Classroom Study Material

SOCIAL ISSUES

(Society and Social Justice)

November 2015 – August 2016

Note: September and October material will be updated in November 1st week.
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1. ISSUES RELATED TO WOMEN

1.1. WORKING WOMEN ISSUES

1.1.1. LACK OF PARTICIPATION OF WOMEN IN WORKFORCE

Findings

- **International Monetary Fund working paper:** India has one of the lowest female labour force participation (FLFP) rates among emerging markets and developing countries.
- FLFP is typically measured as the share of women who are employed or are seeking work as a share of the working-age female population.
- Women's participation in the workforce is skewed towards certain sectors. For example:
  - **Unorganised sector** - Ninety percent of Indian workers are employed in the unorganized sector, where not only are wages for women lower, but the inability to provide flexibility, childcare benefits and maternity leaves creates disincentives for women to seek work outside the home.
  - **Manufacturing and services** - account for just 18 per cent of rural employment for women.
  - **Agriculture** - dominates at 75 per cent.
  - **Blue collar jobs** - Women are losing blue collar jobs, while gaining white collar ones.

Reasons for low labour force participation

- **Increased income of men** - As men in the family start earning more income, women tend to cut back their work in the formal economy to concentrate more on household activities.
- **Caste factor** - In some communities, notably some upper castes, there may be a stigma attached to women working outside the home – especially if it involves work considered ‘menial’. It increases family and societal pressures to drop out if the men in the household are earning enough to foot the bills.
- **Safety issues & Harassment at work place** - Women are more vulnerable to exploitation and harassment at work in developing countries like India. They are also unable to effectively fight against harassment.
- **Increasing numbers of women of working age are enrolling in secondary schools.**
- **The nature of economic growth** in the country has meant that jobs were not created in large numbers in sectors that could readily absorb women, especially for those in rural areas.

How to bring more women into the workforce?

- Bridging gender gaps in secondary and tertiary education.

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Census 2011

- A total of 20.5% women were employed in the organized sector in 2011 with 18.1% working in the public sector and 24.3% in the private.
- The labour force participation rate for women across all age groups was 25.3 in rural sector and 15.5 in urban sector compared with 55.3 and 56.3 for men in the rural and urban sector respectively.
• Creating employment opportunities in male dominated sectors.
• Ensuring skill training for women in key sectors.
• Increasing the reach of the financial sector in order to service the women entrepreneurs better.
• Promoting gender diversity policies and practices in private sector organisations
• Strengthening legal provisions for women and the enforcement of these laws
• Addressing infrastructure issues.
• Reshaping societal attitudes and beliefs about women participation in the labour force.

1.1.2. MATERNITY LEAVE

Why in news?

• The Maternity Benefit (Amendment) Bill, 2016 was passed by Rajya Sabha in August 2016 and amended some of the provisions related to the duration and applicability of maternity leave, and other facilities in the Maternity Benefit Act, 1961.

Key Features of the Bill

• The act is applicable to all establishments employing 10 or more persons.
• Duration of maternity leave: The Act states that every woman will be entitled to maternity benefit of 12 weeks. The Bill increases this to 26 weeks.
• Under the Act, this maternity benefit should not be availed before six weeks from the date of expected delivery. The Bill changes this to eight weeks.
• In case of a woman who has two or more children, the maternity benefit will continue to be 12 weeks, which cannot be availed before six weeks from the date of the expected delivery.
• Maternity leave for adoptive and commissioning mothers: The Bill introduces a provision to grant 12 weeks of maternity leave to:
  o a woman who legally adopts a child below three months of age
  o a commissioning mother. A commissioning mother is defined as a biological mother who uses her egg to create an embryo implanted in another woman.
• Option to work from home: an employer may permit a woman to work from home even after the leave period.
• Crèche facilities: it is a mandatory provision requiring every establishment with 50 or more employees to provide crèche facilities within a prescribed distance.
• Informing women employees of the right to maternity leave: every establishment to intimate a woman at the time of her appointment of the maternity benefits available to her.

Critical appraisal of Bill

PROS

• The Bill provides a maternity leave of 26 weeks which exceeds ILO’s minimum standard of 14 weeks. It will improve India’s ranking in terms of the number of weeks for maternity leave.

Why maternity leaves are important

• Six month of breastfeeding is important for the infant to develop immunity against diseases. This step will lower the infant mortality rate.
• Also WHO and the Union ministry of health and family welfare guidelines emphasize that a baby needs to be nursed by its mother for a minimum of six months.
• Article 42 of the Constitution guarantees maternity benefits to all working women.
The amendments will help 18 lakh women workforce in organised sector. They also help women devote time to take care of their babies and enable an increase in the women’s labour force participation (WLFPR) rate in India. The increase in maternity leave as mandated by law from 12 weeks to 26 would help new mothers bond with their babies and also to enable them to breastfeed leading to enhanced nutrition and immunity for the child.

**CONS**

- The bill recognizes mothers as primary care giver and ignores role of father in childcare. Thus, the bill perpetuates gender role stereotypes i.e. fathers don’t need to spend time with newborn. Also it is silent on paternity leave issue.
- As the bill excludes the men, it may lead employers to pay men more than the women due to different work conditions. It weakens the directive “equal pay for equal work” enshrined in the constitution.
- The bill ignores single father or transgender who might want to adopt a child.
- The bill may deter employers from hiring female work force, thus making women less desirable as male employees in free market enterprises, perpetuating gender gap in employment.

**Worldwide practices**

- Parents in Britain are eligible to share 12 months of leave after the birth of a child.
- In Asia, Japan offers a year’s unpaid leave to each parent. South Korea allows both parents partially paid parental leave for up to one year.
- In Europe, new mothers mostly get between 14 and 22 weeks of paid leave.

**Challenges Ahead**

- Smaller companies that may struggle to meet the increased financial burden of providing longer paid maternity leave.
- The provisions are limited to the organised sector, thus benefitting less than a quarter of working women.
- The proposal may affect the employability of young married women.
- The women on leave may spend more time on domestic work than nurturing the child.
- Due to longer leaves women will lose touch with work-related developments and will lag behind their colleagues after they resume work.

**Way out**

- **Singapore Model**: the concern that the financial burden will deter employers to hire young married women can be solved by adopting this model. In Singapore, women in the city-state get 16 weeks of maternity leave with the employer paying for eight weeks and the next eight reimbursed to the employer by the government.
- The role of father in childcare should not be ignored. To ensure equality in employment bill should extend to both the parents. They can share the leaves as it is done in other countries across the world.
- The bill should also extend to women working in unorganized sector.
- Employer should offer light workload, flexible or reduced working hours, and work from home facility for the first few weeks after the woman resumes work. This will give them time to pick the pace without getting discouraged after they resume the work.
The **46th Indian Labour Conference** recommended enhancement of Maternity Benefits to 24 weeks. **Ministry of Women & Child Development** proposed to enhance Maternity Benefit to 8 months.

### 1.1.3. PATERNITY LEAVE

- Paternity leave, along the lines of maternity leave, is the paid or unpaid leave given to male employees when they become a parent.
- This is a benefit enjoyed by employees in several western countries for long and is increasingly becoming a demand and topic of discussion in India too.

**Background**
- Public sector grants 15 days of paternity leave while there is no law on paternity leave in the private sector in India.
- At least 78 countries provide this provision to their male Employees in varying degrees.

**Importance**
- Involvement of both parents becomes crucial in the wake of increasing number of nuclear families.
- Would lead to changes in the relationship and perception of parenting roles.
- Would lead to a gender balanced approach towards care giving and unpaid work.
- May reduce women taking career break due to pregnancy.
- Gives men an opportunity to develop a stronger bond with the child from birth.

**Challenges for paternity leave**
- No standard policy in the private sector in India.
- Lack of awareness and understanding of the importance of paternity leave.
- Could be misused by the employees
- Embarrassment associated with availing paternity leave for men.

### 1.1.4. PAY GAP BETWEEN MEN AND WOMEN

**Why In news**
Recently released **Salary Index Report of online service provider Monster** highlights gender pay gap in India.

**Findings of the Report**
- Gender Pay gap is as high as 27%.
- Men earned a median gross hourly salary of Rs. 288.68, while women earned Rs. 207.85.
- Sector-wise analysis
  - Gender pay gap was highest in manufacturing sector (34.9 per cent)
  - Lowest in the BFSI and Transport, logistics, communication, equally standing at 17.7%
  - IT services sector has a huge gender pay gap of 34 per cent.

**Reasons Behind Gender Pay Gap**
- Preference for male employees over female employees
- Preference for promotion of male employees to supervisory positions
- **Career breaks** of women due to **parenthood duties and other socio-cultural factors**.
- Lack of flexible work policies or extended leave.
- **Lack of opportunities in male dominated sectors** - Lack of involvement of women in male dominated sectors for example armed forces.

- **Glass ceiling effect** faced by women.

### 1.1.5. WOMEN RESERVATION

**Why in news**

- Bihar government introduced **35% reservations** for women in the state government jobs at all levels for which direct recruitment is made, in early 2016.

**Why is it needed in Bihar?**

- The labour rate participation of women of working age in Bihar is 9%, which is one of the lowest in India, with the all India average being 33%.
- Share of women in casual employment in Bihar amount to 50% as against the national average of 31%. This is evidence of gender disparity.
- Better representation in the formal work force with assured wages and incomes will help improve status of women.
- Female literacy in the largely agricultural state stands at 51.5 percent against male literacy of 71.2 percent, and a national female literacy rate of 65 percent.

**Why women need reservation?**

- The labour rate participation of women is very low.
- Lack of opportunities in formal sector.
- Better representation in the formal work force with assured wages and incomes will help improve status of women.
- Women reservation in law making bodies will ensure that the interests of the women will be aired during formulation of laws or policies related to women.
- Mandated women reservation in PRIS has shown positive results. Women took effective steps for welfare of the women in their Panchayats, for example, Meena Behen, the first women Sarpanch from a village in Gujarat, built a road because the accessibility to the village was very bad which created problems especially for pregnant women.

**Is it an effective step?**

- Not too many jobs are created in public sector so the policy may turn out to be merely symbolic.
- In most of the PRIs where women are elected, it is the male member of the family who wields the real power on behalf of the woman.
- It is possible that only women from well to do and politically connected families would reap the benefits of reservation to get elected to the lok sabha and state legislative assemblies.
- There are other issues like, lack of skill development, transport facilities, safety etc. in the absence of which it is not possible to effectively implement the policy.

### 1.1.6. WOMEN TO WORK NIGHT SHIFTS IN FACTORIES

**Why in News?**

Recently a legislation of Maharashtra government proposing amendments to Factories Act, 1948 received President’s assent.

**Amendments proposed**

- It will allow women to work in night shifts. The managements of the factories will have to ensure security of the women working in night shift.
• With the amended legislation, Maharashtra will join other States like Haryana, Rajasthan, Punjab, Andhra Pradesh and Madhya Pradesh who are making efforts to allow women to work in night shifts.
• The Bill also allows employees to get paid leave after working for 90 days instead of the earlier 240 days or more.
• The overtime limit will also be increased from 75 hours to 115 hours without management’s permission.
• The amended Bill will also prevent inspectors from filing cases on petty matters against factories, thereby helping curb corruption and harassment from factory inspectors.

Issues concerning women working in night shifts
• Working in night shifts involve physical, psychological and medical effects.
• Women safety issues.
• Affects family life and reproductive function – some argue that in consideration of their reproductive function and taking care of children and family, the night shift should be continuously disallowed for pregnant and nursing mothers and those engaged in strenuous activities.

1.1.7. WOMEN IN COMBAT ROLES

Why in news
Recently, India has announced that women will be allowed to occupy combat roles in all sections of its army, navy and air force, indicating a radical move to gender parity in one of the world's most-male dominated professions.

This is line with the gradual induction of women in combat roles in armed forces across the globe- be it United States or Israel.

Concerns
• Concerns relating to safety and ensuring dignity of women in the forces. Male-domination in the forces including the composition of armed forces Tribunals raise apprehensions over proper treatment of cases relating to sexual harassment.
• Concerns over women’s vulnerability on capture and over their physical and mental ability to cope with the stress of frontline deployments.
• It should not be a political gimmick to flaunt sexual equality. Women should be given recognition for their competence so that they have job satisfaction in the services. This would propel them to work hard and also silent the critics.

Rationale for the decision
• The policy of composition of army should be driven by single factor of ‘ensuring security of the country’. They need the best and fittest people regardless of gender. So the resource pool should not be limited to half of the population by putting a blanket ban on women.
• Landscape of modern warfare itself has changed with more sophisticated weapons, greater focus on intelligence gathering and emergence of cyberspace as arenas of combat. Brute force, often cited as a reason for non-inclusion of women, is less necessary today.
• Modular training for specific assignments can be imparted to women to overcome perceived disadvantages due to availability of sophisticated tools such as simulation arenas.
Finally, gender cannot be a barrier in front of someone having the desire to render selfless service for the love of the nation. Women are aware of the concerns and still are willing to join services should not be held back.

Way Forward

- All matters concerning the security of the country have to be considered in a dispassionate manner.
- The whole concept of women’s induction in the services, therefore, has to be viewed in a holistic and objective manner and not only from gender equality perspective.
- Therefore, there should be a gradual integration of women in the services along with continuous and periodical performance auditing of both male and female soldiers. The army of the future could be all the stronger for being all inclusive.

1.2. ISSUES RELATED TO DISCRIMINATION AGAINST WOMEN

1.2.1. SON PREFERENCE

Why in news?

- New Census data indicates that two processes around the preference for a male child are going on simultaneously in India — prenatal sex determination and repeated pregnancies. Data on family sizes and sex ratios showed that at every family size, there were more boys born than girls.
- The Union Minister for Women and Child Development recently suggested that child sex determination during pregnancy be made compulsory and the gender of the child be registered right from that moment. In this way the birth can be tracked (providing way for institutional deliveries) as well as it would ensure female babies are not aborted, or killed at birth.

Issues involved

- Son preference/utility in families:
  - **Economic Utility**: which is in the form of assistance in agricultural production, wage earning and old age security
  - **Social Utility**: From the kinship pattern and descent system, having a male child strengthens the status and power of the family, and also that the family receives premium in the form of dowry
  - **Religious Utility**: The importance of male only who can light the funeral pyre and perform *pind daan* of his parents providing salvation to their souls.

- Among families with one to four children, more boys are born than girls.
- Among families with more than four children, a sudden reversal begins to take place, as girls become more common than boys.
- Families that are unable to practice sex selection, or choose not to, are likely to continue with more pregnancies in the hope of a male child.
- So, large families are more likely to have more girls, as the desire for a male child is what is spurring the size of the family.
- As family sizes got smaller over the last decade, these processes have only intensified.
- The magnitude of disparity between small families with more boys than girls and large families with more girls than boys has sharpened between 2001 and 2011.
Decreasing Child Sex Ratio: India is among the countries with the worst child sex ratio in the world. The 2011 Census showed that the child sex ratio has dipped from 927 girls in 2001 to 919 girls in 2011. Also, a 2015 United Nations report said India had one of the world's most skewed sex ratios in the under-five age group. The report added that 100 girls die by the age of five, compared with 93 boys.

Implementation issues with the PCPNDT Act (the Pre-Conception and Pre-Natal Diagnostic Techniques Act, 1994):
- Currently India’s strategy to combat declining sex ratios hinges on the PCPNDT Act, but the Act prohibits ultrasonography for the purpose of determining the sex of the foetus.
- A study conducted by the Public Health Foundation of India in 2010 found many issues like:
  - Low rate of complaints and convictions;
  - Non-involvement of NGOs and local organizations in surveys and inspections; Rigorous complaint process;
  - Lack of awareness, etc.

The proposal by the WCD Ministry for compulsory sex determination of foetus ignores the social realities and patriarchal mindset of the society:
- Recording the status of the foetus involves the risk of exposing women to undue psychological and social pressure to abort female foetuses.
- Such an intrusion by the state into a woman’s personal-biological space is unwelcome.
- Also, this would directly interfere with the right of a woman to abort, if she doesn’t want to have a baby, for whatever reasons.
- The problem of female foeticide is a result of strong socio-cultural and religious biases that have shaped societal attitudes in favour of the son.

Steps taken by Supreme Court
- Following the recent Supreme Court order (Sept. 2016), 43 keywords (like Gender selection service, Gender selection clinics, Gender selection technique, Prenatal sex selection, Prenatal sex selection kits etc) that give out information on sex determination online on search engines Google, Yahoo and Microsoft have been ‘auto-blocked’.
- The search engines have also been to keep updating the combination of words that may throw up results violative of the pre-natal sex determination laws in India.
- The petition to block the ads was brought by Dr. Sabu George, who the BBC described in 2015 as "India's leading activist against female foeticide."

Way Forward
- The point that such measures are being proposed along with the dismal figures is an indication of India’s persisting inability to address the problem of female foeticide, and the continuum of social ills that this practice reflects.
- There is a need to strengthen the PCPNDT Act and also work towards changing the attitude of the people towards the girl child.
- There needs to be more involvement of local ASHA, Anganwadi workers.
1.2.2. PROPERTY RIGHTS OF WOMEN

Why in News?

- The Delhi High Court in a recent judgement announced that the eldest daughter can be the karta of the Hindu Undivided Family property.
- The Supreme Court has said that the 2005 amendment in Hindu law will not give daughter rights to inherit ancestral property if the father died before the amendment came into force i.e. before 2005. It set aside the Karnataka HC judgment (case Prakash v Phulavati of 2010) which also gave daughters equal share even if father had died prior to September 9, 2005.

Analysis

- For women, effective rights in property are critically important, not just for their economic well-being but also for their political and social empowerment. The amended Act is thus a significant legal step forward and has the potential for substantially empowering women.
- The challenge is that very few women actually practice in the management of business and property.
- However, in the long term it is not desirable that families be torn apart by litigation over property. What we would want is a voluntary recognition by society that daughters are equal to sons in terms of their rights over property, especially immovable property. This will need substantial attitudinal change.

1.2.3. WOMEN ENTRY TO RELIGIOUS PLACES

Why In News

- Shani Shignapur Temple: Recently a group of women called the Bhumata Rangaragini Brigade tried to break the 400 year old tradition of the Temple barring women from entering its inner sanctum.
- Sabrimala Temple: Sabarimala is a Hindu pilgrimage center located in Kerala. Women between the ages of 10 and 50 are not allowed to enter the temple, since they are in the menstrual age group.
- Haji Ali Dargah : In 2012, the Dargah Trust barred women from entering the sanctum sanctorum of the Haji Ali dargah. The trust cited verses from the Quran and Prophet Mohammed to claim that Islam does not permit women to enter dargahs/mosques. The trust had claimed the fundamental right “to manage its own affairs” under Article 26 of the Constitution.

Issues involved

- Law vs Religion:
  - The ban violates the principle of equality guaranteed by the Constitution while Customary Right allows respect of religious traditions and customs.
  - While the Constitution protects religious freedom, clause 2(b) of Article 25 allows the state to intervene in religious practice.
- Faith vs Rationality: Validity of a God that is easily threatened by presence of women.
- **Age old tradition vs modern values**: established cultural norms since ancient times prescribed by Vedas, Puranas & Upanishads come in the way of modern and progressive values of equality and modernity
- **Caste vs Religion**: Temple entry movements have historically been used to challenge power hierarchies. The widely accepted common beliefs among the priests towards women entry has made this issue more grave.
- **Impurity vs Purity**: Biological/Natural process (Menstruation) becoming the basis of discrimination/entry into temples.
- **Attitude of Society - regressive and patriarchal**: Many temples in India have restrictions based on regressive traditions. Not only are these restrictions unconstitutional, they expose a larger set of discrimination against women.
- **Sensitivity of the issue hinders public discussion as well as make women less vocal to speak against the practice.**

**Judiciary’s views**

- **Shani Shignapur**: Bombay HC said that “No law prevents women from entering a place of worship and if men are allowed, then women too should be permitted”
- **Sabrimala**: SC lambasted the Travancore Devaswom Board (board, which manages the popular Sabarimala Ayyappa Hindu temple in Kerala) for being unfair and for their stand on banning entry of women of menstruating age inside the temple. It was of the view that places of worship that deny or restrict women’s entry undermine the fight for gender equality and have no constitutional right to do so.
- **Haji Ali**: The Bombay High Court lifted the ban saying it contravenes the Constitution and women should be allowed entry “at par with men”. HC held that the Trust cannot enforce a ban “contrary to the fundamental rights” (i.e Art 14, 15 and 25) enshrined in the Constitution.

**Way out**

- Regressive attitudes deep rooted in religion cannot be changed by force and have to be changed through slow grass root level work, awareness and involvement of civil society.
- Also, the issue should be seen to provide dignity and equality to women than only as a way to provide the right to worship. Thus, State and society together can bring the real change.

**1.2.4. DEVDASI SYSTEM**

**Why in news?**

- The apex court started hearing on the Devadasi issue when apprised of how Dalit girls were dedicated as Devadasis in Uttangi Mala Durga Temple in Davanagere district of Karnataka.
- SC directed all States and Union Territories, especially Karnataka, Maharashtra, Andhra Pradesh, to strictly enforce the Central law to check “undesired and unhealthy” practice of forcing young girls to serve as Devadasis.

**Who are Devadasis** - 'Devadasis' are women dedicated to temple services for the rest of their lives and many of them are often victims of sexual abuse.
Issues involved

- Devadasi system is against women empowerment and against the equality granted to women under constitution.
- Poor low caste families are lured to dedicate their daughters in the service of God.
- Devadasis are even subjected to sexual exploitation and pushed into prostitution.
- Devadasi system still exists even after the laws have been passed to ban it due to:
  - lacks cluster approach of the state police to implement the law
  - Poor utilization of funds allotted for the rehabilitation of girls who were pushed into the devadasi system

Relevant Laws to prevent Devadasi system

- State-level legislation such as the Karnataka Devadasis Prohibition of Dedication Act, 1982, and Maharashtra Devadasis Abolition Act, 2006, had completely abolished such practices.
- Section 372 of the IPC, which prohibits selling minors for purposes of prostitution
- Immoral Traffic (Prevention) Act, 1956, also makes prostitution an offence in or in the vicinity of public places.

1.2.5. FAMILY LAW REFORMS

Why In News

- Recently government-appointed high-level panel gave suggestions related to family reforms
- Panel was formed for the review of women and family laws with respect to marriage, divorce, custody, inheritance and succession.

Suggestions by the Panel

- Amending the IPC on adultery (Section 497) - Currently it can be only used by the husband against the person who has sexual relations with his wife.
- Removing the gender discrimination inherent in laws that stipulate a lower legal age of marriage for a girl.
- Ban on triple talaq and polygamy.
- Right to maintenance for Muslim women in their personal law as well as for women in live-in relationships and unmarried dependent daughters.
- Introducing a separate legislation for dealing with “honour killings”.
- Amendment of Special Marriages Act – 30 day public notices under the Act should be done away to protect couple marrying against the wishes of their parents.
- The term ‘cruelty’ also needs to be re-defined since personal laws recognize cruelty as a ground for divorce.

Why is reform required

- To implement Uniform Civil Code in India as envisioned in Article of 44 of constitution.
- To remove the implicit gender biases in the personal laws of various religions.
- To create peaceful conditions for people to marry according to their choice and prevent them from societal pressure like from Khaps.
- Will help in improving the condition of women and their empowerment in patriarchal society of India.
1.3. CRIMES AGAINST WOMEN

1.3.1. DOWRY

Why in news
- According to the National Crime Records Bureau (NCRB) data released recently, the highest number of dowry deaths **during the last three years** have been reported from the state of **Uttar Pradesh followed by Bihar**.

Provisions of Dowry Prohibition Act 1961
- According to the Dowry Prohibition Act, 1961 the **term dowry means**: Any property or valuable security given or agreed to be either directly or indirectly –
  o by one party to a marriage to the other party to marriage
  o by the parents of either party to a marriage or by any other person, to either party to the marriage or to any other person at or before connection with the marriage of the said parties.
- The implementation of the Dowry Prohibition Act, 1961 is the responsibility of the respective State Government in the country. The Ministry (Ministry of Women and Child Development) reviews with the States time to time for effective implementation of the Dowry Prohibition Act, 1961.
- **Section 304 B of the Indian Penal Code (IPC)**: deals with dowry death related cases. A person convicted under this section can be punished **with imprisonment of 7 years to life term**.
- The Dowry Prohibition Act, 1961 lays down a **built-in implementation mechanism** in the form of Dowry Prohibition Officers to ensure effective and efficacious enforcement of the law.

Implementation Issues
- Statutory language is too vague to be effectively implemented.
- The Act does not cover every aspect in which the crime can be evaded. Even if laws are made stringent it need to be taken care that enforcement is strict and consistent.
- Most of the domestic violence cases go unrecorded as they are termed as “kitchen accidents”.
- Investigations take years and hence it takes years to file a charge sheet and till then evidences available disappears.
- The cultural attitude towards women - Hindu customs and social mores dictates that a wife should never go against the husband and broken marriage it viewed as a disgrace to her honour.

**Way Forward**- Change in attitude towards women in general- should not be seen as a burden. Prompt and sensitive investigation is required. Unless the attitude of society does not change dowry as a social evil will persist in the society.

1.3.2. CYBERCRIME

Why in news
- Cybercrimes against women are increasing and recently government has taken several steps to prevent cybercrimes.
As per the NCRB data under cybercrimes, 758 cases of publication or transmission of obscene, sexually explicit content (under section 67A, 68B and 67C of IT Act) has been registered in 2014.

What is cybercrime?

- Cybercrime is a criminal activity that involves a computer and a network.
- Offences committed against people with a criminal motive to cause physical or mental harm, or loss to the victim directly or indirectly, using modern telecommunication networks such as Internet and mobile phones.
- Cybercrimes threaten a nation’s security and financial health.

Issues/ Challenges faced

- Cyber- crimes against women are rising at alarming rate and it may pose as a major threat to the security of a person as a whole.
- Issues regarding women are not addressed in the IT Act 2000 - The act has termed certain offences as hacking, publishing of obscene materials on the internet, tempering the data as punishable offences, but the threat to the security of women in general is not covered fully by this Act.
- IT Act 2000 does not mention the typical cybercrimes like cyber staking, morphing and email spoofing as offences.
- The cases of online harassment against women are not maintained by the government.
- Social networking sites are being used to circulate offensive content which is derogatory to dignity of women.
- Women are also the majority of people experiencing revenge-porn, the distribution of non-consensual photography, often involving nudity and sex.
- Cases of men recording and sharing their raping of girls and women are increasing.
- Internet has become a trafficking platform- social media is used by traffickers to sell people whose photographs they share, without their consent.

Steps taken by the Government in Preventing Cybercrimes Against Women

- Cyber Crime Cells have been set up in States and Union Territories for reporting and investigation of Cyber Crime cases.
- Government has set up cyber forensic training and investigation labs in the States of Kerala, Assam, Mizoram etc. for training of Law Enforcement and Judiciary in these States.
Programmes on Cyber Crime investigation – Various Law schools are engaged in conducting several awareness and training programmes on Cyber Laws and Cybercrimes for judicial officers.

Training is imparted to Police Officers and Judicial officers in the Training Labs established by the Government.

The Scheme for Universalisation of Women Helpline has been approved to provide 24 hour emergency and non-emergency response to all women affected by violence.

Way forward

National Commission for Women has submitted a report which recommended for opening of more cyber cells, dedicated helpline numbers and imparting of proper legal, setting up forensic labs and technical training law enforcement agencies like police and judiciary to combat cybercrime.

1.3.3. DOMESTIC VIOLENCE

Why in news

- Recently Ministry of statistics and program implementation (MoSPI) has released a report titled ‘Women and Men in India 2015’ which says that domestic violence shares highest share in crime against women.

Fact File

- Women continue to face most risks from their families.
- Among all registered cases of serious crimes against women, the largest share 36% of all cases was under "cruelty by husband and relatives"
- the next largest share was "assault on women with intent to outrage her modesty" (24 per cent)
- Increase in rape, kidnapping and abduction and assault on women
- Rapes - In 2014, almost 44 per cent of all victims were in the age group of 18-30 years, whereas one in every 100 victims was under six years of age.

Recent changes

- The DEFINITION of Domestic Violence has been modified - it includes actual abuse or the threat of abuse that is physical, sexual, verbal, emotional and economic and further harassment by way of unlawful dowry demands to the woman or her relatives.
- Widened the scope of the term WOMEN - The Act now covers “live-in partners”, wives, sisters, widows, mothers, single women are entitled to get legal protection under this Act.
• **Right to Secure Housing** i.e. right to reside in the matrimonial or shared household, **whether or not she has any title or rights in the household.** This right is secured by a residence order, which is passed by a court.

• The Court can pass **protection orders to prevent the abuser from aiding or committing an act of domestic violence** like entering a workplace or any other place frequented by the abused, attempting to communicate with the abused, isolating any assets used by both the parties, etc.

• It provides for **appointment of protection officers and NGOs to provide assistance** to the woman for medical examination, legal aid and safe Shelter.

• Punishment of **one year maximum imprisonment** and Rs. 20,000 each or both to the offenders is mentioned

• Provides for **breach of protection order** or interim protection order by the respondent as a **cognisable and non-bailable offence punishable with imprisonment** which may extend to one year or with fine which may extend to Rs. 20,000 or with both.

• **Non-compliance or discharge of duties by the protection officer is also sought to be made an offence under the Act with similar punishment.**

• A progressive piece of legislation in the direction of **providing equal socio-economic rights and empowerment to the women** in the country.

**Reasons/Issues Involved**

• **Urban areas**- more income of a working woman than her partner, her absence in the house till late night, abusing and neglecting in-laws or neglecting child, being more forward socially, wife-swapping, infidelity or extra-marital relationship- esp in case of working wife, etc

• **Violence against young widows esp in rural areas** - most often they are cursed for their husband’s death and are deprived of proper food and clothing; they are not allowed or encouraged for remarriage in most of the homes, cases of molestation and rape attempts of women by other family members in nuclear families or someone in the neighbourhood.

• **Other Reasons** - Orthodox & Patriarchal mindset- male domination and control over women; Economic reasons- demand for dowry; infertility or desire for male child; Alcoholism

**Criticism/Misuse of the Domestic Violence Act**

• **Gender biased and not gender neutral**- Increasing number of false cases.

• Verbal abuse and mental harassment- scope of subjective interpretation by abused

• **lack of awareness esp in rural areas where there is more need of such Acts.**

• Judicial system resorting to mediation and counselling even in cases of extreme abuse. Also, Insensitivity by male police officers, judicial magistrates during hearings, etc

• **Absence of economic, psychological and support system for victim women**

• **Excludes abuses pertaining to martial rape.**

• **Insufficient budgetary allocation to States- the States could not assign ‘Protection Officers’ because of the already overburdened department.**

**Way forward**

• Protection should be provided to the abused women from domestic violence

• NGOs relating to women empowerment should be encouraged to protect women from domestic violence.
• Women should be financially empowered through various government schemes and programmes.
• Faster delivery of cases
• The PRIs should also play a progressive and empathetic role towards such cases - should participate in stopping domestic violence
• More sensitivity training to be given to officers concerned at every stage.
• More awareness drive esp. in rural areas.

1.4. GOVERNMENT INITIATIVES

1.4.1 REGISTRY OF SEX OFFENDERS

Why In News
• Government is planning to set up a sex offenders registry in the country on the lines of those in the US and UK.

Details of the Registry
• Details of the charge sheeted sexual offenders, even those below 18 years, will be included in the database which will be put up on the National Crimes Record Bureau website.
• It can be accessed through citizen’s portal on the upcoming Crime and Criminals Tracking Network and Systems Project (CCTNS).
• The government plans to publicize their photographs, address, PAN Card and Aadhar Card details, finger prints and DNA samples.
• The draft guidelines say that extensive information of the offender like aliases, phone numbers, temporary lodging information, and travel and immigration documents will be provided.
• Details on their employment history, schooling, college, vehicle information, criminal history etc. will also be provided.
• The project also proposes to integrate with e-court and e-prison applications to improve efficiency of criminal justice system.

Benefits
• It will instill fear in the minds of repeat sexual offenders and public will be befitted from it.
• It will be very beneficial and handy for the law enforcement agencies also.

Criticism
• Studies on similar initiatives in US and UK shows that registries have virtually no effect on reducing crimes, destabilizes lives of convicted offenders, and contributes towards recidivism.
• Contributes towards the myth that most sexual offences are committed by strangers.

Way Ahead
• Government should try to provide cognitive therapies to sexual offenders to ensure they do not repeat offences.
• Government should work towards ensuring victims are able to access health and legal services without being re-traumatised in the process.
1.4.2. NATIONAL POLICY ON RAPE VICTIMS

Why In News

- The Supreme Court asked the centre to frame a National Policy to financially compensate rape victims.
- The SC said that the Nirbhaya Fund announced in 2013 is not enough and relief and compensation needs to reach the rape victims.
- There is lack of uniformity in compensation schemes of different states necessitating a national policy.
- SC issued notices to centre, states and UTs seeking details on the implementation Section 357(A) of the CrPC and the status of victim compensation schemes.

Analysis

- **Different states have different schemes** –
  - There is no national plan as to how the rape victims are to be compensated.
  - Although 25 out of 29 States have notified these schemes, yet there is complete lack of uniformity in the said schemes
- **Compensation to rape victims**: The Nirbha Fund has not been utilized properly. It is further important to note that mere allocation of funds would not suffice and it is necessary to examine how the funds are devolved and actually utilized.
- Another major issue of concern is the status of the “witness protection programme schemes” that have not so far been formulated by most of the states, except Delhi.

1.4.3. DRAFT NATIONAL POLICY ON WOMEN 2016

Why in news?

Government released the ministry’s draft National Policy on Women 2016.

Need for a new policy

- Nearly a decade and half has passed since the National Policy for the Empowerment of Women (NPEW), 2001 was formulated, which laid down a comprehensive progressive policy for the advancement, development and empowerment of women with appropriate policy prescriptions and strategies.
- Several paradoxical trends have been observed in the past few years. The growing acknowledgement of gender rights and equality is juxtaposed against increase in reporting of various forms of violence against women such as rape, trafficking, dowry etc.
- The new millennium and the dynamics of a rapidly changing global and national scenario have ushered in new facets of development and growth giving rise to complex socio-economic and cultural challenges for women in a society with deep rooted cultural and social beliefs about gender roles.
- The concept of women empowerment has seen changes, from being recipients of welfare benefits to the need to engage them in the development process, welfare with a heavy dose of rights.
- There is need therefore to formulate a new policy that can guide the transformative shift required for making gender rights a reality, addressing women’s issues in all its facets, capturing emerging challenges and ultimately positioning women as equal partners of sustained development progress that the country is experiencing presently.
Priority Areas identified by the Draft

- **Health including food security and nutrition** - Among various measures, it points to greater recognition for women’s reproductive rights by shifting the focus from female sterilisation to male sterilisation.

- **Education** - A mission mode approach for literacy amongst women is envisaged.

- **Economy** –
  - Efforts for assessment of the incidence of poverty by gender estimates will be done as household estimates do not provide gender poverty estimates.
  - Relation between gender and poverty dynamics will be addressed, for instance, increasing the participation of women in the workforce, recognizing women’s unpaid work in terms of economic and societal value, ensuring the rights of women to immovable property.

- **Governance and Decision Making** – Not just quantity but quality of women’s representation will be improved through greater capacity building on aspects of decision making and women’s rights and legislations.

- **Violence against women** –
  - Efforts to address all forms of violence against women will be continued with a holistic perspective through a life cycle approach in a continuum from the foetus to the elderly. So it will start from sex selective termination of pregnancy, denial of education, child marriage and will cover violence faced by women in private sphere of home, public spaces and at workplace.
  - Engaging men and boys through advocacy, awareness generation programmes and community programmes will also be undertaken.

- **Enabling Environment** –
  - Gender perspective in housing policies, planning of housing colonies and in the shelters both in rural and urban areas will be given a priority.
  - Ensuring access to safe drinking water and sanitation, gender parity in mass media and greater participation in sports have also been identified as priority areas.

- **Environment and Climate Change** –
  - As women are highly affected by climate change, environmental degradation, distress migration and displacement in times of natural calamities, policies and programmes for environment, conservation and restoration will compulsorily incorporate gender concerns.
  - An integral part of this discourse will be to enable equitable ownership control and use of natural resources and secure the asset base of marginalised poor women to counter poverty and climate shocks.

- Apart from these, certain **emerging issues** have also been identified. Some of those include -
  - A review of the personal and customary laws in accordance with the Constitutional provisions. This will enable equitable and inclusive and just entitlements for women.
  - Recognizing special needs of single women including widows separated, divorced, never-married and deserted women. A comprehensive social protection mechanism will be designed to address their vulnerabilities, create opportunities and improve their overall conditions.
  - Creating ecosystem for women to participate in entrepreneurial activities, take up decision-making roles and leadership in all sectors of the economy.
  - As more women are taking the recourse of artificial reproductive techniques, efforts will be made to ensure the rights of these women adopting these techniques i.e. surrogates mothers, commissioning mother along with children born as a result will be protected.

- Further, the policy also talks about-
✓ Formation of inter-and intra-institutional partnerships that facilitate convergence and generating a data system which is gender disaggregated for better planning and policy formulation.
✓ Setting up Gender Budgeting Cells set up in Ministries, state government Departments, Panchayats and urban local bodies to conduct in-house gender audit of requisite policies, programs and schemes.

Implementing the policy
• In translating the policy framework, **specific, achievable and effective strategies for implementation** will be required to be made at the national, state and local government level, in PSUs, corporates, business, trade unions, NGOs and community based organizations.
• An **inter-ministerial Action plan** will be formulated with action points with respect to the policy prescriptions in the Policy document, where definitive targets, milestones activities, timelines (short term, medium term & long term) and outcome indicators will be given along with the Ministries/ departments responsible for implementing the actions.
• An **inter-ministerial committee** will be set up to periodically monitor the achievements and progress made under the Action plan.
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2. TRANSGENDERS

2.1. TRANSGENDER POLICY

Why in news?
Kerala has become the first state to have a policy for transgenders.

Kerala’s Transgender Policy
- The policy envisages to end the societal stigma towards the sexual minority group and ensure them non-discriminatory treatment.
- The policy aims to enforce the constitutional rights of transgenders (TGs), taking into account the Supreme Court judgement (2014) and the findings of the recent Kerala State TG Survey.
- The policy covers all the categories of TGs, including male to female TGs and intersex people.
- It emphasises the right of the minority group to self-identify themselves as man, woman or TG as stated in the Supreme Court judgement.
- It also ensures them equal access to social and economic opportunities, resources and services, right to equal treatment under the law, right to live life without violence and equitable right in all decision making bodies.
- It also recommends the setting up of a TG Justice Board with state Minister for Social Justice as its chairperson.

2.2. TRANSGENDER RIGHTS

Why in News?
- Delhi government has decided to introduce “transgender category” in forms for registration of birth and death certificates.
- In another development Christian transgenders may get equal property rights soon.
- Also, Government of Odisha conferred the Below Poverty Line status to transgenders in Odisha.

Birth and Death Certificates
- The Delhi government has issued notices to all registrar offices to duly make the changes in birth and death certificate forms.
- Registration of birth and death from transgender community is very less and even those who do, register as females.
- After the SC order in 2014 recognizing transgender as third gender this is one of the first changes on ground.

Christian Transgenders
- The Law Commission of India had asked the Delhi Minorities Commission (DMC) for recommendation on the India Succession Act.
The DMC consulted with the Advisory Committee of Christians. They suggested that Section 44 of the India Succession Act be amended to include transgenders, giving them equal rights as men and women on ancestral property. Once cleared the bill will be tabled in the parliament. **Significance:** Transgenders can now take recourse to legal measures if discriminated against in property rights, with the inclusion of term ‘transgender’ in the Succession Act.

### BPL Status to Transgenders in Odisha

- This move will benefit around twenty two thousand transgenders in Odisha.
- This makes Odisha the first state in India to grant the BPL status to transgenders.

The state government has also decided to cover the transgenders under the National Food Security Act.

### 2.3. THE TRANSGENDER PERSONS (PROTECTION OF RIGHTS) BILL, 2016

**Why in News?**

The Transgender Persons (Protection of Rights) Bill, 2016 was introduced in Lok Sabha in August, 2016

**Provisions of the Bill**

- **Definition of a transgender person:** The Bill defines a transgender person as one who is (i) neither wholly female or male; (ii) a combination of female and male; or (iii) neither female nor male.

- **Prohibition against discrimination:** It protects transgenders from discrimination or denial of service in essential areas such as education, employment, healthcare, access to public places, goods and services, right to movement, settlement and ownership among others.

- **Right of residence in the household:** This is important to prevent discrimination right at the beginning. The person may be placed in a rehabilitation center on the orders of a competent court if the family is unable to care for the transgender person.

- **Health care:** The government would take steps to provide health facilities to transgender persons including separate HIV surveillance centres, sex reassignment surgeries, etc.

- **Certificate of identity for a transgender person:** This will be issued by the District Magistrate on request. This certificate will be used as the basis for recording gender in all official documents and will be the basis for conferral of rights as a transgender person.

- **Welfare measures by the government:** The government will take measures to ensure the full inclusion and participation of transgenders in mainstream society via rehabilitation, vocational training, employment schemes etc.

- **Offences and Penalties:** The Bill recognizes the following offences:
  - begging, forced or bonded labour;
  - denial of use of a public place;
  - denial of residence in household, village, etc.;
  - physical, sexual, verbal, emotional and economic abuse.

The term ‘transgender’ refers to all those who differ in behaviour and appearance from the usual gender stereotypes. It includes transsexuals, transvestites (cross-dressers), intersexed individuals and gender queers. In the Indian context, it also includes social identities such as hijras, kinnars, aravanis, jogtas, Shiv-shaktis and aradhis.
These offences will attract imprisonment between six months and two years, and a fine.

- National Council for Transgender persons (NCT) will be set up to advice the central government on the formulation and monitoring of policies, legislation and projects with respect to transgender persons.

Critical Appraisal

- The Bill completely eliminates the option of identification as either male or female but includes the identity as only ‘part male’ or ‘part female’.
- Compulsory certification coupled with onerous procedure for certification stands in violation of the self-identification principle.
- Unlike the previous private member bill, the new bill does not provide the definition of discrimination.
- There is simply no punitive mechanism in place as far as potential violation of the duty against discrimination is concerned.
- Also, there have been a number of instances where transgender individuals have been disproportionately targeted under the general law related to beggary.
- The new bill does not cover reservation provision which was earlier dealt in the previous bill and even the NALSA judgement.

Way Ahead

- Transgender is a crucial gender identity issue which needs not only requires action by the government and civil society but requires their integration in the mainstream society.
- International Examples: Ireland, Argentina, Malta, Colombia and Denmark allows the transgender community to self-determine gender without undergoing medical treatment or sterilization.

National Legal Services Authority v. Union of India is a landmark decision by the Supreme Court of India, which declared transgender people to be a 'third gender', affirmed that the fundamental rights granted under the Constitution of India will be equally applicable to transgender people, and gave them the right to self-identification of their gender as male, female or third-gender. This judgement is a major step towards gender equality in India. Moreover, the court also held that because transgender people were treated as socially and economically backward classes, they will be granted reservations in admissions to educational institutions and jobs.
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3. CASTE AND TRIBAL ISSUES

3.1. CASTE ISSUES

3.1.1. RISING VIOLENCE AGAINST DALITS

Why in News

- Rohit Vemula suicide; Una incident in Gujarat involving Dalit tanners; Rape and murder of a minor girl in Maharashtra, during Jat reservation, Dalits were attacked indiscriminately etc.
- The National Crime Records Bureau (NCRB) reports a 44 per cent increase in violence against Dalits, up from 32,712 in 2010 to 47,064 crimes in 2014.

Reasons for rising violence

- Response of the dominant communities over the Dalit’s assertion of their social, political and economic rights.
- Dalit communities as a whole are summarily punished for individual transgressions.
- Unemployment coupled with the growing resentment among the upper castes at having to increasingly share social, political and economic privileges with Dalits.
- Better reporting and registering also appears to be a reason for the rising numbers of crimes against scheduled castes and scheduled tribes.

Challenges that lie ahead

- **Low conviction rate**: Compared to a 45% conviction rate for all cases under the Indian Penal Code, no more than 28% of crimes against scheduled castes and scheduled tribes end in conviction, according to the data from the National Crime Records Bureau.
- **Failure of the state to compensate and rehabilitate the victims**, despite existing provisions like the Protection of Civil Rights Act, 1955, and Scheduled Castes and Tribes (Prevention of Atrocities) Act, 1989, etc.
- **Discrimination by police to register cases**.
- **The embedded social caste structure till now existing in society**

Way Ahead

- Caste discrimination can and should be eliminated, and it requires action on many levels – from the grass roots level to state and national level, as well as to the international level. Legislation, its implementation as well as the change in the people’s mindsets should be looked at.
- Caste discrimination is not a matter which only the state is obliged to act upon. Rather it is a human rights which acts against the universal principles of non-discrimination, human dignity and equality.
- Encouraging inter-caste marriages.
In December 2015, the **Prevention of Atrocities Act** was amended to establish special courts to try crimes against SCs and STs and rehabilitate victims.

### 3.1.2. RULES FOR AMENDED SC/ST ACT

**Why in News**


**Background**

- **Objective**: to speed up process of dispensation of justice to SC/ST and to liberalize and expedite access to relief for victims of atrocities, ensuring special sensitivity in cases of offenses against women.

**Important Provisions**

- Amended provision increases relief package from 75000 to 7,50,000 and 85000 to 8,50,000 depending on the nature of offence.
- Also provides for admissible relief to SC/ST women for offences of grievous nature, on conclusion of trial, even though they may not have ended in conviction.
- Regular reviews of the scheme in assessing justice at the state, district and sub-divisional level committees in their meetings.
- Completing investigation and filing a charge sheet within sixty days.
- Provision of relief within seven days to victims, their family members and dependents.
- Also for the first time provision of relief for rape and gang rape.
- No medical examination will be needed to seek relief for non-invasive offenses such as sexual harassment, gestures or acts intended to insult the modesty of women.
- Adds newer offences to the list of atrocities including denying access to irrigation facilities, forest rights etc.

### 3.1.3. DALIT CAPITALISM

- Dalit capitalism — a term coined by activist Chandra Bhan Prasad and can be defined as when capitalism (business/economic activity) is seen as a solution for the upliftment and emancipation of Dalits.
The Dalit Indian Chamber of Commerce and Industry (DCCI) was founded in 2005 along the lines of FICCI in 2005. It is an association of entrepreneurs from the Scheduled Castes and Scheduled Tribes.

**Government steps to promote Dalit Capitalism**

- National Schedule Caste Finance and Development Corporation offers loans to the SC Community for Entrepreneurship development and other activities.
- The IFCI provides venture capital loans for the SCs upto an amount of 15 crores.
- Start Up India Programme will provide support to entrepreneurs including credit guarantee programme for SCs.
- MUDRA Bank will give leading priority to SC/ST for extending credit facilities.
- DICCI SME fund (launched in 2013) plans to shell out loans worth 500 crore in the next 10 years.
- Green Business Scheme envisioned financial assistance to Dalits to combat climate change.

**Challenges faced by Dalit Capitalism**

- The fundamental flaw in the argument for Dalit capitalism is that it merely seeks to find an equal space for Dalits within what is inherently an exploitative system i.e. capitalism.
- Rather than grapple with the question of a comprehensive transformation of political, economic and cultural relations towards equality in society, Dalit capitalism ingratiates itself with the present exploitative order.
- Problems faced by Dalit Entrepreneurs in terms of discrimination at various levels - social, economic and politico-administrative levels.
- Dalit Capitalism still lacks in uplifting the poorest of poor Dalits because it is not organized on the issues of mass pauperization, question of land, or the issue of landless Dalits and their forced displacement by mega-projects and rapidly widening social-economic inequalities due to mercantile capitalism and globalization.

### 3.1.4. RESERVATION IN INDIA

**Why in News?**

Demands and agitation in recent times of agriculture dominant castes like Patels, Kapus, Jats and now Marathas demanding quota for themselves and reforms in reservation policy of India.

**Constitutional Provisions**

- **Article 15(3)** - State can make special provision for women and children
- **Article 15(4)** - State can make special provision for the advancement of any socially and educationally backward classes of citizens or for the Scheduled Castes and the Scheduled Tribes
- **Article 16(4)** - State can make provision for the reservation of appointments or posts in favour of any backward class of citizens
- **Article 46** - To promote the educational and economic interests of SCs, STs, and other weaker sections of society

**Important Supreme Court Judgments**

- **Mandal Case**: Under this, Supreme Court restricted total reserved quota up to 50 percent and excluded advanced section in other backward castes from benefits of reservation
• **Justice O. Chinnappa Reddy in his 1985 judgment**: efficiency cannot be used as a camouflage to let the upper classes take advantage of the backward classes in its name and to monopolise the services, particularly the higher posts and the professional institutions”.

• **Jat Reservation**: The Supreme Court ruled that “caste” and “historical injustice” cannot blind a state in according backward status to a community and that new emerging groups such as transgenders must be identified for quota benefits.

### Need of Reservation in India

- Social empowerment of disadvantaged section of society
- Reduce discrimination by providing educational and employment opportunities

### Issues with Reservation policy of India

- **Stagnant**: The reservation policy which was initiated as a temporary provision (for 10 years) for Scheduled Castes (SC) and Scheduled Tribes (ST) in our Constitution in 1950, has expanded its coverage and has now become an almost a permanent feature.
- The existing reservation policy has **failed to assimilate lowest castes/tribes** within the mainstream economy and society.
- **Political Mobilization**: Over the years, political parties has utilized caste-based reservation as vote bank politics for their electoral gain
- **Inter-caste conflicts and tensions**: The tool of reservation has failed miserably in removing caste differences and has promoted the caste divide and caste conflicts.
- **Dissatisfaction**: the communities excluded from reservations harbor animosity and prejudice against the castes included in the reservation category.
- **Class within Castes**: The creamy layer of reserved category has benefited most leaving mostly on the fringes devoid of any benefits and poor.
- The poor among general categories are resentful and frustrated, and tend to blame reservations for all their problems.

### Reforms required

- **Better Identification**: New yardsticks need to be developed for the identification of backward group instead of solely deciding on the basis of caste. It should include social and economic criteria.
- **Dis-reservation**: Families of public officials of a certain rank – IAS, IPS, other Central and State civil services, present or former MLAs, MPs, other senior politicians – certain high income professionals like physicians, chartered accountants, managers above a certain rank in the private sector, and businessmen and others above a certain income should be dis-reserved.
- **Self-proclaimed backwardness**: The perception of a self-proclaimed socially backward class of citizens cannot be a constitutionally permissible yardstick for determination of backwardness.
- **Support to poor**: No child with ability and desire should ever be denied opportunities for higher education on account of poverty or birth. Scholarships, free tuition, soft loans and other mechanisms must be strengthened.
- **Develop Capabilities**: Apart from providing admission to colleges and jobs, capabilities of the deprived and excluded section should also be developed.
- **Assimilation**: The benefits should flow to the vast majority of underprivileged children from deprived castes; not restricted to few elites.
Should we move away from Caste-based reservation?

- Caste-based reservation has not been completely successful in bringing up the weakest member of the group.
- It prevents us from transcending caste and causes resentment against the beneficiary group, and existing prejudices and stereotypes against the group are reinforced.

Evaluate Evidence-based approach for affirmative action

Under Evidence based approach, the policy framework is explicitly linked to empirical information relating to disadvantage. It requires collection, maintenance and analysis of data of all citizens. It may include social as well as economic indicators. Its merits and demerits are:

- **Better Identification**: The individuals genuinely in need of support or preference can be identified cutting across the caste boundaries.
- The major advantage of such an approach is that it highlights the fundamental reasons why affirmative action is being undertaken – namely, various sorts of social and economic disadvantage.
- **Reduces caste-based politics**: It helps to de-essentialise identity markers like caste or religion.
- **Reduce inter-caste conflicts**: It provides a rational explanation why specific castes or communities are entitled to compensatory discrimination.
- **Assimilation**: It might also help target the benefits better by prioritizing the weakest members of a weak group.
- **Disadvantage**: The only downside is that such approaches become data dependent, and are vulnerable to the failings of the data sources, and to the fallacy of data.

Way Forward

India has changed a lot since the reservation policy was introduced. The deficiency of data and technology has made then government to adopt simple approach of caste-based reservation. However, with the availability of sufficient data through census and real time updation technologies using Aadhaar number, evidence based approach could be utilized. It will help in better targeting and thus providing benefits to real beneficiary.

### 3.2. TRIBAL ISSUES

Why in news?

- Tribal community in India faces many issues. Two issues that have been under the spotlight this year are violation of their rights under the Forest Rights Act and secondly the rising healthcare concerns among them.

**Violation of Forest Rights Act**

- Recently some reports alleged violation of the Forest Rights Act by the Odisha Mining Corporation in tribal areas of Odisha.
- Under the Constitutional scheme, non-tribals are not entitled to property ownership in the tribal areas but mining in the tribal areas is exploitative in
nature as benefits do not reach to tribal people of the region. The Forest Rights Act, thus, was enacted to take care of the issue.

- However, there are allegations that 60 per cent of the claims of tribals under the Forest Rights Act (FRA) have been rejected by the government.
- Diversion of forest land for industrial purpose by displacing tribals.
- Bypassing of the consent of gram sabha clause to expedite development projects.
- Alienation of tribals from forestland is one of the major reasons for fuelling Left Wing Extremism in the country.

**Challenges in Implementation of FRA**

- Consent Resolutions passed by Gram Sabhas is getting forged by interested parties for land diversion.
- In certain areas Forest Right Act is not being recognized.
- The concerned ministries look at the FRA as a hurdle to development, which needs to be circumvented rather than ensure its effective implementation.
- The knowledge base of tribal and forest dwelling communities is not being valued in decision-making.
- Lack of awareness and education among the tribals and forest dwellers.
- FRA is often in conflict with other laws e.g. Rights in protected areas like wildlife sanctuaries, national parks etc.
- Saxena Committee pointed out several problems in the implementation of FRA. Wrongful rejections of claims happen due to lack of proper enquiries made by the officials.

**Tribal healthcare issue**

- Infant mortality rate, child mortality rate, poor maternal health, child sex ratio, malnutrition, high prevalence of anaemia, malaria and fluorosis are some of the biggest barriers to tribal health.
- Considerable cut in budgetary allocations for health care and programmes for tribal development poses a challenge to ensure basic health care to tribal people.
- Sickle cell disease among tribal people.

**Tribal Policy intervention in Health**

- The Health Ministry decided to hold the workshop on “Best Practices in Tribal Health” in tribal heartland at Shodhgram village in Maharashtra’s Gadchiroli district.
- This step is government’s recognition of the differential and unique health needs of tribal communities.
- ICMR has started the screening programmes for sickle cell disease in 18 states and at the end of the programme lakhs of tribal people will know that they carry the disease or the gene for it.
• The State needs to ensure that carriers of sickle cell disease, particularly girls, do not face discrimination.
• There is an urgent need of community-based action and research for and on the health of India’s neo-nates and tribal people.

Other Issues with Tribals
• The report of the High Level Committee on Socio-Economic, Health and educational status of tribal communities has also blamed policies of the governments for violating tribal rights.
• Tribal children ill-served by government schools.
• Standards abysmally low in State-run tribal schools.
• Most of the tribal children in govt. Schools lack basic literacy skills.
• A crucial issue is the lack of trained teachers especially after 2001, when the government had decided to recruit only teachers from the tribal community.
• The disconnect between the unique tribal way of life - distinct languages and dialects, culture and food habits - and what is enforced at the Ashram schools has led to a loss of identity and sense of belonging among the tribal children.
• Students from Particularly Vulnerable Tribal Group (PVTG) are losing out on their native culture in the schools.
• The teachers, who mostly hail from the more integrated tribes, do not have an understanding of the culture of the PVTGs.

Conclusion
• Even 68 years after Independence, the problems of tribal communities are about access to basic needs. These include, but are not restricted to, elementary education, community healthcare, sustainable livelihood support, the public distribution system, food security, drinking water and sanitation, debt, and infrastructure. For them, equality of opportunity remains largely unfulfilled.
• Thus, we must recognize their needs and make efforts to fulfill them. The tribals must be developed so that they become a part of India’s mainstream and contribute to the country’s social, economic and cultural development.
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4. ELDERLY ISSUES

4.1. AGEING INDIA

Why in news

- The Ministry of Statistics recently released a report called “Elderly In India 2016”

Highlights of the Report

- The number of Indians above the age of 60 increased 35 percent from 2001 to 2011.
- The state with the maximum percentage of elderly is Kerala with 12.6% of the population. Other states with high ageing population are Goa, Tamil Nadu, Punjab and Himachal.
- 71 percent elderly reside in villages while 29 percent reside in cities.
- The state with the lowest percentage of elderly is Arunachal Pradesh where only 4.6 percent of the population is above sixty.
- India's age dependency ratio is also increasing from 10.9% in 2001 to 14.2% in 2011.
- The proportion of literates among elderly increased from 27% in 1991 to 47% in 2011.

Analysis

- The global demographic trend, however, tells us that, with the passage of time, the countries have experienced ageing of population. The proportion of older persons in the population of a country has increased.
- Due to economic well-being, better health care system, good medicines, etc. there is substantial reduction in mortality in the society.
- Reduced mortality has led to reduction in fertility too. These factors together have resulted in increasing number of elderly persons in the population. This phenomenon, called population ageing, is a dynamic demographic trend all over the world.
- Further, with the increasing trend of nuclear families in the society and with fewer children in the family, the care of older persons in the families gets increasingly difficult.
- Social security spending of Government also increases with the increase of old age population. On the other hand, lesser people of working age means lower number of working people leading to lower tax base and lower tax collection.

Way Forward

- To face the challenges of ageing population, the country needs to be well prepared. Appropriate social and economic policies need to be made to mitigate its ill effects.
- Social policy development for the elderly needs to be critically examined for society to adapt to ageing as well as for older population to adapt to a changing society.
- Suitable redistributive policies are required. New priorities must be added to the scarce resources for social programs for elderly, while still having to deal with the problems of the younger populations.
- Women issues also are of paramount importance in considering social policies for elderly population. Due to better life expectancy women live longer than men.
Exacerbated risks for women across the life course make them more vulnerable in old age. Appropriate care and support for them is a priority.

### 4.2. NATIONAL CENTRE FOR AGEING

- The Union Health Ministry recently approved two National Centre for Ageing to come up in India.

**What are the National Centres for Ageing?**

- Highly specialized centers of excellence for geriatric care or care of the elderly.
- They will develop manuals for home care and provide training to the specialists and formulate protocols in areas of elderly care.
- The Centres will be set up under the National Programme for Health Care of the Elderly.
- They will be set up during the twelfth five year plan period at the All India Institute of Medical Sciences, New Delhi and the other at the Madras Medical College in Chennai.

#### Objectives

- To provide specialized health care to the elderly as they are highly prone to diseases.
- To fill the gap caused by no specialization in geriatric medicine in India.
- Training of health professionals in the area.
- Research Activities in geriatric care.
- 200 bedded in patient facility for the elderly.

**What are the Problems faced by elderly in India?**

- Seventy percent aged depend on others for their day to day maintenance. It’s 85 percent in case of elderly women.
- 79% in rural areas and 35% in urban areas do not get any benefits after retirement.
- 10% of elderly in India suffer from depression and 40-50% require psychiatric or psychological intervention at some point.
- Informal support and family structures are disappearing fast and formal structures have not replaced them adequately.

**Way Ahead**

- Promoting awareness about the concept of healthy ageing and the health problems and to involve the community in the process of their mitigation.
- Exploration of PPP models in the infrastructure development of health care for elderly.
- Special attention to elderly who are disabled, poor, in rural areas, SC/STs, women, destitute.

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**4.3. IMPACT OF NATURAL DISASTERS ON ELDERLY PEOPLE**

- What is Geriatric Care?
  - Also known as Ageing Life Care, is the process of planning and coordinating care of the elderly and others with physical or mental impairments to meet their long term care needs, improve their quality of life and maintain their independence for as long as possible.
Why in News

Chennai Floods has revealed the grim reality of the disaster preparedness in large metropolises. Vulnerable sections of the society are worst affected during such calamities.

Background- Facts

- According the National Health Profile, released by the health ministry last year, the elderly in India i.e. the population above 60 years comprise 8.6% of the population (103.8 million) and they are also a vulnerable section.
- According to census 2011, 10 per cent of Tamil Nadu’s population is above the age of 60 years- 4, 64,122 people to be specific. By conservative estimates, as many as 5% of older individuals are living alone (urban isolation).
- For this population, the national health policy envisages an effective capacity for routine emergency and, “an army of community members trained as first responder for accidents and disasters.”
- The Health policy envisages a network of emergency care that has an assured provision of life support ambulances linked to trauma management centers- one per 30 lakh population in urban and one for every 10 lakh population in rural areas will form the key to a trauma care policy.

Issues

- With no support system, India’s greying population is defenceless against natural calamities.
- Senior citizens are likely to constitute a significant chunk of the total deaths in Chennai Floods.
- Urban isolation leading to helplessness during such disasters
- Number of elderly people were founded stranded during the floods for days without access to relief or rehabilitation
- Inefficient administration- the complete lack of ward-level data on vulnerable populations, such data is vital for any relief and rescue work to be successful
- Lack of institutional capacity to meet the goals for vulnerable population envisaged by the National Health Policy

Way Forward

- The institutional capacity should be increased
- Relief, Rescue and Rehabilitation measures should be at the lightening speed for vulnerable section
- The phenomenon of urban isolation should be addressed by communities and NGOs can play a greater role to lessen psychological pressure on the vulnerable sections of the society
- Need of the greater awareness among people about the issues faced by the elderly
- Use of social media platform and technology to help
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5. ISSUES RELATED TO DISABLED

5.1. DISABILITY IN INDIA

Why in News?

- PM Narendra Modi made a suggestion of changing the nomenclature of disabled from “viklang” to “divyang”.
- Several disabled people’s organizations have opposed the use of the term “divyang”.

Definition of Disability in India

Persons with Disability Act, 1995 defines Disability under seven categories: blindness, low vision, leprosy-cured, hearing impairment, loco motor disability, mental retardation and mental illness.

2011 Census says 2.21% are disabled in India.

Government Initiatives for the Disabled in India

- Persons with Disability (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.
- India signed the UN Convention on Rights of Persons with Disability.
- Term “divyang” is being considered in place of “viklang” to change mindset.
- The term would help in raising self-confidence and subsequent empowerment.

Critique of “Divyang”

- Mere change of terminology is not going to bring about any change in the manner in which people with disabilities are treated.
- It will only invoke sympathy and underline that charity is what is needed.
- Disability is not a divine gift and would only tend to create myths.

Issues around Disability in India

- Disability is not being measured properly in India.
  - Not all censuses in India have measured Disability.
  - The ones that have measured have used different definitions for disability, making comparisons difficult.
  - Changes in definition makes someone disabled in one census and not disabled in another.
- India looks at disability from medical or pathological angle only.
- Most developed countries look from social angle, highlighting institutional and social arrangements preventing those with impairments from leading normal lives.
- Census depends on self-reporting of disability; this may leave out mental disability and even physical disability.
- Lack of Institutional and Infrastructural Support for the disabled in India.

Way Forward

- Kerala became first state to conduct a census of its own called Kerala Disability Census for 2014-15. Other states must follow example.
- The new Rights of Persons with Disability proposes to increase job reservations for the disabled from 3 percent to 5 percent.
- It also seeks to widen scope of disabilities covered under the bill from seven to nineteen.

Accessibility and support services for persons with disability must be increased manifold.
5.2. THE RIGHT OF PERSONS WITH DISABILITIES BILL, 2014

Why in news?
Recently, the bill was sent to the Prime Minister’s Office for consultation before introducing it again in the Parliament.

Salient features of the bill
• The Bill replaces the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995. Instead of seven disabilities specified in the Act, the Bill covers 19 conditions.
• Persons with at least 40% of a disability are entitled to certain benefits such as reservations in education and employment, preference in government schemes, etc.
• The Bill confers several rights and entitlements to disabled persons. These include disabled friendly access to all public buildings, hospitals, modes of transport, polling stations, etc.
• In case of mentally ill persons, district courts may award two types of guardianship. A limited guardian takes decisions jointly with the mentally ill person. A plenary guardian takes decisions on behalf of the mentally ill person, without consulting him.
• The bill provides for setting up of National and State Commissions for persons with disabilities. The Commissions will be required to:
  ✓ identify any laws, policies or programmes that are inconsistent with the Act;
  ✓ inquire into matters relating to deprivation of rights and safeguards available to disabled persons and recommend appropriate remedial measures;
  ✓ monitor implementation of the Act and utilization of funds disbursed by governments for the benefit of disabled persons, etc.
• The bill provides for setting up of Central and State Advisory Boards on disability. The functions of these advisory boards will include:
  ✓ advising the government on policies and programmes with respect to disability;
  ✓ developing a national/state policy concerning persons with disabilities;
  ✓ recommending steps to ensure accessibility, reasonable accommodation, non-discrimination, etc.

Key issues and analysis
• The Bill is being brought in to fulfil obligations under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) that was ratified by India in 2007.
• The question is whether it is appropriate for Parliament to impose legal and financial obligations on states and municipalities with regard to disability, which is a State List subject.
• The Bill mandates central and state governments to provide various facilities and services to disabled persons that could have financial implications for the state and local governments.
• However, the Financial Memorandum of the Bill does not provide any estimate of the financial resources required to meet obligations under the Bill. It could be argued that without allocating adequate funds the implementation of the Bill could be hindered.
• The Bill overrides the Mental Health Act, 1987 with respect to guardianship provisions. This may result in the safeguards against misuse of guardianship, being lowered.
• The Bill is inconsistent with other laws in some cases. These include conditions for termination of pregnancy and the minimum penalty for outraging the modesty of a woman.

### 5.3. ACCESSIBLE INDIA CAMPAIGN (SUGAMYA BHARAT ABHIYAAN)

#### Why in news?
• On International day of persons with disability (3rd December), government launched Accessible India Campaign (Sugamya Bharat Abhiyan) as a nation-wide flagship campaign for achieving universal accessibility for persons with disabilities.
• The campaign targets three separate verticals for achieving universal accessibility namely the built up environment, transportation ecosystem and information & communication eco-system.
• Theme of the international day of Persons with disabilities 2015 was – Inclusion matters: access and empowerment for people of all abilities.

#### Aims and Objectives of the program
• It is aimed at making transport, government buildings, tourist spots, airports, railway stations and internet technology friendly for differently-abled people.
• The campaign has ambitious targets with defined timelines and will use IT and social media for spreading awareness about the campaign and seeking commitment of various stakeholders.
• Atleast 50% of all the government buildings of National Capital and all the State capitals, all international airports and railway stations of A1, A and B category, at least 10% of government transport carriers and 50% of public documents will be made fully accessible for persons with disabilities soon.

#### National laws and International conventions
• India is a signatory to the UN Convention on the Rights of Persons with Disabilities (UNCRPD).
• Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act 1995, as per the act the States are required to provide for:
  • Ramps in public buildings
  • Provision of toilets for wheelchair users
  • Braille symbols and auditory signals in elevators or lifts
  • Ramps in hospitals, primary health centres and other rehabilitation centres.
Initiatives & Few proposed measures

- Government will create ‘Accessible police stations’, ‘accessible hospitals’ and ‘accessible tourism’ respectively across the country
- For enhancing accessibility of Television programmes – incorporation of features like captioning, text to speech and audio description
- A web portal and mobile application for creating a crowd sourcing platform to get information about inaccessible areas
- An Accessibility Index is also underway to measure the level of disabled friendliness of a system
- Replacement of the term ‘Viklang’ (disabled) used for the differently-abled with ‘divyang’ (divine body) is proposed.
- Separate institute for deaf and dumb persons and development of new braille language
- The Government has decided to set up a special University for persons with disabilities with the cost of Rs. 1700 crore.

5.4. MENTAL HEALTH CARE BILL, 2013

Why in news?

- In August, 2016, the Mental Health Care Bill, 2013 was passed in the Rajya Sabha.
- The new bill, when passed in the Lok Sabha, will replace the outdated Mental Health Act of 1987.

Background

- The bill is the result of govt. ratifying the UN Convention on the Rights of Persons with Disabilities 2007.
- The new Bill was introduced as the existing Act does not align with the Convention to adequately protect the rights of persons with mental illness nor promotes their access to mental health care.

Key features of the Bill

- Rights of persons with mental illness: Every person shall have the right to access mental health care and treatment from services run or funded by the government.
- Advance Directive: A mentally-ill person shall have the right to make an advance directive that states how he wants to be treated for the illness during a mental health situation and who his nominated representative shall be.
- Central and State Mental Health Authority: The bills aims to set up these bodies to
  - Register, supervise and maintain a register of all mental health establishments
  - Develop quality and service provision norms for such establishments
  - Maintain a register of mental health professionals
  - Advise the government on matters relating to mental health.
- Mental Health Establishments: Every mental health establishment has to be registered with the relevant Central or State Mental Health Authority.
- Mental Health Review Commission and Board: It will be a quasi-judicial body that shall periodically review the use of and the procedure for making advance directives and advice the government on protection of the rights of mentally ill persons.
- **Decriminalising suicide (IPC-section 309):** A person who attempts suicide shall be presumed to be suffering from mental illness at that time and will not be punished under the Indian Penal Code.

- **Prohibiting electro-convulsive therapy:** Electro-convulsive therapy is allowed only with the use of muscle relaxants and anaesthesia. The therapy is prohibited for minors.

**Critical Appraisal of the Bill**

- Concerns were raised that many provisions of the Bill could have negative impact in psychiatric treatment.
- The present Bill could make psychiatrist uncomfortable, as it is bringing in too much control.
- Concerns with Mental health care decisions in the hands of non-experts. Mental Health Review Board, which has six members out of which only one is a psychiatrist.
- The over inclusive definition of mental illness might harm the large chunk of psychiatric patients who might feel stigmatized.
- The bill is silent about the expenditure needed. It does not provide details of sharing expenses between centre and states.
- Public Health being a state subject will put immense financial pressure on states for implementation.
- Centre bringing such a law on state subject will impact the cooperative federalism model.

**Way forward**

- The Mental Health Care Bill has some unprecedented measures aimed towards a sea change for the betterment regarding access to treatment for the mentally ill across the country and particularly so for the underprivileged.
- The issues with the bill have to be resolved. States need to be consulted before finalizing it as act.
- Care has to be taken that the Bill does not create impediments in psychiatric treatment in the country.
- It must be ensured that the large chunk of psychiatric patients is able to avail mental health care facility without any stigmatic feeling and hindrance.
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6. ISSUES RELATED TO CHILD

6.1. CHILD RIGHTS

The world celebrated International Child Rights Week (ICRW) from November 14 to 20. Child Rights Day is celebrated on 20th November in India. It is also celebrated as the Universal Children Day (International Child Rights Day) across the world to make people aware about the rights of their children.

Background:

- In 1954, the United Nations General Assembly recommended that all countries should introduce Universal Children’s Day to encourage fraternity and understanding between children all over the world and promote welfare of children.
- In 1959, the UN General assembly adopted the Declaration of the Rights of the Child and in 1989 it adopted the Convention on the Rights of the Child.

Who is a child?

- According to the UNCRC- A child means every human being below the age of 18 years.
- The Child Labour (Prohibition and Regulation) Act, 1986 defines a child as a person who has not completed fourteen years of age.
- The Factories Act, 1948 and Plantation Labour Act 1951 states that a child is one that has not completed fifteen years of age.
- The Juvenile Justice (Care and Protection of Children) Act, 2000 has changed the definition of child to any person who has not completed 18 years of age.
- POCSO Act 2012 defines a child as any person below eighteen years of age.

Glaring facts about the grim reality of Child rights:

- Sharp rise in crime against children – Crimes against children jumped over 50% in one year.
- Increasing urbanization has led to a rise in the disease burden among children (health issues like undernutrition, stunting and even high IMR) as well as crimes against them.

What are children’s rights?

- Children’s rights are the basic human rights of children with particular attention to the rights of minors.
- Child rights include:
  - Right to Survival- to life, health, nutrition, name and nationality.
  - Right to Development- to education, care, leisure, recreation and cultural activities.
  - Right to Protection- from exploitation, abuse, trafficking and neglect.
  - Right to Participation- to expression, information, thought and religion.
- Child Rights opposes the child labour and child abuse, so that child’s development can be ensured.
Laws to safeguard child rights:
- The Protection of Children from sexual offences (POCSO) Act 2012 is in place to address the heinous crimes of sexual abuse and sexual exploitation of children.
- Child labour (Prohibition and protection) Act 1986.
- Factories Act 1948
- The Immoral Traffic (prevention) Act, 1956
- Juvenile Justice( Care and Protection of Children) Act, 2010
- National Food Security Act, 2013
- Prohibition of Child Marriage Act 2006
- Right to Free and Compulsory education Act 2009 etc.

Children in cities are also in danger of becoming a part of organized crime rackets.

- **Child labour** - as per 2011 CENSUS, India has over 4 million working children in the age group of 5-14 years. Globally, 17 crore children are still working as child labourers and 85 million out of them are victims of worst forms of child prostitution and child slavery.

- **Child Marriage** – 41.3 % of girls in India are married by the age of 19 and become mothers soon after.

- **Education**–Education has become a business and privilege of the rich. It leads to exclusion of children from marginalized sections of the society.

- **Malnutrition** - 40% of child malnutrition in the developing world is in India.

- **Child Sex Ratio** - The declining number of girls in the 0-6 age-group is cause for alarm. For every 1,000 boys there are only 918 females.

- **North-Eastern Region** – Children from the region are vulnerable to cross-border trafficking.
- Only 35% of births are registered, impacting name and nationality.
- One out of 16 children die before they attain the age of 1, and one out of 11 die before they are 5 years old.
- Children face so much stress during examinations and there is no helpline for them. Southern India has one of the highest suicide rates amongst the adolescent population.
- Parents lack knowledge, skills and strategies to discipline children. They lack time for their children.
- Growing up with violence and abuse seriously affects a child’s development, dignity, physical and psychological integrity.

**Way forward**

- To end the menace of Child labour, there is an urgent need to pass the Child Labour (Amendment) Bill, 2012.
  - All forms of child labour should be prohibited up to the age 14 years.
  - No child should be employed in the worst forms of child labour, such as begging and prostitution.
  - Increase in fine amount and period of imprisonment.
  - Enforcement agency employees should also be held responsible if children are found working in their jurisdiction.
  - Child labour must be made a cognisable and non-bailable offence.
  - Rehabilitation should be an integral part of the law.
- India should ratify the international labour organization (ILO) convention to combat the worst forms of child labour.

Recent report released by Assam State Commission for Protections of Child Rights reveals that at least 80% of the state’s tea gardens have been flouting the Right to Education (RTE) Act. The survey found that majority of children in the tea gardens are often engaged in plucking leaves. They are made to work in factories and do not go to schools.
There is a need for a uniform definition of child. Currently, different laws have different ages for defining a child.

Root causes of juvenile crimes, such as poverty, broken families, unregulated access to pornography and the failure of the child protection system must be addressed with effective measures.

Child protection mechanism needs to be strengthened by means of more village child committees (VCCs), where children take part in discussions and are trained to be responsible citizens.

**Government initiatives for child protection and development**

**The National Commission for Protection of Child Rights (NCPCR)** - The commission’s Mandate is to ensure that all Laws, Policies, Programmes, and Administrative Mechanisms are in consonance with the Child Rights perspective as enshrined in the Constitution of India and also the UN Convention on the Rights of the Child.

- **Integrated Child Development Services (ICDS) scheme**
  - To improve the nutritional and health status of children in the age-group 0-6 years.
  - To lay the foundation for proper psychological, physical and social development of the child.
  - To reduce the incidence of mortality, morbidity, malnutrition and school dropout.

- **General grant in aid scheme in the field of women and child development**

- **Integrated Child Protection Scheme (ICPS)**
  - It aims at building a protective environment for children in difficult circumstances.
  - The scheme will set up a child protection data management system to formulate and implement effective strategies and monitor their outcomes.

- **Kishori Shakti Yojana**
- **Early Childhood Children Education Policy**
- **Beti Bacho, Beti Padhao initiative etc.**

### 6.2. UNICEF: STATE OF CHILDREN’S REPORT

**Why in news?**

- The report highlights the plight of children world over, the progress that has been made and the road ahead.

**Highlights**

- According to the report, if the present state of affairs continue then by 2030, (the year to meet sustainable development goals):
  - 69 million under the age of 5 will die between 2016 and 2030.
  - 60 million children of primary school age will be out of school.
  - 750 million or three quarters of a billion would be child brides.

- Despite initiatives by different nations and governments, around 5.9 million children died before the age of 5 in 2015, mostly due to preventable diseases.

- The report also acknowledges the progress achieved towards the Millennium Development Goals (MDGs) between 2000 and 2015.
Children born today are less likely to live in poverty than those born at the start of the new millennium. Children born today are 40 percent more likely to survive till age 5 and more likely to go to school.

- The report also acknowledges that equity gaps have narrowed since 1990. Four regions across the world achieved gender parity in primary education.
- While the absolute gap in terms of child survival has substantially narrowed since 1990, great inequities remain between rich and poor countries.

**What Needs To Be Done?**

The report assesses the key issues with the objective to achieve SDGs (Sustainable Development Goals) 2030. Some of the points that need to be remembered are:

- Need for poorer countries to make faster progress in order to bridge the gap between poor and rich countries and to reach the 2030 goal.
- Reduction of under-5 mortality by improving access to nutrition and prevention and treatment of infectious diseases.
- Quality care during pregnancy, labour and birth as well post-natal period. Reduction of unwanted pregnancies through awareness about various contraceptive methods.
- Targeted schemes to finance health care services for the poor and inclusion in existing national health insurance programmes. Two important strategies to deliver universal and quality health care would be expanding coverage and bridging equity gaps.
- Ending child marriage and emphasizing on education of girls. Education enables women to delay and space births, secure access to maternal and neonatal health care.
- Access to education from the very start.
- Tackling poverty. Reduction of poverty leads to better health management, proper nutrition as well as better educational opportunities.

### 6.2.1. SDGs RELATED TO CHILDREN

**Target 2: Zero Hunger**
- End hunger and ensure access by infants, to safe, nutritious and sufficient food all year round.
- End all forms of malnutrition, stunting and wasting in children under 5 years of age.
- Address the nutritional needs of adolescent girls.

**Target 3: Good Health and Well being**
- End preventable deaths of newborns and children under 5 years of age.
- Reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

**Target 4: Quality Education**
- Complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes.
- Access to quality early childhood development, care and pre-primary education so that they are ready for primary education.
- Build and upgrade education facilities that are child, disability and gender sensitive.
- Provide safe, non-violent, inclusive and effective learning environments for all.
Equal access to all levels of education and vocational training for the children in vulnerable situations

- **Target 5: Gender Equality**
  - Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation

- **Target 8: Decent work and Economic growth**
  - Prohibit and eliminate of the worst forms of child labour, including recruitment and use of child soldiers,
  - End child labour in all its forms by 2025

- **Target 11: Sustainable cities and Communities:**
  - Special attention to the needs children in building sustainable transport systems
  - Universal access to safe, inclusive and accessible, green and public spaces

- **Target 16: Peace Justice and Strong institutions**
  - Significantly reduce all forms of violence and related death rates everywhere
  - End abuse, exploitation, trafficking and all forms of violence against and torture of children

### 6.3. NEED FOR SPECIAL LAW FOR CHILD RAPE & POCSO

**Why in News?**

- Increasing instances of child molestation and rape in Indian cities.
- In 2015 Madras HC suggested the centre for considering castrating child sexual abusers as a punishment.
- Consequently SC in 2016 advised Parliament to consider a law for harsher punishment for such crimes.

**Child rapes in India: Statistics**

- National Crimes Record Bureau statistics state that a total of 48,338 child rape cases were recorded from 2001 to 2011.
- India saw an increase of 336% of child rape cases from 2,113 cases in 2001 to 7,112 cases in 2011.

**Issues**

- These figures are under reported as majority of child rape cases are not reported to the police.
- It is known that about nine of 10 rapes and sexual assaults are carried out by people known to the victim.
- The insensitivity and unhelpful attitude of police, lawyers and untrained hospital staff makes prosecution and conviction difficult.
- In absence of support the children regularly become victims of other forms of sexual assault too.
Why Child rapes are increasing?

- **A rise in reporting:**
  - Reporting of child abuse and rape cases have increased due to the lowering of the stigma attached.
  - The rise of social media has created awareness about child abuse.
  - Many instances of celebrities opening up about being abused in their childhood (for instance, the actor Kalki Koechin) have also motivated many parents to report.

- **New criminal laws:**
  - The introduction of POCSO in 2012 and the Criminal Law (Amendment) Act in 2013 was instrumental in higher reporting of rape against children.
  - The definition of rape now includes many more sexual actions than were earlier classified as sexual assault.
  - Age of consent for girls has been raised from 16 to 18 years. This means boys who have consensual sex can be charged with rape.

**Significance of POCSO Act**

- It gives exclusive definition to the crime of sexual offences against children and fulfils the mandatory obligations of India as a signatory to the United Nations Convention on the Rights of The Child, acceded to on December 11, 1992.
- It enjoins the National and State Commissions under the Commissions for Protection of Child Rights, 2005 to ensure the effective implementation of its provisions.

**Challenges**

- It does not cover child pornography.
- Despite Supreme Court’s direction in 2013 none of the regulatory or monitoring bodies can be said to be fully functional.
- The provisions of POCSO are not properly applied by the police and other parties. Consequently, child offenders get away despite a stringent law. There is a need for greater awareness, training and familiarization of application of the law by police.

### 6.4. BAN ON CHILD PORNOGRAPHY

**Why in news?**

- The **Supreme Court** on Friday asked the central government to inform the court on its plans to ban child pornography on the Internet.
- The question came during the hearing of a public interest litigation filed to ban pornography websites in the country.

**Apex Court’s Stand:**

- The Centre shall file affidavit to suggest ways and means to curb child pornography.

- The Indian Penal Code and the Information Technology (IT) Act prohibit the production or transmission of so-called “obscene material” even though there is no law explicitly prohibiting pornography.
- Publishing or transmitting obscene material electronically can carry a three years sentence, if an offender is convicted under the IT Act.
• Innocent children can't be made prey to this kind of painful situation and a nation cannot afford to carry on any experiment on children in the name of liberty or freedom of speech and expression.
• It said that one needs to draw a distinct line between art and obscenity and child pornography cannot be justified on the name of freedom of speech and expression.
• The apex court said that parameters regarding pornography has to be decided and it has already held in other cases that freedom of speech and expression as envisaged under article 19 (1)(a) of the Constitution is not "absolute" and is subject to reasonable restrictions.
• It asked the Centre to seek advice from the experts and suggestions from the National Commission for Women (NCW) on banning of websites dealing with adult and child pornography.

**Government's Stand**

• Additional Solicitor said that agencies like Interpol and the CBI are taking necessary steps to block sites which specifically deal in child pornography.
• The government has also maintained that it cannot (and will not regulate all pornography) but block only child pornography.
• It is possible to ban child pornography but it is not possible to ban pornographic websites as they are not under any country's jurisdiction.

**Why it is difficult to ban porn?**

• The method of blocking the URLs of such websites is usually ineffective as most such websites continue to operate by simply changing their URLs.
• Most servers are located outside India.

### 6.5. THE JUVENILE JUSTICE (CARE AND PROTECTION OF CHILDREN) ACT, 2015

**Why in news?**

The Juvenile Justice (Care and Protection of Children) Act, 2015 was passed by Parliament and came into force from January.

**Key Provisions**

• The Bill replaces the Juvenile Justice (Care and Protection of Children) Act, 2000.
• It addresses children in conflict with law and children in need of care and protection.
• Juvenile Justice Boards (JJB) and Child Welfare Committees (CWC) will be constituted in each district.
  ✔ The JJB will conduct a preliminary inquiry to determine whether a juvenile offender is to be sent for rehabilitation or be tried as an adult.
  ✔ The CWC will determine institutional care for children in need of care and protection.
• Special provisions have been made to tackle child offenders committing heinous offences in the age group of 16-18 years.
• The Juvenile Justice Board is given the option to transfer cases of heinous offences by such children to a Children’s Court (Court of Session) after conducting preliminary assessment.
• The existing Central Adoption Resource Authority (CARA) is given the status of a statutory body to enable it to perform its function more effectively. This would
further help in streamlining adoption procedures for orphan, abandoned and surrendered children

- Several new offences committed against children, which were so far not adequately covered under any other law, are included in the Act. These include:
  - sale and procurement of children for any purpose including illegal adoption, corporal punishment in child care institutions,
  - use of child by militant groups,
  - offences against disabled children and,
  - Kidnapping and abduction of children.

Critical Analysis

- The previous JJ Act and the present JJ Bill commits the state to provide education, skill development, counselling, behaviour modification therapy and psychiatric support for inmates. But juvenile homes in India are yet to acquire the expertise to undertake such activities.
- There are differing views on trying juveniles as adults. Some argue that the current law does not act as deterrence for juveniles committing heinous crimes. Another view is that a reformative approach will reduce likelihood of repeating offences.
- The Standing Committee examining the Bill observed that the Bill was based on misleading data.
- Further, activists also cite the evidence of adult prisons not offering a reformatory experience for inmates and the higher rates of criminal recidivism among ex-prisoners.
- It violates the UN Convention on the Rights of the Child which requires all signatory countries to treat every child under the age of 18 years as equal. However, many other signatories like UK, France, Germany do the same.

Way Forward

The enactment of the JJ Bill was the easier part. If the promise of reformatory, rather than retributive, punishment is to be met, central and state governments must address the gaping lacunae in the implementation of well-intentioned laws.

6.6. ADOPTION IN INDIA

Why in news?

- Women & Child Development Ministry has released the Draft Model Rules under the Juvenile Justice (Care and Protection of Children) Act, 2015.
- To facilitate quick and smooth adoption of children, the entire adoption process has been made online and transparent.
- A new online registration system is now in place called the Child Adoption Resource Information and Guidance System (CARINGS), which is managed by the nodal body dealing with adoption, the Central Adoption Resources Agency (CARA).

Positives

- The pool of children available for adoption has been increased from a single state to entire nation. This would enable the parents to look for other states in case of crisis in their home state.
- Enhanced transparency due to adoption of computerized system. This would also free the prospective parents from the clutches of unscrupulous adoption agencies.
The online system, which requires the agencies to record their reasons while rejecting applications would discourage the negative biases to creep into the system.

Issues

- It has been argued that allowing prospective parents to select one child out of six options based on photographs and other basic information, turns the child into a commodity in the marketplace.
- Though the minimum financial means required to be eligible for adoption set by the CARA is pretty low, the new system effectively excludes those without access to computers or cyber cafes from the adoption process.

6.7. CHILD LABOUR (PROHIBITION AND REGULATION) AMENDMENT ACT, 2016

Why in news?

The Lok Sabha passed the Child Labour (Prohibition and Regulation) Amendment Bill, 2016. Earlier it was passed by Rajya Sabha.

Salient features of the passed bill

- The Bill amends the Child Labour (Prohibition and Regulation) Act, 1986, which prohibits the employment of children younger than 14 in 83 hazardous occupations and processes.
- The amendment:
  ✓ Extends this ban on employment of children under 14 across all sectors,
  ✓ Prohibits the employment of adolescents aged 14-18 years in hazardous occupations and
  ✓ Introduces more stringent jail term and fines for offenders: a jail term of six months to two years and a fine upto Rs 50,000
- The bill brings down the list of hazardous occupations from the earlier 83 to just three: mining, inflammable substances, and hazardous processes under the Factories Act, and the centre will decide which processes are hazardous.
- The Bill has a provision of creating Rehabilitation Fund has also been made for the rehabilitation of children.

Pros

- The Bill is aligned with the statutes of the International Labour Organization (ILO) convention.
- Since there is complete ban on child labour (children under age 14), they can get compulsory primary education in light of Right of Children to Free and Compulsory Education Act, 2009.
- It takes into account the realities of family enterprises where children help their parents in miscellaneous ways.

Cons

- Children under 14 years will be allowed to work in family businesses, outside of school hours and during holidays, and in entertainment and sports. This can be blatantly misused by many and lead to “victimization of children” in their poverty.
- The definition of ‘family’ has not been defined. As UNICEF India has commented, this could lead to more children working in unregulated conditions.
- Even in family enterprises, there is no skilling done. It is mostly against child’s will and is almost slavery. So care has to be taken while implementing the law to not go against the spirit of the law.
- Dilution of penalties against parents and guardians who “force” children into child labour can go against the spirit of the law, i.e., to prevent child labour.

**Other Notable Points**
- The number of child laborers decreased by 65% - from 1.26 crore to 82.2 lakh (aged between 5 – 14 years) between Census 2001 to and Census 2011. This is due to programmes like RTE, MNREGA, Mid Day Meal scheme. So the scourge of child labour can only be eliminated with overall development and creation of opinion, along with rehabilitation. The Child Labour Bill and penalties are only a spoke in the wheel.
- 50% of child labour is in Bihar, UP, Rajasthan, MP and Maharashtra. Over 20% is in UP alone. So special focus is needed here.

**6.8. CENSUS REPORT ON CHILD MARRIAGE**

**Why in News?**
The Census 2011 reveals that child marriage is rampant in India, with almost one in every three married woman having been wed while she was still under the age of 18 years.

**Key Findings**
- 78.5 lakh girls (2.3% of all women or girls who were ever married or were married in 2011) were married while they were not yet 10 years of age.
- 91% of all married women were married by the age of 25 years.
- Alarming 30.2% of all married women (10.3 crore girls) were married before they had turned 18.
- As per Census 2001 data, 43.5% of all married women had been married while they were under the age of 18 years.
- **Religion Breakup**
  - 31.3%, of Hindu married women were married before the age of 18 years down from the 45.1% recorded by Census 2001.
✓ Whereas Muslim women married before the legal age stood at 30.6%, down from 43.1% in 2001.
✓ Among Christian married women, 12%, and 10.9% of married Sikh women, were married under the age of 18 years.

- **Literacy:** While 38.1% of illiterate married women were married below the age of 18, 23.3% of literate married women got married below the legal age.

**Implications of Child Marriage**

- Early marriage deprives children of access to education and therefore to better opportunities in the future.
- It limits the child’s freedom of decision and contributes to intergenerational cycle of poverty.
- Child marriage is often associated with multiple health risks - young brides have limited access to, and use of, contraception and reproductive health services and information.
- The majority are exposed to early and frequent sexual relations and to repeated pregnancies and childbirth before they are physically mature and psychologically ready.
- Domestic violence thrives in an environment where women feel powerless and lack access to vital resources and decision making powers.
- Child marriage violates the rights of boys and girls and undermines efforts to achieve sustainable development.

**Way forward**

- It is necessary to put in place progressive efforts to prevent child marriages in India, by adopting an integrated approach-where the process of changing social norms is supported by the availability of alternative opportunities for children, the creation of an enabling environment, and structural improvements including effective implementation of the legislation.
- An effective approach would target individuals at the family and community level; NGOs, groups operating at various levels and government officials at the institutional level.
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7. HEALTH AND DISEASES

7.1. HEALTH

7.1.1 HEALTHCARE SYSTEM IN INDIA

Why in news -

- According to a report published by Lancet on healthcare **India is the poorest performer in the BRICS nations**.
- National Sample Survey Office (NSSO) released a report titled ‘Health in India’ This report draws data from the 71st round of the NSS conducted from January to June 2014.
- Recently, WHO has published a study titled ‘The Health Workforce in India’, on India’s healthcare workforce on the basis of census 2001 data.

Challenges faced by the Indian Healthcare system

1. A weak primary health care sector
   - Expansion of public services has been inequitably distributed. There is one government hospital bed for every 614 people in Goa compared with one every 8,789 people in Bihar.
   - The care provided in these facilities is also not up to the mark. For example, in 2011, six out of every 10 hospitals in the less developed states did not provide intensive care and a quarter of them struggle with issues like sanitation and drainage.
   - Urban areas command 73% of the public hospital beds, even when 69% of India’s population resides in rural areas.
   - Emergency obstetric care services were not available in more than 70% of community health centres. India’s medical research infrastructure remains patchy.

2. Unequally distributed skilled human resources
   - Shortfall of specialists across country
• No national policy for human resources for health
• Dominance of medical lobbies such as the medical Council of India has hindered adequate task sharing and, consequently, development of nurses and other health cadres.

3. Large unregulated private sector
• Growth of unregulated private sector.
• In 2014, more than 70% of the Outpatient care and more than 60% of the inpatient care was in the private sector.
• Between 2002 and 2010, the private sector contributed to 70% of the increase in total hospital beds across the country.
• Private practitioners have become first point of contact in both rural and urban areas for many ailments including fevers and acute illness, care of neonates, and treatment of disease such as tuberculosis
• Unethical and irrational practices adopted by the private hospital management.

4. Low public spending on health
• Even though real state expenditure on health has increased by 7% annually in recent years, central government expenditure has reduced.
• Many state governments are unable to utilize the allocated funds for healthcare services which reflect structural weakness in the system.
• Public health expenditure as a proportion of GDP remains low, at just 1.28% of the country’s GDP in 2013–14.

5. Fragmented health information systems
• The systems for collecting data have many weaknesses. For instance, although India enacted a law on the mandatory registration of births and deaths in 1969, only 86% of births and 70.9% of deaths were registered in 2013.
• Data gathering is incomplete, and the non-inclusion of the private sector excludes the major provider of health care in India.
6. Poor Health Cover and high out of pocket expenditure

- Poor health coverage - Over 80 per cent of India’s population is not covered under any health insurance scheme. Also, RSBY could only cover 12% of urban and 13% of rural population.

- Reasons for poor health cover
  - Financial constraint - Biggest hurdle in both rural and urban areas.
  - Non-availability of health facilities - This is a big factor in rural areas due to lower density of private hospitals and poor conditions of govt. hospitals.
  - Rising cost of medicines and cuts in budgetary allocation to government hospitals has led higher expenditure on medicines.
  - The government’s allocation to healthcare as a percentage of GDP has fallen to 1.05% in 2015-16 from 1.47% in 1986-87.
  - Poor financial inclusion and financial literacy has led to low coverage of insurance.

- High out of pocket expenditure – Reasons
  - Medicines contributes hugely to out of pocket expenditure
  - Out of all health expenditure, 72% in rural and 68% in urban areas was for buying medicines for non-hospitalised treatment
  - Private Doctors are the most significant source of treatment - 72 per cent of the treatment provided in rural areas and 79 per cent in urban areas was availed in the private sector.
  - Also, Higher Expenditure incurred by people in private sector hospitals – On an average rural population spent Rs.5,636 for hospitalised treatment in a public sector hospital and Rs.21,726 at a private sector hospital.
  - India spends only a little more than 0.1% of GDP on publicly funded drugs. This is the reason behind the increase in out-of-pocket expenditure on drugs.

- There have been schemes such as the Jan Aushadhi campaign to provide 361 generic drugs at affordable prices and different

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**THE GRADUATES**

About 23.3% of all health workers had medical qualifications as recorded in the 2001 census

<table>
<thead>
<tr>
<th>Field</th>
<th>Allopathic doctors</th>
<th>Ayurvedic doctors</th>
<th>Homeopathy doctors</th>
<th>Unani doctors</th>
<th>Dentists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>42.7%</td>
<td>60.1%</td>
<td>41.8%</td>
<td>45.8%</td>
<td>42.3%</td>
</tr>
</tbody>
</table>
price regulation policies, but their implementation has been patchy and varied in different states.

7. **Lack of trained health work force** - There are stark contrasts in the distribution of health workers across states, between urban and rural areas and across the public and private sectors. This greatly affects both physical and financial access of large sections of the population to health and healthcare and is something that will have to be overcome to achieve Universal Health Coverage. For a population of 1.02 billion in 2001, there were just 20 lakh health workers in India.

8. **Weak governance and accountability**

   - Corruption in health care and the fragmentation of governance of health care.
   - Inadequate public investment in health, the missing trust and engagement between various healthcare sectors and poor coordination between state and central governments as the main constraints why universal healthcare is not assured in India.
   - At the heart of these constraints is the apparent unwillingness on the part of the state to prioritize health as a fundamental public good.

**Assuring health for India – Way Forward**

- There is a greater need of radical restructuring of the healthcare system in India to address challenges including weak primary healthcare and dismally low public spending on health.
- Only a radical restructuring will promote health equity, eliminate impoverishment because of out-of-pocket expenditure and assure health for all Indians by 2022.
- Urgent need to adopt universal health coverage based on massive strengthening of the public health system and radical approaches to health financing.
- India needs to adopt an integrated national health-care system built around a strong public primary care system with a clearly articulated supportive role for the private and indigenous sectors.

### 7.1.2. NATIONAL FAMILY HEALTH SURVEY

**Why in News?**

- The first set of the Fourth National Family Health Survey Report was released in early 2016. It covers data for only 13 states.

**What is the National Family Health Survey?**

- It is a large scale household sample survey conducted in a representative sample of households in India under the stewardship of Ministry of Health and Family Welfare.
It is the main source of detailed health statistics in India.

**Background**

The first round of NFHS Survey took place in 1992-93. Three surveys have been conducted so far, third being in 2005-06.

The International Institute for Population Sciences (IIPS) Mumbai, is the nodal agency for the survey.

**Highlights of the Fourth Survey**

**States Covered:** The 13 states covered are Andhra Pradesh, Goa, Bihar, Haryana, Karnataka, Madhya Pradesh, Meghalaya, Sikkim, Tamil Nadu, Telangana, Tripura, Uttarakhand and West Bengal plus Union Territories of Andaman and Nicobar Islands and Puducherry.

**Infant Mortality**
- Infant Mortality has reduced in all the states and Union Territories covered.
- All states have below 51 deaths per thousand births.
- But it varies from 10 in Andaman to 51 in Madhya Pradesh.

**Sex Ratio and Female Literacy**
- Nine out of eleven states showed a declining sex ratio. These states are Goa, Meghalaya, UK, Tripura, TN, Sikkim, MP, Karnataka, Haryana, Bihar, and WB.
- Only Uttarakhand saw its sex ratio rise. Meghalaya saw it stabilize.
- Women’s literacy has risen in all these eleven states. It has increased by 12.5% in all these states since the last survey.
- Goa tops the list in women’s literacy rate with 89% literacy rate.

**Fertility Rate**
- Women are having fewer children – FR varies from 1.2 in Sikkim to 3.4 in Bihar.
- All First Phase States/UTs except Bihar, Madhya Pradesh and Meghalaya have either achieved or maintained replacement level of fertility

**Institutional Deliveries**
- Children delivered in a medical institution under supervision increased by 32%.
- In Bihar, it rose to three-fold, Haryana and MP also showed substantial increase.

**Immunisation**
- Full immunization coverage among children age 12-23 months varies widely.
- 6 out of 10 children have received full immunization in 12 of the 15 States/UTs.
- Coverage of full immunization among children has increased substantially in the States of Bihar, MP, Goa, Sikkim, West Bengal and Meghalaya.

**Nutrition**
- Fewer children under five years of age are now found to be stunted, showing intake of improved nutrition.
- But in Bihar, MP and Meghalaya more than 40% of children are stunted.
- Anaemia has also declined, but still remains widespread. More than half of children are anaemic in ten of the 15 States/UTs.
- Each state with the exception of Puducherry showed a sharp rise in obesity levels in both men and women.

**Water and Sanitation**
- Indian families in the First Phase households are now more inclined to use improved water and sanitation facilities.
- Over two-thirds of households in every State/Union Territory have access to an improved source of drinking water.
More than 50% of households have access to improved sanitation facilities in all First Phase States/UTs except Bihar and MP.

**Stress:** Since the last survey the number of people suffering from hypertension is more in rural India than in Urban India.

**Child Marriages**
- Child marriages saw a reduction since the last survey in the eleven states.
- It has reduced by 13.17% for females and 6.7% for males.

**Awareness of HIV**
- Awareness about HIV/AIDS among women has been reducing substantially.
- The percentage of women with comprehensive knowledge of HIV/AIDS in MP declined from 20.3% to 18.1%.
- Similarly, in Bihar, it decreased from 11.7% to 10.1%.

**Women’s Empowerment**
- Marked increase in the percentage of women in the age group of 15-49 years having a savings account that they use themselves.
- Goa at 82.8% has the maximum number of women who manage their own finances. But Tamil Nadu has shown a 83% increase from previous survey.
- Bihar tops the list of women owning property with women owning up to 58% property while West Bengal has the least number of women owning property.

### 7.1.3. GLOBAL NUTRITION REPORT

**Rankings**

- **On stunting,** India ranks 114 out of 132 countries, with the incidence of stunting at 38.7%.
- **On wasting,** India ranks 120 out of 130 countries, at 15.1%.
- **On the prevalence of anaemia in women of reproductive age,** India ranks 170 out of 185 countries at 48.1%.

**Salient points**

- India almost doubled the rate of stunting reduction in the past 10 years compared with the previous decade. This is highly significant as India is home to more than one-third of the world’s stunted children.
- It is not just stunting and wasting, but conditions like diabetes and overweight among adults are also indicators of malnutrition.
- The past decade has seen a steady build-up of momentum around nutrition with the
  - setting up of the SUN (Scaling Up Nutrition) secretariat in the UN;
  - the World Health Assembly adoption (in 2012) of the 2025 global targets for maternal, infant and young children’s nutrition, and

#### MISSING NUTRITION TARGETS

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rate (m %)</th>
<th>Global Rank</th>
<th>Asia Rank</th>
<th>Position of nutrition indicators compared to World Health Assembly targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 stunting</td>
<td>38.7</td>
<td>114th out of 132</td>
<td>34th out of 39</td>
<td>Off track</td>
</tr>
<tr>
<td>Under 5 wasting</td>
<td>15.1</td>
<td>120th out of 130</td>
<td>35th out of 38</td>
<td>Off track</td>
</tr>
<tr>
<td>Under 5 overweight</td>
<td>1.9</td>
<td>11th out of 126</td>
<td>6th out of 37</td>
<td>On track</td>
</tr>
<tr>
<td>Anemia in Women</td>
<td>48.1</td>
<td>179th out of 185</td>
<td>45th out of 47</td>
<td>Off track</td>
</tr>
<tr>
<td>Exclusive breastfeeding</td>
<td>46.4</td>
<td>48th out of 141</td>
<td>12th out of 40</td>
<td>Insufficient data</td>
</tr>
<tr>
<td>Adult overweight/obesity</td>
<td>22.1</td>
<td>21st out of 190</td>
<td>10th out of 47</td>
<td>Off track</td>
</tr>
<tr>
<td>Adult diabetes</td>
<td>9.5</td>
<td>104th out of 190</td>
<td>18th out of 47</td>
<td>Off track</td>
</tr>
</tbody>
</table>

Source: Global Nutrition Report 2016
2015 Sustainable Development Goals which centre-stage the ending of all forms of malnutrition for all people by 2030, to name a few.

- Out of six Indian states that have an independent state nutrition mission only two states have clear, measurable time-bound targets for improvements in nutrition outcomes.
- One reason the nutrition missions are not backed up by targets is likely that they are typically housed in the state health department or department of Women and Child Development. Issues that fall in the domain of other departments do not get articulated in plans or missions.
- Hence there is need for multi-sectoral missions or agencies, with clearly defined and measurable targets and monitorable action points for all sectors.

Way Forward

- Right now there is a confluence of positive factors that must be harnessed for impactful and positive transformation. Several programmes already announced by the government like Swachh Bharat, ‘Beti Bachao, Beti Padao’, etc. are critical nutrition-sensitive factors that address hygiene, sanitation and education.
- The three structures that must be prioritised are:
  - the ICDS, which caters to the needs of pregnant and nursing mothers and children under the age of six;
  - the mid-day meal scheme, which directly feeds approximately 120 million schoolchildren every day; and
  - the public distribution system, which makes available subsistence rations to above and below poverty line families.
- Borrowing from best practice in countries that have made quick and significant progress in combating malnutrition, it is recommended that a Nutrition Mission be created to orchestrate and sequence the work both in nutrition-specific and nutrition-sensitive areas so that the impact from each of these is embedded in positive and productive outcomes.

7.1.4. WHO REPORT ON THE HEALTH WORKFORCE IN INDIA

Why in News?

WHO has published a study titled ‘The Health Workforce in India’, on India’s healthcare workforce on the basis of census 2001 data.

Findings of the report:

- For a population of 1.02 billion in 2001, there were just 20 lakh health workers in India.
- Of all doctors, 77.2% were allopathic and 22.8% were Ayurvedic, Homeopathic or Unani (AYUSH).
- 57% of the practitioners did not have any medical qualification.
- Nearly one-third of allopathic doctors were educated only up to Class 12.
- Among nurses and midwives, 67.1% received education only up to secondary school level.
- It was found that only 18.8% of healthcare workers had a medical qualification.
- Of all health workers, 59.2% were based in urban areas (home to just 27.8% of the population) and only 40.8% were based in rural areas (home to 72.2% of India’s population.)
What is Hysterectomy?
A hysterectomy is an operation to remove a woman's uterus for different reasons, which generally includes:
- Cancer of the uterus, cervix, or ovaries
- Endometriosis
- Abnormal vaginal bleeding
- Chronic pelvic pain
- Adenomyosis, or a thickening of the uterus

Hysterectomy for noncancerous reasons is usually considered only after all other treatment approaches have been tried without success.

Why in News?
- A Hyderabad-based NGO undertook a door-to-door survey and recorded 728 such cases of hysterectomy in the villages of Kowdipally mandal of Medak district.
- They have published the comprehensive data on the rampant practice of hysterectomy among young women.
- Also, for the first time, the National Family Health Survey-4 has included a question on hysterectomies. This data is yet to be published.

Findings of the report
- Many of the women were in their 20s and 30s and they had gone to private doctors for the procedure and had sold their jewellery to fund the procedure.
- Hysterectomies have been reported from rural pockets of about half a dozen States which includes Rajasthan, Bihar, Chhattisgarh, Karnataka, Maharashtra, especially in the last six years.
- Poor illiterate women are prescribed the procedure for white discharge, irregular menstrual cycles, and even abdominal pain.
- And due to fear of cancer (which doctors convince them of), they easily opt for this procedure.
- Loss of daily wages during menstruation makes the prospect for opting this procedure more appealing.

Government Action
- Rajasthan government has set up an inquiry committee and licences of involved doctors have been cancelled.
- In Karnataka, three inquiry committees have been formed and their reports are still awaited.
- In Chhattisgarh, two inquiry committees were formed. However, the second one let the doctors go scot-free.

Way Forward
- Publish the National Family Health Survey as soon as possible. This data will provide the clear picture of the trends across the country.
- There is a need for regulation like in the case of the PNDT (Pre-Conception and Pre-Natal Diagnostic Techniques Act) that doesn’t allow an ultrasound without proper documentation.
- The government should set up guidelines for private hospitals, and tighten norms of insurance schemes.
7.2. DISEASES

7.2.1. NCDS IN INDIA

Why in news?
Lifestyle diseases have emerged as the biggest cause of deaths in India.

Findings of the Report

- New data reveals that one in two deaths in the country, estimated in the period 2010-13, are due to non-communicable diseases (NCDs). NCDs accounted for 45.4% of deaths in 2004-06, the figure rising to 49.21% in 2010-13.
- Rural-Urban Difference - In rural areas, deaths due to NCDs were 46.9%, much lower than urban areas where their contribution is 57%.
- Cardiovascular diseases are the biggest killers within NCDs. They account for 23.3% of all deaths. This has increased from 19.9% in 2004-05.
- Premature births and low birth weight have emerged as the main reasons for deaths of children below the age of 29 days, the new data revealed.
- The top 10 causes of deaths in India have remained the same since 2004-06, with a slight change in order. Cardiovascular diseases are followed by ill-defined causes, respiratory diseases, malignant and other neoplasms (cancers), and perinatal conditions (complications related to pregnancy)
- Lower death due to communicable diseases - In 2004-06, 36.7% of deaths occurred due to communicable diseases and lack of nutrition. This went down to 27.74% in 2010-13.
- Burden of NCDs and their risk factors in India
  - Four types of NCDs—cardiovascular diseases, cancer, chronic respiratory diseases and diabetes make the largest contribution to morbidity and mortality due to NCDs.
  - Four behavioural risk factors are responsible for significant proportions of these diseases—tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol.
  - Major metabolic risk factors are obesity, raised blood pressure, raised blood glucose and raised blood total cholesterol levels.
  - The World Economic Forum estimated that India stands to lose $4.58 trillion before 2030 due to NCDs and mental health conditions.

Steps taken by government

- WHO has developed a comprehensive Global Monitoring Framework and Action Plan for prevention and Control of NCDs (2013-2020). The Framework includes a set of nine voluntary targets and 25 indicators which can be applied across regional and country settings.
India is the first country globally to adopt the NCD Global Monitoring Framework and Action Plan to its National Context. The Government of India is implementing various NCD programmes as under through the State Governments:

(i) National Programme for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS).
(ii) National Programme of Health Care of Elderly (NPHCE).
(iii) National Iodine Deficiency Disorders Control Programme (NIDDCP).
(iv) National Programme for Control of Blindness (NPCB).
(v) National Mental Health Programme (NMHP).
(vi) National Programme for Prevention and Control of Deafness (NPPCD).

From 2013-14 onwards, the interventions up to the district level for prevention, detection, diagnosis and treatment under NCDs programmes have been brought under the umbrella of National Health Mission (NHM). A flexi pool of funds for Non-Communicable Diseases (NCD) has been created.

Way forward

- The focus of addressing NCDs should be behavioural change at the family and community levels, promoting healthy dietary practices, physical activity, prevention of smoking, alcohol and pollution, starting early in life. This will require the engagement of sectors outside health.
- The recently adopted Sustainable Development Goals offers an excellent opportunity to bring focus on NCDs and multi-sectoral action. A tactical partnership between the public and private sectors can help the government ameliorate the debilitating conditions that communities are currently facing.

### 7.2.2. OBESITY

India is the third most obese country in the world according to an independent research body. Obesity has emerged as the new killer disease making the young vulnerable to long-term chronic diseases like cardiovascular issues, diabetes and blood pressure fluctuations.

**Concerns:**

- Obesity is plaguing children, who often become overweight due to factors like lack of physical activity, unhealthy eating habits, increasing reliance on convenience foods and hormonal issues.
- Globally, in 2013, the number of overweight children under the age of five, is estimated to be over 42 million.
- Childhood obesity puts them at the risk of developing non-communicable diseases like diabetes and cardiovascular diseases at a younger age.
- With 13 per cent Indians found to be suffering from obesity, the country faces a major risk of a heart disease epidemic.
- Obesity in young people is leading to premature heart attacks - People in their late 20s and early 30s are being diagnosed with heart diseases.

### 7.2.3. DIABETES

**Why in News?**

This year the theme of the World Health Day observed on April 7th was “Beat Diabetes”.

Why Diabetes?

- WHO report and Lancet study shows fourfold increase in diabetes cases from 1980 to 2014 and half of them live in India, China, Brazil, Indonesia and USA.
- In India cases increased from 11.9 million in 1980 to 64.5 million in 2014.
- By 2030, India is expected to be the diabetes capital of the world.

Background

- Diabetes is a non-communicable disease associated with high blood sugar levels either due to inadequate insulin production or body not responding to insulin or both.
- Types: Type 1: little or no insulin production; Type 2: body shows insulin resistance; Gestational: associated with females during pregnancy; and pre-Diabetes: blood sugar not high to be Type 2
- Causes: Rapid urbanization, sedentary lifestyle and unhealthy diet. Obesity is chief risk factor.
- Symptoms: common are increased urination, thirst and hunger.
- Effects: Can lead to complications like blindness, kidney failure or loss of limbs, risk of heart attack, pregnancy complications etc.

Challenges

- Major burden on economy and people’s pockets in India
- A chief cause of disability among adults in India.
- Screening delays, lack of information and lack of well-trained human resources.

Way Ahead

- Change in dietary pattern required with more fiber and protein and less of sugar and starch.
- Increase taxes on sugary drinks.
- Early detection and effective treatment must be routinely available in primary healthcare centers
- Urban planning should support safe and pleasurable physical activity.
- Public education on prevention and treatment of diabetes should be provided.

7.2.4. OCCUPATIONAL HEALTH HAZARDS

- In a recent case on Occupational Health hazard, Supreme Court directed the Gujarat government to pay a compensation of 3 lakh per person to the kin of 238 people who died of silicosis.
- It also directed the Madhya Pradesh government to compensate the 304 workers who are afflicted by the disease and unable to work.

Background

- In the particular case the workers who died were poor Adivasis from MP who had migrated to Gujarat to work in quartz and stone cutting industries.
- After going back to MP 238 workers died from silicosis and TB, and 304 continue to suffer.
- The fine silica dust in mining, construction, stone crushing, gem cutting and other such industries impairs lung function characteristic of silicosis, leaving people vulnerable to diseases like tuberculosis (TB).
- As a result, it is difficult to establish causality between early onset of silicosis and death due to TB.
- These workers are already poor, undernourished and work without any protective gear.
Significance of SC Directive

- Silicosis is listed as an occupational disease in India but rarely have workers been able to prove that illness or death was caused due to exposure to silica dust.
- It exposed the indifference of the authorities to act even when they had been ordered by the NHRC to do so earlier.
- It has set a good precedent for recognizing the severity and impact of occupational hazards on the health of the poor.

7.2.5. HIV-AIDS

- Recently on the occasion of World AIDS day (1st December) Union Minister of Health and Family Welfare announced major policy decisions in the fight against HIV-AIDS and reaffirmed India’s commitment in ending epidemic by 2030.
- The theme of World AIDS day 2015 is ‘on the fast track to end AIDS’.

<table>
<thead>
<tr>
<th>AIDS: A global perspective and Challenges</th>
<th>Adult HIV prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Millions of people are vulnerable to HIV infection.</td>
<td>The adult HIV prevalence at national level has continued its steady decline from 0.34% in 2007 and 0.28% in 2012 to 0.26% in 2015.</td>
</tr>
<tr>
<td>AIDS is a leading cause of the death among women of reproductive age and young adolescents.</td>
<td>In 2015, adult HIV prevalence is estimated at 0.30% among males and at 0.22% among females.</td>
</tr>
<tr>
<td>Stigma and discrimination still continue to impede the realization of people’s rights.</td>
<td>The total number of people living with HIV (PLHIV) in India is estimated at 21.17 lakhs in 2015 compared with 22.26 lakhs in 2007.</td>
</tr>
<tr>
<td>Sex workers, transgender people are highly affected by the epidemic.</td>
<td>Children (&lt; 15 years) account for 6.54%, while two fifth (40.5%) of total HIV infections are among females.</td>
</tr>
<tr>
<td>Lack of access to comprehensive sexual and reproductive health services and exclusion from decision making processes makes young people vulnerable to HIV.</td>
<td>The annual number of AIDS related deaths has declined by 54%.</td>
</tr>
</tbody>
</table>

**Figure 2. Distribution of PLHIV in Select States, 2015**

**Figure 4. State Wise Estimated New HIV Infections among Adults, 2015**
India - measures and achievements

Government of India has been decided that the National AIDS Control Programme will continue as a Central Sector Scheme.

- 2015 HIV Estimates results reaffirm the country’s success story in responding to HIV/AIDS epidemic. India has successfully achieved the 6th Millennium Development Goal (MDG 6) of halting and reversing the HIV epidemic.
- Counselling and testing - More than a crore women were provided with counselling and testing services and this programme is continuing to scale up to ensure zero transmission from mother to child.
- Integration of Prevention from Parent to Child Transmission (PPTCT) programme with the RCH programme.
- Implementation of the 90:90:90 strategy adopted by UNAIDS.
- India has one of the largest and most robust HIV sentinel surveillance systems in the world.
- E-training HIV/TB module has been developed by NACO and Central TB Division to train the staff of NACP and RNTCP working at district and sub-district level.
- HIV Sensitive social protection portal to help officials and counselors at the district level
- PALS (PPTCT ART Linkages Software) System - to maintain details of all HIV positive pregnant and breastfeeding women and their newborn babies.
- India has extended support to the African countries in their fight against HIV-AID which reflects India’s global commitment.

7.2.6. RECURRENCE OF POLIO

Why in news?
- A polio strain was detected from a sewage sample collected near the Secunderabad Railway Station in Telengana.
- A Case of Vaccine Derived Polio Virus (VDPV) was reported from New Delhi recently.

Vaccine Derived Polio Virus (VDPV)
- VDPV is extremely rare and found in children with immune-deficiency and among populations with low immunity levels.
- The polio virus causes paralysis — medically known as an acute flaccid paralysis (AFP) — which is characterised by sudden muscle weakness, and fever in one or more limbs.
- AFP can occur due to many reasons, one of which is vaccine-linked.
- The aspect that is a matter of concern is that India reports high number of non-polio—AFP or paralytic—cases in children who are less than 15 years of age, which the study conducted by the World Health Organisation (WHO), links to the VDPV.
Why increase in the AFP cases?

- Oral polio vaccine (OPV) contains an attenuated vaccine-virus. This weak form of the virus is used to activate an immune response in the body, which protects the child when challenged by WPV.
- But when the child is immunised with OPV, the virus replicates in the intestine and during this time, the virus is excreted.
- In areas of inadequate sanitation, the excreted vaccine-virus can quickly spread in the community and infect children with low immunity.
- This excreted vaccine undergoes genetic changes as it circulates in the community and causes VDPV.

Vaccination Drive

- Trivalent OPV used until now contained live but weakened type 1, 2 and 3 polio viruses.
- Subsequently, the country switched to bivalent oral polio vaccine or BOPV by dropping type 2 as this variant was responsible for vaccine-derived polio cases.
- Following this, the injectable IPV was introduced, containing killed viruses of all three types; viral-shedding is a non-issue with IPV.
- IPV is made from heat-killed virus that cannot cause the disease in any case, because the pathogen is not alive.
- WHO has been advocating IPV over OPV as part of its global endgame strategy on polio eradication.

Concerns

- India being polio-free country still reporting cases of vaccine derived polio.
- Between January 2014 and March 2015, India reported four cases from four different States, of vaccine-derived polio.
- There has been a surge of non-polio AFP since India eradicated polio. The number of cases reported in 2012 was 59,436, in 2013 it was 53,421, and in 2014 it was 53,383.
- Until November last year, the country has reported 36,968 cases of non-polio AFP.
- Low vaccination coverage- the Vaccine derived polio virus is circulating in under-immunised communities.
- Three years after India reported its last case of WPV, the country has, in one form or another, been reporting around 50,000 cases of flaccid paralysis that, clinically, is exactly like polio, indicating how hollow the polio-free status is.

7.2.7. REDUCED MATERNAL AND NEONATAL TETANUS

- Maternal and Neonatal Tetanus (MNT) is no longer a problem in the South-East Asia Region according to WHO.
- Deaths due to MNT have reduced to one in every one thousand births at the district level.
- In 1989 it was claiming the lives of 7,87,000 newborns in the world.
- Unhygienic conditions during delivery and inadequate umbilical cord care are the chief causes of the disease in mother and child. It is caused by the bacterium Clostridium Tetani.
- Symptoms include lockjaw, muscle spasms, fever, fast heart rate, sweating and high blood pressure.
- Immunisation and enhancing quality maternal and newborn care is critical in the elimination of the disease.
7.2.8. END OF EBOLA EPIDEMIC

Background

• Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever, is a severe, often fatal illness in humans.
• The virus is transmitted to people from wild animals and spreads in the human population through human-to-human transmission.
• The worst affected countries were Sierra Leone, Guinea and Liberia.
• Guinea, Sierra Leone and Liberia had very weak health systems and lacked human and infrastructural resources.

What is the current status of the disease in Africa?

• Liberia was declared free of the disease by WHO in May, 2015 and then again in January 2016 as new cases emerged two times after that.
• November 2015, Sierra Leone and Guinea were declared free of Ebola virus by WHO.

How does WHO declare a country to be free of the virus?

• Declared free after the last confirmed case has tested negative twice on the blood samples a country has to go through an incubation period of 42 days.
• But thereafter the countries are placed on a 90 days heightened surveillance.

What was the impact of Ebola in its latest outbreak?

• Ebola has killed more than 11300 people since 2014 and infected 29000 people.
• Stigma and risk aversion have affected contacts with the West African countries and hence greatly affected the economy.
• Poverty and food insecurity could increase as a result of the impact on economy.

Is there a cure for Ebola?

• There is as yet no proven treatment available for EVD.
• However, a range of potential treatments including blood products, immune therapies and drug therapies are currently being evaluated.
• No licensed vaccines are available yet, but 2 potential vaccines are undergoing human safety testing.

Why is the WHO criticised?

• It had a very sluggish response to the disease when it began in 2014 although intensified efforts later.
• This lead to a very high death toll in the beginning.

Lessons for India

• Outbreak in any country is a threat to all countries.
• It is possible to contain the virus early if the response is swift and based on evidence.
• Crucial to invest in a sustainable public health infrastructure or health systems.
• The panic and hysteria can lead to counterproductive measures.
7.2.9. INTEGRATION OF HOMOEOPATHY/YOGA WITH NPCDCS

- Ministry of AYUSH and Ministry of Health & Family Welfare launched the pilot project ‘Integration of Homoeopathy/Yoga with National Programme for Prevention and Control of Cancer, Diabetess, Cardiovascular Diseases & Stroke (NPCDCS) in Krishna District’ at Gudivada near Amaravathi, Andhra Pradesh.
- The program aims to aid in reduction of Non Communicable Diseases (NCDs) burden by providing primary prevention of common NCDs through an integrated approach of
  - health education (promotion of healthier life styles including yoga),
  - timely screening of population for early detection/diagnosis of NCDs and
  - Early management of NCDs through homoeopathic treatment alone or as add on to standard care.

7.2.10. INDIA-WHO AGREEMENT ON TRADITIONAL MEDICINE

- Ministry of AYUSH, Government of India and the World Health Organization have signed a Project Collaboration Agreement (PCA) on traditional medicine.
- It is for cooperation on promoting quality, safety and effectiveness of service provision in traditional and complementary medicine.
- It aims to support WHO in the development and implementation of the ‘WHO Traditional and Complementary Medicine Strategy: 2014-2023’
- The PCA for the period 2016-2020 will deliver for the first time WHO benchmark document for training in Yoga, and WHO benchmarks for practice in Ayurveda, Unani and Panchakarma.

How would it help?
- The long-term collaboration with WHO would help in improving International acceptability and branding of AYUSH system.
- It will contribute significantly to the strengthening of national capacities in traditional medicine.
- It will also help in establishing regulatory frameworks for traditional medicine products and practice and promote their integration in national healthcare systems.
- It will facilitate awareness generation regarding AYUSH systems of Medicine by means of education.
- It will help in skill development and capacity building through workshops and exchange programs between AYUSH and WHO.
- It will facilitate advocacy and dissemination of information on AYUSH systems amongst the Member States.
- It will lead to collaboration with third Parties for creating synergies in implementation of WHO Traditional Medicine Strategy 2014-2023 particularly in the context of AYUSH systems.
- It will pave the way for the inclusion of Ayurveda and Unani in the International Classification of diseases and the International Classification of Health interventions.
PHILOSOPHY/ दर्शनशास्त्र

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8. EDUCATION

8.1. DRAFT NEW EDUCATION POLICY

Why in news?
Recently, the draft of New Education Policy 2016 was made public on www.mygov.in website.

Salient Features

1) Pre-school Education: Pre-school education has not received the necessary attention in the past as Government schools do not provide pre-primary education, according to the draft National Education Policy. The following policy initiatives will be taken:
   a. Pre-school education for children in the age group of 4 to 5 years will be implemented.
   b. To strengthen the pre-school education in Anganwadis, steps will be taken in consultation with states to frame curricula and develop learning materials.
   c. State Governments will prepare cadres of pre-primary teachers.
   d. All primary schools will cover pre-primary education.

2) Learning outcomes in School Education
   a. Norms for learning outcomes will be developed and applied uniformly to both private and government schools.
   b. Within the parameters prescribed by the RTE Act, States will have the flexibility to design and plan for the infrastructure keeping in view the local conditions.
   c. The present provisions of no-detention policy will be amended, as it has seriously affected the academic performance of students. The no detention policy will be limited up to class V and the system of detention will be restored at the upper primary stage.

3) Skills in Education and Employability
   a. Skill development programmes in school and higher education system will be reoriented
   b. A detailed plan for the creation of skill schools for improving employment opportunities for secondary school students in special focus districts will be prepared.

4) Teacher Development and Management
   a. A transparent and merit based norms and guidelines for recruitment of teachers will be formulated in consultation with the state governments.
   b. At the National level, a Teacher Education University will be set up covering various aspects of teacher education and faculty development.
   c. A separate cadre for teacher educators will be established in every state.
   d. For higher education, a national campaign will be launched to attract young talent into the teaching profession. In order to attract young talent into teaching profession, a career growth of research students, such as M.Phil & Ph.D scholars, will be created.

5) Regulation In Higher Education
   a. An independent mechanism for administering the National Higher Education Fellowship Programme will be put in place.
   b. A Central Educational Statistics Agency (CESA) will be established as the central data collection, compilation and consolidation agency with high quality statistical expertise and management information system which will be used for predictive analysis, manpower planning and future course corrections.
c. An expert committee will be constituted to study the systems of accreditation in place internationally. It will draw from the experiences of some of the best practices followed by countries having well performing systems and will suggest restructuring of NAAC and NAB as well as redefining methodologies, parameters and criteria.

6) Open and Distance Learning & MOOCs
a. The National Institute of Open Schooling (NIOS), in collaboration with Ministry of Skill Development & Entrepreneurship, will redefine itself to address the large potential demand for vocational education. The issues of management, monitoring and oversight of NIOS will be addressed appropriately.
b. A quality assurance mechanism for accreditation of all universities/institutions offering ODL / MOOCs will be put in place to ensure quality, promote, innovation and reshape and modernise the ODL / MOOCs courses and programmes.

7) Research, Innovation and New Knowledge
a. A clear reorientation of research agenda of National University of Educational Planning and Administration (NUEPA) will be undertaken to reflect actual issues on the ground.
b. Steps will be taken to promote generation of new knowledge and their applications and introduction of these new domains into the curricula of higher education to consolidate and strengthen India’s position as a soft power.

8) Financing Education
a. The government will take steps for reaching the long pending goal of raising the investment in education sector to at least 6% of GDP as a priority.
b. Instead of setting up new institutions, which require huge investments, priority of the Government will be to expand the capacity of existing institutions.
c. In order to encourage excellence and efficiency, performance-linked funding of higher education institutions will be implemented.

9) Language and Culture in Education
a. All states and UTs, if they so desire, may provide education in schools, upto Class V, in mother tongue, local or regional language as the medium of instruction.
b. Indian culture, local and traditional knowledge will be given adequate space in the school education.
c. Educational institutions will instil among students civic sense, discipline, punctuality, cleanliness, good conduct, empathy towards elderly.
d. Keeping in view special importance of Sanskrit to the growth and development of Indian languages and its unique contribution to the cultural unity of the country, facilities for teaching Sanskrit at the school and university stages will be offered on a more liberal scale.

10) Inclusive Education and Student Support
a. Curriculum will cover the issues of social justice and harmony and legal measures in order to avoid social discrimination.
b. With the objective of encouraging merit and promoting equity, a National Fellowship Fund, primarily designed to support the tuition fees, learning materials and living expenses for about 10 lakh students will be created.
c. A zero tolerance approach on gender discrimination and violence will be adopted.
Apart from this, priority has also been given to Curriculum Renewal and Examination Reforms, Protection of Rights of the Child & Adolescent Education, Use of ICT in Education and Self-Development through Comprehensive Education.

Way Forward

It is no exaggeration to say that new policy measures are imperatively needed to revamp and upgrade the entire education sector. Band-aid solutions, ad hoc measures, or ushering in new miscellaneous schemes are not approaches that will transform the sector for the better.

At the same time, this draft policy needs wider consultation such as on issues related to addressing the fears of minorities and issues pertaining to commercialization of education. It needs to be recognized that investing national energies on quality and inclusivity is possibly the only route that can lift the country from an also-ran status to being on the international stage.

8.2. SUBRAMANIAN COMMITTEE REPORT ON EDUCATION

Why in news?

- Recently a committee headed by T.S.R. Subramanian has submitted its report for evolution of a National Education Policy
- Two previous education policies had come one in 1968 and another in 1986, under Indira Gandhi and Rajiv Gandhi govs respectively. The National Education Policy (NEP) of 1986 was revised in 1992.

Why India needs a new education policy?

- Globally average spending on education is 4.9% of GDP while in the case of India it is just 3.4%.
- Dearth in the availability of good quality teachers.
- Insufficient focus on research and creativity.
- Money laundering in the name of capitation fees.
- Poor employability of graduates.
- Political interference especially in the higher education.
- Insufficient focus on teaching values and morality.
- Despite having number of premier education institutes, only one features in the top 500 world universities.

Important observations from the Report

- The quality of instruction or learning in the school system has declined despite improvement of infrastructure facilities in them.
- The inadequate stress in early childhood has “severely contributed to poor learning outcomes at successive secondary and higher education periods”
- There are serious gaps in teacher motivation and training, sub-optimal personnel management in the education sector.
- The education sector is facing “crisis of credibility” due to outside interference, absence of accountability, unregulated commercialization and lack of standards.

Main recommendations of the Report

- Total public spending on education must increase from current 3% to 6% of GDP with immediate effect.
• Compulsory licensing or certification for teachers in government and private schools should be made mandatory, with provision for renewal every 10 years based on independent external testing.
• Pre-school education for the age group of 4-5 years should be declared as a right and should be followed by a programme of implementation.
• The ambit of Mid Day Meal scheme should be expanded to cover students of secondary schools.
• Teacher Entrance Tests (TET) should be made compulsory for recruitment of all teachers. Also for admission to B.Ed courses minimum marks at graduate level should be 50%.
• The no detention policy must be continued for children until class V when the child will be 11 years old. At the upper primary stage, system of detention shall be restored subject to the provision of remedial coaching and at least two extra chances being offered to prove capability to move to a higher class.
• The 25% economically weaker section quota in private schools should be extended to minority institutions, as number of schools claiming religious or linguistic minority status has increased tremendously.

Other recommendations
• UGC Act must be allowed to lapse once a separate law is created for the management of higher education. UGC’s role and responsibilities be reduced to disbursement of scholarships and fellowships.
• Top 200 foreign universities should be allowed to open campuses in India.
• An Indian Education Service (IES) should be established as an all India service under HRD ministry with officers being on permanent settlement to the state governments.
• Since level of malnutrition and anaemia continue to be high among adolescents therefore mid-day meal (MDM) program should now be extended to cover students of secondary schools.
• A National Level Test open to every student who has completed class XII from any School Board should be designed.

Criticism
• The panel of experts entrusted with the task of formulating draft new education policy had just one academician among its members, while four others were ex-bureaucrats.
• Experts believe that decades old institution of UGC be reformed rather than completely scrapping it and replacing with a new body.
• Proposal for consolidation or merging of small, non-viable schools will lead to cancellation of the RTE Act provision of schools being located within a walking distance of one kilometre for children upto Class 5th.

Way forward
• The committee has reiterated long standing demands and rightly mentions, in order to not convert India’s demographic ‘dividend’ into ‘disaster’ in few years, it is imperative that dire steps are needed
• The recommendations of the panel needs to be discussed in various forums and after due deliberation needs to be turned into much needed New Education Policy.
8.3. HIGHER EDUCATION SYSTEM IN INDIA

Why in News?

The recent suicide by three female students of a private medical college in Tamil Nadu leaving behind a note blaming their college for excessive fees, no proper classes or teachers and there being "nothing to learn" highlights the serious maladies afflicting private education in India.

Present Scenario of Higher Education Sector in India

- The Indian higher education system in particular is already the third largest in the world.
- Private institutions account for almost two-thirds of the higher education in India (according to a 2011 report by Ernst and Young and Federation of Indian Chambers of Commerce and Industry).
- Demand is likely to grow due to the combined effect of rapidly rising incomes and demographic pressure.
- At both school and college levels, the state of private higher education is critical as state-run establishments will struggle to address this demand alone.

Issues with Private Education System in India

- **Low operational autonomy** - Private universities and deemed universities currently have no power to affiliate colleges, fix salaries of their faculty or even include courses in their colleges.
- **Rigid control** of state universities on private institutions. The control of these universities, in turn, lies in the hands of the University Grants Commission (UGC), the professional councils and the government.
- **Restrictions** also exist on entry of foreign universities, foreign faculty and foreign collaboration.
- **Conditional FDI**: Though 100% foreign direct investment (FDI) is allowed in the education sector, the provision comes with riders. Not-for-profit principle and permitting only Section 25 companies with no foreign investment to invest in technical institutes are just a few of them.
- **Lack of quality** – There has been proliferation of engineering and medical colleges in urban centres which do not match the required standards

Steps that should be taken to encourage Private Educational Institution

- **More Operational Autonomy** - Simplifying regulation by moving away from input-based norms that stifle operational autonomy
- **Supporting Legislative Framework** - Creating enabling legislation at the state level to encourage setting up of private institutions
- **Financial support to students** - Moving to student-side funding to provide a level playing field between public and private institutions
- **Regulatory Framework for Quality** – Regulatory framework to encourage setting up of for-profit institutions that ensures quality and transparency.

Way Forward

- The regulation of private schools and colleges should be minimal but transparent, with vigilance to ensure that the regulatory process is not corrupt.
• The public school system will need to be vastly expanded, with more local control of teacher choice and accountability, in tandem with the option of school vouchers being explored where feasible.
• Above all, a wide vocational training system with minimal entry qualifications and close links to the private sector must be created.

Some issues plaguing the performance of Higher education system

- **Lack of research** - The amount of funding that is currently available for research in Indian universities is meagre by global standards.
- **Lack of good quality faculty** - there is need to attract and retain faculty with good research skills.
- **Low Administrative Capability of Educational Institutions** - A world-class university requires world-class faculty supported by a world-class administration. Unfortunately, there are no comprehensive training programmes for academic administrators in India who deal with different nuances of our higher education system.
- **Lack of Interdisciplinary focus** - Considering the fact that most of our societal problems cannot be solved by experts from a single academic discipline, there is a need for better coordination and synergy between experts from different academic disciplines.

8.4. ALLOWING FOREIGN UNIVERSITIES IN INDIA

**Why in news?**

- NITI Aayog recently submitted a report to the PMO and MHRD in favour of foreign universities setting up campuses in India.

**Highlights of the Report**

- It has suggested three routes for the entry of foreign education providers in India:
  - A new law to regulate the operation of such universities in the country
  - An amendment to the UGC Act of 1956 and deemed university regulations to let them in as deemed universities
  - Tweaking UGC and AICTE regulations to permit joint ventures between Indian and foreign institutions.
- India stands to gain immensely by foreign institutions in India in terms of human and financial resources, teaching methodology and research and innovation.
- It will help meet the demand for higher education in India, increase competition and subsequently improve standards of higher education in India.
- To the argument that it will increase the cost of education in India rendering it out of reach for large parts of the population, the report says that financial assistance should be made available to deserving students on the basis of merit cum means.

**Arguments against entry**

- The examples from other countries are not encouraging. While foreign transplants elsewhere in the world have provided some additional access, they have not dramatically increased student numbers..
- Many of the branch campuses are fairly small and specialised in fields that are inexpensive to offer with a ready clientele such as business studies, technology, and hospitality management.
- Few branch campuses bring much in the way of academic innovation. Typically, they use tried and true management, curriculum, and teaching methods.
• The branches frequently have little autonomy from their home university and are, thus, tightly controlled from abroad. While some of the ideas brought to India may be useful, not much can be expected.
• Global experience shows that the large majority of higher education institutions entering a foreign market are not prestigious universities but rather low-end institutions seeking market access and income.
• Top universities may well establish collaborative arrangement with Indian peer institutions or study/research centres in India, but are unlikely to build full-fledged branch campuses on their own.

The previous government, too, had attempted to reform the sector by introducing the Foreign Educational Institutions (Entry and Operations) Bill, in Parliament in May 2010, but it lapsed in 2014.

**Foreign Universities in SEZ**

• The Commerce Ministry had earlier suggested that if there was hesitation in bringing about changes in the education system for the country at large, a beginning could be made in the SEZs.
• However, the Human Resources & Development (HRD) Ministry turned down this proposal.
• The move would have been welcomed by the foreign universities as they would have gained from repatriation of profits by educational institutions which is otherwise barred under Indian law.
• Further, the move would have also allowed them to skirt onerous restrictions placed on such institutions under Indian rules.
• The HRD, however, counter-argued that legislations such as labour regulations and criminal laws were the same in the zones as in rest of the country, and for education, too, it must be same.

### 8.5. ISSUES RELATED TO RTE ACT

#### 8.5.1. SECTION 12 (1) (C)

**Why in News?**

• The report ‘State of the Nation: RTE Section 12 (1) (c)’ highlights the status of implementation of the Section 12 (1)(c) of RTE Act.
• The report is a collaborative effort of the RTE resource centre at IIM Ahmedabad, Central Square Foundation, Accountability Initiative (Centre for policy research) and Vidhi Centre for legal Policy.

**What is Section 12 (1)(c) of RTE Act?**

• RTE Section 12(1)(c) mandates private unaided schools (except minority and residential schools) to keep 25 percent of the seats (at entry level) reserved for children belonging to economically weaker sections.
• This was aimed to increase educational opportunities and to create inclusive schooling system.

**Findings of the Report**

• Even after six years of implementation of the right to education (RTE) Act, children from economically weaker section are still struggling to find their seats in schools.
• **Low State Fill Rate** - According to data from District Information System for Education (DISE), the state fill rate – share of available seats filled by the mandate – is a low 15.12 percent in 2014-15

• **Inter-State Variation** - The report shows that states amongst themselves have large variation in their seat fill rate, from zero percent in Andhra Pradesh to 44.61 percent in Delhi.

• **No Implementation in majority of the states** - Out of 34 states and UTs, 18 show zero schools implementing the provision. These include states like Andhra Pradesh, Haryana, Kerala, West Bengal and Punjab.

**Reasons of Poor Implementation**

• **Slow reimbursement of fees** from state governments to the private schools, which takes up to two years.

• **Lack of awareness** about the rule among the citizens especially in the rural area.

• **Unwillingness on the part of private schools** and even the states to incur additional expenses.

• Most states have either unclear rules or guidelines or are not implementing this provision.

• Provision of child support and child tracking is almost non-existent after admission in school.

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**8.5.2. HARMONISING RTE WITH MINORITY SCHOOLS**

• The Kerala High Court has ruled that Section 16 of the Right of Children to Free and Compulsory Education Act, 2009 (RTE Act), that mandates schools to not detain any child before she completes elementary education, is applicable to minority educational institutions as well.

• The Court located this obligation not in the Act but under Article 21 of the Indian Constitution, which guarantees right to life and liberty.

• It ruled that no-detention policy (NDP) is in the “best interest” of the child and could independently be considered a fundamental right.

**Harmonising RTE with Minority rights**

• The generic scope of right to education seems to conflict with the specific contexts of the rights of minorities to establish and administer educational institutions under Article 30.

• The right under Article 30, however, is not absolute. Freedom to ‘administer’ a school cannot include ‘mal-administering’ it.

• Regulations for maintaining academic standards, ensuring proper infrastructure, health and sanitation, etc. could be imposed on minority schools as well.

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**8.5.3. REVIEW OF NO DETENTION POLICY UNDER RTE**

**Why in news?**

• In reply to HRD ministry, at least 18 state governments want this section to be repealed.

• Recently, T S R Subramanian panel appointed to suggest Education policy also recommended that the government should bring back the pass-fail system from Class VI.

• Rajasthan and Delhi have also passed Bills to reverse the no-detention policy. These are waiting for the governor’s assent.
What is No Detention Policy?

- As per Section 16 of RTE Act, the students up to class VIII are automatically promoted to the next class without being held back even if they do not get a passing grade.
- This has been implemented as part of the Continuous and Comprehensive Evaluation (CCE) under the RTE Act to ensure all-round development of students.

Background

- Detention system led to increased dropouts among students, especially from economically and socially weaker sections, who cannot afford costly private education.
- So to overcome this, no detention policy was brought in so that an environment free from fear, anxiety and stress can be provided to children in order to learn and grown on their own pace and at the same time dropouts can be reduced as well.
- Many government school teachers and principals opined that it has become a challenge to ensure minimum learning levels among the children.
- Because of this clause students have developed a lackadaisical attitude towards study and at the same time parents also didn’t bother as their children cannot be held back in the class.
- The 2014 Annual Status of Education Report (ASER) has found that every second Class V student in rural India can’t read the text of a class three levels below.

Way Forward

- The RTE Act made a range of other promises such as upgrading infrastructure, upgrading quality of teaching and regular assessment through CCE. It has to go hand in hand.
- The poor learning outcomes of schools are caused by many factors such as poor student teacher ratio, lack of training of teachers, monitoring, availability of basic infrastructure, school and home environment etc.
- Government can’t implement only the no-detention in letter and spirit and not adhere to other parameters.
- Bringing back the old pass-fail system without making proper course correction in other areas will undermine the egalitarian promise of the RTE.
- At the same time, to give sufficient time to all the stakeholders to understand the policy, the no-detention policy should be implemented in a phased manner so that all stakeholders understand what it entails instead of interpreting it as zero assessment.

8.6. OTHER ISSUES

8.6.1. INEQUALITY IN EDUCATION

Why in News?

NSSO released its recent survey report on inequality in education conducted in 2014.

Key findings of the report

- Rich/Poor: The Net Attendance Ratio (NAR) is 89% for primary school going children of the richest fifth in both urban and rural areas.
• The NAR drops sharply when it comes to secondary school and even worse at higher secondary level.
• Only 6% of young people from the bottom fifth of the population attend educational levels above higher secondary in urban India, but that proportion is five times higher, at 31%, for young people from the richest fifth of the population.
• While basic literacy is increasingly available to all, the gulf between the rich and the poor increases as you go up the education ladder.
• While well off kids have better opportunities for higher education essential for getting good jobs the poorer sections are doomed to be in informal sector
• Gender: At the All India level there isn’t much difference in the enrollment of girls and boys at the primary level but several states have wide differences in NAR at the secondary level.
• Caste: Difference in primary level not much but difference between scheduled castes and scheduled tribes and other categories widen at higher levels of education.
• Religion: Enrollment of Muslims is lower at all levels compared to other religions for both males and females
• Quality of Education: Average expenditure per student in the primary section in urban India for the top fifth of the population is more than eight times that for the kid from the poorest fifth of the population. It’s wider for higher levels of education.
• Private tuitions: percentage of rich and poor in urban and rural areas is close.
• This shows that the poor too want to give good education to their children but also shows the lack of trust in the government school system.

8.6.2. COMMERCIALIZATION OF EDUCATION

In News
SC has said that state has authority to regulate admissions and fixing of fees of private unaided education institution.

SC Judgement
• Right to establish and administer of private unaided professional institutions is not absolute.
• States power to regulate admission and fixing of fees is a reasonable restrictions for larger public interest.
• Court judged that education institution can never become a business.

Petitioners Argument
• They had a right under Article 19 (1) (g) “to practice any profession, or to carry on any occupation, trade or business”.
• SC in their earlier judgment has recognized right to administer educational institution as an ‘occupation’ under the Constitution.

Implication of Judgement
• Regulatory powers of the State will check profiteering and commercialisation of education.
• This will ensure wider access to education specially among the students from poor section.
8.6.3. VIDYANJALI SCHEME

- The Ministry of HRD recently launched the Vidyanjali scheme aimed at boosting the education system by delivering volunteer teachers to government schools.
- Volunteers who fulfill the criteria can apply through the government portal www.mygov.in
- It will not replace the regular and professionally qualified teachers in the government schools
- The volunteer’s responsibility is towards overall development of the child, not academics.
- The volunteer service will be used in developing skills like public speaking, creative writing, counseling, music and dance.
- The project is being started in 2200 schools across 21 states in its first phase, it will be gradually expanded to the all the government run schools of the country.

Eligibility and Selection

- No qualification is required to volunteer for this scheme.
- Foreign nationals can also apply if they have an OCI Card in their charge.
- Block Development Officer has been given the responsibility for scrutinizing the applications of the volunteers.

Significance

- The programme would help in the development of the overall personality of the child in areas where education has yet to make inroads.
- Since it provides no monetary returns to the volunteers, it ensures that people who volunteer are really enthusiastic about the job.
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Includes:
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- Vision IAS All India Mock Test on Ethics (GS Paper IV)
9. MISCELLANEOUS ISSUES

9.1. SURROGACY

Why in News?

- The Union cabinet recently has approved the introduction of a Surrogacy (Regulation) Bill, 2016 that seeks to ban commercial surrogacy and allow only infertile couples to bear a child using a surrogate mother.
- There is a huge rise in incidents concerning exploitation of surrogate mothers, abandonment of children born out of surrogacy and rackets of intermediaries importing human embryos and gametes.

Issues involved

- **Surrogates’ exploitation in terms of health, financial & post natal care** - there have been instances where surrogates have died as a result of complications during pregnancy and the unavailability of good post-natal care.
- **Improper Contracts** - contracts between surrogate mothers, who are often poor, and the intended parents are sometimes structured in a manner that the former assumes all medical, financial and psychological risks, absolving the liability of the latter.
- **Commercialization of Surrogacy** - According to a study by the Confederation of Indian Industry (CII), the size of India’s surrogate motherhood industry was $2.3 billion a year.
- **Abandonment of surrogate babies** - There are cases of babies born with disabilities or an unplanned twin being abandoned by the intended parents.
- There are some countries that do not recognize commercial surrogacy and hence the surrogate baby is caught in the legal battles, hence no citizenship/legal rights to the surrogate baby.
- **Judiciary’s views/concerns**-
  - **Supreme Court** has maintained that commercial surrogacy should not be allowed and imposed a foreign nationals to go for commercial surrogacy (Nov. 2015).
  - **Bombay High Court** directed the Central Railway (CR) to grant three months’ maternity leave to its employee who became a mother by using a surrogate. The court ruled that a mother enjoys the same benefits of maternity leave as any other working woman under the Child Adoption Leave and Rules.
- **Ethical concerns/views** –
  - Some consider it as a **moral duty to alleviate the “curse” of infertility** from the women who purchase their services.
  - While others consider that surrogate arrangements depersonalize reproduction and create a separation of genetic, gestational, and social parenthood.
  - **change in motives for creating children** i.e. children are not conceived for their own sakes, but for another’s benefit.

Provisions of Proposed Bill
• Single men and women, heterosexual couples who choose not to opt for marriage, gay couples, transgender persons, single parent cannot have baby through surrogacy. Non-resident Indians or People of Indian Origin card-holders will not be allowed to take recourse to a surrogate mother in India.
• Legally wedded Indian couples can have a surrogate child only after five years of legal marriage and will require a medical certificate as proof of infertility (Age of couple: 23-50 for females and 26-55 for males.). Also, they could seek "altruistic" surrogacy, but only through "close relatives".
• The bill makes it mandatory for surrogate mothers to be married and be a close relative of the couple wanting a child. She should also have given birth to a healthy child before bearing a baby for another couple.
• A woman can only bear one surrogate child.
• Violating the law can earn 10 years in jail term or fine of 10 Lakh rupees.
• A national surrogacy board chaired by the health minister will be created to oversee implementation.
• The rights of surrogate mother and children born out of surrogacy will be protected.

**Pros**

- Prevent exploitation of women, especially poor women who were forced to get into this business for the survival of their family.
- It protects women from repeated surrogate pregnancies for monetary gains.
- Carrying a child poses a risk to any mother’s health and even life because most deliveries happen by caesarean section.
- The vast majority of surrogates are poor or illiterate women who may have only a weak grasp of their contractual rights.

**Cons**

- A total ban on commercial surrogacy will push the industry underground and render surrogate mothers even more vulnerable.
- Proposed surrogacy bill remains silent on the fate of the frozen embryos.
- It does not address the modern social reality where singles, homosexuals or live-in couples might wish to have a biological child through the surrogacy route.
- It does not take into account the livelihood matters of poor women who are involved in surrogacy business.
- There could be the possibility of coercion of daughters-in-law in families.

**Way ahead**

Surrogacy is both a need (for the infertile couples) as well as has become the source of income for many (poor women). So before putting a blanket ban one should strive for more empathetic ways and means to deal with the issue along with strict regulations should be put in place to end the commercialization of surrogacy.

**9.2. PUNJAB DRUG PROBLEM**
Why in News?
Drug addiction becoming a serious problem in the region of Punjab.

In Punjab
- It is estimated that 4 out of 10 men are addicted to some drug and up to 50% of those are young farmers.
- While 15% of those are addicted to poppy husk (known as bhukki), 20% are addicted to synthetic drugs manufactured by Pharmacy companies.
- The Punjab Opioid Dependence Survey, found that 230,000 people in the state were drug users; 836 drug users per 100,000 people in the state.
- Children as young as 12 years of age are seen to be involved in the drug trade. Drugs are openly sold and easily available.

Causes
- The reasons for widespread drug addiction in Punjab are many: worsening agrarian distress coupled with growing unemployment and lack of alternative jobs for the majority of youth.
- Pharmaceuticals such as pain relieving opioids and sedatives are easily available from chemists without prescriptions.
- The culture for heavy drinking and partying as well as habit of landowners supplying raw opium to farm labourers to make them to work harder, that has contributed to the problem.
- There is a steady supply of drugs from across the border is another reason. Heroin smuggled is in from Afghanistan and Punjab is a part of the transit route for drugs.
- Ineffective administrative and political setup has compounded the problems and in some cases it has been reported that there is a support for drug cartels from local administration.

Way Forward
- Governmental approach should emphasize a holistic approach integrating demand reduction, harm reduction and supply reduction.
- Providing clean needles, sterilization equipment etc. to drug users has proved to be effective in Manipur and other countries in reducing secondary damage like spread of AIDS and Hepatitis C.
- Effective affordable rehabilitation centres should be open up across the states.
• Focus on high-prevalence drug groups such as sex workers, transportation workers and street children, and simultaneous economic development and redressal of unemployment situation.
• A zero-tolerance policy towards drug cartels, syndicates and peddlers.
• Preventing diversion of legal cultivation of opium and opiate pharma drugs, checking illicit cultivation of opium and closing porous borders.

9.3. CHANGING DYNAMICS IN MARRIAGE IN INDIA

Why in news?
• Census data reveals two paradoxical realities i.e. on one end median age of marriage is increasing and on the other child marriage is also on rise.
• New Census data released by the government shows that the median age at the time of marriage has increased across categories of people and genders.
• The data, released by the Registrar-General and Census Commissioner, show that the median age for men increased to 23.5 at the time of the 2011 Census, from 22.6 as per the 2001 figures. These numbers were 19.2 years and 18.2 years for women in the respective years.
• As per experts, this trend will continue due to the socio-economic changes taking place in the country.

Reasons for the upswing
• Increasingly mobile and migratory nature of work in the country.
  ✓ This migrant population has different priorities which have an effect on the ages the people get married at.
  ✓ However, migration is only part of the explanation since the increase in the age at the time of marriage was seen among marginal workers and non-workers as well.
  ✓ The median age for marginal workers increased from 21.8 to 22.5 for men and from 17.6 to 18.7 for women.
  ✓ For non-workers, the age at the time of marriage increased from 22.8 to 23.5 for men and from 18.5 to 19.4 for women.
• The other reason for the change could be higher levels of school enrolment. School enrolment is about 90 per cent everywhere, across most castes.

9.4. PROHIBITION OF SOCIAL BOYCOTT

Why in News?
• Recently, the Maharashtra cabinet approved a legislation (Prohibition of Social Boycott Act, 2015) to tackle social ostracism in the name of caste, creed, community and rituals.
• Maharashtra will be the first state in the country to enact a law against social boycott of individuals or families by caste panchayats.

Reasons
• There have been several cases reported from villages in the state of powerful community panchayats declaring social boycott against individuals for marrying outside their caste.
• Social boycott is a weapon used in rural and some urban communities to reinforce hierarchies and power structures.
There have been instances where village communities have enforced dress codes barring women from wearing jeans, or have banned people from places of worship.

**Significance**

- This initiative to evolve a stringent law will go a long way to address the social menace still prevalent in many parts of the state.
- It aims to crack down on extra-judicial bodies like caste and community panchayats that promote social discrimination and is meant to send out a message that democracy is not about majoritarianism.
- It seeks not only to criminalize a panchayat or any person who imposes or in any way enforces a social boycott, but tries to take measures to give relief to those being made victims of such social boycotts by providing them with compensation.
- It also places an obligation on the district administration to take proactive steps to prevent panchayats and other such bodies from issuing calls for social boycotts. It creates a post of a “social boycott prohibition officer” to help district administration in discharge of their duties.
- This legislation will play an instrumental role in restoring the values of the system where caste/community barriers cannot be detrimental to human dignity.

**9.5. RACIAL INTOLERANCE**

**Why in news?**

- In last couple of years there have been several instances of racial violence especially against African people and also north-eastern people of India.
- For example, the attack on a Tanzanian girl and her friends by an angry mob in Bengaluru, the killing of Congolese student in Delhi in a street fight, death of Nido Tania, a student from Arunachal Pradesh last year etc.
- A spate of different attacks on Africans living in India with one leading to the death of a Congolese youth have greatly embittered relationship between African nations and India.
- The attacks followed the Heads of Missions of African countries in India stating that they would boycott the “Africa Day” celebrations.

**Issues with Racial intolerance**

- In 2014 there was an exodus of people of the north-east from the city after incidents of attacks and intimidation. This could thus affect India’s efforts of connecting with the people of north-east.
- Racial attacks negatively impacts India as a destination of business and education. This would hurt the thriving education and IT business in Bangalore.

**Previous incidents**

**September 12, 2015:** Congolese national beaten and tied to a pole for allegedly playing music loudly in his car at Khampanahalli.

**August 29, 2015:** African attacked by a group after he allegedly questioned a shopkeeper for not selling cigarettes to non-locals.

**March 9, 2015:** 8 Africans attacked at Kothamur in separate instances. Police claimed ‘road rage’ triggered the attacks.

**September 21, 2014:** Ivory Coast national assaulted by at Ambeikar Colony.

**July 9, 2013:** Chad national, an IT professional and a church pastor, assaulted by 10 persons at Hennur.

**May 2011:** African complains that he was not allowed to enter a lounge bar.
The recent incidents have the potential of adversely affecting the relations with Africa. An example was the recent boycott of ‘Africa Day’ celebrations by many envoys of African nations.

This affects the internal harmony in Indian society which has people from different races in India.

**Special concerns of African Students**

- Indian society displays skin colour based discrimination and the perception that Africans are lawless and immoral individuals adds to the problem.
- Africans live in closed communities and survive using tactics of invisibility.
- They seek to minimize interactions with Indians by choosing indoor social interactions.
- Several attacks stretching across time and space has created a situation of fear among them.

**Way forward**

- There should be sensitizing programs that focus on Indian obsession with white skin and a particular race.
- The recommendations of Bexbaruah Committee must be implemented.
- A weak and insensitive political response and police action has contributed to the growth of such incidents. Police thus should be sensitized, prepared and given proper guidelines to prevent further such attacks.
- The Indian state must provide clear guidelines for African migrants to register complaints. Also strategies must be in place to secure lives of undocumented migrants who may not be able to access formal channels.
- Creating channels of communication which allows for fraternity and greater inter-cultural interactions. Confidence building measures should be taken to assure African students about their security and well-being in India.
- The embassies could provide more informal channels of support by focusing on discussions and visibility-enhancing local interventions with the help of NGOs.
- Educational institutions need to debate means to ensure inclusion of African students on campus and ensure the availability of safe and affordable accommodation within or close to campus.

9.6. NATION AND NATIONALISM

**Why in News?**

- The recent JNU controversy has brought the debate on Nationalism to the forefront.
- The row revolves around “anti-India” sloganeering by some JNU students in an event organised to commemorate the hanging of Afzal Guru, a convicted terrorist, within the campus.

**What is Nation and Nationalism?**

- The concept of “Nation-state” and “Nationalism” are a relatively modern phenomena that can be traced back to the Treaty of Westphalia of the 17th century Europe.
- History shows Nation-state is not a natural entity but is an artificial construction to recognize sovereignty of nation-states.
- While nation is a mental construct reflected in a sense of belonging, state is a political construct with four elements; territory, population, government and sovereignty.
There can one nation and two states like Korea, or one state and two nations like Sri Lanka, one state and one nation like Japan or one state and many nations like India.

**Significance of Nationalism**
- Nationalism in good measures has been the motivating factor of most anti-colonial struggles across the world, like India.
- It acts as the binding agent for different diverse cultures and groups strengthening the nation.

**Challenges of Nationalism**
- Nationalism tends to easily take an extreme form and has been the reason behind the most devastating wars in the modern world, and tragedies like the Jewish Holocaust, genocide in Chechnya or Rwanda
- It creates artificial lines of differences within the human race due to an inherent “othering” that is part of the definition of a nation state.

**Way Forward**
- While important to understand the pragmatic need for nation-states and a healthy amount of nationalism, humanism should be the end goal.
- Secessionist demands must be addressed by trying to understand the roots of the core grievances and dealing humanely.

**9.7. PROTECTING GOOD SAMARITANS**

**Why in news?**
- Supreme Court recently passed an order making the Good Samaritans guidelines mandatory for all states and union territories.

**What is it?**
- The initiative was taken on a PIL filed by the NGO, SaveLIFE in 2012.
- The Centre had issued the guidelines to protect Good Samaritan i.e. a person who’s a bystander or passer-by and chooses to help an accident victim or person in distress on the road.
- The SC made these guidelines binding until the government issues legislation.
- The government also issued a Standard Operating Procedure for the examination of eyewitnesses by police or in court.
- Guidelines say there should be no criminal or civil liability against those who help the accident victims.
- They should be treated respectfully and without discrimination on the grounds of gender, religion, nationality, caste or any other.
- No compulsion to disclose identity of good Samaritans and no harassment by police or in court.
- Also allows for the person to be examined at his/her place of convenience.
- The significance of this initiative lies in the fact that the lives of more accident victims may be saved as people will not be afraid to get involved.

**9.8. SOCIAL INNOVATION**

It refers to “new Solutions to social challenges that have the intent and effect of equality, justice and empowerment”.
Examples of Social Innovation in India: Self-help groups, Co-operatives, Micro credit societies, Distance learning, community courts - new ideas that work to meet pressing unmet needs and improve peoples’ lives.

Importance

- Provides a unique opportunity to step back from a narrow way of thinking about social enterprises, business engagement, and philanthropy and to recognize instead the interconnectedness of various factors and stakeholders.
- Helps in changing social power structure
- Important for sustainable economic growth by helping in developing alternative models of economic growth that enhance rather than damage human relationships and well-being.
- Opens up new markets that require social solutions.
- Integrates marginalized populations into the formal economy and involves citizens in public decision-making.
- Finally, it not only contributes to the mobilization of people in the innovation process but also provides the impetus for economic growth and social equality.

Way forward

- Need to focus on proper coordination and integration of these activities in national and regional socio-economic planning.
- Education and research in science, technology, and innovation must go beyond focusing on elite science and begin to support science that is focused more directly on meeting diverse social needs.
- Rejuvenating the social base through a heavy investment in capacity building and creating a platform conducive to interaction and collaboration are prerequisites for social innovators to prosper.
- Need to strengthen Public-private partnerships since they play an important role in supporting social innovations.

9.9. DRAFT TRAFFICKING OF PERSONS BILL

Women & Child Development Ministry has released the draft “Trafficking of Persons (Prevention, Protection and Rehabilitation) Bill, 2016” in for further stakeholders consultations and comments.

Context

- According to the the UN Office for Drugs and Crime, South Asia, with India at its centre, is the fastest-growing and second-largest region for human trafficking in the world, after East Asia.
- According to the National Crime Records Bureau, there were 5,466 human trafficking cases registered in 2014, an increase of 90 per cent over the past five years, though activists say this is a gross underestimate.

Important Provisions

Its main purposes are to unify existing anti-trafficking laws, increase the definition to cover labour-trafficking and not just sex-trafficking, as earlier legislations like the Immoral Trafficking (Prevention) Act Of 1956 did.

- The Bill aims to create a strong legal, economic and social environment against trafficking of persons and related matters.
Bill is victim oriented and makes clear the distinction between the ‘trafficker’ and the ‘trafficked’.

The draft Bill aims to include other offences/provisions which are not dealt in any other law for the purpose of trafficking, such as

- Penal provisions for the disclosure of identity of the victim of trafficking and witness.
- Use of narcotic drug or psychotropic substance or alcohol for the purpose of trafficking.
- Use of chemical substance or hormones for the purpose of exploitation.
- The draft Bill has also taken in to its ambit the ‘placement agencies’ by making mandatory for them to also register for the purposes of this Act.

The proposed draft Bill aims to place dedicated institutional mechanism at District, State and Central level.

It also envisages a designated Agency for the investigation of offences.

It provides for Protection Homes and Special Homes for short term and long term rehabilitation support.

Bill provides for establishing Special Courts in each district and experienced Special Prosecutors.

Recovery of back wages and other monetary losses of the victim of trafficking are also proposed.

For the effective implementation of the proposed Act and for the welfare and rehabilitation of the victims an Anti-Trafficking Fund will be created.

Concerns raised

- The draft bill does not talk about modes of rehabilitation and who will be responsible.
- The draft bill does not refer to the cross-border repatriation of victims from Bangladesh, Nepal and other countries.
- It is not clear how the government intends to set up the Organised Crimes Investigation Agency, as ordered by the Supreme Court, to investigate trafficking.
- The draft bill talks about a special investigative agency, but its structure, composition, powers and function are unclear.

9.10. NATIONAL CRIME RECORDS BUREAU DATA, 2015

9.10.1. CRIME AGAINST WOMEN

The year 2015 has witnessed a reduction in crime against women as compared to 2014.

- Cases of rape have fallen by 5.7%. Offender know to victim in 95% cases.
- There has been a marginal increase of 2.5%, however, in other sexual offences against women. The category includes offences such as sexual harassment, assault or use of criminal force to women with intent to disrobe, voyeurism, and stalking.
- Kidnapping and abduction of women also increased in 2015. Forcing a woman into marriage continues to be the chief reason to kidnap her.
- Delhi has the highest rate of crimes against women overall.

9.10.2. HUMAN TRAFFICKING VICTIMS

- More than 50% cases of human trafficking involved minors and close 90% of them were girls trafficked to be forced into prostitution in 2015.
• Assam and West Bengal have recorded the highest number of trafficking cases both among adults and children. The two states also have a high rate (incidents per 1 lakh population) of trafficking. The high numbers of cases were linked to the fact that these states bordered Bangladesh.
• According to the NCRB data, Assam, West Bengal, Bihar and Haryana alone accounted for 85% of child trafficking cases in the country.

9.10.3. CRIMES AGAINST CHILDREN

• Crimes against children rose 5.3% over 2014.
• Kidnapping and abduction of children, the offence constituted 44.5% of total cases of crimes against children. It was closely followed by sexual offences.
• Sexual offences along with kidnapping and abduction constituted 81% of all cases of crimes against children in 2015.
• Classification on the basis of relation between accused and the victim shows that close to 95% victims knew the accused. This is in line with all rapes in general in India.

9.10.4. ATROCITIES AGAINST DALITS

• National Crime Records Bureau shows the previous year saw a staggering 45,003 cases of crimes were reported against individuals belonging to the Scheduled Castes.
• As per estimates of the Dalit population population made by the NCRB, this works out to a crime rate of 22.3 per 100,000.
• Reported cases of crimes against Scheduled Tribes in 2015 were fewer than a fourth of the SC numbers- 10,914 cases countrywide, working out to a rate of 10.5 per 100,000 ST population.

9.10.5. INCIDENTS OF RIOTING

Incidents of rioting remained almost the same in 2015 as compared to 2014, but as communal riots decreased, big increases were seen in other categories — agrarian, sectarian and student riots and caste conflicts.

• Recorded incidents of agrarian riots jumped 327 per cent from 628 in 2014 to 2,683 in 2015.
• Sectarian riots — defined as violence between sects of the same religion not considering caste conflict — showed a significant jump in incidents and convictions from a low base in 2014. Much of these incidents occurred in Uttar Pradesh.
• The decrease in communal riots recorded by NCRB — from 1,227 in 2014 to 789 in 2015
• The incidents of student riots increased by 85 per cent, from 261 to 485.
• Kerala is the hotbed of political riots in the country with more than half (1,031) of the overall 1960 incidents.
10. PREVIOUS YEAR QUESTIONS

2015

1. Describe any four cultural elements of diversity in India and rate their relative significance in building a national identity.
2. Critically examine whether growing population is the cause of poverty OR poverty is the main cause of population increase in India.
3. How do you explain the statistics that show that the sex ratio in Tribes in India is more favourable to women than the sex ratio among Scheduled Castes?
4. Discuss the changes in the trends of labour migration within and outside India in the last four decades.
5. Discuss the positive and negative effects of globalization on women in India.
6. Debate the issue of whether and how contemporary movements for assertion of Dalit identity work towards annihilation of caste.
7. The quality of higher education in India requires major improvements to make it internationally competitive. Do you think that the entry of foreign educational institutions would help improve the quality of higher and technical education in the country? Discuss.
8. Public health system has limitations in providing universal health coverage. Do you think that the private sector could help in bridging the gap? What other viable alternatives would you suggest?
9. Though there have been several different estimates of poverty in India, all indicate reduction in poverty levels over time. Do you agree? Critically examine with reference to urban and rural poverty indicators.

2014

1. How does patriarchy impact the position of a middle class working woman in India?
2. Why do some of the most prosperous regions of India have an adverse sex ratio for women? Give your arguments.
3. The life cycle of a joint family depends on economic factors rather than social values. Discuss.
4. Discuss the various economic and socio-cultural forces that are driving increasing feminization of agriculture in India.
5. How do the Indian debates on secularism differ from the debates in the West?
6. Do government’s schemes for up-lifting vulnerable and backward communities by protecting required social resources for them, lead to their exclusion in establishing businesses in urban economics?
7. An athlete participates in Olympics for personal triumph and nation’s glory; victors are showered with cash incentives by various agencies, on their return. Discuss the merit of state sponsored talent hunt and its cultivation as against the rationale of a reward mechanism as encouragement.
8. Should the premier institutes like IITs/IIMs be allowed to retain premier status, allowed more academic independence in designing courses and also decide mode/criteria of selection of students. Discuss in light of the growing challenges.
9. Two parallel run schemes of the Government viz. the Adhaar Card and NPR, one as voluntary and the other as compulsory, have led to debates at national levels and also litigations. On merits, discuss whether or not both schemes need run concurrently. Analyse the potential of the schemes to achieve developmental benefits and equitable growth.
1. Discussion the various social problems which originated out of the speedy process of urbanization in India.

2. Male membership needs to be encouraged in order to make women’s organization free from gender bias. Comment.

3. Critically examine the effects of globalization on the aged population in India.

4. Growing feeling of regionalism is an important factor in the generation of demand for a separate state. Discuss.

5. The concept of Mid-Day Meal (MDM) scheme is almost a century old in India with early beginnings in Madras Presidency in pre-independent India. The scheme has again been given impetus in most states in the last two decades. Critically examine its twin objectives, latest mandates and success.

6. The Central Government frequently complains on the poor performance of the State Governments in eradicating suffering of the vulnerable sections of the society. Restructuring of Centrally sponsored schemes across the sectors for ameliorating the cause of vulnerable sections of population aims at providing flexibility to the States in better implementation. Critically evaluate.

7. Electronic cash transfer system for the welfare schemes is an ambitious project to minimize corruption, eliminate wastage and facilitate reforms. Comment.

8. The basis of providing urban amenities in rural areas (PURA) is rooted in establishing connectivity. Comment.

9. Identify the Millennium Development Goals (MDGs) that are related to health. Discuss the success of the actions taken by the Government for achieving the same.