

ISSN 2454-3314

THE INVESTIGATOR

An International Peer-Reviewed Journal of Multidisciplinary Explorations
(Vol. 10, No. 1) March 2024



Association for Cultural & Scientific Research

ISSN 2454-3314

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Association for Cultural & Scientific Research

Thrissur, Kerala, India-680689

www.acsrinternational.com

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The Investigator
(An International Peer-Reviewed Journal of Multidisciplinary
Explorations) Vol. 10, No. 1, March 2024
Published by: Association for Cultural & Scientific Research
(ACSR) Thrissur, Kerala-680689, India
Printed at: Educare, Periodicity: Quarterly

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Editor's Note

The Investigator is an International Peer-Reviewed Multidisciplinary Journal published quarterly (March, June, September and December), launched under the auspices of the academic community *Association for Cultural & Scientific Research* (ACSR). Keeping the panoramic scopes of research as a vibrant path, *The Investigator* intends to reflect on the skilled minds attitudinally conjuring from humanities to other disciplines. The journal explores the currents of criticism and unleashes divergent thinking. It welcomes original, scholarly unpublished papers from the researchers, faculty members, students and the diverse aspirants writing in English. It is a peer reviewed journal that brings the scholarship of academicians and practitioners around the world. *The Investigator* hopes and wishes to provide a self-assuring means to you for your further accomplishments.

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Indirect cost of Type 2 Diabetes among Casual Workers in Malappuram district, Kerala: A Cross-sectional study with Human Capital approach

The study is an investigation into the indirect cost of Type 2 diabetes among casual workers. It gives the exact picture of the economic burden of the disease that patients and their families have to bear. The present study is cross-sectional descriptive-analytical research. It follows the Human Capital Approach to measure the indirect cost associated with Type 2 diabetes. The sample size of the study is 360, collected using a Multi-Stage Stratified Random Sampling Method. The present study used descriptive statistics, Multi Log Linear Regression Models, Man Whitney U Test, and Kruskal Wallis H Test to analyse the data. Out of the 360 sample respondents, 262 patients (72.8 %) have reported that they have to face problems in their current work. 44.44% (160 patients) of the Type 2 diabetic patients have incurred an annual indirect cost of less than ten thousand rupees. It was found that the distribution of indirect cost was significantly different across the occupational categories of Type 2 diabetic patients. The Multi Log-Linear Regression result shows that occupational category, severity of the disease, and length of stay in hospitals are the significant factors affecting the indirect cost of Type 2 diabetes. Measuring the indirect cost of Type 2 diabetes is significant for developing effective healthcare policies, allocating resources, improving public health strategies, enhancing healthcare system efficiency, and raising awareness. The study is essential to understand the broader economic impact of the disease on individuals, society, and healthcare systems. Its findings have social and economic relevance in the contemporary health scenario of the state of Kerala. In Kerala, no serious efforts have been made to study the incidence of Type 2 diabetes with all its ramifications and its economic implications, especially among casual workers. The study excluded other types of diabetes. It excluded Type 2 diabetic patients who were doing other work. While calculating the indirect cost of diabetes, the cost of informal caregivers was excluded from the study.

Key Words: *Casual workers, Economic Burden, Human Capital Approach, Indirect Cost, Type 2 Diabetes*

Introduction

The global prevalence of diabetes has been increasing steadily over the past few decades, posing a significant public health challenge. According to the International Diabetes Federation [IDF] (2021)¹, 537 million people were living with diabetes. This is projected to rise to 643 million by 2030 and 783 million by 2045. Diabetes is a leading cause of death worldwide. In 2021, it was estimated that 6.7 million adults died due to diabetes related causes. The economic impact of diabetes is profound, affecting not only individuals and families but also healthcare systems and economies globally. The rising prevalence of diabetes can lead to higher national healthcare expenditures and loss of productivity, which can impede economic growth.

Diabetes is a chronic medical condition that occurs when the body cannot properly regulate blood sugar (glucose) levels. The main types of diabetes are Type 1 diabetes, Type 2 diabetes and Gestational diabetes. Type 1 diabetes is an autoimmune condition where the body's immune system attacks the insulin producing cells in the pancreas. A condition where the body becomes resistant to insulin or doesn't produce insulin is the Type 2 diabetes. Type 2 diabetes is the most common type of diabetes which accounts for about 90 % of all diabetes cases globally [IDF] (2021)². Increasing urbanization, aging populations and lifestyle changes are major contributors to the rise in Type 2 diabetes. Gestational diabetes is a type of diabetes that develops during pregnancy and usually goes away after the baby is born, though it increases the risk of developing Type 2 diabetes later in life.

Type 2 diabetes is a growing global health concern with significant economic implications. The costs associated with Type 2 diabetes are multifaceted, including direct medical costs, indirect costs due to productivity losses, and intangible costs related to reduced quality of life. Measuring the costs of Type 2 diabetes underscores the importance of comprehensive approaches to diabetes prevention, Management and treatment to mitigate its economic impact on individuals and society.

Originality of the Study

Kerala, a state in the southern part of India, has been reported to have one of the highest prevalence of diabetes in the country. The prevalence of diabetes in Kerala is significantly higher than the national average. According to the Indian Council of Medical Research [ICMR] (2020)³, the prevalence of diabetes in Kerala was found to be approximately 20%, compared

to the national average of around 11.8%. Based on a study conducted in fourteen districts of Kerala, Achutha Menon Centre for Health Science Studies [AMCHSS] (2017)⁴ has found that 67.7% of the population in Kerala in the age group 45-69 is either diabetic or prediabetic. In Kerala, many studies have been undertaken in the prevalence of diabetes and its variations. However, no serious efforts have been made to study the incidence of diabetes with all its ramifications and its economic implications, especially among the casual workers. Measuring the indirect cost of Type 2 diabetes is significant for developing effective healthcare policies, allocating resources, improving public health strategies, enhancing healthcare system efficiency and raising awareness.

Theoretical Foundations of the Study

The theoretical foundations of the present study include various health economic theories and labour economic theories. Health economics provides a framework for understanding the broader economic impacts of disease beyond medical cost. The health economic theories take account of human capital theory of Grossman (1972)⁵. Grossman's theory posits that individuals invest in their health to improve their productivity and earning potential. To him health is considered as a form of human capital that enhances an individual's ability to contribute economically. Theories related to labour economics examines how health impacts workforce participation and productivity. In contemporary research, numerous studies have examined various aspects of the health-productivity relationship, contributing to the development and refinement of Health Productivity Nexus Theory. Researchers like John H Pencavel and economists specializing in labour and health economics have significantly advanced the understanding of how health impacts workforce productivity. This theory explores the relationship between health status and productivity, suggesting that healthier individuals are more productive and less likely to miss work.

Literature Review

Type 2 diabetes is a significant public health issue that imposes a substantial economic burden not only through direct medical costs but also through indirect costs. Indirect costs encompass productivity losses, disability, premature mortality and caregiving expenses, all of which have far reaching implications for individual and society.

Butt et.al (2022)⁶ evaluated the costs associated with Type 2 diabetes in Pakistan. The authors found that the lost productivity of the patients significantly contributed to the indirect cost. The study emphasized the importance of the implementation of a nationwide diabetes

management plan to address this huge healthcare issue.

A study by American Diabetes Association (2018)⁷ found that presenteeism, where individuals are at work but performing sub-optimally due to their health condition, is a major contributor to productivity loss. The research indicated that presenteeism costs can exceed those of absenteeism. According to Tamayo et al. (2017)⁸ diabetes mellitus and its complications have a negative impact on work productivity. The indirect cost is larger than direct costs (61% vs. 39%) in Mali. The authors also found that indirect cost correlated positively with diabetes mellitus, age and sex.

Thiyagarajan and John (2017)⁹ studied the impact of Type 2 diabetes mellitus on individual's productivity in work place as well as their everyday chores. The study found that among the working age individuals with diabetes work disability was found to be higher and the degree of consequences of the disease on the ability to work varies with the duration of diabetes. Further, diabetes results in work limitations due to disability and morbidity.

Feng and Astell-burt (2017)¹⁰ used a longitudinal study design to analyse the impacts of a Type 2 diabetes mellitus diagnosis on mental health, quality of life and a range of types of social contacts. The results of the study show that Type 2 diabetes mellitus patients have a low standard of life.

Shariful Islam et al. (2017)¹¹ estimated the health care use and expenditure for diabetes in Bangladesh and have noted that diabetes is a costly disease which requires higher health care expenses as compared to patients without the disease.

Wali, Hassan, Eldesouky, Wahab, and Ibrahim (2016)¹² in their study found that diabetes has a negative impact on the productivity of workers in the construction industry in Egypt. Their study also reveals that the number of work days lost due to diabetes ranges from 0-12 as compared to 'control groups'.

Seuring, Archangelidi, and Suhrcke (2015)¹³ conducted a global systematic review on the economic cost of Type 2 diabetes. They found that most of the studies calculated the direct and indirect cost of diabetes by summing all cost of medical approach and human capital approach respectively.

Research Gap

Several studies from different parts of Kerala have reported that Kerala has a high incidence of diabetes and prediabetes and the prevalence rate is higher than that of any other Indian state. A study conducted by Achutha Menon Centre for Health Science Studies

[AMCHSS], has reported that the number of workers with diabetes is also surging in Kerala with each passing day. But the studies on diabetes in Kerala do not take in their province the economic burden the disease imposes on the patients. Therefore, it is necessary to study the cost burden of Type 2 diabetes in the Kerala context. In Kerala, though many studies relating to workers and their problems in general have been undertaken, none of them has focused on the cost burden of diabetes among workers, especially the casual workers.

Objectives of the Study

The objectives of the study are

- To study the work-related problems of the Type 2 diabetic patients doing casual work for their livelihood
- To estimate the indirect cost of Type 2 diabetes
- To analyse the determinants of indirect cost of Type 2 diabetes

Hypothesis of the Study

Based on the objectives, following are the important hypotheses to be tested in the study.

- The distribution of indirect cost of Type 2 diabetes is the same across the different occupational category.
- The distribution of indirect cost of Type 2 diabetes is the same across the two categories of patients with and without severity of the disease

Methodology of the Study

Study Area and the Sample Selection

The study was conducted in Malappuram district where both the number of diabetic patients and casual workers were highest in Kerala (Economic Review 2020)¹⁴. The sample size of the study is 360, which is calculated by using the Cochran formula for sample size calculation.

Inclusion and Exclusion Criteria of the Study

The inclusion and exclusion criteria of the study units are explained in details as follows.

- **Inclusion Criteria**

Type 2 diabetic patients aged 20 years and more who were seeking treatment for diabetes for one year or more and currently doing casual work.

- **Exclusion Criteria**

All the diabetic patients under the age of 20, Type 2 diabetic patients engaged in other employment, casual workers in Mahatma Gandhi National Rural Employment Guarantee Scheme, casual workers not currently doing works for more than three months due to diabetic disability and pregnant women workers having diabetes have been excluded from the ambit of the study.

Data Source

The study made use of both primary and secondary data. For collecting primary data, a survey was conducted by using a structured questionnaire among the Type 2 diabetic patients who were doing casual work for their livelihood. The secondary data were collected from various sources such as books, journals, previous research articles and various reports published by the Government of Kerala, International Diabetes Federation and National Sample Survey Organisation.

Analytical Framework of the Study

The study has calculated the indirect cost by using Human Capital Approach (HCA). Both descriptive and inferential statistics of the study were performed by using IBM SPSS Version 22, Gretl and Microsoft Office Excel 2007.

- **Descriptive Statistics**

For qualitative variables, Tables and Graphs have been used for summarising and presenting data. For analysing the quantitative variables, summary statistics such as Mean, Standard Deviation, Median, Skewness and Kurtosis have been used.

- **Inferential Statistics**

Multi Log- Linear Regression Models have been used for analysing the determinants of indirect cost of Type 2 diabetes. The study also used non parametric tests such as Man Whitney U Test and Kruskal Wallis H Test for analysis.

Results and Discussion

Increasing prevalence rate and escalating treatment cost make Type 2 diabetes an economic challenge to the patients, their families and the society Diabetes can affect employment and workers due to reduced work days and its complications, which results in loss of productivity, capacity to work and increased disabilities. These disabilities and lost productivity are termed in health economic literature as indirect cost.

Demographic and Socio-Economic Characteristics of the Sample Respondents

Before going to a detailed analysis of the indirect cost, the researcher draws up the demographic and socioeconomic characteristics of the Sample Respondents

The demographic and socioeconomic characteristics of the sample respondents are presented in Table 1.

Table 1. Demographic and Socioeconomic Characteristics of the Sample Respondents

Characteristics	No. of Type 2 Diabetic Patients (360)	Percentage
Age (in Years)		
Less than 40	4	1.1
40-49	128	35.6
50-59	125	34.7
60 or more	103	28.6
Gender		
Female	80	22.2
Male	280	77.8
Place of Residence		
Rural	210	58.3
Urban	150	41.7
Religion		
Hindus	77	21.4
Muslims	274	76.1
Christians	9	2.5
Education		
Illiterate	31	8.6
Primary level	219	60.8
High school level	76	21.1
Higher secondary level	22	6.1
College level	12	3.3

Occupational Categories

Primary sector	166	46.1
Secondary sector	34	9.4
Service sector	160	44.4

Daily Wages

Less than 300	33	9.17
300-599	237	65.83
600-899	80	22.22
900 and more	10	2.78

Diabetic Duration (in Years)

Less than 5	137	38.1
5-9	108	30.0
10-14	75	20.8
15 and more	70	11.1

Complications of Diabetes

Yes	162	45
No	198	55

Source: Primary Data

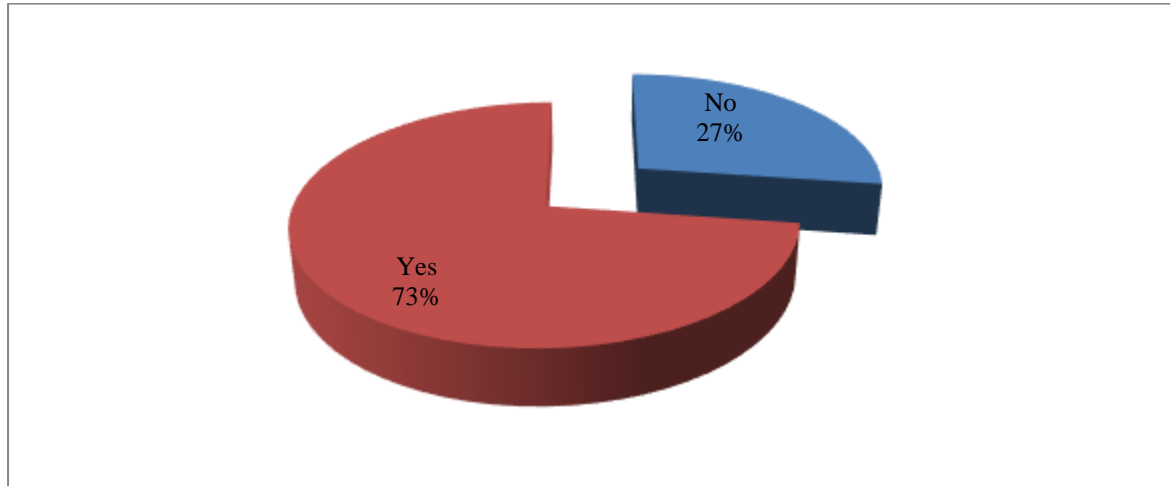
Indirect Cost of Type 2 Diabetes

Type 2 diabetes can lead to severe complications such as diabetic retinopathy, neuropathy, nephropathy, heart disease and foot ulcer. These complications reduce worker’s ability to perform their work. The number of man days lost due to diabetes and the loss of personal as well as family income can be termed as indirect cost in health economics literature. Type 2 diabetes leads problems for workers due to illness related absence and due to limited performance ability.

Work -related Problems Faced by the Patients due to the Disease

Diabetes and its severity lead to many problems in the current ambience of casual

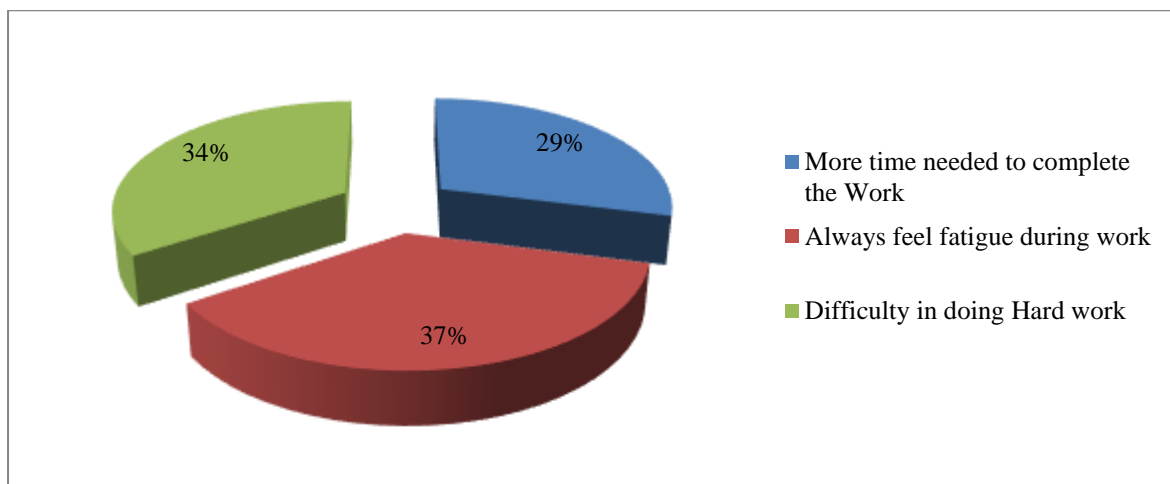
workers. These problems are due to the disability caused by the disease. This will again adversely affect the ability of workers. The frequency distribution of the workers who were facing problems in current work due to the disease and its severity is represented in Figure 1.



Source: Primary Data

Figure 1. Work –related Problems Faces by the Patients

Figure 1 indicates that out of the 360 sample respondents, 262 patients (72.8 %) have reported that they have to face problems in their current work. The respondents have also revealed the major problems they have faced in their current work due to the disease. Figure 2 illustrates the number of patients facing different types of problems.



Source: Primary Data

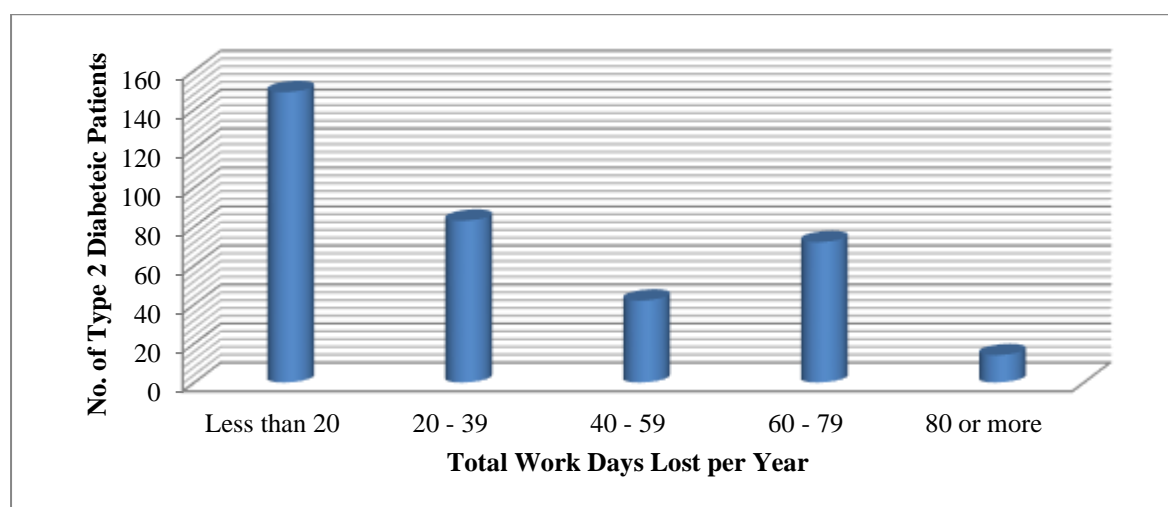
Figure 2. Different Types of Problems in Current Work of Type 2 Diabetic Patients

Figure 2 indicates that, out of the 262 patients facing problems in current work, 76 (29.01%) of them have the problem of spending more time to complete the work, 96 patients (36.64%) have said that they have always felt fatigue during the work, 90 patients (34.35%) of them have had difficulty in doing a hard work.

Absenteeism among Type 2 Diabetic Patients

Type 2 diabetic patients have lost a number of working days because of severity of the disease that some patients had to visit the doctor for routine checkup, some others felt fatigue.

The mean (SD) work days lost by Type 2 diabetic patients is 33.07 (22.67) days and the median 24 days. The minimum and maximum work days lost is 12 and 96 respectively. The frequency distribution of absenteeism is given in Figure 3. It has emerged from Figure 3 that 41.4% (149 patients) were absent from work on 20 days or less and 23.1% (83 patients) were absent from 20-39 days while 11.7% (42 patients) were absent from 40-59 days. Moreover, 20% (72 patients) were absent during 60-79 days and 3.9% (14 patients) were absent on 80 days or more.



Source: Primary Data

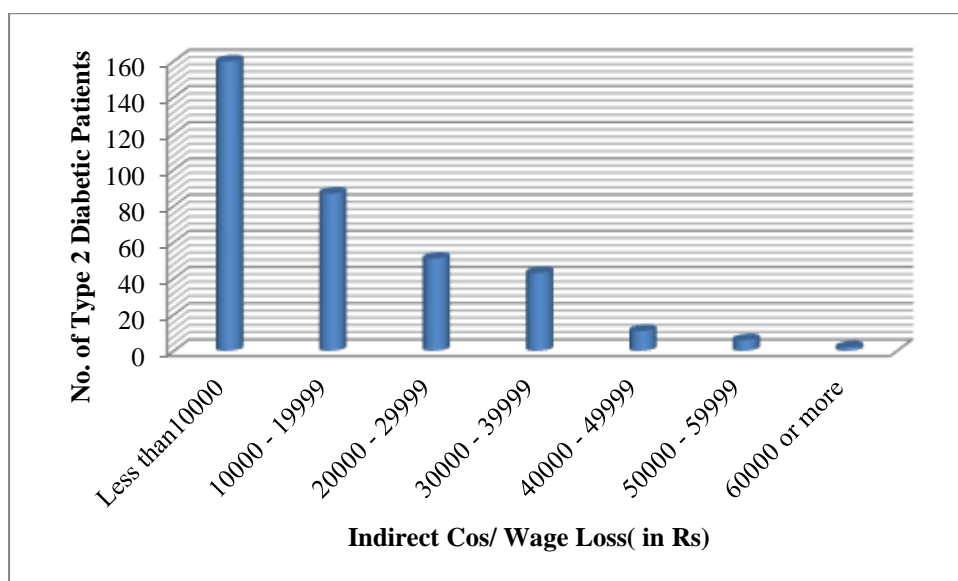
Figure 3. Total Work Days Lost per Year due to Absenteeism

Indirect Cost - an Assessment

The workers who undergo treatment for diabetics, apart from direct costs, bear indirect costs too. Loss of work days due to hospital visit, consultation, treatment as inpatients, rest and recuperation are the principal factors of indirect cost. Measuring indirect cost, however, is rather difficult and hence the money value of wages lost can be regarded as a good proxy. Many studies on cost of illness have been carried out following the ‘Human Capital Approach (HAC)’ to measure the indirect cost. As per the Human Capital Approach, lost working hours/lost work days may be considered as loss in productivity. “The monetary value of man-days lost has been calculated by multiplying the number of man days lost with reported personal daily income” (Kapur, 2007)¹⁵.

$$\text{Indirect Cost of Type 2 Diabetes} = \text{No. of Work Days Lost} \times \text{Daily Wages}$$

The frequency distribution of indirect cost is represented in Figure 4.



Source: Primary Data

Figure 4. Frequency Distribution of Indirect Cost

It can be seen from Figure 4 that 44.44% (160 patients) of the Type 2 diabetic patients have incurred an annual indirect cost of less than ten thousand rupees. Further, only a 0.6% of the sample respondents have had to lose more than 60000 rupees due to the work-related absenteeism caused by the Type 2 diabetes per year.

Indirect Cost of Type 2 Diabetes: Summary Statistics

The summary statistics of annual total indirect cost of Type 2 diabetic patients is represented in Table 2.

Table 2. Summary Statistics of Annual Indirect Cost of Type 2 Diabetes

Summary Statistics	Indirect Cost of Type 2 Diabetes (in Rs.)
Mean	16127
SD	12824
Median	10800
Minimum	3000
Maximum	68400
Skewness	1.3055
Kurtosis	1.3158
CV	0.7952
N	360

Source: Primary Data

It can be seen from Table 2 that the mean (SD) of the indirect cost is Rs. 16127 (12824), while the median cost is Rs. 10800 and the minimum and maximum cost are Rs. 3000 and Rs. 68400 respectively. Further, the Table indicates that Skewness, Kurtosis and Coefficient of Variations of indirect cost are high which shows that the indirect cost data are asymmetric. Some patients have had a loss of higher amount of income because of severe diabetes than patients having no severity had. This situation is the causative factor of the higher degree of Skewness and Kurtosis in the total indirect cost data.

Indirect Cost of Type 2 Diabetes and Occupational Category

The study places the occupation of casual workers under three categories - the Primary sector, the Secondary sector and the Service sector following the National Sample Survey Organisation classification of occupation (NSSO 2001)¹⁶. In the calculation of the indirect cost of the disease, per day wage of casual workers is considered as an important component. There are wage differences among workers engaged in different types of occupation. Hence, the study analyse whether there is any difference in the distribution of indirect cost of Type 2 diabetic patients in the three categories of occupation.

Table 3. Indirect Cost of Type 2 Diabetes and Occupational Category

Occupational Category	Mean	SD	Median	N	Kruskal Wallis Test Result		
					Mean Rank	Chi Square	p value
Primary sector	18860.39	13045.75	13200	166	210.85		
Secondary	24767.65	19045.86	17100	34	232.19	49.209	p<.001
Service sector	11454.38	8583.57	9000	160	138.03		

Note. SD- Standard Deviation, N- Number of Patients

Source: Primary Data

It is clear from Table 3 that the distribution of the indirect cost in respect of the occupational category of patients reveals that the median cost was higher among patients doing casual work in secondary sector. The diabetic patients working in the secondary sector have a mean (SD) indirect cost of Rs. 24767.65 (19045.86) and the median cost is Rs. 17100. To test the variability in the distribution of total indirect cost of Type 2 diabetes across the different occupational category the following null and alternative hypotheses are formulated and tested.

H₀: The distribution of indirect cost of Type 2 diabetes is the same across the different occupational categories.

H₁: There is a significant difference of indirect cost of Type 2 diabetes across the different occupational categories.

Due to the non-normality of the total direct cost data, a non-parametric Kruskal Wallis H Test has been performed to test the hypothesis. The test result indicates that the distribution of indirect cost was significantly different across the occupational categories of Type 2 diabetic patients, Chi Square = 49.209, p<.001. Therefore, we reject the null hypothesis (H₀).

Indirect Cost of Type 2 Diabetes and Severity of the Disease

Severity of Type 2 diabetes has a profound impact on the total indirect cost. If the patient is afflicted by severe Type 2 diabetes, the number of days he/she becomes absent from work, would be higher than that of the patients having no severity of the disease.

Table 4. Indirect Cost of Type 2 Diabetes and Severity of the Disease

Mann Whitney Test Result						
Occupational Category	Mean	SD	Median	N	Mean Rank	U Statistic p value
Severity	7827.27	4613.86	6600	198	106.95	1475.500 p<.001
No Severity	26270.52	12345.35	24600	162	270.9	

Note. SD- Standard Deviation, N- Number of Patients

Source: Primary Data

The analysis of the influence of severity on the indirect cost reveals that median cost is higher for patients having severity than patients having no severity. For patients with diabetes severities, the annual mean (SD) cost is Rs. 26270.52 (12345.35) and the median cost is Rs. 24600 (Table 4.). To test the variability in the distribution of total indirect cost of Type 2 diabetes among patients with or without severity of the disease, the following null and alternative hypotheses are formulated and tested.

H₀: The distribution of indirect cost of Type 2 diabetes is the same across the two categories of patients with and without severity of the disease.

H₁: There is a significant difference in the case of indirect cost of Type 2 diabetes across the two categories of severity of the disease.

Due to the non-normality of the total indirect cost data, the study performed a non-parametric

Mann Whitney U Test to test the hypothesis. The test result indicates that there is a statistically significant difference in the indirect cost across the two categories of patients with and without severity of the disease, U=1475.500, p<.001. Therefore, we reject the null hypothesis (H₀).

Determinants of Indirect Cost of Type 2 Diabetes - Multi Log-Linear Regression Model

Numerous theoretical and empirical studies have found that ill health has negative effects on growth and living conditions. Bloom, Canning, and Sevilla (2004)¹⁷ viewed that ill health reduces an individual's productivity and earnings. According to the authors, disability due to illness leads to fall in wages, especially in developing countries where the number of manual workers is the highest as compared to industrial countries. Schultz and Tansel, 1997)¹⁸ have found that disability reduces working hours by three percent and wages by at least ten percent.

For analysing the determinants of indirect cost of Type 2 diabetes, a Multi Log- Linear Regression Model is used. The outcome variable in this model is the indirect cost in logarithmic form. The explanatory variables are various demographic, socio-economic and diabetes related characteristics of the Type 2 diabetic patients.

The Log- Linear Regression Model of the study can be represented as

$$\ln(Y_i) = \alpha + \alpha_1 X_1 + \alpha_2 X_2 + \dots + \alpha_n X_n + e$$

Where,

Ln (Y_i) = the log transformed total direct cost

X₁, X₂X_n = are explanatory variables

α, α₁, α₂.....α_n are parameters and e is the error term

Table 5. Multi Log-Linear Regression Model Showing Determinants of Indirect Cost of Type 2 Diabetes. Dependent Variable- Log Indirect Cost

Predictors	Coefficient	Std. Error	t-ratio	p-value
const	8.75916	0.312314	28.05	<0.0001***
Age	-0.00936147	0.00507579	-1.844	0.066
Female (RC)				
Male	-0.0393834	0.0612099	-0.6434	0.5204

Rural (RC)				
Urban	0.01138	0.0466518	0.2439	0.8075
Hindus (RC)				
Muslims	0.01521	0.0565626	0.2689	0.7882
Christians	0.11832	0.149724	0.7902	0.4299
Illiterate(RC)	0.08761	0.14973	0.5851	0.5588
Primary Level	0.06695	0.129054	0.5188	0.6043
High School Level	-0.103500	0.132124	-0.7834	0.434
Higher Secondary				
Level	0.06989	0.152219	0.4591	0.6464
College Level (RC)				
Primary Sector	0.42913	0.0486506	8.821	<0.0001***
Secondary Sector	0.69242	0.0800927	8.645	<0.0001***
Service Sector (RC)				
Duration	0.00723	0.0102803	0.7028	0.4827
No severity (RC)				
Severity	1.11262	0.0853063	13.04	<0.0001***
No family history (RC)				
Family history	0.02775	0.047451	0.5848	0.5591
No problems (RC)				
Problems	0.13461	0.0588803	2.286	0.0229
No of visits to				
Hospitals	0.06228	0.0644744	0.966	0.3347
Length of stay	0.01393	0.00666146	2.091	0.0372**
Awareness (No) (RC)				
Awareness (Yes)	0.11336	0.0690941	1.641	0.1018
Private hospitals (RC)				
Govt. hospitals	0.00052	0.0974568	0.00533	0.9957
Oral drugs only (RC)				
Insulin only	0.12331	0.0921241	1.338	0.1816

Both oral drugs

and insulin	0.0359	0.0570008	0.6297	0.5293
Mean dependent var	9.389541	S.D. dependent var	0.779233	
Sum squared resid	57.82217	S.E. of regression	0.413608	
R-squared	0.734744	Adjusted R-squared	0.718264	
F(16, 343)	44.58291	P-value(F)	3.74e-84	
Log-likelihood	-181.6461	Akaike criterion	407.2923	
Schwarz criterion	492.7866	Hannan-Quinn	441.2864	

Note. RC- Reference Category

Source: Primary Data

Table 5 represents the multivariate analysis of the determinants of indirect cost of Type 2 diabetes. It is evident from the table that occupational category, severity of the disease, and length of stay in hospitals are the significant factors affecting the indirect cost. The occupational category of patients has a significant influence on the indirect cost of Type 2 diabetes. The result indicates that as compared to service sector, casual workers in primary sector have incurred 53.59% more indirect cost or income loss due to the disease and casual workers in the secondary sector have lost two times more income, than patients who work in service sector.

Severity of the disease is another important factor that affects the indirect cost of Type 2 diabetes. The Table reveals that patients having severe diabetes have lost 3.03 times more income than patients having no severity. Further, length of stay in hospitals determines the indirect cost, as one unit increase in length of stay leads to 1.39% increase in indirect cost of Type 2 diabetes. The Multi Log-Linear Regression result shows that age, gender, place of residence, religion, education, diabetic duration, family history, problems faced during work, number of visits to hospital, awareness about the gravity of the disease, type of hospital and type of medication have no significant influence on the variability of indirect cost of Type 2 diabetic patients.

Research Implications

A study relating to the indirect cost of Type 2 diabetes is essential to understand the exact economic burden of the disease that patients and their family have to bear. The Multi Log-Linear Regression Model used in the study is useful to analyse the significant predictors

of indirect cost of Type 2 diabetes. Measuring the indirect cost of Type 2 diabetes is significant for developing effective healthcare policies, allocating resources, improving public health strategies, enhancing healthcare system efficiency, and raising awareness. This study is essential in the context of Kerala because it gives a comprehensive view of the high costs in the health care sector of Kerala. This will also help in framing prospective health action plans by the authorities.

Limitations of the Study

The study deals with only Type 2 diabetic patients. Other patients with Type 1 diabetes and Gestational diabetes patients have been excluded from the study. It excluded Type 2 diabetic patients who were doing other works for their livelihood. While calculating the indirect cost of diabetes, all costs were not included. Cost on informal caregivers and other indirect costs incurred by the families were excluded from the study. Though productivity loss due to absenteeism was estimated, the productivity loss due to ‘presenteeism’ and premature mortality were not included in the study.

Conclusion

The indirect cost analysis gives the picture of work-related problems faced by the diabetic patients and the resultant days of absents from work and loss of income. Along with increased treatment cost, this lost income makes Type 2 diabetes a burdensome disease. Casual workers do not get a systematic or regular work and they have no provision for sick leave. Moreover, they do not get any kind of social security benefits from the part of employers. They are compelled to spend a greater portion of their income for the management of the disease. Hence a concerted attempt from the part of the patients, the medical profession and the administrative system is essential to address the problem of Type 2 diabetes, which affects the health of people in their most productive age.

Credit Authorship Contribution Statement

This work was solely authored by Dr. Subha P P, who was responsible for all aspects of the research, including conceptualization, methodology, formal analysis, investigation, data curation and writing.

Funding

The author received no financial support for the research authorship and/or publication of this article.

Declaration of Competing Interest

The author declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Acknowledgement

This research was conducted independently without any external assistance. All the work presented in this article is solely my own.

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Post-Pandemic Health Policy Reforms in India: Analyzing the Central Government's Response

The Indian government's comprehensive approach to strengthening healthcare infrastructure and addressing the challenges posed by the COVID-19 pandemic is reflected in various initiatives and policies. The Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) aims to fill critical gaps in healthcare infrastructure by establishing integrated public health labs, critical care hospital blocks, and strengthening existing public health institutions. The PM CARES Fund has been utilized to enhance healthcare infrastructure, including the establishment of oxygen plants, procurement of ventilators, and setting up temporary COVID-19 care facilities. Digital health initiatives like the Ayushman Bharat Digital Mission (ABDM) are creating a comprehensive digital health ecosystem with unique Health IDs for individuals, digital healthcare records, and a registry of healthcare professionals and facilities. Telemedicine services, such as E-Sanjeevani, have been expanded to ensure remote consultations and reduce the burden on healthcare facilities. The COVID-19 Vaccination Program launched one of the largest vaccinations drives globally, ensuring free vaccination for all adults and later extending it to children. Efforts included ramping up vaccine production and procurement. Insurance and financial support initiatives include the Pradhan Mantri Garib Kalyan Yojana (PMGKY), which provided insurance coverage for healthcare workers fighting COVID-19, and the continued support for the Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PM-JAY) health insurance scheme, which covers economically vulnerable families and includes COVID-19 treatment. International collaborations through the COVAX Initiative and vaccine diplomacy efforts have ensured equitable access to COVID-19 vaccines and enhanced diplomatic ties and global health security. These initiatives collectively aim to build a resilient healthcare system for the future.

Key words: COVID-19, E-Sanjeevani, (PM-ABHIM), (PMGKY), (PM-JAY), COVAX

Introduction

The COVID-19 pandemic brought unprecedented challenges to health systems worldwide, exposing vulnerabilities and necessitating swift policy responses. India, with its

vast and diverse population, faced significant hurdles in managing the crisis. The central government responded with a series of health policy reforms aimed at mitigating the immediate impact of the pandemic and strengthening the healthcare system for future resilience. This study, "Post-Pandemic Health Policy Reforms in India: Analyzing the Central Government's Response," seeks to examine the range of initiatives introduced by the Indian government in the wake of COVID-19. These policies encompass a wide array of areas, including healthcare infrastructure enhancement, digital health transformation, vaccination drives, mental health support, and regulatory reforms. The introduction of the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), the Ayushman Bharat Digital Mission (ABDM), and the expansive COVID-19 vaccination campaign are pivotal components of the government's strategy. Additionally, efforts to bolster public health research, provide financial support to healthcare workers, and engage in international collaborations reflect a comprehensive approach to health policy reform. This analysis aims to evaluate the effectiveness of these policies, understand their implementation challenges, and identify areas for improvement. By doing so, it contributes to the broader discourse on health system strengthening and preparedness in the post-pandemic era.

Literature Review

Sodi et al. (2021) "Mental health policy and system preparedness to respond to COVID-19 and other health emergencies: a case study of four African countries" The COVID-19 pandemic has shown severe gaps in mental health policy and system readiness across Africa, emphasising the crucial need for strong frameworks and resource allocation. Existing mental health policies in Nigeria, South Africa, Kenya, and Ghana are frequently underfunded and poorly administered, resulting in severe treatment inequities, particularly in rural areas. Community-based programmes and the integration of mental health into primary care have showed promise, but problems such as stigma, inadequate infrastructure, and a dearth of qualified specialists remain. Efforts to strengthen mental health response mechanisms during emergencies, such as hotlines and telepsychiatry, must be scaled up to offer complete and equitable mental health care.

Kandpal (2024) India's governmental response to the COVID-19 epidemic was multifaceted, with a focus on public health, economic support, and technical breakthroughs. The government imposed severe lockdowns, increased testing and immunisation efforts, and used digital platforms like the Aarogya Setu app for contact tracing. Economic assistance initiatives aimed at helping needy communities and rebuilding the economy were also

implemented. Despite problems such as overburdened healthcare infrastructure and migrant labour crises, India's experience demonstrates the need of quick, coordinated action and substantial healthcare spending. Moving forward, lessons from the pandemic underline the importance of strengthening health systems, improving social protection programmes, and developing resilience through digital health initiatives and public-private partnerships.

Chung et al. (2021) "Effects of government policies on the spread of COVID-19 worldwide" investigate the effects of government policies on the global spread of COVID-19, analysing alternative policy responses and their implications for virus control. The study found that rigorous measures including lockdowns, travel limitations, and mandatory mask-wearing greatly reduced transmission rates. Countries that developed early and rigorous testing, contact tracing, and quarantine systems had a better chance of containing the virus. The study also emphasises the significance of public compliance and timely information in ensuring the implementation of these regulations. Differences in healthcare infrastructure and socioeconomic conditions influenced policy outcomes, demonstrating that a one-size-fits-all strategy is ineffective. Instead, personalised solutions that take into account local settings are vital for effective pandemic management and can give valuable insights for handling future health emergencies.

Sohal et al.,(2022) "Responding to COVID-19 in Indian Public Health Investigators" investigates India's public health reaction to COVID 19. The study highlights the Indian government's significant precautions, which include statewide lockdowns, mass vaccination drives, and the use of digital tools like as the Aarogya Setu app for contact tracing and information dissemination. The study focuses on the issues encountered, such as the burden on healthcare facilities, the socioeconomic impact on vulnerable groups, and logistical difficulties in vaccination distribution. It also highlights the need of public-private partnerships in increasing healthcare capacity and resource mobilisation. The researchers conclude that, while India's response demonstrated resilience and adaptation, there are key lessons for future preparedness, particularly the need for stronger healthcare systems, better crisis communication, and more robust social support mechanisms.

Permanasari et al., (2022) "The response of local governments in financing related to the COVID-19 pandemic: A literature review" investigates local governments' financial responses to the COVID-19 pandemic. The study investigates how local governments around the world adapted their budgets and financial strategies to handle the public health crisis. Key steps included reallocating funds to healthcare services, offering economic relief packages to

firms and individuals, and investing in digital infrastructure to enable remote employment and online education. The evaluation focuses on the issues that local governments confront, such as revenue shortfalls caused by lower economic activity and the need for increasing spending on health and social service programmes. It also analyses the role of intergovernmental fiscal transfers and international aid in building local capacity. The findings underscore the need for financial flexibility, robust emergency planning, and enhanced coordination between local and national authorities to effectively manage future health crises.

Pandey & Saxena's (2022) "Effectiveness of Government Policies in Controlling COVID-19 in India" reviewed at how well Indian government initiatives work to contain COVID-19. It draws attention to the effects of a number of actions, including the imposition of social distancing rules, travel limitations, and nationwide lockdowns. The authors stress the importance of contact tracking, mass testing, and quarantine facilities in halting the virus's spread. The study also highlights the importance of India's immunisation campaign, which aided in lowering infection rates and illness severity. However, there is also discussion of difficulties like the overburdened healthcare system, logistical problems with vaccination distribution, and economic disruptions. The assessment comes to the conclusion that although government programmes were somewhat successful, their implementation on time, public compliance, and flexibility in the face of changing circumstances were critical to their success. The experience underscores the need for a more resilient healthcare system, better emergency preparedness, and continuous public health education.

McNally et al., (2021) "Reopening Oral Health Services during the COVID-19 Pandemic through a Knowledge Exchange Coalition" to investigate the reopening of oral health services during the COVID-19 epidemic. The study emphasises how legislators, public health specialists, and dentists worked together to create and put into place procedures that guaranteed the safe restart of dental care. Improved infection control measures, such as the use of personal protective equipment (PPE), pre-appointment screens, and adjustments to clinical procedures to reduce aerosol formation, were among the key initiatives. The coalition enabled the sharing of best practices, guidelines based on research, and real-time data to address new issues and adjust to changing conditions. The research highlights the significance of interdisciplinary collaboration and ongoing communication in efficiently handling the hazards linked to the resumption of oral health services. It comes to the conclusion that these kinds of cooperative frameworks can improve preparedness and resilience for upcoming public health crises, guaranteeing the continuation of crucial medical services while safeguarding both

patients and healthcare professionals. Whitsel et al., (2023) “Public policy for healthy living: How COVID-19 has changed the landscape” The epidemic has forced a reassessment of public health priorities, with a focus on lifestyle changes and preventative health measures as means of boosting resistance to disease. Globally, governments have implemented policies that encourage access to healthful diets, mental health support, and physical activity. The issues created by the pandemic have been addressed in large part by initiatives including improving public health communication, establishing safe areas for outdoor activities, and extending telemedicine services. The assessment emphasises the need for focused measures to address social determinants of health and the growing emphasis on health equity, acknowledging the disproportionate impact of COVID-19 on marginalised groups. The authors draw the conclusion that, in the wake of COVID-19, society will be more robust and health-conscious due to the pandemic's acceleration of the incorporation of holistic health concepts into public policy.

Lestari & Setyawan (2021) “Mental health policy: protecting community mental health during the COVID-19 pandemic” The authors draw attention to how the epidemic has made mental health problems worse, highlighting elevated stress, worry, and depression brought on by loneliness, unstable employment, and virus dread. In response, governments put in place a range of measures to lessen these effects, including raising public awareness through campaigns, boosting financing for mental health programmes, and extending telehealth services to enhance mental well-being and minimise stigma. The community's support networks were strengthened, and hotlines and digital platforms were used to guarantee care continuity. The evaluation emphasises how critical it is to include mental health in disaster response plans and make sure mental health services are available to all. It comes to the conclusion that even though the pandemic brought about a lot of progress in treating the mental health crisis, continued funding and innovative policy are essential to creating resilient mental health systems that can handle emergencies in the future.

Glanz et al., (2022) “correlates of attitudes towards COVID-19-related public health policies and prevention activities across six states” looks into what makes people accept and stick to policies like wearing masks, avoiding social situations, and getting vaccinated. Key predictors of attitudes and behaviours are identified, including political ideology, perceived risk of COVID-19, trust in the government and health authorities, and socioeconomic position. The research emphasises the need for focused interventions and customised communication techniques to encourage adherence to public health guidelines by highlighting variances in

policy adoption based on geographical and demographic variables. The results highlight the intricate interactions among social, psychological, and environmental elements that shaped public perceptions and actions throughout the pandemic, offering valuable perspectives for enhancing public health communication and policy execution in the future.

Gauttam et al., (2021) “Public Health Policy of India and COVID-19: Diagnosis and Prognosis of the Combating Response” looked at the pandemic's diagnosis and prognosis. The report emphasises India's early efforts to stop the virus's spread, including lockdowns, travel bans, and extensive testing. The difficulties are covered, such as the overburdened healthcare system, the effects of socioeconomic factors, and regional differences in healthcare access. The assessment highlights the need of digital tools for contact tracing and surveillance, such as the Aarogya Setu app, and the quickening pace of vaccine development and delivery. The authors evaluate how well these measures worked to lessen the pandemic's effects and recommend improved public health monitoring, more robust healthcare systems, and fair access to vaccines in order to properly handle future health emergencies. In order to improve pandemic preparedness and response frameworks, they emphasise the significance of evidence-based policymaking, adaptable tactics, and international collaboration.

The assessment by the Ministry of Health and Family Welfare (2021) assesses India's effective COVID-19 countermeasures. It describes the wide range of actions implemented by the Indian government, including early lockdowns, travel restrictions, and the establishment of COVID-19 treatment centres and quarantine areas. The study emphasises how public health campaigns that promote social distancing and mask wear as preventive measures work. It discusses how contact tracing operations and capacity testing have expanded swiftly because to digital technology like the Aarogya Setu app. The evaluation also highlights how crucial India's vaccination programme is to the nation's goal, which seeks to establish herd immunity through mass immunisation. It is acknowledged that there are obstacles like the load on the healthcare system, logistical difficulties in the provision of vaccines, and socioeconomic effects. The analysis conducted by the Ministry emphasises how crucial it is for the public, medical experts, and government agencies to work together in order to successfully manage and mitigate the spread of COVID-19 in India.

Chuah et al., (2024) “Adoption intention of e-government application for public health risk communication: Risk information, social media competence and trust in the government” explores the adoption intention of e-government applications for public health risk communication. It looks at how these things affect people's willingness to use government-

provided digital platforms to share vital health information in times of emergency like the COVID-19 pandemic. The study probably explores how timely and clear risk information affects public perception, how social media competency affects access to and sharing of health-related updates, and how important public confidence in government institutions' legitimacy is in promoting adoption of e-government tools. The review's findings are intended to help policymakers make better decisions on how best to communicate, build public trust, and improve digital literacy in order to maximise the efficiency of e-government applications in the event of future health emergencies.

Franklin et al., (2021) "COVID-19 and the gender health paradox" examine the gender health paradox in relation to COVID-19. This paradox relates to the finding that, despite women often having longer life expectancies and better overall health outcomes, men are more prone to have severe COVID-19 consequences, such as greater fatality rates. It is likely that the study looks at a number of factors that contribute to this inequality, such as gendered patterns of healthcare utilisation and access, social determinants of health, and biological variations. It might go over how COVID-19 outcomes are impacted by pre-existing gender disparities in work, caregiving duties, and exposure to risk factors including smoking and underlying medical disorders. The review's findings are intended to contribute to a deeper knowledge of how gender and pandemic health outcomes intersect, with particular emphasis on the implications for public health interventions and policies meant to more effectively address health disparities. Accessing the authors' original review or related papers would offer a thorough knowledge of their research conclusions, including precise recommendations and detailed findings.

Faisal & Nirmala (2020) "COVID-19 and Economic Policy Options: What Should the Government do?" look at the possibilities for countries to respond to COVID-19 through economic policy. It most likely assesses the several actions that governments can take to lessen the pandemic's economic effects, including fiscal stimulus plans, changes to monetary policy, assistance for impacted companies and industries, and social safety nets for disadvantaged groups. The efficacy of these strategies in maintaining employment, stabilising economies, and encouraging recovery in the face of interruptions from lockdowns and decreased economic activity may be included in the study. In order to emphasise the necessity for balanced policies to maintain both health and economic well-being, it could also examine the trade-offs between public health initiatives and economic considerations. The review's insights are intended to give decision-makers evidence-based suggestions for overcoming financial obstacles both

during and after the COVID-19 pandemic. Referring directly to the authors' original review or relevant papers would provide further insights into their research outcomes for specific policy implications and detailed findings.

Objectives

- Assessing the impact of new healthcare infrastructure initiatives on service delivery and capacity building.
- Evaluating the adoption and outcomes of digital health solutions.
- Analyzing the success and challenges of the vaccination campaign.
- Investigating enhancements in public health research and mental health support measures.
- Examining the efficacy of regulatory reforms and international collaborations.

Methodology

This study provides a comprehensive overview of India's central government health policy reforms post-COVID-19. It offers insights into the successes achieved, the challenges encountered, and the lessons learned, ultimately aiming to inform future policy decisions and contribute to building a more resilient healthcare system in India. Utilizing secondary data involves analyzing existing information and resources to evaluate the post-pandemic health policy reforms in India. This method is particularly useful for understanding broad trends, policy impacts, and contextual factors. Government Reports and Publications from Ministry of Health and Family Welfare (MoHFW) reports, National Health Mission (NHM) documents, Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) updates are mainly used for the study.

Impact of COVID 19 Pandemic in the Health Sector of India

The COVID-19 pandemic served as a catalyst for change, prompting critical assessments and reforms within India's health system. While the response highlighted numerous challenges, it also paved the way for significant advancements in healthcare infrastructure, policy, and digital health. The lessons learned from this crisis are likely to shape the future of India's health system, driving efforts towards greater resilience and equity. The impact of the pandemic on the economy was widespread and easily observable. However, it was the hidden disruption of essential structures that caused the most damage. The closure of businesses, schools, offices, and public spaces led to direct socio-economic and emotional consequences for people. This resulted in a significant migrant and labor crisis, as individuals sought refuge amidst the chaos.

Approximately 454 million internal migrants were desperate to return home, especially because their means of livelihood were disrupted due to the pandemic. The closure of educational institutions disproportionately affected students, leading to a high dropout rate, particularly among girls. The unorganized sector, which accounts for around 83% of employment, was severely impacted by the closures and lockdowns. While the organized sector shifted to online operations and work-from-home arrangements, the unorganized sector came to a standstill. The healthcare sector also faced challenges, with focus shifting to pandemic-related concerns, leaving other healthcare needs unattended, endangering the elderly and the sick. Overall, the pandemic posed significant challenges for individuals, institutions, and societies. However, with collective determination, timely policies, India's social capital, and prompt responses, the country was able to navigate through these adversities (Kandpal, 2024).

India's Response to COVID 19

It's crucial to assess the healthcare facilities from sub-centers to community health centers. The increasing demand for healthcare services, especially in high-risk communities, requires careful attention. Disparities in resources and infrastructure among different states need to be addressed. Rural healthcare facilities have been neglected for too long and are ill-prepared to handle the challenges posed by COVID-19. Efforts should be made to improve access to respiratory health services, infectious disease management, and non-communicable disease care. First referral units should be equipped to provide a wide range of healthcare services, intensify disease surveillance, and promote healthy activities. Limited resources should be focused on disease prevention and control of new health burdens. It's important to involve private healthcare setups like dispensaries, clinics, and pharmacies in expanding healthcare access. Public-private partnerships should be promoted to address various healthcare needs and provide training and monitoring for infectious diseases like COVID-19. However, significant financial and political support from state and municipal levels is essential for the systematic expansion of healthcare resources and infrastructure. India's healthcare system faces significant challenges, such as having only five beds per 10,000 people according to the Human Development Report. In early 2020, India had a total of 1,899,228 hospital beds, with 713,986 beds in the public sector and 1,185,242 in the private sector. Out of these, 94,961 were ICU beds, with a higher proportion in the private sector. Rural and urban healthcare disparities are evident, with 3.2 government hospital beds per 10,000 population in rural areas compared to 11.9 beds per 10,000 population in urban areas. These issues highlight the pressing need for comprehensive improvements in healthcare infrastructure at both levels. In rural areas,

many major states have significantly fewer beds than the national average. For example, Uttar Pradesh has only 2.5 beds per 10,000 inhabitants, while Rajasthan and Jharkhand have 2.4 and 2.3 beds respectively. Comparatively, Maharashtra has two beds per 10000 population, and Bihar has only 0.6 beds. The health system's ability to effectively respond to the increasing health demands and challenges is crucial. Despite advancements in medical technology and socioeconomic development, the rural population still lacks adequate medical services. The COVID-19 pandemic has brought to light various issues and limitations that need to be addressed urgently. It is essential to foster innovative thinking and find creative solutions to overcome the resource scarcity, especially in the long-neglected rural areas (Ravichandran).

Strengthening Healthcare Infrastructure

Strengthening healthcare infrastructure in India requires a comprehensive approach involving increased investment, workforce development, technological integration, and effective policy implementation. Collaboration between government, private sector, and community is essential to create a resilient and inclusive healthcare system. The adoption of the Indian Public Health Standards not only defined the necessary services for each facility but also established the minimum requirements to ensure quality care, including infrastructure, equipment, skilled human resources, and supplies. This provided assurance to the states that the financial gaps between the available and required levels of inputs would be addressed. The increase in these inputs resulted from facility surveys identifying gaps, followed by planning and financing to close them. Skills and standard treatment protocols needed for providing quality Reproductive and Child Health (RCH) services were identified, and training packages were designed to address skill gaps. These included training packages such as Skilled Birth Attendance (SBA) for ANMs, Navjat Shishu Suraksha Karyakram (NSSK) and IMNCI packages for ANMs, Home Based Newborn Care (HBNC) for ASHAs, and Emergency Obstetric Care (EmOC) package for doctors. These packages also introduced standard treatment protocols in their respective areas. The mandatory creation of a hospital management society (Rogi Kalyan Samiti) and empowering this body with untied funds allowed public participation and contributed to improved quality of care. Additionally, National Rural Health Mission (NRHM)'s support and untied grants to all public health facilities reduced financial barriers to healthcare access. Furthermore, NRHM also supports initiatives for building quality management systems, ranging from the formation of quality assurance committees to structured quality management systems leading to third-party audits and quality certification using specific standards. Currently, 82 facilities have been certified by ISO, nine by NABH,

and 446 facilities are in the process of certification (Mission, 2024).

Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM)

Launched to fill critical gaps in health infrastructure, particularly in critical care facilities and primary health centers. It includes establishing integrated public health labs, critical care hospital blocks, and strengthening existing public health institutions. In response to the COVID-19 public health challenge, the Government of India (GOI) has adopted a pre-emptive, proactive approach characterized by a comprehensive, 'whole of government' strategy. The COVID-19 pandemic has underscored the importance of health as a public good and revealed the necessity for India's health systems to be better equipped to address public health needs across primary, secondary, and tertiary care levels. To bolster the public health infrastructure and effectively manage and respond to future pandemics and outbreaks, the PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) was announced in the Budget 2021-22 on 1st February 2021. PM-ABHIM is a Centrally Sponsored Scheme with some Central Sector Components, designed for the implementation of the Atmanirbhar Bharat Package for the health sector, as announced by the Hon'ble Finance Minister in May 2020. The objective of the scheme is to address critical gaps in health infrastructure, surveillance, and health research across both urban and rural areas, thereby enabling communities to become self-reliant (Atmanirbhar) in managing health crises. PM-ABHIM stands as the largest Pan-India scheme for public health infrastructure since 2005 (states).

Under the PM-Ayushman Bharat Health Infrastructure Mission (PM-ABHIM), the total financial outlay for the scheme period from 2021-22 to 2025-26 is Rs 64,180 crore, which includes Monitoring and Evaluation (ME) and Project Management Unit (PMU) costs. Of this, Rs 54,204.78 crore is allocated for the implementation of Centrally Sponsored Scheme components, while Rs 9,339.78 crore is designated for Central Sector components.

Components of the PM-ABHIM Scheme

Centrally Sponsored Components:

1. Rural Health and Wellness Centres

The scheme provides infrastructure support for constructing 17,788 building-less Sub Health Centres (SHCs) at the AB-HWCs level in rural areas. This initiative targets seven High Focus States (Bihar, Jharkhand, Odisha, Punjab, Rajasthan, Uttar Pradesh, and West Bengal) and three North-eastern States (Assam, Manipur, and Meghalaya) over a five-year period from

FY 2021-22 to FY 2025-26.

2. Urban Health and Wellness Centres

The scheme aims to establish 11,024 Urban Health and Wellness Centres (HWCs) across all States and Union Territories over a five-year period from FY 2021-22 to FY 2025-26. These centres are designed to provide comprehensive primary healthcare to the urban population. These efforts under PM-ABHIM are crucial for filling critical gaps in health infrastructure, enhancing surveillance, and advancing health research, ensuring communities become self-reliant in managing health crises.

3. Block Public Health Units (BPHUs)

Establishing 3,382 BPHUs in all Blocks of 11 Empowered Action Group (EAG) States/UTs (Assam, Bihar, Chhattisgarh, Himachal Pradesh, UT - Jammu and Kashmir, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Uttar Pradesh, and Uttarakhand) by 2025-26. The objective is to equip Block-level health units to handle public health emergencies, and to respond to and monitor healthcare services.

4. Integrated Public Health Labs (IPHLs)

Setting up IPHLs in all 730 districts to optimize access to laboratory services, quality assurance, cost-effectiveness, and efficient use of human resources. The objectives include strengthening disease surveillance systems, providing accurate data for timely outbreak responses, mentoring Block Public Health Labs, serving as diagnostic hubs for Block CHC labs, and supporting laboratory investigations of outbreaks.

5. Critical Care Hospital Blocks:

Establishing 602 Critical Care Hospital Blocks (100/75/50-bedded) in districts with populations over 5 lakhs and providing referral linkages in other districts. The objective is to augment district capacity for treating and managing patients with infectious diseases or critical illnesses by creating Critical Care Hospital Blocks/Wings at District Hospitals and Medical Colleges, ensuring health system preparedness for future outbreaks (states).

Central Sector Components

- Establishing 12 Central Institutions as training and mentoring sites, each with 150-bedded Critical Care Hospital Blocks.

- Strengthening the National Centre for Disease Control (NCDC) and setting up 5 new Regional NCDCs and 20 metropolitan health surveillance units.
- Expanding the Integrated Health Information Portal to all States and Union Territories to connect all public health labs.
- Operationalizing 17 new Public Health Units and strengthening 33 existing Public Health Units at 32 Airports, 11 Seaports, and 7 land crossings.
- Setting up 15 Health Emergency Operation Centres and 2 container-based mobile hospitals.
- Establishing a national institution for One Health, 4 new National Institutes for Virology, a Regional Research Platform for the WHO South East Asia Region, and 9 Bio-Safety Level III laboratories (Welfare, 2021).

Digital Health Initiatives

- **Ayushman Bharat Digital Mission (ABDM)**

Aimed at creating a comprehensive digital health ecosystem, this initiative includes the development of unique Health IDs for individuals, digital healthcare records, and a registry of healthcare professionals and facilities. The Government of India launched the Ayushman Bharat Digital Health Mission (ABDM) in September 2021 as a national health initiative. It builds on the Ayushman Bharat Yojana, which was introduced in 2018.

Objectives and Key Components:

- ABDM aims to create a comprehensive digital health Unified Digital Health Ecosystem in India.
- Every citizen will receive a unique Digital Health ID, which will be linked to their health records. This will allow seamless sharing of health records across different healthcare providers.
- By linking health records with the Digital Health ID, the initiative aims to improve the quality of healthcare and make it easier for patients to access healthcare services.
- The National Health Authority (NHA) is the implementing agency for ABDM.

- The pilot project of ABDM was announced on August 15th, 2020, and is currently being implemented in six states and union territories.
- Streamlining health records and ensuring their accessibility can significantly enhance the efficiency of healthcare delivery.
- Improved access to health records will enable patients to receive timely and appropriate care, regardless of location.
- By making healthcare services more coordinated and reducing redundant procedures, the overall cost of healthcare is expected to decrease.

ABDM has the potential to revolutionize India's healthcare system, making it more efficient, accessible, and affordable for all citizens (Testbook, 2024).

Telemedicine and E-Sanjeevani:

eSanjeevani is a pivotal step towards digital health equity and achieving Universal Health Coverage (UHC) in India. This national telemedicine service facilitates quick and easy access to doctors and medical specialists through smartphones. Additionally, quality health services can be accessed remotely via eSanjeevani by visiting the nearest Ayushman Bharat Health & Wellness Centre (Service, 2024).

Key Features:

Digital Health Equity: Ensures that quality healthcare is accessible to all, bridging the gap between urban and rural healthcare services.

Convenient Access: Patients can consult with doctors and specialists from the comfort of their homes using smartphones.

Remote Healthcare Services: Provides remote access to healthcare services, enhancing the reach and efficiency of the healthcare system.

Support at Health & Wellness Centres: Patients can also visit Ayushman Bharat Health & Wellness Centres to utilize eSanjeevani services, ensuring broader accessibility.

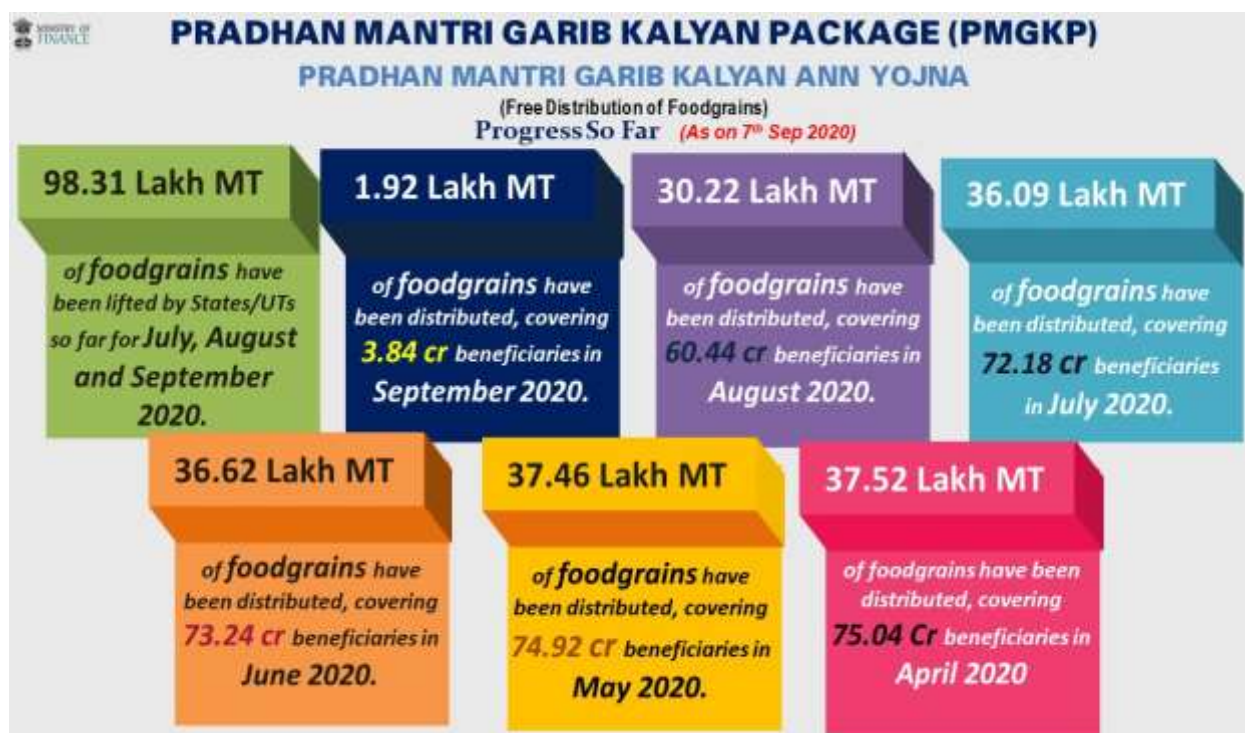
Vaccination Campaign

India's National Covid-19 Vaccination Programme, the largest in the world, commenced on January 16, 2021. Initially, it aimed to vaccinate the country's adult population as quickly as possible. The programme later expanded to include everyone aged 12 and above, as well as offering a precautionary dose for those aged 18 and above. The introduction of Covid-19 vaccines presented numerous challenges, including research and development of new vaccines, training over 260,000 vaccinators and 480,000 other vaccination team members, and the optimal use of available vaccines. Reaching difficult-to-access populations and maintaining essential health services while scaling up the vaccination programme were also significant hurdles. Additionally, logistical challenges included storing and distributing vaccines across 29,000 cold chain points, increasing cold chain capacity, and developing an IT platform for registering beneficiaries and managing vaccine delivery. Despite these obstacles, the programme successfully overcame them and achieved its goals within a short time frame. The Economic Survey highlighted that the administration of over 220 crore Covid-19 vaccine doses was made possible by the robust digital infrastructure of Co-WIN. This comprehensive digital framework, combined with the government's ongoing efforts to enhance outreach and inclusion, enabled India to achieve a swift and sustained economic recovery while safeguarding both lives and livelihoods. From January 2021 to September 2022, more than 84.7 crore Co-WIN beneficiaries were linked with Aadhaar out of a total of 104 crore. The foundations of the JAM (Jan Dhan-Aadhaar-Mobile) initiative, established in FY15, proved to be a lifesaver for the nation (Finance).

The Pradhan Mantri Garib Kalyan Yojana

The *Pradhan Mantri Garib Kalyan Yojana* (PMGKY), launched in response to the COVID-19 pandemic, implemented a multifaceted strategy to alleviate economic distress among India's vulnerable populations. It provided 5 kg of free food grains per person monthly for eight months, ensuring food security for approximately 80 crore beneficiaries. Additional distribution of pulses complemented nutritional needs. Financially, PMGKY included Rs. 500 monthly transfers for three months to women Jan Dhan account holders and augmented DBT benefits across various social schemes. Healthcare provisions were enhanced with a Rs. 50 lakh insurance cover for frontline workers and free COVID-19 testing and treatment. Free LPG

cylinders eased cooking expenses for households. PMGKY's impact was pivotal in averting hunger, stabilizing incomes, and enhancing healthcare access during a period of severe economic strain, exemplifying a comprehensive welfare response to a national crisis (Govt. of India).



Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana

Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), launched in 2018, stands as India's ambitious initiative to provide healthcare coverage to economically

vulnerable families. Spanning over 10 crore households, it targets approximately 50 crore individuals based on the SECC database. The scheme offers cashless health insurance coverage for over 1,500 medical procedures, encompassing major specialties like cardiology, oncology, and nephrology. Implemented nationwide, AB-PMJAY integrates public and private hospitals to deliver essential healthcare services, ensuring beneficiaries receive treatment without financial strain. Leveraging advanced IT systems for beneficiary identification and claims processing, the scheme issues PMJAY e-cards for seamless access to empaneled facilities. It has significantly reduced out-of-pocket healthcare expenses, shielding families from financial hardship due to medical costs. AB-PMJAY's impact includes improving healthcare access and health outcomes, though challenges such as operational efficiency and equitable benefit distribution remain focal points for future enhancements. The scheme represents a pivotal stride towards achieving comprehensive healthcare coverage and improving health equity across India (National Health Authority).



The National Tele Mental Health Programme

The *National Tele Mental Health Programme* (NTMHP) was launched in India to address the mental health needs of its population, particularly focusing on accessibility and outreach through telecommunication technology. Introduced to bridge the gap in mental health services, especially in remote and underserved areas, NTMHP utilizes telemedicine platforms to provide psychiatric consultations, counseling, and therapy sessions. By leveraging digital tools, such as video conferencing and telephonic consultations, the programme aims to extend mental health support to individuals who may face barriers in accessing traditional healthcare services. NTMHP include establishing telepsychiatry centers across the country, training healthcare professionals in telemedicine practices, and ensuring confidentiality and quality care standards in virtual consultations. This initiative not only addresses the shortage of mental health professionals but also promotes early intervention and treatment for various mental health disorders. NTMHP integrates with existing healthcare infrastructure and is designed to complement in-person services, enhancing overall mental health care delivery in India. The



programme's impact includes improving mental health awareness, reducing stigma associated with seeking help, and providing timely support to individuals in distress. Challenges such as technological barriers, internet connectivity issues, and ensuring equitable access across diverse socio-economic backgrounds remain areas of ongoing focus for NTMHP's expansion

and effectiveness. NTMHP represents a significant step towards democratizing mental health care in India by leveraging telecommunication technologies to reach and support a wider population in need (Ministry of Health & Family Welfare, Govt. of India).

The Pradhan Mantri Garib Kalyan Anna Yojana

The *Pradhan Mantri Garib Kalyan Anna Yojana* (PMGKAY) is a critical food security initiative launched by the Indian government during the COVID-19 pandemic to provide immediate relief to vulnerable populations. Under this scheme, which commenced in 2020 and extended in subsequent phases, eligible beneficiaries received additional food grains free of cost through the Public Distribution System (PDS). Each beneficiary household received 5 kg of wheat or rice per person per month, ensuring that essential nutritional needs were met despite economic disruptions caused by the pandemic. PMGKAY played a pivotal role in mitigating food insecurity by reaching out to around 80 crore beneficiaries across the country. The scheme's implementation involved coordination between central and state governments to ensure seamless distribution and availability of subsidized food grains. It not only aimed to prevent hunger but also supported families facing financial hardships by reducing their food expenditure burden. The impact of PMGKAY was significant, providing a safety net for millions of economically vulnerable households during a time of unprecedented crisis. By ensuring access to essential food items through enhanced PDS provisions, PMGKAY contributed to social stability and public health resilience. Challenges such as logistical issues and equitable distribution were addressed through continuous monitoring and adaptations in implementation strategies. PMGKAY exemplifies the government's commitment to social welfare and poverty alleviation, particularly in times of national emergency, reaffirming the importance of robust food security measures in safeguarding the well-being of marginalized communities (Department of Food and Public Distribution, Govt. of India).

Extension of Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY-Phase V)



- The PMGKAY scheme for Phase V **extended from December 2021 till March 2022**
- Expected total outgo of foodgrains in Phase V is **163 MLT**
- Would entail an estimated additional food subsidy of **Rs. 53344.52 Crore**
- Will provide food grains at **5 kg per person per month free of cost for all** the beneficiaries covered under the NFSA



Pharmaceutical and Vaccine Manufacturing Policies



Pradhan Mantri Garib Kalyan Anna Yojana (PMGKAY): Ensuring Food Security in Telangana



Nearly **1.91 crore beneficiaries** as on March 20, 2023



Approximately **26.82 lakh metric tonnes** of free food grains allocated in the state



2/2

Pharmaceutical and Vaccine Manufacturing Policies encompass a range of strategies and regulations aimed at fostering the production, distribution, and quality assurance of medicines

and vaccines within a country. These policies typically focus on ensuring accessibility, affordability, and safety of pharmaceutical products while promoting innovation and competitiveness in the industry (Sharma, 2022).

1. **Regulatory Frameworks:** Governments establish regulatory bodies and frameworks to oversee the approval, manufacturing, and distribution of pharmaceuticals and vaccines. These bodies ensure that products meet stringent safety, efficacy, and quality standards before they reach the market.
2. **Incentives for Research and Development:** Policies may include incentives such as tax credits, grants, or subsidies to encourage pharmaceutical companies to invest in research and development (R&D) for new medicines and vaccines. This fosters innovation and supports the development of breakthrough therapies.
3. **Intellectual Property Rights:** Protection of intellectual property rights (IPR) is crucial in pharmaceutical manufacturing policies to incentivize innovation by granting companies exclusive rights to their inventions, encouraging investment in R&D.
4. **Manufacturing Standards and Good Manufacturing Practices (GMP):** Policies mandate adherence to GMP guidelines to ensure that pharmaceuticals and vaccines are manufactured consistently and meet high-quality standards throughout the production process.
5. **Affordability and Access:** Policies may include provisions to promote affordability and accessibility of medicines and vaccines, such as price controls, subsidies for essential drugs, or programs to ensure distribution to underserved populations.
6. **Public-Private Partnerships:** Collaboration between government agencies, private sector pharmaceutical companies, and international organizations is often encouraged to leverage resources, expertise, and infrastructure for efficient manufacturing and distribution of vaccines and medicines.
7. **Emergency Preparedness:** In light of global health emergencies like pandemics, policies may also focus on enhancing manufacturing capacity for rapid production and distribution of vaccines and treatments during crises.

The *COVAX Initiative*, launched in April 2020, is a global collaboration aimed at ensuring equitable access to COVID-19 vaccines worldwide. Co-led by Gavi, the Vaccine Alliance, the World Health Organization (WHO), and the Coalition for Epidemic Preparedness Innovations (CEPI), COVAX aims to provide fair and timely access to COVID-19 vaccines, particularly

for low- and middle-income countries that may otherwise struggle to procure vaccines independently.

- **Pooling Procurement:** COVAX pools resources from participating countries to negotiate bulk purchases of COVID-19 vaccines from manufacturers. This collective approach helps to secure vaccines at lower prices and ensures a more equitable distribution of doses globally.
- **Support for Vaccine Development:** COVAX supports the development and manufacturing of a diverse portfolio of COVID-19 vaccines through funding and partnerships with vaccine developers. This strategy aims to ensure a sufficient and varied supply of vaccines to meet global demand.
- **Allocation Framework:** Vaccines secured through COVAX are allocated based on a transparent and equitable allocation framework, prioritizing healthcare workers, elderly populations, and other vulnerable groups in all participating countries.
- **Delivery and Distribution:** COVAX facilitates the delivery and distribution of vaccines to participating countries, including support for cold chain infrastructure and logistical assistance to ensure vaccines reach remote and underserved communities.
- **Equitable Access:** The core principle of COVAX is to ensure that all countries, regardless of income level, have fair and timely access to COVID-19 vaccines. This is crucial for global health security and to prevent the further spread of the virus.
- **Public-Private Partnerships:** COVAX operates through partnerships with governments, international organizations, vaccine manufacturers, and civil society organizations, leveraging expertise and resources to achieve its goals.

COVAX represents a critical mechanism for global solidarity in combating the COVID-19 pandemic. By promoting equitable access to vaccines, COVAX aims to mitigate health inequities and support global efforts to control and eventually end the pandemic (WHO,2023).

Vaccine Diplomacy

Vaccine Diplomacy refers to the strategic use of vaccines and vaccination campaigns as a tool in international relations to achieve diplomatic objectives. This approach typically

involves countries or organizations leveraging their vaccine supplies and distribution capabilities to strengthen alliances, build goodwill, and enhance their global influence.

- **Global Health Leadership:** Countries that prioritize vaccine diplomacy aim to position themselves as leaders in global health initiatives. By providing vaccines to other nations, especially those in need or with limited resources, they demonstrate commitment to international cooperation and humanitarian aid.
- **Diplomatic Influence:** Vaccine donations or sales are often used to strengthen diplomatic ties and foster positive relationships with recipient countries. This can lead to enhanced political goodwill, support for diplomatic initiatives, and cooperation on shared goals beyond healthcare.
- **Soft Power Projection:** Vaccine diplomacy serves as a form of soft power projection, where countries enhance their reputation and influence on the global stage by demonstrating their capability and willingness to contribute to global public health efforts.
- **Strategic Alliances:** Through vaccine diplomacy, countries forge strategic alliances and partnerships with recipient nations, potentially gaining economic, geopolitical, or security advantages in return. These alliances can extend beyond health crises to broader bilateral or multilateral cooperation.
- **Global Health Security:** Supporting vaccination efforts globally through diplomacy contributes to global health security by controlling the spread of infectious diseases across borders. This aligns with broader international efforts to prevent future pandemics and strengthen healthcare infrastructure worldwide.
- **Challenges and Criticisms:** Vaccine diplomacy can face challenges such as accusations of politicization or unequal distribution, where vaccines are perceived as tools for geopolitical advantage rather than solely humanitarian aid. Additionally, logistical complexities and vaccine supply constraints can limit the effectiveness of such diplomatic efforts.

Vaccine diplomacy plays a significant role in shaping international relations and addressing global health challenges. It offers opportunities for cooperation and mutual benefit, careful consideration of ethical principles, transparency, and equitable distribution is crucial to maximize its effectiveness and minimize potential drawbacks (Shok, 2022).

Conclusion

The central government's comprehensive approach to strengthening healthcare infrastructure has laid a robust foundation for addressing both current and future health challenges. Initiatives such as the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) and the PM CARES Fund have significantly bolstered the nation's critical care facilities and primary health centers. Digital health initiatives, including the Ayushman Bharat Digital Mission (ABDM) and the expansion of telemedicine services through E-Sanjeevani, have transformed healthcare accessibility and delivery. The ambitious COVID-19 Vaccination Program has set a global benchmark, ensuring extensive coverage and protection for all age groups. Concurrently, the enhancement of public health and research capabilities, particularly through the National Institute of Virology (NIV), has strengthened the nation's pandemic preparedness and response. Insurance and financial support measures like the Pradhan Mantri Garib Kalyan Yojana (PMGKY) and Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (PM-JAY) have provided crucial assistance to healthcare workers and economically vulnerable families. Mental health initiatives and nutrition programs, such as the National Tele Mental Health Programme and PM Poshan, have addressed the broader impacts of the pandemic on mental and physical well-being.

Regulatory and policy reforms have established a strong framework for health emergency preparedness, while pharmaceutical and vaccine manufacturing policies have enhanced self-reliance. Partnerships and international collaborations, through the COVAX Initiative and vaccine diplomacy, have reinforced global health security and diplomatic ties. Together, these policies and initiatives exemplify a strategic and holistic approach to not only combat the COVID-19 pandemic but also to build a resilient and inclusive healthcare system for the future.

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Coalition Politics and Parliamentary Democracy in India after a decade

Coalition Politics was a major factor in government formation after three decades after Independence. It is an indispensable part of Indian politics where different types of views and ideas are being deliberated and incorporated in a policy formation which in turn helps the people of the country as a whole where narrow-minded views and policies of a single party dominance are not allowed for the sake the continuity of the government where the largest party may not have the required single absolute majority on its own. Coalition strengthens democratic deliberation which in a way strengthens the people's belief in the democratic parliamentary set-up of the country and which leads to the increase in the participation of electoral politics. The Purpose of this Article is to look at the coalition phenomenon in Indian politics how it shaped parliamentary democracy so far and its Merits and Demerits to parliamentary democracy. To know whether it is a recurring phenomenon in Indian politics or not. The methodology applied here is Qualitative analysis where secondary data available through publications, journals, and Newspaper articles have been studied. How coalition works in effective implementation of the development agenda of the government by bringing all partners together. A coalition government can be unsuccessful if the majority party in the alliance take steps and policies on its own without consulting the alliance partners that Indian democracy experienced in the past.

Keywords: Coalition, Deliberation, Democracy, Majority, Opposition

Introduction

The 18th Loksabha election saw the ruling dispensation winning the election without an absolute majority of their own, which in turn saw the return of coalition politics after a decade in India. In the 2014 and 2019 general elections, the Bharatiya Janata Party (BJP) won an absolute majority which in a way subdued the coalition political framework in India. A coalition is a type of multi-party government in which several smaller parties join together to form a government. A coalition is created when several groups agree on a common programme

or agenda on which to work. The coalition partners always go for bargaining in each given situation and never give up until something breaks or makes. (Yerankar, 2015). The term 'Coalition' is derived from the Latin word 'Coalition' which is the verbal subjective of 'coalescere'- co, which means together and alescere, which means to go or to grow together. According to the dictionary meaning, it is uniting into one body or parts. (Nilofer & Ahmad, 2009). The first three decades of Politics of Independent India were dominated by the Congress Party under the leadership of Jawaharlal Nehru. Eminent political analyst Rajani Kothari in his book "The Congress System in India" described this phenomenon as an era of one-party dominance. In the first general election in 1952, the Congress party won 364 seats out of 489 seats. The CPI which won 16 seats was the distant second in the parliament. In the second general elections of 1957, the Congress party managed to win 371 out of 494 seats and the CPI again came to second position by winning 27 seats. In the third general election under the leadership of Pandit Nehru, the Congress party won 361 seats out of a total of 488 seats. The fourth general election of 1967 stood apart in the annals of Indian politics that the Congress party for the first time came below 300 seats winning only 283 seats out of 520 seats and the rise of regional parties in India

Literature Review

In the article titled "*Coalition Government and Party System Change: Explaining the Rise of Regional Political Parties in India*" Adam Ziegfeld explains that what are the reasons for sudden changes in party systems in long-established democracies? The rapid surge in support for regional political parties in India in the 1990s cannot be fully explained by sociological or institutional factors. Instead, the rise of regional parties can be attributed to the transition from single-party majority to coalition government. The emergence of coalition government created stronger incentives for politicians to join or form regional parties, leading many influential figures to leave their national parties and establish new regional parties in the 1990s, taking their supporters with them. This discovery challenges the traditional link between party systems and coalition government, demonstrating how non institutional aspects of the political environment can impact elite motivations and subsequently shape party systems.

In the article titled "*Coalition Government in India*" Waseem S. Ahmad, and Ahmad explains how In a Parliamentary system, coalitions are typically formed due to political necessity.

Coalition formations can be driven by racial, communal, religious, economic, social, or political tensions. They can also be established in response to emergencies. The coalition government's policies are determined by the participating parties and ultimately approved by the leader of the coalition. This paper explores the future of coalition governments in Indian democracy. In the article titled "*Coalition Politics in India: Merits & Demerits*" Shriram Yerankar gives a general introduction about coalition and describes the presence of coalition politics in India after independence especially after 1967 and how it affected the parliamentary politics of India and their merits and demerits. In the article titled "*Coalition Government and Federal System in India*" M.G.Khan says that in the current politics of India, coalitions have emerged as an essential and necessary component of both national and regional politics. The main reason for the presence of coalitions in India is a group of driven individuals who work together to rule for both party and personal goals. Power is the unifying factor. It is the combining of goals. It is untrue that regional parties are currently sharing power at the center and assisting in the consensus-building process. In the article titled "*17th LS: Fewest Ever Sittings among All Full-Term Lok Sabhas, Most Bills Passed in 2 Weeks*" speaks about the 17th lok sabha and its statistical analysis that is how it performed in conducting parliamentary business etc. In the last decade that is from 2014 to 2024, everybody rejected the scope of coalition government at the Centre because the BJP is securing an absolute majority and not giving enough space for the Opposition parties to showcase their ability to be a contender in these elections. These two general election results show us that again India is going to be a "One-party dominant" system that was there in the first three decades after Independence. The major opposition party Indian National Congress (INC) was written off in the field of the election due to its consequent defeat in general and state elections and the question of unity among the opposition parties among themselves. Will these factors cement one-party dominance again in our country? Is there any scope for coalition government in the future? Or dominance of the BJP will be continued.

Methodology and Data

The methodology applied here is Qualitative data analysis where secondary data available through publications, journals, Newspaper articles have been studied. This paper outlines a comprehensive research methodology for a qualitative study, drawing on established frameworks and best practices in the field.

Coalition Politics in India

From 1967, the Indian party system was transformed from 'the Congress system' or 'one-dominant party system' to a competitive multi-party system that dawned the era of coalition politics on the political horizon of the country. In that sense, the year 1967 may be regarded as a watershed in the history of coalition politics of India that the congress party lost elections in Kerala, Tamil Nadu, Bihar, Punjab, Haryana, Rajasthan, Madhya Pradesh and West Bengal. The emergence of regional parties such as DMK in Tamil nadu, Asom Gana Parishad in Assam, etc. were the reason why the congress party lost the election. This shows the ascendancy of regional parties in Indian states politics but the congress managed to sail over this period till 1977. The landscape of Indian politics has undergone a significant transformation since 1977 and this period marked the rise of coalition governments at the national level. Before this, the Indian National Congress (INC) held a dominant position, consistently winning most seats in the Lok Sabha, the lower house of the Indian parliament. However, the 1977 general elections witnessed a shift in the political landscape as the Congress party suffered a defeat, leading to a new political dynamic. The Janata Party, a coalition of various opposition parties, including the Jana Sangh, the Bharatiya Lok Dal, the Congress (Organization), and the Socialist Party, came together to form the government. This represented a significant departure from the single-party rule that has characterized Indian politics for the first three decades of independence. First experience of coalition in free India at the union level goes back to 1977 when non congress forces united under the leadership of Morarji Desai in the name of Janta government. The four party janata governments remained in power for about two years i.e., 1977-1979. Following the discussion of the no confidence motion against Desai in the lower house, Mr. Desai submitted his resignation. The Janta government fell apart in July 1979 like a house of cards as a result of numerous group leaders, including George Fernandes, H.N. Bahuguna, Biju Patnaik, and Madhu Limaye, leaving. (Yerankar, 2015). The second coalition government formed in October 1979 with Charan singh as Prime minister. He was the only Prime Minister who didn't face the parliament. But, once President asked him to seek a vote of confidence in the house within three weeks' time, Mr. Charan Singh tendered his resignation before facing the house. The 1980 General Election in India marked a significant political transition following the tumultuous events of the 1970s. Indira Gandhi, the charismatic leader of the Indian National Congress (I), returned to power

after a brief hiatus, symbolizing a resurgence of the Congress Party's dominance in Indian politics. This election was pivotal as it came on the heels of the Emergency period (1975-1977) and subsequent Janata Party rule (1977-1979), which had ended Gandhi's previous tenure. The third coalition was formed under the leadership of V.P.Singh in December 1989 under the banner of national front. The government was supported by the BJP. But due to Advani's arrest during the rath yatra from Somnath to Gujarat, BJP withdrew their support given to the government. Fourth coalition was under the leadership of Chandra Shekhar who had already staked his claim to form the government. A congress breakaway faction headed by Chandra Shekhar assumed power and was appointed as Prime Minister in November 1990 with the help of Congress (I). However, serious differences developed between the two partners later on Chandra Shekhar resigned on March 1991. (Nilofer & Ahmad, 2009). H.D. Deve Gowda led the formation of the fifth coalition, which was known as the United Front Government. Thirteen political groups formed the United Front coalition government, which had outside backing from the Congress. The Samajwadi Party, DMK, Asom Gana Parishad, Tamil Manila Congress, CPI, and Telgu Desam Party were among the other front members. The Congress withdrew their support to united front government headed by Deve gowda and was brought down. Sixth coalition was headed by I.K.Gujral from April 1997 to March 1998 as a consensus candidate between others that included Lalu Prasad Yadav, Mulayam Sing Yadav, INC, left parties and others. The INC finally withdrew support from his government on November 1998. From March 19, 1998, to October 10, 1999, A.B. Vajpayee led the seventh coalition. The AIDMK, BJD, Akali Dal, Shiv Sena, PMK, and other parties backed the alliance led by the BJP. Since the demands of the AIADMK, particularly Jayalalitha's desire to remove Defense Minister George Fernandes, were not fulfilled, this coalition did not endure long. (Yerankar, 2015). The National Democratic Alliance (NDA), which consists of 24 parties, won the Thirteenth Parliamentary Elections in India. Mr. Atal Bihari Vajpayee took over as India's prime minister on October 13, 1999. With 301 seats won, the BJP and its allies had established themselves as the main alliance. The Congress had 114 seats, while its allies had 138 seats. Shiv Sena (15) and the BJP (182) JDU (21) TD (27) Trinamool Congress (8) BJD (0) Lok Dal (5) were the members of the government. On the recommendation of Prime Minister Mr. Atal Bihari Vajpayee to President for the dissolved the lok sabha on February 2004. (Nilofer & Ahmad, 2009). Ninth coalition was formed in May 2004 under the leadership of Dr.Manmohan Singh in the name of United Progressive Alliance (UPA). 19 political parties led by Congress

emerged victorious after winning 220 seats. The BJP-led NDA was reduced to just 185 seats. The 63 Left party MPs gave outside support to the UPA for forming government. Nonetheless, it is evident from the fact that the Congress was unable to obtain a clear majority and had to court several regional parties in order to create a coalition government at the center shows that Coalition politics is an inevitable part in the politics of India. (Nilofer & Ahmad, 2009). The tenth coalition was formed by UPA 2nd in May 2009 headed by Dr.Manmohan Singh as Prime Minister for 2nd time. UPA 2nd had the outside support of Samajwadi Party, BSP, Rashtriya Janata Dal, Janata Dal Secular and others.

Merits of Coalition government

1. Compared to one party rule the coalition government addresses the regional disparity more, that it is good for all the regions and all people of a country.
2. Since coalition government represents a wider range of public opinion than single-party rule, it is more democratic and, therefore, more equitable. Since the majority of voters supported the parties that form the government in almost all coalitions, their interests and viewpoints are taken into account when making political decisions.
3. A more transparent and dynamic political system is produced by coalition governance, giving people more options when casting votes. A larger number of political parties allows voters in nations with coalition governments to make more informed decisions and encourages debate of differing viewpoints
4. Coalitions make decisions that serve the interests of the majority of the populace, they offer excellent governance. Since there is broad agreement on the matter, any policy will be thoroughly discussed within the government before it is implemented
5. Coalition governments function on the politics consensus. Where the concept of federalism is strengthened
6. National unity, democratic legitimacy and representativeness, improves under coalition government. The emergence of federal coalitional governance is primarily responsible for significant policy changes such as federal decentralization and neo-liberal economic reforms

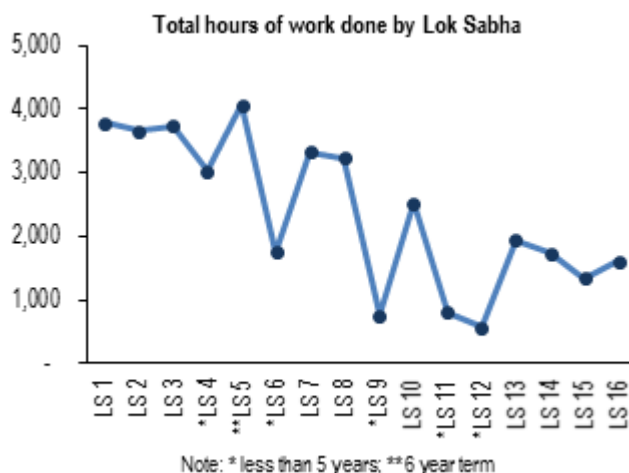
Demerits of Coalition government

1. It is less democratic because the balance of power is held by the small parties who gets more concession from the coalition. This means that a party with little popular support is able to impose its policies upon the majority by a process of political blackmail.
2. It is less transparent.
3. Coalitions provide bad government because they are unable to take a long-term view. In addition, planning for the long-term often requires decisions to be made that are unpopular in the short-term. Coalitions often fail such tests because temporary unpopularity may encourage one of the parties involved to defect, in search of a populist advantage.
4. They are very unstable collapsing at frequent intervals.
5. Compared to governments formed by a single party with clear ideology and values, coalition governments less effective, and non-dependable.
6. Coalition government cannot able to proper development of country because the government hasn't power to take decision on its own. (Yerankar, 2015)

Re-emergence of absolute majority in parliament

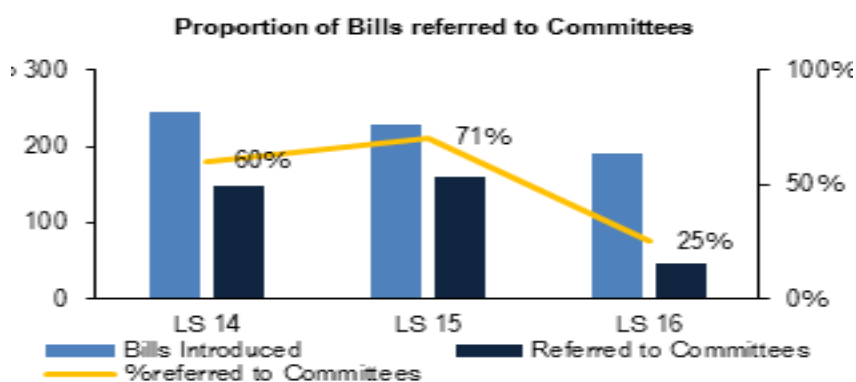
The election result of 16th and 17th Loksabha brought back the trend of majority politics in India after the first three decades which was characterized by one party dominance. The BJP which came to power in 2014 by replacing the 2nd UPA government won 282 seats alone by crossing the half way mark. The Indian National Congress (INC) managed to win only 44 seats which was worst ever performance of the national party so far in general elections. In the 17th loksabha election the BJP secured 303 seats of its own while INC won 52 seats and continued the governance model of the BJP for the second consecutive time.

How Democratic was the 16th and 17th loksabha



Source: PRS Legislative Research

The 16th Lok Sabha worked for a total number of 1,615 hours, 20% more than the 15th Lok Sabha. However, this is 40% lower than the average of all full-term Lok Sabhas (2,689 hours). There has been a general decline in the number of sitting days. The 16th Lok Sabha sat for 331 days. On average, full-term Lok Sabhas sat for 468 days. This Lok Sabha lost 16% of its scheduled time to disruptions, better than the 15th Lok Sabha (37%), but worse than the 14th Lok Sabha (13%). Rajya Sabha lost 36% of its scheduled time. In the 15th and 14th Lok Sabhas, it lost 32% and 14% of its scheduled time, respectively. (PRS Legislative Research)



Source: PRS Legislative Research

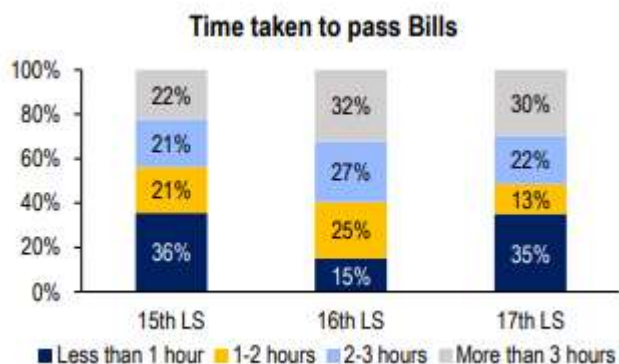
Parliament is the highest deliberative body in India. Standing and constitutional committees within Parliament work to promote a variety of viewpoints and recommendations. These include hearing from experts, gathering input from

stakeholders, and listening to the opposition. Only 25% of the bills in the 16th Lok Sabha were referred to the statutory committees, compared to 60% and 71% of the bills in the 14th and 15th Lok Sabha that were forwarded to the committees for review. This not only undermines the democratic values and functioning of Parliament but has also deteriorated the quality of bills. (Jeelani & Haque, 2019)



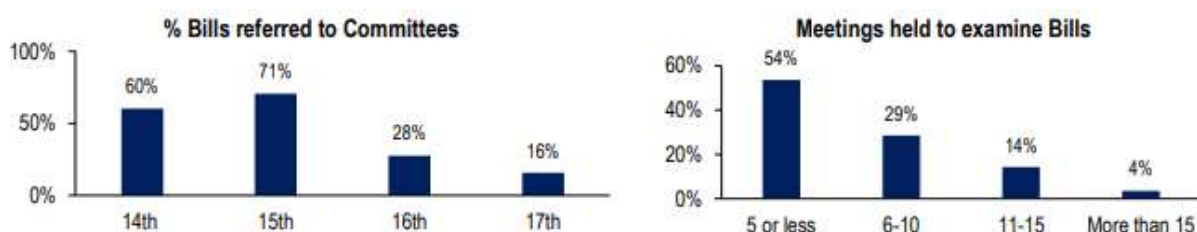
Source: PRS Legislative Research

The 17th Lok Sabha held its sessions between June 2019 and February 2024. In these five years, Lok Sabha functioned for 88% of its scheduled time, while Rajya Sabha worked for 73%. The 17th Lok Sabha held 274 sittings. Only four previous Lok Sabhas have had fewer sittings, all of which were dissolved before completing the five-year term. The fewest sittings in this Lok Sabha were held in 2020 (33 days), amidst the COVID-19 pandemic. 11 out of the 15 sessions held during this Lok Sabha were adjourned early. As a result, 40 scheduled sittings did not take place (13% of scheduled sittings). The first and last sessions were extended by seven sittings and one sitting respectively.



Source: PRS Legislative Research

Most Bills introduced during the term of the 17th LS were passed. 58% of the Bills were passed within two weeks of their introduction. The J&K Re organisation Bill, 2019, and the Women’s Reservation Bill, 2023 were passed within two days of introduction. ♣ 35% of Bills were passed with less than an hour of discussion in Lok Sabha. The corresponding figure for Rajya Sabha was 34%.



Source: PRS Legislative Research

16% of Bills were referred to Committees for detailed scrutiny. This is lower than corresponding figures for the previous three Lok Sabhas. Four Bills were referred to Joint Parliamentary Committees, and one (the Surrogacy (Regulation) Bill, 2019) to a Rajya Sabha Select Committee. 50% of reports on Bills were presented within 115 days. The Joint Committee on the Personal Data Protection Bill, 2019 took the longest time, meeting 78 times over more than two years. The Committees examining the Anti-Maritime Piracy Bill, 2019, and the DNA Technology Regulation Bill, 2019 took more than 1.5 years to present their reports. On average, Committees held nine meetings to finalise reports on Bills. Apart from the Data Protection Bill, only the Biological Diversity (Amendment) Bill, 2021 was discussed for at least 15 meetings. The three Bills to reform criminal laws were examined together over 12 meetings. (PRS Legislative Research, 2024). These figures shows that the absolute majority enjoyed by

the BJP in both the elections clearly eroded the parliamentary deliberative procedure to an extent. It shows the Big brother attitude of the BJP in parliament by not hearing to its coalition members.

Return of Coalition Politics after a decade

After a decade without coalition politics in its true sense and debate in parliament, this election results clearly shows the return coalition and deliberative democracy. The Shiv Sena and the Shiromani Akali Dal (SAD), the two oldest allies of BJP parted away after 2019 general election. In September 2020, the SAD broke away in the face of farmer agitation, and in October 2019, the Shiv Sena, led by Uddhav Thackeray, broke away following a crisis over the position of Chief Minister of Maharashtra. Though the BJP had simple majority in both 2014 and 2019 election they didn't want their allies for its survival. But the picture is different in 2024 election that the BJP doesn't crossed the simple majority on its own and need its core alliance partners to have the simple majority. The BJP fall short of 32 seats to reach 272 seats. The Opposition INDIA bloc with 237 members restricted the BJP of not crossing the simple majority. With the Congress as a major member of the Opposition INDIA group, the BJP brought together more than two dozen parties to oppose the INDIA bloc. Both Chandrababu Naidu of TDP and Nitish Kumar of JD(U) with 16 and 12 seats respectively have become important for the BJP to form the government at the Centre. (India Today, 2024). Even though the National Democratic Alliance, led by the BJP, has enough members to form the next government, the election results indicate that the so-called "Modi magic" of winning elections is diminishing. The defeat of BJP in the Hindi Heartland state of Uttar Pradesh is a reminder for them. Only a few months have passed since the Ram Temple in Ayodhya was dedicated to the nation, which was purportedly done to arise religious feelings ahead of the election. However, it was unsuccessful. In the sacred cities of Ayodhya and Chitrakoot, which are closely associated with Lord Ram, the BJP candidates were defeated. There are several policies of the BJP that might get reconsidered because of its hard bargaining coalition partners like TDP and JD (U) that they are up against Agnipanth scheme and the push for caste-based census etc. (Jha, 2024)

There are four sets of factors seems to have responsible for halting the BJP midway

1. BJP's social engineering technique of giving representation to non-dominant backward castes has been attempted by Samajwadi party. The delicate and dangerous equilibrium between Hindutva and caste engineering, two forms of identity politics, has collapsed.
2. Voter mobilization efforts by the BJP's well-oiled electoral apparatus were futile. They failed to enthuse people on the division on religious lines.
3. The BJP was also severely impacted by the over-centralization of the party and government, as Modi and Amit Shah silenced dissenting opinions within the party.
4. The mixed messages on corruption failed to connect with the public. The act of imprisoning political rivals on supposed corruption charges, while pardoning others who switched allegiance and joined the BJP, rendered the anti-corruption stance insincere and opportunistic. (Jha, 2024)

The BJP's failure to maintain a single national election narrative, which was Modi's unique selling point, cost the party dearly. The people were not receptive to the BJP's ideologically divisive narrative, and the Congress party's manifesto unnerved the BJP. The election sent a clear message that Indian society is a rainbow coalition, and attempts at homogenization face resistance. The result has been a setback for Modi and a new lease of life for regional parties.

Conclusion

It is the beauty of democracy to stop the ruling party from crossing the limits of parliamentary democracy through periodic elections where the people of the country will teach them a lesson that they should not forget that the Constitution is supreme in this land. Without a doubt, the Modi-led BJP will be facing a challenging coalition, which puts them in a difficult position. Nevertheless, this is positive for Indian democracy as it means that opposition voices will have a stronger presence in parliament, and the trend of authoritarianism and centralization in politics will diminish. Coalition Politics is an indispensable part of Indian politics. The Modi-led BJP is in a tough spot because they will undoubtedly have to contend with a formidable coalition. However, this is good news for Indian democracy because it would increase the strength of opposition voices in parliament and slow down the rise of authoritarianism and

political centralization. The hard bargaining capacity of coalition partners in the ruling coalition will make the government accountable to the people because they want to stick to their power sphere in their respective states. The 18th loksabha will see heated deliberation in the coming parliamentary session as witnessed in the first session of this loksabha that is the Motion of Thanks to President Address.

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Jallikattu: An Analysis from a Posthumanist Perspective

Posthumanism is a philosophical framework that questions the primacy of the human and the necessity of the human as a category. Post-humanism kills all the boundaries that make “human” a human being. In the post-humanist thought, man is a hybridization of the human with non-human Lijo Jose Pellissery is one among the forerunners of new wave in Malayalam cinema with his raw and innovative approach in film making. His Jallikattu is a movie that throws light on blurring the boundaries between man and animal.

Keywords: *Humanism, Post Humanism, Beastliness*

Introduction

Lijo Jose Pellisery, the director of the Malayalam film *Jallikattu* (2019), has established a unique position in the realm of Malayalam cinema through his daring and innovative storytelling. His exceptional work was recognized at the 50th International Film Festival of India where he received the Silver Peacock award for Best Director for *Jallikattu*. Additionally, he was honored with the Best Director accolade at the 48th Kerala State Film Awards. The script for *Jallikattu* was penned by S.Hareesh and R.Jayakumar, adapted from the short story "Maoist" by S. Harish. The movie features Antony Varghese, Chemban Vinod Jose, Sabumon Abdusamad, and Santhi Balachandran in prominent roles. The storyline centers on a buffalo that flees just before being slaughtered in a hill town at night, and the villagers' efforts to apprehend it.

Posthumanist Perspective

Humans were traditionally believed to hold a central and superior position in the world, distinct from animals and machines, according to the humanist perspective. This viewpoint emphasized a shared essence among human beings, portraying them as unique and universal. Humanists regarded "Man" as the ultimate authority and standard by which everything else was measured. They viewed humans as exceptional, independent, and superior to all other

living organisms. However, the concept of humanism is evolving into posthumanism, signaling the end of these traditional beliefs. Posthumanism represents a fusion of anti-humanism and anti-anthropocentrism, challenging the idealized notion of "Man" and advocating for ecological equality by critiquing species hierarchies.

Katherine Hayles' *How We Became Posthuman (1999)* is a seminal text in the discourse of posthumanism. In the book she shows how information 'lost its body'. She says:

By turning the technological determinism of bodiless information, the cyborg and the posthuman into narratives about the negotiations that took place between particular people at particular times and places, I hope to replace a teleology of disembodiment with historically contingent stories about contests between competing factions, contests whose outcomes were far from obvious. (Hayles 22)

Post-humanism challenges the traditional boundaries that define what it means to be "human". According to post-humanist philosophy, humans are a blend of human and non-human elements. This perspective does not simply reject the anthropocentrism of the Renaissance era, but rather harkens back to a time before Socratic and stoic philosophies, where the relationship between humans and nature was viewed as interconnected. Post-humanists argue that humans do not hold a special status above other creatures, leading to ethical and ontological implications. They suggest that individual humans are not isolated entities, but rather interconnected beings within an infinite chain of events. Every action taken by an individual has far-reaching consequences that extend infinitely into the future, reflecting a series of indeterminate events. Post-humanists emphasize the importance of considering humans within a broader cultural, physical, and technological context, viewing humans as part of a larger world that includes society, technology, and animals. This perspective is exemplified in the Malayalam film *Jallikattu*, which blurs the boundaries between humans and animals.

Based on the short story *Maoist* by Malayalam author S Hareesh, *Jallikattu* presents a straightforward premise - a buffalo breaks free from a slaughterhouse in Idukki, leading to chaos among the villagers until they manage to subdue it. Unlike the traditional bull-taming event in Tamil Nadu, where the animal is intentionally agitated or drugged, this film focuses on a simple buffalo causing mayhem by destroying vegetation as it roams.

The film utilizes a buffalo as a nonhuman character within its narrative. The plot is rather simple: a buffalo manages to escape from the clutches of butcher Varkey just as it is about to be slaughtered. The animal then goes on a rampage, causing chaos wherever it goes. The

inclusion of the buffalo as a key animal character serves to underscore the central theme of the movie and effectively communicate the intended message. Through the symbolic representation of the buffalo, the film offers deeper meanings and plays a crucial role in imparting life lessons and insights into the human experience. The primary objective of the analysis is to demonstrate that, despite focusing on the seemingly insignificant emotions of the natural world, the film indirectly sheds light on the beastly nature inherent in human beings. The transformation of man into a beast or something even worse can be triggered by a rampaging buffalo. The buffalo behaves in a reckless and clumsy manner, akin to a 'bull in a china shop', causing individuals to act aggressively in situations that require delicacy and care. The evolution of humans from a primordial to a civilized state, from 'ancient' to 'modern', appears to be futile in such circumstances. The conflict at hand is not merely between man and animal, but rather a conflict between the beastly instincts within both the animal and the human. When a buffalo escapes from a butcher shop, the civilized society also loses its sense of civility and partakes in the pursuit. In a Christian town in tropical Kerala, there is a strong fixation on meat among macho men. Despite existing caste hierarchies, people continue to consume large quantities of meat, with their eating habits remaining consistent regardless of whether they are in a primordial or modern setting.

The buffalo falls victim to the ruthless nature of mankind. Despite advancements in intellect, humans still exhibit their primal instincts by attacking each other. Initially, the buffalo was tamed to protect it from harm by other animals. However, as the narrative progresses, individuals become enthralled by the act of killing and turn on each other. Humans have a natural inclination towards violence, with a propensity to kill each other that is six times higher than the average mammal. Instead of relying on the legal system to resolve conflicts, they place their trust in the law to address issues. The buffalo transitions from being seen as an animal to symbolizing the oppressed minority, subjected to cruelty by the majority.

Men are often equated to buffalo or even lower in status, exemplified by instances such as domestic violence towards wives, fights over women, and the influx of chaos from neighboring villages. This behavior reflects a primitive hunter-gatherer mentality, where everything, including women, is seen as fair game. Antony's inappropriate behavior towards his boss's sister and the shallow political gains made only slightly improve the situation. Despite some individuals advocating for the rights of the less fortunate, the sentiment is quickly overshadowed by humour, highlighting the hypocrisy of preaching without moral values and the challenge of practicing what one preaches.

The buffalo represents the monstrous nature inherent in humanity. When in pursuit of the buffalo, verbal communication vanishes, and the hunters start to emit primal roars and screams reminiscent of ancient times. This mesmerizing and unsettling primal encounter, depicted in breathtaking films, blurs the boundary between animals and humans, bringing forth the inherent monstrosities. Soon, the entire village, situated in the untamed highlands, mobilizes to ensnare the elusive buffalo. Their endeavor to capture the elusive buffalo ultimately transforms into capturing the beast within humanity. As the buffalo treads further, it reveals the hidden animosities, violence, and self-centered interests lurking beneath the seemingly tranquil surface of the village. Amidst the chaos of the pursuit, an elderly individual recollects a time when the entire landscape teemed with wildlife. This scenario prompts reflections on themes of power, accountability, liberty, and technological advancement in the twentieth century. In the past, early humans communicated their thoughts and emotions through speech, signs, gestures, and various forms of signaling such as fire, smoke, drums, and whistles. Similarly, animals often roar during aggressive encounters, using a loud, deep voice to assert their dominance or strength. In this context, humans also mimic nonhuman sounds, resembling animals or early human ancestors. While advancements in language, art, politics, science, medicine, and business were rapidly progressing, humanity seemed to be slowing down. It almost appears that the pursuit is not of the buffalo, but of the inner monstrosities within. The movie contains distinct scenes that explicitly suggest that man is essentially a buffalo. For instance, Antony stabs Kuttachan, and when questioned by the crowd about his actions, he responds by saying that a bull stabbed him. This direct comparison between man and buffalo is highlighted in this particular scene, where Kuttachan views his adversary as an animal rather than a human being. The focus on the footprints of both buffalo and human imprinted in the soil clearly indicates that man is being equated to this non-human species. Furthermore, the merging of the breath of the bull and the human further solidifies this concept in the film. The instance where a police officer refers to a wife as a bull is another illustration of this comparison. The film suggests that there is a fine line between human and animal, and the director demonstrates that even a bull can blur this distinction. The bull in the movie reveals the selfish nature of man. In the film, the term 'pothu', meaning buffalo in Malayalam, is employed as a metonym to symbolize savagery. For instance, the character Kaalan Varkey refers to his assistant Anthony as 'pothu' due to his inept and inhumane actions. Similarly, the Police Inspector in the movie addresses his wife as 'Pothu' to depict her aggressive and unsupportive conduct over the phone. In another scene, when the character Paul seeks

assistance from a senior village petition writer to file a plea for obtaining a shoot order from the District Collector to kill the buffalo, the petition writer substitutes the term 'mahisham' (a euphemistic and Sanskritized synonym) for 'pothu'. This unfamiliar term perplexes Paul, who insists on reverting to 'pothu' as it aligns with the notion of crude animalistic behavior. Lijo Pellissery utilizes this metonymy to establish the theme of beastliness in the minds of the audience.

In his publication 'The Postmodern Animal', Steve Baker (2000) discusses the notion of "animal-endorsing" methodologies in art, emphasizing the diverse ways in which different societies employ various means to shape and categorize animals in a manner that resonates with and evokes emotions in humans. The film 'Jellikettu' utilizes a sequence of visuals to draw parallels between the inhabitants of a town, who embody a performative sense of masculinity, and the array of cultural significances linked to the animal that incites disorder. It is captivating to witness how dialogues concerning animal-like behaviors shed light on cultures characterized by violence, affording them a mode of representation. The film's depiction of nonhuman animals as emblematic representations of primal, unbridled human traits, such as residing in caves and wielding stone clubs, functions as a poignant critique. The inherent brutality portrayed in the movie articulates the fundamental aspects of human nature and the manner in which individuals, akin to wild creatures, strive to assert dominance over others. Lijo contemplates situations that may incite aggression from human/nonhuman animals, attributing symbolic and material importance to them when they are possessed, exploited, consumed, threatened, and killed. This cruelty inflicted upon animals can be likened to debauchery, narcissism, sexual dissatisfaction, and hostility in human beings, despite the fact that the latter do not display these behaviors for survival purposes. It is evident that the root of the problems lies less in the buffalo's violent outburst and more in the villagers' divisive envies and trivial hostilities.

Death serves as the great equalizer between the human population and animals, as both man and beast face the same fate when confronted with mortality. This realization leads man to understand that he is merely one of countless species inhabiting the Earth. In the final moments of the narrative, the breath of a buffalo and that of an elderly man blend into a singular exhalation, blurring the distinction between human and animal. The image of a man chasing after a buffalo symbolizes the relentless pursuit of death. The narrative highlights the disintegration of man's unity and his journey towards embracing his primal instincts, symbolized by the beast within. The portrayal of selfish desires, lust, pride, toxic masculinity,

machismo, deceit, and conflict during the hunt underscores the enduring nature of man's primal urges, which have persisted since the days of our ancient hunter-gatherer ancestors. Besides the buffalo, the film utilizes the disrupted movement of a school of fish to symbolize discord in human society. Instead of swimming in a coordinated manner, the fish move aggressively in opposite directions. This scene occurs shortly after the altercation between Antony and Kuttachan. The metaphorical portrayal highlights humans as the primary victims of disunity. Despite being social creatures meant to support one another, the current societal situation is distorted. The self-centered interests of individuals take precedence, leading to a decline in genuine unity, peace, and cooperation. Society is devoid of harmony and solidarity. Lijo bestows both symbolic and material dominance upon the human/non-human animal through envisioning scenarios that may incite violence when they are possessed, addicted, consumed, endangered, or slaughtered. This imposition of animalistic traits onto animals mirrors the desires, pride, sexual tension, and aggression found in the human animal within the same environment, even though the latter does not necessarily exhibit these behaviors for survival purposes. Ultimately, it became evident that the issue did not originate from the brutality of the bison, but rather from conniving envy and trivial animosity that fractured the community. Kuttachan in the film questions another character about the most delicious type of meat in the world. He asserts that human flesh is the most delectable. How does Kuttachan possess this knowledge unless he has consumed human flesh himself? The explanation lies in the fact that it was not Kuttachan who made this statement. The genetic makeup of his body contains remnants of ancient civilizations where cannibalism may have been prevalent. Although cannibalistic tendencies were suppressed through the process of evolution, they resurfaced in Kuttachan's consciousness during a moment of intense excitement. This dialogue highlights the hollowness of modern civilization. The setting of this narrative is situated on land that is owned by humans (arguably, from an anthropocentric perspective, all of the earth belongs to humans), but the process of colonization is described in detail. One of the characters recounts the history of the land, stating that it originally belonged to animals, and that migrant settlers arrived, clearing the forest and displacing the animals in order to claim the land as their own. This human dominance has persisted for centuries, marginalizing other beings and rendering their existence more precarious. The character concludes by remarking that the humans he sees before him are, in fact, animals, despite walking on two legs.

The animal's escape is consistently facilitated by nature. When the bull first escaped in the film, the screen went black for a brief moment, symbolizing the absence of light. The darkness

of the natural surroundings contributed to the escape. During the second escape, the screen once again darkened. This time, the escape was aided by the timely arrival of rain. Prior to this, there were no indications of rain, yet nature orchestrated it perfectly to assist the bull's escape. Upon the animal's subsequent escape, it resulted in further destruction and a fatality. A shot in the movie shows footprints, revealing tracks from two different species: one from the bull and the other from a human. This blurs the distinction between human and animal. In the climax, humans leap over the bull, forming a massive human mountain, illustrating the disorderliness that civilization has devolved into. The final scene in the prehistoric cave, where 'primitive' humans battle each other, mirrors the bull hunt in the movie. Civilization is depicted not as a linear advancement, but as a cycle where the beginning and end converge. The boundaries between animal and human become completely blurred. This challenges the validity of the Anthropocene as a concept. The film focuses on non-human creatures such as ants, worms, and spiders, which play a significant role in conveying a strong message in the story, despite appearing in only one scene. The humans in the film are shown fighting over beef, but the next shot features ants, worms, and spiders, which are depicted as species that consume human flesh after death. This juxtaposition highlights the idea that humans, who consider themselves dominant over land and sea, are ultimately just meat to these creatures, much like beef is to humans. Civilization emerged from the cooperation and unity of people. In ancient times, individuals lived and hunted alone, but they soon realized the benefits of joining forces to face common dangers. This led to the formation of villages, which eventually developed into towns, cities, and countries. In modern times, groups are formed in various fields and walks of life, but the disunity among individuals threatens the foundation of civilization. The film's character, Antony, had the opportunity to restore peace by killing the bull, but instead, he chose to attack his fellow human, thus breaking the unity that is essential for the structure of society and the preservation of civilization.

Conclusion

The buffalo plays a crucial role in the film, as evidenced by its prominent placement on the poster and in the onscreen action of Jallikkettu, possibly symbolizing humanity. This marks the first instance in Malayalam cinema history where an animal is featured on promotional materials. The narrative of human civilization, from the discovery of fire to the development of social institutions and education, is portrayed as a reversal of evolution. The bull's symbolic actions, attacking various human symbols of progress, represent a metaphorical journey into the depths of the human psyche, beyond the constructs of evolution and civilization. This

implies a lack of proper judgment in modern man, despite their advanced education.

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Whispers of Nature: Environmental Ethics in Hosseini's *A Thousand Splendid Suns*

*Environmental ethics, a branch of ethical thought, explores the relationship between humans and the natural world, emphasizing the need to protect and preserve our environment. Afghanistan has long faced severe natural disasters, including droughts, storms, floods, and earthquakes, compounded by human-induced environmental damage. Khaled Hosseini's *A Thousand Splendid Suns* uses natural elements to mirror the psychological states of characters, particularly highlighting the struggles of two women under Taliban rule. The novel reflects the intertwined destruction of both nature and human morality through war, suggesting that the healing of nature can lead to psychological renewal. Hosseini's narrative adopts an ecofeminist lens, showcasing the parallel oppression of women and nature in a patriarchal society.*

Key words: *Eco-feminism, patriarchy, ecological and feminist consciousness, Environmental Pollution, Environmental Degradation, Environmental Destruction, Environmental Disaster.*

Environmental ethics is a field of philosophical inquiry that delves into the ethical connections between humans and the natural world. It considers our moral obligations towards Earth, encompassing animals, plants, and other natural entities. This branch of ethics posits that human, along with other living beings, form an integral part of society. Environmental ethics emphasizes the importance of protecting these entities and promotes the sustainable use of natural resources. This is crucial for the safeguarding of the environment, species, and resources, advocating for sustainable practices and heightened awareness of the environmental impacts of human activities. It underscores the interconnectedness of all life forms and the necessity of respecting and valuing them. By encouraging us to consider our role in the world, environmental ethics fosters a commitment to preserving the natural environment. It champions the idea that nature should be valued for its intrinsic worth, not merely for its utility to humans. Through promoting responsibility towards the environment, environmental ethics advocates for eco-friendly practices that protect natural resources. It also supports the development of better public policies and laws aimed at ensuring the proper care and management of

environment.

“A thing is right when it tends to preserve the integrity, stability, and beauty of the biotic community. It is wrong when it tends otherwise” (Leopold, 224). Aldo Leopold’s quote reflects a holistic view of environmental ethics, emphasizing the interconnectedness of all life forms within ecosystems. It suggests that ethical considerations should extend beyond human interests to encompass the well-being of entire ecological communities. By prioritizing the preservation and respect for nature’s integrity and beauty, we can strive towards a sustainable relationship with the natural world, ensuring its health and resilience for future generations. Human activities have led to significant environmental pollution, exacerbated by an increasing demand for resources necessary for food and shelter. This heightened need disrupts the natural balance of ecosystems. Advances in engineering and development have accelerated the depletion of resources and environmental degradation. Issues like water and air pollution, resource depletion, loss of biodiversity, ecosystem destruction, and global climate change are central to discussions in environmental ethics. Numerous environmental challenges have wreaked havoc on both nature and human life. Key issues include pollution, overpopulation, industrial and household waste, acid rain, climate change, ozone layer depletion, urban expansion, genetic engineering, deforestation, and global warming. These problems result in dire consequences, such as adverse health effects on humans, rising sea levels, depletion of non-renewable resources, melting glaciers, species extinction, contaminated landfills, toxic dust, declining soil fertility, and increased air and water pollution. Ecofeminism, also known as ecological feminism, is a branch of feminist thought that explores the connections between women and nature. The term was introduced by French feminist Françoise d’Eaubonne in 1974. Ecofeminism integrates core feminist principles such as gender equality, a reevaluation of non-patriarchal and nonlinear structures, and a worldview that honours organic processes, holistic relationships, and the merits of intuition and collaboration. This philosophy extends these feminist principles to include a strong commitment to environmental advocacy and an awareness of the parallels often drawn between women and nature. Ecofeminists focus on how both women and the environment are exploited and oppressed by patriarchal systems. They analyse how gender categories perpetuate social norms that unjustly dominate both women and the natural world, arguing that such norms lead to an incomplete and skewed perspective of the world. Ecofeminism promotes an alternative worldview that considers the Earth as sacred, acknowledges humanity’s dependency on the natural world, and values all forms of life. Ecofeminists advocate for a perspective that respects and protects the environment and seeks

to dismantle the patriarchal structures that harm both women and nature.

In Khaled Hosseini's *A Thousand Splendid Suns*, two women from different generations, Mariam and Laila, serve as central figures. Mariam, an emblem of the traditional generation, is uneducated and subjected to male dominance throughout her life, from her father to her husband. Her mother ingrained in her the necessity to endure such oppression. In contrast, Laila represents a modern young woman, intelligent and forward-thinking, raised in a nurturing environment by a progressive father who valued her education and freedom. Despite their disparate backgrounds, Mariam and Laila's lives intersect when they both become wives to Rasheed, a cruel man who views women as inferior and perpetuates their suffering. The novel vividly chronicles various stages of Afghan history, including significant socio-political events such as the fall of the Afghan monarchy, the Soviet invasion, and the Taliban regime. Through the intertwined lives of Mariam and Laila, the novel reveals how the relentless pursuit of power and human greed wreak havoc on their lives and the environment. Hosseini meticulously describes natural elements like trees, flowers, and raindrops, using them as metaphors to reflect the characters' psychological states. The devastation caused by bombs and wars not only destroys the environment but also shatters the human spirit, leading to a loss of moral values. Conversely, a renewal in nature often symbolizes a psychological awakening for the characters. Hosseini's novel explores the dynamics of male-female relationships, societal cultural norms, and the history of Afghanistan. The novel tells the poignant story of Mariam and Laila, two women who navigate life in a society that upholds traditional values and restricts women's freedoms. Throughout the narrative, global and regional powers contribute to the turmoil and devastation affecting both the women's lives and Afghanistan as a whole. Hosseini expresses a deep concern for environmental issues, aiming to raise awareness about the significance of environmental preservation. His focus often centres on Afghanistan's tumultuous history, marked by numerous wars, highlighting the ecological damage inflicted on the country. He contrasts this devastation with the beauty of Afghanistan's natural environment before the onset of these conflicts. The era before the Soviet occupation is depicted as a golden period for Afghanistan. This paper aims to examine *A Thousand Splendid Suns* from an ecofeminist perspective, emphasizing how Hosseini employs various literary techniques to reflect the subjugation of women and the degradation of nature. Social inequality is often 'naturalized', meaning it is misleadingly presented as a natural and inescapable state, often perceived as 'God-given', while in reality, it results from specific political and power dynamics. The civil war in Afghanistan has profoundly impacted both women and nature, with

the conflict in Kabul further restricting women's lives. War compounds the domestic and religious constraints placed on women, confining them to their homes. The devastation includes heavy shelling on both sides of the Kabul River, streets strewn with bodies, shattered glass, and twisted metal debris. Acts of looting, murder, rape, honour killings of raped women, and suicides out of fear of sexual violence are rampant. As Hosseini describes in the novel: In Kabul, particularly in western Kabul, fires raged, and black palls of smoke mushroomed over snow-clad buildings. Embassies closed down. Schools collapsed. In hospital waiting rooms, Rasheed said, the wounded were bleeding to death. In operating rooms, limbs were being amputated without anesthesia" (Hosseini, 244). Using gender as a lens for analysis reveals how environmental issues and destruction impact men and women differently and highlights the distinct environmental footprints of each gender. In *A Thousand Splendid Suns*, the hardship of drought exacerbates the challenges faced by women. Rasheed, unable to provide for his family, insists that Laila force their daughter Aziza into beggary, viewing her as a burden due to her gender. The heart-wrenching decision to send Aziza to an orphanage underscores the difficult choices mothers must make to ensure their children's survival. Laila's priority is Aziza's well-being, demonstrated when she reassures Aziza that she will have food at the school she's attending. Zaman, the orphanage director, tries to comfort Aziza by explaining that Laila is not abandoning her but is in an untenable situation where she has no means to support her daughter other than placing her in the orphanage. These episodes illustrate the severe impact of the Taliban's rule on Kabul, making it impossible for mothers to care for their children adequately. Hosseini portrays the extent of a mother's willingness to endure suffering for her children's sake. After Rasheed stops accompanying Laila to the orphanage, she is subjected to violent assaults and relentless beatings by the Taliban for venturing out alone, further highlighting the oppressive conditions women face under Taliban rule. Throughout the novel, Hosseini portrays the complex and often painful relationships between mothers and their children, illustrating how these relationships are shaped by the harsh realities they face. Nana, Mariam's mother, discouraged Mariam's dreams to shield her from future disappointments, while Fariba, Laila's mother, struggled to care for Laila from a distance. Similarly, Mariam and Laila find themselves navigating difficult roles as caretakers. Mariam draws upon newfound strength to endure Rasheed's abuse while protecting Laila, Aziza, and Zalmai. Meanwhile, Laila is compelled to make the agonizing decision to send her daughter away to ensure Aziza's basic needs are met. Both women defy oppressive circumstances that push them to their limits of endurance. Hosseini intertwines these personal struggles with the broader

narrative of environmental degradation in Kabul. The drought, which began in 1998 and continued into its second year, exacerbates the city's hardships. The lack of snow and rain has transformed the Kabul River into a cesspool of human waste and debris. This environmental catastrophe serves as a metaphor for nature's revolt against exploitation and neglect. As Hosseini describes:

It was the drought, started in 1998, in its second year now, that was wreaking havoc everywhere. It hardly snowed that past winter and didn't rain at all that spring...The Kabul River, without its yearly spring floods, had turned bone-dry. It was a public toilet now, nothing in it but human waste and rubble" (Hosseini, 313).

In the conclusion of the novel, Hosseini infuses a sense of hope amidst the healing process after years of war and suffering. As Laila returns to Kabul from Pakistan, she witnesses signs of renewal and rejuvenation in both human lives and nature. The long-awaited end of the drought is marked by abundant snowfall and continuous rainfall, reviving the Kabul River and cleansing the city of the scars left by war. Hosseini writes: "The drought has ended. It snowed at last this past winter, knee-deep, and now it has been raining for days. The Kabul River is flowing once again. Its spring floods have washed away Titanic City" (436). This description vividly illustrates nature's resilience and capacity for regeneration, mirroring the hopeful spirit emerging in Kabul. Laila observes people planting saplings, restoring old houses, and constructing new ones, while flowers bloom in once-empty shells. The orphanage, renovated by Tariq and caretaker Zaman, becomes a beacon of change. Laila assumes the role of a teacher, contributing to the orphanage's transformation into a nurturing environment for children who have lost their families to war. The planted saplings symbolize hope and the rejuvenation of nature's fertility, while the orphanage signifies broader societal changes taking root in Kabul. Through these images, Hosseini conveys a message of resilience and renewal, suggesting that despite the devastation of war, there is potential for healing and rebuilding both in human lives and in the natural world. Laila's journey in the novel reflects her deep-rooted belief in the transformative power of education and her commitment to societal change. From her childhood, she was taught that education opens doors to a better life and carries a responsibility to contribute back to society. By embracing her role as a teacher at the orphanage, Laila fulfills both aspects of this teaching. She educates both girls and boys, fostering an environment where gender equality becomes the norm rather than the exception. In doing so, she becomes a nurturing figure to all the children, guiding them with compassion and nurturing their minds

and spirits alike. Laila's decision to continue her own journey of motherhood, despite the hardships she has endured, symbolizes hope and resilience. She has witnessed immense suffering but also sees positive changes taking place, inspiring her to bring new life into the world. Her maternal role extends beyond her biological children, Aziza and Zalmai, to include the orphanage children and now her unborn child. This underscores Hosseini's theme of the transformative power of motherhood in rebuilding Afghanistan's social fabric. Through her embodiment of values such as self-sacrifice, compassion, and dedication to others, Laila becomes a beacon of hope and a role model for her community. Her actions exemplify how Afghanistan can move forward into a new era, embracing these values to create a more inclusive and hopeful society. This paper aims to demonstrate the interconnected themes of environmental destruction and the fragmentation of human relationships, particularly through the marginalized female characters Mariam, Laila, and Nana in Hosseini's works. It explores how war devastates the natural environment and delves into the concept of violence as a tool for patriarchal oppression against both women and nature. Hosseini vividly portrays the hardships faced by people in war-torn Afghanistan, highlighting the profound impact of conflict on their lives, with a specific focus on how it affects women and the environment. The narrative underscores the shared experiences of women and nature, such as alienation, futility, inferiority, restriction, dependency, and subordination. "The care of the Earth is our most ancient and most worthy, and after all our most pleasing responsibility. To cherish what remains of it and to foster its renewal is our only legitimate hope" (Berry, 113). The paper concludes by emphasizing the importance of responsible stewardship of natural resources. It argues that although humans possess these resources, they are not entitled to exploit them without regard for future generations. This echoes Hosseini's exploration of the consequences of environmental degradation and the ethical imperative to preserve and sustain the natural world for the well-being of all.

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The Portrayal of India in the Novel *Monsoon Summer* by Mitali Perkins

*The paper is an attempt to analyze how India has been portrayed in the novel *Monsoon Summer* by Mitali Perkins. Being a non-white migrant settled in a white-dominant country, Perkins herself must have experienced degrading remarks about India, her ancestral land. The present study is an attempt to understand how this has influenced her perspective about India.*

Introduction

‘How India should be looked upon by the West’ has been a matter of great concern for Indian English writers. Most of the Indian English writers try to highlight Indianness-Indian values and culture in their works. While any piece of literature is influenced by any particular culture, it also plays a major role in defining culture (Mukherjee, 138). However, the major question that arises is ‘What is India? India has a variety of cultures. The culture of Kerala is entirely different from the culture in Maharashtra again which is different from that of Gujarat or Assam. Each state in India has its own culture and values, which we proudly uphold with the dictum ‘Unity in Diversity’. The Western occupation of India has added to its varieties. In India, one is free to practice any religion of one’s choice. Thus, Indians cannot either be defined in terms of religion. Despite all the differences, India has something that culturally binds the nation as a whole “The essence of a nation is that all individuals have many things in common” (*What is a Nation*, 11). India has rich cultural values, to say, concerning family relationships and such values. This rich culture is the essence of India that unites Indians despite all their differences. Most of the Whites despise Non-whites and their culture. Brown-skinned migrants settled in white dominant space face racism in various forms. They are considered inferior by the whites. Edward Said, in his *Orientalism*, says, Westerners consider the Orientals as lazy and brainless who don’t even know what is good for themselves. What the colonialists’ claimed is that they colonized the East to help Orientals get rid of the darkness of ignorance that had encircled them. This doctrine of white supremacy has infected the entire world. Even in the twenty-first century, the idea of white supremacy still exists so many people from South Asia prefer to migrate to white-majority countries despite their good financial status. Even when they undergo racism, they remain stoically accepting the harassment because they accept their inferior position to the Whites. Many migrant characters in Indian diasporic novels are depicted

as undergoing emotional trauma owing to their understanding that Indian culture is inferior. Most of the higher generations of migrants try to adopt the White culture because they feel that the white culture is more sophisticated than their ancestral culture. This type of understanding among the migrants is due to the idea of White supremacy propagated by the Whites during colonialism. This kind of inferiority feeling and the resulting emotional conflicts of Indian migrants settled in white-dominated countries are often portrayed by Indian diasporic writers. Most parts of the novel *Monsoon Summer* are set in an orphanage in Pune, India. When the novel begins, different characters seem to have different opinions about India. Many of the characters consider India as a poor country where people are needy and gold-diggers. Jazz's paternal grandmother is entirely against the idea of going to India to serve in the orphanage where Jazz's mother was taken care of when she was young. Jazz's paternal grandmother says, "I hope you aren't going to try and find your birth family, Sarah. I saw a piece on television the other day about another girl who did that, and the whole clan ended up taking advantage of her. They'll probably be delighted that you're an American" (*Monsoon Summer*, 23,24). Jazz's paternal grandfather also asserts the same notion about India, asking her to make it clear that she is not rich. Jazz's grandma also objects to their idea of the trip to India saying they should not take risks by taking her 'precious grandchildren to that unsafe country' (Perkins, *Monsoon Summer*:23). Jazz herself also does not want a trip to India. In the first place, she does not want to leave her boyfriend Steve. Secondly, she is scared that people in India will financially exploit her just like she was cheated by Mona, a homeless woman whom she recruited into her business.

Perkins has portrayed India in a multi-faceted way. The author has shown both positive and negative sides of India. One of the major negative aspects the author has focused on is the poverty in India. In Pune, Jazz realizes that the entire Pune is not as poor as she used to think. She sees five-star hotels towered over tiny tents where the poor lived. The novel portrays India as a land of contrasts where the upper class enjoys many privileges, while the lower-middle class is even denied the basic quality of life. In India, Jazz witnesses the social inequalities. The author shows that in India, certain segments of society are denied the prerogative of a good standard of living. Jazz and Eric were shocked to hear when their mother tells them that many children in Pune, are yellow-haired because of malnutrition. Jazz declares that poverty is the most disturbing aspect of India. Thus, the dark-seamy side of India is not glossed over. The people at the orphanage are depicted as struggling in many ways. They lack money, better medical facilities, and so on among many others. The orphanage is equipped with computers, however, they are not equipped with enough knowledge to handle them. Here, the author points

to the technological illiteracy of certain sects of Indians. Another major issue in India that Jazz comes to be familiar with is the marriage system in India. Jazz was taken aback when she understood that girls in India get married at a very tender age. She was even more upset when her parents told her about the practice of the dowry system in India, where the bride's family extends a huge sum of money to the groom's family when they get married. Jazz was extremely prejudiced against Indian culture till her arrival in India. However, she was surprised to see that the apartment where they would occupy during their stay in India had been well-arranged in such a way as to make them comfortable. "...I couldn't help noticing that someone had tried hard to make us feel welcome ... For one mixed-up, jet-lagged second, as we gathered around the dining table, this strange new place did feel a bit like home." Thus, despite portraying harsh realities like poverty, the author also emphasizes the warmth and hospitality of Indians. Perkins describes India through sensory images. The locale of Pune comes alive for the reader, through its sounds, smell, sights, and Indian cuisine. When Steve asks Jazz to tell him the best thing about India, she answers without a second thought that monsoon is the best thing in India. Jazz says that the monsoon "make everything green and fresh-smelling. And the flowers! They're incredible" (Perkins, *Monsoon Summer*:55). This picturesque description of the monsoon brings to the readers the smell of fresh mud and the greenery of India. The monsoon is a recurring symbol that has been used in the novel. Monsoon symbolizes the enchanting power of India, which in turn depicts the author's nostalgia and intense feelings for her homeland. The novel also highlights the importance of family relationships in India. Danita's love for her younger sisters forms the core of the parts of the novel, which are set in India. As a coming-of-age novel, the novel showcases the transformation of the central character, Jazz. Danita's sacrificing decision to marry an old man who is willing to take care of her sisters as well is what causes a complete transformation of Jazz. Danita's bonding is a sample representation of family bonding in India. At the beginning of the novel, many characters are biased about Indians as gold-diggers. On the contrary, what Jazz witnesses is Indians who are sacrificing their lives for the sake of their loved ones. Thus, the novel offers a multi-dimensional portrayal of India, as seen through the lens of a young American girl, who was initially prejudiced against India and its culture, but later fell in love with the same. The author does not showcase a biased picture of India. Thus, the novel is a unique blend of cultural conflicts and fascination for Indian culture. The characters who are prejudiced against India may be true representations of Western nationals who are biased against India. Mitali Perkins, being a migrant must have suffered from racial and other derogatory remarks owing to her Indian ancestry. The novel is a sincere attempt by the author to portray India with all its magnificence which is comprised of

love, empathy, and its rich culture as a whole.

However, it is appreciable that the author has been successful in portraying the downsides of India as well. This inclusion of downsides while highlighting the upsides, makes the novel a better trustworthy picture of India.

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Beyond decriminalization: The quest for Substantive Equality and Policy parity for Homosexuals in India

In September 2018, the Supreme Court of India decided Navtej Singh Johar v. The Union of India case resulted in a landmark judgment outlawing homosexuality and striking down Section 377 of the Indian Penal Code. This historic decision is a milestone in the fight for LGBTQ+ rights in India, but it is the first step towards true equality. Despite the legal victory, gay people in India still face discrimination, discrimination, and inequality in many aspects of their lives, including work, education, health care, and family rights. This article explores the ongoing search for greater equality and politics for gays and lesbians in India beyond the simplistic reductionism of the gay movement. It examines the existing policy landscape, identifies key areas for reform, and argues for a more comprehensive and inclusive approach to ensure the full enjoyment of human rights by homosexuals in India. This study aims to explore the ongoing quest for substantive equality and policy parity for homosexuals in India, beyond the mere decriminalization of their sexual orientation. This study employs a qualitative research approach, combining literature review, and policy analysis to identify key areas for reform and propose recommendations for comprehensive policy change. This study focuses solely on homosexuals in India and does not explore the experiences of other LGBTQ+ individuals. Additionally, the study relies on existing literature and expert opinions, and may not capture the diverse perspectives of the entire homosexual community. The study's recommendations aim to inform policy decisions and advocacy efforts, providing a framework for achieving substantive equality and policy parity for homosexuals in India. It contributes to the existing body of research by examining the specific policy needs of homosexuals in India, beyond decriminalization, and proposing concrete recommendations for policy reform.

Key Words: Homosexual, India, Policy Parity, Substantive Equality, Decriminalization

I. Introduction

Following the Supreme Court of India's historic ruling in 2018, which decriminalized homosexuality and represented a major turning point in the fight for equality, the LGBTQ+ community in India still faces numerous obstacles in their quest for substantive equality and policy parity. Despite the progress made, discrimination, prejudice, and inequality persist, perpetuating a stark reality of second-class citizenship. This article embarks on a crucial journey, delving beyond decriminalization and venturing into the uncharted territories of policy and social reform, to ignite a nuanced conversation on the imperative of substantive equality and policy parity for homosexuals in India. Through a critical examination of the existing legal framework, social attitudes, and policy initiatives, this discourse seeks to illuminate the obstacles and opportunities that shape the lives of LGBTQ+ individuals, with the ultimate goal of envisioning a future where equality is not only enshrined in law but also embraced in practice. By exploring the intricate web of legal, social, and political dynamics, this article aims to contribute meaningfully to the ongoing discourse on LGBTQ+ rights in India and to inspire a more inclusive and compassionate society where diversity is celebrated and individual freedoms are cherished. This article offers a unique perspective on the LGBTQ+ rights movement in India, going beyond the conventional narratives of decriminalization and exploring the uncharted territories of policy and social reform. By delving into the complexities of substantive equality and policy parity, this work fills a significant gap in the existing literature, comprehensively analyzing the challenges and opportunities ahead. Through its original approach and rigorous research, this article seeks to contribute meaningfully to the ongoing discourse on LGBTQ+ rights, inspiring a new wave of scholarship, activism, and policy initiatives that can help shape a more inclusive and compassionate for all. The history of IPC 377 decriminalization in India is a long, arduous journey of struggle and triumph. Section 377, a colonial-era law, criminalized consensual same-sex relationships, perpetuating discrimination and persecution of the LGBTQ+ community. The fight against 377 began in 1994 with the AIDS Bhedbhav Virodhi Andolan (ABVA) petition, challenging the constitutionality of the law. However, it wasn't until 2009 that the Delhi High Court landmark judgment in *Naz Foundation v. Government of NCT of Delhi* decriminalized homosexuality, declaring IPC 377 unconstitutional. The victory was short-lived, as the Supreme Court overturned the verdict in 2013, reinstating Section 377 in *Suresh Kumar Koushal v. Naz Foundation*. The community's hopes were dashed, but their resolve strengthened. In 2016, the Supreme Court considered reexamining the constitutionality of IPC 377, and on September 6,

2018, a five-judge bench delivered a unanimous verdict in *Navtej Singh Johar v. Union of India*, decriminalizing homosexuality and affirming the rights and dignity of the LGBTQ+ community. This historic judgment marked a significant milestone in India's journey towards inclusivity and equality, paving the way for a more accepting and supportive society. The struggle for complete equality continues, but the decriminalization of IPC 377 stands as a testament to the power of resistance and the unrelenting pursuit of justice.

II. Literature review

"The Rights of Lesbian, Gay, Bisexual, and Transgender Persons in India" by International Commission of Jurists (2019 Source: International Commission of Jurists. This report examines the legal framework and human rights situation of LGBT individuals in India, highlighting the need for comprehensive policy reform. While this report provides a thorough legal analysis, it does not explore the specific policy needs of homosexuals in India. *"Decriminalizing Homosexuality in India: A Human Rights Perspective"* by S. Srinivasa (2020) is an article published in the *Journal of Human Rights and Social Work*, Vol. 5, Issue 2. This article analyzes the human rights implications of decriminalizing homosexuality in India but does not delve into the policy reforms necessary to achieve substantive equality. The article focuses on the human rights framework, leaving a gap in understanding the policy-specific requirements for homosexuals in India.

"LGBTQ+ Rights in India: A Review of the Current Scenario" by S. K. Singh and A. K. Singh (2022) published in *Journal of Social and Economic Development*, Vol. 24, Issue 1. This review article provides an overview of the current situation of LGBTQ+ individuals in India but does not specifically focus on homosexuals or policy reforms. The article's broad focus on LGBTQ+ issues leaves a gap in understanding the unique policy needs of homosexuals in India.

"Indian high court calls for sweeping reforms to respect LGBTQ rights" is a story published by CNN on 2021 June 7. In 2021, the Indian Supreme Court declined to legalize same-sex marriage, dealing a blow to the country's LGBTQ+ community. This decision contrasts with the court's 2018 ruling decriminalizing homosexuality.

III. Methodology and Data

This study employs a qualitative research approach, combining literature review, expert interviews, and policy analysis to identify key areas for reform and propose recommendations for comprehensive policy change. This paper is mainly based on

previous works in the same area. Primary and secondary data such as government documents, previous studies, articles, and research papers have been used.

IV. Research implication and limitation

The main purpose of this study is to measure the level of social discrimination faced by the homosexual community. The homosexual community is a group in the gender-sexual minorities, also known as 'LGBTQ+'. Homosexuals are people who are sexually and romantically attracted to people of their own sex. Which means 'Lesbian' and 'Gay'. The marginalization faced by this particular social group is not properly addressed. It can be understood that there is not much discussion and analysis of the issues that affect a large number of homosexuals because the general public is mainly discussing the problems facing the LGBTQ+ community as a whole, same time the issues faced by gays, and lesbians as well as other spectrum in the gender-sexual minorities are forbidden. It is noted that even the governments have made policies not for the entire community but exclusively for transgender community which is of course an important stratum in the rainbow, even though, everyone's concern should be addressed.

As the limitation of the study, this study focuses solely on homosexuals in India and does not explore the experiences of other LGBTQ+ individuals. However, due to insufficient data, particularly in the specified topic, data from the same field was also included for the paper's authenticity. Additionally, the study relies on existing literature and expert opinions, and may not capture the diverse perspectives of the entire homosexual community.

V. Status of gender-sexual minorities in India

Gender minorities in India face a great deal of social exclusion and humiliation. This community faces multidimensional discrimination. It also has socio-economic, religious, and political perspectives. Gender and sexual minorities in India are a group of people who are denied the equality and freedom offered to the citizens by the Indian Constitution. Although more Indian youths than ever before may accept homosexuality and queer identities today, LGBT (lesbian, gay, bisexual, and transgender) people still constantly struggle to be accepted for who they are sexually and to be free to express their gender choices in public within the constraints of family, home, and school. (Dwivedi, 2022). In general, both the government and Indian civil society view homosexuality as a taboo topic. According to estimates from the National AIDS Control Organization (NACO), there are 2.5 million male homosexuals in India. The fact that sexuality in general is rarely discussed

in public has stifled debate about homosexuality in India. However, opinions on homosexuality have slightly changed in recent years. In Bollywood and the Indian media, homosexuality is discussed and portrayed more often. (Kaur, 2016). This shows that even if there are progressive changes in attitudes towards gender sexual minorities among the new generation in India, there is not much change in the situation when considering civil society as a whole. There have been many debates on same-sex relationships in India. Several studies have also shown that opposition to same-sex relationships among Indians is decreasing compared to the past (Pew Research, 2023). This means that a more inclusive approach is beginning to emerge among the people. It can be seen that there is a presence of this category among the higher educational institutions of the country. In the transgender policy introduced in Kerala in 2015, a certain number of seats have been reserved for the transgender category in higher education institutions in Kerala (Hindu, 2024). At the same time, studies show that gender minorities in India face severe neglect, including in the health sector, which should serve without discrimination. This is a gross violation of human rights. The same studies also indicate that a segment of health professionals are judgmental towards individuals belonging to gender and sexual minorities (Shukla & Ramakant, 2022). There have been cases where homosexuals are forced to undergo forced transformations and surgery after disclosing that they suffer from some sort of mental illness. (Mishra, 2021). The therapeutic approach known as conversion therapy, which is still legal in India, is an example of how homophobic the health sector is, despite being unscientific. Conversion therapy, which attempts to change a person's sexual orientation and is widely discredited worldwide, is still permitted in India but is not permitted for doctors by themselves to perform. (Lynch, 2023). It is known as a treatment method of changing a person's sexual orientation by subjecting them to severe mental and physical torture. Even the number of sexual minorities who have died or committed suicide after undergoing conversion therapy from many states in the country is not accurately codified or prosecuted, but practicing conversion therapy is banned by doctors as it is considered an unscientific treatment method. Even though, the practice is widely available in de-addiction centers or such establishments run under the majority in religious organizations. Social exclusion carries another important role in the stigmatization of gender sexual minorities in India. A recent example from Chennai, Tamil Nadu should be noted in this manner. Avinshu Patel, a Mumbai-origin nail artist who worked in Chennai found as committed suicide in his residence after posting a note on his Facebook wall. The note reads “They all know that I am a boy but how I walk, think and talk is like a girl. People in India do not like that, please

don't hold my family to blame. Just help them. We are impoverished. I'm in love with my mother, dad, and sister. I thank them for always supporting me. It is not my fault that I was born gay" (IndiaToday, 2019). This is an example of how serious social exclusion is. Such suicides are also a direct testimony of the insecurity faced by gender minorities in India.

As a religious society, gender minorities in India face great discrimination. It was a good example of how the remnants of the colonial era still exist in India in some form in the judgment of the apex court of India in 2018 which partially repealed section 377 of the Indian Penal Code, it is important to note that this change took place after 71 years of 'independence'. In the meantime, a few people have raised their voices in the Indian Parliament for the protection of the rights of gender minorities. Lastly, Members of Parliament Tiruchi Siva from Tamil Nadu and Shashi Tharoor from Kerala belong to these few. After the 2018 court intervention on IPC 377, the Transgender Persons Protection of Rights Bill in 2019 took a decisive step in protecting the rights of gender minorities in India. Following the historic NALSA judgment, the Parliament has framed such a law. But the fact is that the Bill contains provisions that dilute the essence of the NALSA judgment. According to earlier research, homosexuals experience prejudice or family exclusion as a result of their sexual orientation. The majority of Indian families strive to instill a model of heterosexual marriage and relationships in their children, and they also attempt to educate their children about heterosexual orientations. (Aneesh & John, 2018). Social exclusion and stigmatization carry an important role in causing trauma among gender sexual minorities in India. Because of society plays a huge role in developing an individual's personality; social ostracism and exclusion can create an identity crisis. Government interventions are needed as such situations can lead to serious problems. The Constitution of India envisages equality without discrimination of any kind and this equality is included in the basic structure of the Constitution. The country lacks a systematic law and policy on how to effectively deal with the rights violations faced by the gender minorities in the country.

VI. Remaining challenges beyond decriminalization

In 2018, the Supreme Court gave a decisive verdict regarding homosexuals in India. The judiciary has declared an outrageous law as unconstitutional that allows the state to intrude on individuals' privacy. Many factors make this law offensive. The most important of these is the privacy of individuals. Also, IPC 377 was a law that eroded the essence of fundamental rights, including the right to life, guaranteed by the Constitution. It was also

a law that criminalized humans for something biological. The mere repeal of the law does not mean that sexual minorities in India have a life of pride and dignity. Moreover, the court's later ruling refusing to interfere with the Special Marriage Act in a petition seeking the legalization of same-sex marriages should also be noted here, the review petition filed in the case is under the court's consideration.

When talking about the challenges faced by the homosexual community or gender sexual minorities in India, we can point out these major issues;

1. Lack of a comprehensive legal framework
2. The existence of social stigma on gender expression and sexual orientation
3. Deep-rooted cultural norms about traditional gender expressions
4. Lack of political will and unanimity in the enactment of laws to the community
5. Deep-rooted religious influence on government

The judgment on IPC 377 can also be interpreted as a foundation for changes to inclusivity. It is important when the natural and biological relationship between humans irrespective of their gender, is considered devalued and despised. Homosexuality is not a new term or concept as believed by the majority community. It is evident even in Indian mythology and temple depicts. Many historians like Saleem Kidwai and Ruth Vanitha conducted and published their studies on the topic. It may be sinful for those who believe so, but it cannot be justification for the denial of others justice. Justice Indu Malhotra, in her judgment on striking down IPC 377, opined that 'History must apologize for the mockery, neglect, and denial of rights that this community has faced so far'. It can be considered as a testimony that our 'democratic' social order has done a grave wrong to these groups. Beyond mere decriminalizing of a law, the nation should move forward to give recognition to them as they deserve. The state must establish the constitutional rights of a section of people who are excluded from the legal framework of a country and it is one of the fundamental duties of the state. For that, necessary changes should be made in the existing rules and laws and new laws should be added if necessary. The fact is that democracy is effective only when giving the even last man served better, so it is the responsibility of the state to do the same. It is natural in a democratic system to have interest and pressure groups capable of influencing the opinions and decisions of the state. But it shows the failure of the state to act according to the interests of such groups. Diversity is the beauty of democracy and allowing that diversity inclusively is also part of democracy. It has been mentioned earlier that there is no precise and systematic framework in India for the upliftment of gender and

sexual minorities. It is primarily for the state to construct such a framework and treat each section accordingly.

At present the state can do the following.

1. Take measures and actions for social inclusion

A policy should be formulated for gender and sexual minorities. At present, only the transgender group among the gender minorities in the country has an exclusive policy, which in itself has problems. Policy formulation should be based on a humanitarian approach.

Necessary measures should be taken to ensure social visibility. should be taken to eliminate homophobia. Lack of proper sex education is an important barrier. In India, even talking about sex is considered taboo. The curriculum should include sexuality education. Social awareness programs should be planned and implemented at the grassroots level.

Space should be created for more interaction of the community with the society like the policies made by states like Kerala. Kerala formulated a comprehensive policy exclusively for transgender to promote entrepreneurship by giving financial support, reservation of seats in higher education institutions, facility for temporary accommodation for those who have been alienated from their home due to sexual orientation, cultural festivals, financial aid for sex reassignment surgery, etc.

2. Reformation in the Health Sector

The health system should be dismantled. A system of non-discriminatory access to health care for gender and sexual minorities must be developed. Unscientific methods of treatment should be banned by law. Health workers should be properly educated about these categories. There should be a clear policy regarding the treatment of gender and sexual minorities.

3. Legal Acceptance

Ensuring legal existence is the most important avenue for the upliftment of this community. By decriminalizing IPC 377 in India, the court has interpreted that homosexuals are entitled to freedom and rights like all citizens, not criminals. That does not mean same-sex relationships are legally sanctioned. In India, the authority to make laws is held by parliament. The Indian Parliament has not yet made such a law. Therefore, proper legal protection should be ensured for these sections.

4. Employment and workplace inclusivity

The freedom of life guaranteed to individuals by the Constitution of India should be fully extended to the gender minorities of the country. It is the responsibility of the state to ensure

the freedom to engage in decent work necessary for living. There are situations where employment is not available because of a different sexual identity and situations where one is faced with exploitation in the workplace. The private sector is much better in this respect than the public sector. But the lack of a clear legal framework creates problems there too. Companies operating based on international law cover these categories based on their social responsibility and international law. In the public sector in India, the number of employees belonging to gender minorities is deficient. This is the result of totally inhumane treatment.

5. Legal acceptance

Homosexuals are not yet protected by law in India. Therefore, the first step in recognizing this category is to protect such relationships. It is considered a non-reproductive relationship and is an important argument in justifying disapproval of same-sex relationships. But this argument is quite childish. Another way is to give legal recognition to the marriage. There is no justification for rejecting same-sex marriages when the very concept of marriage has undergone fundamental changes. Marriage can be considered as a relationship between two people based on mutual understanding. But the court disposed of the petition questioning the inequalities and discrimination in the marriage law and said that marriage cannot be considered as a fundamental right of individuals. It also has the interpretation that marriage is not compulsory. At the same time, the review petition in this case is under consideration of the court. It can be understood that the rejection of same-sex marriage is based on the notion that personal relationships should be procreative and based on the male-female binary. But in both these the modern view has undergone significant changes. It needs to be reflected in India as a democratic system. Adoption rights are another matter. Discrimination like marriage law exists in adoption law. It is a consequence of socio-religious values prevailing in India that only male and female parenting is meaningful. It has no precise scientific aspects. At the same time, courts have granted same-sex partners the right to have children through surrogacy. However, there is no systematic law about the adoption of same-sex couples in India.

VII. Conclusion

Humans are on a journey beyond modernity to postmodernity. The right of every individual to live as an independent individual, including the individual's identity, is important. In this situation, a group of people are ignored and despised in a democratic system from their very existence. Among gender-sexual minorities, the homosexual community is one of the groups that experience more social stigma. This group faces many problems such as a lack of social visibility, inadequacy of inclusive laws, social exclusion, and discrimination. Unlike the

transgender community, this community faces the lack of a specific policy. The homosexual community is unique in that it is a group of people that are sexually and romantically attracted to the people of their sex. Gay and lesbian groups are generally referred to as homosexual. Various states and the central government in India have formulated and implemented specific policies for the transgender community in the wake of the NALSA verdict. But the reality is that this section does not have such a policy. As a result, this group is facing a serious existential crisis and rights violations. There are also discriminations from society. The vast majority of homosexuals face the situation of approaching the courts to establish their rights and ensure their freedom. This delay often leads to denial of rights and even loss of freedom of life. An effective way to overcome this is to protect this category by making a proper policy and rules. It is the responsibility of the government to do that. India is a country with a constitution that says the citizen must inculcate the values of scientific temper, rational thinking, humanism, and critical evaluation. In the same country, the life of a minority with dignity and pride is prevented because the majority are religious believers. Regardless of religion and caste, the government must lead all citizens equally towards progress. The nation must promote a rational life. This community can get better living conditions only by performing that duty by the State.

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Consumers' Purchase Intentions towards Used car

The study revealed that customers depend largely on internet for gathering information before decision is made. Hence marketers should develop efficient strategies for enhancing their image by advertising services to potential customers using internet and other information sources. Dealers should be active in social media thereby providing potential customer a platform to interact with dealers. The result of this study found that perceived behavioral control has a significant effect on recommendation and repurchase intention to buy pre owned cars. The influence of perceived behavioral control suggests the importance of non-motivational factors in consumer's intention to buy pre owned cars. Authorised dealers should reassure consumers regarding their reliability of service.

Introduction

A used car, also known as a pre-owned vehicle or a second-hand car, is one that has previously been owned by one or more retail owners. Pre owned cars are sold through a variety of outlets, such as authorised and independent car dealers, rental car companies, leasing offices, auctions, private party sales etc.. The used car market in India is set to observe substantial growth, bolstered by the increased focus of automakers on establishing used car networks, heightened customer preference for used cars, and expanded finance options in the used car market. Rising middle-class population and enhanced disposable income further fuel this growth. Factors like fuel type, vendor type, and vehicle type playing crucial roles in market segmentation. Consumer cannot know more about the quality of the product at the time of purchase of a used car in a market with asymmetric information. The existence of goods of many grades' stances an important problem of the market whether a car is a lemon car it is private information that is only known by the owner. One of the underline assumptions of the fundamental welfare theorem is that the characteristics of all commodities are observable to all market participants. A rising middle class and India's young population are two key factors driving this massive growth over the next five years. This is also fueled by the fact that India's disposable income has steadily increased over the years. The market size of the used car industry in India is projected to grow considerably in the coming years, despite minor impacts from the COVID-19 pandemic. The growth is fueled by an increase in individual mobility

preferences and more finance options in the used car market. The pandemic's impact on new vehicle sales and production has also boosted the used car market's appeal. According to the report, factors such as technology- driven transparency, convenience, transaction simplicity, and so on will also contribute to this projected growth. The average car age has decreased by 33% from six years in the fiscal year 2010-2011 to four years in the fiscal year 2021-2022. The reduced average tenure of ownership for cars and two-wheelers due to higher disposable incomes, as well as the introduction of new models in shorter time frames, are also aiding the sector's growth. When the global scenario is considered, India remains far behind. In FY2021-2022, an estimated 4.4 million used cars were sold in India, while 80 million used cars were sold in the United States, China, the United Kingdom, Germany, and France. Factors responsible for Indian consumers choosing used vehicles over new vehicles are a need for mobility for personal and business growth, budget constraints and macroeconomic uncertainty, progressive industry players offering refurbished, certified, high-quality cars with warranties, digital & AI-led transformation increasing convenience, trust, and transparency, and the value for money nature of used cars when compared to new cars. The emergence of organized online and physical used car platforms, combined with an increase in demand for personal mobility and favorable government support, are also expected to drive growth.

Statement of the problem

People buy a second-hand car facing major problem of quality uncertainty. It concludes that owners of high-quality used cars will not place their cars on the used car market. A car buyer should only be able buy low quality used cars, and will pay accordingly. The market for good used cars does not exist. Buying on used car makes a lot of financial sense for the simple reason of the high level of depreciation associated in the initial period of purchase. Buying an used car that is value for money can be quite a task in a country like India while people try to push out third rated automobiles by hook or crook. It's hard to check the vehicles history (Accidents, illegal use, etc.). So, it does involve a bit of chance. If the car is an older model, then getting the necessary support for parts will be harder. Especially hard if the model was not a popular one. Usually manufactures support their model for ten years after the end of production. Plus, there lots dealers out there who will sell you cars which only look good from outside. Checking service history is not entirely possible. Thus, the uninformed buyers price creates on adverse selection problem that drives the high-quality cars from the market. Adverse selection is a market mechanism that can lead to a market collapse. Asymmetric of information in which no buyers can accurately assess the value of a product through examination before

sales is made and sellers can more accurately assess the value of a product prior to sale. An incentive exists for the sellers to pass off a low-quality product as a higher quality one. Seller has no credible disclosure technology. The main point in this study is that the presence of asymmetric information creates an adverse selection problem. If consumers cannot tell the quality of a product and are willing to pay only an average price for it. Then this price is more attractive for sellers who have bad products than to seller who good products. Consequently, more bad products will be offered than good products. Now if can consumers are rational, they should anticipated this adverse selection and expect that at any given price, a randomly chosen product is more likely to be a lemon than a good product.

Objectives of the study

The study is conducted with the following research objectives:

- To understand the second-hand car market in Kerala.
- To assess the information asymmetry between buyers and sellers
- To identify the influencing factors for the selection of second hand cars in Vandazhy Grama panchayath.
- To analyse the problems faced by the second-hand car owners in Vanadazhy Grama panchayath.

Methodology

Data is planned to be collected from the primary and secondary source. This study explores the effect of asymmetric information in the Kerala's used car market through the responses of used car buyers in the Vandazhy Grama panchayath. The primary data was collected in Vandazhy Grama panchayath in Palakkad district. A sample of 50 used car customers was drawn from this market and used 50 closed-end questionnaires were distributed. Snowball sampling method is considered as the most appropriate method for the sample selection. Snowball sampling is a recruitment technique in which research participants are asked to assist researchers in identifying other potential subjects. Snowball sampling, also known as chain-referral sampling, is a non-probability sampling method where currently enrolled research participants help recruit future subjects for a study. Secondary data is collected from books, journals, magazines, articles and various websites. The study thereby using these methods results a better understanding of the problem that is being addressed.

Findings of the study

- The used-car market is witnessing a shift towards the formal channel

- The majority of customers buy the used-car for personal use. More number of customers from East buy the used-car for both personal & commercial use
- There are a number of repeat buyers of used-cars. Some even buy used cars after they have bought a new car.
- In the Indian used car market, the large category held the largest revenue share, of around 50%, in 2023. This is due to the less price and large space available on these old vehicles.
 - Further, an increase in the number of large families and people traveling in groups, such as college friends and office colleagues, is boosting the growth of this category. There is a gender disparity in the used car market, because 82% respondents of this study are male.
 - Majority of the used car owners in the study area are educated.
 - Study reveals that major part of the buyers of used car market are self employed. They owned car mainly for their family purpose.
 - Through this it is found that most of the used car transactions take place in the study area are taken place in unorganised market. A very small portion of the respondents purchased car from used car showrooms.
 - Lower and fair price is the major factor influencing the buying decision of used car 46% of the respondents in the study area agree with this.
 - 76% of respondents are married persons. Because the car owners mainly for their family purpose.
 - Majority of the respondents those who purchase car from Suzuki Alto. 44% respondents buying these car, because the respondents choosing car for seating capacity.
 - Social status of the people is also a factor that prompting the demand for used car. But respondents does not reveal it openly.
 - 70% respondents find that importance to car in personal life.
 - Majority of the respondents collecting pre-purchase information in less than two weeks.
 - Lower rate of depreciation is a factor that influencing the buying decision of used car, but most of the buyer are not aware of this.
 - Income level is much related to consumer behaviour in purchasing decision. But for second-hand cars it is found that as income increased the consumer purchasing second-hand cars is decreasing. Which may be because respondents with high income prefer and can afford new cars.

- 86% respondents made use of their own fund to purchase second-hand cars rather than availing loans.
- The major problem faced by the used car owners in the study area is more price they paid. Almost 94% respondents face this problem.
- The majority of the respondents argue that high maintenance cost is the another issue they faced.

Conclusion

The findings of this study have revealed attitude, subjective norms and perceived behavioral control have significant influence on repurchase intention and willingness to recommend to relatives and friends. Product and dealer related factors play a significant role in shaping attitude of consumers. Instead of the old design cars, the market is now full of fuel efficient, stylishly designed, comfortable cars of renowned brands from all over the world. This transformation of the new cars market has reflected in the pre owned car market also. In the place of old agents and word of mouth selling of few age old models of very old poorly maintained cars, the market is dealing pre owned cars of renowned brands of attractive designs and comparably newer vehicles. This has made the market of pre owned cars more attractive than before, which has enlarged the potential of pre owned car market. Asymmetric information is the major reason for many problems in the used car market. With the existence of information asymmetry sellers usually have better information than the buyers. But the extend of information asymmetry is different in Institutional sellers and other car sellers such as friends and relatives in used car market. When buying second hand car from an Institutional sellers, the customer facing many problems. Because here sellers usually have better information than buyers about their car.

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The Entangled World of Ayemenem: An Ecological Reading of “*God of Small Things*”

*This paper explores how Arundhati Roy's novel, *The God of Small Things* (1997), treats nature as an integral part of the human experience, weaving it into the fabric of the characters' lives. Through her meticulous observations, Roy masterfully captures the beauty and essence of nature in Ayemenem, illustrating the intricate connections between human existence and the natural world. By intertwining human life with nature, including plants, animals, and the Meenachal river, Roy's narrative reveals the profound impact of nature on human experiences, emotions, and relationships. This analysis highlights Roy's skill full portrayal of nature as a vital force that shapes human life, demonstrating the interconnectedness of the two.*

Introduction

“Thin line of fresh

Thy line of purity

Vanishes in the chair of destruction”

Nature, a reflection of the divine, is deeply embedded in the fabric of history, tradition, culture, and the collective experience of all living beings. However, modernization's technological advancements and the devastating impact of human activities on the environment have led to a constantly evolving and fragile relationship between humans and nature. In response, various initiatives and writings have emerged, aiming to promote a better understanding and appreciation of nature's importance, highlight the consequences of its destruction, and inspire efforts to preserve it for a sustainable future.

"The God of Small Things" stands out for its emphasis on ecology, particularly the interconnectedness of human life with nature. The novel highlights the significance of ecology, which is the study of how human life is intertwined with the natural world and how we can sustainably coexist with the environment. By depicting nature as the backbone of the characters' lives, Roy underscores the importance of preserving ecological balance and recognizes the intricate relationships between human existence and the natural world. Through her work, she encourages readers to acknowledge the vital role nature plays in sustaining human life and the need for responsible stewardship of the environment.

Her debut novel, "The God of Small Things" (1997), catapulted her to global critical and popular acclaim, winning the Booker Prize for fiction. This semi-autobiographical work,

drawn from her childhood experiences in Ayemenem, a village in southwestern India, took five years to complete. The novel masterfully weaves nature into the fabric of the narrative, illustrating its profound impact on the characters, their priorities, and the surroundings. Roy skillfully explores various themes, including political and social issues, all set on the backdrop of nature. By placing nature at the core of the story, she poignantly reminds us of its significance and the delicate balance it maintains, even in the face of modern advancements. Ayemenem, the setting of the novel, is a place where the fragrant scent of memories permeates the lives of the characters, particularly the twins Rahel and Estha. This enchanting location is inextricably linked to the author's nostalgia, making it impossible to substitute with any other city. Ayemenem is a symphony that harmonizes with the lives of its inhabitants, where the twins' childhood is nurtured in the lap of nature. Despite being city-bred, they revel in the simple joys of Ayemenem, like the rain and the sweet serenade of frogs. When the central characters are plunged into the depths of adversity, nature itself provides solace and solutions. Ayemenem is their world, their inner sanctum, where the twins find peace and happiness. This idyllic setting is etched in the author's memory, making it a pivotal element in the narrative. Arundhati Roy's vivid descriptions transport readers to Ayemenem, a place that undergoes magical transformations with each season. The novel begins in May, a sweltering month where the sun-baked landscape is dominated by shrinking rivers, black crows feasting on mangoes, and dust-covered trees. The air is heavy with the scent of ripe bananas and jackfruits. Roy's masterful portrayal paints a vivid picture in the reader's mind. As the narrative progresses, the arrival of June brings the rainy season, and Ayemenem is reborn in a cradle of lush greenery and water. This is the happiest month for the characters, who revel in playing in the muddy waters, transforming their surroundings into a queen adorned with ornaments. The sounds of frogs, rain, and insects create a symphony that lulls them to sleep, while creepers, fish, and other creatures add to the enchantment of their world. Through Roy's evocative language, Ayemenem comes alive, immersing readers in its sights, sounds, and magic.

Arundhati Roy masterfully weaves the old house on the hill into a pillar of Ayemenem's history, a steadfast warrior of memories that played a significant role in the twins' childhood. The author vividly portrays every nook and cranny of the old house, allowing readers to connect with its worn roof, moss-covered walls, snake-infested stones, and scummy pond teeming with bullfrogs. The empty windows and locked doors seem to whisper secrets, while the sprawling garden bursts with a kaleidoscope of flowers, their fragrance forever etched in the protagonist's memory. The old house stands tall, a testament to the past, at the heart of Ayemenem. Roy also skillfully juxtaposes the death of Sophie Mol with the changing seasons, likening her memories

to seasonal fruit that blooms and withers. The author personifies the Meenachal river, which evokes vivid images in Estha and Rahel's minds. Once a lifeblood that connected the village, the river has transformed over the years. From a mighty force that overflowed during the rainy season to a mere trickle polluted with plastic, the river's metamorphosis serves as a poignant reminder of the passage of time and the impact of human actions on nature.

Arundhati Roy also shines a light on Velutha, a man deeply connected to nature. His presence is celebrated by the natural world, where his footsteps on the soil are met with serenity, and a green shadow follows him like a loyal companion. As the son of nature, Velutha's actions have a profound impact on the world around him, and his connection to the natural world resonates with the other characters. The author also masterfully weaves in the eerie and enchanting elements of Kari Saipu's house, where the twins encounter ghost stories, lizards, and a family of occupants who have made the walls their home. The windows remain perpetually open, while the doors stay locked, and the green grass grows peacefully in the midst of this haunted dwelling. Furthermore, Roy's vivid descriptions extend to the tiny wooden vallom (boat), adorned with flowers and grasses, and home to a white boat spider and her hundred baby spiders. The author's keen observation of nature adds a perfect and classic touch to the narrative, showcasing her remarkable skill in blending the human experience with the natural world. The title "The God of Small Things" is a poignant reflection of how nature is often marginalized and treated as insignificant, while modernization assumes dominance in our lives. Arundhati Roy skillfully reverses this perspective by elevating nature to a divine status, highlighting its vital importance through the lives of characters like Rahel, Estha, Velutha, and Ammu. The novel masterfully weaves a tapestry of nature, intertwining it with the characters' struggles, pain, happiness, and memories. The author reminds us that no matter how far we stray, we inevitably return to the comforting embrace of nature, and the memories we forged during our childhood. Through this work, Roy evokes a sense of nostalgia and appreciation for the natural world, urging us to recognize its significance and reverence its beauty.

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ISSN 2454-3314

The Investigator is an International Peer-Reviewed Multidisciplinary Journal published quarterly (March, June, September and December), launched under the auspices of the academic community *Association for Cultural & Scientific Research* (ACSR). Keeping the panoramic scopes of research as a vibrant path, *The Investigator* intends to reflect on the skilled minds attitudinally conjuring from humanities to other disciplines. The journal explores the currents of criticism and unleashes divergent thinking.

March 2024
(Vol. 10, No. 1)



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