Therefore, it can be concluded that COVID-19 has a significant negative impact on the online shopping intentions of customers as more perceived risks factors of online consumers are associated with the outbreak of this virus in the study area.

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COVID – 19 and Mental Health of students: an Analytical Study

Ritirekha Kalita[*]

COVID -19 pandemic has caused a global health crisis which not only threatens the lives of people but also affects their mental health. Due to lockdown and limited social interaction, activities and a sudden transition in learning environment i.e. traditional system of education to online mode of teaching and assessments lead to unexpected situation for our future generation. Adaptation of the students to this sudden change from routine teaching method is more stressful and they are undergoing higher emotional irregularities i.e. panic, excessive anxiety, loneliness and other psychological disorders. At present, mental health of the students is the major concern throughout the world, because the entire performance depends on his/her mental health. Hence, there is strong need to consider the mental health status and keep the mental balance of the younger generation. This paper aims to analyze both the positive and negative impacts of Covid-19 on students and to obtain possible solutions to reduce the negative impact on psychology of our future generation.

1. Introduction

During pandemic, it is extremely crucial to look after our mental health. Mental health is one of the components of the broad concept of health. It is concerned with an optimum level of emotional and behavioral adjustment of the individual. Mental health denotes the control or regulation of our emotional, psychological and social well being. It is a state of maintaining harmony or balance between the needs, desires and aspiration of the individuals. It has unanimously been agreed upon by all experts that mental health plays a vital role in the development of personality. It is impossible to imagine harmonious development of human beings without sound mental health. Mental health is important at every stage of life from childhood and adolescence through adulthood.

In December 2019, the outbreak of novel corona virus, later designated as Covid-19, identified initially in the city of Wuhan in China has effected all over the world. It is an infectious virus associated with

[*]Assistant Professor, Department of Education, Pub-Bongshor College,

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respiratory illness, occasionally leading to severe pneumonia and acute respiratory distress syndrome. Anyone can get sick with covid-19 and become seriously ill or die at any age. The World Health Organization (WHO) declared the outbreak as public health emergency of international concern and later acknowledged this coronavirus epidemic as a pandemic. The global impact of coronavirus disease is remarkable and has left countries confront with uncertainties.

As the rate of spread is increasing day by day, lockdown is the only option to be followed by every country to reduce the rate of spreading the infection. This unexpected social distancing, quarantine and closure of public places including educational institutions have caused extensive disruption of daily routines for the global community. The nationwide lockdown has had a tremendous impact most particularly on education system. Traditional system of education has been transformed or replaced by online mode of teaching and assessments. This sudden change or transition of social situation and norms has affected the lives of people around the world including children and adolescents in an unprecedented manner. In this stressful situation, many students are experiencing or suffering from various psychiatric disorders such as hyperactivity disorder (ADHD), depression, mood disorders and other such abnormal behaviors which may lead to their mental illness in future. Mental health issues are the leading obstacle to academic success of students. It is well established that mental health is one of the most essential parts of human development and child's educational achievements and potentialities are only determined by a sound mental health.

This study aims to highlights the impacts of Covid -19 on mental health of children and adolescents and offers practical solutions to their mental problems.

2. Methodology

Data and information presented in the study are collected from various secondary sources like reports, articles, journals and books. Information is also collected from various authentic websites.

3. Objectives

The objective of this study is to analyze the overall impact of covid -19 on mental health of children and adolescents. In particular the aim of this study is to discuss about the problems facing by the students during

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lockdown and identifying factors contributing adversely to their mental health and proposing possible solutions to reduce the negative impact of covid-19 on students for their psychological wellbeing.

4. Discussion

The outbreak of Covid-19 has disrupted the lives of people across the world. It has influenced almost everything partially or completely changing the normal life. Due to radical changes in lifestyle a sense of fear and uncertainty has developed among students. Impact of Covid – 19 is so serious that children may experience significant mental problems. Problems like increased levels of anxiety, frustration, depression, worries, loneliness etc are increased day by day which may lead to undesirable adverse effects on the learning and psychological health of students.

The sudden closure of school impacts significantly on children and adolescents aged between 10 - 19 years. Adolescence is a crucial period for social development. It is a stage of enthusiasm and risk taking. Social distancing and school closures during covid -19 pandemic may accelerate to develop behavioral disorders among adolescents. When children are out of school, they are less physically active, aimless and spend more time on screens, have more irregular sleep patterns, not having enough food and loss of fitness. They have also suffered from lack of concentration to their studies. Quarantine and lockdown measures results in children being confined to their homes with limited outdoor activities and no regular interactions and communication with school mates, physical activities like play, exercise are hindered. As a result, senses of loneliness and insecurity have been developed among young generations and self harm or suicidal behaviors are also expected to rise in them.

Furthermore mental health of both children and adolescents is greatly affected by some other factors. Covid -19 pandemic has triggered new ways of learning. Most of the educational institutes have shifted to online learning to keep the academic activities going. Both teachers and students have to face some challenging situations as this is an entirely new way of learning. They are facing many hurdles during online education. At homes, students are facing lack of basic facilities, external distraction and family interruption during learning. For teachers also, online teaching is a challenging task as they may not have

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sufficient technological capability. A lack of clarity and direction etc are the basic problems faced by every student which contributes to the additional stress and would have a detrimental effect on mental health. In rural areas students may have limited facilities for internet access and many of them may not be able to afford computer and mobile phones in their homes. Thus online teaching and learning method has created a big gap between the students of rural and urban areas, which may increase the risk of mental illness among them.

5. Suggestion for Preventive Measures

Protecting and maintaining the mental health of the future adult generation is only possible by adopting various preventive measures.

In the present times, teachers, parents, family members and society are responsible to play a critical role in the promotion of psychological well being among youngsters. Parents are the 'best role model' for children and home is the best place to learn the life skills. Parent should have to follow and practice the guideline provided by the World Health Organization (WHO). Appropriate protective and preventive measures should be emphasized to maintain better health and hygiene at home.

Moreover, excessive use of social media should be avoided. In order to maintain the mental balance, it is very essential to inculcate good habits like exercising regularly, practicing yoga or meditation, eating healthy, taking adequate sleep and utilizing time by engaging in some healthy activities. Creative activities like art & music, dance and others can also help to create positive attitude as well as to manage mental health and well being for children and adolescence. It is also crucial that parents should encourage and provide enough support to their children to minimize their anxiety or fear. Hence, parents should help their children to develop the most important life skills, i.e coping with stress, how to control their emotions and problem solving ability for a sound mental health.

Through positive parenting, parents, guardians and family members can create favourable environment in homes to avoid the stress and anxiety developed by their children. Additionally children should be provided adequate information about the pandemic and why quarantine measures have been taken through several sources. Parents should help their children to lessen the negativity associated with

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pandemic and quarantine. School, social institution can also implement different psychological guidelines to assist with children's mental distress. School should take the responsibility to provide updated health organization guidelines through online lectures, counseling and awareness programmes to support the mental health and well being of student. Teachers should encourage students to stay positive and keep a healthy balance between physical and psychological well being. Students should be encouraged to develop adjustment mechanisms to self regulate their own emotions without dependence on others. Furthermore, school systems must adapt to the new online learning method and help students to adjust with the new form of education. Teachers can conduct creative online academic and non-academic sessions and engaging students in different creative activities like quizzes, small competition on art, music, dance etc to break the monotony of the online classes. At the same time, the school authorities should take responsibilities to make arrangements to ensure that the reading materials are made available to the underprivileged children who don't have access to the internet. The role of mental health care workers, including psychiatrists, psychologists and psychiatric social workers are crucial keeping in mind their professional responsibilities and social challenges. They need to work towards the production and dissemination of audio-video materials related to mental health awareness, promote health behavior and psycho-educational materials associated with the mental health care of children and adolescents. Necessary steps should be taken by adopting various strategies for mental health services to reduce the negative impact of covid-19 on mental health of student.

Though the outbreak of covid-19 has created many negative impacts on education, there are both positive and negative matters happening around us. Everything is happening for the wellbeing of the students so that they can stay safe at home without getting affected by the life threatening virus. As online education is the only option during lockdown, students may also have to get opportunities to introduce themselves with different techniques of learning. Learning through teleconferencing, virtual meetings, e-conferencing etc are very interesting for them as collaborative teaching and learning can take on new forms. Students can able to learn how to use digital technology and resulted in increasing the digital literacy. Moreover during pandemic, online education also encouraged to develop self learning activity among student.

6. Conclusion

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The covid-19 pandemic has created a major mental health crisis all around the world. In response to this global health crisis lockdown and quarantine measures are the only option to be adopted by every country. The movement restriction and social distancing during this pandemic period has lead to a rise in various psychological problems among students. Variety of mental health issues have been reported from all over the world. Impact of covid-19 is so serious that, there is a need to take measures to prevent the virus from spreading and providing adequate mental support services for developing healthy adjustment mechanisms among children and adolescents. In this global humanitarian crisis of covid -19 pandemic, collaborative networks of parents, educators, psychiatrists, psychologists and community volunteers are deemed necessary to enhance the mental balance of individuals.

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Participation of Assamese Women in the Freedom Movement of India with Special Reference to Kiran Bala Bora: A Historical Study

Gita Rani Das[*]

Freedom movement of India was a series of historic events with the goal of ending British rule in India. Mahatma Gandhi launched three major campaigns in Indian Freedom movement. People from every nook and corner of India joined hands in these series of struggle. This struggle would be incomplete without mentioning the contributions of women. Whenever the history of freedom movement is sketched, the dedication and sacrifice of women should find the most prominent place in it. Women folk fought with true spirit and courage. The momentous role played by women in the freedom struggle was creditable. Women were guided by the feelings of patriotism and sacrifice, and this made them to step over the threshold of their homes. When most of the freedom fighters were in prison, the women came forward to take charge of the struggle with true spirit, courage and heroic velour. They did not even dare to face the torture and hardship done by the British authority. The wave of their unprecedented enthusiasm had surprised the British. While the consciousness of women in the whole of India took the unique shape, the women of Assam also did not lag. The Assamese women whole heartedly jumped over the movements without caring about their lives, household and family. The history of the freedom struggle is replete with the saga of sacrifice, courage and dedication of Assamese women. Women like Nalinibala Devi, Chandraprabha Saikiani, Kiran Bala Bora, Pushpalata Das, Tileswari Barua, Kanaklata Barua, Bhogeswari Phukanani etc. took active part in the Gandhian Movements. In this paper emphasis would be laid on the proactive participation of Assamese women in the freedom struggle. This paper specially elucidates the significant contribution of the freedom fighter and social activist Kiran Bala Bora.

1. Introduction

The Socio-political history of India was embellished by the ethos of patriotism, heroism, sacrifice, dedication of Indian masses since time immemorial. The Indian national movement was a long-drawn struggle of the Indian people to attain Swaraj (freedom) against the bondage of

[*]Assistant Professor, Department of History, Pub Bongsor College

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the British rule. People, irrespective of caste, creed, sex participated in this movement against the colonial exploitation. The swaraj struggle under the eminent leadership of Mahatma Gandhi became the biggest mass movement in the history of the world. During the period between 1919 to 1942, Gandhiji launched a series of struggle against the British atrocities and exploitations. Gandhian movement was based on truth and non-violence. It was generally bringing into its hundreds of thousands of common Indian. People from all walks of life participated in the mass movement. The Indian streets were seen as moral battlefields. The consciousness of the common people took a unique shape. The women folk also joined active hands in this emotional battlefield along with men. Whenever the history of freedom struggle of India is sketched, the sacrifice and dedication of Indian women will surely find the most prominent place in it. When most of the male leader were arrested by the colonial authorities, the women folk jumped into the arena of the holistic field without any fear of family, social barrier and their lives. Keeping equal pace with the men, both educated and uneducated Indian women took active part in the struggle by volunteering, campaigning, picketing, protesting, fasting and donating for the cause of the freedom. Mahatma Gandhi has rightly remarked, "When the history of Indian fight for independence comes to be written the sacrifice made by the women of India will occupy the foremost place. The contribution of Assam towards the freedom struggle as one of its provinces was not in any way less than the rest of India. The Assamese women also did not lag. They participated in these series of struggle by picketing, procession, organizing people of the remotest village. They undertook Gandhian programmes like spinning, weaving, anti- liquor, removal of untouchability. They took active part in the movement both in nonviolent and revolutionary way.

2. Objectives

The primary objectives of this paper are

1. To sketch the role played by the Assamese women in the freedom movement of India.
2. To elucidate and evaluate the participation of women of Assam in the freedom struggle with special reference to Kiran Bala Bora.

3. Methodology

Both historical and descriptive methods have been taken for the

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study. The study has been done based on secondary sources. The secondary sources used in this paper are books, journals, articles and websites.

4. Discussion

4.1 Non-cooperation Movement and the Assamese women

Non-cooperation Movements (Asahayog Andolon) in 1920 was a major event in the Indian struggle for freedom. Under the efficient leadership of Mahatma Gandhi, the movement aimed to get rid of the British rule through non-violent, non-cooperation with the ideology of renunciation of Government titles, the boycott of legislature, law courts, schools and colleges and subsequently nonpayment of taxes. The objects of the Indian National Congress were now more clearly defined than ever as attainment of self-rule by all legitimate and peaceful means. In addition to the educated middle class, the entire peasantry, the working classes, even few women joined hands in the emancipation. Assam also found herself in the thick of the movement. A section of the Assamese intelligentsia had already come under the spell of Gandhi's teaching. The Non- cooperation Movement in Assam reached its climax with the visit of Gandhiji to Assam in August 1921. Responding to the appeal made by Gandhi, people joined boycott movements by organizing huge bone fires of British goods. This movements witnessed unprecedented support from all sections of the society. In this movement the participation of women of Assam like other parts of India, began in a miniature form. When Gandhiji visited Assam, he met Assamese women in special meetings organized for them. Gandhi asked the women to actively take part in the programmes of the freedom movement. Gandhiji's visit to Assam had created a sensation among the Assamese women and they came forward to take part in the freedom movement. The Assamese women participated in the movement through Assam Chatra Sanmmilan, The Assam Sahitya Sabha (Assam Literary Society) till the formation of the Assam Mahila Samiti (Assam Women Association) in 1962. Large number of women took active part in the movement by participating in meetings, procession, boycotting, colonial goods, educational institution, law courts, offices etc. The Assamese leader Nabin Ch. Bordoloi, Tarunram Phukan, Kamalakanta Bhattacharjya and Chandra Kumar Agarwala tried to engage the rural women in this movement. Some women from the

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families of the Congress leaders and workers organized the women. Nalinibala Devi, Bijuli Phukan, Sumitra Bhattacharjya, Kiranmoyee Agarwala, Hemanta Kumari Devi Bordoloi, Rajbala Das, Chandraprabha Saikiani were the main female leaders of Assam during the time of the movement. They tried to convince the men and women about the utmost necessity of a movement to gain swaraj.

The primary aim of the non-cooperation movement was the boycotting of foreign goods and encouraging the local spinning and weaving. In this field, the contribution of Assamese women was remarkable. The women of every household of Assam were efficient in weaving and spinning. They had woven cotton and khadi clothes which directly or indirectly could help to achieve the goal of boycotting foreign clothes. Once Gandhiji was surprised about the amazing beauty of the design of Assamese clothes. He highly appreciated the efficiency of Assamese women. The major impact of the movement in Assam was the fall in opium and liquor consumption. The congress workers led vigorous anti-opium campaign. This act was getting massive support from the women of Assam. They picketed before the opium and the liquor shops. Some women were arrested even for their anti-opium and anti-liquor activities. Dariki Das Barua was arrested and imprisoned for her anti-opium acts. Unfortunately, she breathed her last in the jail due to her maternity sickness. She was the example of high patriotism, sacrifice and determination.

The women of Assam donated fund both in cash and kind to run the movement. They donated jewellery for the Tilak Swaraj Fund. Few gave up their jobs, family and children for the sake of the motherland. One of the prominent female leaders of the movement was Chandraprapha Saikiani. She was the founder of the All Assam Pradeshik Mahila Samittee (an NGO). Inspired by the ideology of M.K. Gandhi, she joined the freedom movement in 1921. She went to jail for her anti-Brtitish activities. She had an indomitable patriotic spirit, and nobody could stop her for her patriotic and emancipation zeal.

4.2Civil Disobedience Movement and the Assamese Women

Gandhiji gave the call for a Civil Disobedience campaign in1930 aiming at to paralyse the administration by performance of specific illegal acts. Gandhiji along with 78 volunteers including prominent female leader Sarojini Naidu started from Sabarmati Ashram to the seacoast of Dandi to make salt in defiance of the salt law regulation. The movement spread rapidly.

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In Assam, Congress was ready to launch a mass Civil Disobedience Movement. The women of Assam equally participated in the movement. It was a period of women's awakening. They organized picketing before the opium and liquor shops. Foreign goods were picketed. A revolutionary Organization 'Mukti Sangha' was organized by the women. The main women leader of this movement was Pushpalata Das, Sarala Saxena, Jyotsna Majumdar and so on. Pushpalata Das was expelled from her school due to her anti-British activities. The women of Assam participated in the symbolic procession to support the Dandi March of Gandhiji.

In Nowgong District, Guneswari Devi, Mohini Gohain, Darbai Mech, Kiranbala Bora were the main female leader of the Civil Disobedience Movement. In Jorhat, Girirbala Devi, Swarnalata Devi worked for the emancipation activities for the welfare of the lower castes and "Harijans".

In September 1940, the women wing of the Congress was formed in Assam. Pushpalata Das and Amalprabha Das became Joint secretaries of the women wing. This step created a suitable atmosphere for the women to come forward for the cause of motherland.

The participation of women of Assam in the Civil Disobedience Movement was so massive that prominent historian of Assam Benudhar Sarma described it as the women's movement. The dynamic leadership of Pushpalata Das, Amalprabha Das, Chandraprabha Saikiani, Kiranbala Bora gave the movement a new insight.

4.3Quit India Movement and the Assamese women

With the powerful resolution 'Quit India' Gandhiji launched the legendry struggle in August 1942 which is also known as August Movement. The Nation was inspired by Gandhi's historic Mantra (slogan) 'Do or Die' (Karo ya Maro). However, the British authority immediately banned the Congress and arrested the prominent leaders of the movements along with Gandhiji. The people, however, were unstoppable. There were massive hartals and demonstration all over the country. The movement marked a new height in terms of participation of the masses. When most of the men folks were in prison, women came forward to take the responsibility of the struggle. Aruna Asaf Ali, Sucheta Kripalani, Matangini Hazra etc. were the prominent female figures of the movement.

In Assam also within a week of declaration of the Quit India

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Resolution, all important Congress leaders including Md. Tayebullah, Gopinath Bordoloi and other prominent leaders were arrested. Like their counterparts in other parts of India, the people of Assam also defied the creed of nonviolence by taking to sabotage activities. The women of Assam played a significant part in the struggle by taking part in procession, demonstration and picketing. A group of women became the volunteers of 'Santi Sena', which was organized by the leaders of APCC. In 1942, 'Mrityu Bahini' (Suicide Squad) was formed to carry out the violent activities against the British.

The Quit India Movement was in full swing in Nowgong, Darrang, Shivsagar, Lakhimpur, Kamrup, Golaghat etc. The prominent female leaders of Nowgong district were Bhogeswari Phukanani, Guneswari Devi, Enamoni Bora, Jaymoti Saikia, Damayanti Bora, Maidhan Saikia. Buddheswari Hajarika, Hemeswari Phukan, Dhanada Baruah were the courageous women of North lakhimpur who fought against the British and faced the brutalities of the Police. In Shivsagar women participation in the Quit India Movement was very remarkable and noteworthy. Maibala Baruah, Aideu Bala Baruah were injured badly and became the victim of police atrocities due to their anti-colonial activities.

Amalprabha Baruah, the underground women leader of Golaghat organized activities in the rural areas and tea gardens. She took great initiatives in organizing 'Mrityu Bahini' Purankanti Baruah, Ambika Barua, Sarumai Das ,Lalita Das, Devalata Hazarika were some of the most active participants of the Quit India Movement.

The bold and sole leader of Kamrup (Bajali and Barpeta areas) was Chandraprabha Saikiani. As an underground activist, she frequently faced the brutality of the British Police. In Darrang districts, the responsibility of organizing the movement was entrusted on Pushpalata Das, who was the urdent follower of Gandhi's nonviolent policy.

Kanaklata Barua, a very young girl of Gohpur, an immemorable name of martyrdom was thrilled by the spirit of Patriotism and sacrifice. In 20th September 1942, she led a big procession to the Gohpur thana to hoist the National Flag. The Police opened fire on the peaceful mob, and she died on the spot.

In the Dhekiajuli Procession, Kumai Devi, Tileswari Baruah, Khahuli Devi sacrificed their lives for the freedom of the country. In Sootea , Mahila Mrityu Bahini was formed under the leadership of Swarnaprabha Mahanta. Another important female leaders were Guneswari Bhuyan,

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Premoda Bormudoi, Purnada Devi and so on. In 1942, the Assamese women crossed all other women of the country in respect of courage, bravery and sacrifice.

5. The contribution of Kiranbala Bora in the Freedom Struggle

Kiranbala Bora was a noteworthy female leader of freedom movement of India specially during the time of the Civil Disobedience Movement. She was born in 1904 in Nagaon. Kiranbala was inspired by the Gandhian ideology. She started devoting herself for the cause of the motherland. She contributed a lot to popularize the Indian National Congress in Assam. She had an intimate relationship with the eminent writer, social activist and freedom fighter Chandraprabha Saikiani. Kiranbala involved actively in the acts of boycotting foreign goods of her household and inspired others to do so. She herself started weaving khadi and cotton clothes. She was urgent anti-opium and anti- liquor activist. Kiranbala took active part in the Civil Disobedience Movement and led a large group of women of Nagaon District against the British. She was arrested and kept in prison by the British for four months. During the time of movements Kiran Bala visited every household of Polaxoni village of Nagaon District and made the people to understand about the violation of salt law and other laws. She worked as a social activist too by creating consciousness among the people against the social evils e.g., Satidaha, child marriage. She was in favour of female education.

In August1942, Kiranbala Bora participated in the Quit India or Bharat Choro Movement. She had to bear the torture of British. But, despite all these nothing could dampen the enthusiastic zeal of her. Her contribution towards the freedom movement was innumerable. This wonderful brave hearted patriotic woman fought for her motherland till the attainment of independence. She was honoured with freedom fighter pension both by centre and the state.

6. Conclusion

In this article we have tried to analyze the participation of Assamese women in the mass movements of India for freedom. We found that since the time of freedom struggle, the women have been playing vital role in different stages of the mass struggle. Beginning with a limited participation in 1921’ s Non-cooperation Movement, the involvement of women in the subsequent phases of the movement

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became massive in scale and equal to men. The Assamese women set an example of supreme heroism sacrifice and patriotism for the sake of motherland. However, the sacrifice and bravery of the women were not sufficiently recognized and enlisted in the pages of history. Therefore, efforts should be made to explore the unlimited contribution of Assamese women towards Swaraj.

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COVID-19 Pandemic and its Impact on Female Labour Force Participation: The Indian Case

Swagata Bezboruah[*]

Recent crisis of COVID-19 has some unprecedented impacts on every sphere of society Worldwide. When the pandemic hit the world, the Indian economy was already in the most prolonged slowdown in recent decades with increasing trend of job losses, unemployment rate, sluggish rate of job creation and increasing informalization of employment. The COVID-19 pandemic affected Indian labour market severely and women seem to be more vulnerable to these effects of this crisis and as the trend and data suggested, one can expect further decline in female labour force participation rate after this pandemic. In this paper, we will discuss about impact of the pandemic on women's labour force participation. It will also include the historical evidences of impacts of various previous crises on labour force participation decision of woman. The paper will extensively discuss about the female labour force participation prior to the pandemic and during the pandemic. Further, the possible impacts of the mobility restriction imposed by different states, the reverse migration of male workers from urban centers to rural areas, increasing time allocation to unpaid domestic duties on female labour force participation are also under the scope of this paper. The analysis will be based on recent available data of Consumer Pyramids Household Survey published by the Centre for Monitoring the Indian Economy and State of working India report, 2021.

1. Introduction

Women around the world continue to suffer from many drawbacks in many spheres of the society specially in economic sphere. Although, satisfactory progress made in reducing gender differences in many aspects of the society, access to economic opportunities is limited for women till this date. Gender differences and discrimination is very prevalent in labour market worldwide and accordingly females are the worst victims of this labour market discrimination and hence gap exists between the participation rate of men and women in the labour force

[*]Research Scholar, Dept. of Humanities and Social Sciences, IIT Guwahati

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worldwide. The relationship between female participation in the labour market and socio-economic development is complex in nature and it varied widely country wise. However, the labour force participation rate plays a very essential role in determining socio economic development and growth. Female participation rate in economic activity and accessibility of decent employment opportunities are very essential driver and outcome of economic growth and development and it is a key to promote inclusive growth, financial inclusion and achieve the Sustainable Development Goal etc., very crucial discussion in present economic literature and policy making process.

COVID-19, the global pandemic is disrupting lives and economic activity around the world. Especially the economic danger of this global pandemic is somehow exponentially higher than the health risks. The Indian economy has been experiencing significant slowdown since last few years. When the pandemic hit the world, the Indian economy was already in the most prolonged slowdown in recent decades with increasing trend of job losses, unemployment rate, sluggish rate of job creation and increasing informalization of employment. The COVID-19 pandemic affected Indian labour market severely and women and young workers seem to be more vulnerable to these effects of this crisis. This outbreak has presented new challenges for the economy and for the country as a whole. Also, due to unprecedented nature of this crisis, the economic shocks created by this pandemic are complex and will unfold for years to come.

The remaining part of the paper is made up as follows. In the first part, to get a better understanding of our discussion, we will consider certain theoretical aspect and historical evidences about the impact of crisis on female labour force participation. The second section of this paper discusses about female labour force participation statistics and different aspects prior to the pandemic. The following part will discuss about the impacts of pandemic on different dimensions of labour force participation of female. The final section will try to offer certain possible policy recommendations. The analysis will be based on recent available data of Consumer Pyramids Household Survey published by the Centre for Monitoring the Indian Economy and State of working India report, 2021.

2. A broader perspective: What literatures suggest?

As previous literatures suggest, the period of any crisis or shocks expectedly have two effects on Female Labour Force participation

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decision, known as 1) Added or additional workers effect 2) Discourage worker effect. After crisis like situation, in some cases, women are often required to take up employment especially informal employment to smooth household consumption and income. Many researchers stated the example of Indonesia in this regard. The FLFPR increased drastically in Indonesia after the East Asian Economic Crisis of 1997-98. Also, in most countries, including the European countries, United States of America most affected by the Global financial crisis of 2008, the women's participation has increased (Altuzarra et al. 2019, Rampell, 2010). In both the cases, the reason seems to be that the "additional worker" effect was stronger than the "discourage worker effect".

On the other hand, as the rate and the average duration of unemployment increase during the crisis and afterwards of any crisis, the unemployed become discouraged and stop actively seeking employment, leaving the labour force, this is popularly known as discourage worker effects. But considering Indian job market scenario prior to this health crisis with unavailability of decent jobs, very slow rate of job creation, discrimination in the labour market on the basis of gender, lack of individual qualifications etc., one can expect the discourage worker effect to be more intensive than the added worker effect for Indian women. Experts of this field are expecting further crowding out of women from labour force due to this pandemic.

3. Female Labour Force Participation Rate Prior to the Pandemic

FLFPR has historically been lower in India. But the worrisome fact is that it is continuously declining in a period which is characterized by high rate of growth, high educational attainment and declining fertility rate. Male LFPR ranges between 54 to 57 percent between the time periods of 1977-78 to 2011-12 for both rural and urban region. Correspondingly rural female LFPR ranges between 25 to 35 percent and urban female LFPR ranges between 14 to 17 percent in that period as per data of NSSO. But female LFPR from 2005-06 to 2011-12, reduced significantly specially crashed in rural areas. In urban areas, though it is low as compared to rural area but it remains somehow stagnant. If we look into the rural FLFPR extensively, we can see that rural FLFPR rate was around 33% in all NSSO EUS rounds from 1977-78 to 2004-05 (except one round of 1999-2000). But surprising fact is that from 2005-06 to 2011-12, it reduced significantly to around 25 percent. After the 2011-12 rounds, though NSSO has not published EUS. After a long gap of almost 8 years, NSO (National Statistical Office) published periodic labour survey for 2017-18 and 2018-19, which also show further decline

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in FLFPR especially in rural area. Though there is controversy regarding comparability between NSSO EUS and PLFS, due to differences in their sample size and sample design, methodology etc. But we will not discuss it as this is not within the scope of this paper.

Table1: FLFPR (%) by usual status (ps+ss) in India prior to the pandemic

Survey Round	Rural female	Urban female
1977-78(32nd Round)	33.8	17.8
1983(38th Round)	34.2	15.9
1987-88(43rd Round)	33.1	16.2
1993-94(50th Round)	33.1	16.5
1999- 2000(55th Round)	30.2	14.7
2004-05(61st Round)	33.3	17.8
2009-10(66th Round)	26.5	14.6
2011-12(68th Round)	25.3	15.5
PLFS ,2017-18	18.2	15.9
PLFS,2018-19	19.7	16.1

Source: Data of NSSO EUS taken from Abraham (2013), data of PLFS published by NSO based on author's own calculation.

Studies analyzing declining female LFPR in India, recognized mainly two effects – those are income effect and education effect. Increasing rural household income along with increasing female educational attainment are the main forces behind this decline (Rangarajan et al. 2011; Klasen and Pieters 2015; Bhalla and Kaur 2011; Mehrotra and Parida 2017). Again, Due to various targeting policies

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accessibility of education is increasing in India in both rural and urban India and for both genders. So, many researchers support the notion that increased government spending on education from primary level to higher level including technical and vocational education appears to have a negative impact on FLFPR in the short run but it is precondition for long run sustained growth of FLFPR (Mehrotra and Parida, 2017). Besides these two, Social and cultural norms, workplace related issues such as patriarchal hierarchy, sexual harassment in workplace, low protection benefit, lack of infrastructure, lack of proper public transportation facilities etc., Lack of work-related mobility etc. are various reasons behind this unwanted phenomenon. However, there is unanimity of opinions among researchers of this field regarding reason of decline of female labour force participation in India. That is why this is becoming a prior area of research since last two decades.

4. COVID-19 Crisis And Female Labour Force Participation: The Indian Case

Covid pandemic impacted employment, incomes, and welfare in India. The pandemic and imposed lockdown has further increased unemployment and led to a severe decline in earnings for the majority of workers resulting in a sudden increase in poverty. Women and younger workers have been disproportionately affected (State of working India report, 2021).

Specially those employed in the informal sector are worst victims of the crisis as compared to formally employed people. Women in India largely employed in low skilled, low paid informal work with little or no social security and legal protection. For example, domestic workers or self-employed home-based workers constituted the major part of urban female labour force. The immediate economic shocks of the pandemic and its persuaded nation - wide lockdown are more intensively felt by informal workers as mentioned above and as women mostly employed in informal employment in India; Women are likely to bear the burden of job losses the most. Let us see some data in this regard,

As not any official governmental comprehensive data survey is not released yet after the pandemic. So, our main data sources are the Centre for Monitoring the Indian Economy and State of working India report published by Centre for sustainable employment. We will consider five subsequent reports of CMIE published for every four months of the year from Jan-April, 2020 (the pandemic and its induced lockdown hits country on March, 2020) issue to latest May-Aug, 2021 issue.

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Table 2: Female labour force participation one year prior to pandemic (Jan- Dec, 2019) (in %)

Time Period	FLFPR (Rural female)	FLFPR (Urban female)	Total FLFPR (Urban + rural)
Jan- April, 2019	11.6	9.8	11
May- August, 2019	11.6	9.7	11
Sep-Dec, 2019	11.6	9.5	10.9

Source: CMIE

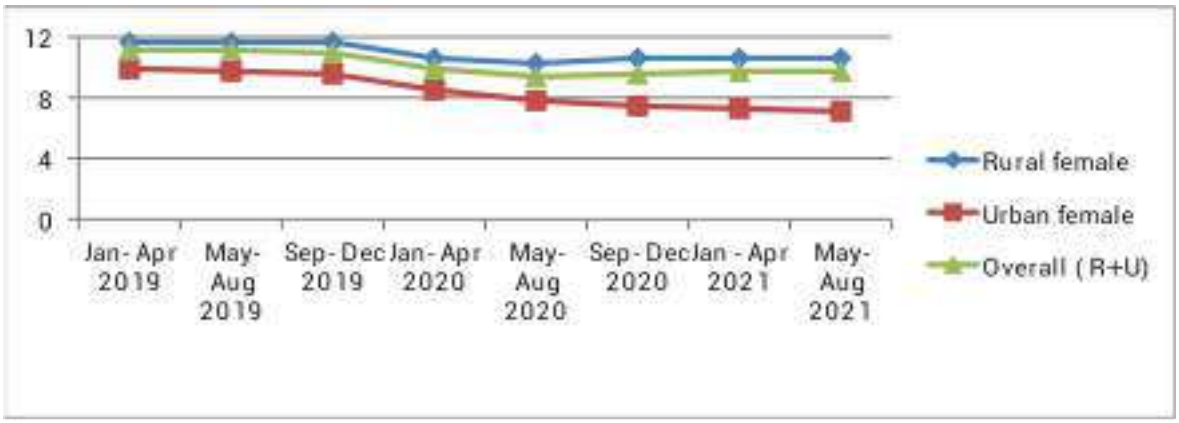
Table 3: Female labour force participation rate during the pandemic period (in %)

Time period	FLFPR (Rural female)	FLFPR (Urban female)	Total FLFPR (Urban + rural)
Jan-April, 2020	10.5	8.5	9.9
May-August, 2020	10.1	7.8	9.3
Sep- Dec, 2020	10.5	7.4	9.5
Jan- April, 2021	10.6	7.2	9.4
May-August, 2021	10.6	7.0	9.4

Source: CMIE

Figure 1: Female labour force participation in India (in %) from Jan, 2019 to Aug, 2021

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Source: CMIE

So, from both the table we can see that female labour force participation, as predicted continuously declining during the pandemic period as compared to the prior time period, here we take the previous year, 2019 for comparison. Also, the decline is more intense in case of urban female as compared to rural labourers. Because, sectors mostly affected by the pandemic such as trade, commerce, manufacturing, construction, hospitality, tourism, Fast Moving Consumer Industries sectors etc. are basically urban- area based sector and also intensity of the health risk was greater in urban areas as compared to rural. On the other hand, most of rural women employed in agriculture and allied activities as casual wage labourers and family or own account labourers and as agriculture or the primary sector is the least effected sector from this pandemic, the decline is less for rural females as compared to urban females.

If we see the table 3, the FLFPR for rural women increasing and converging towards the pre-pandemic rate, but the opposite is happening with urban FLFPR, it is continuously diverging from the pre-pandemic level, which is showing that for urban women, major part of job losses seems to be permanent job loss (State of working India report, 2021) during the lockdown, not returning to work even by the mid of 2021. So, another crucial fact is that Job recovery rate is slower for female and specially for urban female as compared to men. In case of male, only a negligible portion who lost their jobs during the pandemic period were leaving the labour force, because after job loss, men seem to move to self-employment or other source of informal employment. But women seem to be moved out of labour force. Because, Agriculture, construction and petty trade etc. emerged as fallback sectors for men, but as employment options for women limited to a few sectors in India, the fallback option are also limited for women.

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5. Some other Aspects

Increase domestication: Also, there is a long withstanding debate that labour force participation data of females reflected only a partial picture of women's work. In case of women's work, under estimation and under reporting is very common. As women specially in developing countries like India engaged in unpaid household duties and care works such as elderly care, child care etc. to a very large extent. Labour statistics databases are incapable of capturing these women's care work and domestic duties. This Covid 19 induced lockdown and work from home increase domestication of women. Non - working as well as working women, the burden of domestic duties and care works increase due to this crisis. It is assumed to adversely affect the time allocation of women to paid employment activities in the coming future also.

Reverse migration: Millions of workers who leave agro – employment to migrant to urban economic activity are the worst victims of this COVID-19 crisis; they made their way to their native village without food, shelter and money, which we have seen specially during the first wave of Covid. With little prospect of future income, this "reverse migration" of workers is also creating some challenges in front of the female labour force participation. When job become scarce, families choose to send men out to earn and women have to stay behind at home and in the span of 'care economy'. So, influx of male migrants returning home from urban centers, the also crowded out women from labour force specially from primary sector and will have probable impacts in coming days also.

Greater mobility restriction: Lack of autonomy of women in India regarding job mobility, place of job mobility and job flexibility related decision as compared to men are very relevant in Indian cases and also one of the crucial reasons for low FLFPR. Due to COVID induced lockdown mobility of labourers further restricted in India which led increase in preexist lack of available mobility of women. So, this will definitely further impact adversely on female labour force participation rate.

6. Conclusion and Policy Recommendation

Any discussions on developments remain incomplete without inclusion of gender dimension into it. Women constituted nearly 50% of demographic profile of India. We cannot think of development neglecting the other half. In this paper, we discussed different dimensions of female labour force participation prior to the Covid and during Covid.

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Prior to Covid also, the both the quantity and quality of female participation in labour market was unsatisfactory and the situation become more vulnerable after this global health crisis.

Free rations, cash transfers, expansion of MGNREGA, PM-KISAN payments, and pension payments were some of the major support measures announced by Central Govt. in 2020 to tackle the Covid 19 situation in the country. But we cannot see many bold initiatives by the Govt. to tackle the problems arose in labour market in India.

However, in a highly populated country like India specially with high working age population cannot solely depend growth to automatically improve women participation in labour force For this we need the right pattern of growth, gender-specific labour market policies, better gender budgeting ensuring gender inclusive jobs and economically productive opportunities. Institutionalization of care works, availability of better public transport and other infrastructure facilities, encouragement for women's participation in digital, technical and vocational education, greater employment generation in female employment intensive sectors, diversifying employment opportunities for female etc. are need to be implement in the policy sphere of this country. Beyond these long run measures, just like MGNREGA, an urban employment guarantee scheme is one of the major needs of this hour as the unemployment situation in urban area and specially for urban women is very alarming.

Not only quantity, quality also matters. As we already discussed in previous sections that informalization of employment increases due to this pandemic and major share of working women in India engaged in informal employment without social security, protections etc. So, not only access but reductions in disparity relating to choose of work, working condition, employment security, earning etc. are also very critical for greater development of women and reducing gender gaps in labour market in particular and in the country in general. Policies targeting the enhancement of both job quantity and quality are required in this time.

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A Review on Impact of COVID-19 Pandemic on the Mental Health of Children and Adolescents

Srabani Das[*]

Due to the Covid -19 pandemic, the world is facing an acute crisis. Vulnerable and disadvantaged section of the students, who mostly belong to poor socio -economic groups are affected greatest. Even the transition away from physical classes to home based or on-line classes enormously disrupted the daily routine of the global community especially students and their families, posing a potential risk to the mental wellbeing of the children. Students' communication and interaction with school mates, play, and peer activities are hindered due to the closing of schools. The children who are at significant risk are the young children and adolescents as their brains are still developing and are being exposed to high levels of stress and isolation, which can lead to permanent abnormal development. The present paper aims at reviewing various articles relating to various aspects of mental health of children and adolescents impacted by COVID-19pandemic and enforcement of world-wide, nation-wide and regional lockdown to prevent further spread of infection. The findings were put under the thematic areas of impact on young children, school and college going students, children and adolescents with mental health challenges, economically under privileged children and lastly impact due to quarantine and separation from parents.

1. Introduction

Since the first reported corona virus case in Wuhun, China in 2019 the outbreak now known as COVID-19 pandemic has spread globally. Most of the regions around the world are affected severely including the United States, Brazil, India, Russia and Europe, which have seen an increasing number of cases and deaths than the rest of the world. As of August 18th 2020, the corona virus has spread to more than 216 countries and has at least 21,756,357 confirmed cases, resulting in 771,635 confirmed deaths globally. The spread of this virus has caused global economic and social disruptions and has brutally overwhelmed the healthcare and educational systems.

[*] Assistant Professor, Department of Education, Rabindra Sadan Girl's College, Karimganj, *Assam*

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Around the globe, a sense of fear and anxiety has brought about due to COVID-19 and lockdown, resulting in short-term as well as long term psycho-social and mental health complications for children and adolescents. Approximately 28% of the world's population who constitute more than 2.2 billion children in the world are aged between 10 to 19. Mental health of this age group has been influenced by several ways, as this unprecedented situation changed a way they typically grow, learn, play, behave, interact and manage emotions. During this stressful situation, children with pre-existing psychiatric disorders such as attention-deficit hyper activity disorder, anxiety, depression, mood and behavior disorders could be adversely impacted. In adolescents and children, the leading cause of disability worldwide are the mental disorders. In the world, about 15% of the children have mental health disorders or conditions. By the age of 14, nearly 50% of mental disorders start to affect the children and if this condition left untreated, a child's mental development has been found to be drastically and detrimentally impacted. Depression is one of the major leading causes of mental illness that can be prevalent in childhood. Students' communication and interaction with school mates ,play, exercises and peer activities are hindered due to the closing of the schools, which proves vital for their growth, development and learning of the young minds, resulting in anxiety, panic attacks ,depression and other mental diseases when they are exposed to stresses such as separation through isolation from their families and friends, seeing or being aware of critically ill members affected with corona virus or the passing of loved ones. In 2016, adolescent suicide, which is the third leading cause of morbidity in this group is estimated about 53.000 deaths, which emphasizes that adolescence is a period of vulnerability for the onset of mental health conditions. In India, despite relatively low rates and varied evidences, it is a growing concern that children and adolescents be protected from COVID-19, as they constitute a large proportion of population.

2. Objective and Methodology

The present paper purports to aim at (i) reviewing various literature and articles related to overall psychological impact on mental-health aspects of children and adolescents during the COVID-19 pandemic, (ii) identifying factors contributing adversely to their mental health.

The present paper is based on review of various articles relating to various aspects of mental health of children and adolescents impacted

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by COVID-19 pandemic and enforcement of lockdown to prevent further spread of infection. Findings were noted under the thematic areas of impact on young children, school and college going students children and adolescents with mental health challenges, economically under-privileged children, impact due to quarantine and separation from parents and the advisors of international organizations.

3. Review ofRelated Articles and Literature

During the spread of COVID 19 in China, an on-line questionnaire survey was administered to 359 children and 3254 adolescents aged 7 to 18 years, which included a depression scale, an anxiety scale, and a coping style scale. The findings show, 22.3% of youths had scores indicative of clinical depressive symptoms, which is higher than the 13.2% estimated prevalence of youth depression in China. An emotion-focused coping style was associated with higher levels of clinical depressive symptoms whereas a problem- focused coping style was associated with lower levels of clinical depressive symptoms.

A study was conducted on the “effects of COVID-19 confinement on the mental health of children and adolescents of the age group 10-18yrs in Spain”. Theresults revealed that during confinement, children and adolescents showed emotional and behavioral alterations. This study is the first one to explore the psychological consequences of lockdown in minors while it was taking place with them beings the ones directly assessed.

Also in China, Zhou et al 2021 conducted an investigation on teenagers between 12 and 18 years old, discovering a high prevalence of anxiety (43.7%) and depression (37.4%) during the COVID-19 outbreak, especially in females. In Italy, Pisano et al 2021, conducted a study on the same line in which they evaluated, through the parents the impact of the confinement in minors between 4 and 10 years old. The results regressive behavior, such as the wish to sleep with their parents, a worsening in their vocabulary and fears that were inexistent before. In regard to emotional or behavioral changes, 53.5% of the children showed more irritability, 21.2% showed continuous mood changes; 20% revealed trouble sleeping and 34.3 % were more nervous.

Using the Patient Health Questionnaire and the Generalized Anxiety Disorder Questionnaire ,during the COVID-19 epidemic period, in an online survey in China, 8079 junior and senior high school students

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completed assessments about depressive and anxiety symptoms .The results showed the prevalence of depressive symptoms was 43.7 % ,anxiety symptoms 37.4% , and both depressive and anxiety 31.3% .In females, depressive and anxiety symptoms were higher with increasing grade level from junior to senior high .As compared to those students with depressive and anxiety symptoms ,students without depressive and anxiety symptoms had more knowledge about preventive and control measures.

"The impact of the phases of the pandemic on the mental health of children and adolescents" is recently established by Fegert et al 2021. They include in their study certain risk factors and difficulties that children have to face in the first phase of the COVID-19 pandemic.

Via an on-line survey of 384 parents with children aged 5 to 15 years, in Bangladesh, mental health of children was assessed during the lockdown. Severity categories, children's depression, anxiety, and sleep order scores were grouped. The findings showed the 'percentages of mental health problems in the children were as follows: sub threshold (43%), mild (30.5 %), moderate (19.3%) and severe (7.2%)'.

From Italy and Spain, for children and adolescents, the emotional impact of COVID-19 quarantine was assessed. The main findings of the assessment were about 85.7% of the Parents reported changes in their children's emotions and behaviors during the quarantine. The most frequently observed changes were difficulty in concentrating (76.6%), boredom (52%), irritability (39%), restlessness (38.8%), nervousness (38%), loneliness (31.3%), uneasiness (30.4%) and worries (30.1%).

In a systematic review, 'the Impact of Social Isolation and Loneliness on Mental Health in Children and Adolescents during COVID-19' is been examined by Loades et al (2020). The study suggests that loneliness for youth during the disease containment measures for COVID-19 may affect the future mental health of youth, accordingly they recommend preventive support and early intervention to address the problem.

Monko, A.R. revealed that COVID-19 has brought about a complex array of factors like uncertainty, social isolation and parental angst that have an impact on the mental health of children and adolescents. Because of the uncertainty in their lives, the parents find it difficult to calm their children's anxiety and the challenges faced by the parents may interfere with their usual ability to address their children's emotional

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needs.

Shah et al, investigate and identify the risk factors to mental health and propose possible solutions to avoid the detrimental consequence of this crisis on the psychology of our future adult generations. The steps taken such as closing schools, limiting social interactions ,imposing travel interactions, halting sports activities and transitioning all to online classes ,have engendered emotional distress, fear and anxiety among the children and their caregivers. It is essential that the guardians, educational institutions, health authorities protect and guard the mental health of children consistently through open communication and facilitate professional counseling to address stressor.

Singh et al (2021) reviewed various aspects of children and adolescents impacted by COVID19. The article concluded with a positive assertion that a planning for a longitudinal and developmental studies and implementing evidence based elaborative plan of action will cater to the psycho-social and mental health needs of the vulnerable children and adolescents during pandemic as well as post-pandemic. There is a need to ameliorate children and adolescents access to mental health support services geared towards providing measures like innovative child and adolescent mental health policies with direct and digital collaborative networks of psychiatrists, psychologists, pediatricians and community volunteers are deemed necessary.

COVID 19 pandemic has adversely affected the millions of children and the researchers like Gupta and Jawanda (2020) anticipated that the greatest impact could be on those in poor socio-economic groups, who are already vulnerable and disadvantaged. However, some positive changes also come out of this global crisis. The present paper, 'The Impact of COVID-19 on children' discusses the possible positive effects of the pandemic like online digital learning, Greater awareness about pandemic and safety measures, developing relationships and empathy, learning of nature's values etc. On negative side, anxiety about the future, health issues for not being able to engage in outdoor physical activities due to lockdown, addiction to social media, not benefittedby school food programs, aggressive behavioral changes, isolation, physical distance, and loneliness are important issues.

Hunduja and Patchin shows that before the pandemic, social media exposes children to a greater risk of cyber bullying which can lead to anxiety, low self –esteem and even suicide attempts. Cohen et al 2021, in their article "The Impact of COVID-19 on Adolescent Mental

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Health: preliminary findings from a Longitudinal Sample of Healthy and At-Risk Adolescents " sought to examine how COVID-19 impacted psychological functioning in a sample of healthy and ELS –exposed adolescents during the pandemic. The findings of the study demonstrated large increase in depression and anxiety in adolescents who were healthy prior to the COVID 19 pandemic, while ELS-exposed adolescents evidenced high but stable symptoms overtime.

4. Summary of the Articles on Mental Health and Psycho- Social Aspects of COVID Among Children and Adolescents

Impact on young children: In young children and adolescents, the pandemic and lockdown have a greater impact on emotional and social development. It was found, in one of the preliminary studies, young children were more likely to manifest symptoms of clinginess and all children irrespective of their age, experience, increase irritability and experience inattention. The findings also reveal that children felt uncertain, fearful and isolated, experiencing disturbed sleep, nightmares poor appetite, also separation related anxiety.

Impact on school and college going students: Over 91% of the world's students' population have been negatively impacted due to the closure of the schools and colleges. The home confinement of the children and adolescent is associated with uncertainty and anxiety, which is attributable to disruption in their education and opportunities for socialization. These children have become clingier, attention seeking and more dependent on their parents due to the shift in their routine, presuming that children might resist going to school after the lockdown gets over and may face difficulty in establishing rapport with their mentors after the school reopens. Consequently, the constraint of movement imposed upon them can have a long-term negative effect on childrens' and adolescents' psychological well-being.

Impact on children and adolescents having special needs: Within the age group of 2-8 years, there are about 1 in every 86 children who have

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some or the other neuro-developmental, behavioral or emotional difficulty. These children with special needs (autism, cerebral palsy, learning disability and other behavioral and emotional difficulties) encounter challenges during the current pandemic and lockdown. They have intolerance for uncertainty and there is an aggravation in the symptoms due to the unfriendly environment which does not correspond with the regular routine. With the closure of special schools and day care centres, these children lack access to resource material, peer group interactions and behavioral skills in due time. Obsessive compulsive disorder (OCD) is estimated to be of 0.25 %–4% among children and adolescents, who are suspected to be one of the most affected ones by this pandemic.

Impact of lockdown on underprivileged children: The underprivileged children face acute deprivation of nutrition and overall protection, with the imposed lockdown, in developing countries. The prolonged period of stress could have a long-term negative impact on their development. During the time of lockdown an increasing number of poor families have no source of daily wages, which lead to frustration and feeling of helplessness, making the child more vulnerable to depression, anxiety and depression.

Many schools have offered distance learning or online courses to students during lockdown, in order to cover up the loss of education. However, this opportunity is not available to underprivileged children as a result of they face a lack of stimulation and have no access to online resource material to study

Impact due to quarantine and separation from parents: COVID-19 infection is expressed differently in children and adolescents. In many cases a single parent or both the parents are infected and quarantined .Although quarantining measures are for the benefit of the community at large, its psychological impact cannot be ignored It is found that the separation from the primary caregivers can make a child more vulnerable ,posing a threat to a child's mental health, also developing feelings of sadness anxiety, fear of parents' death and fear of being isolated in a hospital which may have a detrimental effect on the psychological development.

Sl no	Author and Year	Article	Findings.
1.	Viner, R.M et	School closure	Studies using modeling

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	al (2020)	management practices during coronavirus outbreaks including COVID -19: A rapid systematic review Lancet Child Adolescent Health	method showed that closing the school in itself contributes to 2-4 % additional prevention of deaths due to COVID-19, which is quite less than using other methods of social distancing.
2.	Lee,J (2020)	Mental Health Effects of school closures during COVID-19 .	Children with special education needs are at high risk. Also, since the pandemic and lockdown has caused economic distress, there are indications of increased abuse towards children.
3.	Liu,J et al (2020)	Mental health considerations for children quarantined because of COVID-19	In ad large number of children have been quarantined,also keeping in mind the impact of quarantine on mental health aspects of children ,quarantine policies have been developed.
4.	The mental health charity young minds (2020)	Coronavirus Impact on Young people with Mental health needs	In UK, with the history ofmental health conditions, a survey of 2111 individuals shows that the current lockdown and pandemic has worsened their condition
5.	Ng, Kangchug (2020)	Coronavirus: stress over university entrance exams has skyrocketed amid Hong Kong school closures ,study finds.	Before the postponement of the Diploma of Secondary Education, out of 757 students interviewed showed that over 20% reported that their level of stress was

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			maximum, feeling' helpless' in this condition.
6.	Jiao, W.Y.et al (2020)	Behavioral and Emotional disorders in children during the COVID-19 pandemic	Some irritable conditions like clinginess, difficulty in attention and being irritable and as a means to relieve their children's' distress, families used media entertainment largely successfully.
7.	Oosteroff, et al (2020)	Adolescents 'motivation to engage in Social distancing during the COVID-19 pandemic: Associations with Mental and social health.	Found that different motivations for social distancing were related with the symptoms of anxiety and depression and feeling of burdensomeness and belongingness.
8.	David.C et al (2020)	Caring for children and adolescents with eating disorders in the current COVID-19 pandemic.	Services for paediatric disorders related to eating habits care had made major adaptations in terms of the service delivery. It also showed that "coronaphobia" affected the patients' visits and increased existing health anxiety in some people.
9.	Shen.K et al (2020)	Diagnosis, treatment and prevention of 2019 novel coronavirus infection in children.	It was found that psychological counseling improves the rate of recovery. If children have complaint of mood swings, fear or psychological disorders, timely management is warranted.

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5. Conclusion

To conclude, it could be seen that the COVID-19 pandemic has a far-reaching, long-term impact on children and adolescents worldwide. Although some of these may be positive, it could be asserted that the negative impacts are devastating affecting millions of children in some way. In this context, mention can be made of "the hidden impact of COVID-19: A global series" by Save the children is the largest and most comprehensive study on the impact of COVID -19 on children and adolescents. International healthcare organizations, childrens' welfare organizations and governments need to work together to minimize the impact of pandemic on children and adolescent in post-covid era.

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Covid-19 and Healthcare Sector

Lija Mery Rabha[*]

The Covid-19 pandemic has become a serious global threat right from it struck the world. The Indian government immediately announced lockdown to prevent the spread of the virus as a quick response to the covid-19 pandemic. The efficiency and efficacy of healthcare system around the world has been put to test since the outbreak of the novel corona virus. The demand for the healthcare suddenly increased to which supply could not match immediately. Government of India announced stimulus packages to revive the economy, giving priority to the healthcare sector in the union budget 2021. It aims to increase healthcare expenditure to 3 percent of its GDP by 2022. However, as reports suggested, increasing public expenditure on healthcare system does not necessarily ensure better health facility. Countries with higher public expenditure on health sector failed to control the spread of the virus and recorded highest number of cases. The objective of the paper is to analyze the impact of covid-19 on Indian healthcare sector and to explore the relationship between higher public spending and better healthcare facilities across states in India based on secondary data sources.

1. Introduction

The impact of corona virus is likely to remain for a very long time. The virus that said to be originated in Wuhan, China, in December 2019 has affected almost 221 countries as of 11 October, 2021. The covid-19 is the first non-influenza pandemic declared by the World Health Organization (WHO) on March 11, 2020. According to Global Health Security Index, given the world health resources and public spending, no country is prepared to handle a pandemic like covid-19. It requires quick tracing and tracking of the virus to control such infectious disease.

The world has witnessed the importance of public expenditure on healthcare after the global pandemic. Increasing public expenditure on health is one of the most influential determinants of better health outcome. The impact of covid-19 is different across countries. This depends on the country's response to the virus. Some countries responded quickly and were able to control the virus early by following strict lockdown, maintaining restriction in social activities, increasing

[*]**Guest Faculty, Department of Economics, Dudhnoi**

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testing rates, early diagnosis, and better health management system. While some other countries failed to control the spread of the virus due to low public spending and inefficient utilization of health resources. South Korea has set an example for other countries in handling the pandemic. It managed to control covid-19 pandemic while maintaining the economic activities. The public expenditure made on health sector is comparatively high and the entire population had access to free medical facilities. Moreover, the government had ensured that the people were well informed. The worst affected country from the covid-19 virus is USA followed by India, Brazil and UK [1]. USA being the worst affected country from covid-19 virus spends the highest percentage (accounting to 18 percent) of its GDP on health sector than any other countries. The increase in public health expenditure of US is not because of the higher utilization of resources, but partly because of the rise in prices of the medical services and partly due to the rise in the volume of the services. The salaries paid to the health professionals and the administrative costs of hospitals are higher than the other developed countries. Higher insurance coverage, expenditure on research laboratories, medical universities etc. are also the reason of higher public expenditure in US. Thus increasing public expenditure in health sector is vital for improving health outcome of a country but not sufficient. Increased public expenditure with efficient utilization of health resources is the key to overcome the health crisis like covid-19. The Covid-19 pandemic has emphasized the inter-linkage of healthcare with other sectors in the economy. The health crisis arising from the sudden outbreak of covid-19 can lead to social and economic crisis. Every economy except a few faced a downturn in their GDP.

This paper tries to explore the impact of covid-19 on healthcare sector in India on the basis of public expenditure made by different states. The study is completely based on secondary sources. Data are collected from various government reports, journals, RBI publications. This chapter first discusses the impact of covid-19 on Indian health sector and the measures taken by the Indian government to fight against the pandemic. In the later sections, it discusses the relation between public expenditure and health outcome of Indian states in the view of covid-19 pandemic followed by conclusion and policy measures.

2. Impact of COVID-19 on Indian Health Sector

India is the second worst affected country from covid-19. As of 14 October, 2021 India reported a total case of 34,019,680 [1]. The virus severely affected all the sectors of the economy. Health sector which

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was already underperforming is the worst affected sector due to covid-19. Despite so many measures taken by the Indian government, the performance of Indian health system is poor in terms of its affordability, efficiency and accessibility. There is a disruption in the essential health service due to covid-19. The non-essential surgeries were postponed in order to make the hospitals less crowded.

One of the fundamental challenges faced by Indian health care sector is the persistence of low public spending. India spends least on health care compared to other BRICS (Brazil, Russia, India, China, South Africa) nation. The expenditure and delivery of Indian health care system is shared between public and private. The share of private expenditure in the healthcare is higher than the public expenditure. The government mostly provides primary health care which are concentrated largely in rural areas and a few secondary and tertiary health care. Private sector, on the other hand, provides most of the secondary and tertiary healthcare mostly concentrated in urban areas. The low level of public spending attracted the private players to spend more in health sector. Currently, India is spending 1.2 percent of its GDP on healthcare. Lack of health infrastructure such as hospital beds, ICU, PPE Kits, medical equipment, oxygen cylinders, high medical cost etc. made the covid-19 situation worse in the country. Lack of public funded hospitals is a major problem faced by India healthcare system. The covid-19 pandemic has made it worst to overcome these challenges. Low public spending and increased unregulated private hospitals increase the cost of healthcare. Poor quality of healthcare results in low level of hospitalization rate. According to the Global Burden Disease Study, 2016 India was ranked 145th out of 180 counties on quality and access to healthcare. Healthcare system in India facing the most important challenge from the past and it is the delivery of the healthcare facilities to the needy at least cost. Due to low public spending people have to bear the cost from their own pockets. Low level of public expenditure results in high out-of-pocket expenditure. The poor health infrastructure combined with high out-of-pocket expenditure and poverty has been a major cause of poor health achievements of the country. Healthcare is recognized one of six pillars in budget 2021 [2]. The national health policy 2017 envisaged to increase public spending to 2.5 – 3 percent which is still below the global average. Increase in the public spending can reduce the out-of-pocket expenditure from 65 percent to 30 percent [3].

India quickly responded to the covid-19 by imposing a nationwide lockdown on March 24 to control the spread of the virus. All the economic activities were suspended due to this sudden lockdown. In

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2019-20, the GDP of the nation has grown at a rate of 4.2 per cent which is much slower than the previous year [4]. Indian government announced stimulus packages to revive the economy, giving priority to the healthcare sector in the union budget 2021. The government of India planned to increase the health care spending to 3 per cent of its GDP by 2022. Expenditure on healthcare sector has been increased due to covid-19. Emphasis is given on the research and development in health sector. There is no specific medical treatment for covid-19. Detecting the virus is the most important measure one can adopt in order to control the spread of the virus. Two types of test are available to detect the virus: one is the real time reverse transcription polymerase chain reaction (RT-PCR) and the other is covid-19 antibody test. Rapid testing and vaccination is the only measure that can prevent us from contracting the disease. The Indian Council of Medical Research (ICMR) and Drugs Controller General of India (DCGI) have approved some centers to manufacture these tests [5].Some districts and primary health centers (PHCs) are allowed to carry these tests in order to increase the rate of testing at village level. This is possible due to prioritizing funds into the research and development in health sector. Indian government launched Aarogya Setu app on 17th April 2020 to track and prevent corona-virus. Two made in India vaccines: Bharat biotech's Covaxin and Oxford-AstraZeneca's Covidshield manufactured by Serum Institute of India were approved by GOI [6]. India not only became self sufficient in manufacturing vaccines but also has exported vaccines to other countries. In order to ramp up the vaccination process Indian government started a vaccination drive based on the scientific evidence. The government of India in the union budget allocated Rs 35000 crore for covid-19 vaccines. Under Atmanirbhar Bharat, PM Modi has launched largest vaccination drive. Indian government has launched an online portal named Co-Win to administer and track the beneficiaries of covid-19 vaccines [7]. India started covid-19 vaccination from 16th January 2021. This vaccination drive is the highest in the world followed by USA and Brazil [8]. As of 11 October, 2021, a total of 95, 19, 84, 373 vaccines have been administered under the flagship program of Atmanirbhar Bharat. The National Health Policy of 2017 aims at prioritizing the role of government in health sector with the motto of 'Health for All' to achieve the SDG3. The government has announced Rs 64,180 crore outlays for the development of health sector in the union budget. The GOI has passed the national commission for Allied, Healthcare Professions bill 2021 in March 2021 to create a body that will regulate and maintain educational and service standards for healthcare professionals. As a part of digital initiative 420 e-hospitals were made to improve the accessibility of health sector in the time of covid-19 like emergencies.

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The demand for telemedicine and teleconsultation has increased due to covid-19[9]. In the union budget 2021, the total allocation for health sector in the financial year 2022 has been increased by 137 percent. Realizing the impact of covid-19 on the life of the people, Indian government introduced a credit incentive program of Rs 500 billion to improve health infrastructure [9].

3. Comparison of Public Spending on Health Sector between States of India

Health is a state subject. The expenditure and delivery of Indian health care system is shared between centre and state. Thus, it is the responsibility of the state to invest adequate amount on public health facilities. Due to high out-of-pocket expenditure the poor people are forced to take loan or avoid medical services which result in low hospitalization rate and low utilization of health services. According to government estimate, over 63 million people are pushed to poverty due to health cost alone. The covid-19 health crisis has given the opportunity to the states to change their expenditure policies. The emergency health crisis like covid-19 has brought the focus on public spending on health care which was neglected earlier. There is a significant difference in public spending across states in India. States can play a vital role in the delivery of health facilities to the people, especially to the poor and marginalized section. The different impact of covid-19 in the Indian states can be attributed to different factors such as demographic condition of the state, public health spending, efficiency in utilization health care facilities. Choudhury et al 2011 study tried to analyze the state level distribution of public expenditure incurred by the centre. They found that the share of centre's expenditure is different for different states. Centre approves higher spending in the North Eastern States (NES) which account for only 4 per cent of the total population of the country. The per capita expenditure in the NES is higher probably due to the higher cost of service in the states. Centre incurs higher allocation for the states like Uttar Pradesh, Assam, Maharashtra, Andhra Pradesh, and West Bengal. The increase in expenditure may be attributed to size of the population and the size of the GSDP [10]. It is found that states like Tamil Nadu and Kerala have higher per capita expenditure are the best performing states in terms of health outcome. While per capita healthcare expenditure in states such as Bihar, Jharkhand, Uttar Pradesh, Madhya Pradesh, and Odisha are less. The cost of private hospitals in states like Kerala, Tamil Nadu, Goa, Delhi and Himachal Pradesh is less compared to states like Bihar, Uttar Pradesh where the cost is higher than the national average [11].

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Table No.1: States' Health Expenditure

State / UT	State Health Expenditure (2019-20 BE)		Covid-19 Fatality Rate as on Sept 30, 2020 Per 1 million Population	Confirmed Cases As on 17th October 2021	No of hospitals	
	Per Capita (in Rs)	Percent of GSDP			Public sector	Private Sector
Delhi	3808	1.0	2.1	1439358	109	67
Haryana	1778	0.7	1.2	771061	668	1480
Karnataka	1462	0.6	1.7	2983133	2842	7842
Kerala	2085	0.9	0.6	4846766	1280	2062
Telengana	1534	0.7	0.7	668833	863	3247
Gujarat	1610	0.7	2.9	826280	438	970
Uttarakhand	2367	1.1	1.5	343747	460	829
Maharashtra	1295	0.6	3.3	6589982	711	2492
Tamil Nadu	1602	0.7	1.7	2685874	1217	1222
Himachal Pradesh	3780	1.8	1.6	221306	801	235
Punjab	1357	0.8	3.5	602008	682	1638
Andhra Pradesh	2261	1.3	0.9	2060040	258	670
NE states (excluding Assam)	3717	2.9	0.7	519774	720	108
Rajasthan	1706	1.4	1.3	954388	2850	2794
West Bengal	988	0.8	2.1	1579906	1566	
Jammu and Kashmir	3163	2.9	2.0	330967	143	14
Odisha	1501	1.4	0.5	1034634	1806	695
Chhattisgarh	1711	1.6	1.2	1005638	214	182
Madhya Pradesh	1284	1.3	2.2	792679	465	506
Assam	2053	2.2	0.5	606263	1226	503
Jharkhand	1111	1.3	1.0	348423	555	809
Uttar Pradesh	1065	1.4	1.7	1710019	4635	12468

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Bihar	781	1.6	0.5	726021	1147	1887
All States	1482	1.0	-	34066760	-	-

Source: (i) The Reserve Bank of India, (ii) covid19india.org [12]

As per the report on inequality in healthcare in India released by Oxfam, an international based NGO, states like Telengana, Rajasthan and Himachal Pradesh has reduced health inequality thus reducing the covid-19 cases in these states. States that spend higher percentage of their GSDP on health such as Bihar, Assam and Goa have higher recovery rates than the other states [13]. However, higher public expenditure does not necessarily imply better health outcome. The covid -19 pandemic has exposed the health scenario of the states. It is reported that states with higher share of public expenditure has failed to contain the virus and reported highest number of cases and deaths. Mere increase in health expenditure does not yield better health outcome.

There is a significant difference between states in terms of availability, accessibility and affordability of health supplies. The health outcome depends on number of other factors such as the efficiency in utilization of funds, availability of health human resources, health equipment, good governance etc. A study by Mohanty and Bhanumurthy (2018) on public expenditure on health and social sector in Indian states between 2000-2015 suggested that states are spending their resources more efficiently on education than on health. Public expenditure is said to be efficient when government produce more output using the available resources. It is found that Kerala, Maharashtra, and Haryana are the most efficient states in terms of using health resources. Maharashtra and Haryana spend less of their GDP on health but yield better health outcome. While performance of states likes Jammu & Kashmir, Uttar Pradesh, Himachal Pradesh, Bihar and Andhra Pradesh is not satisfactory. It has been found in their studies that the efficiency of health has declined from 0.90 to 0.71 from 2002-2015 [14].

4. Conclusion and Policy Suggestion

Low level of public spending on health sector is the fundamental problem of Indian healthcare system. Moreover, there is widespread inequality in the distribution of health facilities across states in India. Improvement in healthcare does not merely depend on public expenditure. As evident from various reports that there are countries with higher public spending on health failed to control the fatality rate.

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Same is the case for Indian states. We cannot deny the fact that increasing public expenditure led to better health outcome. But it must be examined on which channel the public expenditures are made. Moreover, there are other factors that need to be identified. For instance, better health outcome depends upon efficient utilization of health resources both physical and human resource. States with low income are performing better than the high-income states in terms of controlling the virus. Policies should be diverse for each state as the pattern of public spending is different. The pandemic helped us to learn, adapt and prepare for the future. There are chances of reemergence of previous infections or pandemic like covid-19 in future. Thus policy makers should focus on building resilient health infrastructure. The health system should be resilient so that it can protect the human life without restricting the daily life routine. Given the high demand of Indian health system, efficiency of healthcare should be increased for better health outcome. Higher cost of private healthcare may be due to the existence of asymmetry of information in the health sector. Therefore, government should focus on creating awareness programs. Private sectors should be regulated to check the high out-of-pocket expenditure. The availability of human resource should be increased for the better functioning of district hospitals. Government should increase expenditure on secondary and tertiary health services at district level which is mostly financed by private sector. Increasing immunity should be priority for the central government. India needs to harness the use of Information and Communication Technology (ICT), telemedicine for prevention of future pandemic. The public-private partnership can lead a definite way to improve the healthcare service

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COVID-19 Pandemic and Tourism Sector

*Boby Biswakarma**

Kaziranga National Park is a whole world heritage area occupied by the world's largest population of one-horned rhinoceroses. The fast spread of Covid-19 has extensive results for people's daily lives in about all parts of the world. Moreover, it creates a pessimistic effect on trade and businesses which a long way has spillover social issues, together with unemployment and poverty. In addition, in the tourism sector, millions of human beings lost their jobs; many people are worried about their family's future. This chapter is deliberate to examine the connection between the epidemic of Covid-19 and its result on the tourism sector. The discussion declares that due to the Covid-19, tourism part decreased; still, it allows changing our contaminated world into a green one, which will have a positive effect on world tourism in coming years. Eventually, the chapter prepares to investigate the factors that determine tourists travel risk view and risk control insight during and after the Covid-19 pandemic. The government must take advantage of the safety and security of the foreign tourists visiting the nation-state and stop all kinds of misuse for the development of the tourism sector.

1. Introduction

Tourism proceeds as the speedy growing industry of the world. India is one of the ancient progress with a multicoloured diversity and loaded ethnic religion. Tourism is progress for pleasure, free time, holy, work purposes, normally for a restricted time. The World Tourism Organization defines tourists as people "travelling to and staying in places outsides their usual environment for not more than one consecutive year for leisure, business and other purposes." In 1942, Swiss professors Hunziker and Krapf delivered a technical definition of tourism. According to them, 'tourism is the sum of the phenomena and relationships arising from the travel and stay of non-residents, in so far as it does not lead to permanent residence and is not, connected to any earning activities. The first national park of the world was set up in 1872 in the USA; it is called Yellowstone National Park. Currently, there are other than 1200 national parks outspread in further than 100 countries of the world. National parks and wildlife sanctuaries have various

*Guest Faculty, Department of Economics, Dudhnoi College

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contrasts in sense. The national park is a sector where government looks after one and the other flora and fauna. While in the wildlife sanctuary, sole fauna is focused on by the government. The most communicable Coronavirus disease (COVID-19) was first discovered in Wuhan, China in December 2019 and later expand to 212 countries and territories all over the whole world, influencing millions of people. In India, a huge country of about 1.3 billion people, the infection was first disclosed on January 30, 2020, in a student returning from Wuhan. The entire number of fixed diseases in India as of May 3, 2020, is more than 37000 and is presently increasing fast. The impact of the novel COVID-19 pandemic is supposed to have an antagonistic effect on the tourism sector and economy worldwide.

Kaziranga National Park is the whole world popular for its wide Indian one-horned rhinoceros. Kaziranga National Park is situated in the floodplain of the Brahmaputra river in the Nagaon, Golaghat and Sonitpur districts of Assam, India, surrounding a region of 1030km and is the greatest secured region on the southern bank of the Brahmaputra river. Kaziranga National park also announced as a tiger reserve by the Government of India takes its name from the Karbi language in which the word, 'Kazi' means 'Goat' or 'Deer' and 'Rangia' means 'Red' that means 'the land of red goats or deer.' According to the recent census held in March 2015, today Rhino population in Kaziranga National Park is 2401 as reported by the Forest Department under the Government of Assam, an action supervised by the department officials to several perceived wildlife NGO's. The 2015 census published rhino population as 1,651 adults (663 males, 802 females, 186 unsexed), 294 sub-adults (90 males, 114 females, 90 unsexed), 251 juveniles and 205 cubs. The preservation efforts at Kaziranga started in 1908, when it was informed as a 'Reserve Forest', with the primary focus of securing the Indian Rhinoceros Rhinoceros unicornis and its dwelling (Lahan & Sonowal, 1973). It was later announced as a ' Game Reserve' in 1916, build into a 'Wildlife Sanctuary' in 1950 and, UNESCO 'World Heritage Site' in 1985 (Barua & Sharma, 1999).

2. Review of Literature

Kaziranga National Park of India: Some Wildlife and Tourism Management Related Pressing Issues was conducted in June 2019 by NK Dheerendra Patnaik, Kunal Sharma, Pradeep Chaudhry. In this study, Kaziranga National Park is the world's largest population of one-horned rhinoceroses. It supports population no tigers, elephants, panthers, bears and thousands of birds. As a result of sustained conservation

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efforts, the estimated number of rhinoceros has increased from 40 in 1991 to more than 2400 in 2018. Floods are a regular annual feature of the park. Due to chronic flood problems in the Brahmaputra river every year, the park's management faces an uphill task, which poachers and heavy traffic on adjoining national highways take a heavy toll on wild animals. Kaziranga National Park is facing these problems in recent times and the Government of Assam must consider promoting and publicizing other protected areas of the state to augment their tourism potential and relieve tourists' pressure on the park. Some steps are needed for sustainable management.

Opportunities and Obstacles in the Global Tourism Industry: A story of Post-COVID-19 was conducted on September 19 2020 by Syed Abdul Rehman Khan, Laeeq Razzak Janjua and Zhang Yu. In this study, the rapid spread of COVID-19 has had far-reaching results for people's daily lives in almost all parts of the world. Moreover, it creates a negative impact on trade and economic activities, which promote has spillover social problems, including unemployment and poverty. Moreover, in the tourism sector, millions of people lost their jobs, and hundreds of airlines are nearly bankrupt. Lockdown and the downward trend of the tourism sector provide an opportunity for the world to move toward renewable sources. The study aims to discuss the association between the COVID-19 outbreak and the tourism sector. The study discussion reveals that global lockdown creates a positive impact on environmental sustainability. Air and water pollution have been reduced which creates a positive impact on fauna and flora. The following are the recommendations that will help policymakers and regulatory bodies to develop a master plan and integrate sustainable practices in the tourism industry.

Challenges faced by the Kaziranga National Park: As a wildlife tourist destination of Assam was conducted in March 2018 by Juli Tokbipi. In this study, Tourism is a major economic activity for income and employment generation and essentially a labour intensive hospitality industry. One-horned rhinoceros- the breath of the park is the main attraction of both domestic and international tourists. Initiatives have to take both park authority and local people for preserving the rhino and other wildlife. The park authority alone cannot preserve the wildlife local people should also be involved in saving the wildlife. If we would not be able to save the rhino and other existence of the park will be exhausted in near future. The following suggestion is forwarded to protect the national park is to check poaching and other related crimes against wild animals there must be proper training for the forest guards including

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uses of modern weapons to consciousness to tackle the matter. The encroachment of land in the park or near the park should not be allowed and immediately evicted all existing encroach households. The border area of the park must be extended beyond the parking area. Government should take initiative on enough awareness about the conservation of biodiversity.

3. Objectives

1. To investigate the impact of COVID-19 in Kaziranga National Park.
2. To study the growth of Kaziranga National Park in the Tourism sector.

4. Methodology

This paper aims to investigate the impact of COVID-19 on Kaziranga National Park. The study is based on secondary data. Data are gathered from various Books, Journals, the Internet etc. to give necessary details. In this study, the chapter discusses the impact of COVID-19 on the tourism sector and suggested measures for the development of the state of matters.

5. Impact of COVID-19 on the Tourism Sector

The Corona virus disease pandemic, which was introduced in the city of Wuhan, China has rapidly extended to several countries with numerous cases having been described worldwide. As of May 8th, 2020, in India, 56,342 positive cases have been announced. The COVID-19 outbreak has left a weakening impact on the tourism framework of India and Assam. The World Travel & Tourism Council (WTTC) determines that 75 million travel and tourism jobs are in danger generally due to the COVID-19 pandemic. The Indian structure is also not sufficient with the judgement by the Confederation of Indian Industries (CII) of an impact of nearly 60-65% of projected revenue of $28 billion from October 2019-March 2020 in the tourism sector. There is an approximate loss of around 60 crores of income by the tour agencies alone in the state. A loss of revenue of around Rs. 500 crore is determined by the government from the state tourism industry. Assam tourism attracts instantly or incidentally around 1 million of its society. Therefore, the pandemic is looked for to leave a vast flow of unemployment rate in the state in the future time. This downslide in the state's tourism earlier started through the anti- Citizenship (Amendment) Act protest and the corona virus crisis just adds up to the previous heavy losses that the sector was experiencing. The Indian tourism industry is predicted to

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book a revenue loss of Rs. 1.25 trillion in 2020 as a occur of the shutdown of hotels and delay in flight action after the start and spread of the Corona virus epidemic. As to the economy, due to the pandemic crises of COVID-19, IMF forecast that the whole world economy would engage with 3%; still, the correct estimated total for the decrease of the global economy is 4.9 to 5.5% in 2020. One of the unfavourable elements which reduce rapidly due to COVID-19 is the tourism section. According to the estimate, the global labour organization tourism sector generated roughly 330 million jobs world, and it is 10.3% of the entire world employment. The tourism sector generates jobs; encourage community economic development and culture. In terms of profession, it gives direct and indirect jobs for young people and women. Generally, tourism is a necessary starting point of employment. There are not many particular features of the labour market. The overall tourism industry is labour-intensive. Moreover, around 54% of posts are grip by the tourism section by the woman and young people which build the industry inclusive. The anticipated loss for 2020 in the tourism sector can be approximated by examining the preceding year, as, in 2018, roughly 1407 million worldwide tourist arrivals were written down, which cause complete tourist receipts to amount to 1480 billion dollars.

Assam Tourism Department in Kaziranga registered marginal growth in tourist flow in 2017-18. According to the details, the tourist season (2017-18) has recorded a total of 177,431 tourists including global tourists. In the season, a total of 1,69,112 Indian tourists and 8319 foreign tourists visited the park (till April 24, 2018). In December 2017 under the present tourist season, about 44,298 Indian tourists and 1140 foreign tourists reached Kaziranga National Park. Likewise in January 2018, 35,426 Indian and 1117 foreign tourists explored Kaziranga National Park. The total revenue received by Kaziranga National Park authority was Rs. 5,28,19,207.00 till April 24, 2018. However, in the previous tourist season, the revenue received by the park was Rs. 5,40,79,929.00 in which the tourist season extended till May 15, 2017. There was a reduction of Rs. 12,60,722.00 contrast to the last tourist season revenue. But forest sources stated that later the jeep safari will extend in May further, hence the scarcity in the revenue amount might be built up. Assam Chief Minister Sarbananda Sonowal has self-assured the jeep safari delegation just now that the safari will resume till the end of May. In 2018-19 above 47,10,971 domestic tourists and 25,739 foreign tourists undergo visit the nation-state. The park is creating considerable revenue, especially for the state as shown in Table 1.

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Table 1: Indian and foreign tourists in Kaziranga National Park and revenue received.

Name of National Park	Year	No of visitors		Revenue (in Lakh)
		Indian	Foreign	
Kaziranga National Park	2009-10	105264	7580	121.68
	2010-11	112392	7447	136.73
	2011-12	117308	7521	149.46
	2012-13	93747	7418	205.76
	2013-14	119289	6922	268.66
	2014-15	123360	7994	294.59

Source: Economic Survey Assam 2015-16

From the above Table 1: it is noticed that Domestic tourists are greater as a measure to foreign tourists from 2009-10 to 2014-15. Moreover, all-around revenue rises from Rs. 121.68 lakh to Rs. 294.59 lakh both from national and globally for the year of 2009-10 to 2014-15. The total of tourists and revenue obtained from Domestic and Foreign tourists is excessive in Kaziranga National Park as compared to other National Parks.

"It's obvious that due to the suspension of international flights, the number of foreign arrivals may go down. But the domestic flow is more than normal. Since October 1 the arrival of 78,000 tourists in Kaziranga is very encouraging. The domestic passenger flow is more than what had targeted," Sivakumar told Times of India. He well informed that Kaziranga National Park has collected about Rs. 1.85 crore such season from tourists. "The entry of foreigners would have increased the collection," said Sivkumar. He assumed in pre-Covid times, about 11,000 foreign tourists might visit Kaziranga National Park yet due to Covid, the previous year only 500 foreign tourists visited the park. " Until international flights to India are regularized, we cannot expect the situation to improve. So we are mainly focusing on domestic tourists now" Sivkumar said. In the previous season, tourists mainly from the Northeast occur in Kaziranga. Overall, Kaziranga National Park authorities hold around 1.5 lakh to 1.75 lakh tourists in a season. " The

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main season for tourists in Kaziranga is December and January. So we are very hopeful of more tourists arrival in the next few weeks," he added. Managing director of Assam Tourism Development Corporation, Prasanta Pratim Kathkatia, said " The income from our tourist lodges is fully satisfactory. We started from zero and one tourist lodge in Kaziranga, we have set a target of earning Rs. 20 lakhs in December," he said. Assam National Health Mission director Dr Lakshmanan S urged tourists to get vaccinated with both doses of COVID-19 vaccine before spearing the nation-state. " Fully vaccinated domestic travellers need not undergo tests. They can visit any place they want," he said. He added that all foreign tourists might follow the same SOP whatever of countries they are arriving from. " For us, anyone from a foreign country is an international passenger. So the protocols issued given the Omicron threat will be the same," he said.

Generally, it remains close for about five months yearly due to floods, which were closed in March upcoming the COVID-19 epidemic. " This is the longest period of closure for Kaziranga National Park and Tiger Reserve. Usually, the park remains closed from the end of May because of annual floods. However, this year, it was shut for an additional two and half months due to Covid-19," said P Sivakumar, Director, Kaziranga National Park and Tiger Reserve. The Indian tourism industry is predicted to book a revenue loss of Rs. 1.25 trillion in 2020 as a occur of the shutdown of hotels and delay in flight action after the start and spread of the Coronavirus epidemic. Above 64,000 tourists have visited the Kaziranga National Park and Tiger Reserve, famous for the one-horned Indian rhinoceros, after it reopened on October 21, an official said. Completely, 18,404 tourists, together with 18 foreigners, visited the park in October, Shivakumar said. He said that " we are happy with the overwhelming response. People from Assam are visiting the park in large numbers since they are avoiding trips to other states and abroad because of Covid-19. Around 95% of the visitors till now are from the state. If we go by the number of visitors we could have crossed last year's figures but for Covid and flood. We will come close to last year's footfall figures, if not in revenue generation,".

6. Conclusion

This chapter goal to argue the relationship connecting COVID-19's epidemic and the tourism sector. The discussion stipulates that Covid-19 suggested an unfavourable result on tourism activities. Due to the lockdown, thousands of people lost their jobs. Furthermore, our debate discloses that world lockdown make people worried about their family's

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future. Life has been a big zero since lockdown for many people. Tourism can no prolonged be examined solely as a method of time off and occurrence for the privileged. It is a very crucial time for the entire state, particularly the tourism industry. The study was conducted to investigate the factors that determine tourists travel risk view and risk control insight during and after the Covid-19 pandemic. The government must take advantage of the safety and security of the foreign tourists visiting the nation-state and stop all kinds of misuse. This perhaps is helpful for tourism managers to pay attention to the control of the Covid-19 crisis and a planned administration scheme to encourage the development of the tourism industry.

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Impact of Pandemic on Student Psychology

Ankita Jain[*]

Corona Virus disease pandemic has unfolded a hurricane of challenges for the human race. The Covid-19 pandemic brought numerous challenges related to health issues as well as mental for everyone, even children and adolescents. During childhood and at the period of adolescents children needs a sound mental health to acquire milestones to lead a happy and successful life and to become a better human being. However the mental health of these innocent children is at high risk because of the pandemic situation. High rates of mental health issues, anxiety and depression were observed among this vulnerable population. Children and adolescent are affected in various ways in the lockdown measures; their whole routine has been kind of altered. This is causing a huge impact upon their life. A discussion of the current condition and the impacts of the pandemic over the children and adolescents is the main concern of this paper. This is a very critical condition. Moreover for the children who were losing their childhood to this pandemic and in a process of becoming future human resources. An observation and comparison upon the current developing condition of this population with statistical data will be discussed in this paper. The study will examine the preventions and the foremost ways to cope up as well as to develop children and adolescents in such situation.

1. Introduction

Since the first reported corona virus case in Wuhan, China, in 2019, the outbreak, now known as COVID-19, has spread globally.[3] As countries introduce measures to restrict movement as part of efforts to reduce the number of people infected with COVID-19, more and more of us are making huge changes to our daily routines. To break and stop the spreading government declared worldwide isolations and lockdowns, this has led to a psychological impact on various populations, particularly the vulnerable groups, like children, older adults, and healthcare and frontline workers. The psychosocial impact of the pandemic and the social isolation on children are innumerable, including sleep problems, depressive and anxiety symptoms, worsening of

[*]Assistant Professor, Department of Commerce, Dudhnoi College.

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preexisting psychiatric symptoms, etc.[4] For example, children who were quarantined in hospital as a result of SARS often experienced feelings of sadness, attributed to feeling alone, and missing and worrying about family members. Another study of health care workers during the SARS epidemic reported their perceptions of the negative impact that their work was having on their children, including inducing worries for their parents' health. One study found that levels of post-traumatic stress were four times higher in children who had been quarantined than in those who were not. Behavioral and psychological problems in children were investigated using the parent-report form of the Strengths and Difficulties Questionnaire (SDQ)[5]All children, of all ages, and in all countries, are being affected, in particular by the socio-economic impacts and, in some cases, by mitigation measures that may inadvertently do more harm than good. This is a universal crisis and, for some children, the impact will be life-long.[6]

2. Significant period of Childhood and Adolescents

Early childhood is a time when developmental changes are happening that can have profound and lasting consequences for a child's future. Studies have shown that much more is going on cognitively, socially, and emotionally in young children than previously known. Even in their earliest years, children are starting to learn about their world in sophisticated ways. Development proceeds in ways that are both rapid and cumulative, with early progress laying the foundation for future learning. Enriching experiences in the early years will support children's healthy development. In contrast, serious stress or adversity can have harmful effects on the growing brain and a child's developmental progress.[7]

The period that needs the utmost care and attention is childhood and adolescents. Adolescence is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles.[8]

Moreover, when adolescents struggle with emotional problems,

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they often turn to drug use to help them to manage painful or difficult feelings. Drug use in early youth can affect development, and children and young people who use drugs are at higher risk of health harms. It is well known, moreover, that initiation of drug use in adolescence can lead to longer-term use and dependence more readily than initiation in adulthood. As such, there is considerable agreement on the importance of prevention and appropriate targeted interventions for children and young people who use drugs[9]

Childhood and adolescence are critical stages of life for mental health. This is a time when rapid growth and development take place in the brain. Children and adolescents acquire cognitive and social-emotional skills that shape their future mental health and are important for assuming adult roles in society.[10] The quality of the environment where children and adolescents grow up shapes their well-being and development. Early negative experiences in homes, schools, or digital spaces, such as exposure to violence, the mental illness of a parent or other caregiver, bullying and poverty, increase the risk of mental illness.[11]Children exposed to these incidents can precipitate the development of anxiety, panic attacks, depression, mood disorders, and other mental illnesses. And later all these will turn into major disorders which basically leads to criminal behaviour in future. This period is a sensitive period of human life and it needs special attention and care to make the future citizen a better person for the society.

3. The Pandemic and Current Condition

During the recent Corona virus disease 2019 (COVID-19) outbreak in China, 54% of the participants of a large online study rated the impact of the outbreak on the mental health as moderate to severe, with depressive symptoms and anxiety being the conditions most often stated. 188 countries have imposed countrywide closures, affecting more than 1.5 billion children and youth[12] 126 countries had introduced or adapted social protection measures, of which 83 provide explicit support for children and their families. As of August 18th, 2020, 143 countries have closed schools and educational facilities worldwide due to the COVID-19 pandemic, impacting 1,184,126,508 learners, consisting of about 67.6% of students globally. It has forced several countries to

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implement home-based learning or online training.[13] Among the factors are the growing inequality in parents' resources and the quality of children's home environments, which creates a persistent gap in opportunities between advantaged and disadvantaged children. Children who stayed with their families during a disaster and/or outbreaks experienced stress to some degree due to the environmental changes they faced.[14] It also appears that children who stayed at home during the pandemic were prone to experience adjustment disorder, acute stress disorder (ASD) and grief.

The economic impact of the pandemic also increases parenting stress, abuse, and violence against children. The enforcement of the lockdown had a negative impact on vulnerable populations. There has been rising hunger particularly among those who work in the informal economy. Many migrant workers and their families have been left without food and jobs, and forced to return to their homes in the rural areas. With the conditions and no solving problems the childhood and adolescents are facing a huge impact on their mental stability as well as their health.

4. Impact of Pandemic on Mental Health

The COVID-19 pandemic has an enormous impact on society as a whole, and on children and adolescents in particular. Although children and adolescents are less affected by morbidity and mortality, the restrictions imposed by governments worldwide profoundly impact their daily life, including their mental and social health. Childhood, period of the human lifespan between infancy and adolescence, extending from 1-2 to 12-13. But repetitive changes of the routines, lifestyles, cutting off from the outer environment, separated from friends and mates created some sense of gloominess and a nature of fear to face the real world and struggled to enjoy the new normal, these is because the children are under housebound. They cannot enjoy their life as before, they suffered uncertain changes and faced dilemma of confusion about the reality. Many schools have been closed worldwide to safeguard social distancing, leading to a significant disruption in the lives of children and adolescents. The major mental health issues that have been reported to have been associated with the COVID-19 pandemic are **stress, anxiety, depressive symptoms, insomnia, denial, anger and fear** globally.

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During school closures, children with disabilities are more likely to miss out on their education. For instance, the suitability of remote learning depends on children's individual needs and schools' ability to provide tailored tuition. In general, learning loss during school breaks can be higher for children with disabilities. Children with ASD may also experience sleeping problems, with or without nightmares that are related or unrelated to the traumatic event.

The sudden discontinuity from the daily routine of going to schools, playing with friends, and doing all other outdoor activities with all freedom, confused them. Covid-19 lockdown, resulting in excessive indulgence in online activities like – increased time spent on social media, online gaming and other gaming and other online recreational activities. There is an increase in binge-watching of television and web-series.

This change, paralleled with isolation from friends and the simulating environment of the school, might compound the ill effects several folds. Some of them might have lost their near and dear ones which caused a lifelong impact, and some families might be gone through financial crisis or any other troubles which the children and adolescents faced in a traumatizing way. The havoc full situation with daily reports of death and causalities are surely difficult for the elders and adults to handle, and as we know the mental and understanding capabilities of them are different and it made feel them disturbed and upset. At the same time, children are exposed to social media and gruesome pictures of disease and death may overwhelm them with fear, anxiety, clinginess, inattention, and irritability. The stress of the parents who have lost their jobs directly affects children. The incidence of child abuse has increased while access to the support system has decreased because of the lockdown.

Moreover, the COVID-19 crisis increases the risk that refugee children in such situations will be separated from their families if one parent becomes infected and isolated, in which case a significant number of children will be pushed in a very vulnerable situation. Separation is known to put children at the risk of suffering from psychiatric disorders. Losing parents and/or living separately from parents during childhood can harm children's future mental health, making them more susceptible to mood disorder, psychosis and committing suicide. During adverse childhood events (ACE's), the body's natural stress response may become dysregulated (toxic stress) leading to persistent elevation of cortisol and proinflammatory cytokines and

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predisposing children to negative health outcomes later in adult life. This stress can cause delay in cognitive development, somatic complaints, obesity, asthma, diabetes, recurrent infections, sleep disturbance, and even premature death. In India, the stigma attached to mental health issues is strong — limited access and availability of mental health services, coupled with stigma, might leave many parents vulnerable, which in turn will affect children in the long-term.

5. Remarks

Mental health care is significant for children. Although the COVID-19 pandemic is a recent phenomenon, there is already an emerging literature on its adverse protection, psychosocial and mental health effects on children.

For children with mental health issues, school routines serve as a coping mechanism and an anchor; for others, the closures have caused loss of access to mental health resources they have through schools. Once the children are back to school, mental health and wellbeing should be the central approach. A positive impact could be encouraging academic learning and a sense of commitment; safeguarding the welfare of students, including their happiness, a sense of purpose, and connectedness.

A study shows that children as young as 2 years old can sense changes around them; they notice the absence of their caretakers and consequently become restless. However, it is to be noted that when talking to children, the information which is being shared must be adjusted to suit their level of age and understanding. This can lead to effective communication without underestimating or overestimating the children's understanding; for example, when talking to children aged 4–7 years old, parents/caretakers have to be careful of their children blaming themselves for causing the illness because of their previous bad behaviour. Participating in online classes is encouraged; however, the use of social media should be monitored to avoid exposure to overwhelming news.

Teaching children how to manage anxiety and helping them to cope up with other mental health-related issues would lead them to grow into a confident and resilient adult, building a better society for all of us. It is also essential to educate the caregivers and teachers about the possible mental health issues of children and adolescents following and during the COVID-19 pandemic to identify early signs of mental

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health issues. Sense of positivity should enhance among parents and caregivers. The Ministry of Social Justice and Empowerment's 24×7 toll-free mental health rehabilitation helpline KIRAN (1800-599-0019), which aims to provide the first line of counseling in response to the increasing mental health issues among people due to the Covid-19 pandemic, needs to be widely publicized.

The government must take appropriate steps to mitigate the brewing mental health crisis because of the pandemic. Businesses can promote family-friendly policies such as including paid parental leave, access to affordable and quality childcare etc. The initiatives must be inclusive and extended to all the employees of a business regardless of gender and employment status. The pandemic is an opportunity to revisit our existing policies, programmes and institutions and devise a new approach towards the holistic development of children.

6. Conclusion

Children and the adolescents are so vulnerable that any minor or unfavourable changes in their life causes huge impact upon them, and their developing minds could not help it. And it is well known that this significant period is very important and contributes so much for the growth and development a person to be a future human resource to the society. This pandemic has been so tough and generated many problems and obstacles to the lives of the people, be it the financial issues or physical or the mental health problems or the educational sectors. And so from the above discussion we may conclude that this impact mostly of the mental issues to the vulnerable population is seriously threatening and needs some major precautions and measures to understand the base of the problems and try to solve it. Being an adult and grown we may help those little ones who need our help. The pandemic has brought us so many challenges but at the same time it helps people to open up about the issue of mental health, which was suppose to be a neglected issue in the society, as it can be shown in the surveys and studies in the last and this ongoing year that people are accepting this a serious problem and approaching treatments. So to overcome these parents, caregivers, guardians, educational and health authorities as well as the neighbours need to be positive and protect and guard the children and adolescents with additional care, love and attention, otherwise in the future they may turn into an unpredictable generation that grown up with distress, fear, and anxiety.

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Authors

Dipanjali Devi
Dipti Baishya



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Dipanjali Devi, Assistant Professor, Department of Economics, Dudhnoi College, Dudhnoi, Assam.

Dipti Baishya, Assistant Professor, Department of Economics, Dudhnoi College, Dudhnoi, Assam.

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Sustainability of Self Help Groups under SHG-Bank Linkage Programme in Assam

Dr Dipti Baishya[*]

In rural India, formal credit system is highly important to fight against poverty and to make village people self dependent. Banks are providing microcredit facilities to the poor and needy by forming, nurturing and disbursing credit facilities to Self Help Groups under SHG Bank Linkage Programme. However, sustainability of these groups and the programme itself is questionable due to escalating rate of Non Performing Assets against bank loans over the years. The paper analyses the status of indicators that determines the sustainability of SHG's in Assam. The two indicators taken to measure the sustainability of Self Help Groups are – organizational sustainability and financial sustainability. It is found that for Self Help Groups to be sustainable in the long-run, financial sustainability is very crucial and financial sustainability is achievable only with proper group management.

1. Introduction

Financial assistance is very much essential to fight against poverty. People living in villages inherit skills and desire to be a part of the nation's workforce so that they can be self dependent. But due to unavailability of finance they fail to come out of the pit-hole of poverty. The need for finance of rural poor are small, but no formal financial institutions are ready to provide finances as they fail to provide any collateral against their loan. This financial bottleneck in developing countries has helped in making the concept of microfinance successful and this concept got a blooming ground in India too. One microfinance programs which is working in favour of the poor in India is SHG Bank Linkage Program (SBLP). However, sustainability of the Self Help Groups (SHGs) formed under SBLP and the program itself is questionable due to the burgeoning rate of Non Performing Assets (NPA) against SHG loans. The paper analyses the status of the indicators that determines the sustainability of SHG's in Assam.

Among the banking agencies that have been promoting SBLP in India, Regional Rural Bank's (RRB's) performance in Assam is better than

[*]Assistant Professor, Department of Economics, Dudhnoi College, Assam

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others [1]. Therefore, Assam Gramin Vikash Bank (AGVB) has been considered for this study. This chapter highlights the sustainability of the SHGs under SBLP through AGVB.

The paper has been divided into five sections. The second section discusses the related literature. Third section deals with the methodology used for the study. Results and discussion have been presented in the fourth section and finally, the fifth section concludes the paper with recommendation drawn during the course of study.

2. Review of Literature

2.1 National level Studies

The term sustainability of microfinance refers to the financial and operational performance of the programme. Nair [2] tried to explore the sustainability of microfinance institutions and recommended strategies to strengthen them. After estimating both operational and financial self-sufficiency, it was found that the SHG federations provided several services to their SHG member that helps SHGs to gain economies of scale. Very often, potential of SHG institutions were not realized and as such sustainability of SHG and federation remained uncertain [3]. Meshram [4] examined the SHG's operational efficiency and overall performance in the district of Aurangabad. The study found that the quality of groups is quite low in the selected Development Blocks as compared to other blocks or states. However, study of Reddy and Reddy [5] analyse the quality and sustainability of SHG promoted by various SHPI in India and the study confirmed that SHGs over a period of time did build a good amount of assets. The financial performance of SHGs over a course of time brought a lot of changes at the group level and added to the high-quality institutional sustainability of SHGs promoted by various SHPI.

2.2 State Level Studies

The quality assessment of SHG is now being considered as an important issue [6]. To make an appraisal of the sustainability of the dairy -based SHGs in Assam, Rahman[7] assessed the financial and organisational sustainability of the selected dairy-based SHGs. It was observed that dairy farms of SHG members were economically, socially and environmentally sustainable than the dairy farms of non-members. Another study was conducted among women SHGs of Sivasagar district of Assam to understand the functioning pattern and sustainability of the

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Online International Conference

ON

"IMPACT OF COVID-19 : A GLOBAL CHALLENGE"

Organized by

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Date: 29th, 30th & 31st July, 2020

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Department of Economics
Gossaigaon College, Gossaigaon

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From
Sri Khabir Uddin Ahmed, MA, LL.B., AES(I)
Principal i/c, Gossaigaon College, Gossaigaon
&
Director of Education, Bodoland Territorial Council, Kokrajhar

Date: 29-07-2020



MESSAGE

I am pleased to know that the Department of Economics, Gossaigaon College is going to organize a three day long Online International Conference under the theme entitled **"Impact of COVID-19: A Global Challenge"** which will be held on 29th, 30th & 31st July, 2020. The Organizing Committee of the Conference has also decided to publish an "e-Book of Abstracts" for commemoration of this grand occasion.

The Coronavirus COVID-19 pandemic is the greatest challenge we have been facing since the II World War. Since its emergence in Wuhan City of China late last year, the virus has spread all over the world within a very short period of time. The pandemic is much more than a health crisis. Taking almost every country in its grip, the virus has the dangerous potentials to create devastating social, economic and political effects that will leave deep and long-lasting impact. Already it has redefined life style and mode of livelihood of the entire mankind.

I believe that this conference will be meaningful and shed lights on the various aspects of the theme. And that the findings of the conference will be useful and contribute to the further development of society

With my best wishes to the Editor and Editorial/Review Board, I wish a grand success of this endeavor.

(Sri Khabir Uddin Ahmed)
Principal i/c
Gossaigaon College, Gossaigaon



From the Desk of Editor. . . ..

The outbreak of COVID-19 is an endemic which has affected one and all aspects of our lives without discriminating between the rich and the poor or in case of nations whether a developed and underdeveloped one. The pandemic COVID-19, after all, devastated globally which has been taking a death toll on more than 213 countries and territories. Since 31 December 2019 to 30 June 2020, 10349239 confirmed cases of COVID-19 have been reported, including 507808 deaths worldwide by the WHO. The COVID-19 virus is a new virus linked to the same family of viruses as Severe Acute Respiratory Syndrome (SARS) and some types of common cold. The Coronavirus has been believed to be originated in the Wildlife market in Wuhan, Hubei province, China, in late December, 2019.

The COVID-19 pandemic is far more than a health crisis. The pandemic has already exposed the health vulnerabilities facing India especially its rural poor and urban slum dwellers. As a measure to contain the community transmission of the virus, the government of India announced a nationwide lockdown which was extended thrice to continue through 31st May, 2020.

Due to nationwide lockdown, its impact on the socio-economic activities have come to a standstill, factories are not functioning, establishments are closed and most markets are shutdown, there is a disruption in work, wages or income and food-all three interconnected-for crores of people in India. Almost 90 percent of workers in India work in the informal economy that part of the economy which thrives on daily work and daily cash with little provisions of employment protection. Like the demonetization, the current lockdown has exposed millions of workers and their families to starvation, hunger, death and very black future prospects. Therefore, the total loss by the impact of COVID-19 can be well imagined.

The outbreak of COVID-19 has also brought about unprecedented changes in education systems in India. Schools, Colleges and Universities have been shut across India since March, 2020 due to the outbreak of the novel Coronavirus. All educational institutions closure impact not only students, teachers and parents but have far-reaching economic and

social consequences. Schools, Colleges and Universities are the hubs of social activity and human interaction. When educational institutions are closed, many students miss out on social contact that is essential to learning and development. When educational institutions close parents are often asked to facilitate the learning of their sons/daughters at home and can struggle to perform this task. This is especially true for parents with limited education and resources.

In this backdrop, the Department of Economics, Gossaigaon College, Gossaigaon proposes to hold a three day long Online International Conference on **"Impact of COVID-19: A Global Challenge"** from 29 – 31 July, 2020 to address various challenges of the outbreak of COVID-19 pandemic worldwide. Today is very significant on which researchers from different parts of the globe gathered here on a common platform to analyze the various challenges of COVID-19. I hope that the discussion and deliberation during conference will come out with concrete action plans and remedial measures to some extent to resolve the challenges of the outbreak of COVID-19 pandemic globally.

I do hope the conference will remain as a path-finder in the annals of the Department of Economics, Gossaigaon College, Gossaigaon, Kokrajhar, Assam, INDIA and a memorable experience for the distinguished speakers, chairpersons, paper presenters and participants for all times to come.

In the end, on behalf of the conference organizing committee, I would appeal you all to accord your pardon for any omission and commission in respect of our humble hostage and hospitality on this occasion.

Thanking you all.



(Dr. Dinesh Das)

Place: Gossaigaon College

Date: 29-07-2020

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Covid-19 and Its Impact on the Indian Economy

Avisha
Research Scholar
Kurukshetra University, Haryana

With the outbreak of COVID-19 at a global scale, the world economic situation can be seen in a critical state. The global pandemic has badly hit the Indian economy which was already in crippling state of economic affairs. The national level lockdown across the country has caused a state of panic among the masses. It has adversely affected the demand and supply of all kinds of goods and services throughout the nation. The economic crisis can be evidently seen and felt in almost all the financial sectors. It has also hampered the growth rate making it extremely difficult for the economy to recover in the coming years. In this paper, we will attempt to investigate the effect of COVID-19 on the various sectors of the Indian economy.

Keywords: COVID-19, Global pandemic, financial sectors

Effect of COVID-19 Pandemic on Agriculture Markets in India

Alka Rai
Research Scholar, Dept. of Economics
Sikkim University, Gangtok
Adarsh Rai
Asstt. Professor, Dept. of Economics
Ghoom Jorebunglow College, Darjeeling

The ongoing pandemic has an adverse effect on the agriculture markets in India. During these challenging times, farmers are unable to take their produce to the Mandis (wholesale markets) and Haats (weekly markets), traders are unable to go to villages to buy the produce and thus the farmers are forced to sell their produce within the villages at low prices. There are many official reports of closing down of Mandis because several mandis have been identified as spreaders of Conona Virus which has become a major cause of disruptions in the sale of produce and thereby disruption in the supply chain. The present article deals with problems related to agricultural production, marketing and various problems that the ongoing COVID19 pandemic has created in India. It also discusses about the mitigation measures and declarations that have been made by the government so far to ensure less damage in agriculture sector.

Keywords: COVID-19, Agricultural Production, Wholesale Markets

Covid-19 as a barrier in growing Tourism sector of India

Aditi Koudinya
Former Research Scholar
Rajiv Gandhi University, Arunachal Pradesh

Travel & Tourism in the economy can contribute in growth process in many ways. The industry has always been a significant contributor to the most of the counties Gross Domestic Product (GDP). This sector provides even large scale employment opportunities. The severe outbreak of novel corona virus has shaken up the growth & prospective growth of Tourism sector. A sudden lockdown and given various restriction measures imposed by the government for an uncertain period has pushed the potential contribution of the sector. The containment measures, introduce by the government of India from the very beginning of the pandemic to break the chains of infection have resulted in a severe decline in both foreign and domestic travel for both tourist & business travels. As stated by the United Nation World Tourism Organization, the world will going to bear a loss of 60-80 percent in the current year due to the pandemic which will result a revenue loss of $910 billion to $1.2 trillion & livelihood risk for millions. The tourism sector of the country ranks seventh in the world in terms of its total contribution to the country's GDP. According to the estimation of World Travel & Tourism Council, the sector generated Rs. 16.91 lakh crore which is 9.2% of India's GDP and employed 42.673 million workers in 2018. The Indian tourism suffers huge loss due to the sudden outbreak of the corona virus. The sector is projected a revenue loss of Rs. 1.25 trillion for the year 2020 because of shut down of tourism services in the country and suspension of flight operation. The sector has stucked up for uncertain period.

Keywords: Gross Domestic Product, Covid-19, lockdown

Covid-19 Pandemic and its Impact on the Health Sector

Alangbar Swargiary
Research Scholar
Assam University, Silchar

Novel Coronavirus mostly impacted on health sector, firstly the cases were found in Huanan seafood wholesale market, China. Huanan means South China. The market place was in Jianghan District *Wuhan*, Hubei China. The market was come on focus and gained media attention after being identified origin as a possible point of the Covid-19 pandemic. In the meanwhile, this was notified by World Health Organization (WHO) on 31st of December 2019, as an outbreak of pneumonia. In the initial 41 people were hospitalized with pneumonia, they were officially tested and had confirmed SARS-CoV-2 infection by 2nd of January 2020. The two-thirds were disclosed to that market. For the secured sanitary procedure and disinfection market was closed on 1st of January 2020.

Keywords: Coronavirus, pandemic, health

Socio-Economic Condition of Informal Sector Workers- A Case Study in Kamrup District of Assam

Azizur Rahman
Research Scholar, Dept. of Economics
Raiganj University, West Bengal

Informal sector has proved itself as one of the most dynamic and very important sector in Kamrup district of Assam, especially through its contribution towards the growth in the number and employment in this sector. Unorganised sector is the main source of employment for rural workers in that area. In most developing countries it accounts for 95 per cent of women workers in non-agricultural. Unorganised sector which is known as informal sector internationally provides employment to a vast mass of illiterate, unskilled men and women, as this sector generally does not require much training or education. Even skilled women are absorbing by the low paid unorganised sector because they are allegedly discriminated against in the labour market which favours men. NSS data clarify that about 96 per cent women workers in India and about 84 per cent of women workers in Assam are absorbed in unorganized sector. Informal sector is generally considered as a residual sector, because of non availability of jobs in the formal sector.

Informal sector is not only very important in that study area but also globally it had been performing a significant role right now. This present paper analyses the socio-economic condition of informal sector workers in Kamrup district of Assam, which has the potentialities of becoming more economically strong in Assam.

Keywords: informal sector, unskilled, employment, organized sector

Impact of Covid-19 on Poverty

Aswini Kumar Goyari
Research Scholar, Dept. of Economics
Bodoland University, Kokrajhar

Covid-19 is the pandemic which affected 213 countries around the world. This affected all section of the people. But poor will be affected worse. Poor will get poorer not only in money income but also in health care facility, sanitation and employment. It is seen that large number of labourer from informal sector migrated from their job place to rural areas where they cannot expect employment opportunity, they only add disguised unemployment and at the risk of falling into poverty.

The International labour organization described the Covid-19 as the worst global crisis since World War II. The world community must come forward to help each other to overcome present crisis and to achieve the objectives of Sustainable Development Goal of UNO.ILO Director General said that if one country fails then we all fail. The Government of India created some poverty oriented programmes to resolve the crisis.

Keywords: Pandemic, informal sector, disguised unemployment

Covid-19 and its Impact on Tourism: Issues and Challenges

Anshuman Barua
Asstt. Professor, Dept. of Economics
Gauhati University
Paramita Roy
Asstt. Professor, Dept. of Statistics
Gauhati University

The global pandemic Covid-19 has resulted in the loss of over 500,000 lives and more than 10,000,000 confirmed cases worldwide as of June 2020. It has plunged the world into one of its most serious human, economic and social crisis in recent times. It has not only led to the loss of lives but it has also led to the loss of jobs and livelihood for a majority of the people. And the sector of tourism has been no exception. Over the years, tourism has been one of the fastest growing economic sectors contributing to both direct and indirect employment. In 2019 the sector accounted for (directly and indirectly) some 330 million jobs worldwide, equivalent to 10.3 per cent of total global employment and one in 10 jobs globally. Given this, this paper attempts to explore the issues faced by the tourism sector with regards to the pandemic and highlight the challenges ahead for the sector in dealing with the pandemic, while focusing on staying healthy and travelling responsibly.

Keywords: Covid-19, crisis, tourism, jobs, world

COVID-19 and Education in Assam

Anindita Basumatary
Research Scholar
Gauhati University, Guwahati

The COVID-19 (Corona Virus Disease 2019) is an ongoing global pandemic impacting every aspects of daily life around the world. The first case of the COVID-19 in Assam was reported on 31 March 2020. The COVID-19 pandemic has affected the educational system, the learners due to closures of schools, colleges and universities. Because of that most have chosen online classes as an alternative option (though it can't replace the traditional classroom). But there are also many challenges and opportunities in online teaching and learning process. This study deals with exploring the impacts of the COVID-19 on education in Assam.

Keywords: COVID-19, impact, pandemic, alternative, closure

Covid-19 and Its Impact on the Court, Advocate and the Litigants

Abdul Kuddus
Research Scholar (Law)
National Law University and Judicial Academy, Guwahati

This study shall focus the impact of COVID-19 on the court, advocate and the litigants. Due to lockdown the court starts functioning in a limited way for which advocate community and litigant people has been suffering badly. People waiting for justice and the advocate depending upon daily income suffered a lot .Particularly man under suspension, matter of subsistence allowance, transfer and promotion related matters and cheque disbursement for the people who died in motor accident and the person seriously injured causing amputation of limbs and permanent disablement are also suffering badly. The proverb "Justice delayed is justice denied" becomes true.

Introduction of virtual court for the first time in a limited way is unable to fulfill the demand of the litigants begging for justice. 1.5 Million Advocates throughout the country become income less. The negative impact already affected the entire system shall take long time to overcome.

Keywords: Litigant, Justice

Impact of COVID-19 on Education

Aminuz Zaman
Research Scholar, Dept. of Commerce
Gauhati University

Education can be defined as the systematic process of receiving or giving instructions at school, college or university which helps in acquisition of knowledge, skills, believes, values and habits. The blunt and caustic impact of COVID-19 has jerked the world. Due to the Pandemic COVID-19 all the functions of human beings which lead to productivity have stopped. In the same way, the Government around the world has temporarily closed all the educational institutions to restrain the spread of COVID-19. We always believe that superior learning is the outcome of studying at the campus where the students get personal attention from faculty, developed cross learning and social skills, growth in learning ability, etc. But COVID-19 Pandemic impacted most of the students in all over the world at all the levels of education. The government has come over with e-learning program to tackle the loss suffering by the students during the Pandemic. Online teaching will never replace the physical learning environment. If we really want holistic development of personality there is need of campus learning platform. Nowadays all the educational institutions are involved in creating 360 degree integrated plan to serve education. In this deaden situation only two options left with educational institutions that is either embrace to digital transformation or end of perish and it would be better of embrace to digital transformation. This study aims to study the impact of COVID-19 on education.

Keywords: Pandemic covid-19, cross learning, digital transformation

Issue of Covid-19 on Education sector with reference to Assam

Anjumoni Kotoki
Independent Researcher
Doom Dooma College

Covid-19 pandemic has been challenging the whole Universe and hitting everyone hard. But Schools, Colleges, Universities which always been a place for real-life physical interactions have been among the hardest hit. Since March-April 2020 all Schools, Colleges have been closed which have a great impact among the students as well teachers. Exams are getting postponed, students are not able to continue with their regular studies and everyone is forced to leave their traditional way of learning. Schooling provides essential learning and when schools close, children and youth get deprived from opportunities for growth and development. Although online teaching has been introduced among the students but many of them are deprived from this online teaching due to poverty, especially in a place like Assam. Many parents are worried thinking about their children's education and future career. Teachers are also scrambling to find ways to continue teaching their pupils in a situation of epidemic where physical contact is no longer possible. So, an attempt has been made in this paper to analyse the issue of Covid-19 on Education sector in Assam.

Keywords: Covid-19, Learning, Pandemic

Impact of Lockdown on the Students' Behaviour and Perceptions with particular reference to Students of Handique Girls' College, Guwahati

Dr. Ajanta K. Bezbaruah
Associate Professor, Dept. of Economics
Handique Girls' College, Guwahati

This paper attempts to conduct a micro study on a small fraction of students of a renowned college in Guwahati. It is based on a survey of the under-graduate students – their feeling s at the time of lockdown, attitudes towards online teaching as well as their psychological issues and how they are dealing with it. The paper attempts to gauge the worries (related to academics or other) which are generally crowding their minds so that those involved in the higher education sector can go about tackling these issues more effectively.

The methodology would be to conduct the survey through online mode, distribute the questionnaires randomly and get back the filled questionnaires by same method. Simple statistical tools will be used to present the findings, based on which suggestions would be made to tackle the problems adequately.

Covid-19 and the Challenges of Higher Education in Assam: A Study

Ajit Konwar
Asstt. Professor, Dept. of English
Morigaon College
Dr. Chandan Sharma
Asstt. Professor, Dept. of Economics
Morigaon College

The tremor due to advent of Covid 19 has already been felt by the entire globe and it has paralyzed the normal life. Due to the incidence of this pandemic, all walks of life have been affected. It poses big challenges to the survival of humanity on earth. The emergence of Covid 19 has also posited challenges to higher education in Assam. The colleges and universities remained closed since mid March 2020. The normal classes remains suspended, scheduled examinations are postponed and new admission processes remains incomplete. Only online classes are done in an attempt to compensate the loss and decay which the emergence of Covid 19 has created. Yet it is a fragile and minimal attempt to get back the rhythm and cadence of normal higher education system in Assam. There is almost uncertainty and vagueness of the future higher education in Assam. Against this pandemic backdrop, this paper is an attempt to study the problems and prospects of higher education in Assam in the context.

Keywords: Pandemic, higher education, problem, prospect, alternatives

COVID-19: Impact on Economy

Abdul Gofur
Associate Prof., Department of Education
Bhawanipur Anchalik College

As millions around the world were cheerfully counting down the final sixty seconds of 2019 in order to welcome 2020 with full glee, a new coronavirus was taking shape to turn the New Year into a gloomy shade of blue. No wonder, it was soon declared to be a pandemic and the whole world went into a lockdown, something none of us had ever seen before. From lives to livelihood, it has cast its evil spell upon all. With every passing day, we are being confronted by deaths of thousands all over the planet. The world economy is gradually entering into a recession, and if experts are to be believed, it awaits to turn itself into a depression. Jobs are at stake and the service and hospitality sector along with the manufacturing sector are trying hard to survive amidst the lockdown. The aviation industry is being pushed to a crisis zone and the falling demand has triggered the biggest oil price collapse one has ever scene, lately. The loss of income during the most acute phase of the crisis and the tendency to recover from insolvency, all points towards high saving rates in the future, reinforcing low consumption. On the bright side, however, certain e- commerce industries have seen something positive. New subscriptions to Netflix increased at twice their usual rate in the first quarter of 2020 and ZOOM has zoomed off given the governments around the world has asked everybody to work from home. Nevertheless, the pandemic has been hugely antipathetic to the global economy. The IMF projects that the global GDP will contract by 3% this year which leaves India, which had had a snail-paced GDP growth, battered. The govt. are therefore releasing huge fiscal stimulus to keep the economy sustained but for how long?

Keywords: Recession, Depression, GDP, Lockdown

Impact of Covid-19 on Tea industry of Assam

Dr. Ajoy Kumar Das
Asstt. Professor, Department of Botany
Arya Vidyapeeth College, Guwahati

Assam is the largest tea growing region of the world by its production. Although, Assam is denoted with distinctive black tea, it also produces lesser quantities of white and green teas; with their specific characteristics. The tropical climate of this region contributes the well-known malty taste of tea which is unique to the other world's tea. Assam produces approximately 680.5 million Kg of tea per annum and plays a vital role in maintaining the national economy. The production of tea of this region is seasonal and the most productive period is April and May. Due to prolonged lockdown because of Covid-19, this age-old industry has faced a huge loss as it hampers the seasonal collection of the tea leaves.

Keywords: Tea industry, Economy, Covid-19, Tropical climate

COVID-19 Lockdown and Its Impact on Tourism Industry of Assam

Antara Dutta
Asstt. Professor, Dept. of Commerce (Economics)
Narangi Anchalik Mahavidyalaya, Guwahati

The Covid-19 pandemic has created a huge havoc all over the world and has adversely impacted the global economy. In order to curb the spread of this disease, government all around the world has declared lockdowns and curfews followed by shutting down of all economic activities. With the declaration of lockdown on 24th March 2020 by the Government of India, led to shutting down of schools, colleges, public transportation, restaurants and other business activities. Among the various industries, the tourism industry of India and Assam in particular is the worst hit industry due this pandemic. All the business activities and the numerous people involved in this industry either directly or indirectly are suffering a huge loss of income and employment. This paper is an effort to show the current status of tourism industry of Assam due to COVID-19 Lockdown, identify the various problems faced by this industry and suggest some measures for the development and upliftment of this industry in the post-lockdown period.

Keywords: COVID-19, Tourism Industry, Assam

Covid -19 and Its Impact on the Education Sector

Abdus Sattar
Asstt. Professor, Dept. of English
Hatsingimari College

Covid -19 is a worldwide epidemic which has created not only panic but massive havoc among the world nation. Apart from the losses in other sectors, it has caused a great loss in the education sector. The sudden declaration of lock down by the Honourable Prime Minister of India, Sri Narendra Modi has compelled us to stay at home to maintain the national responsibility. Educational institutions from the primary schools to the Universities have been closed following this order to refrain from massive gathering. Besides, these institutions are made quarantine centers. Following the order of the educational authority, the teachers have adopted some alternative ways of pedagogy. Accordingly, online processes of teaching are being used. In doing so, lots of problems have also been faced. The present paper will try to solve these problems so that it becomes effective for the students community.

Keywords: world-wide, disaster, pedagogy, measures

Migrant Workers and the Economy of Assam in the Context of Covid-19

Ajit Kumar Ojah
Asstt. Professor, Dept. of Anthropology
M. C. College, Barpeta

The industrial area in Assam is less in comparison to the other states of India. As per NIC, 2008 total registered factories in Assam in 2017 are 6929 and the total number of workers in the factories is 269276. Hence, a large number of unemployed workers of Assam have been migrated to other states of India and abroad to searching job. There are no authentic data available to show how many migrant workers of Assam have been engaged in other states of India and abroad. As per record up to 18th April, 2020 more than 4.30 lakh migrant workers from Assam are still stranded in many states of the country due to the nationwide lockdown. Some migrant workers have been come back to Assam before starting lockdown due to Covid-19. Most of the migrant workers were engaged themselves as labour in industry and road and building Construction Company, carpenter, mason, labour in brick industry, fish industry etc. Now these migrant workers have been lost their job due to the nationwide lockdown. The Assam Government has decided to provide work under MGNREGA to migrant workers returning to the state from different parts of the country due to the Covid-19 lockdown. The Assam Government has also decided to take steps for imparting training under Skill Development Department to the migrant labourers coming back to Assam. As per the discussion of Assam Government the migrant workers are the asset of the Assam and they have acquired skills in different sectors while working outside, so it is necessary to sharpen their skills so that they can be employed in the Assam. The aim of the present paper is to show the economy of Assam after the returning of the migrant workers to Assam.

Keywords: migrant workers, Assam, economy, engagement of migrant workers

Effect of Covid-19 on Urban Health Sector in Assam

Anil Bhuyan
Asstt. Professor, Dept. of Zoology
Bilasipara College, Bilasipara
Dipjyoti Chakraborty
Asstt. Professor, Dept. of Zoology
Bilasipara College, Bilasipara

The outbreak of Novel coronavirus disease (COVID-19) which is caused by SARS-CoV-2 virus puts a spotlight on the resilience of health systems and countries' emergency preparedness and response. The rapid expansion of COVID-19 accentuates the urgent need for a robust health workforce as an integral part of every resilient health system. Health workers are the backbone of the health system. Due to the nature of their profession, thousands of them risk their health doing their daily work. So, the protection health workers and Corona Warriors from COVID-19 pandemic is a crucial matter. Respect to their professions and decent conditions of the health sector, it is crucial to offer these frontline workers (Corona Warriors) the protection they need for fighting the long battle ahead to save lives. This brief is meant to supply information on the impact of the COVID-19 pandemic on health workers and health systems in the urban areas of Assam, as well as information on early response measures taken. As the situation is changing so rapidly and the peoples in urban areas are infected so rapidly, the brief provides a preliminary overview of this topic.

Keywords: COVID-19, Urban health sector, Corona warriors

Impact of Covid-19 on Education System in Rural Assam

Asha Basumatary
Asstt. Professor, Dept. of History
Tangla College, Tangla

The Covid-19 pandemic is a current world health crisis. The pandemic has caused a lot of disruption on education system all over the world. Due to nationwide lockdown in India, education institutions are temporarily closed to limit the spread of Covid-19 pandemic. However, under the directives of Assam Government, e-learning program has come up with an attempt to fill in the void of schoolroom learners from school going kids to postgraduate students during nationwide lockdown. Digital learning is an interesting and cost effective. Urban area students have the facilities to take e-learning but the students living in rural areas having no uninterrupted power supply and internet connectivity are severely affected. Further, another great challenge, they face, is monetary issue to meet resources necessary for such an e-learning. The paper thus intends to study the impact of Covid-19 pandemic on education system in rural Assam.

Keywords: Covid-19, Education, Rural Assam

Covid-19 Pandemic Call Us to Maitain Sustainable Development

Abu Bokkor Siddik Jinnah
Asstt. Profissor, Dept. of Pol. Science
Hatsingimari College

The Coronavirus COVID-19 Pandemic is a new experience of disaster which was not faced by the world human Society ever. This Pandemic emerged in a province nemly WUHAN of china in late 2019, Spreaded all over the world and still in havoc. However before it there were some pandemic like plague, cholera etc, which were one hand demanded many human life and mammals but in other hand given some opportunities to do some thing. Examle as in 19th Century India faced by the BUBONIC Plague which given chance to suppress the native people by colonial ruller and in 20th Century Spenish flu led to a nationalist awakening. Like wide the Covid-19 Pandemic Call us to maintain sustainable development in world wide basis. Environmental pollution can creat any disaster which still gives us hostile example. This paper will basically focus the need of sustainable development in all sactor by all Nations.

Keywords: Pandemic, Sustainable

Covid-19 Outbreak and Its Impact on Culture and Society: A Global Perspective

Aditi Sarma
Student, MA(Anthropology)
Gauhati University

The outbreak of Covid-19 is a Global threat towards life and livelihoods. This crucial time period of pandemic has a devastating impact on health as well as all aspects of life including economy, culture and society, environmental sector etc. The global economy has severely disrupted due to the pandemic situation which is based on cultural tourism associated with heritage sites, institutions that remain closed for the few months across the world. Moreover, it has changed the outlook of the society and the social behaviour of the people as well. Focusing on the profound impact of Covid-19 pandemic on cultural sector UNESCO has taken some initiatives to assess the rapidly evolving situation. By maintaining complete or partial lockdown, quarantining through tracing contacts, social distance entire nations are struggling to slow down the transmission of this disease. Hence, this paper is an attempt to discuss about the impact of Covid-19 on the global culture and society and the initiatives that has taken by Government regarding this situation.

Keywords: Covid-19, Impact, Culture, Society, Initiative

COVID-19 and Its Impact on the Education Sector

Anisha Choudhury
Asstt. Professor
Damdama College

Within a very few months the total situation of the world has transferred because of COVID-19, characterized as a pandemic by the World health Organization, The world and its living beings were unaware of such type of death cause virus before appearing in the city of Wuhan in December 2019. Covid-19 and lockdown have come up with many questions and uncertainty which are not answered till now and has forced educational institutions to suspend physical classrooms and shift to online classes through platforms like e-Diksha, e-Pathshala, Swayam, Zoom, shodhganga etc. which reconstruct the education system toward a technology driven one.

The study attempts to examine the impact of covid-19 on the education sector especially on the teachers and students associated with undergraduate level and to examine whether online class is sufficiently equivalent to face to face mode Hence in this regard descriptive method has been used based on both primary and secondary data sources through purposive sampling. The findings of the study- the education sector is facing unprecedented challenges, while the most sufferers are the students, teachers are struggling as well to navigate the vast spectrum of digital education as basic access is a challenge.

Keywords: COVID-19, education sector, challenges

Covid-19 and Its Affect on Higher Education in Assam

Anjam Hussain Barbhuiya
Asstt. Professor, Dept. of Zoology
Goalpara College, Goalpara

Since its inception in December 2019, from Wuhan city of China, COVID-19 transmitted around 216 countries of the world infecting 10,021,401 people and killing 499,913 (W.H.O.) people irrespective of cast, creed, and religion. It shook the whole world because of its strong infectivity although it is less virulent than SARS-2002 (Severe Acute Respiratory Syndrome) and MERS-2012 (Middle East Respiratory Syndrome) virus. Assam one of the small province of North East India is also not escaped from the grasp of the virus. There are 5, 67,536 cases of infection and 16,904 cases of death reported from India. Similarly it infects 7,795 people and kills 11 people from Assam till date.

Just after the declaration of the Janata Carfew on 22-03-2020 by the Govt. of India all the formal teaching learning activities are suspended in the academic institutions and supposed to be continued till 31-07-2020 (Unlock-2). Though the other methods of online teaching learning activities are going on but the effectiveness of such activities is meagre specially in higher education and in remote areas of Assam. The interest of the students further decreases when the UGC panel trying to declare that there will be no examination even for the final semester (TOI). Hence there will be a long term affect on this batch of students as they are passing without having sufficient knowledge of the final semester.

COVID-19 and its Impact on the Financial Sector

Anupama Das
Asstt. Professor, Dept. of Economics
Basugaon College, Basugaon

The ongoing health crisis due to COVID-19 has affected in all walks and steps of life. During this challenging time, how Indian economy does gets affected on various heads. Especially agricultural sector is badly affected due to the virus. The agricultural sector contributes around 16% to the Indian GDP. As agriculturalist could not go to the market due to lockdown agricultural product mostly vegetables and fruits are damaged in the field. As India a developing country is very badly affected on its agricultural sector as most of the people depend on agriculture. The lockdown due to COVID-19 has put a lot of strain on the manufacturing industry which contributes almost 20% to the G.D.P. More and more employees have stopped coming to work due to directions laid by the Govt. thereby reducing the scale of operations, ultimately affecting quality, cost of production etc. Transporters struggle not only at the time of loading; they are also under pressure to adjust their quotas for carrying goods. The slower rate of banking operations also affects the manufacturing sector which delayed money transactions thereby elevating monetary risks. In recent times, most of the countries have considered tourism as a contributor to the economic growth. The COVID-19 pandemic has had a significant impact on tourism industry due to the resulting travel restrictions as well as slump in demand among travellers. In many of the world's cities, planned travel went down by 80-90%. Many tourist attractions around the world such as museums, amusement parks, sports venues are closed.

Education in the era of COVID-19: Challenges and Opportunities

Dr. Arati Bharali
Asstt. Professor, Dept. of Economics
Tezpur College

The outbreak of the recent pandemic COVID -19 viruses has caused immediate effect on the health scenario almost all over the world. Along with the health sector, the pandemic has sharked all most all sectors of the economy. The education sector has also received a tremendous shaking from the pandemic. There is a near total shut of the education institutions worldwide. To cater this issue the UNESCO has suggested the conversion of learning into online mode. As a result there is a paradigm shift from the traditional learning to the virtual learning worldwide. Though the blended learning helps the students enormously, yet for a country like India this unplanned beginning of the virtual leaning is not able to wrap all the student society either due to non availability of the technical devices or lack of technological knowledge. In the absence of physical stroke the online learning is insufficient to develop brotherhood among students which also a part of education.

Keywords: COVID-19, online education

Covid-19 and Its Impact on Agricultural Sector

Dr. Asfika Begum
Asstt. Professor
DKD College, Dergaon

The Indian government's order to lock down the country to contain the Covid 19 pandemic has already had major economic and social impacts, particularly in informal sector affecting the livelihoods, health, safety, and food security of the workers. About 70 per cent of India's population depends directly or indirectly on agriculture. Smallholder farmers accounts for over 86 per cent of the farmer population and contribute significantly to the nation's food security and productivity. The restrictions on human and vehicular movement have given rise to slew in short term supply and demand issues in agricultural sector. There has been a serious supply chain disruption amidst lockdown. Moreover cyclone *Amphan*, flood and locust attack has further devastated the situation. This paper tries to capture the impact of Covid-19 on agricultural sector especially focusing on supply chain due lockdown and how affected the post lockdown period. This paper is based on secondary data. It concludes that the government needs to intervene in the right time and proper reforms measures are to be taken so that the biggest sector in the economy does not fail lost in these tough times.

Keywords: Covid-19, agriculture, supply chain

COVID-19 and its Impact on the Tourism sector

Dr. Ashutosh Kundu
Asstt. Professor
BRM Govt. Law College, Guwahati

It is well said that travelling is a part of education. As because a travelers learns many ideas out of travelling when he interacts with many people and places which were not known to him. In the ancient time the Ayurved doctors used to prescribe change of place of a patient who was suffering from mental trauma. Besides patients the Kings with his family used to travel a place of his choice for entertainment and leisure. In modern times tourism has become an Industry where all the stakeholders earn huge profit and engage many people for their livelihood.

In the beginning of the year 2020, the Covid-19 pandemic situation in the whole world caused irreparable damages not only to the States but also to the global tourism, travel and the hospitality industry. The whole world is now planning for revival of the tourism Industry by organizing road show and advertisement mechanism considering all precautionary measures.

Keywords: Stakeholder, Irreparable damage

Covid-19 and burden of E-learning

Aynul Hoque Choudhury
Asstt. Professor, Dept. of Education
F. A. Ahmed College, Garoimari
Dr. Ruhul Amin
Asstt. Professor, Dept. of Arabic
F. A. Ahmed College, Garoimari

Education has always been an integral part of human existence, especially, coming from the informal form of education, where parents have from time immemorial, taught their children values and ethics beyond the four walls of a classroom. But in the current pandemic situation of Covid-19, about 90 percent of the world's students are out of school, due to school closures in at least 188 countries. Teachers are trying to continue the academic sessions by using e-learning resources as its importance in this pandemic era cannot be over emphasized. In higher education many universities and colleges are replacing traditional exams with online assessment tools. This is a new area for both teachers and students, and assessments will likely have larger measurement error than usual. Of course, this system of teaching and learning has some negative impacts on the students and parents who are especially from the poor and wicker section of the society. So, our present paper intends to analyze the various burdens associated with the e-learning system.

Keywords: Covid-19, E-learning, Education, Burden etc.

Covid-19 and Various aspects of Folklore through the Lens of Social Media

Banashree Bhardwaj

Asstt. Professor, Dept. of Philosophy

Kokrajhar Govt. College

The last month of 2019 has been considerably significant throughout the world due to emergence of Covid'19, a new virus born in China. After 1930 plague, Covid'19 has been considered as the most serious outbreak. Due to pandemic Covid'19 various aspects of life have been badly affected and a series of new problems, issues have been emerged amongst the mankind. Most of the European nations like England, Germany, Italy, Spain, and France etc. are under serious threat of Covid'19. The most powerful nation America is being devastated due to this pandemic. India, the largest democracy with the second largest population is also experiencing the worst effect of Covid'19. Assam, as a part of India is not left untouched by Covid'19. So far 7165 cases have been found Covid positive in Assam and out of which 10(ten) persons have already been expired. Realizing the ill-effect of Covid'19, India's Prime-Minister Mr. Narendra Modi announced nationwide lockdown to break the chain of Corona virus. The lockdown system was introduced in India phase wise. As a result, worldwide downfall of economy, starvations etc. continue to take disaster form in the nations. Interestingly, the first phase of nationwide lockdown (24th March, 2020 to 15th April, 2020) bears a special significance for Assam as it was the time of Rangali Bihu celebration. The festive atmosphere which normally occurs during the spring time and Rangali Bihu seemed to be missing due to lockdown. Rangali Bihu, one of the best of three Bihus, which also happens to be the identity of Assamese people and an important part of Assamese folk culture, was missed badly. To understand and make others aware how social media plays a significant role to keep the various aspects of Assamese folklore alive during Covid'19, the aforesaid topic has been chosen for current discussion.

Keywords: Folklore, Pandemic, Social media

Global Pandemic and Its Impact on Indian Education System

Banasree Devi
Asstt. Professor, Dept. of Political Science
Narangi Anchalik Mahavidyalaya

The word 'Pandemic' refers to a disease which is prevalent over a whole country or in the entire world. It is basically a global epidemic which spreads to different countries and also takes many lives. In recent times the pandemic which has overwhelmed the world is COVID-19 or novel coronavirus disease which has claimed many lives everywhere. Several countries of this highly modern world have been severely affected by its repercussions. No vaccine has been developed yet to cure it, so lockdown quarantines or curfew are some common precautionary measures which are being adopted by different countries of the world to save their citizens from the dreaded effects of the virus which was originated in Wuhan province of China. Due to lockdowns, students are unable to go their schools and colleges which have impacted a lot on their academic development. This paper is an attempt to highlight the impact of pandemic on students and on the Indian education system.

Keywords: Pandemic, Covid-19, virus

Covid-19 and Its impact on the single earner women in Dhubri district with special reference to Gauripur Development Block, Dharmashala

Bandana Chakrabarty
Lecturer
Barpeta B. T. College
Dr. Leena Sarma
Associate Professor
Janata College, Serfanguri

The outbreak of Coronavirus disease has created a global health crisis that has a deep impact on the way we perceive our world and our everyday lives. The covid19 pandemic, which originated in the city of Wuhan, China has quickly spread to various countries, with many cases have been reported worldwide. Like we all know the entire world is going through the covid19 outbreak, India has also been hit hard by the pandemic and the number of cases is increasing on daily basis. In Assam also the number of cases has increased and the government has imposed lockdown to stop its spread in large number. The pandemic is no longer just an issue related to health but it has also further played a role in breaking the backbone of economy of many other countries. In country like India it has mostly affected the labour class as well as it has also affected those families which has single earning member and have lost their job due to this pandemic scenario. So in this paper, we will discuss about the problems faced by the single earner women due to this covid19 worldwide outbreak in Dhubri district with special reference to Gauripur development block, Dharmashala.

Keywords: Covid-19, Pandemic

Pandemic Outbreak: Impact on Agriculture Sector

Dr. Bani Lekha Phukan
Asstt. Professor, Dept. of Home Science
Duliajan Girls' College
Swaraj Phukan
Lecturer
District Institute of Education & Training, Dibrugarh

The poor sections of society are always the hardest hit in any disaster or pandemic situation. The ongoing health crisis around COVID19 has affected all walks of life. Agriculture is the backbone of Indian economy, now a sudden outburst of the Corona virus not only creates anxiety among the farmers, but also due to the lockdown for uncertain period, the farmers are stuck with their harvest. In view of continuing restrictions on movements of people and vehicular traffic, concerns have been raised regarding negative implications of COVID19 pandemic on the farm economy. This review hence aims to evaluate the impact of pandemic situation on agriculture sector. This paper is entirely based on the data collected from the Secondary sources which include journals, articles, books and internet websites. This paper revealed that the focus of the Government has to be to protect the lives of every citizen. To sustain the demand for agricultural commodities, investments in key logistics must be enhanced. Moreover, e-commerce and delivery companies and start-ups need to be encouraged with suitable policies and incentives.

Keywords: Agriculture, pandemic, COVID-19

Impacts of Covid-19 in Socio-Economic Development

Dr. Basanta Kumar Das
Associate Professor, Dept. of Chemistry
Kokrajhar Govt. College, Kokrajhar

COVID-19 or Coronavirus disease 2019 is a disease caused by a novel corona virus. The virus is also known as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Its symptoms include a high temperature, a cough and difficulty in breathing. The 2019-nCoV spreads human to human through droplet and contact spread. The first case of the COVID-19 pandemic in the Indian state of Assam was reported on 31 March 2020. Till June 30, 2020, more than 7500 people are infected out of which more than 5500 people get recovery and 11people are died due to the pandemic. From second half of March, 2020, the government of Assam shut down all educational institutions, cinema halls, multiplexes, gyms and swimming pools as preventive measures. In the same time the state government followed all the directives of central government and taken all the measure including medical facilities, relief to the needy one etc. The COVID-19 pandemic has not only infecting and killing people but also creating fears of an approaching economic crisis and downturn. Social distancing, self-isolation and travel restrictions forced a decrease in the workforce across all economic sectors and caused many jobs to be lost. Schools have closed down, and the need of commodities and manufactured products has decreased. In contrast, the need for medical supplies has significantly increased. The food sector has also seen a great demand due to panic-buying and stockpiling of food products. With fears of a downturn and financial collapse, times like these needs strong leadership in healthcare, business, government and wider society. After the end of the pandemic a proper socio-economic development plan will only be able to reconstruct the economy and establish a peaceful society.

Keywords: COVID-19, Coronavirus, Respiratory Syndrome, pandemic, socio-economic

Impact Covid-19 on Small Tea Growers of Dhemaji District of Assam

Dr. Basanta Mangal Dutta
Asstt. Professor
Machkhowa Degree College
Rajumoni Bhuyan
Asstt. Professor
Dhemaji Commerce College

Pandemic and economy always run in inverse direction. Present Covid-19 is a record breaking pandemic over the centuries. Almost 210 countries and territories have been affected and the death toll to 4,77000(10%) by June 24/2020. Total positive cases rises to 92,40,000 including 46,10,000(90) recovered cases. In India total number of positive cases rise to 456183 including183022 (95%) recovered and 14476(5%) death. The state alone has been producing between 50-55 percent of total national tea as well as one sixth of total global production. Apart from this the state becomes the largest tea producing region just after China. The maximum growth of small tea growers has been observed in between 1995-205.as per estimation of industry and commerce department government of Assam there are68465 small tea growers in the state. Only in two upper Assam districts, Tinsukia and Dibrugargh have 37755(55%) Small tea growers. Progress of few other districts is also escalating including Dhemaji district. As per record of Tea Board of India the numbers of small tea growers in Dhemaji district is 516, the figure is much higher as per record Small Tea Growers Association of Dhemaji District. According to their record there are about 900 Small tea growers cultivating about 466.67 hectors of land. As per record of All Assam Small tea growers Association 144,222 small tea growers cultivating about 80948 hectors land in the state.

Keywords: Commercial crops, green leaves, Avocation, Quality leaves, Covid-19, Vicious circle

Impact of COVID-19 on the Indian Labour Market with special reference to Zeme Naga Informal Migrant Workers of Dima Hasao, Assam

Bau Nriame Kuizebe
Asstt. Professor, Dept. of Economics
Jawaharlal Nehru College, Boko

On 11 March 2020March 2020, the World Health Organization (WHO) declared the COVID-19 outbreak a global pandemic. In India, the overall COVID-19 cases has rose to 2,03051with death of as high as 16,095 as of 28th June 2020 (Ministry of Health and Family Welfare, 2020). Ever since the first COVID-19 case was confirmed in India followed by series of Nation-Wide Lockdown, the crisis has already transformed into an economic and labor market shock. The crisis has led to mass exodus of the Zeme Naga Informal Migrant Workers from different Indian cities and towns where they are working-forcing them to return to their native home with extreme poverty and hunger. In this paper an attempt has been made to examine the socio-economic impact of COVID-19 on Zeme Naga informal Migrant workers and to explore Socio-Economic Policy measures to create alternative employment opportunities.

Keywords: COVID-19; Zeme Naga; Socio-Economic Policy

Impact of COVID-19 on Agriculture Sector of Assam

Benudhar Kalita
Asstt. Professor, Dept. of Economics
Swahid Smriti Mahavidyalaya, Belsor

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered Coronavirus, which create a pandemic situation among the human rest all over the world and imposed negative impact on all the sectors of the economy worldwide. Like all other sectors this virus also impose negative impact on agriculture sector of the State by breaking down the demand-supply chain, create unemployment, damaging the agricultural products ect. To solve the pandemic situation the Central and the State government announce Lockdown for a period of 21 days and extended it later on. As a result the farmers of all over the country lost the markets of their products and suffer heavy losses during this period, which has been highlight by the print and electronic media time to time. In this paper I shall try to highlight the problems faced by the agriculturist and agricultural labour of Assam in this pandemic situation.

Keywords: Covid-19, Demand-Supply, Agriculture

COVID-19: Impact on daily wage workers and the plethora with special reference to areas under Kamrup district, Assam

Bhanupriya Boro
Ex-student, Department of Zoology
Gauhati University

COVID-19 has impacted on all aspects of our lives. The crisis due to COVID-19 has been evident in several sectors be it economy, transportation, education, agriculture etc. and labour market remains no exception. The labourers are the significant economic force in India and the outbreak has changed the labour force in the country. Many migrant workers have faced the harshest problem due to the lockdown of industry and transportation. Besides these, the plight of the daily wage workers working in local tea stalls, restaurants, and small scale industries or as helpers in households etc. has worsened since, due to the fear of the disease most of the people have stopped hiring them. The main aim of the study was to emphasize the situation faced by the daily wage workers in the local area's as well as those that have returned to their hometown from the cities living with an uncertain future due to the outbreak and the impact of lockdown on their livelihood.

Keywords: COVID-19, labour force, daily wage workers

Covid-19 and Its Impact on the Education Sector

Bhusita Medhi
Asstt. Professor
PDUAM, Dalgaon

COVID-19 impacts the whole world and led the world stagnant socially and economically. COVID-19 vast impact falls on Education sector also. It`s a challenging opportunity to continue the circle either it`s lead to a dark chapter. The main aim of discussion is to "How to overcome the situation without affecting the future of the student." This paper will try to discuss the impact of COVID-19 on education sector and it`s probable solution.

This paper will discuss about the E-learning process. How to bring student under one roof during the current situation. Role of a good teacher. Web based platform available initiated by Govt. of India. Advantages and disadvantages of web based teaching. Challenges for online teaching learning process. Probable solution to mitigate the problem. This paper intends to find the challenges confronted and how to overcome the situation.

Keywords: Impact of Covid, E-learning, challenges, probable solution

Duties and Responsibilities of youth during the time of COVID-19 with special reference to Assam

Bibha Talukdar
Asstt. Professor, Dept. of Philosophy
Bijni College, Bijni

COVID-19 (Corona virus) is a tremendous pandemic in recent time which was originated in China, the city of Wuhan Hubei in December, 2019. But gradually this virus spread about 98 countries in the world. The World Health Organization has declared COVID-19 corona virus as global health emergency. According to the data of The Ministry of Health and Family Welfare on 26 June, 2020 has reported that 490,401 people are affected, 285636 are recoveries and 15301 deaths in the country. In India the first case was caught on 30 January, 2020. At first, the spread of this pandemic in India was very slow, but in recent time it was highly speeded. The Prime-minister of India declared 21 days as lockdown for reducing the spread of COVID-19. Now India was fourth highest number in COVID-19 all over the world. The first case of Assam was reported on 31 March, 2020.The Govt. of Assam has confirmed of 6919 positive cases on 27 June, 2020. So, the duties and responsibilities of youth in this crisis are more urgent. The youth are more conscious about this pandemic. They are closely related with social media such as whatsApp, face-book, tooter etc. The first duty of youth is to conscious their family, society and community regarding this pandemic. They ought to take step to aware the ignorant people regarding social distance, use of mask, quarantine, isolation etc. and inform about the symptom of covid-19.

Keywords: Covid-19, Pandemic, Youth

Covid-19 and its Impact on the Tourism Sector with special reference to Historical Tourism of Golaghat district of Assam, India

Dr. Bijoy Sarmah
Associate Prof., Department of History
JDSG College, Bokakhat

Tourism is the biggest and promising industry in the world with substantial ramifications on socio economic developments and the cultural lives of the people. Apart from earning substantial foreign exchange, the tourism industry has the potential of solving unemployment problem. Assam is a state richly endowed with scenic beauty like blue hills, dense forests, beautiful rivers, flora and fauna which attracts tourists both domestic and foreign from all over the globe. Apart from scenic beauty Assam is also enriched with religious and cultural uniqueness of various ethnic groups and a number of architectural and historical monuments. The district of Golaghat which is historically and archaeologically very rich also attracts the attention of the tourists.

With a number of archaeological sites throughout the district, Golaghat bears the evidence of a glorious past. Historical remains and monuments belonging to different periods found in large numbers at places like Kasomari, Dubarani, Rajabari, Borpather, Sarupather, Deopani, Deo Pahar, Numaligarh, Negheriting and its nearby areas establish Golaghat as one of the archaeologically rich districts of the state. On the other hand Kaziranga National Park has a worldwide reputation for its one-horned rhinoceros is situated in Golaghat district. Kaziranga National Park is richly endowed with natural beauty like dense forests, beautiful rivers, flora and fauna attracts tourists both domestic and foreign every year. In this way the tourism department can earn more revenue from these historical places which are bearing a golden period.

The main objective of the study is to access the factors responsible from covid-19 to disturb the historical tourism sector of Golaghat district of Assam. Our study is based mainly on primary and secondary sources. The methodology of the present study is historic-analytical and descriptive in nature.

Keywords: Tourism, Golaghat

Impact of COVID-19 on the ICT Sector: An Analytical Overview on the Global Pandemic

Bikram Bikash Das
IT Network Engineer
BBCI, Guwahati

Information and Communication Technology (ICT) Plays an Important role in providing easy and faster access in every aspects of day to day situation. Many IT Professionals are working in IT sector to in order to solve complex problem and makes human life easier to access any online resources.

However the Corona Virus Disease (COVID 19) has badly affected the global economy and ICT sector is also suffering major loss and challenges in this global pandemic due to lockdown in various parts of the world. Since many Industry has postponed their various operations, productions and various conferences etc. Many of the ICT and IT (Information Technology) enabled companies are facing major issues to complete their tasks and projects with limited resources before deadline, since many employees are unable to come to office as lockdown has been imposed by the respective government. Even though the whole process is converted to Online Virtual Platform such as Video Conferencing but it still lacks many opportunities that are easily accessible in physical face to face conference and events such as meeting new peoples in conferences and events where people with different domain knowledge can be able to talk, interact and present their thought and ideas in face to face manner. This Paper provides few analytical viewpoints on the impact of COVID 19 in ICT sector and use of various opportunities and technological improvements of ICT. **Keywords:** ICT, COVID-19 Pandemic, IoT, Machine Learning Techniques

COVID-19 and Its Impact on the Education Sector

Dr. Bilaishri Brahma
Asstt. Professor, Dept. of Education
Lumding College, Lumding

To live a life in the midst of COVID-19 is being a challenge for whole world. Its impact on various field of life, like social, economic, education, health, labour market etc. is creating immense pressure on our lives. The impact on education sector and its consequences is unfulfilled lose to us. The close of educational institution has brought many uncertainties in the future of students. The virtual classroom failed to replace the actual classroom as many limitations are in front of us. So, the target of present study is to know the challenges and strategies in teaching-learning and evaluation process to overcome from the impact of COVID-19. The method of study is descriptive analysis based on secondary data. The findings of the study reveled that digital pedagogy brought many opportunities no doubt but it is very difficult to replace the actual classroom.

Keywords: COVID-19, Impact, Education Sector

Covid-19 and Its Impact on the Health Sector of India with special reference to Assam

Binod Chandra Borah
Asstt. Professor
Dept. of History
Kampur College, Kampur

Health sector of the Indian Government is one of the most biggest and influential sectors. Since, India is a populous country, the Govt. of India has been pursuing a substantial welfare and healthcare measures for its citizens. In generally, Health care includes hospitals, medical devices, medical tourism, health insurance and medical equipments etc. The health sector of India is highly affected by the infectious covid-19. The covid-19 is a fatal pandemic disease causing hazourdness in breathing, cough, fever and tiredness. The disease originally emanated in China and rapidly spread all over the world. In this paper an attempt has been made to evaluate various effects of Covid-19 on the health sector. The covid19 pandemic has a badly impact on the global health sector due to resulting of morbidity and mortality over a large geographical area and also resulting in significant economic, social and political disruptions. In this present time, to overcome the transmission the government needs to focus more on the various preventive measures relating to human health sector.

Keywords: Covid-19 Health sector, Pandemic

Covid-19 and Issues of Migrant Workers in India

Dr. Binod Sarmah
Asstt. Professor, Dept. of History
Furkating College, Furkating

Indian migrant workers during the Covid-19 contagion have confronted multiple destitutions. With factories and workplaces shut down due to the lockdown imposed in the country, millions of migrant workers had to deal with the loss of income, food shortages and ambiguity about their future. Following this, many of them and their families went hungry. Thousands of them then began walking back home, with no means of transport due to the lockdown. Many migrants also died due to the lockdown, with reasons ranging from starvation, suicides, exhaustion, road and rail accidents, police brutality and denial of timely medical care.

Keywords: Covid-19, Migrant Workers, and India

Covid-19 and Agricultural scenario in India

Dr. Binoy Kr. Nath
Asstt. Professor
Handique Girls'college, Guwahati

Humans have experienced pandemics such as Spanish Flu of 1918-19, Asian Flu of 1957-58, Hong Kong Flu of 1968-70 etc. The present pandemic caused by infection of coronavirus called Covid-19 originating from Wuhan, China on 31 December 2019 has affected millions of people in more than 180 countries. Till 19 June, 2020 a total of 8,577,196 persons have been affected and death toll has risen to 456,266. On 20th June India has 400,871 active cases and death toll crosses 13,048.

To contain the spread of the virus, India has announced lockdown since 23rd March which is still going on with some relaxations. During this time all sectors of the economy have been affected. Along with other sectors agriculture is hard-hit due to the Covid induced lockdown. Due to complete ban on any type of movement during the early phase of lockdown, agriculture and allied sectors like dairy, poultry, aquaculture, etc., where more than 70 percent of rural population dependent have been badly affected. India witnesses the peak time of *rabi* season during this time. Many important crops like wheat, gram, lentil, etc. as well as perishable fruits and vegetables are also grown during this period. Farmers have faced the problems in harvesting and they have no access to markets due to continued lockdown. Moreover, reverse migration of workers from different parts of the country to their home would naturally put pressure on agriculture particularly in north Indian states.

In this paper an attempt would be made to highlight the impacts of Covid-19 on agriculture and suggest remedial measures.

Covid-19 and Its Impacts on Indian Foreign Trade

Binoy Ranjan Handique
PG Student, Dept. of Economics
Dibrugarh University

The outbreak of COVID-19 first identified in Wuhan, China, in December 2019 and since then having spread globally, has been recognized as a pandemic by the World Health Organization (WHO) on 11 March 2020. Directly and indirectly, several countries have been suffering from the impact of the global pandemic of COVID-19. India is widely affected by this devastating pandemic. Overall uncertainty and lack of demand, coupled with no investment seen in near future, the Indian stock markets have crashed. A UN report estimated a trade impact of more than USD 350 million on India due to this outbreak, making India one of the top worst affected economies across the world. So, the present paper is an attempt to analyze the acute effect of COVID-19 on Indian Foreign Trade along with its several sectors. Even if demand from existing export markets were to come back in the medium to long run, it's unlikely that our exporters would be in any position to cater to them. And with competitors only too willing to pounce on such an opportunity, India runs the risk of losing some of its export markets permanently.

Keywords: COVID-19, foreign trade

Covid-19: Compared to pandemics in history

Biraj Jyoti Kalita
Asstt. Professor, Dept. of History
DCB Girls' College, Jorhat

Throughout history, nothing has killed more human beings than infectious disease. The novel human coronavirus disease COVID-19 has become the fifth documented pandemic since the 1918 flu pandemic. However, the majority of pandemics that occurred in the recent past have been known to have spread through cross-species transmission of microorganisms. Similarly, there is a broad spectrum of human responses in times of pandemics including denial, panic, flight, racism, xenophobia, spreading of false rumors, profiteering, and other opportunistic behaviors.

Moreover, this paper discusses how Covid 19 is different from Previous Pandemics and how it's Impacting World Economies.

Keywords: Coronavirus, Pandemics, Panic, Xenophobia

Covid-19 and Its Impact on the Education Sector

Bishal Patowary
Student, M.Com
Gauhati University

"When the world is running down, you make the best of what's still around"

The Coronavirus Disease 2019 (COVID – 19) is an ongoing pandemic which was initially identified in Wuhan(China), in December, 2019, has shaken the world to its extreme resulting in enormous loss to human lives as the global death toll crosses 4.5 lakh till date. This paper concentrates on the hurdles faced by the students because of the lockdown of Educational entities - Schools/Colleges resulting in a chaotic situation and having a radical impact on the education sector and the global economy. The sudden shift to the online education has promoted sluggish learning of the students, where technical incompatibility of the teachers and inappropriate infrastructure in the remote areas due to the digital divide in the developing nations are the drawbacks. The paper concerns the need to develop pertinent strategies by the educational houses for improving the student's mental health and uplifting the education sector during this outbreak.

Keywords: Pandemic, Outbreak, Pertinent

COVID-19 and its impact on the education sector in Assam

Biswajit Goswami
Asstt. Professor, Dept. of Botany
Bilasipara College
Suvendu Saha
Asstt. Professor, Dept. of Physics
Bilasipara College

COVID-19 is a viral disease caused by a newly discovered virus known as Novel Corona Virus. It is an infectious disease which spread from person to person through droplet transmission. It has spread over the whole world and World Health Organisation has declared this disease as a pandemic one. The people suffered from COVID-19 will experience respiratory illness from mild to moderate, in most cases. Most of the countries in the world followed the process of "Lockdown" to prevent , at least to slow down, its transmission rate.

Assam is a state situated in the North-East part of India. It is rich in Natural resources. The economy is based primarily on agriculture. The state is world famous for its Tea Gardens. But it is poor in Education, Medical facilities etc. Along with other part of the country, the number of people infected by COVID-19 is increasing day by day in the state also.

Various sectors of India as well as Assam are badly affected by COVID-19 pandemic. Education is one of them. All educational institutions, viz.- schools, colleges, universities, are temporarly closed in most part of the world. In Assam too all of such types of institutions are closed from 2nd part of March 2020 till date. Hence, students, teachers and guardians are highly affected due to the COVID-19 pandemic. A few students get the opportunity of digital platform. But most of the students of the state could not avail the facilities of online class or other e- learning resources due to their poor economic condition.

Keywords: Lockdown, education

COVID-19 and its impact on Education in India

Bitupan Doley
MA (Pol. Science)
Gauhati University

The COVID-19 pandemic is first and foremost a health crisis. Most of the governments around the world have temporarily closed educational institutions in an attempt to contain the spread of the COVID-19 pandemic. In India too, the government as a part of the nationwide lockdown has closed all educational institutions, as a consequences of which learners ranging from school going to post graduate students are affected. As per the present situation, there is an uncertainty when school and colleges will reopen. As schools around the world transition to online learning during the COVID-19 pandemic. Students, parents and educators are all wondering what this means for education in future.

Keywords: Institutions, pandemic, transition

Problems of Education during COVID-19 Pandemic with special reference to Assam

Dr. Bonosree Bhuyan
Asstt. Professor, Dept. of Commerce
JDSG College

COVID-19 illness has occurred due to a novel or new coronavirus known as SARS-CoV-2. Since the advent of 2020, the disease has been spreading steadily throughout different countries of the world. Its wrath has been so severe that the WHO has declared COVID-19 as a global pandemic on March 11, 2020. To curb the spread of this pandemic, the essential means include lockdowns, quarantine and social distancing. By imposing total lockdown in the country from March 25, 2020, majority of the sectors of our nation like tourism, manufacturing, education, hospitality, small business and the like received major blows. With schools, colleges and universities being closed down due to the pandemic from March this year, many problems have been encountered by the students and teachers in continuing with classes in a regular manner. In this study, an attempt has been made to analyse the problems faced by the teachers, students and guardians in Assam with special emphasis on higher education.

Keywords: Education, Pandemic, classes

Covid-19 and its impact on environment and sustainable development

Dr. Bonti Bordoloi
Asstt. Professor, Dept. of Geography
Bikali College, Dhupdhara

The corona virus (covid-19) has affected nearly every corner affecting more than millions, taking lives of more than several lakhs of people around the world, mostly directly and others from its consequences like falling of economy, loosing of jobs, unavailability of food, shortage of infrastructure for hospitalization of patients etc., Once beautiful and flourishing countries experiences hearing of wailing of ambulance that to only signal the expansion of covid-19 grasp over the world from its first occurrence from the Wuhan of China within a period of about six months.

Covid- 19 is spreading human suffering, infecting the global economy and upending people's lives. The pandemic has limited economic activities, consumption and movement, pollutant emissions and natural resource use have slowed, and the rate of environmental damage has fallen in most areas but carbon dioxide concentrations in the atmosphere continue to rise and there is an increased use of plastics. Various activities to conserve ecosystems and biodiversity have been restricted besides this, as people lose their livelihoods, increased poverty will likely lead more people to turn to unsustainable harvesting of natural resources. Development is experiencing an unprecedented contraction during the COVID 19 outbreak and the prospects for a quick recovery of development will depend on the duration of the epidemic and effectiveness of policy responses. In this unprecedented juncture, one has to explain the present status and future prediction of this situation. An attempt has been made to highlight some of the major issues of covid-19 pandemic and its impact on environment and sustainable development based on secondary data sources.

Keywords: covid-19, pandemic, development, environment

Covid-19 and its Impact on Religious Pilgrimage: A Study on Ambubachi Mela in Assam

Dr. Breehivorna Talukdar
Asstt. Professor, Dept. of Political Science
Saraighat College, Changsari

Religious Pilgrimage is one of the world's oldest and most basic forms of population mobility that constitutes a major phenomenon in the twenty-first century. Such pilgrimages are taken by devotees or pilgrims to shrines or places of religious significance to experience spiritual enlightenment, to offer prayers to their Gods/Goddesses/Prophets/ Saints etc, as part of religious or cultural rituals, or in fulfillment of vows or atonement of sins etc. Pilgrimage is where faith also meets culture, livelihood, tourism and business. However, Covid-19 has put a halt to pilgrimage for fear of disease transmission world-wide.

Through this paper an attempt will be made to study how the current pandemic situation caused due to Covid 19 has affected pilgrimages and religious observances in one of the most prominent sites of Shakti worship in India i.e. Kamakhya temple in Assam and its age old event of Ambubachi Mela that celebrates the fertile and nurturing power of the menses of Mother Earth

Keywords: Pilgrimage, Ambubachi Mela, Kamakhya Temple, Assam, Tourism

COVID-19 and Its Impact on the Education Sector of India

Bruhid Rabha
Research Scholar
University of Hyderabad

COVID-19 has become a global calamity and has engulfed almost all countries of the world including India. The nature of the pandemic has already created a shocking degree of devastating impact on all sectors including health, education, agriculture, manufacturing, financial sector, tourism, and labor market. COVID-19 has prompted experts across the globe to rethink the conventional mode of education. During the lockdown, digital learning received a significant boost. Digital education appears to be a viable solution to fill the void for the conventional classroom. E-learning possesses the possibility of providing inclusive education by enabling learning across diverse geographies in India. The Central and state governments in India have already come up with various e-learning programs. However, e-learning is not without its limitations and challenges.

Therefore, this study aims (i) to assess the impact of COVID-19 on the education sector of India, (ii) to analyze the prospects and challenges of e-learning in India. The study is mainly based on secondary sources of data. The study observed that (i) the COVID-19 pandemic has caused serious damage to the education sector across the countries, (ii) the COVID-19 induced lockdown has created uncertainty in the examination cycle, (iii) it may affect the paying capacity of the parents in both public and private educational institutes, (iv) online learning cannot reach to all students, (v) students studying abroad are facing uncertainty and there may be a decline in the demand for international higher education.

Keywords: Education, pandemic, e-learning, health, inclusive

Impact of Covid-19 on Education

Chandana Borah
Asstt. Professor
Tezpur Law College, Tezpur

The great devil Novel Coronavirus 2019, which was said to be born in China has caught the whole universe under his domain. The virus has rapidly spread over almost 200 countries and affecting millions of people in the whole world. The present Covid-19 pandemic has made a global impact on education and India has no exception to it. Due to the outbreak of this virus all the educational institutions has been closed down maintaining the social distancing protocol throughout the nation. In India, most of the students living in the under developed places, where getting a formal education is a big struggle for them. Now the interruption in normal education has also fallen a great impact on the education of these students. The situation is worsening day by day, which lead to an uncertain future for all. In this situation, the academics of all the educational institutions disrupted all over the country. We all know that education is empowerment; it is strength to the human mind and body, but at the same time education must be inclusive as it is one of the fundamental right under the Constitution f India. Thus, the present paper tries to analyse the impact of Covid-19 on the Education system of India how it both has positive and negative impact on the society at large.

Keywords: Covid-19, Education, India

COVID-19 and its impact on the Education Sector

Chandana Devi
Research Scholar, Department of Education
Mahatma Gandhi University, Meghalaya

The world today is facing the biggest Educational problems due to Covid-19 pandemic. By the end of March2020, the epidemic had spread to over 185 countries and resulted in the closure of all schools, colleges and universities which have been impacting close to 1.40 billion students. Primary Education sector are naturally, the worse affected. For school-going children, the lockdown does not just mean reduced cash flow or a professional setback; it represents an interruption to their journey of learning. Though online learning has become a critical lifeline for education, but Primary Sectors are miles behind from technological platform. This lack of access to technology prevents students in rural areas and from disadvantaged families. Over the past weeks, Higher Education officials have been forced to cancel classes and close the doors to campuses across the world in response to the growing Corona virus outbreak. So they might have been undergoing frustration on not being able to collaborate with the curriculum.

The focus of this paper will highlight the Covid-19 Pandemic and its impact on education sector.

Keywords: Covid-19 Pandemic, Online Learning, Rural Areas, Education

Impact of Covid-19 on Indian Economy

Dr. Chandra Borah
Asstt. Professor, Dept. of Economics
Sapekhati College, Charaideo

The entire world is now under the grip of Covid-19. The unprecedented shock caused by the Covid-19 pandemic has not only derailed the industrial sector from its path but also paralysed the Indian economy for a long period. Nation-wide lockdown and suspension of economic activities have severely affected the economy by reducing aggregate demand and affected supply chain. Its economic impact seems to be more severe than its effect on health. However, the magnitude of severity or economic impact on various sectors will depend on the policies announced by the Central Government and RBI so far and their implementation. In this paper an attempt has been made to analyse the impacts of this pandemic on different sectors of the economy.

Keywords: Covid-19, Pandemic, supply chain, economy

Covid-19 Pandemic and its impact on the Health and Well-Being of people in Guwahati City: A Geographical Analysis

Dr. Chandra Kala Magar
Asstt. Professor, Dept. of Geography
B. Borooah College, Guwahati

Covid-19 pandemic, a global crisis has not only disrupted our everyday life but it has also fundamentally changed the way of living of the world. Although the outbreak of the pandemic originated in Wuhan city of China yet it spread to the rest of the world first impacting the megacities, and later within a month trickled down to the country sides through a process of hierarchical diffusion. In Guwahati the pandemic was hit mainly in two waves viz., the first wave of infection was brought by the attendees of Tablighi Jamaat from Delhi while the second wave were brought by the migrant workers from the worst affected cities in India. Guwahati being the gateway is the worst affected of all the cities in northeast India. As such the pandemic which only had 42 cases in the initial phase (March-April), began a slow increase at the end of May (lockdown 4.0) with 1391 cases and reached to its height of more than 7000 cases at the end of June. Today the situation is quite critical as we are in the midst of community spread of the disease while the cases are growing exponentially. This has not only endangered the life of many vulnerable social groups but it has also brought about numerous interrelated problems such as physical and mental health, slowing down of economy, increasing unemployment, disruption in education and administrative system and so on. Therefore, an attempt is made in this paper to find out the impact of the pandemic on health and well-being of people in Guwahati city.

Keywords: Covid-19, pandemic, health, well-being

Environment, Happiness and Health: An Ecocritical Study in Today's Perspective

Dr. Chandrima Sen
Asstt. Professor, Dept. of English
Bodoland University, Kokrajhar

Environment plays a vital role in fostering value added life and standard of living. Happiness and health are the two sides of the same coin. In this present scenario literature plays a cognitive role in dealing with the pandemic. This paper corresponds to the inevitability of the present situation accelerated by the pandemic. This again creates a kind of a discourse on literature. Ecocriticism has always been a key concept in literary studies. This paper attempts to foster the growth and effect of environment on the society and the self. It posits to explore the link between individual health and ecological sustainability. This paper particularly emphasizes on Bhabani Bhattacharya's *So Many Hungers* that deals with the aspect of crisis, society, individual alienation and many more. This novel generates similar consequences during and after the Covid-19 pandemic. This paper redefines the mediated relationship between human beings and the natural world through the use of figurative language.

Keywords: individual, society, ecocriticism

COVID-19 and its Impact on Rural Livelihood sector

Chayanika Gogoi
Block Project Manager
Assam State Rural Livelihood Mission

NRLM is the flagship program of Govt. of India for promoting poverty reduction through building strong institutions of the poor, particularly women, and enabling these institutions to access a range of financial services and livelihood services. A women's Self-Help Group (SHG), coming together on the basis of mutual affinity is the primary building block of the NRLM community institutional design. In addition, NRLM promotes livelihood institutions of rural poor. Self-help groups under NRLM programme are comprised of 10-15 women who work together on mutual interest and benefit. NRLM includes all round capacity building of the SHGs providing them with several financial assistance for example, i.e. Revolving Fund, Community Investment Fund and bank loans etc. to establish them as strong support organizations, making livelihoods of the poor sustainable. The current study attempts to study the access of the SHGs to the available different financial services for improving their economic status. Both primary and secondary data were collected for the study purpose.

COVID-19 and its Impact on Indian Agriculture

Chiranjeeb Biswas
Asstt. Professor, Dept. of Economics
Hojai Girls' College, Hojai

The pandemic COVID-19 has struck deep into the Indian economy. The lockdown which is imposed by the government to prevent the outbreak of COVID-19 has severely affected the agricultural sector of the economy. Livelihoods of all the farmers and the individuals indulged in this sector are going at a high risk. This paper attempts to perceive the impact of nationwide lockdown due to COVID-19 especially on agriculture and some of its allied sectors. Although being exempted from lockdown restrictions to some extend, agricultural activities have been adversely affected. Also the government's initiative to double the income of the farmers is badly hit by this pandemic. As the lockdown period is coinciding with the season of harvesting the Rabi crops, farmers are facing the issues like lack of labours, transportation facility, markets for produce, etc.

Keywords: COVID-19, MGNREGS, Food problem, Supply chain

Covid–19 and It's Impact on Global Economy

Chitra Roy
Student, B.A.LL.B(H)10thSemester
NERIM Law College, Guwahati

Coronavirusor COVID-19 which was first identified in Wuhan, China is now a pandemic globally. Most part of the world are affected by this pandemic .As per the World Health Organization(WHO), COVID-19 has infected more than 10.4 million people and has claimed more than 502,250 lives globally till date. 216 countries or territories as rare as have been affected of abbey the dead livers. And most parts of the world are under complete lockdown to restrain and contain the spread of the highly contagious disease. These lockdowns meant confining millions of citizens to the homes, shutting down business sedan deceasing almost all economic activity, which ultimately lead towards a threat to Global Economy and International Market. According to the International Monetary Fund(IMF), the global economy is expected to shrink by over 3 percent in 2020-the steepest slowdown since the Great Depression of the 1930s.

Keywords: Covid-19; Global Economy; International Market

Use of ICT in Higher Education: Problems Motives and Challenges

Chubakumzuk Jamir
Asstt. Professor, Dept. of Economics
Yingli College, Longleng
Moameren Pongen
Research Scholar, Dept. of Political Science
Nagaland University

Information Communication Technologies are the power that has changed many aspects of the lives. During the past twenty years the use of ICT has fundamentally changed the practices and procedures of nearly all forms of endeavour within business, research, media, educational institution and governance. Education is a very socially oriented activity and quality education has traditionally been associated with strong teachers having high degrees of personal contact with learners. The use of ICT in education lends itself to more student-centred learning settings. The present paper focuses on incorporation of ICTs in educational system in Nagaland and highlights on present educational scenario. The results show that 74.5 per cent of teaching faculties emphasize the need to expand educational opportunities for students in terms of contented interaction and satisfaction in the process of educational activity. This paper is an attempt to draw attention on policies implementation regarding ICT integration and effectiveness of teaching-learning environment.

Keywords: Information and communication technology, e-learning and motives

Impact of COVID-19: Needs to Assistive Technology for Dysnomia and Dyscalculia Students

Dai Haring
Research Scholar, Dept. of Education
Rajiv Gandhi University

Corona Virus 19, when it hit, it hit hard, and brought the world that was so vibrant and awake at all hours of the day to a standstill. The world entered a worldwide lockdown; 'the new normal'. The corona pandemic is a curse for the whole world but it has given us an opportunity to pause for a while, rethink, reflect and set our new priorities. Corona will be known for change as old habits and styles are being replaced by new, that are more sustainable, in every sphere of life including teaching and learning. Disability itself acts as a barrier in so many ways. Dyscalculia and Dysnomia are peculiar disability because their severity level is more. If COVID 19 and Disability both act as barrier in learning for a student then going gets tough. Technology is the only ray of hope to minimise the impact on such students. This paper is an attempt to explain the use of technology as a help for dyscalculia and dysnomia students.

Keywords: Covid-19, Dysnomia and Dyscalculia

COVID-19 and its Impact on Religious Tourist Spot: An Analytical Study with special reference to Assam

Dr. Daisy Rani Deka
Asstt. Professor, Dept. of Assamese
Bodoland University, Kokrajhar

Assam has always been an attractive tourist destination for all kind of tourist. There are so many tourist spot in Assam including Religious tourist spot. In these tourist spot many tourist from Assam and outside also come to fulfil their travel desire and government has collect a good amount of revenue from this. In Assam every Religious tourist spot has some unique myth, ritual and custom, culture, folk music and special attractions. Some of such spots are Kamakhya Dham or temple, Sikh temple (Dhubri), Mahamya temple(Bagribari), Sivadoul, Tilinga than, Tukreswari temple, Shree Surya Pahar etc. And these tourist spot has attracted domestic and foreign tourists for so many years. But due to COVID-19 pandemic situation all sector of tourism including Religious tourist spot has been badly affected and a huge economic loss in faced by this sector. In our research paper we are going to discuss COVID-19 and its impact on the Religious and cultural issues with Analytical method.

Keywords: COVID-19, rituals and customs, tourist spot

E-Learning: Problems faced by students in rural India in the context of Covid-19 crisis

Daithun Narzari
Ph. D. Research Scholar
Rajiv Gandhi National Institute of Youth Development, Tamil Nadu

The Covid-19 pandemic has disrupted the education system across the country and the world. To contain the spread of covid, imposing lockdown throughout the country, educational institutions have been shut down temporarily. With no certainty of re-opening the educational institutions, aiming to continue the teaching and learning activities, the government of India recommended quickly shifting to e-learning. However, this has hindered students from rural household to access the e-learning. As per the National Sample Survey rural household which consists of 66 percent of the total population, only 14.9 percent have access to the internet. The paper attempt to highlight the problems of the students in rural household towards e-learning by reviewing the existing literature. This will help to ascertain the difficulties faced in regard to infrastructure and resources available; thereby recommend the government to formulate an inclusive policy to address issues pertaining to the current difficulties of e-learning in rural India.

Keywords: E-learning, Rural India, Covid-19

Dentistry finding a ray of hope in COVID pandemic!!!

Dr. Darshana Bennadi
Associate Professor
Public Health Dentistry
SSDC, Tumkur, Karnataka
Dr. Mythri H
Associate Professor
SSDC, Tumkur, Karnataka

Coronavirus disease 2019 (COVID-19) is a declared global pandemic. COVID-19 pandemic has brought the occupation of dentistry at the darkest side. Dental warriors have become transmitter and affecters of coronavirus. So due to this pandemic, the dental practice has become like double edged sword. The COVID-19 has devasting impact on dentistry across the globe. To overcome this situation, dentists are facing many challenges towards quality care, infrastructure improvement and shift of their focus of treatment etc. This review paper with a title “Dentist” finding a ray of hope in COVID pandemic!!! Which details about challenges faced [physical and psychological], protection measures and shift of treatment plan- in short dentists have to make there weakness into strengths as a ray of hope.

Impact of Covid-19 on Empowerment of Women Entrepreneurs in Micro Enterprises: A Study in Guwahati City

Debashree Kashyap
Research Scholar, Dept. of Economics
Gauhati University

The outbreak of COVID-19 has been declared as a public health emergency of international concern and recognized as pandemic by World Health Organization and there is a sense of fear and panic all around the world. When India was about to get affected by the Corona virus, the government of India has taken all possible precautions to curb the spread of the disease and decided to take lock down system to secure the life of people of the country. However, the lock down system affects badly not only the economy of the country but also the living condition of the people of the country. Moreover, the outbreak of Corona Virus is having a severe impact on the entrepreneurs also, particularly women entrepreneurs engaged in the micro enterprises like beauty parlour, jewellery making, hotel business etc. So, this study is an attempt to study the impact of COVID-19 on empowerment of women entrepreneurs in the Guwahati City with the help of primary data.

Keywords: COVID-19, Micro Enterprises, Entrepreneurs, Women Empowerment

Impact of Covid-19 on Tourism Sector of India with special reference to Assam

Debasis Saikia

Asstt. Professor, Dept. of Geography

Kampur College, Kampur

Tourism is one of the biggest and fastest growing sectors in the world. Tourism industry may be affected due to either internal or external stresses. In this regard, the recent outbreak of novel coronavirus disease has created extremely havoc on tourism sector. In this paper an attempt has been made to evaluate various effects of covid-19 on tourism Industry. The covid-19 is a contagious disease cause's difficulty in breathing, cough and fever. The pandemic started in China, spread in worldwide and contributes large number of deaths. The covid-19 has a massive impact on global tourism industry, due to resulting travel restriction, entry bans as well as slum in demand among travelers. World Tourism Council has estimated a global loss of 75 million jobs and 2.1 trillion in revenue. India is 7th largest country in the world in respect to tourism resources. In India tourism sector also comes to a standstill with estimated loss of 5 lakh core and job cuts for 4-5 core people. It is time to take early steps to overcome the present crisis in tourism industry by analyzing its long term impact at the earliest.

Keywords: Covid-19 tourism industry, pandemic

Covid-19 Pandemic and Reverse Migration: An Analytical Study in India

Deep Kalita
Asstt. Professor, Dept. of Economics
Kampur College; Nagaon

The high degree of regional and inter-state inequality with unprecedented growth in India in the last two decades led to boom in the informal labour market and flooding of migrant workers in some selected cities from the different parts of the country. In a response in Loksabha on 23rd March,2020, the Ministry of Labour and employment in India has estimated the size of the migrant workforce at over 10 crores as of 2016. In reality, there were no any confined registration system of these migrant workers which constitute 20 percent of the total workforce in India. These migrant workers are basically employed by the informal sector and MSMEs contributing nearly 50 percent of India's GDP.It reflects that the Indian economy cannot survive without them.

The complete and continuous lock down in the last four months as the counter strategy of the outbreak of Covid-19 pandemic has forced the migrant workers in to income insecurity and survival dilemma at the workplace. This economic insecurity and the fear of pandemic led to reverse migration in a cumulative nature. This mismatch in the informal labour market is definitely going to put an important economic impact in the coming days.

The objective of this paper is to analyse empirically the impact of migrant workers crisis in India in a perspective way and policy issues to handle this.

Keywords: migrant workers, covid-19, economic crisis

Impact of COVID-19 on Women Health

Dr. Deepanwita Deka
Faculty, Department of Botany
Handique Girls' College, Guwahati
Dr. Prabhali Doley
Department of Botany
Handique Girls' College, Guwahati

The emergence of SARS-CoV-2 causing disease (COVID-19) in China at the end of 2019 has caused a large global outbreak and is a major public health issue. It is a highly contagious disease spread via human-to-human transmission via droplets or direct contact. In order to control its spread and devastating effects worldwide, Government of different countries is following the "Lockdown" of different periods. Although this lockdown period is reducing the spread of CoVID-19, circuitously this situation is depleting women health staying at home, which is becoming a global issue now. The significant reasons of this depletion include the physical abuse by their intimate partners, domestic violence, work stress etc. during this period. This situation results in injuries and serious physical, mental stress, sexual and reproductive health problems, including sexually transmitted infections, unplanned pregnancies etc. Although this pandemic has placed an immense burden on health systems, there are some ways to mitigate this problem. Governments and policy makers, humanitarian response organizations, community members etc. should take a major role to help those women experiencing mental and physical health problems.

Keywords: COVID-19, women health, mitigation

Impact of Covid-19 on the Labour Market of Assam

Dr. Deepika Das
Asstt. Professor, Dept. of Economics
Chhaygaon College, Chhaygaon

Covid-19 was first diagnosed in the Wuhan Province of China on December 10, 2019 and gradually it was spread in the whole globe. The nature of the Pandemic is such that it affects both the public health and economy simultaneously.

As a measure to contain the community transmission of the virus, the government of India announced nationwide lockdown on March 24, 2020. Because of lockdown, economic activities have come to a standstill and millions of workers working in the informal economy have lost their jobs leading to starvation, hunger and death. In Assam, unemployment rate was on a steady rise prior to covid-19 due declining employment growth. Covid-19 together with lockdown further worsen the employment scenario of Assam.

In this paper, an attempt is made to discuss the impact of covid-19 on the employment situation of the state of Assam.

Keywords: Covid-19, Lockdown, Unemployment

Impact of Covid-19 on Education

Deepti Das
Asstt. Professor
Hojai Girls' College, Hojai

Covid-19 has created havoc not only in Health sector throughout the world, but also in different sectors, like education, economy, tourism etc. The pandemic in India and its impact on educational sector is tremendous. Students and teachers face to face class has come to a halt due to this pandemic. In this critical juncture parents are, too, afraid to send their children to schools and colleges. The students in higher classes are quite baffled about their future. And this is just a crucial time for the future education-- board examination, nursery School admissions, entrance test of various universities and competitive examinations, among others, are all held during this period. Unfortunately no immediate solution to stop the outbreak of Covid-19 is visible. There is no doubt that the pandemic has transformed the century's old, chalk- talk teaching model to one driven by technology. This disruption in the delivery of education is pushing the policy makers to figure out how to use the e - learning sources to manage the crisis. In this regard, open source digital learning solutions and Learning Management Software should be adopted so that teachers can conduct teaching online. The DIKSHA platform, which reach across all states in India, can be further strengthened to ensure accessibility of learning to the students.

Spill over of COVID-19: Its macroeconomic impact on financial sector of India

Devasish Hazarika
Student, M.A (Economics)

A Pneumonia of unknown cause which was named as COVID-19 by WHO has spread across the world for which a declaration of public health emergency of international concern had to be called forth. Following the Chinese model of lockdown to prevent its spread, India announced its first national lockdown on 24th march. The prolonged national lockdown gave a massive hit to the financial sector of India, most specifically to the banking sector as it is a predominant financial sector in India accounting for more than 64% of the total assets held by the financial system. The commercial banks have suffered from credit risk, problem of liquidity management, uncertainty regarding loan hedge leading to interest rate risk and so on. Likewise, the non-banking financial company, Insurance market are largely affected by this lockdown. With this study, an effort has been made to analyse the impact of this current global pandemic on financial sector of India.

Keywords: Credit risk, Liquidity management, Loan hedge

Impact of Coronavirus (Covid-19) on Students and Teachers: A study with special reference to Chirang District of Assam

Dr. Dhananjoy Brahma
Asstt.Professor, Dept. of English
Dr. Rahel Mochari
Asstt. Professor, Dept. of Bodo
Bengtol College, Bengtol

The global outbreak of Coronavirus (Covid-19) pandemic has far-reaching consequences on human societies. The governments of many countries have declared nationwide lockdown in order to contain the spread of the pandemic. In India also, the government has declared lockdown on different phases and it is still continuing though some relaxations are made. The educational institutions are still completely closed due to the lockdown. It is still not certain when these educational institutions will reopen as there is no immediate sign of the de-escalation of the spread of corona pandemic. Under such circumstance, students are the worst sufferers as there are uncertainties about their studies and examinations. On the other hand many teachers are also at dilemma regarding their duties and responsibilities in the present crisis.

The proposed paper will investigate the challenges faced by students and teachers due to covid-19 pandemic.

Keywords: Coronavirus, education, lockdown

Covid-19 and Its Impact on Higher Education Sector in India

Dharmendra Narayan Dev
Asstt. Professor, Dept. of Economics
Swami Yogananda Giri College, Saktiashram

The World economy has been facing notable challenges in each and every sector due to the outbreak of pandemic Covid-19 across the different countries of the globe. The impact is very high in a developing country like India. Among the different sectors it is the education in general and higher education in particular that faces serious challenges in India. Since independence though the growth rate of higher educational institutions has been increasing fast the GER is still far below the targeted level which is 26.3 percent in the age group 18-23 years. There are some major issues in Covid times in higher educational system of India where there is challenge exist in research, teaching-learning and assessment. Now, the teachers should be more Tech Savy so that the challenges can be cope up to a certain extent. The present study wants to find out the issues behind the different challenges in higher education in India and policy implications therein.

Keywords: Impact; education; challenges; solutions

Looking Beyond the Pandemic: A Discussion on the Impacts of Covid-19 on Women Entrepreneurs in Kohima, Nagaland

Dievileno
Asstt. Professor
St. Joseph's College, Jakhama Nagaland

The Nagas are ethnic groups of people who reside in the North-Eastern part of India. With Kohima as the Capital, there are 16 major tribes and other sub-tribes found in Nagaland. Agriculture not only provide them the basic necessities for their survival but also serves as a source of income as the produce are sold in the markets-be it in rural or urban. Therefore, it not only serves as the backbone of our economy but also serves as a livelihood income for many. The impacts of Covid-19 and subsequently the lockdowns are felt worldwide and so is felt by the Naga society. Being tribal society, village communities play significant roles to protect and maintain stability of the whole society at large. Likewise, every village came up with their own rules for their respective villages which were in fact very tight and strict therefore posing a challenge for entrepreneurs whose life solely depended on these activities to provide for their basic needs. This paper examines how the lockdown has impacted on their businesses. Another major nub of this paper is to understand how the *Self Help Groups* took the initiative to take the produces from villages to the market as a coping mechanism thereby helping both the rural and urban entrepreneurs.

Keywords: Nagas; Agriculture; Challenges; Self Help Groups; Coping Mechanism

Impact of Covid-19 on the Economic Life of the Folk Performers of Assam: A Study

Dr. Diganta Kumar Das
Asstt. Professor, Dept. of History
J. N. College, Boko

Covid-19 has brought mankind and global economy to a sudden halt. As a pandemic it has affected every section of people belonging to different professions. Folklore is a discipline which studies mainly four components of traditional human life. One of these components is folk performing art. Cultural life of Assam is enriched by different forms of folk performing art. Some of notable folk performing arts are *dhulia*,*nama* performance (both of men folk and women folk),*ojapali*,*band party*,*yatra party* folk song performance (both *Kamrupi* and *Goalparia*) etc. Economic life of the active bearer of these art forms is basically not a sound one. Apart from this profession, most of them work as a daily waged labourer, carpenter, mason, sand lifter, fishermen, potter etc. These performers perform their art in different socio-religious occasions like marriage, *Durga Puja*, *Kali Puja*, *Sivaratri*, *Holi* etc. But the ongoing lockdown resultant from covid19 does not allow any kind of such performance in any public platform, which has rendered their economic condition to an extreme severe level. Opportunity to persue other works also has been lost to a great extent. In fact, they are facing extreme economic uncertainties and mental pressure due to lockdown. The study wants to highlight the economic crisis of these poor artistes caused by covid 19 and to find out some solution of their depressed economic condition.

Keywords: pandemic, folklore, performing art

COVID-19 and Its Impacts on Financial Sector

Diksha Saharia
Faculty, Food Microbiology
Gateway Institute of Hotel Management, Guwahati

The prevailing Covid -19 pandemic is ruining the nations by hampering their strengths. Covid-19 originated in Wuhan, China and succeeded in establishing its harmful impacts worldwide. Millions are infected and many have shredded their lives. A nation's major strength relies upon its financial sector and along with other sectors like education, agriculture, health etc. the global financial status is adversely hampered and declined by the pandemic. Several ongoing companies are shut down, many have lost their employments, local businesses and shops have faced severe loss, various industries are left with no choice other than shutting down. Banking, automobile, textile, electronics, education and various other fields are facing financial challenges which are contributing to the national and global economical scarcity. The companies that are in great loss are compelled to fire out many of their employees which is adversely adding to global unemployment.

India COVID-19: Impact on the Tourism Industry

Dr. Dinesh Das
Associate Professor, Dept. of Economics
Gossaigaon College, Gossaigaon

Coronavirus pandemic COVID-19 is an endemic which has affected one and all aspects of our lives without discriminating between the rich and the poor or in case of nations whether a developed and under developed country. As a measure to contain the community transmission of the virus, the government of India announced a nationwide lockdown which was extended thrice to continue through 31st May, 2020. Due to nationwide lockdown, out of many industries which have been affected, COVID-19 presents two industries namely travel and tourism industries with major challenges. Travel and tourism are two industries which have to go hand in hand and depend on each other for subsistence. There are other service industries like hotel, transportation and other hospitality industries which also form part of this overall scheme of tourism.

The tourism sector contributes approximately 9.2 percent of the country's GDP and employs 42.7 million people in India. Indian tourism and hospitality industry is staring at a loss of around 38 million jobs which is around 70 percent of the total workforce. The overall loss revenue in the branded or organized hotel rooms which is only 5 percent of the total available will be to the tune of 1.3 to 1.55 billion dollars. The other 95 percent consists of the B & Bs, Guesthouses and unbranded or unorganized sector. Therefore, the total loss by the impact of COVID-19 can be well imagined.

In this paper, an attempt is made to discuss on the employment scenario and income from the tourism sector in the pre-lockdown and post-lockdown periods which will spell out the probable consequences on the Indian economy.

Keywords: COVID-19, Lockdown, Tourism

Impact of Online teaching learning in Jorhat district during Covid-19 pandemic

Dr. Dipali Baishya
Asstt. Professor, Dept. of Economics
N. N. Saikia College, Titabar

The education sector has had a deep impact due to the covid pandemic. With lockdown being imposed all educational institutions are closed. Consequently all students as well as the teachers had to shift to online mode of teaching and learning. However the sudden switch from traditional method to a technologically advanced method is never easy. There is always a issue of compliance in online classes. Besides network issues response of the student is also a big question. Hence in this paper an attempt is made to analyse both the positive and negative impact of online teaching on the students of Jorhat district of Assam.

Gender Implications of COVID-19 Pandemic

Dr. Dipanjali Haloi
Asstt. Professor, Dept. of Economics
Pandu College, Guwahati

The emergence of COVID-19 pandemic has affected different spheres of life from individual, family, society, country to international level. The entire humanity is facing this crisis from different perspective of life. It is of immense importance to discuss the possible gender implications of this pandemic so as to raise the effectiveness of containment efforts and minimize the potential negative impact. Data in most of the countries shows that men have been 50-80% more likely to die following diagnosis than women. Although the reasons for this trend yet remain unclear, initial research points to the pre-existing health condition or chronic diseases (heart disease, cancer, diabetes and respiratory illness, hypertension, high blood pressure), risky health-seeking behaviours (i.e. smoking and alcohol consumption) among men, lack of consciousness about hygiene, as well as genetic and immunological differences are found responsible for such fatalities. Moreover, women and girls can be affected in a particular way and in some cases, face more negative impacts than men. This study attempts to find out the economic and health impacts of this pandemic on women and girls. Moreover, it also makes a study on the gender based domestic violence and exploitation, gross imbalances in the gender distribution of unpaid care work, gender implication for education, devastating risks for women and girls in fragile and conflict-affected contexts. The study is based on secondary data from different reports of World Bank, UN and UNFA and other published sources.

Keywords: women and girls, economic impact, health impact, domestic violence, unpaid care work

COVID-19: Its Origin, Pathogenesis, Symptoms and Prevention

Dipika Doloi
Research Scholar, Dept. of Zoology
Cotton University, Guwahati

A novel severe acute respiratory syndrome (SARS) - like coronavirus (SARS-CoV-2) is causing the global coronavirus disease 2019 (COVID-19) pandemic, destroying global health and economy. To date, SARS-CoV-2 has infected over 10 million people and caused more than 500,000 deaths. COVID-19 is a highly transmittable and pathogenic viral infection caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which emerged in Wuhan, China and spread around the world. The human to the human spreading of the virus occurs due to close contact with an infected person, exposed to coughing, sneezing, respiratory droplets or aerosols. These aerosols can penetrate the human body (lungs) via inhalation through the nose or mouth. Although much is known about the mortality of the clinical disease, much less is known about its pathobiology. Based on the cells that are likely infected, COVID-19 can be divided into three phases that correspond to different clinical stages of the disease, which are, Asymptomatic state (initial 1–2 days of infection), upper airway and conducting airway response (next few days) and hypoxia, ground glass infiltrates, and progression to ARDS.

Keywords: Novel, Pandemic, SARS-CoV-2

Impact of COVID-19 Pandemic on the Indian Labour Market

Dr. Dipti Baishya
Asstt. Professor
Dudhnoi College, Goalpara

COVID-19 pandemic has resulted in over 10 million confirmed cases and over 0.5 million deaths globally till the end of June 2020. The resultant economic crisis and recession have led to the shrinkage of the service sector in almost all countries including India. Along with job availability, the wage rate and working hours are also likely to have a significant downward adjustment due to the labour demand shock. COVID-19 can have a disproportionate impact on the labour force which can widen the socio-economic inequality. India is the largest country of origin of international migrant also the top recipient of remittances. Both internal and international migrant workers are vulnerable to the impact of the COVID-19 crisis due to their living and working condition. Massive reverse migration is the most visible impact of COVID-19. In response to this global outbreak, the study summarizes the impact of COVID-19 on the overseas and domestic workforce of India.

Keywords: Workforce, Overseas workers, Domestic workers

Coronavirus and Its Impact on Tourism Industry

Dronali Talukdar
Research Scholar
Gauhati University

The tourism industry in India has been a significant contributor to the country's GDP. This industry generates a large employment base for the country. In a country like India where a sufficient amount of income generates from sectors like tourism industry, the outbreak of CORONAVIRUS severely has putted a halt on the industry and the GDP. When by the mid-March, the popular tourist attractions in India started to close down because of COVID-19 and consequently marked a stop line on intra and inter travelling and transportation, we began to predict the grim future of the travel industry in a pessimistic way. For example the shutting down of the world famous sanctuary Kaziranga National Park, Assam from 17th March, 2020 which attracts millions of visitors every year. This we can generally assess as the hard blow due to the COVID-19 pandemic situation. Because of CORONAVIRUS, the Indian tourism industry is hugely facing a potential job loss of around 38 million. Here, in this paper I will try to focus on how under the outbreak of CORONAVIRUS the tourism industry has been adversely affected on the country's economy and human life as well.

Keywords: Coronavirus, Tourism and economy

Covid-19 and its impact on Educational field with special reference to E-learning process

Dulumoni Baishya[1]
Asstt. Professor
NERIM Law College, Guwahati

Covid-19 is the name which is ill famous everywhere all over the world now a days. This disease which is caused by a virus named Covid-19 has killed lakhs of people all over the world within a very small period of time. Now, the world is facing the biggest problem of public health. The pandemic of covid-19 has significantly disrupted various sectors in India including oil and gas, automobiles, aviation, agriculture retail etc. Same is with the education sector also in India. Due to pendamic situation, the State Govt. across the country temporarily started shutting down school, colleges and universities .There is no certainty when school, colleges and Universities will reopen. For this reason the school, colleges started online learning. The sudden outbreak of online learning without any planning – especially in countries like India where the backbone for online learning was not ready and curriculum was not designed for such a format has created the risk of most of our students becoming passive learners.

Keywords: E-learning, students, education etc.

Impact of Covid-19 on Indian Economy with special reference to impact on Assam's Economy

Dwimushri Ramchiary
Asstt. Professor, Dept. of Economics
St. Ann's College, Kokrajhar

Globally corona virus has produced an unstable Environment for the people. It has produced economic impact on globe and India. It may produce recession in many parts of the world. From 24 March there were total 68 days national wide lockdown in India due to Covid-19 which severely affected the Indian economy as well as Assam's economy. Assam's Tea industries, manufacture industries, handloom sectors, agriculture sectors, daily wage laborers etc affected very badly. According to the Advisory Committee For Revitalization of the Economy of Assam, Assams economy has incurred an estimated loss of around Rs 32,167 crore due to the covid -19 lockdown in terms of potential contribution to the GSDP(Gross State Domestic Product) This paper studies the State of Indian Economy as well as the economy of Assam during the covid -19 period or during lockdown assess the potential impact of the shock on various segment of the economy, analyses the policies that have been announced by the central Govt. and Assam state govt. to ameliorate the economic shock and put forwarded a set of policy recommendations for specific sectors.

Keywords: Indian economy, Assam economy, Policies of central and state Govt.

Rural Tourism and its downfall as Covid-19 hits the economy: A brief study on North East India Tourism driven state (Meghalaya)

Elwin Kro Nihang
Asstt. Professor, Dept. of Economics
Guwahati College

It is very certain that the World economy has hit the rock bottom as covid-19 pandemic spreads all around the world. As the experts already declared that the pandemic will severely affects the tourism sector keeping the European economy in specific consideration. If the huge boosters tourism sector of Europe can suffer than it is very likely that North East India and tourism Sector is no different. This paper tries to find out the scenario of tourist inflow to the state of Meghalaya before and after lockdown due to pandemic situation. It also tries to find out the basic financial issue with the stake holders. It has been a huge blow of depression for the tourism sector of the state when peoples income are directly or indirectly associated with tourism.

Keywords: Pandemic, Covid-19, Meghalaya, Depression, boosters

Covid19 and Limiting Learning Disruption

Dr. George T. Haokip
Assistant Professor
Department of Political Science & Human Rights
Indira Gandhi National Tribal University
Regional Campus, Manipur

The onset of Covid19 has impacted globally and education has been very much affected. While teaching and learning are seen as continuous process, covid19 pandemic has largely disrupted it. There is need to limit this disruption by taking up various methods and innovative ideas at various levels. The present online teaching remained a substitute, yet more efforts and inclusive way to solved the problem of learning my must be addressed in the earliest.

COVID-19: Impact on Psychological health of students

Gitali Das
Student
Tezpur University

Psychological health is of major concern of student's academic, social and personal life. Student's mental health is worsening day after day due to study pressure and present competitive environment. But somehow they were able to adjust with their situation. The psychological health of a student can be seen in their daily activities. Amongst these, the pandemic COVID-19 has just made the situation more challenging as now the educational activities along with the examinations are being conducted through the technological mode or is postponed. This factor along with uncertain future is resulting in mental stress, and a state of chaos. We have seen that a person has reach his maximum potentiality when they are engaged with learning which they can use it in a productive way when they have a sound psychological health. This paper focus on the impact on psychological health of the student due to COVID-19 pandemic.

Keywords: Pandemic, psychological, technological

A Study on Covid-19 and Its Intact on the Present Status of Education at Balijana Dev. Block in Goalpara District, Assam

Gobinda Chandra Das
Asstt. Professor
Goalpara College, Goalpara

Covid-19 is known as novel Corona Virus because it is a new comer virus which originated from Wuhan city of China and spreads its pandemic all over the world. India is not free from this pandemic. Notwithstanding, Assam is a small State of India having a few populated areas but now it brought a great thought that how long the pandemic will continue and how to protect its poor citizen from this pandemic. Population of Assam is suffering from flood and other natural disaster at this time. Students of various institution all over the country are disrupted. As we also learnt every crisis create an opportunity for human society. Now its needs deep thinking it thing that rigorous research with the goal of improving primary, Secondary and Higher level of education. Colleges and universities should be active stakeholder of the society. Universal access to the internet and digital literacy should be priorities.

Education is a back born of a country but now breakdown the total system of education from Primary to Higher level. Large number of rural and urban areas are suffering in this pandemic. Parent, Teachers, Administration and management policy maker from lower to upper level are disappointed to continue the system in a proper way.

The present paper is likely to be highlighted the present status of education system is affected by the Covid-19 at Balijana Dev. Block in Goalpara District, Assam. The objective of this paper is to know the role of the teacher, community involvement in education in the study area. The paper also reflects the responsibility of educational administrator during this period.

Keywords: Covid-19, Education, Management

Covid -19 Whether a Curse or Blessing in Disguise for Education in Assam

Dr. Goutam Baruah
Asstt. Professor
University Law College, Gauhati University

The pandemic of Covid-19 has brought the whole world to a standstill. It has affected the whole human civilization unprecedently in all spheres such as social, economic, political and most importantly, from the viewpoint of upcoming new generation, the educational sector. As of now more than one crore people all over the globe have been infected by this pandemic and more than five lakhs people have died. To safeguard the students of all the infected countries educational institutions are the first to have been shut down and seem that they will be the last to be opened. As soon as the lockdown has been declared the students and guardians in Assam as well as in other parts of the globe have become dubious regarding the future educational career of the students. Everyone was compelled to think that due to closure of educational institutions the students will have to face huge educational as well as academic year loss. But to minimize this loss various technological efforts have been initiated by Govt as well as private parties. Here an effort has been made to reflect the present impact of Covid-19 pandemic in the education sector of Assam and to suggest some solution to the problem.

Keywords: Covid-19 pandemic, e-learning, lockdown

Reflections on the Impact of COVID-19 on Doctoral Students in India

Gracy Basumatary
Ph. D. Research Scholar
Gauhati University

The suspension of normal life globally due to the pandemic (covid-19) has left no sector in any country unaffected. One such sector is the higher education. The ongoing grave impacts and consequences severely caused by the pandemic have further aggravated and destabilize the research environment as well as their academic operation. Considering specifically the clusters of research students in India this paper intends to analyse the challenges faced by the students in the research outputs and productivity. Alongside, the emphasis will be given on several factors both tangible and intangible that undoubtedly exacerbate the situation of the academic activities that hampers to undertake research in convenient pace. The paper will also highlight on the implications of solutions and assistances provided by the state to overcome the challenge of such students.

Keywords: Pandemic, higher education, research, academic, consequences

Impact of COVID-19 on Migrant Labour of India

Gunjan Sarma
M. Phil. Research Scholar, Dept. of Economics
Gauhati University, Guwahati
Pakija Begum
M. Phil. Research Scholar, Dept. of Economics
Gauhati University, Guwahati

The world is devastated by the unprecedented impact of COVID-19 pandemic on human health as well as economy. Fearing the contagion of the diseases, countries around the world resorted to lockdown of activities and home quarantine strategies at the first place. The prolonged lockdown of economic activities in India as well as other countries has resulted in reverse migration of labourers working inside India as well as Indians working in foreign nations especially Middle East and West. Stressing on the intensity of internal migration many have termed it as the biggest ever internal migration in India after independence.

In this backdrop, the paper tries to make an assessment of the plight of migrant labourers. Also, using the available data on migrant workers of India, the paper tries to evaluate the pressure this reverse migration would put on Indian job market.

Keywords: Migrant, Labour, COVID-19

Impact of Covid-19 on Educational System of Assam: A Review

Gwmsath Mushahary
Asstt. Professor, Dept. of Geography
Gossaigaon College, Gossaigaon

Coronavirus diseases (COVID-19) is an infectious disease caused by a newly discover coronavirus. The WHO has now declared it a pandemic. The whole educational system of Assam state is being impacted by this COVID-19. The objective of this paper is to highlight the effects of COVID-19 and to find out the selective measures of it. Data has been collected from the secondary sources and descriptive and analytical method has been applied to fulfill the study. This paper reveals that completely shut down of schools has seriously impact on the whole educational system like teaching-learning processes, examinations, assessments, schools and families. Many private schools have provided online teaching methods to counterparts and students are not aware of e-learning strategy. To combat the present crisis a multi-pronged strategy is necessary to manage the crisis and build a resilient of education system.

Keywords: Covid-19, Education, E-learning

Death and Dying: Through the Lens of Literature

Dr. Hargouri Narzary
Asstt. Professor, Department of English
Gossaigaon College, Gossaigaon
Mahima Basumatary
Asstt. Professor, Department of Bodo
Bodofa U.N. Brahma College, Dotma

One could argue that death and dying associated with humanity are very useful to literature. But even more significantly, death and storytelling seem to have a fundamental and existential connection. Literary descriptions of death and dying are thus not merely preoccupied with the painful scene of dying or individual loss, but the concept of death can be understood more widely as an undercurrent of many projections and fantasies and as a metaphor of many social issues. In other words, death gives meaning to life because it forces us to act on things now, not to wait for eternity.

Literature offers insights into death, dying, and mortality in multiple ways. For instance, we find broad categories of stories/narratives connected with the theme of death: some authors give personal accounts of their impending death or their sense of bereavement; some use literature to structure and order our thoughts about death; and some treat death as a literary device, using it, for example, as a symbolic representation of the decay of society. This paper examines how death and dying are presented in the literature. To illustrate the varying dimensions of death and dying, a select range of literary narratives exclusively from literature (both regional and global) is used.

Keywords: Literature, death, society, existential

Covid-19 and its effects on education system

Haricharan Roy
Asstt. Lecturer
GKB College, Tipkai

The world pandemic proved that human intelligence is nothing in front of the natural intelligence. the whole human society are in such a situation that most of the developed nations who often claim the guardian of this globe failed to cop up with this invisible enemy. No sector has been left without its effect.

Political system that decides the policies to smooth running of national or international society are in no way state. Economic systems are stop because no labor wants take risk of his/her life. Increasing wages could not stop them to go to home. No tax collection means downward signal of national treasury. People realized life is more important than a god, so religious activities in churches, temple, and mosque were stopped. All 24 hour busy officers and businessman become easily available to their relatives and dear one. Pollution level minimized, domestic violence minimized, crime record minimized, dependent sections are trying to become independent. A single tiny creature has made the whole human society like a brainless puppet. Education is one of the sectors that have totally stopped by this invisible enemy. Education system has a great role to play to safe the globe. Are there any scarcities in education system to cop up with such challenges? What may be the consequences of off school circumstances? How does the online teaching helpful for the students? Why it should not be a mode of teaching for some sections? Is it not the time to review our life style? This paper will try to analyze such questions and will try to find out some solutions.

Keywords: education, humanity, school, vulnerable, pandemic, nature

Impact of Covid-19 crisis on Education sector with special reference to Assam

Hemanta Sarma
Asstt. Professor, Dept. of English
Murkong Selek College, Jonai

The Covid-19 crisis has been declared as pandemic by the WHO and is creating panic all over the globe. Assam is also grappling with the rapid spread of Covid-19 infected disease. Till 28th June, 2020 Assam has recorded 7492 active cases and 11 Deaths (Source: The Assam Tribune, 29 June, 2020). As a precautionary measure the State Govt. has imposed lockdown/ restrictions to curb this virus. Apart from other sectors, this lock down has an adverse impact on education sector in Assam. All educational institutes have been closed down, hostels have been vacated, and all types of examinations, interviews, convocations have been postponed. Academic calendars have been hanging for more than three months with no resolute options. In other words, Covid-19 crisis has paralyzed the entire scenario of Assam's educational system.

This paper attempts to highlight the impact of Covid-19 crisis on education sector of Assam and how it transforms the education system.

Keywords: Covid-19, lockdown, paralyse

A Study on Feasibility of Online Education during Covid-19 Pandemic

Homang Chetri
Asstt. Professor, Dept. of Economics
Missamari College

The Covid-19 has been emerged as a pandemic affecting every sectors of the world economy. Almost every country is in the lockdown where few economic activities are carried out. As such, the more impact has been occurred on the education sector, since education is far away from the dream of online education till date in the country like India. Online education is on upward swing in the last couple of months. The government of India is for the first time allowing universities to offer online education. Offering the online education can change the shape of education delivery in the Country. But how feasible the online educations in the developing country like India? This paper studies the feasibility and future of online education India. This study is based on the primary and secondary data collected through educational institutes that are conducting online education during lockdown period. This study is basically an attempt to analyze the online education in the present scenario of Covid-19 and its future prospects.

Impact of COVID-19 on Higher Education in India

Ilungbale Riame
Asstt. Professor, Dept. of Philosohpy
Madhab Chandra College, Sonai

The Government of India has temporarily closed educational institutions in an attempt to contain the spread of the COVID-19 pandemic. As a result, learners ranging from school going children to postgraduate students are affected. COVID-19 has prompted experts to bring the digital mode of education by using ICT. Digital education in the form of e-Learning appears to be a viable solution to fill in the void for classroom education during a period of nation-wide lockdown. However, e-Learning has many short comings for its non-inclusiveness in learning due to poor internet connectivity in rural areas and non- affordability of e-Learning devices such as smart phone, laptop by most students of economically weaker section. The teaching efficiency of teachers is also affected as most of the teachers are unable to adapt immediately to online mode of teaching. The paper is an attempts study the challenges faced by Higher Education in India as a result of COVID-19 Pandemic.

Keywords: COVID; ICT; E-learning

Local Indigenous Small Eateries of Shillong City Post Covid -19 Pandemic: Challenges and Opportunities

Indrajit Dutta
Asstt. Professor
Royal Global University, Guwahati

The covid-19 has hit the trillion-dollar tourism industry like a Tsunami. The covid-19 is a black swan event which has affected each and every industry in the world, however the effect it has had on the travel & hospitality sector in a very short period of time has been unseen or unheard of. International hospitality giants will slowly recover, but the concern are the local small stake holders like local eateries whose business have been shut since the on-slot of the pandemic since the last three months and there has been hardly any initiatives by the government to bail them out. There are probably thousands of local indigenous eateries in shillong city catering to tourist and the local host communities and many families are connected to these local eateries for their livelihood. These eateries locally named as *Jadoh shops* have to re-invent its business operation structures so that it can sustain itself during & post pandemic. This paper aims to study the impact of covid-19 on the businesses of the local indigenous eateries of shillong city and what revival plans is to be adopted post covid-19 in order to sustain them.

Keywords: Black Swan Event, Pandemic, Indigenous, Eateries

Impact of Coronavirus (Covid-19) on e-Business in India

Indrani Devi
Associate Professor, Dept. of Economics
Dakshin Kamrup Girls College, Mirza

The key purpose of the paper is to determine the impact of Coronavirus (Covid-19) on the online business in India. Inspite of entire economy hit hard by the pandemic, the Indian e-commerce business has reported an unexpected increase in demand for hygiene products. With norms of social distancing and the preference of the people to stay at home, various e-commerce platforms in the country has come up with new measures and initiatives to to stay organized and to effectively cater to consumer needs. The paper tries to describe the opportunities and challenges of e-commerce to distributors, customers and procedures.

Keywords: E-commerce, Covid-19, Consumer behaviour, challenges

COVID-19 and its impact on women livelihood: A study in the context of India

Indrani Kalita Choudhury
Asstt. Professor
Karmashree Hiteswar Saikia College, Guwahati

Since the WHO declared the coronavirus outbreak a global public health emergency, the COVID-19 pandemic has affected the entire world and costing a large number of lives. The pandemic has forced individuals and institutions to haphazardly shore up resources to combat the virus and its effects across the world. In a cruel reminder of prevailing inequalities, women remain particularly vulnerable to the impact of the pandemic ranging from disruption of livelihoods, precarious support systems, new uncertainties and a heavier burden of unpaid labour.

Keywords: women, livelihood

Coronavirus disease 2019 (Covid19) Outbreak: A literature review

Isaiah Borgoary
Asstt. Professor
SRB College, Runikhata

Covid19 a rapid global crisis and the biggest challenge in this era since 1918 flu pandemic, which killed 50 million people worldwide as recorded and It was horrible epidemic. Historian John M. Barry, who wrote a book on the 1918 flu said Coronavirus is the closest thing he's seen to the Spanish flu in his lifetime. Despite of the cutting edge technology in many fields, this pandemic has shaken the world, which normally people never expected to happen in reality or imagined except some scientists, renowned virologists and a some film makers like in a pandemic film like 'Contagion ' tells about it.

December 2019, in the city of Wuhan, Hubei Province an Outbreak of Coronavirus disease occurred. On January 30, 2020 the World Health Organization declared the Outbreak as a public Health Emergency of International Concerns and by that time number of death has been reported especially in China and few other countries. The virus (COVID19) is unknowingly carried by the people from one country to other countries like USA, Italy, France, and Spain and finally engulfed globally. In this literature review, how COVID19 threatens our entire nervous system, how our immune responds as today there is no vaccine and effective treatment to prevent COVID19 infection.

Keywords: COVID19, Disease, literature, Pandemic, Online

MGNREGA in Times of Covid–19

Jagivr Singh
Research Scholar (M. Phil. in Economics)
Kurukshetra University, Kurukshetra

MGNREGA scheme during Covid – 19 play a important role in economy. It is a social security scheme Covid – 19 effects fall on every aspect of life. 37% of the total population of India looses their work new they are jobless and go back in their native place to save their life. MGNREGA starts in 2005 for the unskilled labour in rural area at present time it provide the help of the migrant worker those go for work in other states 2020-21 Govt. allocate budget 61,000 in MGNREGA scheme. During Covid – 19 Govt additianly 40,000 crore increase the budget for the welfare of the migrant worker. Currently 13.77 crore job card holders are in this scheme and now it will increase in future. MGNREGA has some issue which are facing the public like 100 days job not provided to everyone, delay payment, corrupt administration. But due to some short coming its role is important for the unskilled labour. They can earn their livelihood and earn for their life.

Keywords: MGNREGA, Migrant Worker, Social Issue, Covid-19

Impact of Covid-19 pandemic on rural health care system in Assam

Dr. Jayanta Talukdar
Lecturer
NEIAH, Shillong
Dr. Pallabi Nath
Asstt. Professor
Bhawanipur Anchalik College, Barpeta

Equal distribution of quality and affordable health care service among all sections of the society is paramount for social justice. Though in recent times several government programme for rural healthcare upliftment have been initiated, procedural delay in implementation, lack of awareness among rural populations create many vacuum that need to be filled. Nearly 75 per cent of health infrastructure and other health resources are concentrated in urban areas where only 30 % of whole population lives whereas for major bulk of rural population have access to only 25% health care facilities. Due to this disparity, the impact of Covid-19 wills more devastating on rural population in India. This pandemic has thrown a real challenge to the government for providing rural health services including non Covid essential services against a backdrop of under prepared under manned rural health sector. As the migrant labourers have now back to their native villages, exposing the fellow villagers, a Covid -19 explosion in rural, Assam is seems to be inevitable unless efficient, stringent and timely strategies are not adopted. In this paper attempt has been made to analyse both immediate as well long term impact of covid-19 on rural health of Assam, India.

Keywords: Covid-19, rural, health

Covid19 and Agricultural Sector in India: A study

Dr. Jayashree Sarma
Asstt. Professor, Dept. of Economics
Rangia College, Rangia

There are much explicit and well defined evidence in literature that epidemics adversely affect the livelihoods of individuals, households and communities. However, evidence in literature is dominated by socio-economic impacts of HIV/AIDS and malaria, and also by the effects of a pandemic like Ebola. But the recent outbreak of Covid 19 and the consequent lockdown has affected the lives of all and sundry worldwide. In India, in addition to the tragic human death toll, the pandemic has severely affected agricultural market chains. Indeed, beyond the disease itself and its dramatic public health impact, the world wide spread has affected international movements, which in turn is bound to have an impact on both export and imports. The present paper, through the use of secondary data, intends to analyze the agricultural sector in the aftermath of the spread of the pandemic.

Keywords: Covid19, India, Agricultural Sector

Covid-19 and Its Impact on the Education System in India

Jinti Moni Boro
M. Phil. Research Scholar, Dept. of Geography
Gauhati University, Guwahati
Asha Boro
Student, Dept. of Industrial and Production Engineering
Assam Engineering College, Guwahati

The terrifying and serious impact of COVID-19 has rattled the world to its essence. Moreover, most of the Government around the world for the time being closed educational institutions as an effort to control the spread of the Covid-19 pandemic. In India too, the Government as a part of the country widelockdown has closed every educational institutions, as an outcome o fwhich, learners ranging from school going kids to postgraduate students are distressed. The UNESCO predicts that 32 crore students are affected in India, together with those in schools and colleges. Therefore, this paper, "COVID 19 AND ITS IMPACT ON THE EDUCATION SYSTEM IN INDIA"seeks to understand the credibility and consequence of the Governments implemented elearning programs for studnts during COVID-19 pandemic.The aims and objectives of this paper are tounderline the impact and strategies for education sector in India and also to analyze the pros and cons of online classes amidstCOVID-19 lockdown.

Keywords: COVID-19, Education

Educational challenges in rural areas of Assam during COVID 19 pandemic

Jitumoni Gayary
Research Scholar
Assam University, Silchar

The corona virus (COVID 19) pandemic has shaken the world in its impact. The impact is globally circulated and dominated all the activities. It has ruined the academic system of the world. In this paper, it is attempted to focus on the educational challenges of rural areas of Assam during COVID 19 pandemic. Due to its effect, there is the closure of schools, colleges and universities. The main aim of this paper is to show the students of rural areas are lacking behind to access the academic e-learning system. There is a lack of technical or first reliable internet service that has created barriers for rural area students and also disadvantage families to access the process which has become an obstacle to continue learning.

Keywords: COVID-19, Rural areas, Education etc.

Covid 19: It's Impact on Char Chapori Society of Assam

Dr. Md. Johirul Hoque
Asstt. Professor, Dept. of Assamese
Goalpara College, Goalpara

COVID 19 has become the most common problem for humanity of the world. It hits almost every country of the world. Like all other country India as well as state Assam has been influencing badly.

Char Chapori (Island's) of Assam is the most backward area. The people of Char Chapori are most illiterate and there are no sufficient hospitals in the area. Most of the people depend on agriculture. The poor fellows are not able to collect their daily needs. Lockdown locked their lives too. Char Chapori society stopped from every side. Many persons have loss their lives for not getting foods. Government schemes are not sufficient for the society.

Some NGO's are working and they are trying to solve the pandemic situations, but their limitations has been stopped somewhere. It is difficult to explain the current life standard without visiting the affected area. Actually COVID 19 is not the main problem of the society now a day. Daily needs become the greater problem of the COVID 19.

So, it has been proposed to write their whole situation through my paper in the systematic ways. This research will able to carry as a whole life style of the present situation of the Char Chapori and it will able to give some ways to solve the problem as per possible.

Keywords: Covid 19, Char Chapori, Life style

Covid-19 and Its Impact on the Education Sector

Jube Boruah Mondal
Asstt. Professor
St. John College Dimapur

The COVID-19 virus has shaken the whole world. It has severely impact on the educational sector. Most of the educational institutional around the world are closed, in an attempt to stop the spread of the COVID-19 pandemic. Learners from school going children to postgraduate students are affected. This is really a crucial time for the educational sector where board examinations, nursery school admissions, entrance tests of various universities and competitive examinations were to be held are all stop. As of 7th June 2020, approximately 1.725 billion learners are currently affected due to school closures in response to the pandemic. According to UNICEF monitoring, 134 countries are currently implementing nationwide closures and 38 are implementing local closures, impacting about 98.5% of the world's student's population. The UNESCO report estimates that the corona virus pandemic have adversely impact over 290 million students across 22 countries. It also estimates that about 32 crores students are affected in India, including those in schools and colleges.

Keywords: COVID-19, Educational Sector

Effects of Covid-19 on the Tourism Sector

Dr. Jumi Kalita
Asstt. Professor, Dept. of Statistics
Lalit Chandra Bharali College, Guwahati

Covid19 – a worldwide outbreak of fear, depression, socio-economic lockdown and earning loss has brought the world to its slowest pace. Tourism sector, the most labour-intensive sector of economy, is one of the most effected sectors all over the world by the outbreak of Covid-19.

With 12.75% share in India's total employment the travel industry of India is now on the way of complete paralysis.The scenario created by Covid-19 may cause 38 million (70% of the total workforce) job losses in the travel and tourism industry.

This study will present an analysis of effect of Covid19, prevailing all over the world, on tourism sector of India as well as of the world.

Keywords: Covid-19, lockdown, tourism industry, labour-intensive

Impact of Covid-19 on Education

Dr. Jupitara Devi

Asstt. Professor

Tezpur Law College

Sometime in the second week of March, state governments across the country began shutting down schools and colleges temporarily as a measure to contain the spread of the novel corona virus. It's close to a month and there is no certainty when they will reopen. This is a crucial time for the education sector, board examinations, nursery school admissions, entrance tests of various universities and competitive examinations, among others, are all held during this period. As the days pass by with no immediate solution to stop the outbreak of Covid-19, school and university closures will not only have a short-term impact on the continuity of learning for more than 285 million young learners in India but also engender far-reaching economic and societal consequences.

Needless to say, the pandemic has transformed the centuries-old, chalk–talk teaching model to one driven by technology. This disruption in the delivery of education is pushing policymakers to figure out how to drive engagement at scale while ensuring inclusive e-learning solution.

Keywords: e-learning, policymakers, transformed

Reverse Migration during COVID19 Lockdown and unemployment problem of Assam

Jutismita Das
Research Scholar, Dept. of Economics
B. H. College, Howly

Objective: To assess the impact of reverse migration during COVID19 lockdown on employment process of Assam and probable policies that Government should take to face the problem.

Methodology: The data used for the research are external secondary data.

Findings: The study reveals that such types of reverse migration are negatively associated with employment opportunity of Assam. The study also observed that the job market scenario of Assam is not much impressive due to unavailability of proportionate job opportunity according to the education and skill level. The rate of unemployment has already been increasing since the announcement of lockdown. It is also found that most of those migrant workers are not willing to go back to their respective workplaces which raises the chances that the local workers may also lose their jobs. In such conditions, reverse migration may be considered as a major reason of increasing unemployment problem of Assam.

Applications: The study advocates the adoption of proper planning for the development of manufacture and service sector of the state. Recently the relief package from the central government for MEMs and allotment of job by state government under MGNREGA could provide employment to those reversed migrants.

Keywords: Job Market, Manufacture, MEMs, MGNREGA, Employment Opportunity

COVID-19: Effects on Society, Global Environment and its Protective Measures

Dr. Jyoti Prasad Sarma Baruah
Associate Professor, Dept. of Chemistry
J. N. College, Boko

The COVID-19 pandemic is considered as the most critical global health crisis of 2020. In Wuhan, China , a new infectious disease appeared in December, 2019 and it was named by WHO as COVID-19.According to the report of the WHO as of 25th June ,2020, the ongoing outbreak of COVID-19 , has affected 9,572,253 people and more than 486,011 people has died in almost 215 countries in the world. COVID-19 is a new type of corona virus also known as SARS-CoV-2 has been found to be accountable for occurrence of this disease. It has quickly spread around the world, creating enormous health, environmental and social challenges to the entire population. The global economy is severely disrupting due to the outbreak of COVID-19.All the corona affected countries in the world are fighting to slow down the transmission of the disease by testing and treating patients , quarantining suspected persons, restricting large gatherings by maintaining social distancing ,maintaining complete lockdown etc. The aim of present investigation is to discuss the effects of COVID-19 on society and global environment and protective measures taken to control the disease.

Keywords: COVID-19, Disease, Pandemic, Society, Global environment

COVID-19 Pandemic: Impact & strategies for education in India

Jyotshna Das
Asstt. Professor, Dept of Education
Barkhetri College, Mulakmua

In the second week of March, state governments across the country began shutting down schools and colleges temporarily as a measure to contain the spread of the novel coronavirus. This is a crucial time for education sector held during this period. The structure of schooling and learning, including teaching and assessment methodologies, was the first to be affected by these closures.

The pandemic has significantly disrupted the higher education sector as well, which is a critical determinant of a country's economic future.

A large number of Indian students-second only to China-enroll in universities abroad, especially in countries worst affected by the pandemic, the US, UK, Australia and China. Many such students have now been barred from leaving these countries. If the situation persists, in the long run, a decline in the demand for international higher education is expected. A multi-pronged strategy is necessary to manage the crisis and build a resilient Indian education system in the long term. Open-source digital learning solutions and Learning Management Software should be adopted so teachers can conduct teaching online. In this time of crisis, a well-rounded and effective educational practice is what is needed for the capacity-building of young minds. It will develop skills that will drive their employability, productivity, health, and well-being in the decades to come, and ensure the overall progress of India.

Keywords: Pandemic, Coronavirus, Strategies, Education

COVID-19, Social Distancing and Public Space: Assessing some of the Emerging Issues

Jyotshna Rahang
Asstt. Teacher
Pachalaghat School, Morigaon

Authorities of different countries have imposed substantial limits on public-space gatherings to limit COVID-19 transmission. The pandemic has disrupted people's everyday lives around the world within only a few months. Social distancing is now seen as a primary policy measure to avoid corona virus transmission. Over the past few months, the significant impact of these ongoing restrictions has made people realize how significant public spaces are for people's lives. What would be the long-term effects on public space of the COVID-19 pandemic? Are these measures that we are living with normalizing the restrictions on accessing public space? This paper attempts to address some of the emerging issues and possibilities that could forever transform the way we interact in public space for ever.

Keywords: COVID-19, Public space, Policy, Social Distancing

Rural Digital Learning in Covid-19 Era

Kakoli Das
Asstt. Professor, Dept. of Political Science
Nanda Nath Saikia College, Titabar

Today the world is going through the toughest time. The year 2020 has been like a curse to Human kind. With the COVID-19 Pandemic everyone all over the world is at a state of shock and depression. Lakhs of people have died all over the world and the economy is in utter disruption. This situation has affected all the sectors and Education is one of them. All Educational Institutions have been shut down since the outbreak of this Corona virus. Imparting of Education through the medium of ICT or Digital Learning has been a blessing at this time, but it is not same everywhere. In a country like India where half of the population lives in Rural Areas and so many live below poverty line cannot afford or be a part of this digital learning. This paper will try to focus on the importance of E-Learning and the Challenges of such education faced by the students of rural areas.

Keywords: Covid-19, E-Learning, Challenges, Rural

A plethora of difficulties faced by the small scale Agri-business owners due to COVID-19 pandemic with special reference to areas under Goalpara district of Assam

Kalyani Mali
Asstt. Professor, Department of Botany
Bikali College, Dhupdhara
Dharitri Kalita
Asstt. Professor
Bikali College, Dhupdhara

Impact of COVID-19 is substantially very huge. Due to Novel corona virus, several countries are facing severe problems be it in the sectors economy, transportation, agriculture, education, livelihood etc. The Indian government has declared lockdown all over the country due to the ongoing outbreak. The lockdown has coincided with a critical period for agri-sector and farmers are unable to buy chemical fertilizer, seeds, insecticides and farming related equipments. Agriculture sector is facing shortage of manpower and logistics. To maintain social distance, farmers can't work properly and also can't hire labourers. Products are unable to export to various parts of Goalpara district due to block in transportation and restrictions of movement. Shortage of money due to low market for selling and farmers had been forced to sell their products at very cheap prices. In the study area, agri-food supply chains and markets are being disrupted due to lockdown. This paper presents an overview of the lockdown effect on the agri-sector as well as small scale business in Goalpara district.

Keywords: COVID-19, impact, agri-business, lockdown

Impact of COVID-19: A study on rumours and fake news

Kamal Krishna Rajbongshi
Asstt. Professor, Dept. of Geography
Dudhnoi College, Dudhnoi

Corona Virus (COVID-19) is identified to be an infectious disease falls under the category of pandemic as it starts from the Wohan City of China spread across the countries creating very panic and critical situation by the increasing number of human casualties and for which it has become very serious concern for all at present. Different announcements are given by the WHO (World Health Organisation) pertaining to the correct explanation about the virus, common characteristics of the illness and suggestions to cope with the disease for the safety of human health. The affected countries also rang their red alerts according to their own concept and design to save the citizens and fight against the virus. Right from the outbreak of the virus daily up to date data are provided by different agencies and warned about the probable situation. Up to this level the talks about the Corona (Covid19) is simple. But in actual Practice it is very much critical. It has broken the entire socio-economic, political, cultural life of the individual and the society of a nation. It was thought that the very concept of lock down may able to keep the country safe and therefore, the Indian government imposed lockdown phase wise for forth times starting from 24th March and continuously till today with some changes in the restrictions. But finally it is seen that the infection has come to an uncontrolled position barring huge lost of country's economy, education and others. Now the situation becomes more critical and in this critical juncture this paper is an attempt to analyse the affects of fake news and rumours in the society with a case study of Dudhnoi locality of Assam.

Covid-19 and its impact on the tea industry in Assam

Dr. Kamal Thakuria
Asstt. Professor, Dept. of Economics
N.H. College, Patacharkuchi

Tea Association of India (TAI) stated that complete lockdown effective from the evening of March 24, 2020 last has impacted on the tea industry hardly. As per the Tea Board of India official figures, the annual average price of tea of North India including Assam at the India actions in 2019 was Rs 152.26 per kg. The total revenue loss of Assam tea industry is around 80 million kgs due to Covid-19 pandemic and lockdown. The tea planters body estimates, Assam has suffered losses to the turn of Rs 1,218 core during this period. North Eastern Tea Association (NETA) added that tea plantation in Assam is seasonal in nature. After an unproductive offseason gap of almost three months, the new season had barely started nearly the second week of March. The tea gardens had to close down from 22 March due to Covid-19 was 46 prevent of Assam's annual production and the subsequent National Lockdown. Therefore, tea gardens have lost almost the entire crop of March 2020. Which is estimated to be about 30 million kgs.? As per Tea Board of India figures, the harvesting of tea in Assam in March 2019 was 4.6 percent of Assam's annual production in 2019. (January to December) which was 715. 79 million kgs.

Keywords: Tea industry, Impact, Covid-19 Pandemic

Impact of Covid-19 and Lockdown: A Case Study in Context to a Village of Biswanath District of Assam

Kanchan Devi
Research Scholar
Rajiv Gandhi University, Arunachal Pradesh

Covid19 or Corona virus has been creating instability in all most all the aspect of human life. This paper is an attempt to analyze the economic impact of Covid19 among different class of people living in Golia, a village from Biswanath district of Assam. In this study data from both the primary and secondary sources are used. The findings are derived from the random sample of ninety households.

Keywords: Covid19; virus; people; impact; society

Significance of social distancing during COVID-19 pandemic

Dr. Kanika Bezbarua Das
Asstt. Professor, Dept. of Philosophy
P. B. Anchalik Mahavidyalaya

Social distancing is one of the key measures to prevent COVID-19 transmission. It is the primary strategy used to prevent the spread of the virus that causes covid-19. We should maintain social distancing in various places such as educational institutes, workplaces, health care facilities and other public locations like market etc. Social distancing avoiding large gathering and close contact with others. To reduce the coronavirus, limitation of face to face contact with others is the best way. By the awareness programme necessary precautions to be adopted among people to prevent COVID-19 pandemic. Everyone has a vital role to play in slowing the spread and protecting themselves, their family and their areas. This is a common practice which has been carried out over generations to minimize the spread of virus by limiting its reproduction rate among communities. To win this war it is necessary that all of us need to stay at homes, washing hands with soap and water, sanitization, mask-wearing, maintain social distancing and respect all our warriors. This coronavirus disease is attacking human lives and there is no effective vaccine or a specific drug against this virus till date. It is invisible enemy. So, social distancing is one of the major tools of coronavirus to protect all of us.

Keywords: Social distancing, health sector, workplaces

Covid19 Pandemic- Impact and Challenges on Indian Higher Education

Karabee Medhi
Asstt. Professor, Dept. of Economics
Guwahati College

The petrifying impact of Covid19 pandemic on Indian Higher education system is being perceived to be quite challenging. All educational institutions are closed since March 2020 as a part of nationwide lock down and even after partial unlock has started, due to rising number of community transmission every day, the Government has continued with the decision of keeping schools, colleges universities closed. Digital education has emerged as a viable solution during this period of crisis; however, the sudden shift from the conventional education system to e-learning is facing severe challenges in the country. The present paper aims at an in-depth enquiry into the opportunities of digital education in India along with its challenges and probable solutions.

Keywords: E-learning, conventional education, higher education

Covid-19 and Its Impact on Indian Economy: An Analysis

Karobi Borah
Asstt. Professor, Dept. of Economics
Doomdooma College

Corona or COVID-19 is not only a health disaster, but also leads to considerable economic shock that has influenced both the demand and supply side of the economy. Globally, coronavirus leads to an unreliable environment for people. This has terminated many economic activities and may cause recession in many parts of the society. The present paper is descriptive in nature and it discusses the impact of COVID-19 on Indian economy with particular focus on India's agricultural, industrial, trade, informal sector, tourism sector, MSMEs, and internet business sector. The data used in the particular study are collected from various secondary sources. Simple statistical tools are used. The economic impact of COVID-19 pandemic in India is troublesome to a great extent. According to Ministry of Statistics, the growth of India go down to 3.1 percent in the fourth quarter of the present fiscal year.

Keywords: COVID-19, Impact, Economy

Covid-19 Pandemic and Government of India Economic Initiatives

Karuna Kalita
M. Phil. Research Scholar, Dept. of Economics
Gauhati University

The COVID-19 pandemic, also known as the coronavirus, is an ongoing global pandemic of coronavirus disease 2019 (COVID-19). On 30th January 2020, India registered its first case in Kerala. According to the Ministry of Health and Family Welfare (MoHFW), the number of total COVID-19 cases in India are 5,67,536 and 16,904 deaths as of 29 June, 2020. The economic impact of the 2020 coronavirus pandemic in India has been largely disruptive. India's growth in the fourth quarter of the fiscal year 2020 went down to 3.1% according to the Ministry of Statistics and this drop is mainly due to the coronavirus pandemic effect on the Indian economy. The Prime Minister of India announced the first 21 days of India's lockdown on 24 March and again in 3 more phases later and simultaneously announced a set of economic measures like the concept of Atmanirbhar Bharat etc. to tackle the unprecedented situation. The paper gives a brief account of different economic measures taken by the Govt. of India and it uses basically secondary data sources for discussion. The secondary data are collected from reliable sources like Govt. publications, journals, official websites, etc.

Keywords: COVID-19, Atmanirbhar Bharat

The Outbreak of COVID-19 Pandemic and the Loss of Livelihood: A Study of the State of Employment in India

Kasturi Gogoi
Research Scholar, Dept. of Sociology
Dibrugarh University

With the outbreak of the COVID-19 pandemic, the whole world is going through a devastating phase of socio-demographic change. While the death toll is rising to about half a million people worldwide, this virus outbreak has also given rise to various socio-economic, political and environmental issues. People working outside their hometown have been forced to return home because of this pandemic, most of them leaving their respective livelihood for good. And this in turn has doubled the problem of unemployment in under-developed and developing countries where there are already millions of people who are sitting at home without any source of livelihood. Thus, in this paper an attempt has been made to understand the state of loss of livelihood of people in India post the outbreak of corona virus.

Keywords: COVID-19 pandemic, livelihood, unemployment

Impact of COVID-19 on the Tourism Sector in Meghalaya

Kaveri Khound
Ph. D. Research Scholar
NEHU, Shillong

Meghalaya is one of the eight states of North-East India having a geographical area of 22429 sq km with a forest cover of 9496 km^2. State is endowed with gift of nature such as lofty mountain ranges with interplay of lush green valley cascading rivers, sprawling water bodies, waterfall, caves, and living root bridges. The state has over 100 tourist spot. Because of Meghalaya's natural asset, ethnic diversity, and the societal ethos, tourism holds high potential in the state. Tourism is an important sector to generate revenue for Meghalaya especially after the ban on Coal mining by the National Green Triunal (NGT). There has been a rapid increase in the tourist visit to the state of Meghalaya over the years. From government reports it can be seen that, in the year 2000, the total number of tourist inflow to Meghalaya was 172256 which has increased to 656933 in the year 2010 and 990856 in the year 2017. But after the declaration of COVID-19 as a pandemic by World Health Organisation on 11 March 2020, there has been National Lockdown in the country which was held in various phases. Lockdown restricted the movement of people from one region to another, and closure of all educational institution, government offices and various industries, factories and business establishments. Lockdown resulted in immense loss in the economy of the entire country. Due to travel bands, there has been loss in revenue collected through Tourism sector in Meghalaya.

In this paper, an attempt has been made to portray the impact of COVID-19 on Tourism sector in the state of Meghalaya.

Keywords: COVID-19, Impact, Tourism Sector, Meghalaya

India's Rural Development during Post COVID-19 and Gaon Panchayat

Dr. Khagen Das
Asstt. Professor, Dept. of Economics
Pub Kamrup College, Baihata Chariali

India is a rural dominated country not only because 68.8 percent of total population live in rural areas but also because 72.4 percent of total country's workforce reside in rural India as per the census 2011. The backbone of rural India is agriculture sector which contributes around 18 percent of India's Gross Domestic Product (GDP) and provides employment to 50 percent of the country's workforce. It signifies that without the development of agriculture and allied sector, India's rural development will be an illusion for India's development. But the occurrence of COVID 19 pandemic has devastated India's rural economic structure and brought new challenges. The reverse migration of labourers to the hinterlands, shortage of markets for agricultural products, etc; have created negative impact on the rural development process across the country. The 73rd amendment of the Constitution of India has given constitutional recognition to Gaon Panchayats as grass root level organization for the process of democratic decentralization and accordingly rural development responsibility is entrusted mainly on the Gaon Panchayat. Gaon Panchayats responsibilities have become more prominent particularly after the COVID 19 pandemic devastation. Since Gaon Panchayat is more accustomed with local level of resources and problems, therefore it has to bear the prime responsibility of the rural developmental policy formulation on the basis of need and aspirations and its implementation. Gaon Panchayats have to be able to chalk out the economic distresses of the rural people and plan accordingly. In this light, this paper has attempted to throw light on the strategies that may be undertaken by the Gaon Panchayats to ensure sustainable and inclusive rural development of India by removing the distresses arisen from COVID 19.

Keywords: Rural devastation, Gaon Panchayat and rural development

A Study on the Impact of Covid-19 on the Labour Market in Assam with special reference to FCI

Khem Karki
Research Scholar, Dept. of Commerce
Gauhati University

The outbreak of the COVID-19 in late 2019 and its subsequent spread all over the world, the government in many countries has been forced to take strong measures for tackling the spread of the corona virus by enforcing lockdown to safeguard public health, hygiene and general wellbeing of the people. The most common measures adopted by the governments have been the lockdown. The GOI announced the first phase of the lockdown process starting from 25-03-2020 for 21 days, which however was extended until 31-05-2020. Only essential services were allowed to be operated during this lockdown by adopting all the safety measures like wearing masks, sanitization etc. and following social distancing norms. These strict measures have caused great economic and social shock. The prolonged lockdown measures have pushed our economy towards recession. As a result of this, supply chain for the whole economy has been disrupted in the economy; as a result more and more workers face the prospect of unemployment, loss of incomes and livelihood.

This paper intends to study the impact of COVID-19 on the labour market in Assam with special reference to Food Corporation of India. It will highlight the measures taken for the protection of jobs and other social protection measures adopted for the health and safety of the labourers.

Keywords: COVID-19, Lockdown, Labour Market, FCI

Covid-19 and Its Impact on the Agricultural Landuse in Nagaon District, Assam

Khijumoni Saikia
Research Scholar, Dept. of Geography
Rajiv Gandhi University, Arunachal Pradesh
Sailajananda Saikia
Associate Professor, Dept. of Geography
Rajiv Gandhi University, Arunachal Pradesh

During this covid-19 pandemic time it is very much challenging that how agriculture sector face this calamity. Though Govt. of India has released INR2000 to bank accounts of farmers under PM-KISAN scheme but as adequate safety measures of the people involved, the production of food grains, fruits and vegetable items bring most critical challenge to the farmers of the said district. The land generally used for all these suffers from capital and manpower maintaining the prescribed guidelines and protocol of Government.

Suitable policies and incentives should adopt in near future for structural reforms such as land leasing, contract farming etc. for adequate development of landuse pattern in the district.

Keywords: Covid-19, agricultural landuse

Covid-19 and its Impact on Education sector

Krishna Talukdar
Research Scholar
Mahatma Gandhi University, Meghalaya

Covid-19 is a disease caused by a new strain of corona virus. Co stands for corona, VI stands for virus and D for disease. The COVID-19 pandemic has affected education systems worldwide, leading to the near total closures of schools, universities and colleges.

The nationwide lockdown has closed all education at institutions, as a consequence of which, learners ranging from school going children to postgraduate students, are the UNESCO estimates the about 32 crores students are affected in India, including those in school and colleges.

Digital learning has many advantages in itself like digital learning has no physical boundaries; it has more learning engagement experience and students get to learn in the confines of their comfort Zone. However, digital learning is not without its limitation and challenges, since face to face interaction is usually perceived as the best form of communication as compared to the rather impersonalized nature of remote learning.

The outbreak of the virus and lockdowns at the national level could be used a best test for the education technology interventions for distance learning. Virtual classroom is the only option to engage students during a crisis period when schools and universities need to be shut down.

In this pandemic period, it is not the right time to panic, it is the time to test yourself, distract yourself from negative emotions. Lockdown is meant to prevent the spread of infection from one person to another, to protect ourselves and others.

Keywords: Corona virus, Education, E-learning

Covid19 and It's Impact on the Education Sector of Rural Areas

Kunjalata Baro
Ph. D. Research Scholar, Dept. of Education
Mizoram University
Shaikhong Basumatary
Librarian, Kendriya Vidyalaya Sangathan

COVID-19, the pandemic which is declared by WHO is one of the most dangerous disaster of human lives in the 21st century. Due to the pandemic COVID19 every sector of day to day lives of human beings i.e. Education, Industries, Agriculture, Import/Export other businesses are badly impacted. As everyone is serious enough on Education in this time of crisis in the field of Education trying to overcome by introducing different methods of imparting Education such as Online live class, E-Learning etc. with the help of ICT through different digital platforms. But unfortunately in country like India online digital class or e-learning platforms are advantages only for some sections of students where maximum number of students are from rural areas. In India till today most of the rural areas families are fighting with their three times meals, so digital class with the help ICT infrastructure is a far dreams for them. Even if somehow they managed to have ICT tools there will be lots of technical issues like network connectivity, electricity problems, convenient to use are become big hindrances for rural areas students which is a sudden areas of imparting Education. Due to the current crisis of acquiring Education by the students of rural areas the suicide cases are coming frequently because of they are not in a position to accept the class with proper facilities. Thus, it's the duty of Government to take proper measures to handle the situation with common platform and facilities. In this paper authors discussed different problems and impact on Education due to the COVID19 as well as its result.

Keywords: Digital class, Education of rural areas, Problems of Digital class, impact of COVID19 etc.

Impact of Covid-19 on the Education Sector

Labanya Lahkar
Associate Prof., Dept. of Education
Gossaigaon College, Gossaigaon

The contagious virus covid-19 has largely affected the education sector. The classroom teaching learning process is the single largest formal system of education in the world. The Kothari Commission (1964-66) declared that the destiny of education is being shaped in her classroom by using teaching learning materials (TLM). The education system is enjoyable and interesting because of the direct interaction between the learner and teacher. But from 24th March 2020 till-date more than 190 crore students in the world are affected in direct class room learning process due to the Covid-19 pandemic. The main causes of the spread of Covid-19 is due to close interaction between people. So, the Government imposed lockdown means that for each and every young learner classroom learning is impossible. So, to maintain the social distancing and also continue education, the government has advised the learner to teach their curriculum with the help of online or e-learning means. But only 20% students are active but rest cannot do classes online due to a variety of problems like connectivity issues, unavailability of required means etc. In this paper I shall try to my best to find some strong problems which are faced by learners on online classes.

Keywords: Covid-19, Interaction, Deprivation, Online, E-Learning

COVID-19 and its impact on the Education Sector in India

Laimwn Basumatary
M. Ed. Trainee
Govt. College of Teacher Education, Kokrajhar

Coronavirus disease (COVID-19) is a newly discovered infectious disease caused by a virus named "coronavirus". The paper discusses the impact of COVID-19 on the education sector in India. The lockdown due to COVID 19 has largely affected the educational systems worldwide and also the lives of students as they no more get to interact on a one on one basis with their teachers. This shift in education from traditional classroom learning to computer - based learning might be one of the largest educational experiments to date. Online classes are not capable of substituting classroom lectures. The former is very seldom able to generate the interaction that is needed in a class. Moreover, the teachers body language, which is a part and parcel of the classroom lectures and is imperative for their success is also missing in online classes. The use of technology will not only lead to more discrimination, but also will create some practical problems. It will also lack the desired interaction in the class.

Keywords: Coronavirus, Education, Online Class, Technology

Impact of Pandemic on Folk Performing Art: A discourse with special reference to the folksongs of the Pati Rabhas in Assam

Lakhyadhar Sarma
Asstt. Professor
Chhaygaon College, Chhaygaon

Since time immemorial, a number of pandemics have been changing the history of human race. This scenario is not an exception in context of India and more particularly of Assam. This time, it is Covid-19 which has already become a global threat for the human civilization. Covid-19 has left its adverse effect in each and every aspect of human life and social order. But, the same may not be applied in case of folk performing art.

Folk Performing art is a part of Folk Culture. Folk culture is inevitable to know a society or a group of people from a closer as well as broader prospect. Assam is a land of numerous tribes having colorful folk performing art. The Pati Rabhas have their own folksongs and performing arts. My paper will try to critically examine both positive and negative sides of the impact of Covid-19 and prolonged lockdown on the enrichment and circulation of folksongs of the Pati Rabhas.

Keywords: pandemic, folksongs, Pati Rabha

Covid-19 in Assam and Its Impact on Pre-Primary and Primary Education

Lankeswar Hainary
Asstt. Professor
Rukasen College, Bakalia
Karbi Anglong

COVID-19 is a current outbreak disease in the world which is also known as corona virus. Most people infected with COVID-19 virus. In India, COVID-19 virus infected people also increasing day by day. So the govt. of India has locked down the whole state to break the chain of COVID-19 pandemic for three months. In some cases, now, partially have withdrawn and the educational institution is totally closed till today. Lock down for the COVID-19 pandemic is impact on the educational institution. If we see last three months, pre-primary and primary education has been affecting much more than other. The school going infancy, neither they can go to the school nor can they take online classes because their age is not allowing them. So, they lost everything to learn for the corona virus.

Keywords: covid-19, pre-primary and primary education

Covid-19 and its impact on the Education Sector

Lily Das
Asstt. Professor
RGM College, Lengtisinga

Coronaviruses (COVID) are a large family of viruses that cause illness remaining from the common cold to more severe deseases such as middle fast respiratory Syndrome (MERS-COV) and severe Acute Respiratory Suyndrome (SARS-COV). A novel coronavirus (ncov) is a new strain that has not been previously identified in human. Coronaviruses are Zoometric meaning they are transmitted between animals and people. Common signs of infection include imperator symptoms, fever, and cough, shortness of breath and breathing difficulties. In more severe cases, infection came severe acute respiratory syndrome, kidney failure and even death.

In the second week of March, state government across the country began shutting down schools and colleges temporarily as a measure to contain the spread of the novel corona virus. It's close to a month and there is no certainty when they will reopen. This is a crucial time for the education sector. As the days pass by with no immediate solution to stop the outbreak of covid-19, school and university closures will not only have a short term impact on the continuity of learning for more than 285 million young learners in India but also far-reaching economic and social consequences. The structure of schooling and learning including teaching and assessment methodologies was the first to be effected by this closure.

Keywords: Education, covid-19, Impact, Negative, Positive

COVID-19 and its Impact on the Tourism

Lipika Kalita Kumar
Faculty
J. B. Law College, Guwahati

World is under a vicious threat, the novel coronavirus or the SARS COV-2 which is responsible for the fatal disease Covid-19. The WHO announced COVID-19 outbreak as a pandemic on 11 March 2020. There are many sufferers of this global catastrophe. Millions of people have suffered a humongous loss due to this. The greatest ramification of this pandemic is that it has depreciated the economies of the world. The industries have suffered a paramount loss and unemployment rates have risen up enormously. And one of the industries that have suffered a huge loss is the tourism sector. Tourism not only is a great contributor to the government revenue and employment but it also leads to intermingling of culture and heritage around the globe. The pandemic has hit the tourism sector hard and the government of every nation must take initiatives to uplift this sector during this time.

COVID-19 and its Impact on Wage-earner with special emphasis on Migrant Labourers

Dr. M. Seik Mozibar Rahman
Asstt. Professor, Dept. of Economics
F. A. Ahmed College, Garoimari

COVID-19 is the latest virus that has been the cause of global shocks. It is originated from 'Huanan (Wuhan) Seafood Market' (China) that has incredibly out broken among the people about 217 countries rooted acutely in European countries like the USA, Italy, Spain, German, France etc. The LDCs including India is also affected sizably. As much as 605,220 people are infected with 17,848 death till 02/07/2020 in India. The countries with wealthy educated population, having world best health facilities are the worst victim of the pandemic, frustrated with unprecedented deaths because of its novel character. Its further intensification in India will surely aftermath fiercely which is never experienced before.

India is a population rich country approximated about 130 million populations. Majority of them are less-privileged, on the one hand, and the only way to get rid of COVID-19 is to maintain social distancing on the other hand. Its success will absolutely depend on obeying the norms of lockdown by the people till killing the last virus. Although, all section of people are victimised due to prolonged lockdown, the daily wage-earners are the most affected section in this regard. Flee of migrant labours even on foot from different states to their homes witnesses the problem. Lockdown causes them to loss their job that creates innumerable problems like housing, clothing, fooding etc.

An attempt is made to look into the matter in the present study. The study will depend on basically the secondary sources of information.

Keywords: COVID-19, Social Distancing, Lockdown, Job, *Migrant Labourers etc.*

COVID-19 and Its Impact on Higher Education in Assam

Dr. Mallika Das
Asstt. Professor
Icon Commerce College, Guwahati

The outbreak of COVID-19 pandemic is not only affecting the health of the citizens around the globe but is also distressing the various other sectors, amongst which higher education is one. The pandemic has forced the academic institutions to shut down temporarily, affecting the academic delivery in India. The only alternative for academic delivery for many universities and colleges is virtual classes to students but many students are not equipped with such facilities. The present paper highlights the impact of COVID-19 on higher education of students in Assam and to find out the ways to overcome the challenges and negative aspects of the pandemic in order to safeguard the academic loss of the students.

Keywords: COVID-19, Higher Education, Challenges

Aatma Nirbhar Bharat Abhiyan: A strategy to fight against COVID19 crisis

Dr. Manalisha Bhattacharyya
Asstt. Professor, Dept. of Economics
Dispur College, Guwahati
Dr. Ajoy Mitra
Asstt. Professor, Dept. of Finance
Dispur College, Guwahati

On 12th May 2020, Prime Minister Naredra Modi has announced the Aatma Nirbhar Bharat Abhiyan (or Self Reliant India Mission) as a strategy to fight against Covid19 pandemic with an objective to recognize the importance of local manufacturing, local market and local supply chains through the mantra "vocal for local". This new programme would cover five pillars: economy, infrastructure, the technology driven system, vibrant demography and demand, and would involve land, labour, liquidity and laws. Towards achieving the mission, government would announce an economic package worth Rs 20 lakh crore or 10% of Indian GDP in 2019-20 aiming to reboot all the sections of the society, including the middle class, MSME, labourers, farmers and the industry. In the present paper an attempt has been made to explore this new self-reliant mission as a strategy to revive the country's economy and also focuses whether this mission of self-reliance can be affordable for India. The study is descriptive one and based on secondary data.

Keywords: Aatma Nirbhar, Self reliance, COVID19, Pandemic

COVID 19 and its impact on the Education system in India

Manash Jyoti Sarma
Guest Faculty, Dept of Education
IDOL(GU) Study Centre
Birjhora Mahavidyalaya, Bongaigaon

Corona virus disease 2019 (COVID 19) is an infectious disease caused by severe acute respiratory syndrome corona virus 2(SARS- CoV-2).Corona virus pandemic has significantly disrupted the education sector in India. As we know that due to corona virus pandemic the state governments across the country temporarily started shutting down schools and colleges. As per the present situation, there is an uncertainty when schools and colleges will reopen.

Governments of various states have taken several alternative measures to continue classes. Almost all the state governments across the country have started online classes for the students through various mobile apps. Private schools, colleges and universities are also doing the same. Various audiovisual classes are also being telecasted by various TV channels.

Though these types of measures are being taken, still a huge number of students are unable to reach to these programs due to unavailability of modern gadgets and technologies.

Keeping these in mind, the researcher has become interested to conduct a study on the above topic. The present study will be based on descriptive analytical method. Primary data will be used for the present study.

Keywords: COVID 19, Pandemic, Respiratory system

A Study on the Impact of COVID-19 on Agriculture and Allied Sectors with special reference to Veterinary and Fisheries of Assam

Manash Pratim Goswami
Student, M.Com 4th Semester
Banaras Hindu University, Varanasi

With 70% of its population engaged in agriculture, agriculture contributes less than a fifth of Assam's SGDP. Assam is still not self-sufficient in food production and thus, dependent on other states for meeting its food and animal protein requirements. The sudden outburst of the COVID-19 has severely affected the agro-based economy of Assam due to the nationwide lockdown which led to closed market and falling consumer demand, labor crisis, disrupted supply chain, lack of infrastructure etc. Expected slow recovery of the industrial and the service sectors along with the reverse migration of workers from cities to villages, agriculture and allied sectors can provide not only immediate relief but can be viewed as a sustainable long term solution for growth of Assam's economy. This paper seeks to explore the impact of the pandemic on the agriculture and the allied sectors of Assam. This paper also deals with the potential role of this sector with special reference to veterinary and fisheries in the post COVID-19 economic recovery of Assam.

Keywords: Agriculture, Economy, Rural development

COVID-19 and Its Impact on Educational Sector

Manju Kalita
Asstt. Professor
Mangaldoi College

We all are well aware of the hazardous impacts of Corona virus pandemic all around the world. The pandemic originated in Wuhan, China and within a short span of time the pandemic has extended its spread throughout the world. This is pathetic to know that over 8 million people are infected by the virus and thousands of lives are snatched away all around the world. The pandemic has caused remarkable declination in various fields like health sector, finance and economy, agriculture, social and mental status of people etc. An intense loss is seen in the educational sector due to the pandemic which is going to be hard to retain back into its smoother form.

Impact of Covid-19 on Agricultural Sector of India with special reference to Assam

Manuj Kumar Patar
Asstt. Professor, Dept. of Economics
Kampur College, Kampur

Agriculture is one the most important sector of Indian Economy. It contributes about 18 percent of India's GDP. It provides employment to around 60 percent of the total workforce of the country and also plays in India's trade. In this view, the recent outbreak of Novel Corona virus disease has created extremely desolation on agricultural sector. The Covid-19 is a infectious disease causes more difficulty in breathing, dry cough, tiredness and fever. The pandemic started in China, and has taken the form of a global epidemic and also contributes large number of deaths. This paper is an attempt to study various effects of Covid-19 on agriculture sector. The Covid-19 has a huge negative impact on global agriculture sector along with impact on Indian farmers and their produce. Corona virus depresses demand and disrupts supply of agriculture products. In this present time, to increase agricultural exports, the government needs to focus more on the basically food processing industry where India achieving the plan target in global agricultural exports.

Keywords: Covid-19 agricultural sector, pandemic, Economy\

A Critical Analysis of the Level of Satisfaction of the Covid-19 Service Users

Marjina Ahmed
Research Scholar, Dept. of Commerce
University of Science & Technology, Meghalaya

The major challenge, which is posed to a COVID-19 patient, is "Hopelessness". Patient tends to think, he or she is not left with any "Hope for survival" and thus patient enters to a mental trauma. So, it is important to keep the service users engaged, keeping him/her joyful by allowing him or her to speak to family members and informing that she or he is improving. Arrangement is made for online yoga training to patients at hospital and giving psychological support through psychologist. Service users are connected to their family using WhatsApp video call, if he or she wishes to speak. Government has started another initiative called "MONON" whereby 220 psychiatric specialists, social workers have come forward, who gives psychological counseling to home quarantined people and for this one need to dial toll free number 104. Active support of all frontline workers (ASHA, ANM and MPW) has been found very useful in reaching to the last household of the community with the COVID-19 messages, mainly DO's and DON'Ts of COVID-19.

Keywords: COVID-19, Service-users and Psychological

COVID-19 Outbreak: Impact on the Political Protest in India

Mayuri Bora
Ph. D. Research Scholar
Department of Social Sciences (Political Science)
OKDISCD
Dibrugarh University

The virus that causes COVID-19 is a new coronavirus that has spread throughout the world known as global pandemic. It was first reported by officials of Wuhan city, China in December 2019. COVID-19 is primarily spread from person to person. There is currently no vaccine to protect against it. The best way to protect yourself is to avoid close contact with others. The sudden outbreak of COVID-19 in different parts of the world is a major concern for all the administrative units of the respective countries. India is also facing this very tough task for controlling the virus outbreak and various measures taken for it. India has been following nationwide lockdown from 22-March-2020.

Before COVID-19 outbreak in India, the political imbroglio of India was covered by the very controversial issue of Citizenship Amendment Act, National Register of Citizens and the National Population Register. The protest against the CAA, NRC, and NPR was going on almost all the states of India. However, after the outbreak of COVID-19, Government does not allow for any religious, social, cultural, political gatherings and all the protesters have to withdrawn due to the pandemic following the Government's guidelines and measures. Hence, the paper wants to draw the attention on the future of these protests. How far it will be relevant after the pandemic (if vaccine will develop) and how far the protesters will able to focus on their propaganda on that time and context.

Keywords: COVID-19, Political Protest, India

Redifining Role of Libraries during this Pandemic Period

Merina Ahmed
Librarian
Nabajyoti College, Kalgachia

The ICT was a choice before COVID- 19 but now it has become indispensable for every field and during this time where ICT becomes most essential is the field of education and libraries which are totally dependent on ICT and has been immensely benefitted during this lockdown and this is also an emerging opportunity for the libraries to prove their existence with the emergence of ICT. Even earlier ICT was integral in the operation of libraries but importance was not up to the mark. Now the entire fraternity is dependent on ICT tools and techniques and the libraries are the Information Centre in dealing with all the technologies. Libraries are playing a very great role in disseminating the information as well as the online resources with the help of ICT tools and techniques. The available online resources which the readers can use freely under MHRD are SWAYAM- MOOCs, SWAYAM PRABHA, and Sodhganga etc. The paper deals with how the Libraries can satisfy the information needs of the users through the available online e resources.

Keywords: ICT, SWAYAM, SWAYAM PRABHA, Sodhganga

COVID -19 and Its Impact on the Education Sector

Mihir Brahma
Ph. D. Research Scholar
North-Eastern Hill University, Tura Campus

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COVID-19 is a pandemic disease which has drastically disrupted the education sector. Because of the widespread of virus, it has been insurmountable for the people of stepping out of the house and this pandemic has brought famine in every places and to different sectors as well. In education sector, this pandemic has forced the young learners to stay indoor and owing to that they are bound to skip formal system of education and sit at home idly. Although most of the institutions in developed countries have moved to online mode of learning to keep proceeding with their academic activities, this stagnation is evident in the fact that educational institutions in developing countries are facing a lot of difficulties in maintaining the virtual classroom meticulously as it is to say futile in endeavoring every students to get connected with virtual classroom to some students with no reliable internet access/technology are struggling to participate in digital learning across the country. It is worth to be mentioning that, in India, most of the students from backward places have been suffering to a great extent because of this pandemic situation as it is not possible for them to grab all the possibilities to get access to online classes as it is very essence by nature that virtual classroom cannot replace traditional classroom as apparently it lacks of engagement with a teacher in the virtual classroom. Accordingly, this study will attempt to address the challenges of virtual classroom.

Keywords: COVID -19, Challenges, Virtual Classroom

Impact of COVID-19 on Education System in Assam

Minakshee Pathak
Associate Professor, Dept. of Education
Gossaigaon College, Gossaigaon

The outbreak of COVID-19 devastated globally which was taking a death toll on more than 213 countries and territories. As in the fourth month of outbreak of the novel coronavirus over 2.63 million people were infected resulting death over 150 thousand people worldwide. Coronavirus also has been believed to be originated in the Seafood market in Wuhan, Hubei province, China, in late December 2019.

The pandemic has also affected educational sector in Assam. Schools, colleges and universities have been shut across Assam since March, 2020 due to the outbreak of the novel coronavirus. All educational institutions closure impact not only students, teachers and parents but have far-reaching economic and societal consequences. Schools, college and universities are hubs of social activity and human interaction. When educational institutions are closed, many students miss out on social contact that is essential to learning and development. When educational institutions close parents are often asked to facilitate the learning of their sons/daughters at home and can struggle to perform this task. This is especially true for parents with limited education and resources. The Assam government on Monday (29/06/2020) announced to change the academic year to April-March from existing January-December in view of the disruptions caused by the COVID-19 pandemic.

Keywords: Coronavirus, Education, Impact

Impact of COVID-19 on the Teaching Learning Process -A Study of Secondary School Students

Minakshi Deka
Research Scholar, Dept. of Education
Mahatma Gandhi University, Meghalaya

The people of the world fighting with an invisible enemy; namely the novel corona virus .Initially this disease observed in the Wuhan province of China, Now rapidly spreading around the world. The outbreak of covid-19 nation observing lock down since March25, 2020 and people are infected over 2.7 lacs Indian and over 70 lakh people across the globe, as per the data on June 10, 2020.In this paper we describe the impact of lockdown on the teaching learning process .The objective of the study is to assess adoption rate of virtual classes and to determine the various benefit, challenges and difficulty of using virtual classroom for secondary school student. It is not only just the question of imparting continuous and uninterrupted learning during the outbreak of covid -19 but also the most important challenge for teacher to focus on the overall elements of a well developed course .Here in this article i will discuss challenges facing by the student and teacher in their virtual classroom followed by Network problem, less attendance, lack of interest and motivation, lack of personnel contact, lack of technical knowledge etc. The Study also suggested the ways to overcome the above challenges, drawbacks and cope up with virtual classes.

Keywords: Covid-19, Virtual classroom, Teaching-learning process

Impact of COVID-19 on rural economy: An approach adopted to revive rural economy

Mindar Rongphar
Research Scholar, Dept. of Geography
Cotton University, Guwahati
Binud Mochahari
Research Scholar, Dept. of Geography
Nagaland University, Lumami

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus (World Health Organisation). The virus has hit hard to rural economy since the country called total lockdown to control the spread of the virus. The monetary needs of many of the rural dwellers couldn't meet since the sales of agricultural produce are minimal. The slowdown of the rural economy activity will have a deep impact in the production and profitability of rural dwellers. This research paper will throw light on the impact of COVID-19 pandemic of the lives of rural dwellers and the overall effects of rural economy. Further, it will also emphasize on the strategies to be adopted to revive rural economy.

Keywords: COVID-19, rural economy

Covid-19 and Indian Education: Reflections on the Road Taken

Dr. Mita Hazarika
Asstt. Professor, Dept. of English
Biswanath College, Biswanath Chariali

In an endeavour to get going at the face of dramatic out-break of Covid-19 pandemic; Indian education system has to switch to online mode quite abruptly. Classes on different e-platforms such as Google Meet, Zoom, WhatsApp; which were at the periphery or even unheard for many have become a new norm for the teaching-learning community. The Government of India has also come up with some e-learning platforms like e-Vidya platform and a dedicated channel for students of class 1 to class 12; NPTEL and Swayam platforms for higher education with a view to encouraging e-learning. But this virtualization further highlighted the inequalities of the education system of the country as only a handful of private schools may be able to adopt digital methods for imparting education, while for majority of the government educational institutions, with minimum infrastructural facility digitalization remains a day dream. But at the end the learning needs to be assessed. Even if teaching-learning is managed somehow, what about the assessment strategies and evaluation system! Will not it further aggravate the existing problems of the country if we make a big compromise with the quality education for the sake of get going? Again the pandemic is a massive blow to the basic educational philosophy of a third world country like India, where focus was on universalization of elementary education, where the mid-day meal is offered with the intention that it would become the most nutritious diet of day for the growing children. Should the country negotiate with its basic philosophy of education, or else how will it be tackled? Considering all these, will it be better to have a pause for better planning before get going? This paper will concentrate on these issues.

Keywords: Get going, online mode, planning, digitalization, inequality

Social, Political and Economic Impact of Covid-19 Pandemic on Assam: A Study

Mohan Pathak
Research Scholar, Dept. of Political Science
Rajiv Gandhi University, Arunachal Pradesh

The history of the world proved that several numbers of pandemics were emerged in the world from time to time and made a huge impact on the Social, Political, and Economic life of the entire world community. The Plague, Cholera, Influenza, Malaria, Typhus, and HIV/AIDS were some destructive pandemics which created a serious threat to existence the entire human civilization and also highly affected the social-economic as well as the political life of the people. Covid-19 is also a recently existed global pandemic that results in serious tension among the people of the entire world. The outbreak of COVID-19 first identified in Wuhan city of China in December 2019 and on 11th march 2020 it was declared as a pandemic by the World Health Organization. At present, most of the countries of the world are affected by this pandemic and also a huge number of people were lost their life. It has been observed that because of the outbreak of COVID-19 the entire human society is facing lots of different challenges in their social-political life. The economic sector of most of the country is badly affected and political relations among the countries are also gradually deteriorating. Therefore, this study is an attempt to highlight the major impacts of the Covid-19 on social, political, and economic sectors of the Assam.

Keywords: Covid-19, Social, Political, Economic and Assam

COVID-19 and its impact on the education sector: A special reference to research Scholars of Universities

Monika Mili

M. Phil. Research Scholar, Dept. Political Science

Gauhati University

The COVID-19 pandemic has affected educational systems worldwide, leading to the near-total closures of schools, universities and colleges. Most governments around the world have temporarily closed educational institutions in an attempt to contain the spread of Covid-19 March; approximately 1.725 billion learners are currently affected due to school closures in response to the pandemic. According to UNICEF monitoring, 134 countries are currently implementing nationwide closures and 38 are implementing local closures, impacting about 98.5 percent of the world's student population. 39 countries' schools are currently impacted not only students', teachers, and families, but have far-reaching economic and societal consequences. School closures in response to the pandemic have shed light on various social and economic issues including student digital learning food insecurity and homelessness. In this paper try to evaluate the research scholars Research life impact on during Covid-19 period, during period what are the problems they had faces, how to handle their research work, myself included are maybe the most affected because universities are suspended for a moment in their education and left for self-education. due to quarantine, we had to stop work on library where all access are available ,the rest of the days it is at home, Science research scholar refuse to work in the laboratory at all. Research scholars are work analysis of research results and write scientific articles, developing new projects. But because of covid 19 locked down internet as library are closed. Technology in my country (India) is big challenges. Guide and Webster, workshops are trying to do online mode but student have no access to internet as most have moved to rural area where there is no electricity.

Impact of Covid-19 in Health Sector and Its Precaution via Immunity Boost

Monoj Paul
Research Scholar
Assam University, Silchar

Covid-19 has badly affected the world; most of the sectors are either closed-down their operations in terms of loss in economically, socially, mental health etc. It has badly affected different sectors as well as psychologically disheartening the people. Due to the pandemic disease it's directly impact on health sectors, where doctors and different medical professionals are facing various problems towards cure of the people. Unfortunately due to lack of proper medicine or equipment the whole world has become stuck and an everyday huge number of people are infected by the same virus. So it's very important to be aware and conscious about our health and have to be physically as well mentally strong to face this situation. WHO and the Ministry of AYUSH recommends some guidelines and by following people can be preventive health and boost their immunity. This study specifically focused on precautions from Covid-19 through health related activities.

Keywords: Cleanliness, lifestyle, dietary

Economic Impact of Covid 19 on Tea industry in India with special reference to the North-East Region

Mousumi Das
Ph. D. Research Scholar, Dept. of Economics
Pondicherry Central University
Arumugam Sankaran
Faculty Member, Dept. of Economics
Pondicherry Central University

Tea industry plays a substantial role in the socio-economic development of the developing countries like India. Being a labour intensive industry, it plays a very important role in providing employment opportunity and livelihood, especially to rural people. Over the course of development, this industry is subject to several shocks. The recent outbreak of the Coronavirus affected the global economy at a massive scale as governments in different layers enacted the lockdown mechanism. According to WHO, globally it has affected the socio-economic life of more than 200 countries and territories. As a populous and developing country, the effect of Coronavirus on Indian economy is very large. Against this background, the paper basically attempts to explain the economic impact of Covid-19 on the Tea industry in India in general and north-east region in particular. The study has been pursued by adopting the focussed group discussion method. The information on the impact of the above mentioned issue have been collected from 45 sample respondents over phone by adopting the snowball technique. By processing the data observed from the respondents, the study attempt to bring the real picture of the Coronavirus impact on the workers of tea industry. Further, the insights obtained from the study offer some policy suggestion for the betterment of the tea industry.

Keywords: Tea Industry, Global pandemic, Covid-19

Impact of Covid-19 on School Education

Dr. Moyuri Sarma
Asstt. Professor, Dept. of Education
Gauhati University
Prof. Prashanta Sharma
Professor, Dept. of Commerce
Gauhati University

School education builds the basic foundation of human capital. Therefore, every nation gives more weightage to elementary and secondary education through upholding of schools. But due the pandemic situation of COVID-19 the normalcy of social lives has been severely affected along with the education system. COVID-19 has compelled the children to confine to homes instead of regular attendance in schools. The pandemic evidently displays the difference between government and private schools, rural and urban schools along with children of poor and well to do families. Almost all the students of all private schools of urban area are provided with online classes making both students and teachers more techno-friendly with ICT applications. They are getting habituated with Zoom or Google meet for educational pursuit. Another positive impact of ICT oriented learning practice is the increased participation and interaction of students, who were earlier reluctant in class room involvement or completing home work on time. It is very disheartening that online devices cannot encompasses the pupils of the entire nation. It is very praiseworthy on the part of few television channels for broadcasting teaching and lecture programmes especially on the subjects like Mathematics, Science and English for the students of 10^{th} standard which can cover the rural areas too. Though some of the schools do offer online Yoga and Physical Exercise classes for the students. In spite of all positive effort from few school authorities the Covid-19 has pushed the entire education system onto jeopardy.

Keywords: COVID-19, Secondary Education, ICT tools, students, teachers

Covid-19 and its impact on Higher Education of Assam

Dr. Mridul Deka
Asstt. Professor
Mangaldai College

Covid-19 pandemic has disrupted the higher education of India as well. Lockdown and social distancing has been adopted as a means to prevent the spread of the pandemic. As all educational institutions are remaining closed in the country the teaching and learning is badly affected as a result of it. Due to lack of proper e-learning facilities, online education is also not accessible to all the students. In this paper an attempt has been made to study the impact of Covid-19 pandemic on the higher education of Assam. The objectives of this paper are to highlight the impact of lockdown in the context of Covid-19 on the under graduate college education of Assam and to study the problems and prospect of online education in this regard. The study is based on observation to the pandemic and data collected from internet sources, news papers etc.

Keywords: Covid-19, impact, Assam

Covid-19 and its Socio- Economic impact on Rickshaw and E-Rickshaw Puller in Kokrajhar district of Assam

Dr. Mridula Devi
Associate Professor, Dept. of Economics
Bodoland University, Kokrajhar

Covid-19 the pandemic has spread countries across the world. India only on 15/6/20 has more than 3lakh32thousand covid-19 positive case detected and more than 9000 death toll in the pandemic (News Aaj-Tak). India's position in covid-19 positive cases is 4th in rank from the top in world scenario. Due to lock down the economy of the country is badly affected. It has affected most of the units of primary, industrial and service sectors of the country. Very few units get the advantages of the pandemic. Marginal worker as well as day to day wage earner faces great problem due to the pandemic. They start migration from work place to home town. As a result the threat of employment and pandemic both are increases all over the country. The condition the rickshaw and e-rickshaw puller is intensely going down during lock-down and after starting unlock-down in stage wise. They are in the grip of not getting sufficient passenger and which lead to economic crisis to the pullers. Kokrjhar distinct of Assam the puller were playing important role for short distance passenger's communication. Due to pandemic the rickshaw puller income is drastically gone down and which leads to various socio economic problems and sliding their stander of living.

Keywords: Covid-19, Pandemic, Socio-economic, Rickshaw, E-Rickshaw

Covid-19 and Its Impact on the Financial Sector

Mrigakshi Sarma
PG Student
Second Semester, Dept. of Zoology
Bhattadev University, Bajali

Covid-19, the sadistic pandemic of the present century, one of the invisible enemies of the global social order has linked with the neighboring country China. We are well concerned that in the last part of December, 2019, the Virus first emerged in Wuhan. In the first part of February, 2020 the Virus was on track to spared over worldwide via the travelers. The COVID-19 has very negative impact in all segments. It has caused damage to the financial arrangements of all nations of the World.

The multinational companies have started minimizing their interest of business within the month of January-March 2020 because of the changed state of affairs due to the Pandemic Situation. Workers gradually started to become victims and majority goes off out of work. Investors gradually become less interested in purchasing share or invest in stock market. The global nations have been under the pressure of economic recession. The lockdown has dealt a heavy blow to commercial activities and thereby financial exercises of the nations become trackless.

Covid-19 and Online Education in India: Prospects and Challenges

Mrinmoyee Baishya
Asstt. Professor, Dept. of Economics
Morigaon College

India has 260 million students which is the second largest after China. With the advent of corona virus or Covid-19 pandemic, the state governments across India in the mid of March started shutting down all educational institutions temporarily. This was taken as a measure to contain the spread of virus. Later from 25th march the country went into a nation -wide lockdown and with it the old chalk- talk teaching model was transformed to technology driven online classes. It was the only way of teaching and to stay connected with the students. Although it's an effective method of teaching learning but in case of India where poverty still prevails online education could not reach all the students of different socio economic backgrounds.

Keywords: Covid-19, lockdown, online education

Covid-19 and Its Impact on the Education Sector in India

Dr. Naba Kumar Kalita
Associate Professor
Chhaygaon College

The Covid-19 pandemic has definitely disrupted the education sector in India which is a critical determinant of a country's over all future. In the second week of March, 2020, the state governments across the country started shutting down schools and colleges temporarily as a measure of stopping the spread of the novel corona virus. It's already close to more than three months and no certainty is there when the educational institutions are going to reopen. I think this is a very crucial hour for the education sector – board examinations, nursery school admissions, entrance tests of different universities and competitive examinations, among others, are all become stagnant during this period. As the days pass by with no immediate solution to contain the outbreak of Covid-19 affecting 285 million students.

Keywords: Covid-19, Crucial Hour, Pandemic

Covid-19 and Its Impact on Indian Economy

Nabajit Das
Asstt. Professor, Dept.of Economics
Tulshibil Degree College

Corona has made a huge impact round the globe within a very short span of time. The large number of economic activities like education, travelling, entertainment, games and sports, tourism, religions, non-religions, political and apolitical meetings and gatherings stopped unexpectedly by the outbreak of Corona virus.

Besides the impact on human lives and global supply chain, the pandemic is a severe demand shock which has offset the green shoots of recovery of the Indian economy that were visible towards the end of 2019 and early 2020.The International Monetary Fund (IMF) has projected the Indian economy to grow at 1.9% in 2020-21. Nearly 162 countries are steadily going into lockdown, and businesses across the globe are operating in fear of an impending collapse of global financial markets. This situation, clubbed with sluggish economic growth in the previous year, especially in a developing country like India, is leading to extremely volatile market conditions. Challenges are impacting all the three major contributors to GDP- private consumption, investment and external trade. The **high impact sectors** in terms of risk on account of Covid-19 are aviation, hotels, restaurants, retail, shipping, ports and port services. The **medium impact sectors** are automobiles, building materials, residential real estates while the **low impact sectors** include education, dairy products, fertilizers, FMCG and healthcare among others. The study is based on the secondary data. The data were collected from various secondary sources such as Economic Survey, Books, Journals, Articles and Yojana.

Keywords: Corona, Impact and Economy

Perception on ICT: A Review on Assam, India's Bodoland Territorial Area Districts

Dr. Nabin Hakhrari
Asstt. Professor, Dept. of Political Science
Bodofa UN Brahma College, Dotma

The present study is undertaken to find out the gender-wise perceptions of information, communication, and technology within BTAD. This followed a descriptive method of research, which aimed to determine the gender-wise perceptions towards information, communication, and technology, and was designed as a qualitative case study. It was hypothesized that there is no significant difference between the boy and girl student's perceptions of ICT. The data was collected from 240 respondents, 60 each from Baksa, Chirang, Kokrajhar and Udalguri districts of the BTAD. Further, 30 rural and 30 urban respondents comprised each district's group. The statistical technique used was Measures of Central Tendency, Measures of Variability, and't' test. The findings of the present study revealed that statistically significant differences exist in student's perceptions of information, communication, and technology.

Keywords: Gender; ICT; Perception; Students; Technology

Impact of the Covid-19 Crisis on Tea Garden Labourer: A Case Study of Kokrajhar Tea Estate of Kokrajhar, Assam

Naithao Bargayary
Research Scholar
Bodoland University

The whole world has become the victim of unprecedented Covid 19 crisis. The pandemic has affected all possible sectors of the world. The nation has been in complete lockdown since March 2020, leading to closure of most economic activities nationwide. Tea plays vital role in the economy of the state. Many people of Assam have been earning their livelihood from tea industries. This is no less true in the case of Kokrajhar Tea Estate. Tea garden labourers are very important part of the society. The study tries to investigate the impact of Covid 19 pandemic on socio-economic condition of tea garden laborers in Kokrajhar Tea Estate as wage labor is the main occupation in the area.

Keywords: Covid 19, Tea Labour, Socio-Economic Status

Covid-19 and its impact in the Field of Indian Economy

Nasir Uddin Ahmed
Asstt. Professor
F. A. Ahmed College, Garoimari
Manju Ahmed
Asstt. Professor
F. A. Ahmed College, Garoimari

Indian economy bags the seventh position among the other strongest and largest economies among the world. But due to the pandemic situation of the Covid-19, it is supposed to be largely affected by the present situation of the country. COVID-19 is having a 'deep impact' on Indian businesses, over the coming months; jobs are at high risk because firms are looking for some reduction in manpower. Further, it is assumed that already COVID-19 crisis has caused an unprecedented collapse in economic activities over the last few weeks. There are three major channels of impact for Indian businesses namely linkages, supply chain and macroeconomic factors. Also, we can't ignore that the lockdown and pandemic hit several sectors including MSME, hospitality, civil aviation, agriculture and allied sector. Our present paper intends to analyze the current impact of Covid-19 on the Indian economy.

Keywords: Covid-19, Indian Economy, import, business etc.

COVID-19 and Drinking Water and Water ATM

Nayeemuddin Ahmed
Research Scholar
University of Science & Technology, Meghalaya

The COVID-19 pandemic has underscored the value of water and its connections to human health, but it is also highlighting longstanding water management deficiencies. We know that hand washing is one of the most effective ways for preventing the spread of COVID-19 and other communicable diseases.

Economic crisis precipitated by COVID-19 is causing unemployment, putting far more people at risk of being unable to pay for essentials like water service.

Treatment requirements for public water systems that prevent waterborne pathogens such as viruses from contaminating drinking water. These treatment requirements include filtration and disinfectants such as chlorine that remove or kill pathogens. According to the World Health Organization (WHO), "conventional, centralized water treatment methods which utilize filtration and disinfection should inactivate COVID-19 virus."

To place the Water ATMs in proper locations so that it meet the safe drinking water requirements at public places (schools, colleges, marketplaces,hospitals), potable (clean and safe) water is proposed to be supplied to the consumer through his/her drinking bottle/container or through paper cups(in selected public locations). The provision of safe water, sanitation and hygienic conditions is essential for protecting human health during all infectious disease outbreaks, including of coronavirus disease 2019 (COVID-19).

Keywords: Covid19, Drinking Water, Water ATM

Mapping the Vulnerability Context: Debating the Impacts of COVID-19 on Rural Livelihoods and the Agricultural Sector in Southern Africa

Ngonidzashe Kafesu
Research Scholar, Dept. of Sociology
Dibrugarh University

The impacts of COVID-19 have been felt inversely by various fraternities and sectors across the globe. The most intriguing part of this pandemic is that almost all the industries, institutions and sectors in every country around the globe have been negatively affected. The health, education, manufacturing as well as many sectors have suffered the direct and well documented apparent impacts of the pandemic. A lot has been documented by mavens and academicians in various fields on the direct implications of the pandemic on various sectors. However, the major nub of this review paper is to highlight some of the direct as well as the indirect impacts of COVID-19 on the agricultural sector and rural livelihoods. Both short term and long-term implications of the pandemic will be discussed with special reference to Southern African countries. Content abstraction method was the tool of data collection used in coming up with this paper. The discussion of findings was done using various environmental sociological theories such Consumerism, the risk society and sustainable livelihoods approach.

Keywords: Rural livelihoods, Southern Africa, Long-term effects, COVID19, Subsistence farming

Impacts of COVID-19 in Environment

Nilakshee Kalita
Student
MSc 2nd Semester (Zoology)
Science College, Kokrajhar
Dimpi Choudhury
Student
BSc 6th Semester (Zoology)
Tihu College, Tihu

An environment is the natural world that surrounds us. Abstract Good environment is a pre-requisite for the survival of life. From the very beginning of civilization humans uses nature for their own benefits. As the human population increases day by day industrialization and urbanization became indispensable. As a result the earth faced environmental degradation, depletion of natural resources, depletion of ozone layer and increasing of pollutions. The worldwide disruption caused by the COVID-19 pandemic has resulted in numerous impacts on the environment or the climate. Simply we can say Corona Virus has hit the re-set button on nature and nature reclining its spaces. History is witness that as humans retreat, nature returns.

Role of Literature in the World Affected by COVID-19

Dr. Nipam Kumar Saikia
Asstt. Professor, Department of English
Biswanath College, Biswanath Chariali

Only those who get infected by the invisible monstrous COVID-19 virus only know what it means to suffer from it. The worst is that this pandemic is far from over. Face covering, social distancing, hand washing and staying home may not protect us all the time. It is natural that people in general fail miserably to bring themselves to accept that they are safe, and they get infected by the feeling that very soon their turn to embrace death will come unexpectedly. They tend to check frequently the death toll across the world. Melancholy may become their constant companion. When someone is terribly sensitive to the fact that he or she may fall an easy prey to COVID-19 at any point of time, and constantly suffers from the panic of death, life becomes really horrible for him or her. His or her suffering is worse than the one who is practically dying of the disease. So to say, COVID has paved the way for the rise of one particular disease, apart from many other socio-economic problems, of the contemporary world: depression. There is every possibility of rise in suicide rate. It is time mental health issues are declared a public health emergency in the world. In this regard literature can come to the rescue of the people.

This paper proposes to analyse how by reading literature we can cope more effectively with boredom, loneliness, depression and other ailments. There is an urgent need of an atmosphere in which people can cultivate the habit of reading great literary works. The purpose of great literature is to humanize life. It reveals human values. It makes us realize that the assets of humanity are not nuclear weapons, skyrocketing buildings, power, beauty and wealth, but love, compassion, respect, peace and virgin environment.

Impact of COVID-19 on Rural Economy of India

Nipan Haloi
Asstt. Professor, Dept. of Political Science
Sankardeva Mahavidyalaya, Pathalipahar

COVID-19 was first declared a public health emergency and later a pandemic by the World Health Organization (WHO). Currently, the spread of the novel virus is in more than 190 countries. There are a national emergency and lockdown in most of countries. Till date, more than 4 million people across the globe are affected by COVID-19 virus and around 300 thousand people lost their life.

The COVID-19 pandemic has dealt a massive blow to India's economy and has caused enormous hardships to working people of the country. The informal rural economy has been hit the hardest by this. Each and every sector of rural economy has been destroyed by this pandemic, basically the milk producer, meat producer and other cultivator are the worst sufferer of this.

Hence, this paper will try to look at the impact of COVID-19 on rural economy of India.

Opportunities of Small Scale Tourism Entrepreneurship in Post COVID Pandemic-A Case in Selected Tourism Resources in Assam

Dr. Niranjan Das
Guest Faculty & Senior Fellow- ICSSR
Department of Business Administration
Tezpur University

The outbreak of COVID-19 has impacted countries at different times, in different ways and in varying degrees. Yet, around the world, response to control the pandemic has translated into national lockdowns and a wide implementation of travel restrictions and shutdown making tourism one of the hardest-hit sectors. The extensive and deep impact of COVID-19 on tourism coupled with the relevance of the sector to the economy and jobs requires a strong support from small tourism entrepreneurs. So that new ventures of tourism activity could be develop in least known destination of Assam. This may enhance the future possibility of creating new jobs, engagement of the host community to economic return for sustenance. In this paper the author tries to highlight such possibility regarding the establishment of small scale tourism entrepreneurship to revive the depreciated economy after Covid-19 pandemic.

Keywords: Opportunity, tourism resources, entrepreneurship, income and pandemic

Corona Pandemic and Its Influence on Assamese Literature

Nitamoni Nath
Asstt. Professor, Dept. of Assamese
West Goalpara College, Goalpara

The first case of Covid-19 in India originated from China was reported on 30th Jan-2020. This Covid-19 brought a huge change in all over the world. It has a huge impact on various sectors of human race such as economic condition, political state, education and sociology, livelihood, intellectual state, weather conditions and academic facilities. Even it has affected the Assamese literature also. An unstable economy brought a division and instability to the world literature. "Literature is the shadow of Human Society". Every changing step of society is followed by literature as witness. This pandemic destroyed the mindset, mentality and even faith of people on each other. According to the famous critic and writer, Yuval Noah Horari, "Today humanity faces an acute crisis not only due to corona virus but also due to lack of trust between humans. To defeat an epidemic, people need to trust scientific experts; citizens need to trust public authorities and countries need to trust each other". It is a fact. Instead of the current situation i.e. the corona virus epidemic, people are mostly worried about their food, shelter and establishment. Due to the long period of lockdown, several printing presses are on the verge of shutdown. A decrease in bibliophiles was seen in bookstalls. Therefore, now the writers and the publishers are hesitating in publishing books. As an example, we can say that the popular magazine "Bishmoy" has been halted. In the world of Assamese magazines, the "Bishmoy" magazine which was published in 1968 had created numerous bibliophiles. Due to the current epidemic conditions, the magazine is about to shut. This is just a small repercussion. "Just like how a good reader is essential for a good book, without a positive social environment literature cannot be tied up". In the near future, scientific trials will be done in this matter.

COVID-19 Pandemic and Educational Disruptions through Technology Driven Education

Dr. Nizwm Sona Baro
Asstt. Professor, Dept. of History
Pandu College, Guwahati

The COVID-19 pandemic has caused unprecedented educational disruptions worldwide so far. The WHO directed to close all educational institutions to prevent pandemic social transmission. Globally educational institution closures have affected over 1.725 billion students as of 7th June 2020. Assam government has closed all educational institutions since 16th March 2020 to contain pandemic spread. UNESCO has recommended application of online education to mitigate the loss of formal classes. Though a new concept in Assam several educational institutions have resorted to online classes. However, students belonging to poor families and remote areas have extreme difficulty in availing online class since it demands digital devices, internet and electricity facilities. Educational disruptions have hit students of disadvantaged social groups in many ways and online education has added to their miseries. The paper attempts to focus on students belonging to low income families and rural areas who are unable to avail online classes due to several socio-economic factors.

Keywords: COVID-19, Educational disruption, Online learning and Disadvantaged

COVID-19 and Its Impact on the Agriculture Sector in Assam

Dr. Nripesh Kalita
Asstt. Professor, Dept of Economics
Khoirabari College, Khoirabari

The present paper is an attempt to analyze the impact of COVID-19 in Agriculture sector in Assam using secondary data obtained from various sources.

Agriculture is the primary sector in the state's economy. The socio-economic condition of Assam largely depends on its agricultural production. Agriculture plays the chief role of revenue earning in Assam economy. The COVID-19 has infected nearly one crore people across the globe and has badly shaken the world economy. Coronavirus is also slowly impacting Assam agriculture and moreover every industry. Due to the nationwide lockdown in Assam, agricultural products were unable to move from the state to the other states of the country. After lockdown, COVID-19 brings opportunity for the agricultural sector as demands for agricultural products will increase within the country and on the other hand country's increased exports will also enhance the demand. So, there are both negative and some positive impact of COVID-19 in agriculture sector of the state.

Keywords: COVID-19, agriculture sector in Assam, lockdown

Covid-19 and its impact on the students of primary schools of Assam: especially on the students of rural areas of the State

Dr. Nur Rahman Bhuyan
Associate Professor, Dept. of Political Science
Abhayapuri College, Abhayapuri

This is known to all that the Corona Virus (Covid-19) spread from Wuhan province of China in November/2019 and within a short time it encompassed the entire world. Its effects were seen in India in the beginning of January/2020. It is to note that the Academic Session of the schools in Assam begins from the month of January every year. The Session just started and there came the trouble. Due to the infection of Corona Virus Prime Minister Sri Narendra Modi announced Janata Curfew on 22nd March/20. Later, the Government had to announce a total Lockdown in the country for 21 days from mid night of 24th March/20. All services and activities were stood still except the emergency services viz. Medical, Police, Electricity, Water Supply and Essential commodities supply etc. Since then all Educational Institutions in India as well as in Assam remained closed. Phase wise the govt. of India extended the Lockdown periods. During this period some private as well as public Educational Institutions of the State adopted the online teaching mode. This process helped only a limited number of students. But the Students of Govt. primary schools of rural areas were deprived of the online teaching process. There are 26247 villages in Assam and 86% of population live in the rural areas in the State. There are 48000 thousands govt. provincialized lower and upper primary schools in the state. About 80% of primary schools are located in the rural areas. So, the students of the rural areas were deprived of the online teaching process. It is also an undeniable fact that the beginning of the digitalized process would help the student of interior places in near future. Therefore, considering unprecedented situation of the present times, the Government should encourage online teaching and provide necessary tools especially in the rural areas to cope up with the situation.

Pandemic crisis and plight of foreign migrant workers in Nepal

Dr. Padma Prasad Khatiwada
Associate Professor (Population Studies)
Tribhuvan University, Nepal

Nepal, affected by corona virus pandemic late after fourth week of March 2020 at a time the government decided to lockdown due to appearance of two incidences of infection has now crossed over 14,000 with a per day over 500 infections. During this three months complete lockdown, a precarious economic crisis has severely hampered the country with a 75% fall down on remittance from the already counted 25% of total GDP. Around 1.5 million migrant workers are expected to return by losing jobs in major destinations - India, Middle East and Malaysia - which is over one-fifth of the total migrant workers abroad. This rate of return may further upsurge depending upon the situation of the spread of the pandemic. The growing tension of the virus is not limited at state level only but basically the individuals who have now lost their jobs, killed their hopes of getting involved in new jobs and are unattended by the state machineries. Those involved in the informal sectors, particularly the women and those from the marginalised communities are marred when they cannot feed their families, pay their rents or survive in the city due to lockdown. For reducing impact of the pandemic, it is necessary for the development partners to involve in the early recovery works by generating information on impact of COVID 19 and concentrating on the immediate priorities: current living condition and utilising best practices for reintegration with informed choice mechanisms.

Keywords: COVID, Workers, Jobs, Remittance, Priority

Covid-19 and Its Impact on the Business Sector

Pahi Sarma
Vocational Teacher
Bajali H. S. School, Pathsala

The world have never experience such a crisis moment unlike Covid-19, where every country are suffering from Human loss directly or indirectly impacting on various sectors starting from Multinational companies to Small scale businesses involving Travel & Tourism industry, Food & Hotel Industries, Real Estate, Beauty & Wellness and Educational sector. Moreover, the Health industry have also faced huge financial crisis to provide essential medication to the increasing numbers of Covid cases, whose rapid price-hikes are a trend.

This World-wide pandemic has hit the global economy with force. India having one of the largest populations with minimal health assistance is at stake in case of high frequency Corona virus wide spread. Then the Government would not be a situation to control or stabilize it. Many businesses across the world are struggling to cope with the financial strain mounting pressures on governments to know when society and businesses can return to “normal".

Keywords: financial crisis; price-hikes; World-wide pandemic; global economy

A Study on Perception of College Students on Online Education during Covid 19 in Assam

Pallab Jyoti Boruah
Asstt. Professor, Dept. of Education
Nazira College, Nazira

As we know that due to Corona Virus Pandemic the state governments across the country temporarily started shutting down schools and colleges. As per the present situation, there is an uncertainty when schools and colleges will reopen. Teachers are instructed by their organizations to conduct online classes. However, perception is very important while understanding human behaviour because every individual perceive the content and approaches to solve the problem differently. This paper is aimed to understand the perception of college students on online education during Covid-19 lock down period in Assam. The researcher used both primary and secondary data. To collect the primary data the researcher used questionnaire as a tool for this study through online. The researcher selects 110 college students as a sample for this study using purposive sampling techniques. The result indicates that majority of the students are ready to opt for online classes to manage the curriculum during this pandemic. Moreover, the result also found that not every students especially students from rural areas and disadvantaged families has access to a laptop or android mobile phone and good internet connection. Therefore, lack of access to a laptop or good internet connectivity is an obstacle to make use of online learning fruitful and effective.

Keywords: Covid-19, College students, online Education

COVID-19 and Its Impact on the Education Sector

Dr. Pallabi Saikia
Asstt. Professor, Dept. of Education
Jhanji H.N.S. College, Sivasagar

COVID-19 is a disease caused by coronavirus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV.' The virus is transmitted through direct contact with respiratory droplets of an infected person (generated through coughing and sneezing). Most governments around the world have temporarily closed educational institutions in an attempt to contain the spread of COVID-19. School closures impact not only on students, teachers, and families but have also far-reaching economic and societal consequences. In response to school closures, UNESCO recommended the use of distance learning programs and open educational applications and platforms that schools and teachers can use to reach learners remotely and limit the disruption of education. This has brought a new potential in online mode of education. This paper will attempt to study the overall impact of Covid-19 on Education Sector and to study the usefulness of ICT tools to impart online Education

Keywords: Online, Education, ICT

Learning Renaissance: Paradigm shift towards Virtual learning while in hot-bed of COVID-19

Panchalee Baishya
Asstt. Professor, Dept. of Economics
Nabajyoti College, Kalgachia

The outbreak of COVID-19 has brought the entire world into a standstill. Social distancing has become the new necessity. The situation has demanded changes in the style of functioning in every sector. Meanwhile, the closure of Educational institutes has adversely affected the flow of learning and teaching. Keeping in view the best of interest for the students, the only way forward to keep the continuity in teaching & learning process seems to be Virtual Learning Methods. It requires a holistic approach to bring the 1.2 billion children in 186 countries all over the Globe into the virtual learning ecosystem. In a country like India, where E-Learning is in trend, still for some it's a myth. In this paper, the effectiveness of Virtual Learning will be discussed in the context of the Indian scenario as compared to the rest of the world.

Keywords: Virtual Learning, effectiveness, students

Covid-19 and its impact on Rural Farmers

Dr. Pankaj Kumar Baro
Asstt. Professor, Dept. of Economics
Pub Kamrup College, Baihata Chariali
Dr. Sanjoy Pathari
Asstt. Professor, Dept. of Economics
North Gauhati College, Guwahati

Agriculture is the backbone of Indian economy. The agricultural sector of the Indian economy is very significant in the sense that many rural people and households mainly depend of agricultural occupation for their livelihood. But due to the current pandemic situation of Covid-19 the agricultural sector has been severely affected. The Food and Agriculture Organization of United Nations has stated that some 820 million people around the world are experiencing hunger as a result of covid-19. It also mentioned about vulnerable groups which include small scale farmers, migrants and informal workers. Many problems are occurring to agricultural sector, mention be made of inability to access market, blockages to transport routes for fresh food supply, lower prices of agricultural produces etc

The objective of the present paper is to access the various problems faced by the village level farmers during this pandemic situation and it also tries to find a probable effective solution to a particular problem of marketing through Agricultural Co-operative Marketing Societies. It throws light on how Agricultural Co-operative Marketing Societies can contribute towards the farmers in an effective way. In general a co-operative is an autonomous association of persons united voluntarily to meet their common economic, social, and cultural needs and aspirations through a jointly-owned and democratically-controlled enterprise.

Keywords: Livelihood, Covid-19, Marketing, Agricultural Co-operative Marketing Societies, Storage facilities, Credit, market price

Reverberation of Migrant Footprints and Policy Manifestation

Dr. Pankaj Choudhury
Asstt. Professor
NEF Law College, Guwahati
Purba Goswami
Asstt. Professor
NEF Law College, Guwahati

The sudden lockdown of the Nation due to Covid-19 brought migrant livelihoods to a halt. The migrant crisis brought to the fore the unfulfilled obligations of the government to restore work to its most vulnerable citizens in the era of economic liberalisation. They are in state of continuous drift.

This debate has become central to political life which largely involves rehearsing to false dichotomies. It's not just concern over utility of limited public funds. It's a public discourse about "us" and "them".

This research paper will also try to find answer to questions like: What are causes of internal migration with special perspective on North-east? What is the real lure/push factor? What are the challenges faced by them? What is the trend of internal migration in India? How has the nationwide lockdown impacted the lives of internal migration?

Keywords: Covid-19 crisis, Internal Migration and Policy challenges

Covid-19 and Its Impact in Educational Sector

Papari Haloi
Librarian
Barkhetri College

In this crucial time of mankind where human being is struggling for its existence, in almost every arena this pandemic situation affected. In educational sector this situation totally paralyzed the normal student –teacher relationship. Though government order for shifting to "Online learning" but because various digital divides i.e. technical, environmental, gender etc most of the student is not accustomed with these activities. These papers try to elucidate the different hindrance for online learning in rural areas and some recommendation for its fruitfulness.

Keywords: Covid-19, Education, ICT, Online-learning

COVID-19 and Rural Economy: Reflections in the context of Assam

Dr. Parimita Bhuyan
Asstt. Professor (contractual)
University Law College, Gauhati University

The COVID-19 pandemic situation has invited some major challenges to Indian rural economy and it has pressurised the Indian government to impose some restrictions in economic activities. With the gradual spreading of the pandemic the government has only allowed partial opening of the Indian rural economy and only, unavoidable rural economic activities as agriculture, small-scale industries, and work under MGNREGA has been resumed. The aim of the paper is to provide a comprehensive study on the impact of COVID-19 on the rural economy and for analytical convenience; the author has particularly concentrated to the state of Assam. Based on governmental reports and secondary data the author has tried to analyse the operation of the rural economy in Assam in the midst of challenges created by the pandemic.

Keywords: Rural Economy, Agricultural sector, Government Policies

Covid19 and Its Impact on the Indian Agriculture Sector

Parishmita Gogoi
Research Scholar, Dept. of Economics
Dibrugarh University

Global pandemic outbreaks have been a major threat for the existence of mankind. Human race has been witness to many pandemics over the course of human history that has killed millions of people and has left serious impact on the global economy and politics. In the current context, the world is facing yet another pandemic as Corona virus disease of 2019 (COVID-19). The ongoing health crisis COVID19 has affected all walks of life. Protecting lives of people suffering from the disease as well as frontline health responders have been the priority of every nation. Realizing the gravity of the situation, every country has undertaken special steps to fight against the pandemic mostly with non-pharmaceutical measures involving social distancing and self-isolation. In addition, restriction in travel and trade are done in majority of countries to limit the spread of the virus. Governments have swung into actions since the Corona virus attack created an unprecedented situation. All these preventive measures against the pandemic has vastly affected the major economic sectors such as Agriculture. Agriculture serves as the most important economic sector endorsing food security and human development. India too declared a three-week nation-wide lockdown till mid-April in the initial phase, which was subsequently extended for achieving satisfactory outcome. This paper focuses on the immediate challenges that COVID19 has posed to the farm sector and suggest mitigation measures to ensure a sustainable food system in the post-crisis period in the country.

Keywords: COVID19, agriculture, impact, mitigation

Post Covid 19 India: How the Agricultural Sector Can Help in Achieving Atmanirbhar Bharat

Parthapratim Choudhury
Asstt. Professor, Dept. of Economics
M. C. College Barpeta

India experienced economic slowdown since the second half of 2019. When India was working hard to overcome this and slowly the economy was coming back to track the Global Pandemic of Covid19 struck. To protect the people of India from the infection of Corona Virus the government had to impose nationwide lockdown for two months. As a result the economy suffered very much, particularly the Industrial Sector with MSME sector is the worst hit. But the Agricultural Sector was able to withstand this crisis to a great extant. As now the India is in the process of restarting the economy and with the Atmanirbhar Bharat Economic package of 20 Lakh Crore there is scope for speedy recovery. The agricultural Sector gets Rupees 1,50,343 Crore which is 7.5% of this package. This can develop the Agriculture Sector of the country and thus help in achieving a self reliant and developed Indian Economy. This paper analyses how the Economic package for the Agriculture Sector can help in the development of Agriculture in India and in the long run help Indian economy. It also tries to find out what steps should be taken to development Indian Agriculture further.

Keywords: Agriculture, Atmanirbhar Bharat, Agri Infrastructure Fund, FPO

Covid-19 and Its Impact on the Education Sector

Dr. Phanindra Kalita
Asstt. Professor, Dept. of Political Science
Chhaygaon College, Chhaygaon

The COVID-19 pandemic is hitting everyone hard in this unwanted current situation. But educational institutions like schools and others, which have always been places for real-life, mental training as well as physical interaction, have been among the hardest hit. As hundreds of millions of students around the world struggle to study at home, it remains to be seen how educators and other stakeholders as a whole will deal with the new learn-at-home in reality. This covid-19 situation represents an interruption to their learning journey and it will also sharpen the case of dropouts which will have serious consequences on the educational scenario as a whole. The lockdown has aggravated social differences especially between private and public schooling systems. The most important challenge is that majority of students have almost certainly do not have access to remote and digital learning facilities at home. What this means is that, for millions of Indian students, the lockdown has brought all educational aspects to a complete halt. Till today, not much has changed in this sector for the last number of decades, may be this is just the wakeup call that was needed.

Keywords: Covid-19, Educational Sector, Indian Society

Covid-19 Pandemic: Impact on Higher Education in India

Phuloma Daimary
Student
North East Regional Institute of Education

COVID-19 pandemic emerged as a global challenge. First of all it is a health crisis but its impact can be seen almost in every field of life. Many countries have decided to close schools, colleges, and universities to control the spread of Covid-19. Sudden closure of schools and colleges are affecting both student and teaching community. Compared to developed nations of the world, the effect of the pandemic can be seen on higher scale in developing nations like India. Shift in teaching-learning mode from face to face to online mode pose a question to India's technological development and ICT skilled manpower. Full online mode of teaching-learning is questionable in many aspects at all levels of education but its drawbacks can be seen more vividly in higher education level. Professional courses, internships, practical, assessment and evaluation in higher education face great difficulty through online mode. India need well- prepared strategies and techniques to meet the challenges faced by the higher education sector in the time of global pandemic. This paper aims to study the impact of Covid-19 on higher education in India from available sources.

Keywords: Covid-19 pandemic, higher education, online mode, challenge

COVID-19 and Its Impact on the Business Sector

Phung Roje Muchahary
Asstt. Professor, Dept. of Economics
Udalguri College

The outbreak of covid-19 has caused massive market disruptions. It has caused severe operational, productivity loss, social and financial damage to the business sector. As we know, business sector plays an important role in economic development. Success of Small and large business creates and provides jobs for the country's citizen and increase the wealth of a country through taxes. The success of business directly affects the world economy through contribution in GDP etc. Business manufacture what we need, they provide us a variety of goods and services so that consumers are able to live more comfortable, and improve standard of living conditions of the people.

. According to UN's Framework for the immediate Socio-Economic Response to the COVID-19 crisis warns that "The COVID-19 pandemic is far more than a health crisis: it is affecting societies and economies at their core."

Keywords: Tax, GDP, Pandemic

COVID-19 and SDG 13 (Climate Change)

Dr. Pinky Baruah
Asstt. Professor, Dept. of Zoology
Guwahati College

Although it seems that climate crisis is staking a back seat in this global pandemic, but the climate crisis is evident with its long- term effects which take a more threatening turn. The planet is on track for a 3.2degree global temperature rise and beyond. The climate crisis may be seen as a slower moving crisis than the speed of this global pandemic, but it's the long-term effects are likely to be far more threatening. Runaway global warming is something we do not have the science, technology or funding to solve. Climate crisis is linked to an increased likelihood of pandemics, extreme weather events, droughts, flooding and widespread destabilization of global food, economic and security systems. Unchecked global warming will undo almost every sustainable development goal. It will undo economic recovery. The pandemic has given nations to limit global warming. As follow-up plans are formulated to help countries and communities rebuild their economies and societies post pandemic, this will give an opportunity to embrace renewable energy, green technology and sustainable new sectors that will put the planet on a fast-track path to decarbonization. The paper tries to review on the various resilient climate actions.

Keywords: Climate change, pandemic, COVID-19, Sustainable Development

Covid-19 and Its Impact on Education System in India

Plavan Bhuyan
Asstt. Professor, Dept. of History
Tyagbir Hem Baruah College

The world wide pandemic Covid-19 has made a tremendous and far reaching impacts on each and every sphere of life. Like other aspects, education sector of India has highly been gone through a very tough time in between the situation. To combat the pandemic, since 25th of March lockdown declared throughout the country and since then all education institutions are being closed. All board examinations has called off or rescheduled due to this unexpected situation. Students across the country beginning from primary level to post graduate level are seemed to be the big losers on account of prevailing situation.

CBSE class X and XII examinations are also rescheduled which is a very big concern for the students as well as for their guardians Government has initiated some digital platform to mitigate the challenge and to meet up the academic loss of students. But these measures are not sufficient enough to fulfil the demands of students.

Keywords: Pandemic, Lockdown, digital platform

Covid-19: It's Impact on Poultry Industry- A Case Study in India

Pollypriya Buragohain
M. Phil. Research Scholar, Dept. of Economics
Dibrugarh University

It's a type of virus named as Coronavirus. The outbreak of which causes illness in all over the world is now called COVID-19. The outbreak of this coronavirus is affecting 213 countries and territories around the world and also 2 international conveyances. World Health Organisation has declared the COVID-19 outbreak is a pandemic in March, 2020. The pandemic of COVID-19 was first reported in India on 30 January, 2020. The virus of COVID-19 can be transmitted from infected human beings to non-infected human beings. In India, poultry industry is one of the generous and vital industries. It is an integral part of agriculture sectors and it helps in rapid growth of the country's economy because it is one of the most profitable industries in India. According to a report, poultry industry has contributed around Rs. 26000 crore to the national income. Over 90 percent of the poultry production comes from small poultry farms, which are located in rural areas. Besides this, there are almost 123,000 poultry farmers in India. According to the Indian Council of Agricultural Research (ICAR) vision 2025, an increase in per capita availability of one egg will generate 50,000 more jobs. The objectives of this paper are to understand the importance of poultry industry for economic development. Secondly, to study the impact of COVID-19 on poultry industry and also to find out the hurdles for development of poultry industry in India and lastly, to find out the suitable measures to rescue the poultry industry in the current situation.

Keywords: Coronavirus, COVID-19, Poultry Industry, Economy

COVID-19 and Its Impact online classes in rural area with special reference to Morigaon district

Pragati Prasad Bora
Asstt. Professor, Dept. of History
Charaibahi College

COVID-19 is a pandemic health crisis. As many countries including India have decided to close schools, colleges and universities i.e. all educational institutions. This short-term but severe disruption is felt by many people: online teaching has turned up as a massive shock for both teacher's productivity and also student's social life and learning.

Teaching and student assessments have moved online, with a lot of trial and error and uncertainty for everyone. Importantly, these interruptions will not just be a short-term issue, but can also have many long-term consequences.

On the other hand, richer countries are better prepared to move to online learning strategies, although with a lot of effort and challenges for teachers and parents. In middle-income and poorer countries, the situation is very mixed even many children do not have a desk, books, internet connectivity, a mobile, laptop at home, or supportive parents. Compared to other districts of Assam, Morigaon District is lacking behind in various aspects like communication, transportation, educational infrastructure as well as information technology.

Keywords: Covid-19, online teaching-learning strategies, productivity, massive

An Insight into the Challenges Faced by Students during the COVID-19 Pandemic: Case Studies from Assam

Prakash Das
Research Scholar, Dept. of Economics
Gauhati University, Guwahati
Mrinal Saikia
Research Scholar, Dept. of Economics
Gauhati University, Guwahati

The COVID-19 pandemic has brought the entire world down on its knees. However, the biological threat took no time to turn into a socio-economic fiasco. The glaring loopholes in the economic system is laid open; from the health sector to aviation to hospitality, none was spared. Among these, the educational sector is of special significance for two reasons. Firstly, parents would be unwilling to send their wards to schools/colleges for a very long time and secondly, though the effects of school/college lockdown is hardly visible immediately, it will have detrimental impacts in the long run. The various stakeholders of education viz. students, teachers, educational institutions and the government, have to face a myriad of diverse effects. This paper would look into the challenges faced by the students from a national perspective, while at the same time putting due focus on the regional contexts of Assam. The study will take into account the already available secondary data related to the education sector to see the potential threats. For example, the development of rural-urban divide is likely to increase due to the difference in availability of adequate infrastructure essential for e-learning. However, more in-depth study is done using personal interview method to understand the effects first hand.

Keywords: COVID-19, educational institutions

Impact of COVID-19 on the Rural Economy of Assam

Pranab Kumar Poddar
Asstt. Professor
Progati College, Agomoni
Sunil Chandra Ray
Asstt. Professor
Progati College, Agomoni

COVID-19, a dreadful nightmare for all the round the globe. Our country India is no where el left to be clutched by the affect of this virus. Lots of lives are in danger and many lives are lost too.COVID-19 has distrupted the Indian Economy to a great extent. It is expected that the lockdown is to safeguard the people from COVID-19 has a negative impact on the economy of India and it is too expected that the economy of India would be downgraded in the Fiscal Year 2020-21.

The aim of this study is- the effects of COVID-19 on the low income population group of Assam excessively dependent on agriculture living in rural areas. Agriculture sector in Assam is already over burdened by excess workers. In this situation migrant workers who returned home during lockdown period increased rural unemployment, deterioted economic growth, increased poverty and health crisis in the villages. The present paper is an attempt to study the overall impact of migrant workers on the rural economy of Assam. It is expected that this study will find some measures to overcome this situation.

Keywords: COVID-19, Migrant workers, Rural Employment

Covid-19 Pandemic and Tourism Industry

Pranami Chakravorty
Asstt. Professor, Dept. of Management
Assam downtown University, Guwahati

In the past years, many countries have always considered tourism as a contributor to economic growth and is widely accepted that a massive investment continues to pour in its development. Travelling has become an important part of everyone's life and is no longer considered as a luxury but a necessity to break away from a normal routine and feel relaxed. Due to the travel restrictions and decreasing demand among the travelers in the COVID-19 pandemic, the tourism industry had a significant impact. The tourism industry has been adversely affected by the spread of corona virus, as many countries have started travel restrictions in an attempt to contain its spread.

The brand image of tourist destinations may be adversely damaged depending upon the response within specific countries. If a country has responded poorly towards COVID-19 and have not shown any safety measures, then tourists may have a negative attitude towards this destination and have doubts to visit those destinations even after the pandemic has been controlled. Therefore the Tourism authorities must promote and reassure tourists that the destination is safe to attract tourists when COVID-19 is controlled. The recovery of the tourist industries might be slow, but once the virus is controlled, this industry will be the first one to see major growth.

Keywords: Tourism industry, COVID 19, Safety Measures

Covid-19 and Role of ICT in Classroom Teaching

Pranchis Narzaree
Asstt. Professor, Dept. of Computer Science
Kokrajhar Govt. College, Kokrajhar

A novel corona virus has been at large all around the world with drastic conditions. As we are aware that the first positive case of corona virus was reported from Wuhan, Hubei province of China in December 2019. As per studies made by various researchers, scientists, medical doctors etc. virus causes Severe Acute Respiratory Syndrome and reported to be known as transmitted through human. And it is now spreading through droplets when a infected person sneezes or coughs or having close contact with family, relatives etc. As per Indian scenario, it is known to have taken painful situation with many containment zones across various states of the country. People have to keep themselves confined to their homes and limited resource under lockdown situation. There are disruptions everywhere across continents in this covid-19 pandemic. And as far as the impact of classroom teaching is concerned it is observed that many schools, colleges, insitutions, universities etc. they have adopted e-learning process by transforming themselves from taditional education system. Even many Govt. Institutions across states in India have already started running smartclasses through internet access mobile phones, PCs etc. from home. It is observed that various crisis, issues regarding poverty, limited net access, poor network signal in remote areas etc. are in the focus. Teachers as well as students have to to leap big length in adjusting themselves with technology. Nevertheless, from schools to Universities, and various institutions have become technologically advanced. Various insitutions have adopted various online mode connecting with students. This covid-19 pandemic has tought many new normal like things such as use of masks, protecting oneself from pollution, physical distancing, use of different apps and devices to reach out to students for sharing study materials, e-books, wisdom, suggestions etc.

Keywords: COVID-19, Teaching-learning, Smart classrooms, Technology

From Classroom Teaching to Online Teaching: The Changing Dynamics of Higher Educating

Dr. Pranjit Saikia
Asstt. Professor, Dept. of Political Science
Doomdooma College

Unique in its diverse cross-section of sources, this article is a philosophical study towards the future role of online university education. Set within the realistic context of the external forces affecting higher education, it bridges the gap between the perspective of industry and that of higher education. I posit that online education is an opportunity equalizer, positioned to help citizens of lesser developed economies form and upskill to compete in employability with those of developed countries. Both the individuals and the economies of these countries benefit. The purpose of this article is to overview the main factors influencing the ability for higher education to provide this opportunity. Possible challenges are illuminated in the context of the real lived experiences of students. A wide range of sources are canvassed, explaining the external environment within which educational systems and the university exist. Rather than providing answers, this article raises pertinent questions with an understanding of higher education's current state of flux.

COVID-19 and its impact on Mental Health

Dr. Prapti Thakur
Asstt. Professor, Dept. of Assamese
Sarupathar College

The expansion of hazardous COVID-19 leads to the world towards a massive uncertainty in 21st century. The media is the way through which we are being aware about its rapid contaminate despite the efforts of scientists to resist it. Millions of people are suffering and sacrificing their life every day. Both government and non-government institutions, organizations and other stakeholders dedicate their utmost level of physical and mental endeavour to cure the patients. Because without having a stage of mental fitness no one can think about total fitness of whole body, as the mental health is an important issue of an individual. This is more relevant in the current circumstance of particular pandemic. Therefore this paper will be an attempt to find definition of mental health, and its relevance and necessity during home quarantine period for a human. Finally what is the way maintaining mental health is another aspect of this paper.

Keywords: Mental health, Home Quarantine, Covid-19

COVID-19 and the Concept of Neighborhood Teaching

Dr. Prapty Das
Asstt. Professor, Department of Botany
B. Borooah College, Guwahati
Dr. Prantik Sarmah Baruah
Asstt. Professor, Department of Botany
Nowgong College, Nagaon

Education is universally acknowledged as a two-way process between the teacher and the student. The foundation of education is continually strengthened by creation of new knowledge, its dissemination and transmission for one generation to another. Any deviation from the real life teacher-student interactive process will lead to erosion of the lofty objectives and values of education.

The COVID-19 virus has presented an unusual situation before the world. From all the accounts of the disease and the research activities to tackle it, in all probability, the society will need to normalize the activities in a new manner to tackle the virus. The paper will discuss the logistical and academic sustainability of education without any paradigm shift in the objectives and values remembering that the vast majority of the world children remain far away from electricity, computers and teachers. Only passage of information leads to devaluation of knowledge.

Keywords: COVID-19, Academic Sustainability

Impact of Covid-19: Mental and Physical Health Status of Children in need of Care and Protection under JJ Act, 2015 in Assam

Pritimoni Gogoi Phukan

Former Ph. D. Research Scholar, (Extension & Communication Management)

College of Community Science, Assam Agricultural University, Jorhat

The research study was carried out in Charaideo and Sivasagar districts of Assam as these two districts have a sizeable proportion of children both boys and girls under the Care and Protection of Child Welfare Committees of both Charaideo and Sivasagar districts in Institutional Care and Non-Institutional Care categories of JJ Act, 2015. Total 120 CNCP children of age group 5-18 years were selected randomly as respondents for the study. Data collection was done by using structured interview schedule. The study revealed that majority of children (84.02%) had felt that they had complete disruption of their day-to-day life due to COVID 19 lockdown. About 87.23 per cent of children had faced boredom due to the COVID 19 lockdown. Majority of children (78.09%) were unaware about the preventive measures of COVID 19 disease before the lockdown and 96.07 per cent of children became aware about the preventive measures of COVID 19 as a result of the lectures and demonstration sessions on COVID 19. About 79.06 percent of children had revealed that COVID 19 related lockdown had discouraged them as they did not get the opportunity to go to school and have education in regular mode.

Keywords: Care and protection; Child Welfare Committees; JJ Act, 2015; COVID-19

A New Crisis to the Migrants Laborers-Covid19

Pritirupa Saikia
Asstt. Professor
NERIM Law College, Guwahati

The creation of artificial man made world with luxuries, bargains, unsatisfied needs and lot more demands have resulted in unethical competitions and immoral unfair practices leading to the purity and sensitivity of Mother Nature in danger. The struggle of nature is full of sufferings and pain yet the social animal couldn't give a humble thought to end such ill use to which Nature has started reacting her way of self calm and peace. The pandemic of covid 19 has her way of treating those who have failed to value her. However it has been rude to everyone bearing two fold hardships to migrant laborers as they have nothing left than the hope of survival for them and their family. This is the faceless underbelly of the republic the migrant laborers who had managed to survive somehow in the grueling demands of a market economy working on a daily wage basis to feed themselves. The pandemic tested their ever gritty spirits leaving them hopeless and helpless limiting their choices and making their life miserable from all perspective of health, money and Identity.

Keywords: Mother Nature, Migrant laborers, survival, economy, pandemic

COVID-19 and Its Impact on the Education Sector: A Study in Majuli District of Assam

Pritisha Das
Ex-student, Dept. of Education
Tezpur University

The COVID-19 pandemic has affected on education sector in worldwide. This study is an attempted to find out the impact of COVID-19 on the education sector. This study was conducted on 60 students of Majuli district of Assam. The sample consists of 30 secondary students and 30 college students. A self-made questionnaire was used for data collection. Descriptive survey research methodology and Purposive sample technique were used while collecting the data. From the interpretation and analysis the result, it can be said that most of the students are not aware regarding different sources and uses of e-learning.

Keywords: COVID-19, education sector, e-learning

Covid-19 and the struggle to fight the socio-psychological impacts on the minds of the Indian population

Priyami Kharghoria
Student, MA 2nd Semester
Dept. of Sociology
Banaras Hindu University

With the outbreak of the covid-19 pandemic globally, what it does to our physical body is quite well known by now. But the affect of this pandemic, psychologically is something that is been ignored to a certain level. People's emotions are very high and they goes through a wave. This is an unprecedented event, the scale of experiencing it in terms of disruption to our lives by social distancing from one another now as a result of this pandemic is leading to severe mental stress, anxiety, loneliness, insomnia and various other risk factors. This in turn is leading to an unhealthy situation in the society. Man being a social animal requires continuous interaction for its survival. This paper explores the affect of Covid-19 in the minds of the Indian population and also tries to suggest some measures to mitigate the mental stress among the people.

Keywords: Psychological, Emotions, Mental stress

Covid-19 Pandemic: Impact on Agriculture and Food

Priyanka Chhetry
Asstt. Professor, Dept. of Economics
Gossaigaon College, Gossaigaon

Both lives and livelihoods are at the risk from COVID-19 pandemic. The ongoing health crisis around COVID-19 has affected all the sectors of the nation. During this challenging time, how does Indian agriculture respond to the crisis and how the government measures affect the 140 million household is a very important aspect.COVID-19 is disrupting the smooth functioning of the agricultural sector and its supply chains. Though the prices of agricultural crops are declining but still the consumers are paying more. Milk sales are depressing badly due to the closure of hotels, restaurants etc. Poultry farmers are facing huge loss due to the misinformation spread in social media that chicken are the carriers of COVID-19. The agricultural sector employs nearly half of the country's workforce contributing 17.5% of the GDP but due to this pandemic the prices of the agricultural crops trade below the MSP. Every year Indian farmers face risk like low rainfall, price volatility debts etc. but risk from the COVID-19 are putting new challenges in front of a sector that is already under threat. In addition social distancing and isolation are huge challenge for farming communities who rely on daily labour and wage for their subsistence.

Keywords: MSP, Isolation

COVID-19 and Urban Life towards Technocracy: A Sociological Analysis

Priyanku Hazarika
Research Scholar, Dept. of Sociology
Tezpur University

This paper articulates the everlasting relationship between pandemic and social transformation. The study focuses on both psychological and social aspects of the possible urban transformation amidst the nationwide lockdown in India. The reciprocal relationship between behavioral changes and rising urban anomalies is examined by contextualizing different theories of sociology, especially - Durkheim, George Simmel, Louis Wirth, along with few other postmodern thinkers. The possible intensification of the process of digitization, and subsequent technocratic regime in future are some of the key aspects of this study. Moreover, a detailed analysis of the issues of inter familial conflicts, social alienation, suicides, marginalization of the migrant workers along with of the future anomalies of technocracy in urban spaces; in relation with COVID'19 and the lockdown are also elucidated by the application of a sociological lens.

Keywords: COVID19, technocracy, urban

Impact of Covid – 19 on manufacturing sector

Pubali Hazarika
M. Phil. Research Scholar, Dept. of Economics
Dibrugarh University

The outbreak of corona virus across nations, which is speculated to be originated in china has cease economic activities globally. Restriction on transport and communication among countries further aggravated in slowing down the economic activities. Production is shrinking mainly in those industries which dependent upon inputs from china. Impact of this virus differs from nation to nation. But one common impact that all the nation is facing is recession. Recession starts due to low level of production in the economy. Lockdown across nation leads shut down of industries irrespective of its size which directly reduces production level in the economy.

This paper tries to demonstrate the prospects and possible impact of the virus on manufacturing sector.

Keywords: Economic activities, GDP, recession

Impact of Covid-19 on Automobile Industry

Puja Agarwal
Lecturer, Dept. of Economics
Duliajan College

The Covid-19 pandemic has had a swift and severe impact on the globally integrated automobile industry. With the World Health Organization declaring the covid-19 outbreak a pandemic, an unprecedented global disruption is at hand. Automobile and component manufacturing plants are being shuttered all around the world. Consumer footfalls in showroom have been fallen sharply, vehicles sales are dropping dramatically and almost every major industry event is either cancelled or going digital. A sudden slump in demand due to the pandemic coupled with environmental factors, technological upheavals and complex regulatory frameworks are making tough times for the industry. The Indian automobile industry which moves in sync with the economy of India has already been struggling with idle capacity, low demand and high cost of production. However, there are also some good opportunities for the industry awaiting in the post Covid situation as personal used cars are expected to see an increase demand owning infection, health and safety concerns with shared mobility. Moreover, the world economy will look for alternative to China which is at the nerve center of the automobile supply chain for a very long time. The paper thereby try to assess the scenario of the automobile industry hit by the corona virus pandemic and also underline some of the future opportunities which Indian automobile industry can grab to insulate from future corona virus shocks.

Keywords: Covid-19, automobile industry, supply chain

Teaching-Learning Experience in Covid-19: Effectiveness of Online Classes

Dr. Purabi Baishya
Asstt. Professor, Dept. of Education
Gauhati University

The outbreak of Covid-19 in February/March, 2020 in India, has forced the educational institutions to shut down. The governments, both at the centre and the states have urged the educational institutions of all levels to continue education from home using technology. Since some of the advanced countries have been launching online education from the beginning of the present century as a part of open school system, but in a country like India in general and Assam in particular, this Pandemic Covid-19 has suddenly emerged as blessing in disguise. It has created opportunity to use technology to continue education by shifting it to remote mode. As there is no other option left to continue education, online classes are gaining acceptance from all sections of people. With limited resource, the stakeholders of education are also facing some problems in making it fully successful. The purpose of this paper is to explore the various tools effective for online classes and to know about the various experiences gained by the teachers and students. The paper concludes with some workable suggestions to make online classes beneficial for all.

Keywords: Covid-19Pandemic, technology, online classes, different tools of online classes

COVID-19 and Its Impact on the Educational Field in India

Dr. Purabi Talukdar
Asstt. Professor
B. H. B. College, Sarupeta
Mrinal Dutta
Asstt. Professor
B. H. B. College, Sarupeta

COVID-19 is a communicable disease caused by a newly discovered corona virus. The COVID-19 pandemic is not only a worldwide health crisis of our time but also has the potential to make a devastating social, educational, economical, and political crisis that will leave deep scars. The pandemic is moving sort of a wave where one which will yet crash on those least ready to cope. The objective of this paper is to study the impact of COVID-19 on the educational field in India. All of us know that nearly all governments around the world have temporarily closed all educational institutions in an attempt to contain the spread of the COVID-19 pandemic. During this paper, Secondary sources of knowledge are used.

Keywords: COVID-19, Educational Field, India

Covid-19 and Its Impact on Rural Economy of Assam

Purandar Gohain
Asstt. Professor, Dept. of Commerce
DDR College

The covid-19 pandemic is marked as a black chapter in the world history. This new pandemic has posed a great amount of challenge causing an uncertainty to the mankind with respect to health and economic conditions of the whole world. A large number of countries including India have under lockdown and during the ongoing lockdown there is a great impact on every field. The economy of Assam is also badly affects and undoubtedly in a terrible position. In Assam almost sixty percent of the total population depends on agriculture as more than 85% of the population is living in rural areas. The rural economy is basically depends upon agriculture. There is a great impact of a huge contribution of rural economy towards national economy. In Assam lockdown stands as a hinder on the development of rural economy. The businesses of rural people are affected and they suffered heavy loss. The lives of farmers, daily wage labourers, small business owners are become difficulties. This paper is an attempt to focus on some aspects of COVID -19 and its impact on rural economy of Assam.

Keywords: Covid-19, pandemic, rural economy

Covid-19 and the Human Rights Conundrum

Rafat Subayyil
Student, BA Final Year
Tata Institute of Social Sciences, Guwahati

The sudden outbreak of the Corona virus which originated in Wuhan, China has engulfed the entire world. The Corona virus pandemic has resulted in a crisis of unforeseen magnitude and threatens the very existence of the human race and it is only evident that the virus has also created a social crisis, a human rights crisis around the world. The pandemic has shown us the ugly side of capitalism which has created wide inequalities and extensive suffering. The United Nations Organisation (UNO), formed after the World War II, has been finally called up to test its capability to function as a global organisation and act as a link between all the countries to work together and collaborate in multiple spectrums to tackle the spread of the virus and the human rights violations. In the context of developing countries like India, the nationwide lockdown imposed since the last week of March has caused difficulties for everyone, especially the marginalised sections of the society. The pandemic showed us the true face of the existing racism and discriminatory nature of mainland Indians. The people from the Northeast residing in other parts of the country had to suffer racial abuse, harassment and accusations of being the virus spreaders. During these dire times where the authorities around the world have been forced to release criminals and violent offenders on parole to stop spread of the virus inside prisons, the Indian government has shamelessly been arresting activists, students, pregnant women under harsh laws such as the Unlawful Activities (Prevention) Act, has shown how even the government has managed to violate certain human rights at the outset of a pandemic.

Keywords: Marginalisation, human rights violations, corona virus

Impact of Covid-19 on Education in India

Dr. Rahul Sarania
Asstt. Professor, Dept. of Economics
Radhamadhab College, Silchar

The impact of COVID-19 pandemic on education is immense as educational institutes all over the world are temporarily closed since the middle of March, 2020. These nationwide closures in an attempt to contain the spread of the novel coronavirus are impacting over 91% of the worlds' student population across 188 countries in the globe. Specifically, in India alone, about 32 crore students are affected, including those in schools and universities. To fill the void for physical classroom education, the government of India has come up with digital (e-learning) programme. While digital learning appears to be a panacea for these times, online teaching should not be the only mode considering the problems at the grass root level, mainly in rural areas where digital infrastructures like device ownership, reliability of local power supply, internet connectivity and digital skills of teachers and students are major caveats and challenges observed. This present paper supposed that government provision of digital devices like smartphone along with assured internet connectivity at home, particularly for the disadvantaged rural and poorer students of the society may ensure access to learning resources.

Keywords: Digital learning, Challenges, India

Impact of COVID-19 on the Education sector

Rajashree Payeng
Student, Department of Economics
Gauhati University, Guwahati

The Covid-19 pandemic has resulted in the disruption of the education sector affecting all the level of education from pre-primary to higher education level. With the increasing number of corona virus cases the state government across the country has locked down transportation, closed all public and private offices including educational institutions. The structure of schooling, learning and teaching methodologies are affected due to the ongoing lockdown, whereby the schools are forced to depend completely on digital platforms like google classroom, zoom etc. But the access to technology is limited only to the privileged sections of the society and is limited only too few schools. This paper is an attempt to study the wide disparity amongst the people with respect to access to technology for education during the current scenario and its affect on the teachers and students because of the lack of infrastructure.

Keywords: Corona virus, Education, Technology

Fighting COVID-19: A reference to the role of the district administration in fighting COVID-19 in the city of Guwahati

Rajashri Agnibashya
Ph. D. Research Scholar, Dept. of Political Science
Gauhati University

The COVID- 19 is a serious issue grasping the entire humanity right at this juncture of time, and the city of Guwahati is also witnessing this menace. Guwahati, the gateway of the northeast India have recorded over hundred cases. The district administration has worked hard to stop the spread of the COVID- 19 through a number of ways. It has adopted measures like- ward wise lockdown; formation of surveillance team consisting of ASHA, ANM, MPW members; used COVID Suraksha mobile application, declared containment zone etc. This paper mainly concentrates on the role of the district administration in fighting COVID-19 in Guwahati and it is purely based on the secondary data.

Covid-19 and Its Impact on the Health Sector: A Case Study of Kachomari, Pathalipahar in Lakhimpur District of Assam

Rajib Pegu
Asstt. Professor, Dept. of Geography
Sankardeva Mahavidyalaya, Pathalipahar

Coronavirus disease 2019 (COVID-19) is an acute infectious respiratory disease caused by a newly discovered coronavirus (SARS-CoV-2). These viruses are transmitted from one infected person to another person. Covid-19, a pandemic disease creates havoc not only in India but also throughout the World. In India, Covid-19 has made a disastrous mark not only in national level and state level but also at local level. It creates hindrance not only in the path of industries, agriculture, tourism, education, business, ICT sectors etc but also in the health sector. Health sector means not only the body health but also the mental health. Common man has suffered the most regarding mental health both financially as well as in domestic issues. These domestic issues has created rift in the families in regards to domestic violence, mental illness etc. Most importantly, the psychology fears had trolled the mind of a common man.

Keywords: Havoc, Mental health, Psychology related-issues

Status of Eri-Culture in nearby Areas of Tihu Town: A Study with special reference to the Rearers during Covid-19 Lockdown

Rajib Ratan Kashyap
Research Scholar, Dept. of Zoology
Bodoland University, Kokrajhar

Eri-culture is very limited in the nearby villages of Tihu town. A survey on eri-culture of hundred families of three nearby villages of Tihu town *viz; Digheli, Heramjar* and *Mahkhuli* was carried out from April 30th to June 15th, 2020. Out of these families, seventy families are engaged with rearing only and rests are engaged with reeling and weaving along with rearing. As per the survey carried out during this lockdown, the silk rearers had to face several problems like scarcity of food leaves and DFL's, lack of different government supplies to the beneficiaries, difficulties in selling the worms in market as a food, low effective rate of rearing, heavy mortality. Moreover due to hectic lockdown, the rearers also had to compromise in case of genuine price of the cocoons. Due to several mentioned problems, thus many of the families have left rearing the eri silkworms as a commercial insect.

Keywords: Eri-culture, Lockdown, Tribal Communities

Awareness of Elementary Teachers in Ghughuha Panchayat towards Digital Pedagogy during Covid-19 Pandemic

Rajit Changmai
Research Scholar, Dept. of Education
Rajiv Gandhi University

Elementary Education forms the very basis of Formal Education. In the 21st century, because of unprecedented march of Science and Technology, no one can deny the importance of Formal Education. It is held that teachers are the eye opener of knowledge to a child. Hence, teachers' activities in the teaching learning process play a pivotal role in students' learning. Gradually, in the course of time, it leads one to productive learning in Secondary Education. It is said that education advances step by step. After Secondary Education, Higher Education begins. This paper would highlight the level of awareness of elementary teachers towards digital pedagogy with particular reference to the pandemic period of Covid-19. The population of the study will be teachers, students and parents and Purposive Sampling technique will be employed in this study.

Keywords: Elementary Education, Formal Education, Digital Pedagogy, Secondary Education

Impact of COVID -19 Pandemic on Sualkuchi Silk Industry, Assam

Dr. Ramen Medhi
Associate Professor, Dept. of Political Science
Suren Das College, Hajo

Assam, the North-Eastern State of India is well known for the production of high quality Slik clothes since the ancient times. In fact, the State has a rich textile cultural tradition with three primary indigenous silk-Golden Muga, White Pat and Warm Eri. Sualkuchi, the Silk Village of Assam is popularly known as the Manchester of the East. The Sualkuchi Silk Industry has been expanded to entire Sualkuchi and its adjacent villages. Altogether 73.78 percent of the households of the village Sualkuchi are being engaged in commercial weaving of handloom (www.assaminfo,com). The Silk industry, now centered in Sualkuchi is a labour intensive industry; its registered trade mark is SUALKUCHI's. However, the COVID-19 pandemic situation has had a devastating impact on the master weavers, weavers, wholesale traders as well other allied workers of Sualkuchi. That is why the Silk village becomes a vital issue of academic discourse particularly during the COVID- 19 pandemic situation.

The study is a combination of historical, empirical and analytical methods and it is based on both primary and secondary sources data.

Keywords: Handloom, Weaver, Silk cloth

COVID-19 and its impact on the Education Sector

Dr. Ranju Medhi
Associate Professor, Dept. of Education
Arya Vidyapeeth College, Guwahati

The most recent Coronavirus (Sometimes referred to as the Novel Coronavirus) is called COVID-19, and was first detected in Wuhan, China in December of 2019.Since its first cases in China, COVID-19 has spread to almost every country worldwide. Since the virus is previously unknown, highly contagious, and passes easily from one person to the next, public health and government officials around the world are working hard to contain the spread of the virus while a vaccine is still unavailable. As part of the effort to contain the spread of the coronavirus, public spaces such as schools, universities, and offices are closing down so that people can stay at home and prevent further spread. Novel Coronavirus (COVID-19) pandemic has significantly disrupted every aspect of human life. As the COVID-19 spread across the globe, alarm bells are sounding in the education sector. The Covid-19 pandemic has forced schools and colleges to shut down temporarily and is causing havoc in the education system. The issue of the COVID-19 and its impact on education is a emergent focus of debate worldwide. Closing Schools, Colleges, Universities and cancelling classes have become a COVID-19 reality in many countries of the world, leading to enormous anxiety and uncertainty. The purpose of this paper is to investigate the impact of COVID-19 on education sector with a focus on the school education. Based on the published documents, reports, the paper provides a critical analysis and reflection on the opportunities and challenges of the education system.

Keywords: Covid-19, Impact on education, Pandemic

Impact of Covid-19 on Rural Economy: A study in Dhemaji District of Assam

Rashmi Sonowal
Asstt. Professor, Dept. of Economics
Madhya Kamrup College, Barpeta

The Covid-19 pandemic is turning out to be a black chapter in the history of the world. The world has never seen such a global health crisis affecting each and every well being since the last World War II. The spread of the crisis is very fast and therefore it is a matter of concern about its impact. It shows different pattern and process of impact in the whole world including India. Generally the impact of Covid-19 has two sights. The direct one is health impact. Where individual health is deteriorated, the other one is the resultant economic impact. Till now no one can predict when to disappearance of the disease. Therefore as an immediate measure to stop the pandemic many countries take complete lockdown of all economic activities excluding emergency and essential services. In a similar way Indian government also undertook lockdown and complete shutdown of economic activities as a precautionary measure to prevent Covid-19 pandemic. These have a serious impact on the country's economy. Due to this lockdown recession started. The poor or middle income group's people, businessman, unemployment, lack of labour in the production field, reverse migration, malnutrition, imbalance in food supply chain , widened inequality ,poverty etc. arises all over the world. As the whole economy is jolted by the pandemic, the rural economy is also affected. In India a large section of people lived in rural area. Therefore in this paper a study is done to know the impact of Covid-19 in rural economy.

Keywords: Covid-19, Economic impact, Rural economy, Development

COVID-19 and Elections

Dr. Rasna Rajkhowa
Asstt. Professor, Dept. of Physics
T. H. B. College, Jamugurihat

The global spread of COVID-19 has profoundly impacted on the delivery of public services and routine events that are integral to inclusive societies. Electoral processes are one such event. The opportunity for a society to confirm officials in elected office or remove them, within a constitutionally defined timeframe, is a pillar of democratic values and standards. The process of doing this is a communal one, and communal events intrinsically bring people together—a process that is contrary to the informed advice for limiting the transmission of a virus, such as the one that causes COVID-19. Decisions must be made to ensure democratic institutions function as they ordinarily would do, during extraordinary times, such as the outbreak of a global health pandemic. This Paper offers an initial overview of key points for electoral administrators, governments and civil society organizations on administering elections amid the continued spread of COVID-19.

Keywords: Coronavirus, COVID-19, elections

COVID-19 and Its Impact on Higher Education Sector

Dr. Reeta Sarma
Asstt. Professor
R. G. M. College, Lengtisinga

On 11th March/2020 the World Health Organisation declared the outbreak of COVID-19 as public health emergency of International concern and a pandemic. In the second week of March, Government of the country began shutting down all educational institutions temporarily as a measure to prevent the spread of coronavirus. The universities decided to digitalise the sector. The switching over to online education by which the country has been adapting to the new-age learning has invariably incorporates obstacles to make it a success. The people in rural areas still are deprived of the latest technological advancements. My area of study is Rajiv Gandhi Memorial College, Lengtisinga a higher educational institution which comprises mainly students of ***char*** area. The poor living condition along with no access to Android and network, electricity makes online education unfeasible.

Keywords: Char area, Poor living condition, Network problem

Impact of COVID-19 on the FMCG Sector in India: An Analysis

Dr. Rijusmita Sarma
Asstt. Professor, Department of Statistics
L. C. B. College, Guwahati
Anwesha Sarmah
Student, School of Business and Management,
Christ (Deemed to be University), Bangalore

The Fast Moving Consumer Goods (FMCG) sector is an important contributor to Indian economy and it has become the 4th largest sector of the economy. FMCG products are becoming equally popular among rural and urban population in India. This paper studies the FMCG sector of India and also the Government's initiative towards the growth of this industry. However, outbreak of COVID-19 seems to slow down the growth of this Industry, not only in India but its impact was felt globally. This study puts thrust on the use of nontraditional trading strategies to combat the effect of this pandemic on the growth of this essential sector.

Keywords: FMCG Sector, E-Marketing

COVID-19 Pandemic and its impact on the Education Sector in India

Ringkang Mushahary
Research Scholar
NEHU, Tura Campus

The spread of Novel Corona virus is also known as COVID-19 pandemic has considerably interrupted every part of human life, agriculture, financial, business, labour market, health and including education. The disturbing spread of the corona virus caused damage and affected in the education sector nationwide which is forcing educational institutions to close down. As by the end of May 2020, the epidemic had spread to over 215 countries and resulted in the closure of over 91 percent of all schools, colleges and universities impacting close to approximately 1.7 billion students. That is why this paper attempts to investigate the impact of COVID-19 on the education sector in India. The findings will be indicating that the COVID-19 has serious impacts on students' learning and well-being, and that it will potentially broadens the gaps between normal and abnormal children in their equitable access to quality education. The study *urges* that *attempts* will be made the ways to overcome the issues, challenges, drawbacks and reasons behind covid-19 impact on education system.

Keywords: COVID-19, Education, Challenges

Impact of Novel Covid-19 on Society: A Study of Ethical Issue

Ringshat Basumatary
Asstt. Teacher
GRB High School
Kunjulal Narzary
Asstt. Professor
Kokrajhar Govt. College

This paper is brief about the Covid-19 and its impact on society and over the globe. Covid-19 is a kind of disease. It was named as Covid-19 on 11 February by the WHO as the official name. Basically covid-19 was started in Wuhan city of China. In late December 2019 Chinese health authorities have first reported an outbreak of this disease to the WHO country office. The Covid-19 infection has since spread to many countries around the world and become a pandemic. The most commonly reported symptoms include a fever, dry cough and tiredness, and in mild cases people may get just a runny nose or a sore throat, difficult breathing and may ultimately experience organ failure. The novel corona virus is an outbreak disease which is came (became) from food and suffuse from human to human. More than 4 lakhs of people defeated by the corona virus and 8.6 million had injured in the world including deaths. This virus has impacted directly or indirectly on our morality because as we have experienced of corona that many misunderstanding occurs in the human society.

The ethical acceptability of Impact of Covid-19 on society would be in part contingent on there being potential benefits that outweigh the expected risks. The health authorities used some vaccines to control the outbreak of Covid-19. And those who are outcome or coming from other state or other country they should need to stay in quarantine. There are many ethical problem lies in the society such conscious of people on virus.

Keywords: Impact, Ethics, Society

Covid-19 and its impact on Agricultural Sector: A Case study of Bengtol block

Ripima Narzary
Ph. D. Research Scholar
Gauhati University

The covid-19 lockdown has impacted different sector of the Indian economy its impact on Indian agriculture has been complex and diverse across various segments of agricultural value chain and across season when the lockdown was announced and crops like wheat , chickpea, mustard , corn , potato , carrot etc. were to be harvested .It was also the time for the farm produce to reach market for selling and earning profit of what has been invested .The immediate challenge, therefore was market access for the farm produce which was problematic due to absence of transportation and unavailability of workers for operation at farm and the shutdown of hotels and restaurant there was no demand of seasonal crops at market. At such pandemic and prolong lockdown the farmer has faces a consequence of loose of capital (invested), labour and force them to poverty. In India most farmer are the vulnerable section of the society whose only sources of income is through farming and selling the crops. This article examined the socio economic implications of COVID-19 pandemic and lockdown on food and agribusiness sector in Bengtol Block. We also discuss problems for producers of perishable commodities such as milk, vegetables, fruits and poultry. We also examine the announcements that have been made by the government so far and show that the government has provided no additional relief so far to deal with various problems that the lockdown has created. In fact, its refusal to acknowledge the seriousness of the crisis has resulted in worsening of distress and emergence of new challenges as the agricultural seasons have moved forward.

Keywords: Covid-19, Food security, Food supply chain, Agriculture, Lockdown, Market

Psychological and Economic Impact of COVID-19 on Tourism Industry with special reference to India

Rituparna Sarma
M. Phil. Research Scholar, Dept. of Economics
Dibrugarh University

By the end of December 2019, the eruption of SARS-CoV2 popularly known as COVID-19 started in the Wuhan City of Hubei province in China. It was initially reported to the WHO on December 31, 2019. On January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency. On March 11, 2020, the WHO declared COVID-19 a global pandemic. By the end of March 2020, more than 160 nations putting the public health first, implemented countrywide shutdown, hence the travel and tourism industry came to a complete halt. This paper highlights the significance of the tourism industry and its role in the Indian economy; investigates the impact of COVID-19 on the tourism sector, and proposes some possible recovery measures.

Keywords: COVID-19; Lockdown; Tourism; Economy

Impact of COVID-19 on Education with special reference to Rural India

Dr. Roselin Basumatary
Asstt. Professor, Dept. of Economics
Kokrajhar Govt. College

We are going through a very tough time because of the disastrous virus, the COVID-19, ravaging into every aspect of our life, making things topsy-turvy to everyone on the earth. The consequences of the pandemic are worrisome. Based on the secondary data the paper aims to highlight the education scenario of the world with special reference to India due to COVID-19 and the costs associated with it. The study finds the widespread closure of formal learning places in almost all the countries of the world including India. The study also highlights that, even when the closures are temporary, it carries high social and economic costs, namely, unequal access to technology, nutrition and food insecurity, unintended strain on health care system, students' learning outcomes and impact on local economies.

Keywords: Impact, COVID-19, education

Covid-19 and its impact on food security in India

Rumi Brahma
Asstt. Professor (contractual)
Department of Economics
Gossaigaon College

Food security means that all people at all times have physical, social and economic access to sufficient, safe and nutritious food that meets their food preferences and dietary needs for an active and healthy life , as defined by the United Nations committee on world food security. As the unprecedented Covid- 19 has hit the nation, its effect on our food systems cannot be ignored. The most affected will be the vulnerable people of the nations. If the required nutritious food are not consumed then there will be the high risks of being prone to the virus. India being one of the most populous country has around 195 million people who are undernourished and among this nearly 47 million children in India do not meet their full human potential because of chronic under nutrition or stunting (FAO estimates, 2019). The WHO report 2019 found that people in the world even not hungry face uncertainties about their ability to obtain food and had to compromise on the quantity or quality of food they consume. As India being a labour-abundant country this pandemic has left many workers unemployed, and also hindered the availability of agricultural inputs and movements of transport networks and hence will aggrevate the problem of poverty and food insecurity among the marginalized people. This again will be a hinrance in achieving one of the goals of SDG's. The UN World Food Programme (UNWFP) had estimated that Covid -19 will increase the number of people facing acute food insecurity around the world upto 256 million around the world in 2020. The government of our country has launched various policies and stimulus package in overcoming such problems. The paper will attempt to study the issues on food insecurity posed by novel Covid -19 and the measures adopted.

Keywords: food security, undernourished, stimulus package, children

Impact of Covid -19 on Informal Worker: A Study of Migrant Labour of Assam

Dr. Rumia Begum
Asstt. Professor, Dept. of Economics
Ratnapith College, Chapar

Covid-19 pandemic and the pandemic induced lockdown has created a havoc in the lives and livelihoods of millions of informal workers and has displaced lakhs of the migrant workers from their workplace. The health pandemic has pushed the workers into a financial pandemic with a perilous option to choose between live and livelihood. As India went under lockdown, the images of stranded labours with their children and family with no food and shelter venturing almost an impossible journey of hundred and thousand kilometres on foot, has ashamed our 21st century civilized society. This study has intended to look into the lives and livelihoods struggle of returning migrant labour of Assam during the lockdown period. The study is exploratory in nature and telephonic survey method has been used to collect data from 34 respondents. The findings of the survey have derived some significant insights into the precarious living condition, devastated livelihood and the reachability of relief schemes by this segment of informal workers.

Keywords: Covid-19, Lockdown, Migrant

Impact of COVID-19 on Tourism Industry of Assam

Runumi Das
Asstt. Professor, Dept. of Economics
Madhya Kamrup College, Barpeta

Tourism is considered as an important industry of 21st century. It has a vast scope for the generation of income and employment. Assam, the North-Eastern sentinel of the frontiers of India is richly endowed with places of tourist attraction. So, Tourism industry of Assam has the potentiality not only to generate employment but also for creating job opportunities such as tourist guides, conducted tours, establishment of hotels, and so many other avenues in the tertiary sector. But the current COVID-19 outbreak has left a devastating impact on the tourism scenario of India as well as Assam in particular. The World Travel & Tourism Council (WTTC) estimates that 75 million travel and tourism jobs are at risk globally due to COVID-19 pandemic. In Assam it is seen that, the whole tourism value chain across hotels, restaurants, resorts, travel agencies, tour operators etc. directly or indirectly associated with the tourism sector. Tourism industry of Assam engages around 1 million of its population. Therefore, the pandemic is expected to leave a huge amount of unemployment rate in the state in the coming days. This paper makes an attempt to explore the tourism potentiality of Assam and also the problems which will have to face by the industry after COVID-19 and suggest measures for the development of tourism industry in the state.

Keywords: COVID-19, Employment, Tourism

COVID -19 and Its Impact on the ICT Sector in India

Rupali Saikia
Librarian
Khoirabari College, Khoirabari

Information and Communication Technologies (ICTs) play a pertinent role in Economic growth and development of India. Through time the ICT sector has employed more than 10 million people. Today, the sector is estimated to employ 3 million, while indirect job creation is estimated at 8.9 million. Last year, the sector created 160.000 new jobs in India. In a developing country like India it has stood out in the form of software exports, despite the country's relatively low level of income and development. The IT industry has also created significant demand in the Indian education sector, especially for engineering and computer science. Due to early neglect and cover-ups of the Chinese government, a new type of pneumonia outbreak, now known as coronavirus, has taken place in China since last year. The outbreak has and still is impacting all industries, including the Information & Communication Technology (ICT) sector. Even though businesses are grappling with current losses, in the long run, the ICT industry might be one of the few still standing and, in many aspects, stronger than before. This paper analyzes the impact of the COVID-19 on the global ICT industry in India.

Keywords: ICT, COVID-19, economic development

Impact of COVID-19 on Socio-Economic sector with special reference to Bongaigaon district

Dr. Rupnath Owary
Asstt. Professor, Dept. of Bodo
Bongaigaon College
Bandana Boro
Research Scholar
Bodoland University, Kokrajhar

The COVID-19 virus which originated in China spread in India and impacted on social and economic life in many ways. As COVID-19 virus spreads from person to person, the first case of COVID-19 in our country was reported on 30 January 2020. Several people who have travel as well as contact history to affected countries tested positive. Later on transmissions grew like a wave in India also. Thus, PM Narendra Modi announced nationwide lockdown in phase wise to contain the pandemic. On 24 March, the Prime Minister ordered a nationwide lockdown for 21 days. As a result shops, hotels, restaurants, shopingmall, bars, gyms, sports, cinema halls, schools, colleges and other public places of Bongaigaon district are closed to contain the spread. Abiding the government orders, all the people of the district stay at home to prevent the spread. Thus, social and economic life of all the people are badly affected by COVID-19 pandemic.

Keywords: COVID-19, Pandemic, Social, Economic

Identity Theft, Covid-19 and Consumers' mental wellbeing

Samreen Ashraf
Senior Lecturer in Marketing
Bournemouth University, UK

With the sudden change in the global environment post COVID-19 pandemic, now it is more important than ever to reduce the chances of identity theft and look after consumers' financial wellbeing.

It is a well-documented fact that despite the availability of on-line channels of banking, the online banking consumer influx has rapidly increased post COVID-19. This rapid growth in the usage of online banking services have also given rise to the potential scams causing economic, financial loss leaving a major impact on consumers' mental wellbeing. Cifas (UK fraud prevention body), is warning individuals and companies to be extra vigilant following an increase in the number of scams seeking to exploit the coronavirus (COVID-19) pandemic. In this regard, identity theft has attracted attention from researchers and practitioners in the past two decades. However there is a limited research on the victim's short term behaviour post facing the identify theft. Thus this research aims to fill this research gap by investigating this topic in detail.

Keywords: Identity Theft, Covid19, Financial wellbeing

A Study of Racial Discrimination against the North-Eastern Indians during the Outbreak of Corona Virus Pandemic in India

Sanchuma Goyary
Ph. D. Research Scholar, Dept. of Political Science
North-Eastern Hill University, Meghalaya

Racial discrimination against the people of North-east India is not a new phenomenon in India. The people from North-east India are well-versed and have been experiencing the ugly trend or tendency for years now. The paraphernalia of slang words used for the North-east people by mainland Indians include; *Chinky*, *Momo*, *Cheap*, *Chowmein*, etc. Stereotyping of North-eastern Indians is common. Young men from the North-east India who wears tattoos and sports a certain hairstyle are tagged as an alcoholic or a drug addict. Similarly, young women wearing shorts and half-sleeve shirt are automatically considered "Cheap", which provokes unwanted advances. Yet, reports of racial discrimination against North-east people during the outbreak of Corona Virus pandemic is uncalled for, especially during such time of humanitarian crisis. North-east people especially migrate to mainland India for search of better opportunities in jobs and education. The melancholy and perplexity of the people belonging from North-east India during the outbreak of corona virus can be cognizant of the facts that reports of the people from North-east India are being called as "Corona Virus" in some of the cities of India. Therefore, it is imperative to study and analyse the impacts of racial discrimination against the North-east Indian in these turbulent times.

Keywords: Racial Discrimination, Corona Virus, North-East

Covid-19 Pandemic and Challenges to Primary Education

Sanjay Deuri
M. Phil. Research Scholar
Arunachal University of Studies

COVID-19 so-called Coronavirus ongoing global pandemic started Wuhan city, China in December 2019 caused due to the Severe Acute Respiratory Syndrome Coronavirus-2 (SARA-CoV-2) which was declared as a Public Health Emergency of International Concern on 30 January 2020 and Pandemic on 11 March 2020. The Corona remained in hypocrisy to the people of the remote region till the end of March 2020 which adversely affecting the education system of all the sector. COVID-19 naturally it has been beneficial for nature to heal itself from the anthropogenic threats to the environment creating an environment free from many more hazardous. The pandemic however is a challenge to human civilization especially activities where socialization is a most and widespread gathering of population. So the situation has effected adversely on the economic, education system also all aspects of social institutions. But the E-Learning into the education system has mobilized the phenomenal society of education recently. It is seen the higher education stages has started initially but it has become challenges to the primary sector due to various reasons. This the situation of remote areas of Assam which will be emphasized in the paper.

Keywords: COVID-19 Pandemic Primary, Education, and E-Learning

COVID-19 and its impact on tea industry & tea workers of Assam

Sanjoy Narzary
Asstt. Professor, Dept. of Economics
Gossaigaon College, Gossaigaon

The complete lockdown effective from the evening of March 24, 2020 all over India has impacted seriously the tea industry of Assam. Assam has around 800 tea estates where 7.21 lakh of workers are employed. The tea estates started re-working in the state of Assam with 50% of workers with effect from 10th April, 2020 and with 100% of workers from 8th May, 2020.This lockdown is not only affecting the production side of tea industry but also equally the daily life of tea workers. It is stated in the newspaper entitled 'The Economic Times', 15th April, 2020 that following the covid-19 pandemic, tea planters body estimates that Assam has suffered losses to the line of Rs1,218 crore. It is also observed that tea workers are not getting full wages and full ration during the lockdown which further deteriorates the poor living condition of the tea workers. This paper tries to highlight the impact of COVID-19 on tea industry of Assam covering tea production and the life of tea workers. The findings of the study basically based on the secondary data collected from different sources like internet, books, journals, newspaper, etc. It is highly expected that the outcomes of the study will definitely bring into light some present burning issues arising out of the ongoing COVID-19 in the field of tea industry as well as in the life of tea workers.

Keywords: Tea industry, tea workers, covid-19, lockdown, tea production

Impact of Covid-19 on Primary Health Care with Limited Resources

Sarjima Brahma
Research Scholar
University of Science and Technology, Meghalaya

Stress on health care system throughout the world due to Covid-19 pandemic is creating the need of rationing of medical equipment and care. And during this situation, yielding recommendation with no difference in allocating scarce resources between patients with Covid-19 and those with other medical conditions is of a question. It has impacted the global population with emergency health care services letting behind other services of primary health care which declined rates of primary care visits and in resources to deliver the services. It was emphasized that during this situation, economic slowdown with scarce resources would result in substantial additional maternal deaths with 12,200 respectively even in the last severe scenario of over a period of six months. So, the study reflects the challenges facing maternal health care as a primary health care other than the need of situation with health care for affected people with Covid-19 and further need of the hour with more new programs to address it.

Keywords: Primary health care, maternal death

Covid-19 and Its Impacts on Indian Labour Market: An Analysis

Dr. Sastri Ram Kachari
Asstt. Professor, Dept. of Economics
Sipajhar College, Sipajhar

Corona virus disease 2019 (COVID-19) is defined as illness caused by a novel corona virus now called severe acute respiratory syndrome corona virus 2 (SARS-CoV-2; formerly called 2019-nCoV), which was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China. It was initially reported to the WHO on December 31, 2019. On January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency. On March 11, 2020, the WHO declared COVID-19 a global pandemic, its first such designation since declaring H1N1 influenza a pandemic in 2009. International Labour Organization (ILO) estimated that globally more than 25 million jobs would be threatened due to the spread of corona virus. It is estimated that four out of five people (81percent) in the global workforce of 3.3 billion are currently affected by full or partial workplace closure. The US, UK, Canada and most of the European and Asian countries have begun to register huge job losses leading to significant rise in unemployment rate. The ILO in its report 'ILO Monitor 2nd edition: COVID-19 and the world of work', describes COVID-19 as 'worst global crisis since World War II'. According to the report of Centre for Monitoring Indian Economy (CMIE),only a little over one-fourth (27.7percent) of the total working age population (15-59 years) of 1003 million, i.e. 285 million people were working in the week after the lockdown (the corresponding last figure before lockdown being 404 million. This shows that within the two-week period of lockdown, 119 million workers have lost their jobs.

Keywords: ILO, COVID-19, CMIE, WHO, Wuhan City etc.

Covid-19 and its impact on work life

Shabnam Yesmin
Faculty
Dispur College, Guwahati

The Covid-19 is becoming the accelerator for one of the greatest workplace transformation of our lifetime. How we work, exercise, shop, learn and communicate will be changed forever. With respect to the continuity of business, companies around the world have switched over to online/virtual mode of working. In this paper we will study the change of work culture in the current pandemic situation as social distancing measures have been implemented everywhere which has led employers to ponder how they can keep their people safe from the virus and continue their operations effectively. It is important to understand that it is a human crisis and hence having an empathetic, transparent and supportive approach towards employees is important. Here, we use descriptive survey method with primary data. Finally, effort is made to give suggestions for improving work from home environment which seems to be the new normal.

Keywords: Improved work, Work life, Environment.

Impact of Covid-19 on Migrant Labourers in Assam

Shah Alom
Asstt. Professor, Dept. of Economics
Chhamaria Anchalik College, Kamrup

Covid-19, a pandemic spread all over the globe, has restrained the normal life living of each and every stakeholders of the society. It is observed that the labourers who worked outside their normal place of living are severely affected due to this fatal virus. These people have compelled to leave their working place and have to migrate to their permanent living station. Study reveals that these group of people have already loss their job and in the new setting of life they are not able indulge in any professional venture. Without any source of livelihood, it's become hurdle for them to maintain family expenditure. The present study seeks to analyse the impact of this pandemic on the migrant labourers in the state of Assam. The study is based on the secondary data sources and search literature by surfing website of different govt., semi govt. and non govt. organisations.

Keywords: Covid-19, Migrant labourers, Livelihood

Impact of Covid-19 on the Rural Economy of Assam

Md. Shahinur Islam Ahmed
Asstt. Professor, Dept. of Economics
Hatsingimari College, Hatsingimari

The outbreak of Covid-19 is a public health emergency throughout the globe. With the immediate implementation of mandatory lockdown in India, many expert forecast its impact on downfall economy of the country. Assam is one of the Northeastern state of the country has 31.20 million population (Population Census, 2011) where 85.90 % people are from rural background and majority of them depend their day to day life on agriculture and allied sector. In my observation it is realize that there is serious downfall of socio-economic status of the rural people due to the shutdown of day to day activity. Which causes huge damage of agricultural product and vegetables; and spoilage of perishable foods and fruits due lack of marketing channel to the urban and city areas. Another problem associated with covid-19 is the reverse migration of people (People working outside to support their family) which will create extra burden of dependency on agriculture and allied sector. This negative impact will result in a falling of significant number of people to below poverty level. To mitigate the negative impact of rural economy, the government has implemented short term measures in terms of incentives of cash, seeds etc. and long term measures include economic packages, wage subsidy and job creation for migrated labour. However, effective implementation of these plan at grass root level and re-evaluation of the plan is utmost important to revive the rural economy which considered as the major challenges during this situation of pandemic Covid-19 in Assam.

Keywords: Covid-19, Impact, Rural economy

Covid-19 versus livelihood issues of farmers in agricultural sector of rural areas of Assam

Dr. Shaikh Fokor Uddin Ali Ahmed
Asstt. Professor, Dept. of Mathematics
F. A. Ahmed College, Garoimari
Nuruzzaman Hoque
Asstt. Professor, Dept. of Political Science
F. A. Ahmed College, Garoimari

The raising of Covid-19 throughout the Globe is now a major concern of almost all the countries. It is very clear from the pandemic situation of Covid-19 that the general economy of the world significantly taking the downturn since last few months. Agriculture is the main economic foundation of major portion of people in rural areas of Assam. The income of the small farmers of the rural areas of Assam has been affect severely during this pandemic situation due to shuttered market. Markets are the essential activities for economic livelihood of farmers and for access of food. When all the people across the country are attempting to delay the spread of the novel corona virus by canceling large events, closing schools, and banning large gatherings then what the farmers, who sell directly to consumers, through farmers markets or other channels, will do, how their farms will survive if those outlets temporarily shutter. Our present paper attempts to find these answers.

Keyword: Covid-19, Livelihood, Market, Farmers etc.

Construction Industry in India-Overcoming Recent Crises Including the Effects of Covid-19

Dr. Shailen Deka
Asstt. Professor, Civil Engineering Department
Tezpur University

Construction industry has remained one of the major contributors to Indian economy. Since 2000, its share to the economy has ranged from 5.3% to 7.5%. Construction sector directly or indirectly employs the second highest number of people after agriculture. Along with its upstream sectors like raw material extraction and processing industries and downstream sectors like housing, transportation, etc., it is one of the most influential economic sectors. But, even after recording a spectacular growth of over 12%, the Indian construction sector suddenly suffered in the last couple of years. Over that, the Covid19 pandemic brought the construction industry to its slowest pace. It is required to bring the construction industry to its full steam again for overall national prosperity and well being. For this, short term infusion of efforts and resources are to be integrated with medium and long term goals.

Keywords: Construction Industry, Economic Growth, Economic Slump, Employment, Covid-19

Impact of COVID-19: A Global Challenge on Food Crisis

Sher Ghimire
Ph. D. Research Scholar
Central Department of Population Studies
Tribhuvan University, Nepal

Human being, since the beginning of its exitance, has been witnessing different catastrophes. Thomas Malthus and his follower believe that a rapid population growth can be a cause. COVID-19 is already a manifestation.

In the calamity, food crisis is an issue that human being faces. 1.3 Million People were in food crisis in Cox Bazar in 2019 (Global Report on Food Crises 2020). 265 million people will face crisis levels of hunger unless direct action is taken (UNDP Report 2019).

On the other hand, the economic conditions including of donor countries worsening day-by-day. USA alone recorded that over 20 million American applied for unemployment due to the recent COVID-19 pandemic (World Economic Forum June 2020).

COVID-19 has already affected in plantation and will continue to do so in coming days exacerbating in harvest and, therefore, in food production, allocation and distribution and consequently to the food shortage.

Keywords: COVID-19, Food crisis

COVID-19 Pandemic and its Impact on Education Sector

Shravani Bhardwaj
Student, B.A.LL.B (H) 10TH SEMESTER
NERIM Law College, Guwahati
Rajkumari Chandrani Devi
Student, B.A.LL.B (H) 10TH SEMESTER
NERIM Law College, Guwahati

Towards the end of February 2020, the alarm bells began to sound about the widespread escalation of the COVID-19 infections and within 2 weeks, around 120 countries had to shut down their educational institutions affecting almost a billion students worldwide in response to the pandemic. As of 7 June 2020, an estimated 1.725 billion students has been affected because of disruption of schools. As per UNICEF Report, 134 countries have imposed national shutdown and 38 have imposed local shutdown, affecting about 98.5% of the world's student population.

The worldwide lockdown of educational institutions has caused extensive and uneven disruption in students' learning; interruption in internal assessments; and even cancellation of examinations. Teaching and student assessments has shifted online, on an unproved and remarkable scale with a plenty of trial and error and uncertainty for everybody. The teachers and students have to cope with the changing dynamics of online teaching, for which they were not prepared.

This paper takes into consideration the hindrances, its impact and consequences of COVID-19 on the education sector. The paper also enlists certain suggestions in response to this pandemic for making education sector more feasible, well equipped and accessible for the students so as to adopt themselves to the 'new normal life'.

Keywords: disruption, accessible, etc.

Impact of COVID-19 on Employment opportunities in India: Prospects and Challenges

Shrutidhara Kashyap
Asstt. Professor, Dept. of Economics
Arya Vidyapeeth College, Guwahati

The adverse economic impacts posed by COVID-19 will be going to affect the world for a long, especially in developing nations like India. India, being a labour abundant country with a huge informal sector records as the worst sufferer in terms of labour management. The influx of reverse-migration resulting from nationwide lockdown has created various challenges for the governments of native states in terms of providing basic facilities and means of livelihood. With a large number of unskilled labour forces without digital literacy, the menace to employment generation will be fuelled by introduction of digital platforms for performing work in different sectors. This paper attempts to analyse the prospects and challenges of employment generation for the labour force in the post-COVID phase in India. The paper is based on secondary data taken from various reports including WHO, ILO, UNICEF and government websites. . It tries to throw light on the opportunities brought forth by efficient utilisation of human capital to arrive at a self-reliant and sustainable economy.

Keywords: COVID-19, reverse-migration, labour force, employment

COVID-19 and its impact on Agriculture and Allied sector

Siddharth Nayan Sharma
Asstt. Professor, Dept. of Commerce
5 Years Integrated MCOM Course
Gauhati University

The enduring health predicament around COVID-19 has affected all walks of life. During these difficult times, it is of great importance to examine the response of India's as well as Assam's agriculture to ensure a far-sighted survival of 140 million farm households across the country. Because of long-lasting restrictions on movement of people and transportations, there is widely discussed negative effect of COVID-19 on agriculture and allied sectors. The poor sections of society are always the worst sufferer in any disaster or pandemic situation. With about 85% of Indian farmers being small and marginal farmers, welfare measures to contain any damage from COVID are definitely going to help them with sincere implementation. Understating the possible plight of the farmers, effort has been made in this study to understand the possible impact of this pandemic on the sustainability of agriculture and allied sectors. Study will also encompass some measures to rejuvenate the agricultural productivity during post pandemic situation.

Keywords: Pandemic, Agriculture, Farmers, Productivity

Covid-19 and its Impact on Environment, Ecosystem and Climate change

Sikandar Kumar
M. Phil. Research Scholar
Dibrugarh University

Along with the other aspect of society, the outbreak of Covid-19 pandemic also has an impact on environment and ecosystem too. Unlike other aspect, the impact of Covid-19 on environment is a bit of positive that leads to the healing of ecosystem which was disturbed and collapsed by the human activities since last couple of decades. Worth mention that during lockdown for covid-19 outbreak the economic and other activities got disrupted in society and the immediate result of this phenomenon was reflected on the difference elements of environment and ecosystem .Therefore this paper will be an attempt to figure out the repercussions of covid-19 pandemic on environment, especially this will cover the different aspects of nature vise-air, soil, water, forest so on. There is an aspect that associated with this paper is climate change, this airs also impacted by the curb that was imposed by the government for covid-19 pandemic in India.

Keywords: Environment, pollution, disruption

Covid-19 and its Impact on the Business Sector

Sikha Jeuti Das
Asstt. Professor
Karmashree Hiteswar Saikia College, Guwahati

The impact of Coronavirus (COVID-19) is being felt by all businesses around the world. It has swept the globe, spreading uncertainty and upheaval wherever it has affected. It is undoubtedly an anxious time, where the livelihood of many entrepreneurs and business owners has been threatened. This current situation is deeply unsettling in which leaders are first and fore mostly worried about the health of their families and employees and yet they are also overwhelmed with business challenges. This paper is focussed mainly on the problems and challenges faced by the business leaders and also how to transform the massive challenges into new normal one.

Keywords: Covid-19, Business leaders, Challenges, Employees

COVID-19 and Its Impact on the Education Sector

Dr. Sirajun Nahar Begum
Asstt. Professor, Dept. of Education
Lakhimpur kendriya Mahavidyalaya

COVID-19 is the infectious disease caused by the most recently discovered CORONAVIRUS. This new virus and disease were unknown before the outbreak began in Wuhan, China in December' 2019 and now COVID-19 is a pandemic affecting most of the Counties in the World.

The global lockdown of educational institutions from Nursery to University level is going to cause major interruption both teachers and students on their teaching and learning processes. Disruptions in regular classes, internal assessment, sessional exams, unit tests, seminar presentations, continuous and comprehensive evaluation etc. Lack of face to face contact between teachers and students, it is creating many problems and causing more harm in spite of their online contact.

In higher education many Colleges and Universities are re-scheduling the time of the final exams and it has become uncertain whether the same or not. Some sessional and traditional exams are being replaced with online tools. This is a new field for both teachers and students and there is every possibility of occurrence of more errors in assessments than usual. In school level the online classes and assessments are creating many problems to the tiny students. Now the most important question is, “What can be done to solve the negative impact of online education or loss the classes in the lockdown period from Nursery to University level"? Educational institutions need resources to rebuild the loss in teaching and learning processes when normal classes start again.

Keywords: COVID-19, Education, Impact

Impact of Covid-19 on Education – A Comparative Study among the Rural and Urban Students of Assam

Smita Lahkar
Research Scholar, Dept. of Economics
Gauhati University
Tridisha Buragohain
Research Scholar, Dept. of Commerce
Gauhati University

The world community is under the grasp of the Covid-19 disease and plight is faced by the whole world because of massive transmission, death, lack of vaccine and medication to fight the novel corona virus and lockdowns. The sudden rise in the number of Covid-19 cases all around the world has not only hit the global economy but also the social, mental and physical aspects of human life. The impact of the pandemic seems to be multi-sectoral, however, one of the worst hit areas is the education system. The Indian students habituated to the traditional style of education are deprived of one-on-one interaction and are pushed into the online education framework overnight because of lockdown declared by the Government. This paper aims at studying the widespread impact of the Covid-19 pandemic on the school going students belonging to both rural and urban areas of Assam.

Keywords: Covid19, Education system, online education, rural and urban areas

COVID-19 and its impact on the Health of Elderly People

Smritimayee Sarma
Research Scholar
Cotton University, Guwahati
Dr. Bandana Sharma
Associate Prof., Department of Statistics
Cotton University, Guwahati

Health is regarded as a vital component in the growth and development of any country. According to the World Health Organization (WHO), it is a state of complete physical, mental and social well being and not merely the absence of disease or infirmity. The elderly people are mostly affected by the COVID-19 pandemic because of pre-existing diseases create weaker immune systems in them. For all these, deaths among the elderly people due to COVID-19 are found to be more in the world. In this study an effort is made to have an idea about the impact of COVID-19 on the health of the elderly people. The study is based on secondary data.

Keywords: Health, Elderly People, COVID-19

Impact of Covid-19: A challenge to Indian Economy

Sofior Rahman Pramanik
Ph. D. Research Scholar
B. R. Ambedkar Bihar University

Covid-19 cases in India have been rising rapidly. Although Indian government has been taking several steps(to protect it) such as imposing a series of nationwide lockdown and complete ban on travel, yet the affecting has crossed three lacks arising rank -4 in world's Nations. Like all other pandemic, Covid-19 has been badly impact to the globe changing the way of the world. It has damaged the global economy including Indian economy. The economic impact in India is largely disruptive. Within a month, unemployment rate has risen from 6'7% on 15 March to 26% on 19 April [1].Along with the production supplying chains has broken. The government's income has been decreasing in all sectors. Tourism industry and other small scale industries have completely collapsed. Under the complete lockdown, a large number of farmers and migrant workers around the country also faced uncertainty. In this article, I will explore the impact of COVID19 on the Indian economy.

COVID-19 and its impact on education sector of India

Somaina Narzary
Asstt. Professor
Borobazar College, Borobazer

In present we all are aware about the outbreak of Pandemic COVID 19 which is leading to the near total closure of the public gathering places like educational institutions, shops, commercial, transport system etc .In this paper the investigator is going define about the impact of this pandemic COVID19 on education sector of India. According to UNICEF Monitoring, in the world wide 134 countries are currently implemented nationwide closure and 38 are implementing local closure impacting 98.5% of world's student's population.39 countries school is currently open. This pandemic affected in every stage of educational sector from primary to higher education level. The structure of schooling, teaching learning process, examination system is highly affected by this closure. In India during this closure of all the educational institutions the government recommended to teach the students through online mode. Among 320 million students' only 12.5 percent students had access to Smartphone and most of the teachers are I'll equipped for online teaching.

Keywords: COVID 19, Indian Education, students, government

A study on impact of covid-19 and transformational teaching learning experiences in higher education

Dr. Sonmani Roy
Asstt. Professor
Guwahati College

The pandemic has significantly disrupted the higher education sector, which is a critical determinant of a country's economic future. The pandemic has transformed the centuries-old, chalk–talk teaching model to one driven by technology. This disruption in the delivery of education is pushing policymakers to figure out how to drive engagement at scale while ensuring inclusive e-learning solutions and tackling the digital devise. A key aspect of coping with Covid-19 is to ensure that the learning remains a continuous process virtually. This is the high time to accept technology and its latest offerings in order to make education delivery to students more effectively and make it more productive, scientific and systematic through online learning and assessments. This study is aimed at to reveal the teaching learning experiences of teachers and students in higher education in Covid-19 era.

Keywords: Covid-19, teaching learning experiences, Higher education

Impact of Covid-19: Indian Diaspora and the Gulf Countries

Sreshtha Chakraborty
Research Scholar
Jawaharlal Nehru University, New Delhi

India has historical, economic, commercial, political and cultural relations with the gulf countries. Indian Diaspora stands at the core of India's relations with the gulf countries. There are more than 8 million Indians who are present and working in these Gulf countries out of which 50 percent of them are unskilled workers, 30 percent semi-skilled and the remaining 20 percent are skilled workers, forming the backbone of India's ties with the region. Therefore, it has been a growing concern for India to address the challenges faced by the Indian Diaspora as the global health crisis has majorly impacted the oil-driven economy of the region. Indian Diaspora in the Gulf countries is massively hit by the pandemic affecting both the living and working conditions. This paper seeks to analyse the impact of Covid-19 on the Indian migration and the conditions of Indian Diaspora in the gulf countries. It looks into the major challenges of the overseas migrant workers living in the gulf countries in view of the Global humanitarian health crisis. It will be qualitative and descriptive in nature and will include both primary and secondary sources. Primary sources will include government reports and field trip experience. It will mostly rely on secondary resources, like reports from various national and international Think Tanks, NGO reports, journals, newspaper articles both print and e-paper and internet sources.

Keywords: Covid-19, Indian Diaspora, Gulf Countries, Migrant Workers

Impact of COVID-19 on Tourism Industry from Global perspective

Srijani Hazarika
Ph. D. Research Scholar
Dept. of Economics
Gauhati University

The COVID-19 pandemic is an ongoing global pandemic. This pandemic has affected every sector and has put the entire world on alert mode. While most of the corporate industry is functioning from home, what about the tourism industry? This pandemic is the biggest challenge that any country has ever faced as international travel could be adversely impacted by up to 25% this year which is equivalent to a loss of three months of travel. In this study the global revenue and job loss in the tourism industry due to COVID-19 is discussed. Along with it how the countries' tourism industry of the world and how the different sectors related to tourism industry are affected due to this pandemic is discussed and what will be the responsibility of the respective governments of the countries for the revival of the industry is also discussed.

Keywords: COVID-19, Tourism Industry, Global

COVID-19 and ASHA workers: New Challenges

Dr. Sujata Choudhury
Faculty, Dept. of Economics
Ramanujan Academy, Baihata Chariali

"ASHA" which stands for Accredited Social Health Activist are the trained female community health activist selected from the local community where they are to be employed. The concept was introduced to the rural India under the umbrella of NRHM. At present they are in both rural and urban communities of the nation. Except Goa, Puducherry and Chandigarh, all the states have ASHA workers. Working as the backbone of the healthcare system at grass root level, the dedicated and hard working health personnel are playing a very important role in this pandemic situation of COVID-19. While performing their duty as the frontline workers, educating the masses and creating awareness about the importance of sanitization to combat the pandemic and collecting data from door to door, the ASHAs are facing many challenges. In this paper it is tried to discuss the challenges facing by the ASHA workers in Assam.

Keywords: ASHA, Assam, COVID-19

Impact of COVID-19 on Occupations: It's Changes and challenges

Dr. Sujata Deori
Asstt. Professor, Dept. of Geography
North Gauhati College

At present, the whole world community is fighting against a highly infectious disease named Corona Virus Disease (COVID-19). This virus is quickly diffused to different countries of the world from its originating place at Wuhan, China. The outbreak of COVID-19 has been declared an international public health emergency on January 30, 2020 by the World Health Organization. The highly infectious nature, increasing numbers of fatalities, and lack of vaccine of the disease have compelled most of the countries of the world to lockdown for long periods. People have been experiencing never experienced and never expected frightening situation in their lives. The lockdown situation and its consequences have influenced many people to change their occupations and to take the risks of their new livelihood.

This paper tries to discuss the impact of Corona Virus disease on changing occupation pattern and its challenges faced by the people.

Keywords: Occupation, Risk, Lockdown

Problems and challenges of Education during Covid-19

Sunil Kr. Sharma
Asstt. Professor, Dept. of Pol Science
Bilasipara College

The Covid -19 Pandemic has had a major impact on education both negative and positive. The whole world is suffering from biggest public health risk which is leading to one of the largest and the quickest re-organisation of the world order. By the end of the June 2020,the epidemic had spread over 215 countries and resulted in the closure of over 90% of all Universities and Colleges and Universities impacting close to more than1.38 billion students all over the world. The speed spread of the epidemic, the closure of higher education institutions and the transition to online teaching was so swift that hardly give any time to plan and to reflect on the potential risks or the potential opportunities that such a sudden change could bring. Certain negative impacts of Covid-19 on education -1, sluggish cross border movement of students, 2-Passive learning by students, 3- unprepared teachers for the online teaching, 4-changing format of student's recruitment and admission. Some positive challenges of education like rise in blended learning, learning management system to be the new norms, improvements in learning materials, rise in collaborative work.

Keywords: Transition, Recruitment, Sluggish, Potential, Blended

Covid-19 and its Impact on the Business Sector

Sunny Shreya Dutta
Lecturer
Gyan Vigyan Academy, Dibrugarh

The Covid-19 outbreak has spread like a wild fire across the globe. The restriction imposed in response to curb it has crippled all sectors of a nation, one among the worst affected is the business sector. It has crashed business activities starting from MNCs to petty businesses. It has affected the global scenario including auto and auto component sector, tourism and hospitality industry and even the oil sector. The disruption in investment and consumption demand process brought a halt to the manufacturing units. It has financially paralyzed the participants of 'gig economy', daily wage earners, business related to consumer goods, education, health, transportation, luxury sector, resulting in heavy losses. However, positive impacts are seen in the pharma and digital activities. This paper intends to study such impacts on the business sector.

Keywords: Covid-19, impact, business

Jolt of Covid-19 in Dentistry

Dr. Supriyo Pal
Senior Lecturer, Dept. of Oral and MaxilloFacial Surgery
Sri Siddhartha Dental College and Hospital, Karnataka
Manjil Mousam Sabanya
House Surgeon
Sri Siddhartha Dental College and Hospital, Karnataka

The dawn of Coronavirus disease 2019 (COVID-19), spawned by the SARS-CoV-2 (SC2) virus has shuddered healthcare institutions nationwide. All dental surgeons are in high-risk category due to direct subjection to saliva, blood and the procedures spawn virus containing aerosols. SARS-CoV-2 abide aerosolized up to 3 hours. The ramification of this will only be treating emergencies, to prevent patients and staff exposure to the risk of infection and allow a better distribution of the necessary resources to the departments actually managing COVID-19 patients.

The financial impact will result in some dentists going out of business. As the coronavirus pandemic begins to wind down, many surgeons might not restart their practice. This will further lessen the number of private practice clinicians.

The use of N95 respiratory masks, eye protection, and hair and body coverage can reduce the transmission of virus.

Keywords: COVID -19, Dentistry

Impact of the Covid-19 Pandemic on Big Tech Corporations

Tanay Choudhury
Ph. D. Research Scholar
Omeo Kumar Das Institute of Social Change and Development, Guwahati
Dr. Juthika Barman Choudhury
Asstt. Professor, Dept. of Economics
Narangi Anchalik Mahavidyalaya, Guwahati

The COVID-19 global pandemic has brought upon economic and financial losses across the globe. However, the big players, equivalent to empires, have seen the pandemic as an opportunity to strengthen their influence and control over the economy and market place. Alongside, the big tech is also playing a major role in restraining and controlling the spread of the virus, thus strengthening the ethical narrative which legitimises the influence of the big techs. This brings about fears of monopolistic domination by the big tech companies in the Post-Covid world order.

Keywords: Covid-19, Big-tech, monopoly

Impact of Covid-19 on Indian Economy

Tapan Deka
Asstt. Professor
Barama College, Barama

The Covid-19 pandemic inflicts mainly on two fields in our country- health sector and economoc sector. The first case of Covid-19 was recorded in India on 30th January, 2020. Since then, the cases of Covid 19 have increased in India steadily and significantly. Today India has crossed 3, 50,000 cases of infection (at the time of writing of this paper).

Due to Covid-19, the prolonged country wide lockdown in India, and associated disruption of demand and supply chains, the financial condition of India is likely to face proctracted period of slowdown. The impact of economy will depend on the duration of the lockdown, the severity of health crisis and the manner in which the situation unfolds once the lockdown is lifted. My paper attempted to discuss about the state of Indian economy in pre-covid 19, impact of the shock on various segments of the economy, and tries to analysis of the various policies already announced by the central government India. This paper also attempted to put forward a set of policy recommendation for specific sector.

Keywords: pandemic, covid-19, economic downturn, supply chain

Covid-19 and Concussion of Globalisation

Tapashi Dasgupta
Asstt. Professor, Dept. of Commerce
ICFAI University, Nagaland

COVID-19 is a pandemic which jolted the whole world. Mass death, suffering, migration, collapse of business establishments, rampant job losses has followed the pandemic. From a small city Wuhan, the infection has spread its pangs and bites the whole world within few months. This brings to the fore a serious discourse on globalisation. The champions of globalisation contemplate a borderless world where there is integration of business and markets, people and government worldwide. But along with integration and exchange of trade and commerce, there is exchange of diseases also as can be seen in the case of the current COVID-19 pandemic. This paper tends to discuss the repercussion of COVID-19 in the context of globalisation.

Keywords: COVID-19, Globalisation, Global economy

COVID-19: It's Impact on the Agriculture Sector

Tarali Das
Asstt. Professor, Dept. of Economics
B .B. Kishan College, Jalah

Agriculture is the backbone of any economy. It is the primary sector which generates employment so that the entire circle of economic circulation goes on. When we talk about the Indian economy the majority of the population is restricted to this sector. The impact of covid-19 on the economy is no doubt devastating. No sector has escaped from its impact. The problems in agriculture at the moment are primarily related to- (1) Labour unavailability and, (2) Inability to access markets for product due to issues in transportation as well operation of markets. Many agricultural workers are unable to lift themselves out of poverty and food insecurity. With the ongoing pandemic livelihoods of all the farmers and the people who are indulging in this sector are at high risk. Farmers are not able to harvest their crops because their labourers have fled back to their villages. This is the peak Rabi season in India and it is going to get wasted .This is also the time when the farmers go to the market and sell their product. But due to lockdown, they cannot go to the market. It shows negative impact of Covid-19 on agriculture.

Keywords: Covid-19, Agriculture, Lockdown

Covid-19 and Its Impact on the Education Sector

Tarun Kumar Das
Asstt. Professor
Dept. of Economics
Fakiragram College

Efforts to stem the spread of COVIT-19 through non pharmaceutical interventions and preventive measures such as social distancing and self-isolation have prompted the widespread clouser of primary, secondary and higher educationing in over the country. Mathematical modelling has shown that transmission of on outbreak may be delayed by closing schools. Effectiveness depends on the contacts children maintain outside of school. The COVID - 19 pandemic has affected educational system worldwide. School closures impact not only students, teachers and families but have far reaching economic and social consequences. The impact was more severe for disadvantaged child and their families, causing interrupted learning compromised nutrition, childcare problems and consequent economic cost to families who could not work. In response to school closures, the government recommended the use of distance learning programme and open education applications and platforms that schools and teachers can use to reach learners remotely and limit the disruption of education.

Keywords: COVID – 19, School, Social, Teachers

Impact of COVID-19 on Tourism of Assam

Tinku Nath
Asstt. Professor, Dept. of Geography
Dhing College, Nagaon

The outbreak of the COVID-19 pandemic has a withering impact for many sectors and among them; tourism is one of the sectors most affected. COVID-19's cascading impact has been found to stultify Assam's tourism and hospitality industry at a staggering rate. The COVID-19 impacts are severe. The brunt is now facing dozens of people working for this sector as there is a nationwide lockdown to check the spread of the deadly virus. It also leads to income loss as no national and international tourist is allowed to visit Assam's tourist site during the lockdown period, which affects the state's economy on a large scale. The government and the tourism sector's stockholder must, therefore, work together on a plan to reboot the state's tourism sector in a phased manner to revive Assam's economy. In this paper, an attempt has been made to determine the possible impacts of COVID-19 on Assam's tourism sector.

Keywords: COVID-19, tourism, lockdown, impact

Post Covid-19 and Migrants Labour Issue: A Study of Assam

Topu Choudhury
Asstt. Professor, Dept. of Political Science
Chilarai College, Golakganj

The prevailing Covid-19 pandemic situation across the world has significantly disrupted the economy. The countries, be the developed or underdeveloped or developing are passing through economic crisis. Labourers are an important elements for economic development. Many people of Assam are working as laboures in different establishments across India. But due to Covid-19 pandemic situation, the labours are compelled to return to Assam. Still many migrants' labours from Assam are stranded in different parts of the country with no food and shortage of money. This paper attempts to understand the Post Covid-19 conditions of these labours.

Keywords: Covid-19, Economy, Migrant Labours

Gendered Pandemic: A Peep into Impact of Covid-19 on Women

Trikha Rani Das
Asstt. Professor
Gossaigoan College, Gossiagoan

Global epidemic which popularly called pandemic is though seems new but the pages of history are not barren of such incidence. We have a series of history of pandemic situation in different periods of time. Example may be made of Black Death (plague outbreak) of 14th century, Spanish flue of 1918 & most recently the outbreak of Ebola, Zika, and SARS etc. The epidemiologist put their strong efforts to protect mankind from those epidemic situations. But, like the health issues this global epidemics have several other influences over different aspect of society. Out of all the areas, in this paper attempt has been made to study influence of pandemic situation over the weaker section. It has been notice that during the lockdown period, several news has sprung out in media about domestic and sexual violence against women. Even WHO has shown its serious concerned about the matter. According to a data of UN WOMEN, women and girls age 15th to 49th have been subjected to sexual and physical violence perpetrated by an intimate partner in the previous 12 months. Being a country of third world, in India too the percentage of domestic violence has increased. Therefore this research paper tries to find out the reason behind the increasing violence against women and attempted to suggest some solution to stop this silence scream inside the four world of the house. In preparation of the paper both the primary and secondary sources have been used and data has been interpreted through analytical methods.

Keywords: Pandemic, Lockdown, sexual abuse, domestic violence, UN Women

Covid-19 pandemic and its impact on the Indian labour market

Trishamani Deka
Research Scholar
Gauhati University

First half of year 2020 is almost gone fighting with a global epidemic called covid-19 which has caused most of the global leaders to re-think about their capacity. On 11th march 2020, World Health Organisation declared this disease as pandemic and almost all the countries around the globe are bearing the brunt of covid-19. In India, first case of covid-19 was found on 30th January 2020 in Kerala's Thrissur district and from then the number of cases is rising day by day. To fight against the pandemic, government of India has put the whole country under lockdown which has been creating a recessionary pressure upon the economy and labor market is worst affected by these unwanted turn of events. News and articles are flooded with issue of 'reverse migration and loss of jobs and businesses has been reported to an alarming rate. This paper is a small attempt during this period of fear and depression to focus briefly the impact of covid-19 pandemic on the labour market of India.

Keywords: Migration, informal sector, job losses

Covid-19: Lockdown and its impact on agricultural sector with special reference to vegetables and fruits production in Assam

Tulika Chowdhury
Asstt. Professor (contractual)
Dispur College, Guwahati

Farmers in Assam cannot sell their produce in the market leading to huge losses and debts with the long lockdown imposed across the country to contain the spread of the deadly Novel corona Virus (COVID19). Fear of contracting the virus the people of most of the area have made block across the roads and all other gaps, not letting outsider's even buyers of their products to come in and residents to go out. As a result there is a sharp decline in demand and the State is expected to lose around 3,580 metric tons of the total winter crops.

According to an official report assessment by Govt. of Assam, commercial farmers have suffered a loss of Rs.40.8 crores on perishables but small farmers have by and large benefitted by selling fruits and vegetables worth Rs.113 crores locally. Last year, the farmers earned more than Rs.300 crore by selling their products to Delhi, Uttarpradesh, and other states.

This paper tries to show the impact of lockdown on the Vegetables and fruits production in Assam.

Keywords: Vegetables, Fruits

Covid-19 Pandemic and Unemployment Issues in India

Udeshna Buragohain
M. Phil. Research Scholar
Dept. of Economics
Dibrugarh University

In the last few weeks of 2019, Wuhan had reported high number of cases of pneumonia without a clear cause and was unable to recover from the existing vaccine and medicine. Later a hypothesis was formulated that, the disease is a new kind of Corona Virus that involves zoonotic transmission that are being sold in the sea food market in Wuhan. WHO on March 12th, 2020 has declared Novel Corona virus as pandemic. This covid-19 pandemic have affected almost 213 countries which has shrank the economy and struck it with immeasurable downturn since 1870. More than 7.6 millions of people are infected, the death toll have reached to a total of 423,906 globally and likely to increase by the end of the pandemic. This health crisis has converted itself to a global crisis. A report of the World Bank has expected that the economic activities of the Emerging Market and Developing Economies (EMDEs) will decreased for the first time in 60 years. Workforce has reduced globally due the economic disturbance caused for social distancing, self-isolation and travel restriction which forced to shut down of offices, business, financial market etc. In this paper we studied how India's employment is hit by the coronavirus and will the country be able to tackle its unemployment issues and revived the economy.

Keywords: Novel Coronavirus, Economy, Downturn, Global crisis, Unemployment

Impact of Covid-19 on Health Sector: A Philosophical Perspective

Ujwala Basumatary
Asstt. Professor, Dept. of Philosophy
Gossaigaon College, Gossaigaon

The Covid-19 outbreak was triggered in December 2019 in the city of Wuhan, which is in the Hubei province of China. The virus continues to spread across the world. The pandemic spread of Covid-19 has significantly disrupted every aspects of human life. This paper study the impact of Covid-19 on health sector. The Covid-19 pandemic is first and formost a health crisis. The rapid spread of this new virus has however triggered a shift in paradigm from an egalitarian allocation of healthcare resources to utilitarian approach which has led to discussion about society's greatest taboos-death and dying and the economic value of individuals' health. This paper also argues that the current government's emergency healthcare policy has thereby favoured a utilitarian approach to healthcare rationing. Secondly the paper provides a critical analysis of the current situation for the allocation of healthcare resources and the provision of services to patients directly or indirectly affected by the virus. The pattern chosen for their allocation must therefore focus on the attainment of justice.

Keywords: Covid-19, human life, healthcare, utilitarian, value, justice

Covid-19 and Fake News on Social Media Heading Towards Dark Path

Upasana Borah
Student
NEF Law College, Guwahati

As the rest of the World fights against COVID-19, India is also been fighting its own "war". With a number of increasing cases day-by-day it makes sure the outbreak of the virus is at its peak. The media particularly electronic media and digital platforms are engaged in a cut-throat competition of breaking story and telling them before the pubic which has become unbelievably active in providing news encouraging it. A large number of citizens have also gone into a hyperactive mode to share news and information about covid-19 on various social media platforms. Armed with popular messaging and content apps like TIK-TOK, WHATSAPP, YOUTUBE are almost enable to access to the data, Indians who were second only to the Chinese in the number of active internet users are increasingly communicating and exchanging information about the virus. Much of the communication is the fake news which spreads faster and easily than this virus and is more dangerous as compared to the virus. Traditionally, news used to be that portion of information which was published by print media released by news agencies without the process of editing in an appropriate manner rather adding crisps in it and spreading it like a virus. News published in the print media goes through rigorous checking on its authentication and later on after the final verification it is thus confirmed to the laws of the land and the guidelines issued by The Press Council of India, The Hon'ble Supreme Court and the respective High Courts.

Covid-19 & its impact on print media with special context of Assam

Upen Deka
Asstt. Professor, Dept. of Assamese
Chhaygaon College, Chhaygaon

The impact of the pandemic of corona virus is seen in each and every aspect of human life in all over the world. It has created havoc in almost all sectors in society. Hence, Covid-19 has also affected the large sector of print media. The devastating affect of this pandemic has put a great challenge in front of the print media. Even in many countries print media is struggling a lot for its survival. This scenario is not an exception in case of India too. The pandemic of corona has affected the sector of print media in Assam also. The print media had enjoyed a great circulation of news papers and magazines among readers before this pandemic. As a result of which during these days of corona and Lockdown the publication and circulation of many renowned news papers & magazines from the capital, Guwahati had to be stopped under inevitable circumstance. During this hour of crisis, many people previously associated with print media have lost their jobs. The future of many others is hazy. So, the future of this big sector of print media is under the deep threat. Our research paper will try to investigate how this pandemic Covid-19 has affected the field of printing media with the help of field study and analysis.

Keywords: Adverse effect, pandemic, print media

Covid - 19 and Its Impact on the Education Sector at the National and Local Level

Dr. Usha Rani Deka
Asstt. Professor, Dept. of Education
Mangaldai College

The 2020 is one of the most terrible years for the whole world as it is started with a pandemic named COVID - 19. Though COVID - 19 was outbreak in Wuhan city of China on December 2019 at the beginning , but later on it rapidly started spreading all over the world and yet it is not under control . During this crucial period the whole world faced challenges in different sectors including India. It affects on Education sector also. It interrupts the conventional education system of our country. Definitely, it opens a new scenario in the field of education. It is the time using innovative techniques and methods in teaching - learning and evaluation process for the benefit of the student-community. It is the time for ICT based learning.

Keywords: COVID-19, Humanity, Education

Challenges of e-Learning in the Rural Areas of Assam

Dr. Uttam Kalita
Asstt. Professor, Dept. of Geography
Khoirabari College
Biju Deka
Lecturer
Khoirabari Jr. College

The outbreak of COVID-19 pandemic has crippled the life style of the people all over the world. Most of the Governments around the world have temporarily closed educational institutions in an attempt to restrict the spread of the COVID-19 pandemic. Government of India has also closed all the educational institutions in the country.

All the educational Institutions in Assam have also been closed by the Government due to COVID-19. This lockdown system adversely affects the educational environment of the state. All the students from primary to Higher education have to remain at home without getting education which leads to frustrations among the students. To solve this problem the Universities all over the country have shifted the mode of teaching from the traditional classroom to virtual digital learning which is a challenging task in rural Assam with poor internet connectivity and poor economy where 85.90% people resides.

This new mode of education has to face a lot of challenges in the state like Assam particularly the rural areas which needs to be addressed.

Keywords: severe, frustrations, traditional

Covid-19: Reshaping the Education World

Vani Achari Ummadisingu
Asstt. Professor
Pillai College of Education and Research, Mumbai

This paper reviews the impact of COVID19 pandemic on the present education scenario and how it has navigated from conventional teaching to virtual world. According to UNESCO nearly 290.5 million students' education has been disrupted by this COVID19 pandemic. This paper examines the COVID19 pandemic impact on access, inequities and digital divide in education. The main objective of this paper is to address the various benefits and challenges of the effect of COVID19 pandemic in the Indian Education system. This paper also discusses about the possibilities of new avenues in education field. It highlights the use of multifaceted remote learning models like online, offline and mobile proposed by World Bank. The paper also describes the potential large scale adaptability of digital technology for futuristic learning.

Keywords: COVID-19, Pandemic, Digital Divide, Remote Learning, Adaptability, Digital Technology

উত্তৰ-পূব ভাৰতৰ সংস্কৃতি

সম্পাদনা
টুলুমণি চেতিয়া
বিজুমণি দত্ত



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কাৰবি আৰু ডিমাচা সমাজত গোত্ৰ প্ৰথা আৰু বিবাহ পদ্ধতি /৮৬
কৃষ্ণা গগৈ
দেউৰী জনগোষ্ঠীৰ লোকবিশ্বাস ঃ এক বিশ্লেষণাত্মক অধ্যয়ন
(জন্ম, মৃত্যু, বিবাহ সম্পৰ্কীয় লোকবিশ্বাসৰ আধাৰত) /৯৪
শৰৎ মেচ
আহোম সকলৰ পৰম্পপৰাগত নাৰীৰ লোকাচাৰ /১১৪
নীলিমা শেনচোৱা
আহোমসকলৰ উৎসৱ-পাৰ্বন ঃ এটি অৱলোকন
(মে-ডাম-মে-ফি আৰু চক্‌লঙৰ বিশেষ উল্লিখনসহ) /১২৩
শাশ্বতী হাজৰিকা
হাজংসকলৰ খাদ্য সম্ভাৰ ঃ এক বিশ্লেষণ /১৩৪
ডন সোনোৱাল
বড়োসকলৰ বসন্তকালীন উৎসৱ 'বৈছাগু' /১৪০
অমল চন্দ্ৰ দাস
নক্টে জনগোষ্ঠীৰ সামাজিক লোকাচাৰ /১৪৮
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জেউতি পাংগিং
বড়ো সকলৰ পৰম্পৰাগত উৎসৱ - খেৰাই পূজা /১৬১
মন্দিৰা গগৈ
নাৰীকেন্দ্ৰিক উৎসৱ পচতি ঃ এটি আলোচনা /১৭০
বিজুমণি দত্ত
অসমীয়া সাজপাৰত বিশ্বায়নৰ প্ৰভাৱ /১৭৬
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গ্ৰাম্য জীৱনৰ চাং আৰু আধুনিকতা /১৮২
ৰঞ্জন গগৈ
মিচিং জনগোষ্ঠীৰ লোকবিশ্বাস আৰু ইয়াৰ পৰিবৰ্তন ঃ এটি আলোচনা /১৮৭
ৰাহুল কলিতা
আহোমযুগৰ সাজপাৰ ঃ দক্ষিণ-পূব এছিয়া আৰু থলুৱা সংস্কৃতিৰ সমন্বয়ৰ নিদৰ্শন /১৯৫
ৰৰুণ শইকীয়া

হাজংসকলৰ খাদ্য সম্ভাৰ ঃ এক বিশ্লেষণ

ডন সোনোৱাল
প্ৰাক্তন ছাত্ৰ, অসমীয়া বিভাগ
ডিব্ৰুগড় বিশ্ববিদ্যালয়

০.০ অৱতৰণিকা ঃ

অসমৰ সকলো জনগোষ্ঠীৰে নিজা সামাজিক-সংস্কৃতি আছে। হাজং জনগোষ্ঠীয়েও এই ক্ষেত্ৰত স্বকীয়তা বহন কৰি আহিছে। অসমৰ মিশ্ৰিত সমাজ-সংস্কৃতি গঠন আৰু অসমীয়া জাতি গঠন প্ৰক্ৰিয়াত হাজংসকলৰ ভূমিকা অন্যতম। হাজংসকলে পূৰ্বৰে পৰা নিজা ৰীতি-নীতি, লোকাচাৰেৰে কিছুমান সামাজিক উৎসৱ-অনুষ্ঠান পালন কৰি আহিছে। হাজংসকলৰ ভৌতিক সংস্কৃতিৰ দিশটো যথেষ্ট চহকী। তেওঁলোকৰ খাদ্যসম্ভাৰ আৰু ইয়াৰ প্ৰস্তুত প্ৰণালীত এক সুকীয়া বৈশিষ্ট্য পৰিলক্ষিত হয়। এই আলোচনাৰ জৰিয়তে হাজং জনগোষ্ঠীৰ পৰম্পৰাগত খাদ্যসম্ভাৰ আৰু ইয়াৰ প্ৰস্তুত প্ৰণালীৰ সম্পৰ্কে আলোচনা কৰাৰ প্ৰয়াস কৰা হৈছে। লগতে বিশ্বায়নৰ কবলত এই দিশত কেনেধৰণৰ পৰিৱৰ্তনে দেখা দিছে সেই দিশতো দৃষ্টি দিয়া হৈছে।

১.০ হাজংসকলৰ পৰিচয় ঃ

"মংগোলীয় গোষ্ঠীৰ হাজংসকল সম্প্ৰতি হিন্দু ধৰ্মাৱলম্বী শাক্ত আৰু বৈষ্ণৱ। প্ৰবাদ মতে পূৰ্বে গোৱালপাৰা জিলাৰ শুৱাৰকোণাৰ পৰা পশ্চিমে বাংলাদেশৰ জ্যোমকোনালৈকে হাজংসকলৰ বাসস্থান। এতিয়া ভাৰত আৰু বাংলাদেশৰ বিভিন্ন ঠাইত হাজংসকল সিঁচৰিত হৈ আছে। বিশ্বাস অনুসৰি হাজংসকল বৰ্তমান কামৰূপ জিলাৰ হাজো অঞ্চলৰ বাসিন্দা, ইয়াৰ পৰাই বিভিন্ন ঠাইলৈ তেওঁলোকৰ বিস্তৃতি ঘটিছে। আন এক বিশ্বাস মতে হাৰাজন শব্দৰ পৰাই হাজং শব্দৰ উদ্ভৱ- 'হা' মানে দুখ আৰু 'জন' মানে মানুহ। আৰ্যকৰণ হোৱাৰ পিছত কাত্যাবী যাজুনৰ সৈতেও হাজংসকলৰ সম্পৰ্ক স্থাপন

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প্রণিপাত

উনবিংশতিতম সংখ্যা, ২০১৮



সম্পাদনা ঃ
বিজয়া বরুয়া

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সম্পাদনা সমিতি

সভাপতি	ঃ	দীপেন কুমাৰ বড়া
সম্পাদিকা	ঃ	বিজয়া বৰুৱা
সম্পাদনা সহযোগী	ঃ	মৃদুবাণী তামুলী পৱন কুমাৰ গগৈ মানস জ্যোতি গগৈ দীপশিখা বৰুৱা
প্রচ্ছদ	ঃ	কল্যাণ কুমাৰ দাস
প্রকাশক	ঃ	শ্রীশ্রীশংকৰদেৱৰ ৫৭০ তম্ জন্মোৎসৱ পালন সমিতি, ২০১৮ চন, ডিগবৈ
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মুদ্রণ	ঃ	দি অসম কম্পিউটাৰছ্ তিনিচুকীয়া, অসম- ৭৮৬১২৫ দূৰভাষ- ০৩৭৪-২৩৩০৪২৪
শুভেচ্ছামূলক অৰিহণা	ঃ	১০০.০০ টকা মাত্ৰ

শ্রীমন্ত শঙ্কৰদেৱৰ জীৱন দর্শন আৰু বিজ্ঞান	শ্রীমুন মুন দেৱ মহন্ত	১২৫
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(গৱেষণা-পত্ৰ)

মাধৱদেৱৰ ঝুমুৰা ঃ দৰ্শন, ৰস বিচাৰ আৰু গদ্যশৈলী

✍ ডন সোণোৱাল

অৱতৰণিকা ঃ

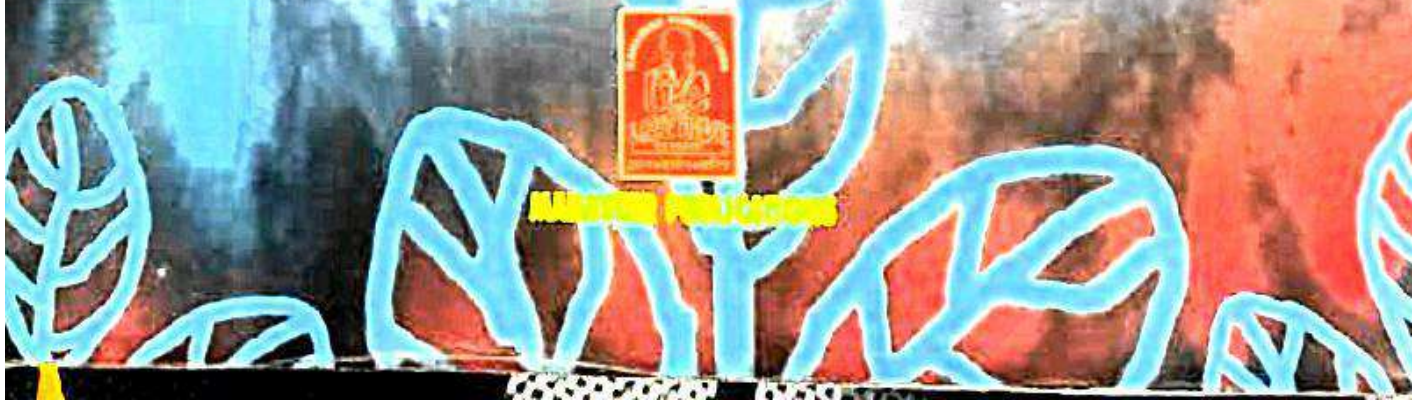
শংকৰী যুগৰ বলিষ্ঠ সাহিত্যিক মাধৱদেৱৰ ঝুমুৰাসমূহ নিসন্দেহে অসমীয়া সাহিত্যৰ গুৰুত্বপূৰ্ণ সৃষ্টি। শংকৰদেৱৰ অংকীয়া নাটৰ তুলনাত মাধৱদেৱৰ নাটসমূহ কিছু পৃথক। যিহেতু শংকৰদেৱৰ নাটসমূহৰ তুলনাত মাধৱদেৱৰ নাটসমূহৰ কাহিনীৰ পৰিসৰ সংকীৰ্ণ। সেয়েহে এনেধৰণৰ নাটক ঝুমুৰা বুলি অভিহিত কৰা হৈছে। এই নাটসমূহত শংকৰদেৱৰ নাটৰ দৰে পূৰ্ণ আখ্যান বা উপাখ্যান পোৱা নাযায়। মাধৱদেৱে শংকৰদেৱক অনুসৰণ কৰি ছখন নাটক ৰচনা কৰিছিল বুলি প্ৰবাদ আছে। কিন্তু পাছলৈ তেখেতৰ নামত ভণিতা পেলাই কোনো কোনোৱে গীত ৰচনা কৰাৰ দৰে কেইবাখনো নাট অন্য লোকে ৰচনা কৰা বুলি সন্দেহ কৰা যায়। সি যি কি নহওক মাধৱদেৱৰ নামত প্ৰচলিত পাঁচখন নাটক সন্দেহমুক্ত আৰু মাধৱদেৱৰ ৰচনা বুলি নিশ্চিত। সেই নাট পাঁচখন হ'ল ঃ অৰ্জুন ভঞ্জন, ভূমি লেটোৱা, চোৰধৰা, পিম্পৰা গুচোৱা আৰু ভোজন বিহাৰ। 'অৰ্জুন ভঞ্জন'ৰ বাহিৰে বাকী আটাইকেইখন নাটক ঝুমুৰাৰ অন্তৰ্গত। প্ৰদত্ত আলোচনা পত্ৰখনত প্ৰাচীন অসমীয়া গদ্যশৈলীৰ নিদৰ্শন মাধৱদেৱৰ ঝুমুৰাৰ নাটকীয় গদ্যশৈলীৰ বৈশিষ্ট্য আৰু গুৰুত্বক আলোচনা কৰাৰ লগতে ৰস বিচাৰ আৰু ঝুমুৰাত প্ৰতিফলিত দৰ্শনৰ আলোচনা কৰা হৈছে।

বিষয়ৰ পৰিচয় ঃ

সাহিত্যৰ ভাৰতীয় আলোচনাৰ ক্ষেত্ৰত ৰস বিচাৰ এটা অন্যতম দিশ। সংস্কৃত আলংকাৰিকসকলে ন বিধ ৰসৰ কথা উল্লেখ কৰিছে। সেই ৰসসমূহ প্ৰাচীন অসমীয়া সাহিত্যত সংপৃক্ত হৈ থকা পৰিলক্ষিত হয় আৰু মাধৱদেৱৰ দ্বাৰা ৰচিত ঝুমুৰাসমূহো ইয়াৰ ব্যতিক্ৰম নহয়। মাধৱদেৱৰ ঝুমুৰাসমূহত কেনেদৰে এই ৰসসমূহ অন্তৰ্নিহিত হৈ আছে তাৰ আলোচনা গৱেষণা পত্ৰখনৰ এটা অন্যতম দিশ। তদুপৰি ধৰ্মীয় দৰ্শন কেনেদৰে ঝুমুৰাসমূহৰ মাজেৰে প্ৰকাশ হৈছে তাকো আলোচনাই সামৰিছে। যিহেতু মাধৱদেৱৰ ঝুমুৰাসমূহৰ শংকৰী যুগৰ অসমীয়া সাহিত্যৰ উজ্জ্বলতৰ নিদৰ্শন, গতিকে কেনেধৰণৰ শৈলীৰে ঝুমুৰাসমূহ ৰচনা কৰা হৈছিল তাৰ এক বিশ্লেষণাত্মক আলোচনাও ইয়াত কৰা হৈছে। অৰ্থাৎ মাধৱদেৱৰ নাট্যৰীতিৰ আলোচনা এই আলোচনাৰ এটা অন্যতম দিশ, এইক্ষেত্ৰত মাধৱদেৱৰ ঝুমুৰাবসমূহে কেনেদৰে পূৰ্বসূৰী শংকৰদেৱৰ প্ৰভাৱক অতিক্ৰম কৰিবলৈ সক্ষম হৈছিল তাৰ আলোকপাতো কৰা হৈছে। পত্ৰখনত মাধৱদেৱৰ নাট্যচৰ্চাৰ মৌলিকতাক গুৰুত্বসহকাৰে উপস্থাপন কৰা হৈছে।

অসমীয়া ভাষা, সাহিত্য আৰু সংস্কৃতি

মুখ্য সম্পাদক
থগেন্দ্র চুতীয়া
সম্পাদক
ড° জোনালী বৰুৱা
ড° ডালিমা কাকতি



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মূল্য ঃ ৪০০.০০

ডিটিপি ঃ শ্রী অক্ষয় দত্ত

মুদ্রক ঃ মহাবীৰ পাব্লিকেছন্চ্, ডিব্রুগড়

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  ☞**ড° ডালিমা কাকতি** ৩০৮
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  ☞**প্রার্থনা বুঢ়াগোহাঁই** ৩১৬
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  ☞**গীতা হাজৰিকা** ৩৩১

আধুনিক অসমীয়া নাটক আৰু জ্যোতিপ্রসাদ আগৰৱালা

ডন সোনোৱাল
প্রাক্তন ছাত্র
অসমীয়া বিভাগ
ডিব্রুগড় বিশ্ববিদ্যালয়

সাৰাংশ

অসমীয়া জাতিক একতাৰ ডোলেৰে বান্ধি ৰাখিব বিচৰা এজন ব্যক্তি হ'ল জ্যোতিপ্রসাদ আগৰৱালা। এইক্ষেত্রত শংকৰ দেৱ আৰু লক্ষ্মীনাথ বেজবৰুৱাৰ পিচতে জ্যোতিপ্রসাদ আগৰৱালাৰ নাম ল'ব পাৰি। জ্যোতিপ্রসাদ আগৰৱালাই আধুনিক অসমীয়া সাহিত্যৰ ক্ষেত্রখনলৈ গুৰুত্বপূর্ণ অৱদান আগবঢ়াই গৈছে।জ্যোতিপ্রসাদ আগৰৱালা আছিল একাধাৰে কবি, নাট্যকাৰ, অভিনেতা, গীতিকাৰ, সু�ৰকাৰ, চিত্রশিল্পী, কথাছবি প্রযোজক আৰু ৰাজনীতিবিদ। জ্যোতিপ্রসাদৰ সৃষ্টিৰ মাজত তেওঁৰ মৌলিকতা প্রকাশ পাইছে। তেওঁৰ দ্বাৰা ৰচিত গীত, কবিতা, নাটক, শিশু সাহিত্য, গল্প, উপন্যাস আদিৰ জৰিয়তে জ্যোতিপ্রসাদৰ সৃজনীমূলক প্রতিভাৰ সূক্ষ্ম বিচাৰবোধ প্রকাশিত হৈছে। আধুনিক অসমীয়া নাটকৰ ক্ষেত্রখনলৈ তেওঁৰ অৱদান উল্লেখনীয়। "শোণিত কুঁৱৰী", "কাৰেঙৰ লিগিৰী", "ৰূপালীম", "নিমাতী কইনা", "সোণপখিলী", "লভিতা","খনিকৰ", "কলাকলতা", "সুন্দৰ কোঁৱৰ"নাটকেইখন জ্যোতিপ্রসাদৰ সৃষ্টি। "সোণপখিলী", "কলাকলতা", "সুন্দৰ কোঁৱৰ" নাটকেইখন অসম্পূর্ণ। জ্যোতিপ্রসাদে নাটকৰ বিষয়বস্তু, নাটকৰ আংগীকৰ দিশত, নাটকৰ মঞ্চৰ ক্ষেত্রখনলৈ বিভিন্ন নতুন দিশৰ আগমন ঘটাইছে। নাটকত তেওঁ লোক গীতৰ সুৰৰ কিছুমান গীত সংযোগ কৰি কাহিনীৰ অগ্রগতি ঘটাইছিল। লোকগীত, লোক গীতৰ

অনুৰণন

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দিৱস চক্ৰৱৰ্তী

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জ্যোতিৰেখা হাজৰিকাৰ 'আত্মকথা'

ফেঞ্চী চুতীয়া

অসমীয়া কাব্যজগতত পাঠকে সান্নিধ্য লাভ কৰা কবিসকলৰ ভিতৰত জ্যোতিৰেখা হাজৰিকা অন্যতম। 'আকৌ বৃন্দাবন', 'অ' মোৰ বুকুৰ জুৰণি', 'সেইখন দুৱাৰেদি সূর্যোদয় দেখি', 'এদিন তেওঁ উলটি আহিব', 'ৰাগ-বসন্ত' আদি কাব্য পুথি প্ৰকাশৰ দ্বাৰা তেওঁ অসমীয়া কাব্যজগতখনৰ সৌষ্ঠৱ সমৃদ্ধি বৃদ্ধি কৰাত যথেষ্ট বৰঙণি আগবঢ়াই আহিছে। উল্লেখযোগ্য যে তেওঁৰ কবিতা বাংলা, উড়িয়া, কন্ধিনী, নেপালী আৰু হিন্দী ভাষালৈ অনূদিত হৈছে। বাংলা ভাষাৰ 'অমৃত লোক', 'কীর্তিবাস', 'ভাষা-বন্ধন', 'প্ৰথম আলো', উড়িয়া ভাষাৰ 'নৱলিপি' কন্ধিনী ভাষাৰ 'জাগ' নেপালী ভাষাৰ 'পৰিদ্রষ্টা সাহিত্যিক পত্রিকা' শীৰ্ষক আলোচনীৰ পাতত তেওঁৰ কবিতা দেখিবলৈ পোৱা যায়।

জ্যোতিৰেখা হাজৰিকাৰ কবিতা সমূহৰ ভিতৰত 'আত্মকথা' এটা সুন্দৰ, সবল আৰু জনপ্ৰিয় কবিতা। 'আত্মকথা' নাৰী প্ৰাণৰ নিবিড় অনুভূতি আৰু সুগভীৰ চিন্তাৰ প্ৰকাশেৰে সৌন্দৰ্যময় কবিতা। কবিতাটোৰ শীৰ্ষক 'আত্মকথা' নামেৰে নামকৰণ কৰা কাৰণৰ দ্বাৰাই বুজিব পাৰি যে এই কবিতা একান্তমনেই কবিৰ নিজা অনুভূতি। কবিতাটোত বৰ্ণিত যাত্রাৰ সেই বিশেষ নাৰীগৰাকী সাৰ্বজনীন ৰূপত কবি নিজেই। 'কবৰী ডেকা হাজৰিকা' বাইদেউৰ ভাষাৰে ক'বলৈ গ'লে—'কবিতাৰ পৃথিৱীত নাৰী আৰু পুৰুষৰ মাজত বিভাজন অনা উচিত নহয় যদিও কিছুমান কবিতা থাকে, যিবোৰত নাৰী আৰু পুৰুষৰ নিজা নিজা বিশিষ্টতা নিজৰ অজানিতে ফুটি উঠে। উদাহৰণস্বৰূপে 'ক'ব পৰা যায়—দেৱকান্ত বৰুৱাৰ 'কলংপাৰত মাজনিশা' একান্তভাবেই পুৰুষ কবিৰ কবিতা। সেইদৰেই কিছুমান কবিতাত জিলিকি উঠে মহিলা কবিৰ একান্ত আপোন কিছুমান

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ফেঞ্চী চুতীয়া

সাহিত্য এটা জাতিৰ দাপোন স্বৰূপ। সাহিত্য অভিধাৰ সৃষ্টি 'সম' আৰু 'হিত' এই দুয়োটা শব্দৰ পৰা আহিছে। সমাজত বর্তি থকা আবেগ-অনুভূতি, বিদ্রোহ, আকাংক্ষা, মৰম, অত্যাচাৰ আদি বিভিন্ন দিশক সাহিত্যৰ যোগেদি প্রতিফলিত কৰা হয়। সাহিত্য আৰু ভাষা এটা আনটোৰ পৰিপূৰক। সাহিত্য অবিহনে এটা ভাষা আৰু জাতি জীয়াই থাকিব নোৱাৰে।

পৃথিৱীৰ আটাইবোৰ ভাষাৰ দৰে অসমীয়া ভাষাৰো এটি সুপ্রাচীন ইতিহাস আছে। অসমীয়া ভাষা সাহিত্যৰ গৱেষক, সমালোচক, পণ্ডিতসকলে অসমীয়া ভাষা সাহিত্যৰ ইতিহাসক আলোচনাৰ সুবিধার্থে বিভিন্ন যুগত বিভাজন কৰি আহিছে। অসমীয়া ভাষা সাহিত্যৰ স্বনামধন্য গৱেষক, সমালোচক সত্যেন্দ্র নাথ শর্মাদেৱে অসমীয়া সাহিত্যক প্রধানকৈ তিনিটা যুগত ভাগ কৰিছে-

ক) আদি যুগ ঃ

উদ্ভৱ কালৰ সাহিত্য, খ্রীঃ ৯৫০-১৩০০ চর্যাপদ, মন্ত্র সাহিত্য

প্রথম পর্যায় ঃ প্রাক শঙ্কৰী যুগৰ সাহিত্য খ্রীঃ ১৩০০-১৪৯০

খ) মধ্য যুগ ঃ

দ্বিতীয় পর্যায় ঃ শঙ্কৰী যুগৰ সাহিত্য খ্রীঃ ১৪৯১-১৭০০

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তৃতীয় পর্যায় ঃ ৰোমাণ্টিক যুগ বা বেজবৰুৱাৰ যুগ ১৮৯১- ১৯৪০

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উদ্ভৱ কালৰ সাহিত্য যেনে চর্যাপদ আৰু মন্ত্র সাহিত্যক সত্যেন্দ্র নাথ

PARISAR

The Scope

A Multidisciplinary Peer-reviewed Edited Book

Vol. I

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Traditional Folk Dance and Music, Culture and Customs of the Adivasi Peoples of Assam and Chotnagpur

Fancy Chutia

Abstract:

Adivasi is the collective term for tribes of the Indian subcontinent, who are considered indigenous to places within India where in they live. Either as foragers or as tribalistic sedentary communities. Adivasi is the collective term for the scheduled tribes of India, who are considered to be the indigenous people. The Adivasi have bright and colourful tradition, culture and custom.

Keyword: Adivasi, Dance, Folk, Culture, Custom, Tribe.

Tradition: Adivasis are arguably one of the oldest tribes of the world. The very origin of the term 'Adivasi' has been a subject of some heated debate of controversies and claims for quite a long period now. This paper aims to discuss the proud possession of the rich cultural heritage and religious and traditional practice of the Adivasi people of Assam and Chotanagpur area of Bihar and attempts to

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Memory, Trauma and Representation

Editors
DR DIPAK KUMAR DOLEY
DR ABUL FOYES MD MALIK



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Impacts of Partition and Trauma of Indian Subcontinent on Literature

Fancy Chutia

Research Scholar, Department of Assamese, Visva Bharati, Santiniketan

1 Introduction

The writers have proven to be the mirror of the society and social event which affects the lives of the people impacts their writing. Partition of the Indian subcontinent was also such an event which leaded to the genocide and displacement of millions of people. The outcome of the of the event was so harsh that not only lives of the people were affected by the decision but broke the old brotherhood between the Muslims and Hindus who shared the lands for thousands of years.

Writers like *Piyush Mishra* through their works like ***"Husna"*** raised the question about some special things happened there i.e. Pakistan. Plays like ***"Jis Lahore Nai Dekhyai Woh Jamyai Nai"*** written by *Ashghar Wajahar* in 1980 showed, how the lives of the people changed overnight and, how the cruelties and the loss of humanity lead to murders and killing. Khushwant Singh in his book ***"Train to Pakistan"*** talks about a fictional village named Maono Majra on the border of India and Pakistan, in which the story takes place. He writes about the reason of the riots in the novel:

"Muslims Said Hindus had planned and started the killing, according to Hindus, the Muslims were to blame. The fact is both sides killed. Both shot and stabbed and speared and clubbed. Both tortured. Both raped" [2] *(Khushwant Singh, Train to Pakistan)*

2 Purpose

The paper aims to portray the impacts of partition on the literature of The Indian subcontinent and gives a detail about the pain and suffering of the people which affected the writers who criticize the situation of that time.

3 Methodology

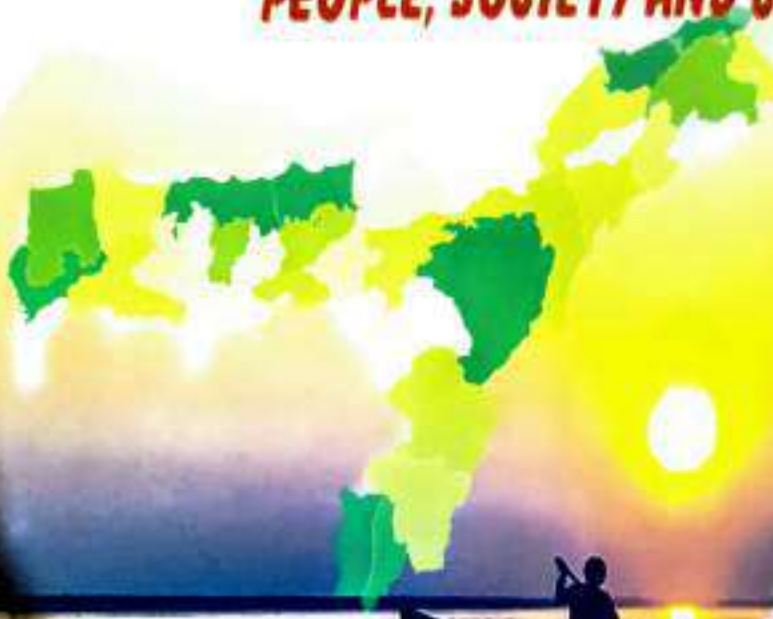
In this research, methods mainly used for the study are analytical and descriptive. The necessary materials are collected from different books and reference of various articles published on various journals that justifies the proposed idea.

3 Scope

Besides showing the impact of partition on Indian sub-continental literature it also focuses on the social situation and impact of partition on the lives of the people. The significance of the paper lies in its effort to give an overview of the genocides occurred between the two communities and how the writers were influenced by the dreadful and inhumane conditions of that time.

ASSAM

PEOPLE, SOCIETY AND CULTURE



ASSAM COLLEGE TEACHERS' ASSOCIATION

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ফেঞ্চী চুতীয়া*

" সৃষ্টি স্থিতি বিনাশানাং শক্তিভূতে সনাতনি
গুণাশ্রয়ে গুণময়ে নাৰায়ণি। নমোহস্তুতে।।"

মানুহৰ জ্ঞান বুদ্ধি উদয় হোৱাৰে পৰা এই বৈচিত্র্যময় মনোৰম জগতখনৰ সৃষ্টিৰ অন্তৰালৰ উৎস কি, কোনে এই উৰ্ৰৰা পৃথিৱীৰ বৈচিত্র্যময় প্ৰকৃতি সৃজন কৰিলে, এই প্ৰকৃতিৰ অন্তৰ্নিহিত তত্ত্ব কি? এই তত্ত্বৰ অনুসন্ধিৎসাৰ অন্ত আজিও পৰা নাই। শ্যামলী জননীৰ উৎস বা সৃষ্টি কৰ্ত্তা পুৰুষ নে স্ত্রী নে পুৰুষ-স্ত্রীৰ উৰ্ধত অন্য এক শক্তি বিৰাজমান। সেই বিষয়ে ধৰ্ম জিজ্ঞাসুসকলে সময়ে এনে সময়ে ভিন ভিন ব্যাখ্যা আগবঢ়াই আহিছে। পিতৃপ্ৰধান সমাজত স্বাভাৱিকতেই নাৰীৰ প্ৰাধান্য কম সেয়েহে সমাজত সৃষ্টিকৰ্তাক পুৰুষ ৰূপেই ধাৰণা কৰা হয়। উদাহৰণস্বৰূপে বৈষ্ণৱবাদৰ উত্তৰণৰ ফলত 'এক দেৱ এক সেৱ, একে বিনে নাই কেৱ' ব্যাখ্যাইভগৱান বিষ্ণুকে জগতৰ সৃষ্টিকৰ্তাৰূপে স্বীকৃতি দিলে। কিন্তু আদিম সমাজত মাতৃ বা নাৰীৰয়েই প্ৰধান স্থান লাভ কৰিছিল। ইয়াৰ ফলস্বৰূপে কোনো কোনো সমাজত জগতৰ মূল কাৰণস্বৰূপ যি তত্ত্বক সেই নাৰীৰূপে পৰিকল্পনা কৰা হৈছে। শক্তিতত্ত্ব বা দেৱী তত্ত্ব এই ধাৰণাৰে বিশ্বাসৰ ফল।

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আমবাৰী, গুৱাহাটী

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প্ৰথম গোট

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তুলনামূলক সাহিত্য বুলিলে বিজ্ঞানসম্মতভাৱে সূক্ষ্মাতিসূক্ষ্ম বিশ্লেষণেৰে সাহিত্যত নিহিত গুণ বিশিষ্টতা অর্থাৎ সাহিত্যৰ মাজত নিহিত সৌন্দর্যক উদ্‌ঘাটন কৰিবলৈ কৰা প্রয়াসক বুজায়। সাধাৰণ অর্থত তুলনামূলক সাহিত্য বুলিলে তুলনাৰ বাবে গ্রহণ কৰা কোনো সাহিত্যক বুজায়। এইখিনিতে এটা প্রশ্ন হ'ব পাৰে যে, কোনবোৰ সাহিত্যক তুলনা কৰা হ'ব অথবা কোনবোৰ সাহিত্য তুলনীয়? এই প্রশ্নৰ সমাধান পাবলৈ হ'লে সাহিত্যৰ মূল্যায়ণৰ ঐক্যবিন্দুনো কি সেইয়া চাব লাগিব। প্রাচ্য আৰু পাশ্চাত্যৰ উভয় সমালোচকসকলৰ সাহিত্য সম্পর্কীয় মন্তব্যৰ পৰা এইটোৱে বুজায় যে, সাহিত্য মূল্যায়ণৰ মূলবিন্দু একেই। প্রাচ্য সমালোচকসকলৰ মতে, 'বাক্যংৰসাত্মকং কাব্যম' অর্থাৎ সাহিত্য হৈ উঠিবলৈ সাহিত্যত ৰসঃ নিষ্পত্তি অনিবার্য। ঠিক সেইদৰে পাশ্চাত্যৰ সমালোচকসকলৰ মতে সৌন্দর্যই সাহিত্যৰ অপৰিহার্য অংগ। প্রাচ্য-পাশ্চাত্য উভয় সমালোচকসকলৰ সাহিত্য সম্পর্কীয় চিন্তা ভাবনাই এই কথাকে সূচায় যে সাহিত্যক সাহিত্য কৰি তুলিবলৈ যি গুণ বিশিষ্টতাৰ প্রয়োজন, সেইখিনিয়েই সাহিত্যক ৰস নিষ্পত্তিও ঘটাই, আকৌ সেইখিনিয়েই সাহিত্যক সৌন্দর্যৰেও সমৃদ্ধ কৰে আৰু এই গুণ বিশিষ্টতাই সাহিত্য মূল্যায়ণৰ মূল বিন্দু। সূক্ষ্মভাৱে দৃষ্টি নিক্ষেপ কৰিলে এই মূল বিন্দুৰ সঠিক সন্ধান কৰা তুলনামূলক সাহিত্যৰ প্রাথমিক কাম আৰু সাহিত্যক সাহিত্য কৰি তোলা গুণবিশিষ্টতাৰ আধাৰত সম-মূল্যায়ণৰ পাৰস্পৰিক সংযোগ থাকিলেই দুই বা ততোধিক সাহিত্য পৰস্পৰৰ লগত তুলনীয় হ'ব এই কথাও

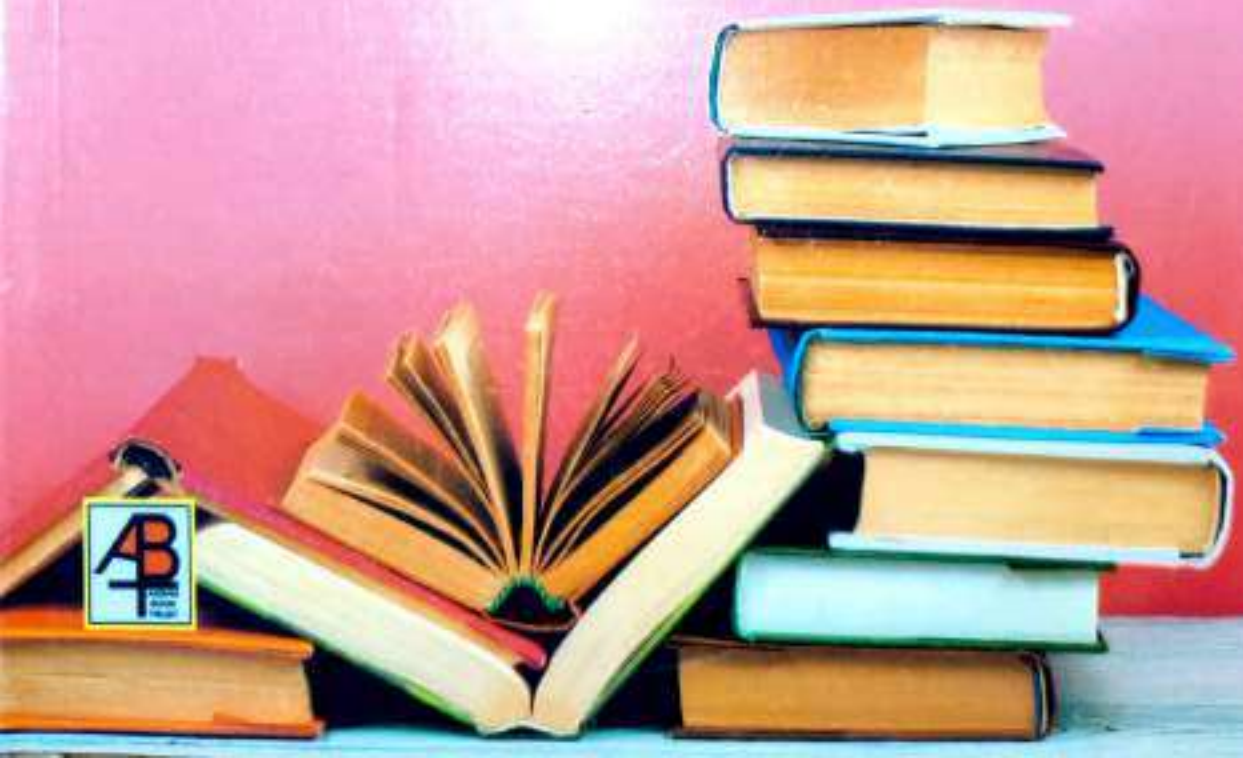
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Editors

Tirthankar Sarma, M.A., M.Phil., B.Ed., Ph.D. Research Scholar, Rajiv Gandhi University, Arunachal Pradesh, India

Rashmi Sarkar, M.A., M.Phil., Assistant Professor, Department of Geography, Dudhnoi College, Goalpara, Assam and Ph.D. Research Scholar, Gauhati University, Guwahati, Assam

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Chapter – 7

Song's of Bhupen Hazarika and Tribal Life Styles - A Socio - Cultural Study

Fancy Chutia

North East India is a land of multiple culture and pluralism. North Eastern states, better known as seven sister states are ample expression of 'Unity in Diversity'principle. To showcase the true nature of ethnicities and their cultural representation, 'Bard of Brahmaputra' Dr. Bhupen Hazarika composed many songs. His songs resonates the beauty of North East and its rich plural cultural heritage. This paper is an attempt to analyse the lives of various tribes of North Eastern India and how they have been represented in the songs of Bhupen Hazarika. Assamese community is a large manifestation of different small big tribes. Due to huge presence of tribal society within the Assamese community, it is alright to say that Assamese are more concerned about their ethnic identity rather than religious identity. We can see that many renowned personalities have always acknowledged the need of tribes in Assamese culture and tradition. Dr. Bhupen Hazarika is no exception to this. He dreamt of a united North East particularly Assam. Assam is land of diverse geography, culture, languages and ethnicities, but still it is united and integrated all over the years. Hazarika with his gifted talent uplifted the legacy of Assam and earned a global recognition. He tried to ensure harmony and tranquility among various tribes of Assam through his many songs.

Dr. Bhupen Hazarika is a legendary musical maestro, lyricist, filmmaker who revolutionized the Assamese culture and its different prospects. He was born on 8th September, 1926 and is considered as 'Demi-God' of music in Assam. He through his songs mainly described and deliberately explored various aspects of socio-cultural life of Assam. His songs talks about man, motherland, the mighty Brahmaputra and human love. His songs preach a message of a casteless, classless, peaceful and non-violent society. He used ordinary expression with extraordinary talent in such a way that it creates magic. We can feel the smell of enriched culture of Assam in his creations.

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অসমীয়া বুনিয়াদী পাঠ্য

অসমীয়া লিপিৰ ইতিহাস

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জোনমণি দাস
দোলন বৰা

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অধ্যায়সূচী

প্রথম অধ্যায় ঃ

লিপিৰ পৰিচয় আৰু ভাৰতীয় লিপি, অসমীয়া লিপিৰ উদ্ভৱ আৰু বিকাশ ১

দ্বিতীয় অধ্যায় ঃ

অসমৰ শিলালিপি ঃ পৰিচয়মূলক অধ্যয়ন — সুৰেন্দ্ৰ বৰ্মাৰ উমাচল লিপি, ভূতি বৰ্মাৰ বৰগঙ্গা লিপি, হৰ্জৰ বৰ্মাৰ তেজপুৰ লিপি, কালই বৰশীবোৱা লিপি, সমুদ্ৰপালৰ আমবাৰী লিপি, গছতলৰ লিপি ২৫

তৃতীয় অধ্যায় ঃ

অসমৰ তাম্ৰলিপি ঃ পৰিচয়মূলক অধ্যয়ন — ভাস্কৰ বৰ্মাৰ ডুবি আৰু নিধনপুৰ শাসন, হৰ্জৰ বৰ্মাৰ হায়ুংথল শাসন, বনমালা বৰ্মাৰ তেজপুৰ আৰু পৰ্বতীয়া শাসন, বলবৰ্মাৰ নগাঁও আৰু হাওৰাঘাট শাসন ৩৩

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অসমীয়া হাতেলিখা পুথিৰ লিপি ঃ গড়গঞা লিপি, বামুণীয়া লিপি, কায়থেলী লিপি, হাতেলিখা পুথিৰ লিখন কলা আৰু লেখন সামগ্ৰী

আলোকচিত্ৰ ৬১

দ্বিতীয় অধ্যায়

অসমৰ শিলালিপি ঃ এক চমু পৰিচয়

ফেন্সী চুতীয়া

অসমীয়া লিপিৰ ইতিহাস আৰু ক্রমবিকাশ সম্পৰ্কীয় অধ্যয়নত অসমৰ শিলালিপিসমূহে গুৰুত্বপূর্ণ ভূমিকা গ্রহণ কৰি আহিছে। শিলালিপিসমূহেই অসমীয়া লিপিৰ ইতিহাসত আটাইতকৈ প্রাচীন নিদর্শন। "শিলালিপি বা শিলাফলকৰ আখৰসমূহে পোনে পোনে অসমীয়া আখৰৰ ৰূপ প্রতিফলিত নকৰে যদিও ইয়াকেই অসমীয়া আখৰ বা লিপিৰ পূর্বৰূপ বুলি কোৱা হৈছে।"[১]

"দৰাচলতে কামৰূপ তথা পুৰণি অসমৰ আৰম্ভণিৰ শিলালিপিকেইখনৰ আখৰসমূহ উত্তৰ ভাৰতীয় গুপ্তকালীন ব্রাহ্মী লিপিৰ আদর্শতে লিখা হৈছিল। খৃ. চতুর্থ-পঞ্চম শতিকাৰ সুৰেন্দ্র বর্মণৰ উমাচল লিপি আৰু নগাজৰী খনিকৰ গাঁও লিপিত এই ৰূপ স্পষ্টভাৱে প্রতিফলিত হৈছে। অৱশ্যে পৰৱর্তী কালৰ শিলালিপিবোৰৰ আখৰসমূহে ক্রমশ অসমীয়া ৰূপ পৰিগ্রহণ কৰে। এইক্ষেত্রত খৃ. ত্রয়োদশ শতিকাৰ কানাই বৰশীবোৱা শিলালিপিতে আখৰে প্রায় অসমীয়া ৰূপ ধাৰণ কৰা দেখা যায়।"[২]

খৃষ্টীয় চতুর্থ-পঞ্চম শতিকাৰপৰা ষষ্ঠদশ শতিকালৈকে খোদিত আঠৈ কুৰিৰো অধিক শিলালিপি বর্তমানলৈকে অসমত আৱিষ্কাৰ হৈছে। এই কথাৰদ্বাৰা অসমীয়া লিপিৰ ঐতিহ্য আৰু পৰম্পৰাৰ স্পষ্ট আভাস পোৱা যায়।

বর্তমানলৈকে উদ্ধাৰ হোৱা শিলালিপিসমূহৰ ভিতৰত সুৰেন্দ্র বর্মাৰ উমাচল লিপি, ভূতি বর্মাৰ বৰগঙ্গা লিপি, হর্জৰ বর্মাৰ তেজপুৰ লিপি, কানাই বৰশী বোৱা লিপি, সমুদ্র বর্মাৰ আমবাৰী লিপি আৰু গছতলৰ লিপি সম্পর্কে



বৰ অসমৰ পৰম্পৰাগত বিবাহ প্ৰথা

সম্পাদনা

ড° গীতিকা দাস

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চুতীয়াসকলৰ মাজত প্ৰচলিত বিবাহ প্ৰথা

ফেঞ্চী চুতীয়া

আচার্য ৰঘুনন্দনৰ মত অনুসৰি ভার্যাত্বসম্পাদক্য গ্রহণং বিবাহ, অর্থাৎ বৰে কন্যাৰ ভার্যাত্ব গ্রহণ কৰাই বিবাহ। বিবাহ এক সামাজিক অনুষ্ঠান। বিবাহ নামৰ এই সামাজিক অনুষ্ঠানটোৱে দুটা পৰিয়ালৰ মাজত, দুখন সমাজৰ মাজত সম্পর্ক স্থাপন কৰে, আৰু শৃংখলাবদ্ধ বান্ধোন প্রদান কৰে। বিবাহ মানৱ জীৱনৰ আটাইতকৈ গুৰুত্বপূর্ণ সামাজিক অনুষ্ঠান। কাৰণ বিবাহ হৈছে মানুহৰ যৌন জীৱনক শৃংখলিত কৰাৰ প্রচেষ্টাজনিত অনুষ্ঠান। বিবাহৰ জৰিয়তে নাৰী আৰু পুৰুষ নৈতিক বান্ধোনেৰে বান্ধ খায়। গুটীয়া জীৱন যুৱীয়া জীৱনলৈ ৰূপান্তৰিত হয়। যুৱীয়া জীৱনৰ ফলস্বৰূপে নৱপ্রাণে সৃষ্টি লয় আৰু পৰিয়াল গঠন হয়। এয়াই হৈছে বিবাহৰ মূল উৎস।

হিন্দু শাস্ত্রত আঠ প্রকাৰৰ বিবাহৰ নাম উল্লেখ আছে— প্রজাপত্য, আর্ষ, দৈৱ, গান্ধর্ব, পৈশাচ, ব্রাহ্ম, অসুৰ আৰু ৰাক্ষস। হিন্দু সংস্কৃতিৰ 'ষোল সংস্কাৰ' মানৱ জীৱন নির্মাণৰ আধাৰশিলা। এই ষোল সংস্কাৰ গর্ভধাৰণৰ পৰাই আৰম্ভ হয় আৰু অন্ত্যেষ্টিক্রিয়াত শেষ হয়। 'শিক্ষা সাং কৰি দ্বাদশ সংস্কাৰ সমাৱর্তনৰ যোগেদি ব্রহ্মচর্য সমাপন-স্বৰূপ স্নাতক হোৱাৰ পিছত বিবাহৰ যোগেদি গার্হস্থ্য ধর্মত প্রৱেশ কৰে। যি সংস্কাৰৰ যোগেদি সংস্কাৰৱান সতি-সন্নতিৰ পৰিশীলিত জীৱন বৃক্ষৰ নির্মাণ হয়। এই বিবাহৰ যোগেদি বংশ বৃদ্ধিৰে নতুন নতুন পৰিয়ালৰ সৃষ্টি হয়।'[১]

এডৱার্ড ৱেষ্টাৰ মার্কে বিবাহ সম্পর্কে মন্তব্য প্রকাশ কৰিছে যে 'Marriage is a more or less durable connection between male and female, lasting

CONTEMPORARY ISSUES IN SOCIAL SCIENCES AND HUMANITIES RESEARCH



EDITOR
Dr. Dilip Kumar Sonowal

An Analysis of the Religious Philosophy of the Rabha tribe

HIMABIKA RABHA
Asst Professor (Contractual)
Dudhnoi College
Goalpara, Assam

ABSTRACT

The Rabhas are one of the major tribe of North-East India. The Rabhas are divided into 8 sub-groups. Although not unanimously, nevertheless, majority of the Rabhas are still hold fast to the age old tribal heritage in respect of religious observances, social norms and cultural practices. The Rabha tribe has a definite worldview practiced in connection with certain norms, beliefs and practices. These beliefs and practices, to a certain extent, comprises the the basic religiosity of the Rabha tribeas well. Rabha religious belief belong to a considerably primitive age. The Rabhas are supposed to be animist. As animist they worship plants, hill-rock, animal, birds, rivers and so on. Totemism also prominent among particular sub-groups of the Rabhas. Moreover there are taboos related to birth, death, marriage and some private taboos as well. There are ample evidences of Fetishism involved in a variety of beliefs of the Rabhas. The religious pantheon of the tribe makes it clear that the Rabhas belief Rishi to be the chief of all other Gods.

KEYWORDS – Totemism, fetishism, animism, religious pantheon, Rishi etc.

INTRODUCTION:

The Rabha are one of the major ethnic tribe of North-East India. They belong to the Indo-Mongoloid ethnic groups and Tibeto-Burman sub-group of Sino-Tibetan language family. In the most concentrated form they inhabit in the western parts of Assam particularly on the south bank of the Brahmaputra and the contiguous areas of Meghalaya along the lower tracks of southern and western Garo Hills. While they are found in various isolated pockets on the north bank of Brahmaputra, there are many Rabha settlements in the Cooch Behar and Jalpaiguri districts of West Bengal too. The Rabhas are divided into a number of sub-groups such as Rangdani, Maitari, Dahori, Bitaliya, Hana, Totla and Koch. Although not unanimously so, nevertheless, majority of the Rabhas are still hold fast to the age old tribal heritage in respect of religious observances, social norms and cultural practices.

It is not easy to trace the origin of the generic word "Rabha". The word was first referred to in the middle of the 17th century in *Baharistan-I-Ghayabi*, a history in Persian language written by Ghayabi alias Mirza Nathan (Rabha Hakacham, *Focus on* 131). According to the legend, Sirgi Risi (Mahadeva) brings the Rabhas down from Rangkarang (heaven) to the Hasong (earth) or "Basumata" (Mother Earth) and thus they are called the Rabha (Raba = bring down). That means Rabhas are brought down from heaven to the earth by God (Rabha Hakacham, *Focus on* 131). According to another legend the Garos are not acquainted with agricultural works. So the Garos hire some Rabha people and appointed as workers. As the workers were hired, so the Garos used to name them as "Raba" in their language and later on the tribe came to known

as *Rabha* (Rabha Hakacham, *Focus on* 131). The Rabha people, further, consider themselves as descendants of Kiratas of Banasura (Charumohan Rabha, "Socio-Cultural Aspects" 183).

As with all the other tribes of the world, the Rabha also has a definite worldview practised in connection with certain norms, beliefs and practices. These beliefs and practices, to a certain extent, comprises the basic religiosity of the tribe as well. To be true, the age old beliefs and practices of the tribe are although termed as religious beliefs, however, there is no single doctrinal system that can exactly be identified as the religion of the Rabhas. Rabha religious belief belongs to a considerably primitive age. Although the modern Rabhas follow both their age old traditional religious beliefs and tenets of Hinduism, however, they are very conscious of conserving their age old beliefs and practices. Right from the age of a significant past Rabhas are well acquainted with Saivism (the Lord Shiva being named variously as Langamara, Rishi, Mama Sibu Darmang) and Saktism (Marai/Barmani, Jagar/Kali, Thakurani are the names used for the Goddess) as well as other gods and goddesses of Hindu pantheon such as Agni (Khoksi), Lakshmi (Rontok), Gopal (Lakhar Thakur), Vayu (Hasi), Sani (Maronga) and so on. Pati, Dahori, Totola, Hana sub-groups of the Rabhas are purely Hinduised. Despite, Rongdani, Maitori and Kocha, a few sub-groups, are still preserving their own traditional religious belief as much as possible. One similar point worth considering in the same respect is the use of Sanskrit terms like Dharma, Paap, Punya, Santi, Bhakti, Puja, Satya, Narak etc. by the Rabhas in relation to their traditional beliefs. These words are used popularly by the Rabha people in the same sense as they are used in Sanskrit. All these borrowed words are being used by the tribe since time immemorial.

Apart from the religiously decisive beliefs and practices, in Rabha society, there are definite do's and don'ts which function as norms to regulate the socio-ethical behaviour of the

individuals. The Rabhas consider that good habit leads to morality and bad habit leads to immorality. Fame and defamation is earned by one's good deeds and misdeeds (karmaphala). The people of the tribe try to keep their words and promises and believe that lying, breaking promises to be sin for them. Rabha people live in a society, generally looked after by a Gaonburha (An elderly wise man selected from the community). The rules and regulations framed by the elders under a headman (Gaonburha) are very rigid and good enough to keep the society. Among all other rules one unique feature is that the society is patriarchal as well as matriarchal.

OBJECTIVES OF THE STUDY:

The Study is comprised of the following core objectives:

1. To explore the religio-cultural beliefs of the Rabhas, and to identify how those beliefs are practiced, that is, how they form the Rabha tribal world-view.
2. To form a definitive structure of the fundamental religiosity involved in those beliefs and practices.
3. To descriptively characterize the basic philosophies involved in the religious beliefs of the Rabhas, and thereby to articulate a philosophic understanding of the same.

METHODOLOGY:

Although the religious beliefs and practices of the Rabhas can be studied from different points of view with different objectives as such, however, this work is supposed to explore only the philosophies involved in those beliefs and practices. Since philosophical research requires consistency and rigour of thought primarily in order to acquire a categorical and comprehensive knowledge of fundamental notions involved in a particular subject matter, therefore the methodology that will

be used in this work is mainly descriptive and analytic. The tribal faiths of the Rabhas will first be descriptively discussed which will followed by a philosophical analysis of the same. The study will mainly be based on books and other written documents that comprehensively deal with the Rabha tribe and its socio-cultural and religious beliefs and practices. With the basic material derived from these works, an analytic study will be done to distinguish and explore the philosophies and philosophical aspects involved in the tribal faith.

The Rabhas are supposed to be animist in their religious beliefs. As animist they worship plants, hill-rocks, animals, birds, rivers and so on. As part of the same foundation they also believe on certain witches which are believed to dwell in Seora, a specific kind of bush. Similarly, specific events like uprooting trees by storm is believed to be influenced by certain malevolent deities. The Rabhas, as a matter of fact, worship various kinds of natural objects and phenomena by attributing specific divinities to them. For example, stone is venerated as the locus of the deity called Langamara (Rabha Hakacham, *Focus on* 142). The literal meaning of the word 'langa' is nude, and is believed to be a form of Mahadeva. Offering prayer to the jungle or rivers right before certain deeds like hunting and fishing is a traditional practice of the Rabhas. They often remind themselves of the presence of the moon and the sun at the time of ceremonial swearing. They fear the power of devastating fire and pray it as Agiraini and Birmaraini during the cremation of dead body. They offer cakes, meat and rice beer just after lighting the fire and just after preparing the food items particularly in Domasi (Magh Bihu). They offer coins or leaves of jujube tree as the price for the cremation or burial ground and water used. Further, before bringing the ceremonial water for marriage they pay the price of water by offering coins to the water. These beliefs are supposed to be largely centred around and originated from the animistic background. Even certain other beliefs like the preservation and

not destroying of particular hill or rock as a supposed habitat of deities signify a direct animistic connotation as such. The Rabhas, to be sure, are not idol worshippers. Rather, they often use certain rocks symbolizing their deity. Since the deities are invisible and no form of them is to be found, the tribe have not tried to form any image of these deities as such. Nevertheless, the deities are believed to have their separately assigned residence.

Apart from the animistic foundation, totemism is also prominent among particular sub- groups of the Rabhas. Totemism is evident in the custom of ancestor worship observed by some clans of the tribe. The post-crematory rites traditionally known as Badungduppa, Halapak, Toronga, Beggre Baray as well as Masuani (matsyasparsh) are considered as ancestor worship. Totemism is very prominent among the Koch Rabhas. Each clan of Koch Rabha is believed to be associated with particular objects, fruits, fish and animal and which are considered as their totem. Another form of totemism is found among the Hana Rabhas who believed God-Horse (Hana-Ghora/ Jarighora) as their totem. Moreover there are certain taboos among the Rabhas too. A Rabha wife is barred from uttering the name of her husband, husband's elder brothers and even uttering the name of others if the names are same as that of the husband's. Community worshipping like Baikho, Khokshi, Hasong which are observed suspending the domestic as well as agricultural works may be considered as religious taboo. The priest and his alternates abstain from leading usual life during worshipping days which is an instance of individual taboo. Moreover there are taboos related to birth, death, marriage and some private taboos as well.

Furthermore, there are ample evidences of fetishism involved in a variety of beliefs of the Rabhas. There are practices of keeping sickle, branch of *siju* tree, broom etc. on the bed of the ailing person. While brewing rice beer, two pieces of charcoal

along with the shell of bitter gourds are placed on the cover of the pot. Small knife and iron material are carried by bride and bridegroom during marriage ceremony. While travelling at night with carrying rice beer or meat, chilly and charcoal are also accompanied. Jurphak (alter of any worshipping) and Rongjumuk (worshipping stone) (Rabha Hakacham, *Focus on* 143) or the effigies made of wood or bamboo against various deities or various material objects used in offering ceremonies for dead are the parts of Fetish.

A close look at the religious pantheon of the tribe makes it clear that the Rabhas believe Rishi to be the chief of all other gods. The Rabhas believe that Rishi is the Supreme Being who has created this world and rules over it. He is the creator of a number of lesser deities and spirits, those who are under him. Such created gods are known as "Rabhabai". Some prominent among them include Jakua or Bakra, Baimabai, and Rambanga and so on. Rabha's cosmology is associated with the chief God of Rishi too. According to the legend, Lord Rishi who dwells in the Rangkarang (Heaven) is the creator of the world together with all the creatures therein, and in accordance with his order the Prithimi (earth) regulates.

The Rabha tribal faith, as a matter of fact, is based on various magico-religious rites and beliefs, and all these can be classified broadly into two categories:

(a) The rites related to propitiating deities: According to the Rabhas, all human beings, animals, creatures together with the climate and weather are controlled by a numerous presiding Gods and Goddesses. Their well and woes are mostly dependent on the satisfaction or dissatisfaction of the respective deities. Similar belief is entertained by the Rabhas with respect to wealth, prosperity and sufferings. The Rabhas pantheon is divided into two groups of gods and goddesses, namely, benevolent and malevolent. The

benevolent are worshipped with much pomp and gaiety. These kind of deities are worshipped in a particular place on a special occasion involving the community. The rites associated with worshipping the malevolent deities are performed individually when there arises any such necessities.

(b) The rites related to birth, marriage and death: The Rabhas believe that the time and conditions of birth, death and marriage are influenced by Gods and Goddesses. In each of these events the grace of the deities determine the safety, wellbeing and happiness. Hindrances in marriage, barrenness, untimely accidents and deaths etc. are believed to be the consequences of God's wrath. To keep such wraths away they propitiate different deities with sacrificing rice beer, animals and so on.

The Rabhas believe in the rebirth of man. According to Rabha belief, in fact all the creatures of the world including human beings have to take rebirth according to the merits of their works in the present life. If a person does good to others in this present life, if he or she leads a virtuous life, a good birth to him or her in the next life is certain. A man or woman doing good work in this life can get the next birth in his own 'Barai' or clan. Man may born tiger, dog, eagle, hen etc. according to the consequence of their deeds in the present life. Some dissatisfied souls are believed to be doomed and roam around as spirits. The notion of liberation is mostly associated with ethical conducts. Respect for others, co-operative and helping others during difficulties for co-existence, good advice and teachings, harmlessness and selflessness are the chief ethical traits that are believed to lead to liberation.

Religion in some form or other is inevitable to human existence. The constitution of the very nature of man is such that he is always drawn to a higher realm of existence. Human

beings are not satisfied with food, shelter and reproduction. They have a tendency to surpass the finitude of birth, death and the body. That strives for going beyond leads man to a supernatural realm of existence and eventually certain trans-empirical power(s). Moreover, from another perspective, man can't fulfill all his desires practically. So he requires some imaginary means to fulfill the same. The different religious and extra-realistic practices, therefore, intrude into man's day to day life even without a collective conscious will. Individual as well as social life of human beings, accordingly, become associated and tied to a trans-empirical realm or reality. In light of these basic assumptions one can adequately analyze any given faith. However, mere analysis of the existing beliefs would be philosophically futile unless a proper estimation of the inherent religiosity is made.

Furthermore, the religious terminologies of the tribe together with a variety of customs presents a clear sign of acculturation. A strong influence of neighbouring Hindu faith is apparent not only in the basic terminologies but also in various other aspects. An obvious character of Vedic Henotheism is also clear with regard to the religious pantheon of the Rabhas. Necessarily, without distinguishing the originality of the Rabha faith devoid of any foreign elements that have been added in the later process of acculturation, the primary aim of the study would itself go in vain. This study, therefore, attempts at distinguishing the true tribal elements of the faith from any admixture of later religions as such.

CONCLUSION:

The religious practices and wisdoms of the Rabhas, in fact, have orally been transferred from one generation to the other. Those orally transferred information constitute the entire

knowledge they have of their tribal religious faith. Due to the lack of a proper approach in documenting and preserving the religio-cultural practices and wisdoms, the original religious faith of the Rabha community has gradually been distorted that results in an ever growing sense of crisis in the loss of a true and unimpaired form of their aboriginal belief.

Religion, language and culture form the identity of a particular ethnic group. Rabhas have been practicing their religion and their own ethnic tradition since time immemorial. Yet, a philosophical analysis of their religious faith and practices has not properly been accomplished yet. The validity of this claim can be established by the fact that an authentic academic characterization of the Rabha tribal faith – is it truly animistic or not, for instance, – is still unavailable. Many scholars have studied the socio-historical elements of the Rabha community, yet a proper philosophical characterization of its religious faith and practices are very rare up till now. Lack of a proper systematic understanding of the tribal faith has been one of the reasons behind the conversion of native folks into other modern religions. With the division of religious affiliation within the community an ever growing crisis of ethnic identity becomes apparent. The study of philosophical aspect of Rabha religious faith and practices would help to understand culture and religious life of the community in a wider sense. The study will help to documentation and preserve for the further researcher on Rabha community.

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ASSAM

PEOPLE, SOCIETY AND CULTURE



ASSAM COLLEGE TEACHERS' ASSOCIATION

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A Brief Look into the Major Religious Festivals of Tai-Phake

*Dr. Jaya Das**

Assam is a homeland of different ethnic tribal groups with varied culture and identity. The Tai-Phake are one of the branches of Tai groups found in the Middle Assam and Upper Assam. They belong to Mongoloid racial group. The Tai-Phake entered Assam in 1775 A.D from Men Mau of South China across Myanmar and Patkai Hills during the reign of the Ahom king Lakshmi Sinha (1769-1780 A.D) and settled at Nangtao of present Arunachal Pradesh. The Tai-Phake have their own distinct language and script. The traditional language spoken by this tribe is Tai language, which belongs to the Tibeto Chinese language families (Phukan, 2005). There are six communities in Assam in the north-eastern part of India who speak different forms of Tai language. They are -Tai Ahom, Tai Khamti, Tai Aiton, Tai Khamyang, Tai-Phake and Tai Turung. The six groups have their own distinct culture, customs, language but they belong to the same root. The Tai-Phake are presently found in Dibrugarh and Tinsukia districts. There is total nine villages such as Namphake and Tipamphake on the bank of the river Buridihing of Naharkatiya area of Dibrugarh district, and Mounglang, Man Mou, Bor Phake, Man Long or Long Phake, Ningam Phake or Ningam, Nonglai and Phaneng in Ledo-Margherita area in Tinsukia district. The number of Tai-Phake population is very less all over Assam. Like other hill tribe of Assam Tai-Phake are also hill tribe now settled in the plains of Assam.

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* *Assistant Proffesor, Department of Anthropology, Dudhnoi College Dudhnoi, Assam.*

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Editors

Tirthankar Sarma, M.A., M.Phil., B.Ed., Ph.D. Research Scholar, Rajiv Gandhi University, Arunachal Pradesh, India

Rashmi Sarkar, M.A., M.Phil., Assistant Professor, Department of Geography, Dudhnoi College, Goalpara, Assam and Ph.D. Research Scholar, Gauhati University, Guwahati, Assam

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A Chronicle of Thoughts



Tirthankar Sarma
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Chapter – 2

Khasi Women in the Arena of Agriculture and allied Activities

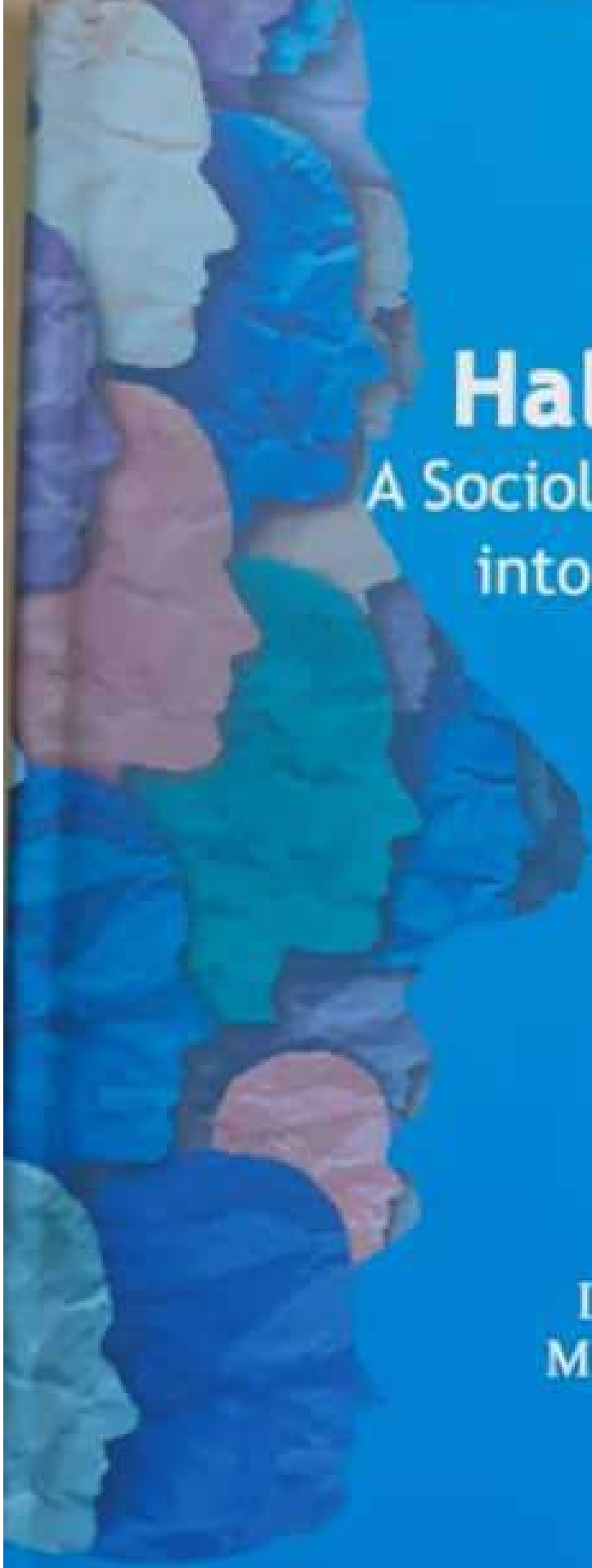
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Women are the nucleus of all the activities both in the domestic and farm or allied activities. Growth of any nation depends on the status and development of its women as they are the foundation stone of the family in particular and society at large. The economic role played by women cannot be overlooked from the framework of development of the country. Women made significant contribution in the field of agriculture. From the ancient times agriculture had a special significance in determining the role of women throughout the world. Number of studies carried out worldwide revealed that women of the rural areas are engaged in different kinds of work both in agricultural field and house. Devdas, *et al*, (1972) pointed out in a national study to assess the role of women in agricultural operations that women always participated in sowing harvesting, threshing, storing, the grains and winnowing. Plamer (1975) found that women perform 70% of the task as animal husbandry is solely run by women in the Himalayan range. Ali (1980) opines that women in Bangladesh play an important role in agriculture activities like processing, threshing, drying, winnowing, storage, etc. Besides growing of fruits and vegetables, livestock and poultry were also reared by women.

The main thrust of the paper is to see the extent of involvement of Khasi women in different activities in agriculture and animal husbandry. The present study was conducted among the Khasi women of Meghalaya of East Khasi Hills District. Both primary and secondary data has been collected. Data collected from two villages Thangsning which is 25km away from Shillong and Smit which is 15 km away from Shillong. Random sampling has been done. Total 50 samples collected from both the village.

Women play important role in the Khasi society in agriculture and allied activities such as livestock rearing, even though this is not accurately measured on account of their work often being unpaid family labour. The livestock economy is growing in importance in rural India. Meghalaya has

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Half the Sky

A Sociological Exploration into Gender Issues

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Role of Khasi Women in Decision Making Process in Agriculture and Livestock Management

Dr. Jaya Das

Abstract:

Women play vital role in agriculture and allied activities. Women actively participate in various farm related activities such as clearing of fields, preparation of land, sowing, weeding, harvesting, picking, storage and selling. Moreover, along with farming activities women are engaged in livestock management. In spite of great extent of involvement of women in agriculture and livestock management the decision making is very low or questionable. An attempt has been made to analyze the contribution of women in decision making process in agriculture and allied activities among the rural Khasi women of East Khasi Hills of Meghalaya.

Key words: women, agriculture, decision making, livestock, management

Introduction:

Women are the valuable assets who played important role in every society. A woman has to perform various activities inside and outside her home throughout the day in accomplishing day to day requirements of the family. In every rural society women are engaged in agricultural activities to support their families which vary from society to society and culture to culture. Thus, the role of women has always been significant which they performed in agricultural, family activities, domestication of animals, marketing activities. In management of the resources of the family the decision-making

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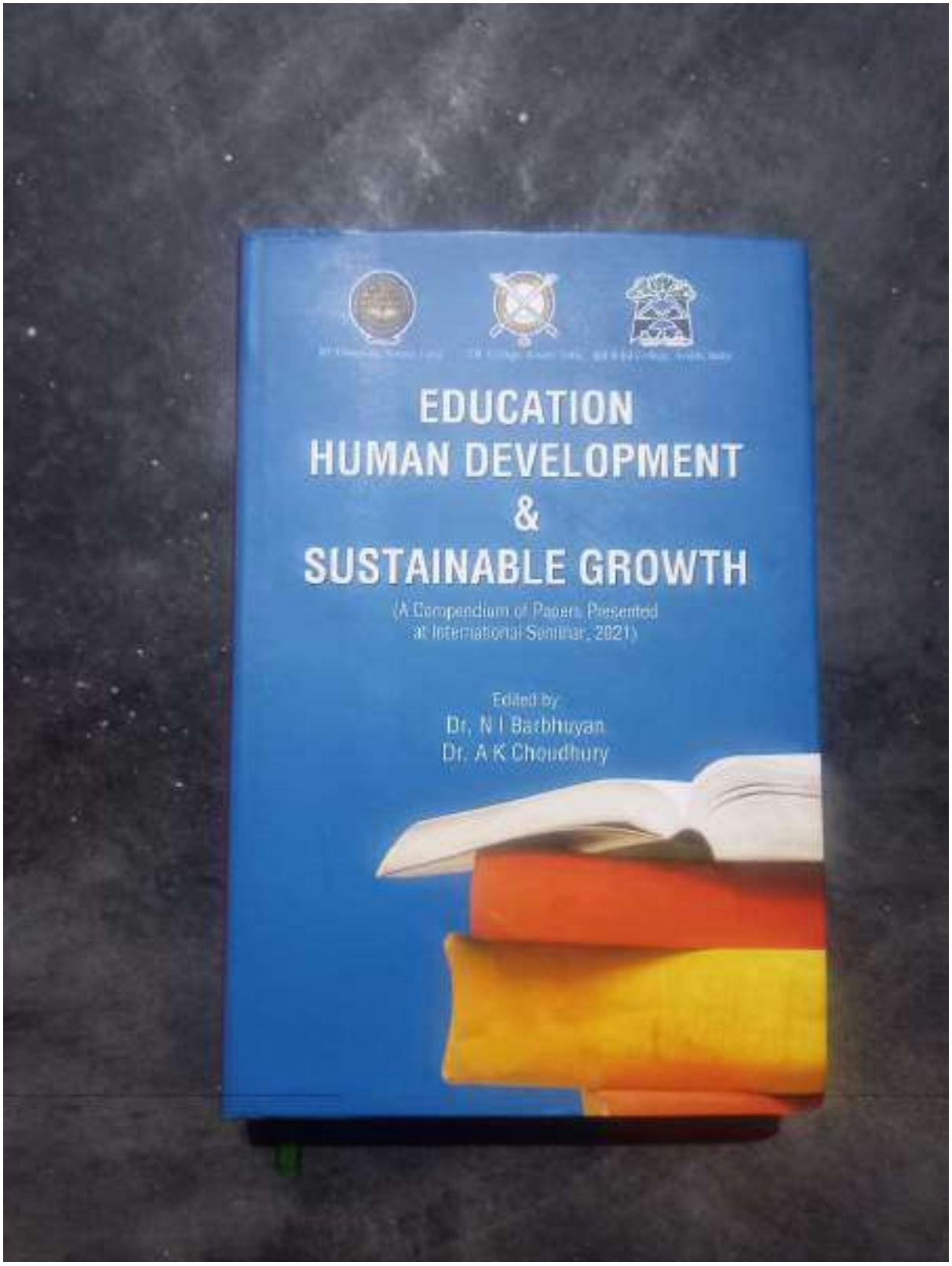
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HUMAN DEVELOPMENT
&
SUSTAINABLE GROWTH
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at International Seminar, 2021)
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Dr. N I Barbhuyan
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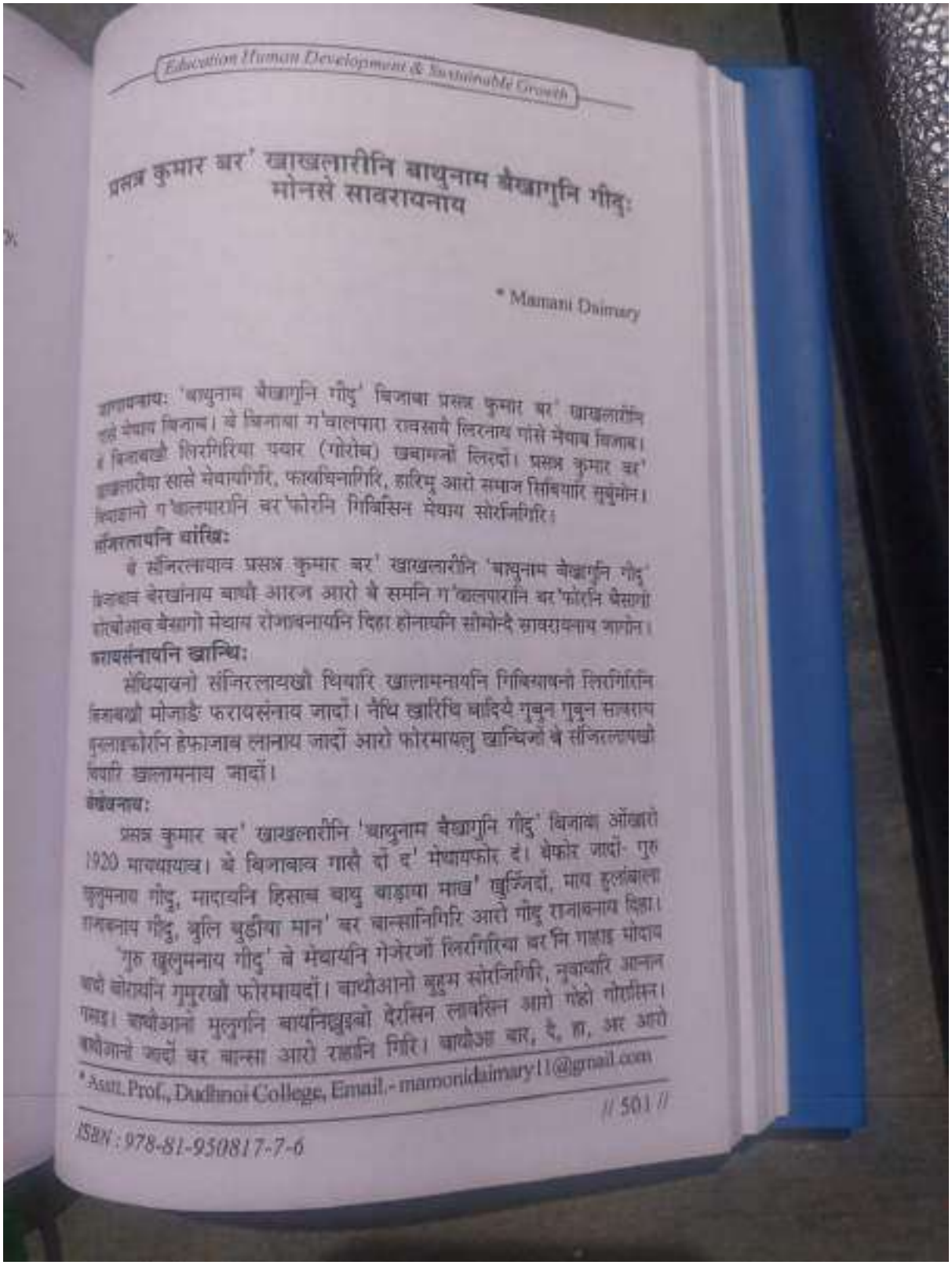
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प्रसन्न कुमार बर' खाखलारीनि बाथुनाम बैखागुनि गौदु: मोनसे सावरायनाय

* Mamani Daimary

आगासनाय: 'बाथुनाम बैखागुनि गौदु' बिजाबा प्रसन्न कुमार बर' खाखलारीनि गोदे मेथाय बिनाब। बे बिनाबा ग'बालपारा रावसामै लिरनाय गांसे मेथाब बिनाब। ई बिनाबखौ लिरगिरिया फ्वार (गोरोब) खबागनों लिरदों। प्रसन्न कुमार बर' खाखलारीया सासे मेथायगिरि, फायथिनागिरि, हारिमु आरो समाज सिबथार सुबुनोन। बिनाजानो ग'बालपारानि बर'फोरनि गिबिसिन मेथाय सोरजिगिरि।

सांगरलायनि थांखि:

बे सांनिरलायाव प्रसन्न कुमार बर' खाखलारीनि 'बाथुनाम बैखागुनि गौदु' बिनाबाव बेरखांनाय बाथौ आरज आरो बे समानि ग'बालपारानि बर'फोरनि बेसागो होबोआव बेसागो मेथाय रोगाथनायनि दिहा होनाथनि सोमोन्दै सावरायनाय जागोन।

काथसंनायनि खान्थि:

मेथियायनो सांनिरलायखौ थियारि खालामनायनि गिबिस्याथनो लिरगिरिनि बिनाबखौ मोजाडै फरायसंनाय जादों। नैथि खारिथि बादियै गुबुन गुबुन सावराय बुलाइफोरनि हेफाजाब लानाय जादों आरो फोरमाथ्लु खान्थिनो बे सांनिरलायखौ थियारि खालामनाय जादों।

बेखेंनाय:

प्रसन्न कुमार बर' खाखलारीनि 'बाथुनाम बैखागुनि गौदु' बिजाबा ओंखारो 1920 मावथायाव। बे बिनाबाव गासै दों द' मेथायफोर दे। बेफोर जादों- गुरु खुलुमनाय गौदु, मादायनि हिसाब बाथु बाड़ाया माख' खुर्जिनदों, माय हुलांबाला गालबनाय गौदु, बुलि बुड़ीया मान' बर बान्सानिगिरि आरो गोदु रानाबनाय दिहा।

'गुरु खुलुमनाय गौदु' बे मेथायनि गेजेरजों लिरगिरिया बर'नि गाहाइ मोदाब बादै बोरायनि गुमुराखौ फोरमायदों। बाथौआनो बहुम सोरजिगिरि, नुबाथारि आन्नाल गाहाइ। बाथौआनों मुलुगनि बायनिबुबुबो देरासिन लाबरिन आरो गेंहो गोरोसिन। बाथौजानो जादों बर बान्सा आरो राहानि गिरि। बाथौआ बार, दै, ला, अर आरो

* Asstt. Prof., Dudhnoi College, Email.- mamonidaimary11@gmail.com

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সঞ্জীবনী

দ্বিতীয় বছর ঃ প্রথম সংখ্যা

সম্পাদনা
ড° নন্দিতা গোস্বামী
ড° চফিকুর রহমান



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बर' फोरनि समाजारि आसार खान्थियाव बेरखांनाय सुबुं फोथायनाय

मामनि दैमारि

जागायनाय:

बर'फोरा मंगलियद फोलोरनि मोनसे हारि। जेब्लानिफ्राय बर'फोरा समाज दानानै गयजो जानो सेंदों अब्लानिफ्रायनो समाजारि आसार खान्थिजों समाजखौ मोजाडैनो दैदेनबोदों। सुबुं फोथायनायाबो बर'फोरनि समाजारि आसार-खान्थिफोराव हाबफानानै दङ। सुबुं फोथायनाया जादों, सुबुं माहारिया गावसोरनि समाज खुंनाथाव जायफोर खानिनानै सोलियाब्ला गावनि खहा जागोन होननानै फोथायथि सोलिबोबाय दं बेनो सुबुं फोथायनाय।

बेखेबनाय :

सुबुं फोथायनाया बर'फोरनि समाजारि आसार खान्थिजों लोगोसे हाबफाना दङ। गोदोनिफ्रायनो बर'फोरा गावसोरनि संसार जानायाव माखासे आसार फोरखौ फालिबोनानै गावसोरनि समाजारि जिउखौ खुंबोबाय दं। जायफोर आसारफोरखौ खालामाब्ला गावसोरनियाव खैफोद फैगोन होननानै गोदोनिफ्रायनो सोलिबोनाय माखासे सुबुं फोथायथिखौ फालिबोबाय दं।

बर'फोरनियाव फोथायनाय दंदि, नबथि गोदान गायसननोब्ला जे बारियाव एबा बियायाव न'बथि गायसनगोन बे बिथाखौ सिगां आनजाद नायग्रोयो। बिथाया नबथिनि थाखाय मोजां ना गाज्रि। बर'फोरा बिथा सायख'नायनि आनजादखौ एरै नायो- मोनासि समाव नबथि गायसनगोन बिथाखौ दलरसे सनस्लांना गबर गोथांजों लिरस्लांना लाइजौ लाइयाव थुलुनसि जरासे, माइरं गरगु (खर' जयै), गय जरा फाथै जरा होनानै दनजों लाइजौ लाइखौ खोबथेना दननि सुंखौ सोरगिदिं लिरथेना दोनो। अखानायै फुडाव दनखौ बोखारना नायो। लाइजौ लाइयाव दोननाय मुवाफोरा थिगै देना गैया। लाइजौ लाइनि मुवाफोरा जुदिहाय जेरै दोनदों एरैनो दङब्ला बियाया नबथिनि थाखाय मोजां जागोन। बे बिथायाव नखरा गथ' गथायजों मोजाडै संसार जानो हागोन। जदिहाय लाइजौ लाइयाव दोननाय मुवाफोरा गोमाना दं बा मुवाफोरा लेथेर फेथेर जाना थायोब्ला बियाया नबथिनि थाखाय गाज्रि होनना बर'फोरनियाव सुबुं फोथायनाय दं।

गोदो गोदायनिफ्रायनो बर' हिन्जाबफोरा गथ' जोनोम जानाय समाव गावजों गाव हेफाजाब होलायनाय हुदा दं। गामिनि बुरै बुरै आरो अजाफोरानो डाक्टर एबा नार्सफोरनि मावनांगौ हाबाखौ मावनो हायो। गथ' गोरलैनि नारिखौ लौबा निसिलजों मासु बिखुडाव नारिखौ दोनना हास'नाय नेम दं। हास'नायनि सिगां नारिखौ आबा खुन्दुजों गथ'बा लौबाब्ला मेगयबा आरो हिन्जाबसाब्ला मेगयद' फाननानै खाथेग्रोयो। आखाय गोखा मानसिखौसो गथ'नि नारिखौ हास'होयो। आखाय गोदै मानसि हानाय नारिया थाब खननो रोखा होनना बर'फोरा फोथायो। फिसा-फिसौ गोमां एबा

Cultural Heritage of Assam

Editors

Sarit K. Chaudhuri

Mini Bhattacharyya Thakur

Indira Gandhi Rashtriya Manav Sangrahalaya
(National Museum of Mankind Bhopal)

GYAN

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Silk Culture in Colonial Assam

—Mridutpal Goswami

Discussion

Assam with its geographical setting possesses a suitable natural environment for rearing a variety of silkworms on a commercial scale. But the practice of rearing silkworm and of weaving of silk has probably entered Assam from China at a remote period of its continuing history. Today, no doubt it is indigenous and traditional thereby occupying a sacred place in the Assamese cultural heritage.

The *Kiratas* (people of Mongolian origin) are believed to have introduced the cultivation of silk of different varieties in Assam in those ancient times. As such, all the hill tribes of Assam are expert weavers of silk of some form or other.[1] In his famous work *Arthasastra* written sometime between 321 B.C. and 300 B.C., Kautilya referred to one of the principalities or chieftainship of ancient Kamarupa (early name of Assam), *Suvarnakundya* where he stated to have produced the best quality of *patrona* (*pat* cloth) and *dukula* (*muga* cloth).[2]

From that time onwards till coming of the British, the silk culture has a free flourishing condition. Most vital importance of the silk was that with its three varieties, it could provide the basic need of clothing to every section of the Assamese society. The *pat* and *muga* silk garment used to be in general standard dress of the upper and middle classes of both the sexes. While, lower classes used to at least wrap themselves in winter with a piece of *eri* cloth.[3]

The royal houses used to provide due honour to the silk culture. The Kings of ancient Assam were patrons of local arts and crafts. The

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The Positivist School of History Writing

Mridutpal Goswami*

INTRODUCTION

Positivism is a philosophical approach believing in scientific method as the only way of attaining true knowledge. Sensory experiences are enough for having the worthwhile information in both social as well as natural sciences. The word Positivism is re-imported in the 19th century from the French word *positivisme*, derived from *positif* in its philosophical sense of 'imposed on the mind by experience'. It was Auguste Comte who coined the term 'Positivism'.

There have been attempts from the time of the scientific revolution of 17th century to make the historical knowledge scientific. The Positivist School of historiography can be considered as the byproduct of those attempts. However, the philosophical approach of Positivism entered in the field of history in the early part of the 19th century and developed into a school of historiography in opposition to the Romanticist historiography which has made historical works more imaginative and theoretical.

FEATURES

The basic idea of Positivism is that history is science. J. B. Bury made the famous statement that history was 'simply a science no less and no more'. The knowledge of human beings cannot go beyond their experience. Both knowledge and experience are equally important and co-related. Any study into a historical event should be as per the scientific method. It should be an inquiry into the course through which the historical event passes through.

* Asstt. Professor, Department of History, Dudhnoi College

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- কামৰূপ ৰাজ্যৰ অৱলুপ্তি বা অৱসান
- প্রশ্নাৱলী
- সহায়ক গ্রন্থপঞ্জী

গোট ঃ ৫ ১৬৯-১৮৪

- কেন্দ্রীয় আৰু প্রাদেশিক শাসনব্যৱস্থা
- বিচাৰ বিভাগীয় শাসনব্যৱস্থা
- ৰাজহ বিভাগীয় শাসনব্যৱস্থা
- সাংস্কৃতিক জীৱন ঃ সাহিত্য, কলা আৰু স্থাপত্য
- প্রশ্নাৱলী
- সহায়ক গ্রন্থপঞ্জী

গোট ঃ ৩

ৰাজনৈতিক ৰাজবংশবোৰ —

- বৰ্মন ৰাজবংশ
- শালস্তম্ভ ৰাজবংশ
- পাল ৰাজবংশ

(ক) বৰ্মন ৰাজবংশ
(Varmana Dynasty)

খ্ৰীষ্টাব্দ চতুৰ্থ শতিকাৰ মাজভাগত, যেতিয়া শক্তিশালী গুপ্তবংশই ভাৰতৰ বিভিন্ন অংশত নিজৰ আধিপত্য প্ৰতিষ্ঠা কৰিবলৈ সক্ষম হৈছিল, ঠিক তাৰ সমসাময়িকভাৱে প্ৰাগজ্যোতিষ-কামৰূপত বৰ্মনসকলৰ উত্থান হৈছিল। বৰ্মনবংশীয় শাসকসকলৰ অধীনত ভাৰতবৰ্ষৰ পূব প্ৰান্তত অৱস্থিত প্ৰাগজ্যোতিষ-কামৰূপত ৰাজনৈতিক তথা অন্যান্য দিশত এক সুস্থ তথা অনুকূল বাতাৱৰণৰ সৃষ্টি হৈছিল। বৰ্মন বংশৰ উত্থানে অসমৰ প্ৰাক্-ঐতিহাসিক সময়ৰ পৌৰাণিক শাসকসকলৰ ৰাজত্বৰ অন্ত পেলাই প্ৰাচীন অসমত ঐতিহাসিক যুগৰ সূচনা কৰিছিল।

নৰক ভৌম বংশৰ বজ্ৰদত্তৰ সময়ৰ পৰা বৰ্মন বংশ প্ৰতিষ্ঠা হোৱাৰ সময়লৈ অসমৰ ইতিহাসৰ বিষয়ে কোনো সঠিক তথ্য পোৱা নাযায় আৰু এই বিষয়ে বিভিন্ন ইতিহাসবিদে বিভিন্ন মতামত দাঙি ধৰিছে। এচাম ইতিহাসবিদৰ মতে

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Edited by

Dr. Neeva Rani Phukan

Dr. Pranita Barman

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A Compilation of articles edited by

Dr. Neeva Rani Phukan, Associate Professor, Assamese
Krishna Kanta Handiqui State Open University,
Resham Nagar, Khanapara, Guwahati-781022
and **Dr. Pranita Barman**, Associate Professor, Assamese
Arya Vidyapith College, Rehabari, Guwahati-781016

&

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Colonial Intervention in the Health Sector of Assam

Dr. Mridutpal Goswami

India has a glorious tradition in the field of medical science with physicists like Charaka, Sushruta and others contributing towards its development in the form of Ayurveda. The Ayurvedic mode of treatment along with folk medicines was mostly used by the Indian people to get rid of the diseases. Unani medicine system was also in practice from the medieval times. Certain health related beliefs and practices were too followed by the Indians which over the years had become integral part of their socio-cultural belief system. Even the British initially were quite appreciative towards these medicine systems of India.

But developments in the western medical science created a change in the European minds towards Indian medicine system. After 1820, European medical practitioners came to believe that recent developments in the western medicine had created a gulf between the western and Indian system of medicine. This self belief changed the early European attitude towards the medicine systems of India.

Achievements of western medical science provided confidence to its practitioners to challenge the oriental medical practices. (Kumar, 1998: pp. 10-11)

However, regarding the colonial health policy in India, the British government until the first quarter of the 19th century was quite indecisive as what type of medical practices should be followed in India. At that time ayurvedic, unani, folk medicine and allopathy were all in practice as far as public health was concerned. But finally the allopathy system of medicine was officially adopted in 1835 by the company authority thereby throwing the indigenous system of medicine into the background. (Goswami, 2011: p. 980) The British medical intervention by introducing western medicine system in the country was disliked by the Indians. It was considered as an encroachment upon their socio-cultural life. The people of Assam though came late under the British rule, yet they opposed the colonial intervention in the health sector of the province.

Continuity of Indian medicine system and its synthesis with the western medicine was preferable to the majority of Indians. But in practice, this did not happen as colonial authorities tried to impose their superiority over the Indian medicine system prevailing in the country from the pre-colonial times. The western and indigenous medicine system could have definitely collaborated in several areas, which however did not happen as the colonial policy was directed towards total exclusion of the indigenous medicine and its practitioners. (Palit and Dutta, 2005: pp. 14-15) The health, treatment and medicine during the colonial rule also became agents of political authority. In this direction David Arnold stated that:

The interaction between colonial medicine and indigenous medical system was limited by a strong sense of superiority of Western medical

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CULTURAL HISTORY OF ASSAM

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KRISHNA KANTA HANDIQUI STATE OPEN UNIVERSITY

Subject Expert

1. Dr. Sunil Pravan Baruah, Retd. Principal, B.Barooah College, Guwahati
2. Dr. Gajendra Adhikari, Principal, D.K.Girls' College, Mirza
3. Dr. Maushumi Dutta Pathak, HOD, History, Arya Vidyapeeth College, Guwahati

Course Co-ordinator : Dr. Priti Salila Rajkhowa, Asst. Prof. (KKHSOU)

SLM Preparation Team

UNITS	CONTRIBUTORS
7	Dr. Priti Salila Rajkhowa, KKHSOU
8	Dr. Mridutpal Goswami, Dudhnoi College
9 &11	Muktar Rahman Saikia, St. Jhon College, Dimapur, Nagaland
10	Dr Sukmaya Lama, KKHSOU
12	Niharika Buragohain, Department of Man communication, Sikkim University & Dr Priti Salila Rajkhowa.

Editorial Team

Content Editing: Dr Moushumi Dutta Pathak, Department of History, SArya Vidyapeeth College
Dr. Priti Salila Rajkhowa, Department of History, KKHSOU

Structure, Format & Graphics : Dr. Priti Salila Rajkhowa, KKHSOU

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BLOCK 1

KRISHNA KANTA HANDIQUI STATE OPEN UNIVERSITY

Subject Experts

1. **Dr. Sunil Pravan Baruah**, Retd. Principal, B.Barooah College, Guwahati
2. **Dr. Gajendra Adhikari**, Principal, D.K Girls' College, Mirza
3. **Dr. Maushumi Dutta Pathak**, HOD, History, Arya Vidyapeeth College, Guwahati

Course Coordinator : **Dr. Sukmaya Lama**, Asst. Prof. (KKHSOU)

SLM Preparation Team

UNITS	CONTRIBUTORS
1,2	**Muktar Rahman Saikia**, St. John College Dimapur, Nagaland
3,4,5	**Dr. Mridutpal Goswami**, Dudhnoi College
6 & 7	**Sanghamitra Sarma**, R/S GU & Mitali Kalita, D.K. College, Mirza

Editorial Team

Content (English Version)	:	**Dr Gargee Sharmah**, Pragjyotish College
Language (English Version)	:	**Dr. Sukmaya Lama**, KKHSOU
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Subject Expert

1. Dr. Sunil Pravan Baruah, Retd. Principal, B.Barooah College, Guwahati
2. Dr. Gajendra Adhikari, Principal, D.K.Girls' College, Mirza
3. Dr. Maushumi Dutta Pathak, HOD, History, Arya Vidyapeeth College, Guwahati

Course Co-ordinator : Dr. Priti Salila Rajkhowa, Asst. Prof. (KKHSOU)

SLM Preparation Team

UNITS	CONTRIBUTORS
1	Mitali Kalita, Research Scholar, G.U
2	Dr. Mamoni Sarma, L.C.B. College
3	Dr. Priti Salila Rajkhowa, KKHSOU
4 &7	Dr. Mridutpal Goswami, Dudhnoi College
5	Dr. Arindam Talukdar, Bajali College
	Dr. Malabika Das, Handique Girls' College
6	Dr. Dwipmoni Kalita

Editorial Team

Content Editing : Prof Paromita Das, Department of History, Gauhati University
Dr. Priti Salila Rajkhowa, Department of History, KKHSOU

Structure, Format & Graphics : Dr. Priti Salila Rajkhowa, KKHSOU

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KRISHNA KANTA HANDIQUI STATE OPEN UNIVERSITY

Subject Expert

1. Dr. Sunil Pravan Baruah, Retd. Principal, B.Barooah College, Guwahati
2. Dr. Gajendra Adhikari, Principal, D.K.Girls' College, Mirza
3. Dr. Maushumi Dutta Pathak, HOD, History, Arya Vidyapeeth College, Guwahati

Course Co-ordinator : Dr. Priti Salila Rajkhowa, Asst. Prof. (KKHSOU)

SLM Preparation Team

UNITS	CONTRIBUTORS
8,9,10&12	Dr. Arindam Talukdar, Bajali College
11	Dr. Mridutpal Goswami, Dudhnoi College
13	Dr. Malabika Das, Handique Girls' College
14&15	Dr. Binod Sarma, Farkating College

Editorial Team

Content Editing. Prof Paromita Das, Department of History, Gauhati University

Dr. Priti Salila Rajkhowa, Department of History, KKHSOU

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Women of Northeast India

Their Folklore and Folklife







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5

Woman, Insurgency and Cultural Space in Northeast India

Samar Medhi

Introduction

Woman issue becomes an area of interest among the researchers in the field of social sciences. A variety of conflicts drive the history of post colonial Northeast India (Dutta, 2018). The reason is mainly because the diverse identities, illegal migration from the border areas and various form of poverty manifested them in violent ways (Baruah. 2002). This particular conflict among them are the result of movements to inter community, communal and inter ethnic clash, demands of independence and separate state by various ethnic group in Northeast India especially after the Nation independence in 1947. The Naga insurgency for demanding separate state named as Nagalim is one of the oldest armed violence since independence in Northeast India. Not only in Nagaland, in Assam ULFA (an armed organization demanding sovereign nation separating from India) creates various social conflicts and insurgency. Moreover, various ethnic cultural group demands like Bodoland, Karbiland a separate cultural space in Assam create various social insurgencies with various regional conflicts. These regional clash not only witnessing Nagaland, Assam but also various states like Tripura, Manipur Meghalaya for their communal status and reservation within the India.

Violence is the byproduct of insurgency. The after affect of violence is tangible as well as intangible. While insurgency affects the life in general, it is the woman and children who suffer the most of such violence but lack of documentation of the tremendous physical, psychological and metal sufferings undergone by woman and children in conflicts situation makes it difficult for the nation to make appropriate intervention. The woman and children are exposed to a range of vulnerabilities such as death, sexual harassment, mental and physical torture, hunger, rape, exploitation, trafficking and so on (Bhattacharyya, 2017). Very often when peace returns, even temporarily in a certain conflict areas, there is natural tendency to forget the insidious affects that have had effect on woman and children.

Woman as a cultural symbol

Wherever and whenever, there is a situation of violence woman becomes the first target of the both state and non state person because they are the cultural identity of the group or a community. Woman are treated as the vanguards of their culture, therefore the non state actors imposed dress codes and others norms of behavior on their woman. This cultural uniqueness becomes the bandwagon forward their claim to separate state or homeland. For instance the insurgent of Manipur and Assam has been very blatantly illustrated this product.

In Northeast India as woman are the symbols of culture in every society, state forces deployed to fight insurgency in the region also direct their attention to women. They feel that if they are to deal to an insurgent movement, they must defile the defenders of culture, specially the woman and children. So, women are ruthlessly harassed and outraged. Such acts resulted suppression of woman as society and the insurgency leader start regulating this fight and restricted this woman to move around and beyond out of their homes and also some areas become out of bounds for woman. Thus woman are restricted on this social mobility and freedom.

In Northeast India, when a married woman is sexually harassed she suffers multiple trauma because her family member and even

her husband considered her defile or impure socially. Therefore she develops a guilt feeling and has to live with that guilt whole life. The woman has no one with when to share her plight as there is no center for counseling victims of rape and trauma.

Woman as a victim of insurgency

When woman and girls suffers deep discrimination, they are more vulnerable to worst effect of disaster or war, including the weapon and humiliation of rape and less likely to contribute to peace-building, which threatens the long term recovery. If we are serious about preventing conflicts, recovering from war and natural disaster and building lasting peace, we need to empower woman, as well as the young and the elderly to become agents of positive change (UNFPA, 2010). Whenever there are conflicts, woman and children have been known to receive the hard end of the violence. Rape and sexual violence are the main weapon and strategy of war through the ages. As history repeat itself, various countries as an example of sexual harassment and rape has been used as a weapon by the security personal to dominate the particular community or ethnic group (Bhattacharyya, 2018).

The development of AFSPA (Armed Force Special Power Act) in 1958 and 1990, provide excessive power to the concerned authorities, which compromises the democracy and fundamental freedom of the people of the region. The act causes and also increases violence against woman's right and sexuality in the Northeastern region.

The psychological trauma is another consequence of conflicts on woman through the loss of loved ones, or disappearance. Though violence against woman is physical and psychological but the worst thing is that the woman who suffered these consequences, has not received any support from the society for whom they sacrificed.

The large scale displacement due to armed conflict situation in Northeast India again influences the woman children more. The displacement lead them to shelter in relief camps, where lack of privacy and space create various health related problem like skin disease, communicative disease, AIDS etc. In Northeast India

continued ethnic clashes in the Kokrajhar (BTC) and Karbi Anglong have resulted mass scale displacement of family. It ultimately led to lack of food or food shortage, lack of safe drinking water and shortage of medicines etc.

As woman in our society have sustain their families by gathering daily need and essential commodities therefore, they have to face such worst situation and humiliated several time.

Role of woman as an organization

There have been various types of woman's movements and NGO in Northeast India. They are raising their voice against injustice and crime related to woman. The organized woman group playing an essential role in empowerment of woman and protecting their freedom and rights. Some well known organization from Manipur, Assam, Mizoram and Nagaland are discussed below—

1. Meira Paibis (Manipur)

It is a woman's movements started in the late 1970's to control social and gendered violence. Meira Paibis meaning the torch bearers (Meira symbolize the declaration of war) aim to protect human right in their community and fight against the injustice of AFSPA. The women of Manipur under the banner of Meira Paibis are taking out various protective measures against custodial death, rape, fake encounter committed by the security personal.

2. Irom Sharmila, Manipur

She made movement against AFSPA has been as long as almost 16 years. Now she broke her fast to fight election in Manipur. She started her fast after she witnessed security personal gunning down 10 people under the AFSPA. She told the Supreme Court that she has all the hopes to live a life but she wants the centre to withdraw AFSPA from her state.

3. Naga Mother's Association, Nagaland

Naga Mother's Association also take up various forms of activities like protest rally to bring peace in the state. They initiated

a campaign on 'Shed no more blood' and 'no more violence' as an appeal to take up issues peacefully. They also tried to maintain peace and harmony by nurturing and sustaining ceasefire between Nagaland underground groups and governments.

4. Mizo woman movements under MHIP (Mizo Hmeichhe Insuikhawm Pawl)

Mizo woman movements have demanding for change in Mizo Marriage laws; especially they wanted to abolition of Mizo bride price in Mizo marriages. They said, "If age old custom like child marriage, purdah etc can be illegal now, then why not the bride price in Mizoram can be declared illegal? They also fight against violence against woman, discrimination in workplace and 33% reservation of woman in the political system.

5. Assam Mahila Samity, Assam

The woman's movement in Assam is as old as freedom struggle. The organization movement against violence against woman, woman's low literacy, gender discrimination wages and workplace and encouraging woman self esteem in the society, in general.

6. ABWWF (All Bodo Woman's Welfare Federation) & BWJF (Bodo Woman's Justice Forum), BTC, Assam

All Bodo Woman's Welfare Federation and Bodo Woman's Justice Forum are act as a peace activity in around conflict situation in BTC (Bodoland Territorial Council) region of Assam. The BTC is one of the conflict affected region of Assam emerged with the Bodoland movement. Every stage of movement has been marred with conflicts and bloodsheds. Besides these, the region also witnessed several other conflicts like ethnic conflicts, fratricidal conflicts etc. such as Bodo-Muslim conflicts 1993, 2008, and 2012, and Bodo-Santhal conflicts in 1996, 1998. All these conflicts led to violation of human right and worst situation in entire BTC region. Many people are tortured, kidnapped, displaced, sexually harassed, raped and even killed in the name of insurgency. These

two organization fight to established equality between woman and man, while addressing the problems linked to woman by empowering the woman of Bodo community. The organization organized national seminar on role of Bodo woman in Bodo movement, social reforms and to importance to woman education. The organization also played crucial role as a mediator between militant and political leader trying to bring peace in the BTC, Assam. They also continuously opposed the impose of AFSPA and made hunger strike to abolition the act and also protest against the rape cases by armed force personal.

Conclusion

The article aims to study the journey of a woman from caring herself to her families in an insurgency or conflict situation in Northeast India. The above discussion reveals that woman and children might be the worst victim of the conflict or communal clash as they are treated as vanguards of culture of a community. But the positive fact is that among the woman some woman are came forward and organized not only to protest against such violence, crime, injustice, but also to fight till the last breath to overcome from this worst situation and to bring peace and justice, freedom. The several women's organization is such bright side of the society against the black chapter of insurgency in North East India. Thus, we people are hoping better future with the hand of these organizations to think beyond this boundary and work for broader interest of the society as a whole.

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LITERATURE, CULTURE AND SOCIETY: MULTIDISCIPLINARY PERSPECTIVES

EDITORS
ABUL FOYES MD MALIK
DIPAK KUMAR DOLEY

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Sociology of Internal Displacement of the Tribal People of Assam

Samar Medhi

Introduction

Displacement due to development, conservation, disaster or conflict often leads to tremendous alienation from common property resources such as forest, land fodder or water (Fernandes, 2009). Subaltern groups including the indigenous tribal and other marginal or lower social class people lack legal titles to these resources, which are often communally owned or managed. Displacement from one's home and habitat is very pathetic because it causes immense losses in the life supporting resources including society, neighbor and common property resources. They always has to seek help from that authority which is very often responsible for their displacement.

In Northeast India since 1947 had witnessed various armed conflicts and generalized violence. Some of these conflicts situation caused huge internal displacement of hundreds of thousands of people. According to conservative estimates in 2011, more than 76000 people remain in internal displacement in Northeastern region. In this region, about 475 ethnic groups and sub groups with 400 language and dialects are there (Bhaumik, 2009). These ethnic groups have various demands like ethnic homelands, schedule tribe status etc. As these tribes do not live in distinct territories, and so their demands for ethnic homeland have often led to violence and in turn causeinternal displacement among them.

After independences the Northeast India especially Assam and Tripura has received a continuous flow of economic migrants for neighboring countries and till now this process is present. The immigration had affected the demographic scene of the Assam and Tripura and also affects the indigenous tribal people. This wave of migrants and refugees mainly setup at forest, river valley and causes displacement of the tribes form theirancestral land without any direct conflict. But when the tribal people realized the upcoming danger of this migration, they express their grievances through the mass protest and social movement and it leads to communal conflicts and create social disturbances and displacement for their home and land.

Causes of Internal Displacement in Assam

Since India'sindependence the Assam as a whole Northeast India has seen various conflict and violence with different causes such as demand of outright independence such asGreater Nagaland by Naga rebel group. It also affects the Naga inhabited area of Assam and other bordering areas of Northeast India. The root cause of this violence came from

history as prior 19th century the land was not privately owned. But after British colonialism they introduced the system of private land ownership in order to setup tea plantation and oil industry. They also brought people from Orissa, Bihar, Jharkhand, and West Bengal as a tea worker at lower cost and settled them near forest or other tea garden areas of Assam.

After 1947 as the privatization of land continued, the indigenous ethnic groups have less and less available land. This was the significant factor behind all the violence, massacre, and forced displacement against the people whom they regarded as non-indigenous for the region as for example Bodo-Muslim violence, Bodo-Adivasi violence etc. Again in order to attain the demographic majority and to create ethnic homeland for fulfills the demand of autonomous council, they started ethnic cleansing with large scale attack on the non indigenous ethic groups. The basic causes of internal displacement in Assam are mainly_

- Due to violence-ethnic, religion and language.
- Due to take over land by migrating communities.

Conflicts and Internal Displacement of tribes of Assam

In Assam the internal displacement among the tribes are mainly violence induced due to ethnicity, influence of immigration from the Bangladesh and other migration from neighboring states of India. Some of major violence and related internal displacement among the tribes are discussed below:-

Displacement in Assam-Meghalaya border region

Meghalaya the states of Northeast India is dominated by three main ethnic groups the Khasi, Jaintia and Garo with different autonomous council each. Where, the Garo autonomous council specially the East Garo hill district, Meghalaya is attached with Goalpara district of Assam. In these bordering areas more than 300 villages are inhabited by both Rabha and Garo community together. Among the tribes the Rabha have majority in Goalpara district and Garo have in East Garo hill district and minority as opposite to each other. Under the sixth schedule of Indian constitution, the Rabha community people had demanding Rabha Hasong Autonomous Council (RHAC) and ST status in the Rabha majority areas of Goalpara district. As a result Garo and other minority people of Goalpara district had feared discrimination and protested.

In December 2010, violent clashes broke out between these ethnic groups of Rabha and Garo. The Rabha resorted band has and road blockade demanding RHAC – a political framework to bring under sixth schedule. This emergence of identity assertion movement of Rabha has had significant impact on Goalpara district of Assam and bordering areas of Meghalaya. The identity assertion movement of the Rabha had also given rise to the blockade of NH37 by the All Rabha Student Union. It disconnected the road connection of North Garo hills of western Meghalaya to the state capital Shillong or the other parts of Assam and rest of India. To the Garo people this was nothing but an economic blockade. In this responds subsequently on 3rd January,2011 the Garo National Council (GNC) an independent Garo organization of Assam called 12 hours Assam bandha in Goalpara district.

They also burnt down 30 Rabha housesat Mendipathar, East Garo Hills (Dutta, 2011) and it turned into inter tribal clashes between them. Moreover, the 416 Garo villages under RHAC also demand separate Garo Autonomous Council in Assam.

The Achik National Volunteer Council (ANVC), a Garo armed grouped, which was under ceasefire since 2004 again revive with a new name as Garo National Liberation Army (GNLA). The Rabha had also Rabha Viper Army (RVA) which was argued to be ineffective and more like a band of petty dacoits. Besidesthe militants, the both student union of the Rabhas and the Garos also play a very strong political role in this ethnic clashes (Basumatary, 2013).

This violence leddisplacement of Rabhas from Meghalaya and the Garos from Assam continued for several days and by 12 January, 2011 about 35,000 internal displaced peoples had fled into 39 camps of Goalpra district and 15000 internal displaced peoples were sheltering in 18 camps in East Garo hills of Meghalaya. The camps had setup in public buildings basically in schools.

Situation, Response and Scenario of Displaced people

By early February, 2011 the Assam and Meghalaya state governments were collaborating in the relief effort and had announced similar level of compensation for the internally displaced people. But the compensation was not sufficient to rebuild the house. In case of medical facilities till January, 2011 relief camps were visited by doctor and paramedical group regularly but at the end of February month at least one camp was visited by a medical team daily.In case of woman and girls personal hygiene items were not available though Assam Public Health Engineering department installed pit toilets but due to limited number most of them hadto prefer open defamation.

In the end of February month, both the state authorities had stopped distributing ration and non-food items to the internal displaced peoples in order to push them back without considering the security even though many remained in need of assistance due to their replacement. The school camps were also freed by pushing the internal displaced peoples by authorities. Due to sudden stoppedof ration in most of the camps; many were eating less than one meal per day as well as face drinking water problem. They also lost their livelihood as the Garo and Rabha was trading partner. Presently various national and local NGOs along with Indian Red cross society provided economic assistance and create sustainable return situation to this displaced areas.

Displacement in the Western Assam

In western Assam especially Bodo movement like other ethnic movement in Assam has been associated with ideas of autonomy, liberation and revolution. The Bodo tribe one of the largest and advanced plain tribe in Assam alleged that there has been long socio-cultural alienation, discrimination, de-culturalisation and anti tribal policies of the government to deal with them. To revive and protecttheir culture and identity in 1986, All Bodo Student Union (ABSU) along with Bodo Sahitya Sabha launched the Bodo movement demanding separate Bodo state. In initial year this movement was quite and democratic but later on the movement turned violence because of emergence of insurgent group targeting

non-Bodo population. To establish peace the state Government and ABSU signed anaccord making provision for setting up of Bodoland Autonomous Council (BAC). But the main problem in BAC area is not contiguous and in some areas more than 50% of populations are non-Bodo population. This dissimilaritystalled the process of demarcation of boundaries of BAC (Phukan, 2013). Many people argued that with a view to have complete hold over the territory they started ethnic cleansing with a large scale attack, clashes and violence. It leads to various conflicts till present. This are-

- Violence and displaced of Bengali Muslim, 1993.
- Violence and displaced of Adivasi Santhals, 1996, 1998.
- Violence and displaced of Bodo-Muslim, 2008, 2012.

Violence and displaced of Bengali Muslim, 1993

In October, 1993 there was a large scale attack on Muslim of Bengali decent. This violence between Bodo–Muslim settlers displaced 3568 families consisting of 18,000 people in Kokrajhar (now Chirang) and Bongaigaon district. According to official report they had no title deeds to their lands and the authorities classified as forest encroacher illegally occupying the forest land belonging to government. Among the displaced people more than 10,000 took shelter in eight relief camps in Kokrajhar district.

Situation, Response and Scenario of Displaced people

Till 2010, 5000 Muslim internal displaced people were staying at one of the camps there. The government offered a rehabilitation grant of Rs.50, 000 but most of them did not accept the grant and demanded Rs.1,00,000 as well as land and house. According to district authority of Kokrajhar every Muslim family displaced in 1993 received grant and as a result they were no longer counted as displaced. However, most of the internal displaced people continued to stay at these camps awaiting settlement elsewhere in BTAD. In the relief camps there were lack of latrine and only a few well as water supply. In some camps they have not provide jobs and faced difficulty in accessing food and caused malnutrition. The amount received by the displaced people was also not sufficient to buy land. Again some of the displaced people are also unable to return to their homes in fear of further violence.

Violence and displaced of Adivasi Santhals, 1996 and 1998.

In April and May 1996,a massive violence was occurred between Bodo and Adivasi Santhal. This conflict resulted to displacement of 22, 62,682 person of 42,214 families. They tookshelter in 61 relief camps.Again in May, 1998 a new outbreak of violence between Bodo and Adivasi grouped displaced almost 3,15, 000 people mostly Adivasi and Nepali community.

Situation, Response and Scenario of Displaced people

Among the 1996 displacement more than 9000 Adivasi people were living in relief camps till November, 2010. They were receiving ration for few days and some of them received rehabilitation grant of Rs. 50,000 in fully or partially. In some camps they received minimum health care, drinking water facilities. According to official information November

2010, among the 1998's violence displacement 10,000 Adivasi were still displaced in various camps of Kokrajhar and Bongaigaon district. Among the Bodo internal displaced people 500 people were only get Rs. 10,000 to buy land till March 2011. In 2011 some NGOs providing the educational facility but due to language problem they did not access the education at local school, where the language of instruction was Assamese.

Violence and displaced of Bodo-Muslim, 2008 and 2012.

In the August and October 2008, a massive violence was happened between Bodo and Muslim at Udalguri, Darang, Chirang and Sonitpur district following an Assam wide campaign illegal migration organized by All Assam Student Union. This conflict between them killed 55 person and displaced 2,12, 000 person both Bodo-Muslim community. They were sheltered in various camps setup in school of the district. More recently in July 2012, again a conflict between the two communities displaced around 4, 00,000 people from about 400 villages (Assam violence, 2012)

After the violence the internal displaced people of different camps were visited by Prime Minister and state government of Assam and offered support to the victims. As Rs. 2,00, 000 would be given to the next of kin of those who died and Rs. 50000 to the injured.

Violence and displaced in North Cachar hills and KarbiAnglong

The two hill district North Cachar hills and Karbi Anglong of Assam are mostly inhabited by various indigenous tribes such as Karbi, Dimasa, Kuki, Khasi, Jaintia, Bodo, Tiwa, Hmar and Zama Naga. In recent years various ethnic conflict are occurred between them to control over the resource, power and territory. The different tribal group has also different insurgent groups with armed power. In demand of separate homeland the Dimasa and Karbi tribe fought with each other in October, 2005. The ongoing conflict between them had been displaced 44,016 people (Laskar, 2008).

Conclusion

Ethnic conflict in Assam in most cases is a byproduct of land delineation and owing to demographic changes as the people are fighting for natural resources in the same geographic space. Ideologues and the leadership of all this movements have failed to comprehend the hard historical reality of Assam that its land has been a shared homeland of various racial, religious, linguistic, ethnic and cultural groups migrated from different parts at different points of time. Admittedly this shared living space has shrunk substantially in British colonialism as well in post colonialism transformation. This transformation has contributed towards the sharpening of a conflict for space. In the absence of a productive intervention from the society and government, conflict and violence has become more endemic. But in each of the cases the responses of the state authority were not comprehensive assessment of the needs of the displaced people.All the conflict cases the decision were short term consideration rather than long term solution. This ultimately deprived the ethnic group for long term peace.

Thus, the post British colonial legacy of colonialism and various exclusivist identity movements has been the major factors in the massive internal displacement of people in

Assam or as whole in Northeast India. If the present situation continues without any effective measure, Assam is likely to experience more violence-induced internal displacement of population in near future.

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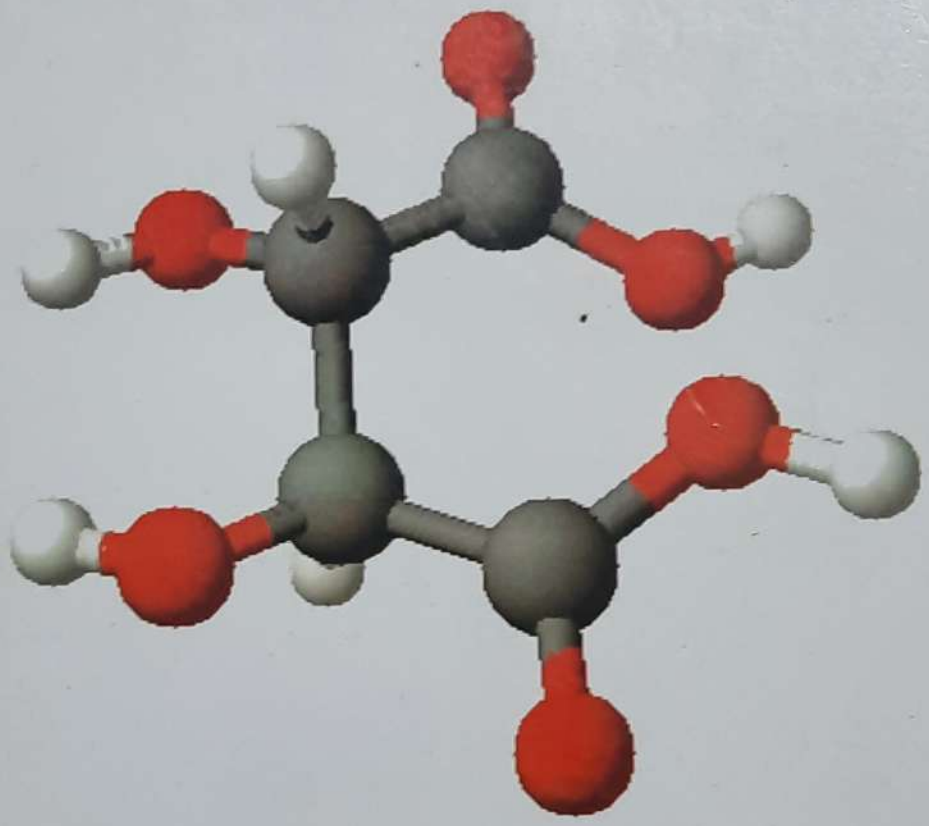
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Samar Medhi, *Research Scholar, Department of Geography, Gauhati University, Guwahati*

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Green House Gas Emission And World Politics

Samar Medhi

"There is one issue that will define the contours of this century more dramatically than any other and this is the more urgent threat of changing climate" —Barak Obama.

The global climate change as an issue mainly was raised from late 1960's. It began as a thought of human interference or mistreatment of nature. Today's raising temperature of mother earth is one of the results of this mistreatment. People always use the word global warming in the context of climate change. But both the term have some differences. The term global warming means the earth raising temperature while climate change includes warming and its side effects like drought, raising sea level, snow melting, ozone hole, food crises etc. Now these environmental problems are not limited within local, regional and national but also an international issue. According to NASA 2019, the recent example of world's largest tropical forest or the lungs of the world known as Amazon's forest fire is due gradual high temperature and low humidity and also it seems number of forest fire may be increasing in record setting. This has been proven due to human intruder in the Amazon forest area. These trends are due to rapidly increasing amount of green house gas in the atmosphere as a result of scientific and technological revolution. In this chapter a brief introduction of green house gas emission as a factor of global climate change has been given. This will help the readers to think over the use of green house gas emission and also world politics as an earth summit to overcome from the situation regarding this.

Greenhouse gas

Green house gas is the house that made up of gases which create green environment. For example our planet earth with its own atmosphere is one of the green houses. The green house gas was first discovered by Joseph Fourier in 1824. The gases that trapped heat from the sun rays and keep the earth warm. It was first experiment by John Tyndall in 1859 and showed that water vapors and carbon dioxide absorbed the infrared radiation of the sun. It makes possible of life of both flora and fauna on the earth. The green house gas keeps the earth as a green planet and covered the earth as a roof of gases to sustain life. But the main reason behind the greenhouse effect is greater the rate of emission of green house gases, the higher its concentration will be the atmosphere. These gases are mainly water vapors (h2o), Carbon dioxide, Methane, Nitrous oxide, Ozone, Chlorofluorocarbons

Green house effects

Our earth surface temperature is maintained by the heat balance between the Earth with the solar radiation. The solar radiation in the form of short wave enters in to the earth surface and it again reflected back to the space through the atmosphere in the form of long wave radiation. But some of the heat is absorbed and trapped by the earth atmosphere. Much of the heat does not pass to the space as the gas like carbon dioxide and water vapor absorbed the reflected heat. Thus these gases act as a house on the earth surface and warm the lower atmosphere. This is known as greenhouse effect (fig 1).

Research Scholar, Department of Geography, Gauhati University

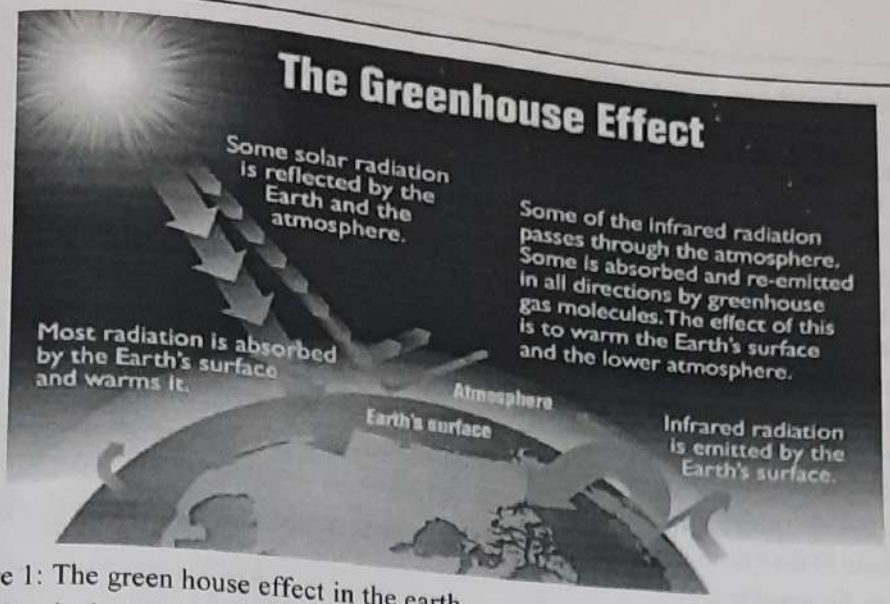


Figure 1: The green house effect in the earth.

But after the industrial revolution with widespread use of the burning of fossil fuel and industrial chemical it increases the concentration of co2 and raised the amount of green house gas. In addition, the use of nitrous and sulfurous gases in agriculture, forest, land used and transport sector also raised the amount of green house gas and ultimately increase the surface temperature of the earth. Today the Green house phenomenon is one of the most common issues in the recent world mainly after the industrial period. With the pace of development the earth green house emission is raising day by day globally. Due to increase the amount of above mentioned gases, it absorbed more heat which in return increases the global temperature of the earth.

Both natural and anthropogenic factor are responsible for green house gas emission. The natural factor like volcanic eruption through its ashes and dust added the carbon dioxide to the atmosphere. But the amount of release of green house gases to the atmosphere is more by human or anthropogenic factor then the natural factor. It leads towards environmental problem like Global warming, snow melting, rise of sea level, extinct of species etc. today the global emission of these gases are more in electricity sector (25%) followed by agriculture, forest and land used sector (24%) in fig 2.

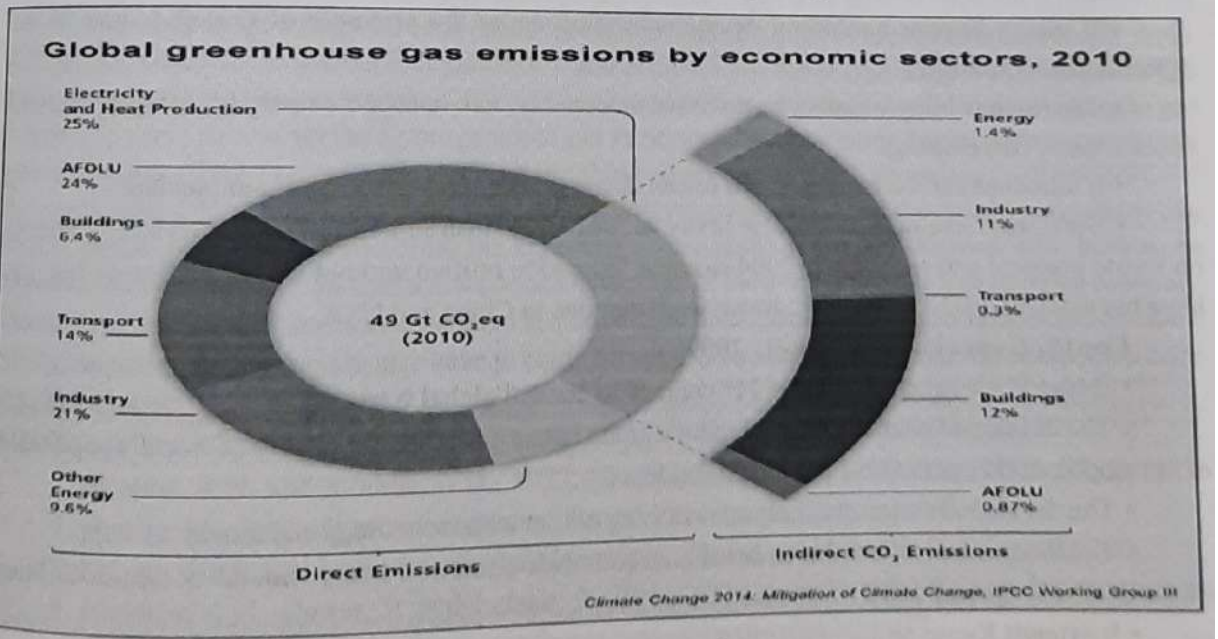


Figure 2 global emission of green house gas in economic sectors.

Earth summits and world politics

The difficulty about the world environment is that it is international, where power remains in some country. Therefore a mutual international cooperation is required through a system of good global governance. Like many issues, the environmental movement was first reached or general focused at the beginning of the 20th century. But with the passes of time the environment concept was attached with the term development. That means the developed country stress power on developing as well as under developed country in terms of environment after reaching their development level. The arrangement for environmental movement operates in the form of establishment of international organization, convention, conference and agreements. The United Nation is playing a key role in various international issues including environment. The Stockholm Conference in 1972 was the most important regarding environmental issue with the slogan 'Only One Earth' and as a result UNEP was established. Moreover the UNDP (United Nation Development Project) and World Bank are two organization very much aware of global environment. But the main problem was the lack of enforcement of power.

Here some of the various important summits on environmental awareness regarding green house emission are as discussed below:

Rio-Earth summit, 1992, (UNCED):

It was the 1st earth summit on the concept of economic development with protection of environment and was the largest gathering of 179 countries.

- The summit developed United Nation Framework Convention on Climate Change (UNFCCC) and it was active from 1994 and under this all countries met to negotiate the climate change known as COP (conference of parties)
- The main objective was to stabilize green house gas concentration with non legal binding and create a sustainable development programme through the agenda 21.

COP1, Berlin, Germany, 1995

- Cop1 agreed on 1st joint measure in international climate action.

COP3, Kyoto, Japan, 1997, Kyoto protocol, (191 countries till 2010)

- The aim was to fight against global warming by green house gas reduction obligation from annex I country.
- It committed industrialized nation like USA, EU, Japan, etc to reduce their green house gas emission by around 5.2% by 2012.
- It places heavier burden on developed nation under the principle of CBDR (common but differential responsibility)
- The responsibility was distributed based on economy as —annex-1 country (developed) and non annex country (developing).
- It introduce carbon trading, CDM (clean development .mechanism), joint implement.
- But it was force in 2005 because firstly in 2001—the Bush administration (USA) had no interest on Kyoto protocol and secondly in 2004 Russian federation ratified without United Nation giving new hope but again in 2011 Canada withdrawn from that due to China and USA.

Cop15, Copenhagen summit, 2009

- It was 1st global agreement of 21st century to control global warming.
- The developed countries should reduce green house gas emission as 15% of world's population of developed world emits 45% of carbon dioxide.
- The developed nation also helps developing nation with technology and money as well.
- The treaty made failure due to developed countries wants new treaty with fewer responsibilities.

COP 18, Qutar, 2012

- It extends Kyoto protocol till 2020 and the post 2020 agenda would developed by 2015.

COP 20, Lima, Peru, 2014

- We must limit global warming to only 2°c above pre industrialized nation.
- It will also follow CBDR approach
- But the COP 20 nothing finalized due non legal binding

COP 21, Paris, 2015 (195 countries) or Paris agreement

- It is the predecessor of Kyoto protocol
- We keep global average temperature 2°c if possible within 1.5° c from pre industrialized nation and required all to reduce green house gas emission.
- They will also follow CBDR and developing countries will take longer time.
- 1st world country will have to do research & development, transformation of technology, and innovation and after that they will transfer to 3rd world country.
- 1st world to take lead in case of finance to mitigate and adaptation in 3rd world and deposited $100 bn by 2020. It will also follow after 2020 with the end of Kyoto protocol.
- There was also no legal binding as a result in 2017 Trump government (USA) withdrawn from Paris agreement.

COP24, Katowice, 2018

- It includes setting of guidance and framework that relating to finance from 2025 onwards of $100 bn per year from 2020.
- It also discussed on carbon credit but no finalization due to non legal binding.
- In case of CBDR, India and China 1st world media portrayed as obstacle
- In previous periodic assessment reports produced by the IPCC seemed that climate change could be 'irreversible' and 'catastrophic' if the temperature rise 2° c.
- The IPCC 2018, suggest to the world to bring down the green house gases to about half of its 2010 levels by 2030 and to net zero by about 2050 with the natural sinks like forest, technology etc.
- Cop 21 or Paris agreement promise to keep effort to attain the global temperature to 1.5°c then previous 2°c due to existence of small island like Maldives.

Conclusion

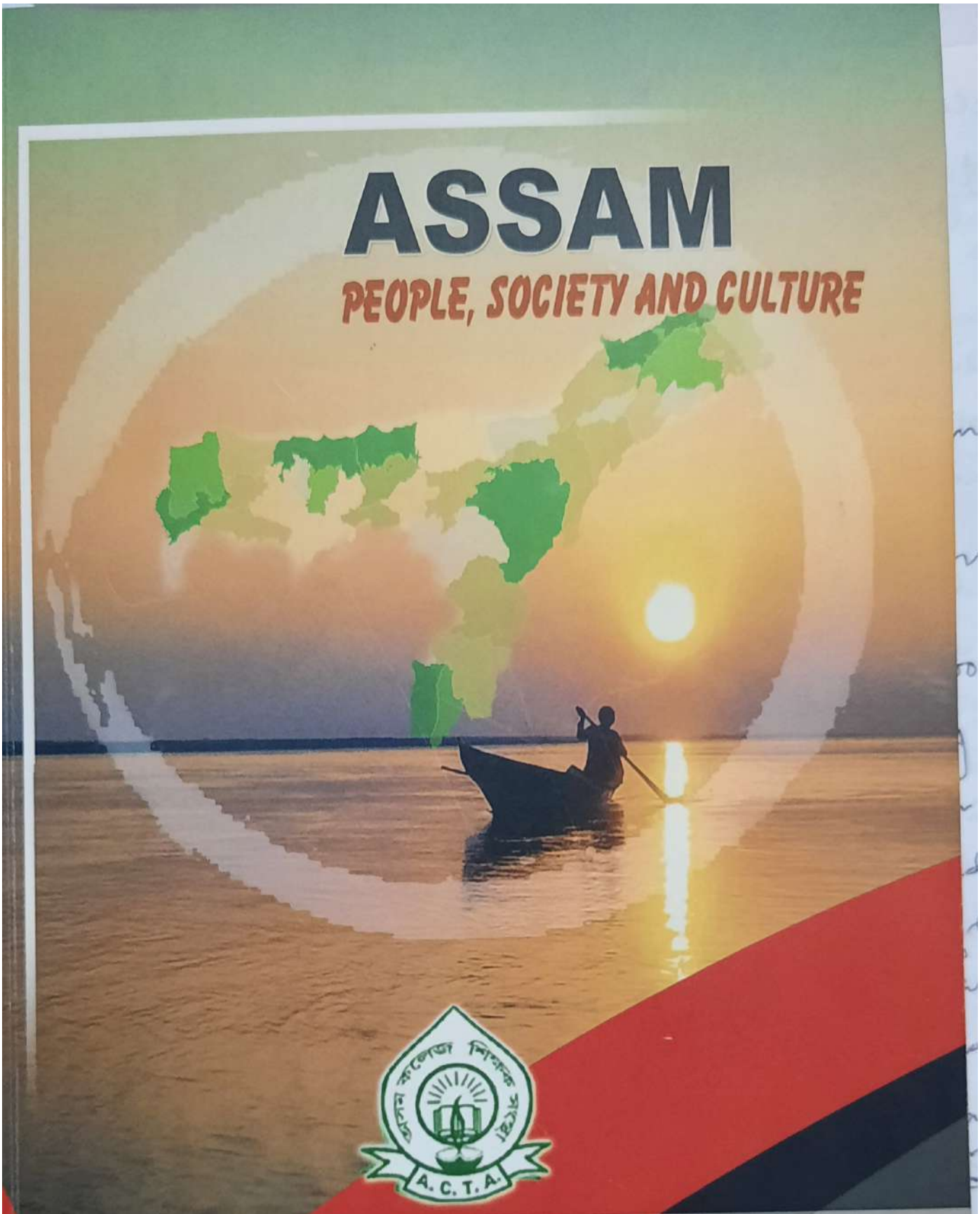
The above discussion showed that after the industrial revolution the emission of green house gas is increasing at an alarming rate. The emission of these gases is mainly from anthropogenic sector than the natural factor. As a result of emission the global environment as well some species are now under threat due to global warming and its various side effects. Though in the mid of 20th century the United Nation was raised environmental awareness as an international problem specially after the Stockholm conference in 1972 and some programme was established like UNEP but lack of power failed to enforcement. After that various summits, conference, organization and protocol are made regarding the green house gas emission and some promises are taken like we keep our earth temperature below 2° Celsius from the pre industrial period. As a result the Kyoto protocol and Paris agreement are some important steps regarding greenhouse gas effect was come forward. But the above discussion of earth summit or COP of UNFCCC showed that the nation are divided into developed and developing nation and the developed country like USA, Canada always withdrawn from the agreement when some important decision will have to be taken and also the country like China always take advantage of these agreement as a developing economy. Thus a legal binding with some international law have to be taken regarding the greenhouse gas emission among the nation and the nation also have to come forward to save the global environment as 'One earth one environment.'

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ASSAM

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ASSAM COLLEGE TEACHERS' ASSOCIATION

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Sand Mining and Ecological Issues: A Study on Kulsi River, Kamrup (R), Assam

Samar Medhi*

Introduction

Nature is the endowment of bounteous wealth. People primarily rely on the naturally endowment expedient on which their primitive economic activities are designed and dressed. Most of the people in India basically depend upon the locally available natural resources and sand mining is one of them. Mining activity has been trending for centuries, mainly for construction sector (Orr and Krumenacher, 2015). Sand has been extracted from various sources such as river bed, ocean beach, lake, hills, etc. The river bed and adjacent floodplain are primary source of sand and gravel as construction material. The durability and easily grouping by geomorphic process made the river borne minor material as best suitable raw material for concretization (Kondolf et al., 2002; Sreebha, 2014). In India with the development of national policy and strategies for economic growth, industrialization and urbanization made the construction material as high priority. Thus the easily available river made fine mineral like sand, gravel and clay become highly valued and ever increasing demand for mankind (Kondolf, 2000, Harison et al., 2005, Lu et al., 2007).

*Assistance Professor, Department of Geography, Dudhnoi College, Dudhnoi

Today the rate of extraction of river's aggregate material become twice than its rate of deposition by the same river (Peduzzi, 2014). That rampant extraction from river bed leads towards the un-sustainability in the river morphology and surrounding ecosystem (Kondolf, 1998, Lu et al., 2007, Padmalal et al., 2008, 2014) and biological productivity of the stream.

In India, especially in Assam with the pace of urbanization and concretization, major river and their small and large tributaries like Subansiri, Puthimari, Beki, Aai, Kulsi, Dudhnoi etc. have been witnessing sand mining activity at different scale. As the time passes, manual mining converted to mechanical mining for optimum extraction and promoted indiscriminate river sand mining. The river in turn replaces their original form, structure, water quality, aquatic environment and riparian vegetation cover. The high rate of sand mining interrupts the basin sediment load and indirectly affects the function of the river morphology. Thus, with the increasing demand of sand leads to the threaten issue as well as unscientific mining (MMSD, 2001).

In this background, an attempt has been made to understand how the sand mining activities that contributed to the livelihood of the people influences the ecological condition of the Kulsi river. It further attempted to understand how the flora and fauna are affected by mining. In this respect, growing industrial activity and sand mining by machine are also considered as factor of ecological influence. Overall human interference on nature is also an area of research in broader perspective.

Sand mining and biodiversity

Wherever there is human inclusion, biodiversity is threatened. In Kulsi river basin also biodiversity is adversely affected by the human activity (Table 1). The Kulsi River is one of the last shelters of Gangetic Dolphin locally known as Shihu. Review of literature on this aspect of Kulsi along with field survey, it is observed that the Kulsi river is under threat for aquatic fauna like Gangetic Dolphin, fish, tortoise, invertebrate etc. Several factors are responsible for the havoc in the habitat and habitation of the aquatic animal.

Table 1: Identification of major threat factors for the habitant in the Kulsi River

Sl.No	Causes of threat	Sl. No	Causes of threat
1	Sand mining	7	Siltation
2	Gill nets for Fishing	8	River bank failure
3	Pesticide, poisoning	9	Food shortage
4	Industrial pollution	10	Seismic survey by OIL
5	Motor boat	11	Construction of road and railway bridge
6	Suction machine		

Source: primary survey, 2019

Except poaching, hunting and river dam construction lots of the disturbances are active in the study area. Like, sand mining and industrial pollution are more active as well as acts as a man-made stress factor on river ecology. Thus, it needs immediate attention and forward steps for sustain the biological importance of the Kulsi.

In the study of Mohan et al., (1998) recorded 24 dolphin in the Kulsi River in 1992 survey. While, in 1993 to 1995 (three years of continuous survey) it was declined 17 to 12 respectively. That estimated decline of dolphin population was at rate of 14.3% to 29%. The survey alleged that the high rate of sand mining was the major cause behind the scene of endangering Gangetic Dolphin in Kulsi and also predicted that if it will continue than it would not sustain in near future. However, in 2005 and 2008, Aaranyak's Gangetic Dolphin Research and Conservation Division's (GDRCD) survey estimated 27 and 29 (Table 2 and Figure 1) dolphin populations in the Kulsi River with an increase of 25% from 1995 to 2005. The GDRCD survey showed that there was no report on declining of Dolphin population. The main reason behind the scene was the hard work and determination like constant monitoring and awareness camps, of the North-East leading NGO '*Aaranyak*'. They (Aaranyak) had conducted 240 awareness campaigns in 30

monitoring sites till 2005. Moreover, media, traditional believe and government steps for the development of eco-tourism are also the factors of increasing dolphin population.

From the field study it is seen that most of the population in Kukur Mara village (one of the highest densities of river dolphin) have preferred and engaged in Sand mining then fishing as a main source of livelihood. They have earned 250 to 300 rupees per boat as a daily wage for sand in a short period of time. It ultimately helps in food storage (fish fauna) for dolphin. Although, sand mining is one of the major threat for river dolphin but as well it also maintained the depth of river as positive sign for dolphin habitation (Wakid, 2005).

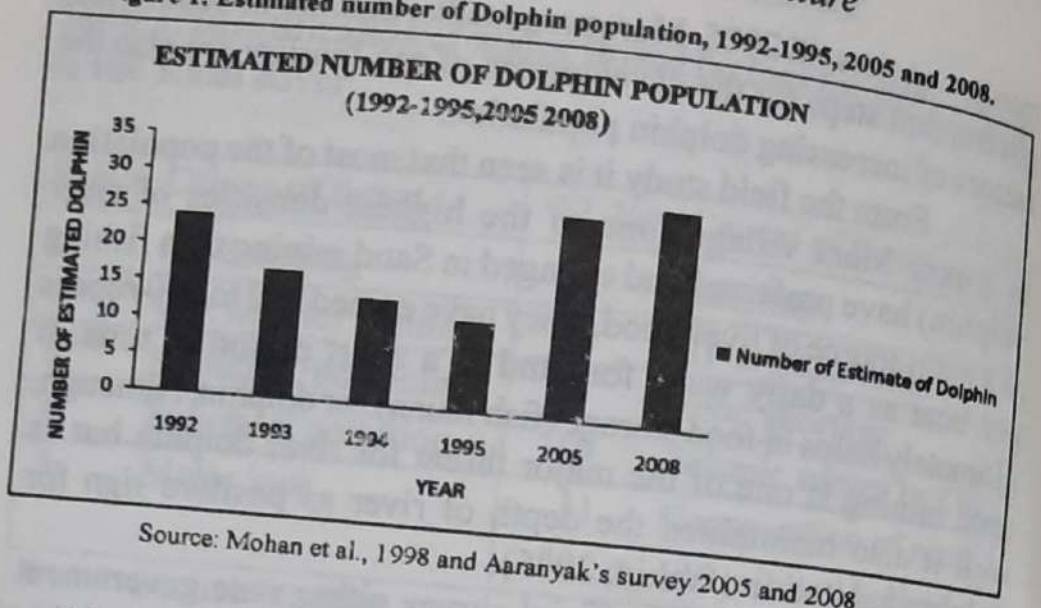
But, there is no official survey either state government or NGO from 2008 to 2019 to estimate the number dolphin population. On the other hand one cannot underestimate the present demand of sand associated with the urban development in Greater Guwahati area as the river is located at a distance of 22 km from Guwahati. Therefore, the demand of sand is very high as well the rate of sand mining both legally and illegally is also increasing many fold. Such uncontrolled development will highly impact on river ecology.

Table 2: Estimated Gangetic Dolphin based on prior survey in 1992-1995, 2005 and 2008.

Year	*Number of Estimate of Dolphin*	*Surveyed by*
1992	24	Mohan
1993	17	Mohan
1994	14	Mohan
1995	12	Mohan
2005	27	Waked, Aaranyak
2008	29	Waked, Aaranyak

Source: Mohan et al., 1998 and Aaranyak's survey 2005 and 2008.

Figure 1: Estimated number of Dolphin population, 1992-1995, 2005 and 2008.



Source: Mohan et al., 1998 and Aaranyak's survey 2005 and 2008

The Kulsi River is also connected by large number of wetland (Beel). One of the important lake is Chandubi (a tectonic lake). The earthquake born beel is rich in various flora and fauna. Prior 1973, the beel was the inhabitant of Gharial but due to poaching, blocking the direct connection with river Kulsi by Assam government in 1974, collection of construction material from river had affected the wild Gharial population and become extinct (Saikia, 2013).

The Indian Gharial (gavialis gangeticus) is one of the surviving animals of the Crocodile family. In the last 40 years its wild population has been rapidly declined and become extinct. As a result in 2007 Gharial was listed in IUCN Red data book as critically endangered species

During the study, the villagers informed that there was wild Gharial in Kulsi River about four decades ago. They also said that their ancestor hunted down and narrowed them to zero because of the fear of being attacked by the Gharial when they were fishing and mining sand.

The Kulsi River and its adjoining wetlands (Chandubi beel, Sol beel, Dora beel, Hatchala beel) are rich in fish diversity (Figure 2). There are a total of 57 species of fish belonging to 16 families were found in Kulsi (Islam et al., 2013). However out of the 57 species 51 number of fish species was recorded in Kukur Mara region of Kulsi river (Phukan, 2016). Among them Cyprinidae family were the dominant with 24 species in Kulsi river and 21

species in the Kukur Mara point of the river. But the abundance of fish species and diversity are decreasing because of anthropogenic activities like over use of fishing gears to catching fish in various months of the year along with river bed mining. Prior some researchers like Islam et al., (2013); Phukan, (2016); Malakar and Boruah (2017) studied the fish diversity of Kulsi and its surrounding wetland of Kamrup (R) district and showed the status of fish fauna. In Kukur Mara point some species were showing abundance while some are rare to found. In case of IUCN status of 2016 fish species are in between least concern and near threatened in Kulsi. Due to in-stream mining activity, the various tributary of Kulsi, like Boko, Kharkhari River etc. and connected wetland like Dora beel, Salsala beel are disturbed. During winter season these stream and wetland are become at drying condition and surrounding river ecosystem are threatened because of increasing depth of river as a continuous unscientific mining.

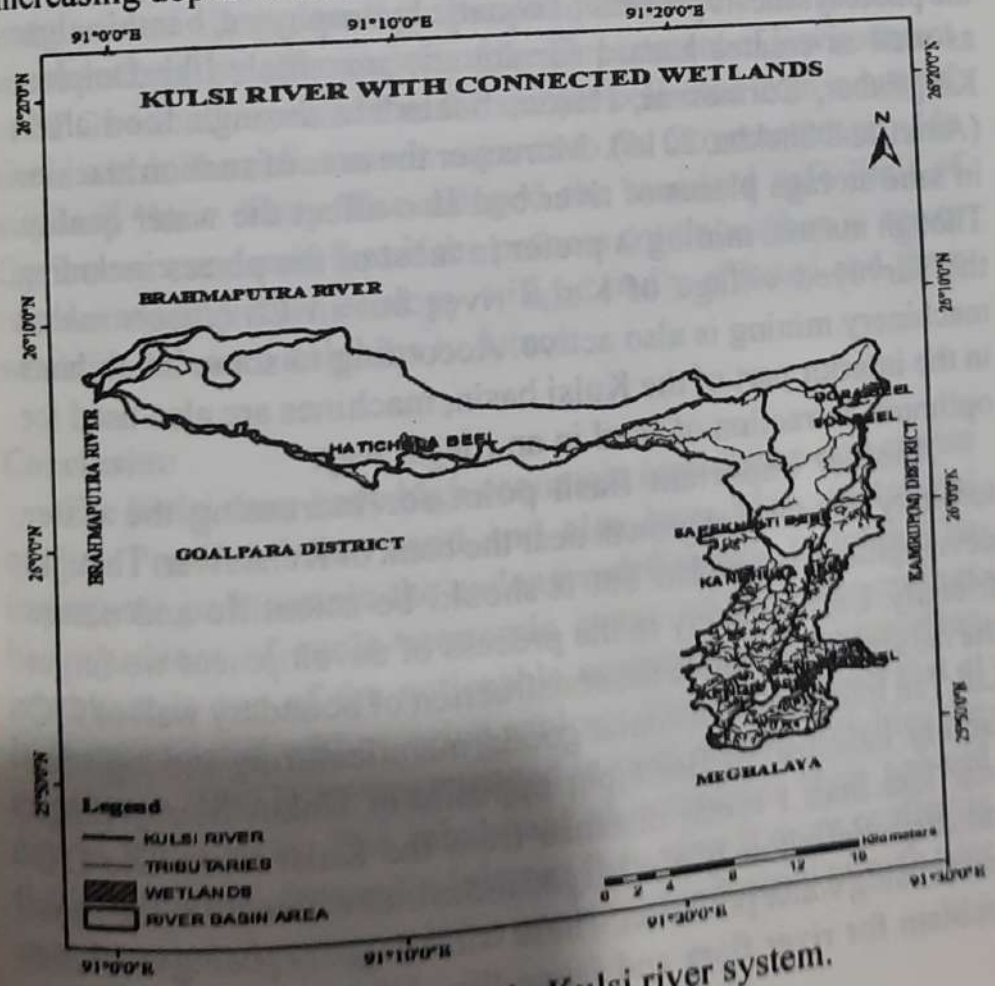


Figure 2: Wetlands in Kulsi river system.

Sand Mining and water turbidity

Turbidity is the presence of relative clarity in the water. Sand mining is the process of removing sand and gravel from the bed of the river and in this process the fine particles of sand mix up with the river water and degrade the quality of water (Kondolf et. al., 2008). As a result sand mining increased the water turbidity and affect the respiration process of flora and fauna of the river aquatic system and led to environmental degradation.

In the present study, the Kulsi River is also bearing the burden of unplanned urban growth and pressure of population. The result is high demand of construction material like sand, gravel etc. The increasing pressures along with high demand of quality sand in the nearby urban area lead to illegal and over extraction of course material from Kulsi River. Thus, the water quality of the river is also degrading by such development. The suspended material of mining activities overlay on the flora and affects on the photosynthesis process of aquatic hydrophytes, benthic algae as well as creates hazard for aquatic mammals like Dolphin, Kingfisher, Cormorant, Heron, fishes etc through food chain (Amin, and Shekha, 2016). Moreover the uses of suction machine in sand storage places of river bed also affect the water quality. Though manual mining is prefer in most of the places including the surveyed village of Kulsi river but in Chaygaon mahal machinery mining is also active. According to some inhabitants in the interior part of the Kulsi basin, machines are also used for optimum extraction of sand in an illegal way.

Another important flash point for increasing the water turbidity is industrial growth near the bank of Kulsi river. Though, development is needed but it should be scientific and nature friendly. Unfortunately in the process of development we forget the nature. For example the construction of boundary wall of ITC Ltd. (an integrated consumer goods, manufacturing and logistics facility industry) at Bortejpur opposite of Kukur Mara village near less than 1 meter distance from the Kulsi river. The ITC industry continuously discharged industrial effluents to the river and causing water pollution. These will allegedly posing a serious problem for river flora and fauna like dolphin and other fishes

etc and causes massive imbalance in the river ecology. The environmentalist along with some villagers, who are concerned about the ecology of Kulsi river, raised the question of how the state Government gave clearance to such industry to pollute the river by their wastes. According to some local fisher men, the water of Kulsi river has become polluted with the passes of time and turbidity is increasing. They also said that the fish population is depleting gradually. At present, they hardly capture half or one kg of fish in a whole day. Some of the age-old villagers also stated that they had earned their livelihood only from the fishing activity in the past.

The 'EASTMOJO' a new digital media technology through mobile journalism of North-East India studied the turbidity of Kulsi river in May month of 2019. They collected two water sample one from the non mining site and another from the industrial site (Kukur Mara) of the river. They tested the water turbidity at Guwahati IIT and the result found that the turbid water is the mix of allege, sand suspended particle and the industrial waste material etc. The expert of the Department of Environment of IIT Guwahati reported that the sample collected from industrial site is within the safe zone in regards to the Government provide standard limit. They also alleged the standard safe limit of Government and said that if the process continues then in one or two decade the river ecology will be badly affected and there would be no more dolphins in future.

Conclusion

The Kulsi river have high economic importance as it carries quality Pre-Cambrian sand and also have high ecological importance as it sustain the endangered Gangetic Dolphin. The backwardness of socio-economic status of the surrounding inhabitant is one of the noticeable aspects to the conservation issues associated with riverine ecology. The study shows that a an average 1000 boats are engaged in sand mining activities pe day in Kulsi river. The inhabitant also replaces their age-ol fishing activities by sand mining as they view it more profitabl one at present. Apart from it the unplanned industrial growth nea

the river and direct release of waste material to the Kulsi river intoxicated the river water and causing danger to dolphin and other aquatic species. Another important aspect is that the high in-stream mining in Kulsi river also affects the sub tributaries and connected wetlands as it become drying condition during winter season. That as a whole threats the organic ecology of the river. Development is a part of society, but it should not be at the cause of destruction of nature. We all need to be aware to save our ecosystem of the earth for the future generation and try to evolve strategy to maintain a balance between economic development and environmental sustainability.

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