

Women and depeasantization

The recent article by Singh and Bhogal¹ raises an important issue of depeasantization in Punjab, especially in the context of small farmer families, who have left farming to look for alternative livelihoods for survival. This process of depeasantization has been due to falling farm profitability with agriculture no more considered as a livelihood strategy by these farmers and thus is not a development-oriented shift. This study included farmers who left farming in 1990s and the field survey was conducted during 2012–13. With an overall trend of farmers opting out of farming as an occupation, the article uses empirical evidence through a case study of Punjab, one of the green revolution states that contributed to the growth of agriculture in the country. The state is now experiencing agricultural crisis manifested in the form of stagnation in productivity, destruction of natural resources, especially soil and water, rising cost of production, deceleration in income and employment opportunities, indebtedness, etc. Greater impact on small and marginal farmers has been well illustrated through this study¹. The article, however, does not mention anything on the status of women and children in these farm families. Women have been facing difficulties during the process of depeasantization in the state and it is important to highlight and address the problems and challenges faced by them. In fact, there are several cases of farmer suicides in the state and the widows along with their families have to bear the brunt and face several challenges to survive under harsh circumstances, as reflected through several case studies in the state². Though women are an important part of the farming community, discourses on depeasantization have largely failed to adequately address gender-specific experiences.

A large number of small and marginal farmers leave farming to look for new and more lucrative occupation, but most do not end up with good employment

opportunities and take up low-paid jobs or join the labour market as they often lack the skill to get better-paid jobs. These farmers also do not attain the level of satisfaction from the new occupation as they get from agriculture, often related to the better social status of a farmer in the economy. This state of affairs also affects women in the farm families, as they are the ones who take care of the elderly and children in the families. It is important to address the concerns of women in similar studies as:

- Women respond to these issues by devising coping mechanisms which are often negative in nature with repercussion on the education and health of their children, child labour, trafficking of girls, aggravation of domestic problems and poor socio-economic condition with poor job opportunities, mostly in the form of domestic work.

- Women as part of these farm families who left farming remain invisible and discriminated in the workforce. When they get a chance to be part of the workforce they are paid less than men, their economic contribution is often subsumed in family labour units, and they do not relish any social security benefits like maternity entitlements or special care such as breastfeeding breaks at worksites.

- Health risks pose a serious concern for women: maternal-health and child-health indicators remain poor, and malnutrition and anaemia in children and adolescent girls remain widespread.

- Women often leave younger children under the care of older siblings, usually adolescent girls when they go out to work in order to earn additional income. These girls also have to bear household responsibilities and remain away from education and other opportunities available to them.

- Women and adolescent girls also become more vulnerable to sexual harassment and abuse and many get pushed

into sex work, either by coercion or to supplement their earnings. In addition, they also face the risk of HIV/AIDS and other health hazards.

It is important to understand and document the challenges faced and strategies being adopted by women for their survival in these depeasantized families. These women may be facilitated by strengthening awareness on legislations to protect their rights and entitlements and also create opportunities for skill up-gradation, placements and education along with availability of ICDS anganwadis, mobile crèches and day-care centres for children. Creating civic amenities for basic sanitation and hygiene would go a long way in facilitating the declining workforce participation of women in the country, as evident through census data for various years. Linking up women with government schemes of different ministries/departments for easy accessibility to credit and promotion of income-generating activities through women Self Help Groups through government programmes such as NRLM or promotion of women enterprises can be useful. A gender perspective on depeasantization is imperative, since women have vulnerabilities, options and obstacles different from men.

1. Singh, S. and Bhogal, S., *Curr. Sci.*, 2014, **106**(10), 1364–1368.
2. Pandhi, R., *Those Who Did Not Die – Impact of the Agrarian Crisis on Women in Punjab*, Sage Publications, 2012, p. 228; ISBN-9788132109501.

SUNITA SANGAR

*National Resource Centre for Women,
National Mission for Empowerment of
Women,
Ministry of Women & Child Development,
Government of India
New Delhi 110 001, India
e-mail: sunitasangar@yahoo.com*

Better approaches for ailing Indian healthcare system

Apropos of the letter by Ganguli¹, and the several approaches provided by the author citing Kalam², I think health is more of a government's responsibility

for all its people. Surprisingly, none of the past governments in the country has ever given priority to the health of the people. With a health allocation of less

than 1% of the total GDP of the country, the common man is struggling to pay the ever-increasing hospital bills. How biotechnology, nanotechnology and other

upcoming technologies can help us in this matter is anybody's guess.

The basic needs of people like good hospitals, affordable healthcare infrastructure and hygiene should be looked first, which presently are in shambles in the country. Despite good intentions, health systems are unable to deliver high-quality, affordable services to all. Thirty thousand children die each day due to substandard healthcare. Recent reports indicate that India has a corrupt healthcare system³.

Some of the approaches for better health may be revamping the existing set up of government hospitals, with management professionals taking up the management and administration of hospitals rather than the doctors, who should be allowed to concentrate on their work. Regulation of finances must become more stringent. A regulatory body should be set up at the national level to manage the finances of the government hospitals with both the Central and states sharing the problems and their solutions.

In the place of government-controlled councils, private administration controlling professional bodies on the lines of western countries have to be brought in now with transparent working. There are several doctors, physicians, academicians, entrepreneurs and health managers of repute who can contribute to developing a working model of government hospitals that can run without hassles. These are already working well in some of the smaller southern states of our country. Micro-insurance, micro-financing, crowd-credit financing and many more viable economic modules of governance of the health sector are the need of the hour. Trusts of multinational companies and big corporate houses have already started working in this direction. There is no dearth of finances, but certainly we do need to manage them properly. Under the present circumstances, this is not difficult with state-of-the-art economic models available⁴.

Reacting to a recent report by Silva⁵, several top Indian experts in healthcare

have given invaluable suggestions, e.g. public-private partnerships need more encouragement, with an increasing role for government as the financier of healthcare rather than the provider, protecting the generic drug industry, reducing the healthcare taxes, training of more community health workers and free access of healthcare to all.

1. Ganguli, S., *Curr. Sci.*, 2014, **106**, 914.
2. Abdul Kalam, A. P. J. (with Rajan, Y. S.), *India 2020 – A Vision for the New Millennium*, Penguin Books, 1998.
3. Berger, D., *Br. Med. J.*, 2014, **348**, 3169.
4. Widge, A. and Cleland, J., *Health Policy Plan*, 2009, **24**, 108–115.
5. Silva, J. D., *Br. Med. J.*, 2014, **348**, 1–7.

SHAIMA ALI MIRAJ

*Department of Management,
Delhi Institute of Management and
Research,
South Extension II,
New Delhi 110 049, India
e-mail: shaima.s.ali@gmail.com*

The dilemma of quality publication and its benefits in India

This is with reference to the letter by Gunasekaran¹, regarding the issues of publication ethics in the subcontinent. He has rightly highlighted the prevailing menace and misuse of the fake impact factor-index concept, predatory journals, and the journal membership editorial board criteria. Evaluation of one's research quality in Indian universities and colleges for academic promotions has always been a complicated issue, often swayed by academic politics, nepotism and favouritism. Leaving aside some quality institutions, most universities and colleges have succumbed to this practice since ages. One of the reasons for this serious academic anomaly has been the almost non-existing culture of competitive research attitude in Indian academicians. It would be improper to cite examples, but we all know how appointments of lecturers, readers and professors have been made and are still being made in our temples of learning. Under such a situation, a researcher appointed using fake achievements will

never be fair to his predecessors. The vicious cycle will go on and on.

In most of our well-funded government research and development laboratories, research publications, getting Ph Ds and other promotion-based requirements are just fulfilled using unfair means. The quality of research output from such laboratories is poor.

In such a scenario, how can we expect miracles in scientific research? We have to make revolutionary and sweeping changes in our research set-up, including colleges and universities. Let suggestions made in this journal on the topic¹⁻⁴ be strictly followed in all academic appointments, promotions and other research benefits of Indian institutions.

I would also like to suggest that our august bodies like UGC/MHRD and other such boards must consider giving more credit to the quality of a research paper, rather than accepting at par papers published anywhere. At present, such fake research papers published in predatory journals make one a college or a

university professor, frustrating those who strive hard for quality. Such a measure will naturally perish the predatory journals soon.

An important aspect of assessing the quality of a paper would be to use the double-blind method by tenured expert faculty.

1. Gunasekaran, S., *Curr. Sci.*, 2014, **106**, 1173–1174.
2. Zare, R. N., *Curr. Sci.*, 2014, **106**, 1171–1172.
3. Balaram, P., *Curr. Sci.*, 2013, **104**, 1267–1268.
4. Beall, J., Greedy Indian publisher charges authors and readers, requires copyright transfer, 18 March 2014; <http://scholarvoya.com>

SHARIQUE A. ALI

*Postgraduate Department of
Biotechnology,
Saifia College of Science,
Bhopal 462 001, India
e-mail: drshariqali@yahoo.com*