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Journal of National Development

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The Journal of National Development (JND) is an interdisciplinary bi-annual peer reviewed & refereed international journal committed to the ideals of a 'world community' and 'universal brotherhood'. The Journal is a joint effort of like-minded scholars in the field of social research. Its specific aims are to identify, to understand and to help the process of nation-building within the framework of a 'world community' and enhance research across the social sciences (Sociology, Anthropology, Political Science, Psychology, History, Geography, Education, Economics, Law, Communication, Linguistics) and related disciplines like all streams of Home Science, Management, Computer Science, Commerce as well as others like Food Technology, Agricultural Technology, Information Technology, Environmental Science, Dairy Science etc. having social focus/implications. It focuses on issues that are global and on local problems and policies that have international implications. By providing a forum for discussion on important issues with a global perspective, the *JND* is a part of unfolding worldwide struggle for establishing a just and peaceful world order. Thus, the *JND* becomes a point of confluence for the rivulets from various disciplines to form a mighty mainstream gushing towards the formulation and propagation of a humanistic world-view.

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Markets as Catalysts of Social Change: Expansion, Crisis, and Structural Shifts

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Abstract

This paper examines market dynamics as the leading factor of social change, drawing upon the theoretical framework established by Randall Collins (1990) in his seminal work. The study delves into how markets, as social structures, shape and transform societies through mechanisms of expansion, growth, and crisis. By contextualizing market dynamics within the broader discourse of economic sociology, particularly the embeddedness of markets in social relations (Granovetter, 1985), this paper underscores the fundamental role of market forces in both the evolution and collapse of social structures. The historical development of markets illustrates their deep entwinement with modes of production and social organization, from barter systems to the complexities of global capitalism. Drawing from Marx and Engels' classification of historical social structures-primitive communism, slavery, feudalism, and capitalism-Collins reinterprets the "mode of production" as the "mode of market" to argue that economic transitions are primarily market-driven. The sixfold hypotheses proposed by Collins provide a framework for understanding market transformations: property exchange as a foundation of market relations, stratified market participation leading to inequality, lateral market expansion, qualitative market growth, the rise of superordinate markets, and the inevitable crises stemming from monopolization and systemic contradictions. By incorporating insights from recent economic crises, particularly in the West, this paper critically assesses the limitations of Collins' approach, which emphasizes market expansion but largely omits discussions on economic collapse. It further explores non-economic dimensions of market influence, including political and cultural markets that contribute to systemic change. Ultimately, this study affirms that market dynamics not only propel economic transactions but also serve as a central engine of historical transformation, driving shifts in social order and institutional structures.

Keywords

Market, Embeddedness, Social structure, Social change.

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Markets as Catalysts of Social Change: Expansion, Crisis, and Structural Shifts

1. Introduction

The sociology of markets has emerged as a significant field within the broader discipline of sociology, particularly over the past two decades. This growth can be attributed to influential contributions such as Granovetter's analytical paper published in the *American Journal of Sociology*, which emphasized the embeddedness of economic action in social relationships (Fligstein & Dauter, 2006). The impact of markets on society and social relationships has remained a highly debated issue throughout history. In the contemporary era of globalization, no society can be fully understood without analyzing its market structures. Markets have exerted profound influence since their inception, shaping the economic, social, and cultural dimensions of human life. Markets, in their essence, are social structures characterized by intricate relationships between firms, workers, suppliers, consumers, and governing bodies. Although the precise origins of market systems remain uncertain, markets have played an essential role in human history, facilitating trade, resource allocation, and economic organization. Historically, markets have been temporal and spatial structures that enable the exchange of goods, services, and information. Long before the advent of currency, societies engaged in barter trade, which was the dominant mode of exchange until the introduction of monetary systems around 2500 years ago (Kinley, 2001). The development of money revolutionized markets, expanding their reach and integrating economic activities across different societies. Since then, markets have continuously evolved, altering modes of production and social relations. In the current globalized capitalist system, the world without markets is virtually unimaginable.

Social life, which is fundamentally human life, is deeply intertwined with exchange and trade (Slater & Tonkiss, 2001). Exchange occurs in diverse forms, not only across historical periods and cultures but also within any given society at a particular moment. Slater and Tonkiss (2001) argue that modes of exchange are central to

the reproduction of social relationships, coordination of identities, and regulation of economic activities. From this perspective, markets are not merely economic institutions but also social constructs that create new relationships and reshape existing social orders. Marketplaces serve as hubs of interaction where individuals with varying interests and desires converge. However, markets are not self-sustaining entities; they are shaped and maintained by social structures that respond to economic needs. The dynamics of markets have a profound impact on society, influencing class relations, economic policies, and cultural exchanges. Mark Granovetter (1985) initiated a critical debate in economic sociology by arguing that economic actions are embedded in social structures, challenging the conventional over-socialized and under-socialized views of market operations. This embeddedness perspective has paved the way for a more nuanced understanding of how market dynamics influence social structures.

This paper seeks to explore the role of market dynamics in driving social change, considering both economic growth and structural crises. It draws upon Randall Collins' seminal work, *Market Dynamics as the Engine of Historical Change* (1990), which discusses the expansion of capitalist markets as a central force in historical transformation. However, Collins' analysis largely overlooks the crises and contradictions inherent in capitalist market systems. This paper attempts to address this gap by incorporating recent discussions on economic crises, particularly the market failures witnessed in Western economies in the context of globalization. By critically examining the role of markets in both development and instability, this paper contributes to the ongoing discourse on market dynamics and social transformation, emphasizing the need for a balanced perspective that considers both growth and crisis within market systems.

2. Market Dynamics as the Leading Factor of Social Change

The six folds of market dynamics are the leading factor of social change as Randall Collins (1990) has discussed which assist us to clarify our notions though it has many criticisms. Collins has manipulated the Marxian term 'the mode of production' as 'the mode of market' for analyzing the social change which is new concept highlighting the role of market. Marx and Engels classified the main

historical types of social structures into primitive communism, slave economy, feudalism, and capitalism which Collins has borrowed to support his argument and insisted on market dynamics by which each form of social organization undergoes growth, crises, and transformation into another type. I focus on his argument with some illustrations and short critics.

Social change refers to an alternation in the social order of a society. We can enlist new technologies, new ideas, economic power, times of extreme crisis, empowering visions, pervasive skill, new forms of organization, and conditions of systemic collapse as the factors of social changes. These factors are comprised by the market dynamics within it. According to Collins, market has three processes: expansion, growth and crisis for the transformation of the society. Collins has hypothesized market dynamics in six ways. The first hypothesis is each form of market exchange is based upon a particular kind of property. Something must be appropriated in order to be exchange, and exchange consists in transfer of the rights of appropriation (Collins, 1990: 111).

This hypothesis illuminates the core concept of market is the exchange of property which is still the essence of market in the globalized world. Later money was invented which accelerated the effects of market. Collins takes exchange of property as the right which provides by the market. He has forwarded other hypotheses for proving his main argument of role of market for the social transformation: *second*, stratified market participation (tendency of unequal exchange and economic inequality), *third*, lateral expansion (geographically extended), *fourth*, qualitative growth (extensive growth and intensive growth), *fifth*, superordinate markets rising upon media of exchange (long distance exchange and pyramided), and sixth ultimately long-term crisis.

The Marxian term 'contradiction' is applied to the market which is created between the character of markets as stratified participation structured by protective niches and their tendency to expand laterally and in volume. Market crisis occur when superordinate markets become increasingly concentrated and ultimately restrict the market to the point of growing or developing. The super ordinate market has tendency of monopolization and exploitation as in the capitalism in all the stages of social history which creates contradiction within society leading to crisis. This

crisis in the society transforms the whole order of society like from kinship to slave, slave to agrarian and agrarian to capitalism.

The Localized market has face to face exchanges in which custom and surveillance makes fair price resulting low profits with minimum exploitation. Long distance markets provide large profit with maximum exploitation. This optimal level of monopolization of markets create crisis within the market which transforms the social structure. There are other factors comprised by the markets dynamic except economical which drive forward the transformation of the social structure. Collins has discussed about the politics and warfare which are themselves competitive markets for material input (Collins, 1990: 112), stimulate the production of weapons, fortification, and military transportation, and the material means of civil administration for making profit in the market which can be taken as the part of superordinate market creating crisis. The war in the slave markets created new groups of peasants which I am going to discuss in the following section of the article.

The non-material circulation of the superordinate market assists for the transformation of social structure, which is contrast to the Marxist analysis of only material objects. Randall Collins has argued that another superordinate market sector is the production and circulation of cultural goods in the form of religion, education, entertainment and personal display. Market does not have economical motives, but it has political motives too. Markets provide status, visible emblems of group membership and individual ranking. Markets provide status-impregnated objects such as clothing, home decoration, religious icons, or musical instruments and set in motion a process of adjustment in social relationships. Markets exhibit the features of flexibility, which encompass the features of each stage of social history. The competition within the market leads the growth as well as increases the level of conflict and even of physical destruction. The stratifying and cost-accelerating tendencies within markets when it is more politicized create market system periodically into crisis. In this point, Collins clearly depicts that these crises are the turning points of history, bringing about the end of one system of property exchange, and its replacement by another (Collins, 1990: 113).

3. Various Stages of Social Change and Role of Markets

On the basis of the above argument, market dynamics has been historically at the core of social change process. Randall Collins has

coined the historical stage of society borrowing from Marx and Engel to illuminate the role of market in each stage. He has classified various stage of society as kinship markets, slave market, agrarian-coercive markets and capitalist markets temporally as Marx has done.

3-1 Growth and Collapse of the Kinship Markets

In the kinship market, sexual property was the mode of appropriation rejecting concepts of Marx and Engel's primitive community characterized by collective property. Kinship system itself was the central market in the kin-based societies which made alliances with intermarriages. Sex became right and these are appropriated and exchanged. Women were regarded as the medium of system of exchange (Collins, 1990: 117). Collins has borrowed some concept of Levi-Strauss (1969) and admitted that women functioned as money in yet another sense, as stores of value and as producers of children. Women often were the principal workers in material production. A male kinship capitalist who was rich in women was thereby rich in whatever material goods existed.

The growth of population and primary production accompanied the shifts from hunting and gathering to horticulture and horticulture to agriculture. Alliance structures were developed. Those who owned many women, men with paternal right became politically and militarily more powerful. In analyzing the kinship society, Levi Strauss (1969) has discussed about the long-cycle route and short cycle strategy, those who followed the long-cycle became more rich and cosmopolitan upper and those who followed the short-cycle became poor. Thus the kinship revolution started with polarization between two groups which led crisis in the kinship market. New pseudo kin entered in kinship markets with existing kin groups. The varieties of kinship markets appeared in the surface crossing family geopolitics and competition increased. Kinship rules and strategies were constructed in response to the external pressures and opportunities of the tribal world system. In the same time, the kinship rules were breached for there were no mother's brother's daughters.

After the growth of kinship markets, the kinship revolution took place and the state was formed by two ways: one with the military conquest, technological innovation, and ecological caging, giving rise to new organizations- armies, states, priest-hoods, cities which exceeded kinship ties, and second with peaceful transition

through the establishment of temple-based religious or redistributive centres. The politics of status competition within the stratified dynamics of kinship markets broke down the kinship structure of the society and hence, the power of head was determined latter according to the number of servants, soldiers, retainers, and guests. The society became the mixture of kinship and non-kinship forms.

3.2 Growth and Collapse of the Slave Markets

The slave markets transcended with incidental bondage in kinship societies. According to Collins, slavery was the leading market dynamics primarily in ancient Greece, ancient Rome, and their Mediterranean contemporaries (Collins, 1990: 119). The debt slavery, military and administrative slavery, agricultural slavery, and omnipresent slave labours were prevalent in the society. Collins has rejected the proposition for assuming slaves as the producers. He has argued that the central form of property in slave market system consisted of the slaves themselves and hence it is a mistake to regard the slaves as the primary producers. He has further asserted that it was the military who were the producers of this commodity and their productive labour was the fighting that captures the slaves. A victorious state grew richer in slaves. New technologies in military hardware were innovated such like bronze and then iron weapons and armor, siege engines and engineering of fortifications and naval warfare. Slave markets grew both laterally expanding geographically and qualitatively. The slave market showed a strong pattern of pyramiding superordinate over subordinate with more kind of activities and goods.

The crisis on the slave market were seen when the producers the soldiers became alienated labour. The military collapsed after the destruction of property and market system by it own contradictions and civil wars. As military conquests ceased, the supply of slaves dried up. Then the hold on slaves became loosen and the agricultural slaves reorganized into free peasants. The original democracy of the city-states had developed when free peasants found the economic means to arm themselves and to participate in collective organization. Collins has exemplified that the entire military-based economy had fallen which resulted the collapse of slave markets. The Islamic slave-soldier markets were contrast than the Western pattern which was relatively small in scale. Christian

slave traders were the instrument in Islamic slave armies supplied. Later the economy appeared to have increasingly costly slave imports and lower productivity of export goods with which to pay for them. Slave markets depended upon geopolitics and the costs of military power became overextended in relation to the resistance encountered. Collins has quoted that who lives by geopolitics dies by geopolitics (Collins, 1990: 125)

3.3 Growth and Collapse of the Agrarian-Coercive Markets

Agrarian markets depended upon the coercive exchange which is termed as 'agrarian coercive exchange'. Collins has taken the term from Wickham (2017). The agrarian society based upon agricultural production and a militarized state. The society as well as agrarian market was classified into rent-coercion and tax-coercion. In the rent coercion, landowners were powerful who extracted production. In tax-coercion, agents of distant state were coercive forces which monopolized the means of violence. Agrarian market expanded to become superordinate with the help of both rent coercive and tax coercive society. Rent-coercion was the decentralized form and the centralized state attempted to impose tax coercion directly upon the agricultural producers till the state was powerful. A landed military class extracted production for investment in armaments and soldiers. Religious organizations, the means of emotional production, were built to support the aristocratic patronage which was depended on agrarian-coercive societies. These monasteries, temples, and churches expanded social alliances for enhancing agrarian-coercive markets. Collins has termed the feudal dynamic of landed property of Anderson (1974) as 'corporate religious capitalism'. The Buddhist monasteries of China and the Christian monasteries of Europe were involved in accumulating wealth through market production of agriculture and even of industry. These agrarian coercive economies fitted the overall pattern of market dynamics such as a distinctive form of property, stratified market participation, lateral expansion and qualitative growth. The exchanged was first time monetized by the lords and state instead of exchange of goods.

The expansion of agrarian coercive relations was driven by the struggle over rent and tax among landlords, state and peasants. Peasants responded first by increasing production which expanded the agrarian-coercive markets. The expansion of this kind of markets caused the population growth and hence, one of the reasons of crisis

was overpopulation. The internal conflict was seen within Absolutism, between government taxation of aristocrats and aristocrats' extraction of rents from their subordinates. The sale of public offices was found in this stage in order to raise money and the government acted as capitalist manipulating and controlling markets for offices. The government became weak due to venality in the offices. The competition in the markets invoked the downfall of both the state and religious organization. The revolutionary transition in the Europe overthrew and confiscated the corporate property of religious organization and started the secular economy. The Buddhist economy of the China also experienced fiscal crisis and vulnerable to external conquest, but that did not lead China to the modern dynamic of omnipresent capitalism. The large entrepreneurs were absent in the East. However, a market of petty commodity producers was in dominant and there was a thin layer of tax-collecting state bureaucracy from above. Thus, we should analyze the advent of capitalism differently in Europe and Asia especially China. The capitalism became visible in this stage for which Collins has termed 'religious corporate capitalism' which was later became 'secular capitalism' after crisis on the religious organizations.

3-4 Growth of Capitalist Market and Failure of Socialist Autarky

The modern capitalist system was the product of crisis of the fourteenth century, a conflict between the land-owning aristocracy and the agricultural producers, the serfs. Capitalist markets were appeared around the sixteenth and eighteenth centuries along with the long-distance trade in Euroasia. Collins has agreed with the argument of Wallerstein (1974) that a European capitalism world system was expanding with characteristic cyclical rhythms by the sixteen centuries. Slowly, all the dynamics of market has been appeared in capitalism with strong degree. Capitalist market emphasizes the private ownership of the means of production with the goal of making a profit. More and more aspects of factors of productions are drawn into markets (Collins, 1990). Central elements of capitalism include capital accumulation, competitive markets, and a price system. The market became independent politically from the state and Church. Firstly, the travel of long distant by profit-seeking merchants started the Merchant capitalism. In the eighteenth century, the industrial capitalism was developed by investing in machinery. The capitalist market flourished in different stages of

capitalism such as monopoly, colonialism and state capitalism. Now, we cannot imagine the capitalism without market. All aspects of society are commodified and no society can exist without the market. People are not taken as producers, merely consumers. Market dynamics has dominated quantitatively and all other structures are reduced to minor roles. Every sector such as education, development, population, culture, politics and society etc. are penetrated by market dynamics. Meta markets are developed along with development of banking, stock exchange, debt and investment, and divorce profit from production. Superordinate markets, the vertical pyramiding of markets is strongly proliferating and everything is commodified. Collins has admitted that capitalism is an omni-market society (Collins, 1990:132). Capitalist market is still in superordinate position by accommodating great depression and huge wars. These World wars were fought for enhancing the capitalist market. In the growth of capitalism, the socialist market lacks the self-propelling forces of expansion and innovation and gets pressures from the world financial and trade structures. It is integrated with world markets. Russia and China also are pulled into world capitalist markets. Socialist markets are seemed to disappear by giving triumph of global capitalism. However, the superordinate capitalist markets produce crisis within itself to transform the existing social structure.

3-5 Globalized Markets

In the present world, we cannot analyze the role of markets in the transformation of the society without assessing the recent trend of globalized markets which are superordinate market proliferated with hegemony and transnational corporations and organizations. It is the process of international integration and interchange of products, ideas and other aspects of culture. Douglas Kellner (2002) has illuminated that globalization involves both the capital markets and sets of social relations and flows of commodities, capital, technology, ideas, forms of culture, and people across national boundaries via a global society. As the markets demand, new technologies are innovated. The invention of new information and network technology such as internet assists superordinate markets in new modes of exchange. More and more companies go out of boundary to realize international operation, becoming the leading actor of production globalization due to the development of transportation and neoliberal policy of free market. Capitalism becomes truly world system in

globalization. The restructuring of capitalism to ‘technocapitalism’, synthesis of capital and technology grounds the globalized market (Kellner, 2002: 289). Economics, politics and culture are homogenized under the globalized market and state becomes weaker and helping agents of that kind of market. Local markets are shrinking and integrated with global market, termed as glocal markets (O Riain, 2000). The markets are integrated at a number of different level at the macro and micro economic level. The integration of markets requires reassessing the new configuration of the social activities. Globalized markets are rapidly changing the society than other markets in the history using various means. Giving more emphasis to the production for the markets is not justice to the production of non-market things inside household and society.

4. Critics on the Role of Market

Randal Collins has not discussed about the crisis on the capitalist markets even though these are undergoing several crisis and many questions are raised against these. However, he has mentioned that the crisis on the markets change the social structure as his main thrust of argument. Yet, the capitalist structure of society is not changed. The market failure, destabilized financial system paves way for thinking about regulatory solutions that can address these failures (Aikins, 2009). He further has argued that mutual co-existence of the market and the government is beneficial to society, and that periodic global financial crisis occurs because of failure to learn from history and effective regulatory governance. Free market capitalism creates its own crisis. The major change of public sector reform in the 1980s and 1990s resulted in privatization, outsourcing and load shedding of public responsibilities. The panic created by market failure in the recent years is compared to the 1930 great depression. The banking and financial crisis that began in 2008 is rooted in liberal markets which needs appropriate adjustment of the regulatory environment learning the history of crisis in market. The allocation of goods and services by a market is not efficient. The low economic growth, high unemployment and higher degree of inequalities are produced by the market failure that the government could not solve. The big corporate companies and banking organizations are bankrupted day to day. The movements like ‘Occupy Wall-Street’ are permeating in the world against increasing unemployment and inequality in appropriation of property which is creating threat to self-regulatory mechanism of capitalist markets.

The role of market in the transformation of society is under-socialized matter as argued by Granovetter (1985). Markets are embedded on the social relationship and these are only the medium of exchange. Markets are highly manipulated by the politics, especially capitalist. Markets are not autonomous and rational entity which is applied in laissez-faire. Markets have been always exploitative in nature culminating inequality in the society. The capitalist markets are more tyrannical. Markets are always in crisis and tend to be failure. Socialist and cooperative markets are the alternatives for the capitalist markets directed by the central government. It is observed by 2008, these state-owned corporations have become increasingly dynamic and generated lots of revenue for the state, with the state-sector leading the recovery of economic growth in 2009 in the wake of the financial crises. Western capitalists' markets are seemed in crisis and they are trying to return to the state-controlled markets. When markets fail, state plays important roles to solve the problems. So, it is the society which adjusts and flexible to change. Markets do not have self-correcting mechanisms (Dembele, 2009). Dembele has argued that the first important lesson is the collapse of market fundamentalism. The crisis shows that the emperor has no clothes anymore. The collapse of the neoliberal dogma is a major blow to the international financial institutions (Dembele, 2009: 4)

5. Conclusion

Market dynamics have been a fundamental force shaping social structures throughout history, transitioning from kinship markets to slave economies, agrarian-coercive systems, and ultimately capitalist markets. Each stage represents a transformation in economic organization, power relations, and modes of production, as theorized by Randall Collins, who builds upon the ideas of Marx and Engels. The kinship market was structured around familial alliances, where wealth and property were exchanged through social and sexual relationships. This evolved into the slave market, where military conquests and forced labour became dominant economic forces. The agrarian-coercive market further intensified control through rent and taxation, leading to the emergence of capitalism, which emphasized private ownership, industrialization, and global trade. Capitalism, in its various forms-from mercantile to industrial to financial capitalism- has continuously reshaped economic and social relations,

commodifying all aspects of life. Although socialist alternatives have emerged as counter forces, they have struggled to sustain autonomous market systems and have been increasingly integrated into the dominant global capitalist framework. In the era of globalization, market dynamics have intensified through transnational corporations, neoliberal policies, and rapid technological advancements. These transformations demand a critical reassessment of the role of markets in shaping contemporary societies.

The relationship between market dynamics and social structure is dialectical, characterized by expansion, crisis, and transformation. As markets evolve into superordinate stages, they bring about social change but also generate contradictions that disrupt societal stability. The expansion of global markets, facilitated by technological advancements and international trade, has accelerated the pace of social transformation. However, this integration has also led to cultural homogenization, economic inequalities, and systemic crises. While laissez-faire policies have allowed markets to expand, the persistence of economic instability raises questions about the limits of self-regulation and the role of state interventions in mitigating crises. The globalized capitalist market, despite its dominance, faces ongoing tensions that necessitate adaptive mechanisms to address emerging challenges. It is essential to recognize that market forces alone do not drive social change; political, cultural, and technological factors play equally significant roles. A comprehensive understanding of social transformation must go beyond economic determinism and incorporate a multidimensional perspective that accounts for the interplay between market dynamics and broader societal structure.

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Queer in Heteronormative World: A Psychoanalytical Study of Ismat Chughtai's *Lihaf*

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Abstract

*The umbrella term 'Queer' embraces all - Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, +(LGBTQIA+). In other words, it is attributed to the sexual orientations of all those people who lie outside of the mainstream heteronormative society. Since times immemorial, their rights and needs were seen as 'different' and invited ridicule in South Asia. The Indian Progressive woman writer, Ismat Chughtai challenged the patriarchal conventionalism of Muslim society through her revolutionary short story, *Lihaf* that brought to the forefront the sexual desires and needs of a woman ignored in her marital life. She was summoned to the court of law in Lahore on charges of obscenity for portraying homoeroticism but later acquitted. Through this paper, I intend to explore the subtle yet layered portrayal of alternate sexuality that has been humanized and provided a space to exist even if only under a quilt in the 1940s India. I shall also attempt to explore how Chughtai redefined women's desires, as they get intertwined with patriarchy, class, and gendered roles to find solace in the margins, thereby paving way for the emergence of new woman.*

Keywords

Alternate sexuality, Homoeroticism, Lesbianism, Obscenity, Repression.

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Queer in Heteronormative World: A Psychoanalytical Study of Ismat Chughtai's *Lihaf*

1. Introduction

Lihaf (The Quilt), is a pathbreaking short story that has been much ahead of its times as it explored issues of homosexuality and lesbianism, the much-tabooed topics of the 1940s, with a rare boldness, unseen and unheard before, coming from the pen of a woman Muslim writer. Ismat Chughtai, a Padma Shree awardee was a progressive author and film maker, who wrote extensively about the bourgeois gentility from a Marxist point of view. She wrote in times when India was going through socio-political, cultural changes, transitioning from brutalized colonial subcontinent into two independent nation-states. The unapologetically honest yet feisty woman in her strove to bring forth and expose the hypocrisies and gendered stereotypes of society around her, which earned her the reputation of being a controversial writer. She did not allow herself to be confined by any organized movement or ideology or religious conventions. Her narratives are powerful; style unconventional and colloquial; language simple, earthy, yet replete with curses, abuses, similes, and metaphors. Aware as she was from her childhood days about the differential treatment meted out to girls and boys, especially in the Muslim families, she used the power of her pen to cut even with them. "It is not necessary to be a boy, what you need is intelligence and ingenuity of a boy" (Chughtai, 2012: 12). Drawing her inspiration from the life and times around her, Chughtai weaves a powerful narrative of such muted and deviant voices trapped under dominant codes of honour and respectability and relegated to the margins. She was amply supported and guided in her endeavour by her brother, Mirza Azim Beg Chughtai who himself was an Urdu novelist of good repute and Rasheed Jahan, a highly qualified medical professional and a women's rights activist.

The publication of *Lihaf* in 1942, led to a "veritable explosion" (Chughtai, 2016: 351) and Chughtai was put down as "purveyor of sex" (*ibid*, 351). The tale did not go down well with the common masses as it centred around a much-tabooed theme of woman's sexuality and

soon became “a proverbial stick to beat me with and whatever I wrote afterwards got crushed under its weight” (*ibid*, 351). It is a poignant story about Begum Jan, who belonged to an impoverished household, but gets wedded to the affluent but ‘somewhat’ aged Nawab Sahib who has interest only in the “firm-calved, supple-waisted boys with flimsy shirts” (*ibid*, 322) whom he used to house in his haveli, leaving his newly-wedded wife to pine in loneliness. The entire story comes to us through the eyes of an innocent child, who is too young to understand the finer nuances of this relationship which is never explicitly talked about or described. The emotionally, physically, and sexually frustrated Begum Jan would have fallen off the brink into depression had she not been rescued by her maid Rabbu, who “massages” her back to a glowing health. There is nothing romantic about their relationship, it seems more transaction-based one wherein the maid is trying to offer some reprieve to her sex-deprived mistress caught in a repressive patriarchal household. The story is about imprisoning women in gilded cages, denying them freedom to pursue their pleasures, and then being judgemental about the choices made. The bold and out-of-box theme of queer desires and surrounding silences that are repressive and oppressive simultaneously have been provided a space to exist by Chughtai, who seemed to have mastered the art of suggestiveness and subversion in her delineation of characters. Her portrayal of the lesbian desires is gentle, subtle, and symbolic, rather than graphic or evocative. The nuanced relationship between the two women challenged the prevalent societal norms, and she was hauled up for obscenity but got acquittal on the grounds that there wasn’t any word or language or scene that could be termed as vulgar. In her candid conversation later with the judge, the feisty author had stated that she had only shown what she herself has seen around her, “The world is also littered with filth...If it is raked up, it becomes visible and people feel the need to clean it up” (*ibid*, 350). Her use of child narrator allowed her to maintain an underlying innocence while dealing with a burning issue of repression, also opening channels for discussions on female sexuality and queer identities in South Asian literatures. In *South Asian Review*, Asha Sen focuses on how *Lihaf* serves as a feminist ethnography of desire and resistance, challenging the cultural narratives of its time (Sen, 2007: 165-181).

1.1 Begum Jan as a Queer Figure

The very term queer has a dynamic identity as it is suggestive of movement against normative categories of sexuality and gender

(Sedgwick, 1990: xii). It is at odds with the normal, the legitimate, the dominant (Butler, 1993: 238). The obligatory marriage of convenience between a girl from an impoverished family and a wealthy Nawab who was “of ripe years” (Chughtai, 2016: 321) was a customary practice. “After marrying Begum Jan, and installing her in his house along with the furniture, the Nawab Sahib totally forgot her presence, leaving the frail beautiful Begum wasted away in anguished loneliness” (*ibid*, 322). The young woman with dreams of marital happiness in her heart finds herself abandoned by her asexual husband. Her behaviour immediately after marriage does not display any signs of queerness in her, her entry to this field is purely circumstantial, forced as she is by a loveless marriage that is for appearance only. In fact, she tried all stratagems to lure her aberrant husband but it was “like applying leeches to a stone. The Nawab did not budge an inch” (Chughtai, 2012: 118). It wouldn’t be amiss to assume that it is primarily her husband, with queer disposition, who compels her to seek solace in alternate modes of self-gratification. “Begum Jan’s need for warmth and physical closeness is met by Rabbu in a relationship that breaks away from the heterosexual norm, even if not named explicitly” (Kumar, 2002: 63). Chughtai provides a subtle critique of such marriages that are undertaken purely to keep up social pretences, foregrounding concerns of compulsory heterosexuality that leaves people in liminal spaces.

1.2 Catalyst in the Patriarchal Figure of Nawab

Nawab Sahib’s neglect of his newly-wedded wife shaped the dynamics of Begum Jan’s oncoming life and existence. His callous indifference towards her physical, emotional, and psychological needs, act as a catalyst that pushes her towards embracing an alternate existence for herself in forbidden spaces. Rabbu steps into the shoes of the absent Nawab Sahib and rescues the bride by “pulling her back from the brink” (Chughtai, 2012: 118) by providing the bond of sacred sisterhood. Nawab’s presence or rather the absence of it, plays an equally crucial role in taking the narrative forward. It not only alienates Begum Jan but Rabbu’s son too who refuses to come back from the psychological exile that gets unwittingly imposed upon him.

1.3 Homoeroticism and the Politics of the Closet

Chughtai weaves woman’s subversion through her use of literal and metaphorical quilt a.k.a. “closet” that offers space to conceal and

protect non-normative sexualities. In the introduction titled “Axiomatic” of her book, *Epistemology of the Closet*, Sedgwick explores the subtleties of secrecies and revelations and highlights how “closet” serves as a central metaphor to understand the complexities of queer identity. The experiences of queer individuals are shaped by the tension between the explicit and the implicit, the known and the unknown, the open and the closeted (Sedgwick, 1990).

Lihaf, the title of the story and the imagery of it used throughout becomes extremely symbolic of the closeted, unspoken desires in a repressive world. “The quilt hides what cannot be seen, just as society hides what it refuses to acknowledge: female same-sex desire” (Vanita & Kidwai, 2002: 136). It offers a snug warm cover to keep the lesbian relationship between Begum Jan and Rabbu under wraps, while revealing what is going on under it through the child’s voyeuristic gaze. “There was a peculiar noise again. In the dark, Begum Jan’s quilt was swaying again like an elephant. ‘Allah! Ah! ...I moaned in a feeble voice. The elephant inside the quilt heaved up and then sat down...I was scared stiff...There was a sound of someone smacking her lips, as though savouring a tasty pickle...” (Chughtai, 2016: 329). The day and night erotic massages offered by Rabbu come to dominate over the child’s psyche, their moaning from under the quilt lead her to associate the presence of the literal and proverbial elephant in the room. Enamoured as she is of the Begum, the narrator gets drawn towards her and offers to massage her in Rabbu’s absence but gets petrified by the intensity of her passion. The near-sexual encounter between the two defies the social code of morality and ethics since the narrator is still a naïve child who is also entrusted in her care, thereby putting the Begum in the role of a godmother.

1.4 The Symbolic Quilt

The quilt not only provides a safer haven from the harsher elements of hostile nature but also obscures the “real” from “make-believe”. It conceals, yet reveals; protects yet suffocates, thereby transforming it into a repository of unconscious and conscious desires. Begum Jan whose life was cold and miserable, seeks the warmth and intimacy of the quilt. The petrified narrator projects her uncanny fears and traumatic anxieties on the symbolic quilt, unable to comprehend what is going on, yet is extremely curious to decode it. So deep was its impact, it “burnt itself into my memory and is to this day preserved in it like a scar from a red-hot iron” (Chughtai, 2012: 117). The unspoken has been worded with

such masterly subtlety that the narrative brings to the fore the repression and subversion that operate at all levels, the individual and the societal. It has brought out into the open the psychic eruptions which the societies and families desperately seek to repress.

2. Psychoanalytical Reading of *Lihaf*

According to Sigmund Freud (Freud, 1905) and Jacques Lacan's theories, people get constantly shaped and influenced by their unconscious, subconscious, and deep-rooted desires. In *Lihaf* too, the artless narration of a child narrator brings out the reality behind the repression experienced by Begum Jan lending itself to a psychoanalytical exploration of the text.

2.1 Repression

Repression is a central Freudian concept that pushes the socially unacceptable desires or feelings into the unconscious and keeps them bottled up. Begum Jan's natural desires are throttled by a namesake, passionless marriage on one hand and adherence to the strict moral and social codes of an upper-class Muslim household on the other, till it finds an escape in homoerotic intimacy with her maid. The repressed body of Begum Jan finds a release under the quilt, but the desires never disappear, instead they get manifested through different disguised forms (Freud, 1919/1955: 241) making quilt tremble with unspeakable meanings. The quilt throws gigantic, elephantine shapes on the wall that are terrifying and compelling simultaneously and the child fails to understand its import but senses something wrong. Unable to articulate the early sexualized experience of which she had unwittingly become a part of, the young narrator stood transfixed, "I was scared, and yet strangely curious. I couldn't stop watching, though I didn't understand what I saw" and the quilt becomes a cover between the "real" and the "symbolic" thus making this a tale of "ethnography of psychological fragmentation" for the child and "feminist ethnography of resistance" for the woman (Sen, 2007: 165-181).

2.2 Latent Trauma in the Child Narrator and Rabbu's Absent Son

The child narrator's premature exposure to adult sexuality throws her into a turmoil of emotions as she becomes extremely apprehensive of being in close proximity with Begum Jan of whom she was earlier enamoured of. Young as she is, she is unable to

process what she had seen under the quilt, “trauma is not experienced as fully known, but rather as a confrontation with an event that is not assimilated” (Caruth, 1996: 4). Her familiar space gets transformed into an alien one overnight, and the mother-figure under whose patronage she is entrusted, turns into a monstrous presence, petrifying her.

According to Sukrita Paul Kumar and Ruth Vanita, the function of the child narrator is more of a witness than of a victim as it allows Chughtai to create a narrative distance through her naivety and protect the story from charges of obscenity (Kumar, 2002: 63). “The child is not sexualized in the narrative; she is an observer caught in a moment of adult confusion and incomprehension” (Vanita, 2000: 14) but the limits of innocence have been breached undoubtedly whether the child understands it or not. From the psychoanalytical point of view, Begum Jan’s behaviour towards the young narrator can be construed as ethically and morally inappropriate especially when she tries to take advantage of the child’s naivety, cajoling her to do acts unacceptable. Her implied act of physical and sexual intimacy with the child becomes deeply unsettling, raising concerns about the child’s safety even within the domestic sphere. Unable to comprehend or process fully her encounter with the Begum, the child feels petrified, “she was pressing me as though I was a clay doll and the odour of her warm body made me want to throw up. But she was like a person possessed. I could neither scream nor cry” (Chughtai, 2016: 327). This could probably border on the child’s sexual abuse, paedophilia and though Begum Jan has been bereft of affection in her marriage, it doesn’t excuse her. Her repressed and unfulfilled desires erupt in inappropriate manner, consuming the trust and the innocence of a child.

The absence of the conventional familial bond in Nawab’s household has far-reaching repercussions not only on the life of Begum Jan but on Rabbu and her son too. The son’s refusal to have anything to do with his own mother or Begum or Nawab Sahib, under whose patronage he had spent his childhood, raises concerns about his traumatic past. The boy who was an essential inmate of this house vows never to return even to visit his mother raises a few pertinent questions as to what could have been responsible for this behaviour. Was it the Nawab’s penchant for young boys or was it the relationship that Begum Jan shared with his mother that created this disruption in his life? Did he face some sort of sexual violation in

his growing up years? Where did Rabbu fail as a mother and why? Were all her nurturing instincts consumed in providing intimate support to her mistress, Begum Jan, leaving very little for her own son? Does the child in him recognize the dynamics of their relationship and understand the social ridicule? Has the hierarchical space in the household pushed him into being a psychological recluse? Wouldn't his refusal to return be construed as a symbolic act of rejection of patriarchal structures of power or it could also be the rejection of queer relationship between his mother and Begum Jan? The emotional and psychological scars of familial neglect penetrate deeply, warping his entire existence. Since the patriarchal figurehead had failed miserably to fulfil his role of a protector and provider, it led to psychological, physical, and emotional alienation for everyone.

2.3 Postcolonial and Queer Premise

Lihaf found its way at a time of intense nationalist struggle when cultural rootedness and morality were being questioned. The tale unravels alternate sexualities and seditious selves operating within heteronormative, colonial framework and gently critiques the idealised codes of patriarchy and femineity prevalent in the society. The societal control of a woman's sexuality, limiting it to the Zenana Khana (inner quarters meant for women) to protect it from the transgressive outer world, gets transgressed in that very space as alternate gratifications emerge. "Soon her thin body began to fill out. Her cheeks began to glow, and she blossomed. It was a special oil massage that brought life back to the half-dead Begum Jan" (*ibid*, 322).

Since heterosexual relationship was regarded as the substratum of ideal Indian family, Begum Jan's literal and figurative deviation from the straight line (Ahmed, 2006: 67) queers the domestic confines she inhabits, exposing her to derision and ridicule from other inmates. "Rabbu and Begum Jan were the subject of their gossip during their leisure hours. Someone would mention their names, and the whole group would burst into loud guffaws" (Chughtai, 2016: 322). Chughtai's text questions and undermines the Victorian as well as the Islamic morality imposed upon womenfolk as she presents Begum Jan violating all the nationalistic constructs of ideal womanhood. In *Colonial Masculinity*, Mrinalini Sinha points out that the nationalist ideals constructed Indian women as pure,

domestic, and heterosexual (Sinha, 1995). The subtext of Nawab Saheb's homosexuality disrupts the ideals of respectable heterosexual home too but gets mentioned only in a passing and continues to linger in the peripheral space.

3. Conclusion

Chughtai queers the tale both through its form and content -- through what she says it and how she says it. Her masterly delineation of the theme and content is covert, yet extremely suggestive. She does not explicitly portray that the relationship shared between Begum Jan and Rabbu is a lesbian one, she merely hints at it, which is a queer strategy. In her work, *Epistemology of the Closet*, Eve Kosofsky Sedgwick opines that the unsaid is central to queer discourse and that desires are coded, implied, and felt, but seldom declared (Sedgwick, 1990). It gets used in a clandestine manner whenever explicit representations of queer desires pose a challenge in the heteronormative world due to societal or legal restrictions, or censorship issues. Using coded and metaphoric language is another queer tactic within repressive domains, "Unripe grapes are sour, Begum Jan" (Chughtai, 2012: 125). This was a double-edged weapon that Chughtai used in her story for it allowed her to question heteronormativity on one hand and avoid censorship on the other. This dual-layered reading experience enabled her to initiate a debate about all those women who find themselves entangled in the web of familial and social obligations and are forced to follow the dotted line dictated by the dominant patriarchal order.

Ismat Chughtai also intertwined class dynamics in the tale by making Rabbu, a paid-maid as an agent of awakening and gratifying sexual desires in Begum Jan. Although a subaltern, Rabbu becomes a more empowered than a passive figure because she is adept in navigating her status as a marginalized class worker through her proximity and closeness with her mistress. Shohini Ghosh warns against "sanitizing" queer desire by ignoring how it intersects with power and vulnerability, and as such the impact of an early sexualized experience on the child narrator too cannot be ignored or taken lightly. "Queerness must be examined in all its complexities-not just as resistance but also where it may produce harm" (Ghosh, 2006).

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Developing Psychological Resilience in Athletes: Implications for Physical Education

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Abstract

It has long been recognized that the psychological skills of elite-level athletes are extremely important. Athletes with the necessary mental hardness are more likely to be successful. In the past, these skills were assumed to be genetically based or acquired at the beginning of life. It is now generally recognized that athletes and trainers can learn a wide range of psychological skills that can play an important role in learning and performance. As an academic discipline and applied practice, the popularity of sports psychology has grown considerably over the past 20 years. A few people in the competitive field of athletics talk about how important it is to be mentally prepared from sports competition, and the need to maintain this particular mindset while competing. However, most recent research shows that many athletes, trainers and sports managers are not willing to seek the services of a qualified sports psychologist, even if they believe this is useful. One of the main reasons for this hesitation appears to be the lack of understanding of the processes and the mechanisms by which these mental skills influence performance. This article discusses the meaning of the implications of physical psychology in the application of physical education, and the role of physical psychology in the application of physical education is discussed in terms of student exclusion. Therefore, this article aims to offer a clear framework demonstrating how mental skills training contributes to enhanced performance in competitive settings.

Keywords

Sport psychology, Physical education, Sports education.

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Developing Psychological Resilience in Athletes: Implications for Physical Education

1. Introduction

According to John Luther, sports psychology is an area that seeks to use the psychological facts and principles of human behavior related to learning performance and sports throughout. According to K.M., Burns, Sports Psychology for Physical Education is a field of psychology that deals with individual physical fitness by participating in games and sports. This includes examining how psychological factors influence performance and how the way people participate in sports and movements influence mental and physical factors. In addition to educating and training psychological skills to improve performance, applied sports psychology can include collaboration with athletes, trainers and parents regarding injuries, rehabilitation, communication, team structure, and career transitions. Sports psychology is commonly referred to as “sports and exercise psychology.” This is because it is used for both team sports and individual fitness efforts. Some sports psychologists work with professional athletes and trainers to improve their performance and motivate them. Other experts use sports and sports to improve people’s lives and health. Sports psychology is a relatively young field of psychology. They may be nervous, heart rate races; they bump into cold sweat and worry about the outcome of the competition. It’s difficult to focus on their task in hands. This interest focuses on technologies that athletes can use in competitive situations, continuing to control and optimize performance. After learning, these techniques allow athletes to relax and focus on the tasks of preparing and participating in the competition. It is a social science that discusses the psychological problems of humanity in specific environments of human sports (e.g. physical education, extracurricular sports, competitive sports, etc.) and their generation and development. A rational use of sports psychology in school education is that teaching methods can not only stimulate students’ potential and increase enthusiasm for students to participate in learning, but also create an active atmosphere and activate student

possibilities to improve student initiatives effectively, efficiently and happily. Sports psychology is the ability to use psychological knowledge and skills to address optimal performance and wellbeing in sports, as well as systematic issues related to the sport's environment and organization. Sport Psychology interventions are designed to assist athletes and other sports participants (e.g., coaches, administrators, parents) from a wide array of settings, levels of competition and ages, ranging from recreational youth participants to professional and Olympic athletes to master's level performers.

Many strategies and procedures are used to address problems faced by athletes and other sports participants. Some of the principal areas include:

- ▶ Cognitive and behavioral skills training for performance enhancement. Goal setting; imagery and performance planning; concentration and attention control strategies; development of self-confidence, self-esteem and competence in sports; cognitive-behavioral self-regulation techniques; emotion management, sportsmanship and leadership skills.
- ▶ Counseling and clinical interventions. Athletic motivation; eating disorders and weight management; substance abuse; grief, depression, loss and suicide; over-training and burnout; sexual identity issues; aggression and violence; athletic injury and rehabilitation; career transitions and identity crises.
- ▶ Consultation and training. Team building; sports organization consultation; systems interventions with parents and families involved in youth sports participation; education of coaches regarding motivation, interpersonal and leadership skills and talent development; education of coaches and administrators regarding early identification and prevention of psychological difficulties.

2. Role of Sports Psychology

The specialized field of sports psychology has developed rapidly in recent years. The importance of sports psychologists as essential members of coaching and health teams is generally recognized. Sports psychologists can communicate skills that help athletes improve their learning process and athletic ability, deal with competitiveness, reduce the level of awareness required for optimal performance, and keep them focused in the middle of team trips and many distractions in a competitive environment. Psychological training must be an

important part of the athlete's overall training process. This is best done by the collaborative efforts of trainers, sports psychologists and athletes. However, expert and interested trainers can learn basic psychological skills and communicate them to athletes, especially during actual practice. Help the parties to make the atmosphere and resolve the differences. The implementation of quality formation for elementary and secondary school students lies in agreements with physical and mental growth methods, exploitation of potential, mobilizing learning, mobilizing creativity, and improving overall quality. During the course of university physical education, the rational application of physical psychology can correspond to the laws of physical and mental growth of students, reduce student negative mentality, cultivate initiative, cultivate physical quality and activity, and achieve the main goals of the main goals of physical education and quality formation. Through standard, scientific and systematic sports exercises to achieve technology, and student enthusiasm, students strengthened their research effectiveness and academic status, and ultimately, their physical performance formed excellent learning settings and requirements.

3. The Significance of Sports Psychology in Physical Education

With deepening reforms in sports lessons in schools, the primary role of teachers is fully integrated into the subjectivity of children to provide children with the ability to play in full [left, H.L. 2016]. In particular, the ideas of educational psychology apply to the relationships between sports education activities in schools. Physical and psychological behaviors between teachers and students cover all education that affects the interests of lessons that directly or directly from the teacher's appearance, the choice of educational location, sporting goods, sports education situation, sports course environment, combination of training methods, careful organization of educational activities, and students' positive guides, These factors will directly or indirectly affect learners' mentality and teaching interest.

4. The Application of Sports Psychology in Sports Teaching

When studying physical education today, for its own reasons, some students do not want to try the simple fear of injuries, or some sports have a relatively large coefficient resulting in a dislike for

learning. In other words, the overall completion effect for these students is less ideal. However, an important way to improve lesson quality and efficiency should be to understand that students can mobilize interest in their learning and achieve such goals through the rational use of sports psychology. In the classroom, teachers should clarify the purpose of teaching at the beginning of each class, explaining the meaning and role of any movement in physical practice, allowing children to master the movement and form strong, intriguing goals.

Teachers need to enhance their children's psychological traits to become interested in reading. In the course of educational activities for physical education, you spend a lot of time exercising in the classroom. After sports exercises, your body will accept the effects of high-strength loads (Ji, L. and Yin, H.C., 2010). In this case, your energy is in a very focused and exciting stage, and your muscles are in a stronger stage. After the lesson is over, the teacher should guide the children to carry out several projects that will help them relax. For example, teachers can provide a good relaxation effect on some activity competitions, such as relatively slow movements and simple relaxation. At the same time, the weight of this activity is relatively small, allowing the close muscles of the students to produce a good relaxation effect. At the same time, this type of calm movement helps adapt the concentration centers of the brain cortex, helping the central nervous system to perform proper release and control (Liu, J. and Liu, J., 2006). Teachers need to not only improve students' physical fitness but also ensure educational effectiveness, as well as provide good demonstrations to students. Learners must work on one. At the same time, students must learn how to think during the learning stage. Teachers must make students think while introducing different movements and skills. This will stimulate students' interest, understand their perspectives, and recognize their actual goals in physical education. Learning voltage skills (e.g. progressive relaxation, slow, controlled, deep abdominal breathing or self-training)

5. Preparing for Competition

Simple psychological skills to help the athlete manage the competitive performance environment include the following:

1. Learning relaxation skills (e.g. Progressive relaxation, slow, controlled, deep abdominal breathing or autogenic training)

2. Mastering all of the attentional styles (types of concentration).
3. Imagery (both visualization and kinaesthetic)
4. Self-talk.
5. Developing a pre-competition mental routine to be employed immediately prior to competition on game day.

6. Injured Athletes

Injured athletes usually experience at least three emotional responses: isolation, frustration, and mood disorders. In consultation with the medical team, sports psychologists must prepare injured athletes to participate in sports and games. or eating patterns of insomnia with mild sleep disorders. Success or failure on the field often depends on mental factors, such as the body. Sports psychologists are focused on acknowledging the dramatic effects of athletes' thinking and overcoming obstacles in the field, while also preparing their minds to improve trust for optimal performance. Each of us has an undeveloped energy source that we can draw for excellent results. Motivational improvements are fundamentally related to changing attitudes, the development of positive "systematic behavior, that is, can be used for short-term process goals". When you play a leadership role in sports, it has a big impact on how your athletes and teams feel. You can still have a good job moral that recognizes individual efforts and develops transparent reward structures that enhance people's sense of competence. To do your best, the techniques mentioned in this article must be shaped around the specific situation and the needs of individual athletes. When using motivational techniques, always strive to be original and innovative.

7. Discussion and Conclusion

Success or failure in the field often depends on mental factors, such as the body. Sports psychologists are focused on acknowledging the dramatic effects of athletes' thinking and overcoming obstacles in the field, while also preparing their minds to improve trust for optimal performance. Each of us has an undeveloped energy source that we can draw for excellent results. Motivational improvements are fundamentally related to changing attitudes, the development of positive "systematic behavior, that is, can be used for short-term process goals". When you play a leadership role in sports, it has a big impact on how your athletes and teams feel. You can still have a good

job moral that recognizes individual efforts and develops transparent reward structures that enhance people's sense of competence. To do your best, the techniques mentioned in this article must be shaped around the specific situation and the needs of individual athletes. When using motivational techniques, always strive to be original and innovative.

Thus in conclusion, it can be said that the Sports Psychology plays an important role in physical education. Today, we need to promote the establishment of curriculum for sports psychology, shape the perfect teaching method, guide the development of sports curriculum, exercise the values of sports psychology, increase training for sports education teachers, and ensure that teacher control and student initiatives are closer. It has a positive effect on students, recognize healthy growth in the body and mind, and helps teachers achieve quality formation objectives. Absence is whether there are sports practices that can be demonstrated and investigated the short- and long-term effects of sports on the formation of people's mental processes and personality traits. Example: How does aerobic exercise affect people's short- and long-term psychological concerns? Does long-term physical training improve or improve the personality of athletes? Does physical activity improve the autonomy and responsibility of people with disabilities in their daily lives? Sports biology, such as sports training, sports competition, and physical health, was now widespread. Many versions of the above aspects of sports psychology research have special books. Author discusses sports psychology in the practical application situation of public sports lessons at universities. This is an introduction to his own conclusion. The fundamental challenge of sports psychology is to study the psychological movements of people in the capital movement. Human sports behaviors have many forms of mental figure problems that can be divided into cognitive, emotional and will-related to psychological processes.

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Cancer as an Emerging Epidemic: A Literature Review of Issues and Challenges

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Abstract

Cancer is a leading cause of death worldwide which requires multipronged approach including research in to its contemporary issues and challenges. There are growing concerns over the increasing burden of cancer across all strata of populations in India as well as abroad. By contrasting perspectives from international, national (India), and regional (Punjab) viewpoints, this systematic review seeks to integrate the body of available literature in order to investigate the multifaceted issues faced by cancer patients and their caregivers. In order to find common present day challenges and contextual variations, studies carried out globally, domestically in India, and locally have been examined. The review also provides comparative insights that influence future research, policy, and practice in oncology care.

Keywords

Cancer patients, Psychosocial, Economic burden, Healthcare and Punjab.

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Cancer as an Emerging Epidemic: A Literature Review of Issues and Challenges

1. Background

One of the biggest and most prevalent health issues facing worldwide today is cancer. In addition to being a physical illness, it also has an emotional, social, and financial impact on people. Millions of people receive a cancer diagnosis each year, and the number is growing.¹ Cancer patients frequently experience mental stress, loneliness, and financial difficulties in addition to physical suffering. Patients, their family, and caregivers are all impacted by these difficulties. In addition to causing anxiety and uncertainty, cancer frequently results in drawn-out, costly therapies that are unaffordable, particularly for those living in poverty and rural areas.²

Over the last few decades, many researchers have examined cancer from a variety of angles, with some concentrating on its medical features and others on its psychological or economical implications. The majority of research, however, examines these issues independently and fails to provide a comprehensive picture. Bringing all of these elements together is the goal of this systematic study. It integrates international, national (India), and regional (Punjab) research to enhance comprehension of the various issues that cancer patients encounter. This paper finds patterns, variations, and lessons that can assist improve cancer care globally by analyzing data from various locales.

The fact that different countries and areas have different experiences with cancer is a crucial factor in our review. Better hospitals, financial aid, and mental health treatments are frequently available to residents of affluent nations. However, cancer patients frequently experience worse treatment delays, a lack of information, exorbitant prices, and inadequate health systems in poor nations like India. These issues are made worse in rural or underdeveloped areas like Punjab because of poverty, illiteracy, and environmental pollution.

A significant problem in cancer care is psychosocial concerns. Mental, emotional, and social challenges that patients encounter are

referred to as “psychosocial” issues. Many people with cancer have been found to experience loneliness, fear, worry, and sadness. Emotional anguish can lower their chances of recovery and impact their capacity to manage the illness. A patient’s mental health and capacity to adhere to treatment are greatly enhanced by the social support of friends and family.³ However, patients may not receive the emotional support they require because mental health is frequently disregarded in many places, particularly in India.

Another significant concern is the economic burden. Many people cannot afford the high costs of cancer treatment, including hospital stays, medicine, surgery, and diagnostics. Families in nations with weak health insurance systems frequently borrow money or squander their life savings to cover medical expenses.⁴ In several instances, patients experience such extreme financial strain that they discontinue therapy midway through or choose not to seek care at all. While providing care for the sick, caregivers may also experience job loss or income reduction as a result of this economic pressure.

A significant contributing reason to the increase in cancer cases, particularly in some areas, is environmental factors.⁵ For instance, numerous studies in Punjab have connected high pesticide use and contaminated groundwater to cancer rates.⁶ Particularly high rates of cancer fatalities and cases have been documented in the Malwa region.⁷ People find it difficult to receive timely and appropriate care when these environmental hazards are coupled with subpart health services.

In short, cancer is a complicated social, emotional, and economical issue in addition to being a medical one. The context for a thorough examination of the results from various research levels is established by this introduction. This assessment offers a better understanding of the practical difficulties experienced by cancer patients by comparing data from around the world, the country, and the area. It also makes recommendations for methods to improve the effectiveness, affordability, and inclusivity of cancer care. Better research, more robust laws, and compassionate care systems that don’t leave anyone behind are the desired outcomes.

2. Research Methodology

This systematic review examines the psychological impact, social support, economic burden, and treatment accessibility of cancer patients using secondary data from 2002 to 2017. The studies

were categorized into three groups based on geographic location: those conducted in other countries, India, and specifically in Punjab. Each group was evaluated for methodological quality, sample demographics, outcome variables, and contextual relevance to provide a comprehensive understanding of cancer patients' experiences in diverse settings.

3. Results

A. International Studies on Cancer Challenges

A.1 Psychological and Emotional Health

According to Davidson *et al.* (2002), 44% of cancer patients experienced extreme fatigue, and 31% had insomnia.⁸ A significant prevalence of sleep disturbance was linked to mental discomfort, pain, and cancer diagnosis.

Emotional coping was highlighted by Sprah and Sostaric (2004), who claimed that social support and psychosocial interventions greatly lower depression and boost self-esteem in cancer patients.⁹

In their 2005 study, Lightfoot *et al.* examined the financial, physical, and emotional impact that lengthy travel for cancer treatment in Northeastern Ontario had on patients and their caregivers. Despite the resources that were offered, several patients reported experiencing significant challenges.¹⁰

According to Nuhu *et al.* (2009), cancer patients in Nigeria experienced high levels of pain (71.8%) and depressed symptoms (37.2%), highlighting the connection between physical discomfort and mental health.¹¹

A.2 Social Support and Functional Status

In patients with breast cancer, Ozkan *et al.* (2008) found a positive relationship between increased social support and better functional status. Wealth, marital status, and level of education all had an impact on the support received from friends and family.¹² Muhamad *et al.* (2011) demonstrated in Malaysia that family support, particularly from spouses, had a significant influence on treatment decision-making and emotional resilience.¹³

A.3 Economic Burden and Accessibility

High rates of catastrophic health expenditure following a cancer diagnosis were revealed by Kimman *et al.* (2012) through the

action study conducted across Asian countries. In many instances, treatment non-compliance was caused by economic hardship.¹⁴

Due to both practical and emotional issues, Lim *et al.* (2017) discovered that caregivers in Singapore had a lower quality of life than those in Western nations.¹⁵

International Studies Summary

S.No	Study	Location	Focus Area	Key Findings	Inference
1.	Davidson <i>et al.</i> (2002)	Canada	Cancer patients with sleep disturbances in Canada	Sleeplessness, exhaustion and mental health issues	Sleep disturbances are common among cancer patients
2.	Sprah & Sostaric (2004)	Europe	Psychology Coping	Coping mechanisms lessen anxiety	Depression is reduced by receiving effective support
3.	Ozkan <i>et al.</i> (2008) Turkey Pain & Mental	Turky	Social assistance for breast cancer patients	Functional status is impacted by social support	Positive relationship with quality of life
4.	Nuhu <i>et al.</i> (2009)	Nigeria	Pain, Mental	Anxiety and depression-related pain	37.2% had depression and 71.8% had pain
5.	Kimman <i>et al.</i> (2012)	Asean	Socio-economic burden	Terrifying health expenditures	high financial burden post-treatment

From the above, International studies highlight the challenges faced by cancer patients, focusing on emotional, social, and economic aspects. Pain and emotional stress can lead to insomnia and fatigue, while emotional support and psychosocial interventions can reduce depression and boost self-esteem. Strong social support can improve functional status and quality of life for breast cancer patients. Family involvement in treatment decisions and emotional strength is crucial in Malaysia. In Nigeria, high levels of pain and depression are reported among patients. Economic challenges are also significant, with cancer care often leading to financial strain and treatment discontinuation. Overall, comprehensive care, including emotional support, social backing, and financial assistance, is essential for improving the well-being of cancer patients globally.

B. Studies Conducted in India

B-1 Risk Factors and Awareness

Pan-tobacco chewing and bidi smoking were identified by Sankarannarayanan *et al.*, (1990) as the main risk factors for oral malignancies in Kerala.¹⁶

Dikshit and Shiela (1999) found that gas exposure was linked to higher cancer rates in Bhopal, with lung and oropharyngeal cancers being the most common types.¹⁷

B-2 Psychosocial Issues

According to Bhagyalaxmi and Rawal (2003), 59% of patients with oral cancer reported psychological or social hardship, with families experiencing financial disturbance.¹⁸

Counselling dramatically decreased depression among cancer patients in a rural hospital in Loni, as shown by Vimala (2012).¹⁹

B-3 Economic Impacts

The average cost of cancer therapy, according to Mohanti *et al.* (2011) at AIIMS, was Rs. 36,812 per patient. The significant financial cost is shown by the fact that more than half spent more than Rs. 5,000 before even obtaining specialized care.²⁰

According to oncologists in Bangalore and Mumbai, Pathak and Dutta (2016) observed that the two main obstacles to successful treatment were lack of early diagnosis and cost.

Indian Studies Summary

S.No	Study	Location	Focus Area	Key Findings	Inference
1.	Mohanti <i>et al.</i> (2011)	India (AIIMS)	Financial/Economic burden	Rs. 36,812 average treatment cost	High pre-treatment cost
2.	Bhagyalaxmi & Rawal (2003)	Ahmedabad	Psychological problems in oral cancer	Financial and social strain	59% experienced social and psychological stress
3.	Vimala (2012)	Maharashtra	Anxiety & Depression among cancer patients	Counselling reduced depression	Significant improvement after intervention

4.	Pathak & Dutta (2016)	Mumbai & Bangalore	Treatment trends	Lack of early diagnosis and cost	The primary obstacle, according to oncologists, is affordability
5.	Manjunatha (2013)	Bangalore	Women cancer patients	Illiteracy & poverty	68.4% were illiterate

Overall, studies in India highlight the significant challenges faced by cancer patients, including risk factors like pan-tobacco chewing and bidi smoking in Kerala and increased cancer rates due to gas exposure in Bhopal. Psychosocial issues also pose a significant challenge, with 59% of oral cancer patients suffering from emotional and social stress, often due to financial problems. Economic difficulties, such as high treatment costs and late diagnosis, also pose a significant barrier to treatment. Poverty and illiteracy also affect 68.4% of female cancer patients in Bangalore. The findings underscore the need for better awareness, emotional support, early diagnosis, and affordable treatment for cancer patients in India.

C. Regional Studies in Punjab

C.1 Cancer Epidemiology and Environmental Concerns

Singh (2008)²¹ and Thakur *et al.* (2008) discovered that the Malwa region had a startlingly high cancer incidence and mortality rate, which they linked to groundwater pollution and extensive pesticide use. With an average age of death of about 50, female cancer mortality was higher than male cancer mortality.²²

In a 2016 study by Chauhan *et al.*, 89% of the patients with cervical cancer in Bihar were from rural areas. Radiation therapy was administered to 66% of those who came at advanced stages. Toxic side effects and a lack of adequate local infrastructure were major causes of treatment delays.²³

C.2 Socio-cultural and Economic Dimensions

Manjunatha (2013) noted that poverty and illiteracy were significant obstacles in Bangalore, where 68.4% of female cancer patients lacked literacy, particularly those with malignancies of the oral cavity.²⁴

According to Pati *et al.* (2013), the two most common excuses given for delaying cancer treatment in Odisha were financial

limitations and ignorance. Just 9% of patients went straight to a tertiary care hospital; the majority had to go through many providers.²⁵

Punjab Studies Summary

S.No	Study	Location	Focus Area	Key Findings	Inference
1.	Thakur <i>et al.</i> (2008)	Talwandi Saboo	Cancer epidemiology	Increased incidence as a result of pesticide exposure	125 incidents for every lakh people
2.	Singh (2008)	Malwa Region	Cancer mortality	Associated with gender and cropping patterns	Higher mortality rates among women

Regional studies on cancer in Punjab & nearby areas reveal high rates and deaths in the Malwa region, primarily due to pesticide use and polluted groundwater. Female cancer deaths are higher, with many dying around the age of 50. In Bihar, cervical cancer cases are more prevalent in rural areas, with 89% of patients coming from rural areas. Most patients are diagnosed at advanced stages and receive radiation treatment, with delays often due to side effects and poor healthcare facilities. In Bangalore, illiteracy and poverty limit access to timely care for women with oral cancers. In Odisha, lack of money & awareness lead to delayed treatment. These factors contribute to the challenges faced by many patients in early detection and treatment.

4. Comparative Analysis

Domain	International Studies	Indian Studies	Punjab Studies
Psychological Impact	High; coping strategies are used	Underreported; emphasize anxiety and sadness	Neglected; little psychological assistance
Economic Burden	Catastrophic in Asian (Kimman <i>et al.</i>)	High Out-of-pocket expenditure (Mohanti <i>et al.</i>)	Severe; economic hardship delays treatment
Social Support	Effective (Ozkan <i>et al.</i>)	Support from family is essential (Muhamad <i>et al.</i>)	Little data; family role assumed
Diagnosis Stage	From early to moderate	From moderate to late	Mostly in the late stage (IIIB)
Health System Access	A Variable	Metros are centralized	Sparse in remote regions

Overall, comparative analysis shows a common concern: cancer patients over the world have multifaceted struggles. Regional differences exist in the extent and consequences of these problems, though. Results are greatly influenced by structural and socioeconomic issues in developing nations, such as India and particularly Punjab. With preventive methods like psycho-oncology integration, financial hardship and emotional coping are given comparatively more attention worldwide. On the other hand, India falls behind in terms of mental health treatments and early detection methods. Punjab emphasizes the significance of region-specific research, preventive education, and agricultural change because of its distinct environmental dangers. The underutilization of community health workers in Punjab and rural India-an area in dire need of policy reform-is another finding of this analysis. Current knowledge gaps could be filled by awareness efforts catered to cultural sensitivities and literacy levels.

5. Discussions

Overall, the analysis put forward that the various issues that cancer patients encounter are highlighted by the discussion of national, international, and regional studies. Cancer has an impact on people's mental and physical health worldwide. Research such as that conducted by Davidson *et al.* (2002) and Nuhu *et al.* (2009) demonstrated that patients frequently experience pain, sadness, insomnia, and exhaustion. Support from family and friends is important since it enhances mental health and day-to-day functioning (Sprah and Sostaric, 2004; Ozkan *et al.*, 2008). Kimman *et al.* (2012) demonstrated that cancer causes severe financial stress in Southeast Asia, which frequently leads to patients discontinuing treatment. India faces similar challenges. Cancer cases are increased by common risk factors such as pollution and tobacco use (Sankarannarayanan *et al.*, 1990; Dikshit & Shiela, 1999). Financial and psychological costs are also substantial. While Vimala (2012) shown that counseling lowers depression, Bhagyalaxmi and Rawal (2003) pointed out that many patients experience mental anguish and family difficulty. According to Mohanti *et al.* (2011), many people cannot afford the high costs of treatment. High cancer rates have been caused by environmental contamination in Punjab as a result of pesticide use and poor water quality (Thakur *et al.*, 2008). Due to inadequate infrastructure and a lack of understanding, many

patients-women in particular-get late diagnoses and treatment delays. Studies from Bangalore and Odisha show that poverty and illiteracy exacerbate the condition.

All things considered, these studies demonstrate that cancer is a social and economic concern in addition to a medical one. Early diagnosis, reasonably priced therapy, emotional support, and public awareness are all essential components of effective solutions, particularly in rural and poor areas. By addressing these issues, cancer patients and their families can experience less suffering and achieve better results.

According to the literature point of view, cancer patients face a combination of structural impediments to care, financial hardship, and emotional suffering. These findings are consistent across geographic boundaries. The majority of research point to serious gaps in pricing, accessibility, and awareness, even if some demonstrate resiliency through family support. These difficulties are made worse by region-specific elements like environmental exposure (in Punjab) or a lack of early screening facilities (in India).

6. Summing Up

This systematic review of global and Indian research reveals that psychosocial distress, delayed diagnosis, economic burden, and lack of healthcare access remain major concerns in cancer care. International studies show that emotional support, early detection, and health insurance systems help reduce the impact of cancer. Countries investing in psychosocial care, such as counselling and group therapy, show better mental health outcomes among patients. Financial support schemes and strong healthcare systems also help in reducing out-of-pocket expenses.

In India, risk factors such as tobacco use and industrial pollution contribute to cancer, but there is a large gap in awareness, access, and affordability. High costs and long treatment periods create financial strain on patients and families. Environmental and agricultural practices, worsen the cancer burden, with heavy pesticide use and poor-quality drinking water. Women face higher mortality rates and are more likely to be diagnosed late. Social issues like illiteracy, poverty, and gender roles further complicate the situation. Punjab, a high-risk zone, requires urgent, multifaceted interventions. The review suggests that tackling cancer effectively requires a holistic approach, including emotional support, public awareness, early

detection programs, financial assistance, and better health infrastructure. Policies must be tailored to the needs of different regions, and best practices like psycho-oncology, telemedicine, and patient support groups can serve as models for improving care in developing countries. Community health workers, who are often the first point of contact for patients, should be trained to identify early signs of cancer, provide counselling, and guide families. A national cancer control strategy that decentralizes care, integrates psychosocial services, regulates agrochemical use, and enhances financial protection mechanisms for vulnerable populations is essential. Collaborative efforts between governmental and non-governmental actors are essential for a holistic and equitable response.

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There are no conflicts of interest.

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A Study on Acceptance of UPI as a Digital Payment System

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Abstract

Digital Payment in India has got tremendous growth after the Demonetization in the year 2016. The Government of India has taken an initiative of “Digital India” for the quick and transparent services in India. The Banking sector has also strived hard to popularize digital payments and gained momentum response of public. For digital payment “National Payment Corporation of India (NPCI)” has launched the “Unified Payment Interface (UPI)”, which is a cost-effective, revamped and amazing payment system for all. UPI is potentially innovative way for transferring fund using a virtual payment address established by NPCI. Moreover, being a mobile based payment system it was expected to have a significant growth, but not as per the expectations has received yet. A large part of the population can be brought under the scope of digital economy with the help of UPI. The present study used a structured questionnaire to know the wellness and popularity of UPI and other digital payments among the common people in India. The study concludes that people in India are becoming aware of digital payment system and use UPI Apps as they opined these Apps user-friendly and secured one. The study shows that the Google Pay and Phone Pe are mostly used by people in India for fund transfer. Looking towards the future, UPI is expected to continue its growth trajectory, with increased adoption, innovation, and international expansion.

Keywords

UPI, Digital payments, NPCI, Digital transactions.

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A Study on Acceptance of UPI as a Digital Payment System

1. Introduction

Traditional banking system has been transformed in Digital Banking System. Digitalization has converted banking system in paperless and less-cash one. Demonetization in 2016 encouraged digital banking. A common man requires currency for various transactions in his/her day to day life. Digital banking has replaced the traditional banking by providing various banking activities like cash withdrawal, fund transfer, account management, loan management etc. without going to bank premises. The customer can operate these services from his/her home or workplace which requires mobile/computer with internet connection. National Payments Corporation of India (NPCI) is an umbrella organization for operating retail payments and settlement systems in India which was created to provide infrastructure to entire banking system in India. The NPCI is committed to improve the efficiency in banking operations with increased use of information technology. This helps in making the reach of payment systems wider.

Various innovative products are being provided by financial institutions to the customers. The increased use of IT in banking has provided competitive advantages to the users by providing them innovative services like mobile and online banking. In the 21st century, mobile banking was the newest, with cost-effectiveness and efficiency (Moser, 2015). India is one of those countries booming high in mobile users and internet subscribers (Singh, 2013). The campaign 'Digital India' has played an essential role in the advancement and competition in the banking industry in India (Khan, 2014). Banking sector, in India, is providing various innovative services and advanced platforms to their customers by offering them internet and mobile banking. A customer is not required to visit the branch office to avail the banking services. He/She can use these services by his/her home or work place. It is observed that the banks' most valuable and loyal customers are using both traditional and digital banking services like electronic banking. (Hosseini *et. al.* 2022)

2. Literature Review

K. Suma Vally and K. Hema Divya. (2018) conducted a study entitled, “A study on digital payments in India with perspective of consumers Adoption”. The study analyses that the performance of banking sector has improved a lot with the use of technology in digital payment system and it is helpful in achieving the motive of less-cash economy.

Dr. Virshree Tungare (2018) in his research paper “A Study on Customer Insight towards UPI (Unified Payment Interface) - An Advancement of Mobile Payment System” concluded on the basis of his study that UPI is the most advanced payment system in the world in comparison to all other payment systems. It aims to simplify and provide a single interface to money transfers easy, quick and hassle free.

Venkata Siva Kumar. S and Ch. Kavya (2020) in their paper, ‘Role of Unified Payment Interface in Digital Banking Services - An Empirical Study on User Perceptions’, analyzed the awareness and perceptions of varied age groups of individuals and occupations towards usage of UPI services. They concluded that users of UPI were having diverse perceptions in using UPI banking services and were opined that the UPI services are far better than traditional banking services.

Poorna Pushkal C and Pappeswari C (2021) conducted a study entitled, “A Study on Awareness and Customer Satisfaction of Unified Payment Interface (UPI) For Digital Payments with Reference to Ambasamudram Area”. An attempt was made to identify the level of awareness and satisfaction among people about UPI in their paper and the basis on which they select mode of digital payment. The study also stated that the work was done to identify the adoption of UPI in money transfer system.

Rishabh Jha & Rohit Kumar (2021) analyzed in their study entitled “An innovative step for making Digital payment Effective and factors affecting Consumer perception on the use of UPI” about performance expectancy, effort expectancy, facilitating conditions (Mobile specs & Network strength), and cash backs & rewards. An impactful relationship, with the behavioural intention of the users who prefer to use UPI payments, was recorded on the basis of this study.

Atul Gupta (2018) exhibits in his study entitled “UPI Redefining Digital Payments a Critical Review” about the statistical data about the usage of UPI mobile interfaces. The secondary data was extracted from various websites. Various challenges and opportunities of UPI have been discussed in this article.

3. Research Methodology

3-1 Objectives of the Study

1. To study the level of public acceptance of UPI and Digital Payments.
2. To know about the most popular Apps which have a major market share?
3. To analyze the trend of consumer behaviour toward digital payments.

3-2 Research Design

The research has been conducted using exploratory and descriptive research designs, which aimed to describe the current situation and trends related to the UPI payment system and also provides new insights about UPI.

3-3 Data Collection

Both primary and secondary data has been used for the purpose of study. Primary data has been collected from 120 respondents (selected on the basis of random sampling technique) by the way of a structured questionnaire whereas secondary data has been collected from various sources such as research papers, journals, reports, and online databases such as Google Scholar, Science Direct, and RBI's official website. The data has been collected keeping in view the objectives of the present research.

3-4 Data Analysis

The data collected with the help of a structured questionnaire has been analyzed by using pie chart and bar diagrams. The collected data has been analyzed both graphically and theoretically to satisfy the objectives of the present study.

3-5 Limitations

The research is based on both primary and secondary data. The accuracy and reliability of the data depends on the sources and

methods used to collect them. So the research may be limited by the availability and accessibility of relevant data. Further the findings of the study may not be generalized to other countries or regions.

4. Unique Features of Unified Payments Interface (UPI)

There are many special features of UPI, which make it important and also proven a unique platform due to its characteristics. The UPI App facilitates the immediate transfer of money via mobile devices without any time limit and it has access to various bank accounts. This App provides a two-factor Authentication. A customer is not required to enter information like card number, IFSC code or account number which provides extra safety to him/her. The user can make merchant payments with a single App or in-App payments and no need of even going to an ATM. The UPI user can raise complaints (if any) directly from the mobile App.

4.1 Rules of New UPI Payment System

Here is the list of some important factors that should be followed strictly while using New UPI App:

- The interchange fee is not applicable for customers and applicable for the prepaid payment instruments (PPI) merchant transactions as per the National Payments Corporation of India (NPCI).
- Interchange fee is applicable from 1 April 2023.
- Interchange price will be reviewed by NPCI by 30 September 2023 .
- The interchange fee varies from 0.50 to 1.1% and is capped for specific categories.
- The initiative targets to increase the revenue of payment service provider and banks.
- No charge will be levied if a UPI transaction is being used for converting money from one bank account to another one.
- The fee for interchange from peer-to-peer and peer-to-peer-merchant (P2PM) transactions will not be charged.
- UPI payment is free, and no charges will be levied while making payment from bank account or PPI/ Paytm Wallet.
- Choice of using any RuPay Credit card, bank account, and prepaid wallets on UPI-enabled Apps will be provided to the customers.

- UPI payment system has provided various improved features in UPI 2.0. UPI 2.0 provides an amazing feature ‘pre-authorized transaction’ which resolves the problem of forgetting pending bill payments. (www.bankbazaar.com/ifsc/unified-payment-interface-upi.html).

5. Data Analysis and Interpretation

The research that was done with 120 respondents served as the foundation for the data analysis. The result of the data analysis on the basis of the present study is as under.

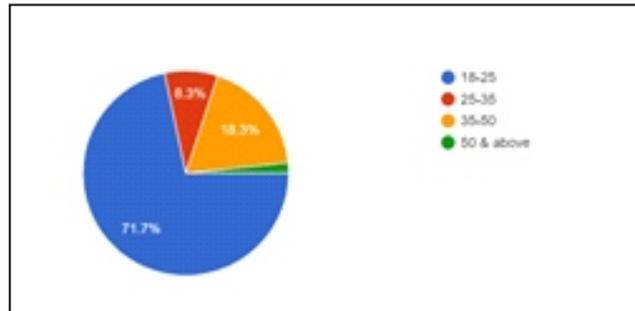


Chart-1: Gender and Age

Chart-1 indicates that 71.7% of the respondents are between the age group of 18-25 years, 8.3% are between the age group of 25-35 years, 18.3% belongs to the age group of 35-50 years and 1.7% belongs to the age group 50 & above. The above chart shows that majority of the respondents under study are from age group of 18-25 years. 30% of the respondents taken for study are male whereas 70% of the respondents are female.

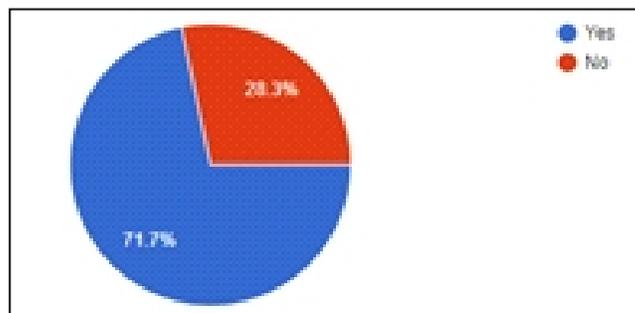


Chart-2: Use of Online Methods of Payment

According to chart-2, 71.7% of the respondents use online methods of payment whereas remaining 28.3% of the respondents are using offline method of payment. In this, 39.3% of respondents use UPI method, 14.3% respondents use digital payment methods

like debit cards, and credit card and 46.4% of respondents use cash on delivery for making payment.

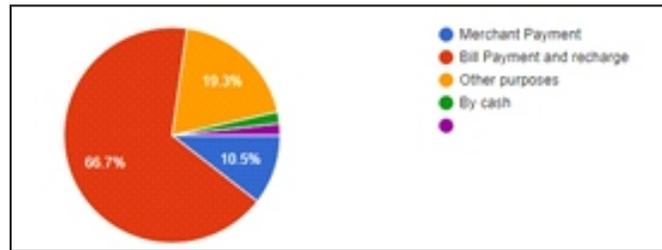


Chart-3: Purpose for which UPIs used

Chart-3 shows that 66.7% respondents use UPI for bill payments and recharge as it can be done conveniently from anywhere whereas 10.5% respondents are using UPI for merchant payments. The study shows that 19.3% respondents are using UPI for purposes other than mentioned in options whereas 1.8% uses it for cash. UPI is a timesaving and safe method if used keeping in view the precautions to be taken while doing the transactions.

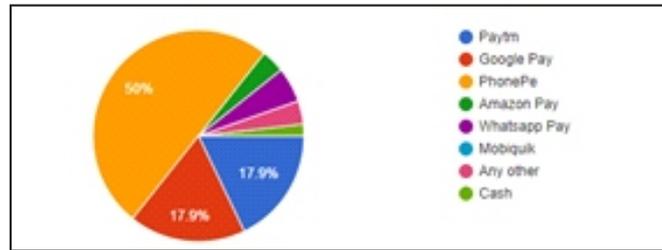


Chart-4: Digital Payment Apps Frequently being used by Respondents

Chart 4 shows that 50% of the respondents prefer to use Phone Pe followed by Paytm and Google Pay which is being used by 17.9% of the respondents each. 5.4% of the respondents prefer to use WhatsApp Pay whereas Amazon Pay and others methods are used by 3.6% each. Only 1.8% of the respondents use digital payment for cash. The study shows that half of the respondents find PhonePe App easy to use and is best in terms of discounts and offers.

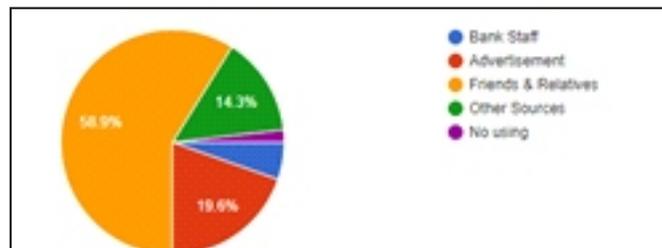


Chart-5: How Respondents came to know about the Online Payment Apps

Chart-5 in the study exhibits that 59.8% of the respondents came to know about online payment Apps from their friends & relatives followed by 19.6% respondents who came to know from advertisements whereas 14.3% from other sources. The chart further shows that only 5.4% of the respondents were made aware regarding online payment Apps by bank staff. The study shows that 1.8% of respondents under observation are not using any online payment App.

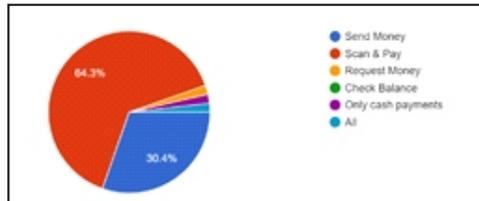


Chart-6: Which Features of UPI are being used by Respondents

Chart-6 explains which features of UPI are being used by respondents. The study shows that 64.3% of respondents are using these Apps for scan & pay, whereas 30.4% are using UPI for sending money to others, being an easy way to send money without physical meetings due to busy schedules. 1.8% of the respondents are using these Apps for 'request money from others' and 'all purposes' each. The study shows that 1.8% of respondents are not using these UPI Apps for any purpose; they are still paying cash for their purchases and other transactions they are carrying.

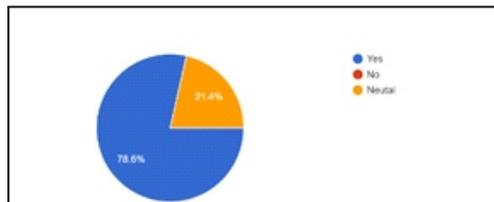


Chart-7: Is UPI safe to use?

Chart-7 in this study shows that 78.8% of the respondents think that UPI is safe, whereas 21.4% of respondents are neutral about it. The study states that the majority of respondents are satisfied with UPI in terms of safety as no one has the view that it's not safe.

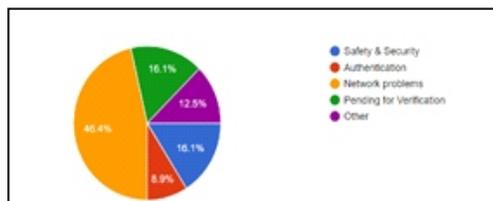
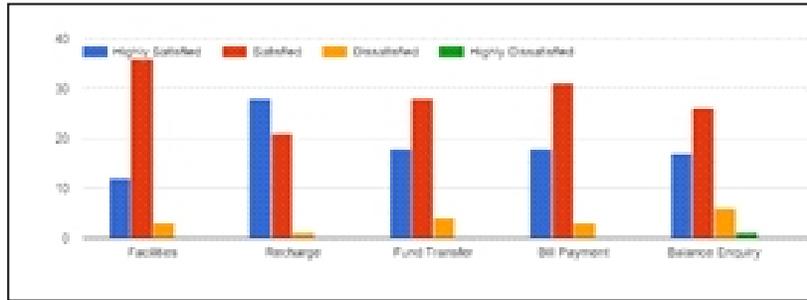


Chart-8: Problems being faced while using UPI

Chart-8 shows that 46.4% of the respondents are of the view that network problem is the biggest one while using UPI followed by 16.1% respondents stating the problems namely ‘pending for verification’ and ‘safety & security measures’, each as respondents were also asked about the problems they are facing while using UPI. Further the study reveals that 8.9% of the respondents opined that problems are not due to use of UPI, rather they are due to internet/network issues whereas 12.5% told that they have to face other problems while using these Apps.



Chart/Diagram-9: State of Level of Satisfaction for various Services provided by UPI

Chart/Diagram-9 shows the level of satisfaction of respondents for various services being provided by UPI. It shows that most of the respondents are satisfied with the services being provided by UPI. Only a few of the respondents are dissatisfied with the services provided but they are very less in the number i.e. 1% to 6% only. Negligible numbers of respondents are ‘Highly Dissatisfied’ while using balance enquiry services.

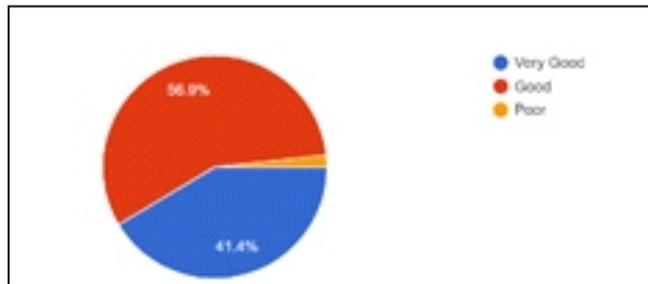


Chart-10: Opinion about Quality of Services Provided by UPI

Chart-10 reveals that 56.9% of the respondents are of the view that the quality of services being provided by UPI is good followed by 41.4% of the respondents who marked it as very good. Only 1.7% of the respondents considered it as poor. So the study opines that the most of the respondents are satisfied with the services of UPI as it

has resolved many problems pertaining to cash in hand. Moreover 98.2% of the respondents also said that they had shared UPI with their friends and relatives after going through the benefits derived from this App.

6. Findings of the Study

- 71.7% of the respondents' preferably use digital payment system. It shows their awareness about the digital payment system and its usefulness.
- UPI Apps are mainly being used by the people of age group between 18-50 years.
- Most of the respondents using these Apps are highly satisfied with the services they are being provided and of the different features available.
- PhonePe is the highest used App (50%) and followed by Google Pay and Paytm (17.9%).
- Many respondents use UPI Apps as these are easy to use and many times provide cash back offers to the users.
- 78.6% of the respondents opined that UPI Apps are fully secured and can be used for various purposes whereas the remaining respondents are also neutral about the safety.
- Most of the respondents use UPI Apps for paying off bills by scanning and pay.
- The limitations or problem associated with UPI Apps are not due to its uses or safety measures but due to the network problems that are being faced by respondents.
- 98.3% of the respondents are satisfied with the digital payment system.
- 98.2% of the respondents recommend the use digital payment system to their friends and family members.
- UPI services are contributing towards the aim of cashless economy at their best.

7. Suggestions

The following suggestions have been placed on the basis of the study.

1. It is suggested to organize awareness campaigns among the citizens of India to motivate them to use digital payment

system as digital payment system will lead our country to move towards a paperless and cashless economy.

2. The knowledge of the people regarding using digital payment system need to be upgraded through different promotional channels.
3. Women, in India, should be motivated to use digital payment system.
4. People living in rural areas must also be educated for using these Apps and campaigns should be started to accomplish the purpose.
5. Apart from using Phone pe, Google Pay and Paytm the other Apps are to be made known to public and encourage the people to use them.
6. Cash back and discount offers should be continued to motivate users to use digital payment system.
7. The digital payment system is used mainly for fund transfer and paying off for different types of bills. Steps must be taken and awareness be spread to use for other financial/banking transactions as well.
8. Colleges/Universities can initiate students to pay their college fees/examination fees and other related payments through the various digital payment Apps.

8. Conclusion

UPI is a significant advancement of payment system in terms of cost, ease of use for consumers, settlement times and security. It offers a seamless and secure payment experience making it a popular payment option for individuals and businesses alike. The users of UPI are able to send money from one bank account to another one using their smart phones. It is a real time payment system and user-friendly. The adoption and usage rates of UPI have been increasing rapidly, with UPI transactions growing at an unprecedented rate. A customer can directly pay from a bank account to a trader. The payment can be made both in online and offline mode. The study concludes that people in India are becoming aware of digital payment system and use UPI Apps as they opined these Apps user-friendly and secured one. The study shows that the Google Pay and PhonePe are mostly used by people in India for fund transfer. As the respondents are satisfied with the digital payment

system, they recommend it to use their family and friends. Looking towards the future, UPI is expected to continue its growth trajectory with increased adoption, innovation, and international expansion. With the government's push towards a digital economy and the increasing popularity of UPI, India is poised to become a leader in the digital payment space. Increase in the number of users lead to achieve the vision of various programmes initiated by government of India like 'Digital India' and 'make India a cashless economy' and make them successful.

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Trajectory of Women's Education in India: A Historical Inquiry

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Abstract

"When you educate a man you educate an individual, when you educate a woman, you educate the whole family"¹ (Dadhich, 2022: 198). Women's education holds a key to the overall growth and wellbeing of a society. Only when women are educated, will they be able to make the strategic life choices that were earlier denied to them in the patriarchal world and gain control not only of their own lives but of the larger society as well. They'd be able to make a judicious use of the available socio-economic resources and participate in the decision-making process both within the four walls of the house and outside too. Since women comprise one half of the total population, it is the status that has been accorded to them that determines the strength and robustness of a society. Gender parity, education, economic empowerment eliminates disparity and pave way for a more egalitarian society. Since the wholesomeness of a family largely rests upon the status of women in a particular household, we would try to explore the various social factors that prevented womenfolk from claiming what had been their due in the first section. The second section will trace the gradual change that came over as social reformers and educationists attempted to educate women and the third would focus on the efforts of the British government in this direction. This paper will attempt to trace the development of women's education in India during the colonial period.

Keywords

Social prejudices, Social reformers, Co-education, Foreign invasions, Prejudices, Traditional beliefs, Cultural conservatism, Colonial period.

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Trajectory of Women's Education in India: A Historical Inquiry

1. Introduction

Women have been instrumental in shaping the social order since time immemorial. They were comparatively much more evolved in the Vedic period than in the subsequent ones, taking care of the 'oikos' as well as 'polis', and participating in all the decision-making processes. They were well-educated in various forms of art and culture, warfare, and spiritualism. As per The Rigveda, women used to participate in scholarly assemblies, public debates, rituals, and ceremonies even in the pre-Vedic period. They had equal right to receive education, boys and girls studied together, i.e., co-education was prevalent. Family was the primary centre of education as women were tutored by their fathers, husbands or family gurus in religion, literature, dance, music, poetry writing, debates, etc. They enjoyed the autonomy and freedom and were regarded as man's sahdharmini and ardhangini. In the post-Vedic period, several restrictions began to get imposed upon women's freedom which led to a gradual decline in their condition.

Gautam Buddha encouraged women to enter the Sangha, which gave a new dimension to their education. Buddhist and Jain literature reveal that women contributed hugely to the development of education and literature. Sanghamitra, Samrat Ashoka's daughter, was one such prominent figure. But in this period, by and large, the right to education was limited only to the males.

The condition and status of women suffered a set-back during the medieval period after the Muslim invasion of India. The arrival of the Mughals confined them within their houses, depriving them of their freedom. Women stopped going to schools and education got confined only to those belonging to the royal families and elite classes. Social evils like the purdah system, child marriage, sati system were adopted, due to which women found themselves trapped indoors, thereby becoming weak, dependent, and helpless.

The advent of the British colonial rule brought in several changes in the condition of women. They made several concerted

efforts to purge the Indian society of the social evils that had crept into it. They banned the girl-child slaughter, child marriage, sati system, polygamy etc. and formulated laws which encouraged widow remarriage and emphasized women's education. Apart from this, Indian social reformers including Swami Dayanand Saraswati, Raja Ram Mohan Roy, Ishwar Chandra Vidyasagar, Jyotiba Phule, etc. worked tirelessly to free their people of superstitions, prejudices, and social evils that had become an integral part of their psyche and strove for women's education.

2. Social Barriers

Women and girls were adversely affected by the strict patriarchal norms that were practiced in medieval India. These social practices included gender-based violence, child marriage, sati system, forced renunciation for widows, devadasi pratha, killing of girl-child and discrimination of sexes. There was an unequal access to education and an absence of equal economic opportunities for women of both the communities - Hindus as well as Muslims. The practice of purdah system made it impossible for women of either section to attend school after a certain age as their education was considered useless and unnecessary by society. They were under complete control of the menfolk, who dictated all life's decisions to them. This discriminatory mindset disproportionately affected women's status turning them into marionettes.

As we move from the medieval period to the British period, the situation started changing for the better. Primary education improved in the latter half of the 19th century. In 1882, the total number of girl-students receiving education was 1,27,066, out of which 1,24,491 were in primary schools. This was an ample proof of girls' education gradually gaining recognition although it was limited only to primary education. The secondary and higher education had still not found favour with the patriarchal minded masses.

The first training schools were built by the missionaries. People from the higher classes and elite families were not in favour of sending their girls to missionary training schools. The lack of government initiatives and the short-sightedness of people in this direction, resulted in scarcity of well-educated women in Indian society who could become teachers. There were only 515 female teachers for the girl students. The British government also accepted in its proposal related to education that the social customs and

conservatism is responsible for the lack of education amongst Indian women.

The Indian society went through many upheavals, uprisings, and downfalls through the ages but the situation did not change much even in the twentieth century as the impediments that were detrimental to women's overall wellbeing persisted. McGarth also believed that "Most of these obstacles such as, prejudices, traditional beliefs, cultural conservatism, biases etc. exist only in the minds of people"² (Oak, 1988: 40). Despite various laws formulated by the government and the efforts put in by social reformers, the change was minimal. Only a small percentage of women belonging to the upper middle class, received some kind of schooling which made their position marginally better than others. Rural and urban conservative families were of the belief that educating girls was unnecessary as it would only instigate them to aspire for independence and lead them astray. They felt that an educated, intelligent woman would refuse a submissive role, thereby disrupting family life³ (Oak, 1988: 41). This outlook of the society rendered the efforts of social thinkers ineffective and resulted in widespread illiteracy, child marriage, lack of higher education, low percentage of work participation, lack of special training and skills, wage discrimination etc. that affected the progress of women adversely in the early twentieth century. But despite various hindrances, unfavourable mind-sets and social polemics, the status of women was undergoing a slow and steady transformation. Although the battle for their primary education was over by the 1930s, many ideological battles continued to be fought over the appropriateness of curriculum, co-education, and vocational education for girls. *Dayan Prakash* newspaper, which was a mouth-piece of the 'The Servants of India Society', had an enlightened outlook on women's education. An excerpt from it read, "Education is a powerful instrument of social change...and it is essential to implement and execute the rights that have been provided to the people by the law and the constitution"⁴ (Oak, 1988: 42).

Wrangler Paranjape, the first High Commissioner to Australia, in his speech at the stone-laying ceremony of a new secondary school building of Sawa Sadan, stated, "Secondary education has become imperative for girls in 1941, whereas 50 years earlier, the young widows, the pupils of those days had to come to school in the early hours before sunrise, to avoid public ridicule"⁵ (Oak, 1988: 42). These newspaper reports prove that there was no opposition to girls'

education, at least publicly, in urban areas. These journals and newspapers focussed largely on the upper and the elite class and did not pay much attention to the problems of rural women, who mostly remained disadvantaged and illiterate until the end of the fifth decade of the twentieth century.

3. Role of Social Reformers and Women's Education

With the spread of English education, a new awakening dawned on the Indian horizon. Under the influence of liberal western education system, a class of Indian intellectuals and social reformers emerged who believed that improving the social status of women would lead to the betterment of society. Since women are very much an integral part of the family, and "family is the basic unit of social organization in India, the stability of the family and through it the contribution of women to society is important"⁶ (Chanana, 1988: 100). Apart from this, the role of women was central in giving an all-round upbringing to children, initiating them into social life and managing the household efficiently. The women belonging to the upper caste and elite families were the ones most bound by constrictive traditions and customs. The focus of these young social reformers, influenced by Western education and culture, was not the traditional joint family but the nuclear family. "To play the role of a modern woman, it was necessary for the wife to be educated"⁷(Joshi, 2006: 74). The purpose of education was to make family compatible with the changing environment, gradually moulding women into a new role of educated, cultured wives and mothers. This generated widespread debates and discussions amongst the masses and was hugely opposed by the conservatives as it was a revolutionary step.

Initially, there was no available mechanism or system in place which could mould women into ideal wives and mothers. The socially enlightened menfolk began educating their spouses despite all opposition meted out to them by the other women of their joint family. Amongst these, some of the first generation educated wives were Kashibai Kantikar, Anandibai Joshi, and Ramabai Ranade whose early married life was full of struggle and insecurity. The purpose of their struggle was not to carve out an independent life and identity for themselves but to acquire modern education as per the aspirations of their husbands. In his article, *The Women Question in Nineteenth Century Bengal*, Sumit Sarkar, writes about the efforts made by English-educated upper caste social reformers in Bengal for

women's upliftment that "these efforts were not influenced by liberal ideology of the west but were largely the result of the difficulties in adjustment within the family between a husband influenced by western civilization and a wife brought up in conservative tradition environment"⁸ (Joshi, 2006: 74-75). Like Maharashtra, in Bengal too, education was used as a tool to overcome this disadvantage between varying ideologies. Post the 1850s, women education received a considerable impetus during the British rule and things started changing for the better.

Swami Dayanand Saraswati supported the education of girls. He was also of the opinion that an ignorant wife is ill-equipped to participate fully in her husband's religious rituals and social ceremonies. Absence of sound education would adversely affect the development of women's abilities and lead to rifts and tension in the household if the husband was educated and the wife uneducated. Raja Ram Mohan Roy set up the Brahma Samaj 1828 to eradicate the social ills that had become rampant in the Indian society. The members of Brahma Samaj led the movement that promoted women's education and gender-equality between the sexes, and also crusaded for widow remarriage, attacking the dogmas and superstitions of caste and untouchability. Madhusudan Das, who is considered the father of modern Odisha, inspired the setting up of the first widow training centre and girls' school in Cuttack. The Patna branch of Brahma Samaj also made significant contribution in the field of women's education. Maharaja Lakshmeshwar Singh of Darbhanga in Bihar (1858-1898) promoted modern education for girls, opened Anglo-vernacular schools, and provided financial aid to educational institutions but he had to face a lot of opposition at the hands of conservatives.

Kandukuri Veeresalingam (1848-1919), the father of Telugu Renaissance movement, also known as the Ishwar Chandra Vidya-sagar of Andhra, supported women's education, and arranged for schools for women during the day, schools for labourers and Harijans at night. He educated his wife who later taught in a widow's home.

Anne Beasant (1847-1933), the founder of 'the Theosophical Society' endorsed women's education. She proclaimed vociferously that "in ancient times Hindu women were educated and moved freely in society, urging a return to this golden age"⁹ (Forbes, 1998: 43). She cautioned that India's destiny would get sealed if women were not educated.

Arya Samaj, Brahmo Samaj, Prarthana Samaj, Theosophical Society and Ramakrishna Mission started their own social reform programs in Karnataka. The first Kannada girls' school was opened in 1840. Women's education was promoted during the reign of Chamaraja Wadiyar who established a girls' high school in the very first year of his rule. By the year 1915, the number of these schools had increased to 530. Teacher training schools and adult education centres were also set up to encourage women to pursue higher education and their salaries also were 25 percent higher than that of others.

Mahatma Jyotiba Phule (1827-1880), the founder of Satya-shodhak Samaj, and his wife Savitri Bai played a pioneering role in promoting women's education and uplifting of Dalits. In 1848, Phule opened his first teaching institute for them in Pune. When he could not find any female teacher to teach the girls, he worked there himself for a few days, and then appointed his wife Savitri Bai to that post after training her. Savitri Bai became the first female teacher of India's first women's school. Phule paid a special attention to the condition of poor and Dalit women and worked towards the upliftment of widows. He opened three girls' schools. The focus of Indian social reformers was more geared towards the elite upper-class women. The marginalized section did not benefit much from their training institutes.

4. Women's Education under the British Rule

The British too did not pay much attention to the education and upliftment of women in the second half of the 18th century, but when some enlightened Indians, who had come in close contact with the western system of education, tried to improve their situation, the government swung into action. They established the Calcutta Madrasa in 1780 AD, and then the Banaras Sanskrit College in the year 1791, followed by Fort William College in 1800 to educate the Indians. Initially, the task of educating the women was taken up by the Christian missionaries. Mrs. Campbell opened an orphanage for women in Madras in 1787 and Dr. Andrew Bell opened a children's home. They set-up several charitable schools in Madras, Bombay and Bengal, and were later joined by other British and Indian social reformers who made significant contributions.

4.1 Period from 1854 to 1882

In the 19th century, the British colonists set up several commissions to promote education in India. In 1854, the first 'Wood's

Declaration' stated that "female education should be encouraged and promoted through generous donations and monetary aid"¹⁰ (Kadam, 2016: 135). The people who contributed money for promoting women's education deserved a special mention in the declaration.

In 1882, Hunter Commission or Indian Education Commission stated, "women education is still in a very backward state. Hence it is necessary that it should be nurtured by every possible means"¹¹ (Singh, 1999: 29). They recommended that public cooperation should be sought in promoting education for women, and that there should be separate curriculum for girls. It recommended provision for free education, grants-in-aid, scholarships, hostel facilities, teacher-training centres, and appointment of female teachers and school inspectors. Arrangements for home-schooling should be made for those women who live in purdah. There was a significant change and progress that was witnessed in women education at the primary level from 1882 to 1902 post these recommendations of the commission. The number of women seeking admission in colleges also went up significantly.

4.2 Period from 1882 to 1902

The period between 1882 and 1902, recorded slow but steady progress in women's education. "The most important achievement of this period was the admission of women to universities and the passing of the first two Indian women graduates from Bethune College, Calcutta in 1883"¹² (Thackersey, 1970:10). There was a gradual increase in the number of women seeking admission in Indian universities. There were merely 6 women in the year 1881-82, but by 1901-02, it had gone up to 264. This resulted in two very important developments, firstly, the Indian society accepted and embraced the fact that college-education should be extended for girls and secondly, it recognized the need to open separate colleges for them. By 1901-1902, twelve separate colleges were set up for women.

The number of women in the field of secondary education also witnessed a sharp upsurge during this period from 1882 to 1902. 41,582 girls were attending secondary schools in 1902 as against only 2054 in 1882. Similarly, 1,24,491 girls were attending primary schools in 1882, which increased to 3,48,510 in 1902. In 1881, one out of every three girls were studying in a co-ed school; and by 1901-1902, this ratio had become 1:1, i.e., one girl to one boy. This was a positive development as social disapproval towards co-education in primary education had begun to

wane. Different syllabus and curriculum were introduced for boys and girls. Instead of mathematics, geography and history, girls were taught music, painting, sewing and embroidery. Social reformers like Gopal Ganesh Agarkar and Pandit Ishwar Chandra Vidyasagar played a big role in changing the perception of their conservative and traditional-minded Hindu brethren.

The progress in the field of vocational education, however, was rather slow. "In 1901-02, there were only 1412 female students in a training school, 40 in the art school, 166 in the medical school, 468 in the technical or industrial school, 26 in the commercial school, and 695 in other schools"¹³ (Thackersey, 1970:11).

4.3 Period from 1902 to 1921

The period from 1902 to 1921 witnessed certain significant changes like, a more active role of the government, provision of larger funds, vigorous efforts towards qualitative improvement in education, unprecedented opening of different branches of education, etc. It was during this phase that the feelings of nationalism had begun to take active roots amongst the people of India. In 1913, the government formulated an important education policy that focussed primarily on the social aspect of the problems faced by the Indian society and various ways of eliminating them. According to them, the existing system of education lacked proper practical training and application and was unable to cater to the social needs of women.

The higher education also witnessed a significant progress. The data of 1921-22 shows that there were 1263 women studying in arts colleges. Women had begun to break the age-old myth of inferiority. Secondary education saw a surge in the number of girl students. In the year, 1921-22, there were 36,698 women in high schools and 92,466 in middle schools and 11,98,550 in the primary schools. A total of 266 female students were studying in professional colleges, out of which 197 were in medical college, 67 in teaching college and 02 in commerce college. The number of female students in vocational schools also increased significantly. There were 334 female students in the school of medicine, 3903 in the teaching school, 32 in the school of Arts, 2744 in technical and industrial fields, 308 in the field of commerce, 79 in agricultural schools and 3170 in other careers. There was a total of 10,570 female students in this field. The total number of female students in vocational colleges and vocational schools was 10,836. This figure reveals that girls were being attracted towards new careers.¹⁴ (Thackersey, 1970: 14).

4.4 Period from 1921 to 1937

The raising of the age of marriage for women, and their socio-political awakening especially after the All-India Women's Conference in 1926 under the leadership of Mahatma Gandhi contributed significantly towards women's education from 1921 to 1937. But still, merely 2.38% of the total women's population was educated. 'The Hertogh Committee of 1929', also called 'The Indian Universities Committee', formed by the British government to assess the status of education in colonial India, also stated that "education is not the privilege of one sex only but it is the right of both sexes equally. It was felt that women's education should be given the highest priority in every scheme of expansion which would lead to the advancement of education in India"¹⁵ (Thackersey, 1970:14-15).

4.5 Period from 1937 to 1947

This period witnessed a rapid improvement in higher education of women. As the employment opportunities increased, more and more women came forward to embrace a career outside the domain designated for them by the social practices. The society, albeit reluctantly, began to accept this new change. If we look at the status of women's education in 1946-47, 17,648 girl students were studying in 59 institutions of science and arts colleges under general education. 1,78,341 girl students were studying in 576 institutions of high school, 1,77,784 girl students were studying in 1187 institutions of middle school and 28,33,096 girl students were studying in 14,330 institutions of primary school.

If we talk about special education, 1768 girls were studying in 3 institutions of professional and technical colleges, 660 girls were studying in 11 institutions of training colleges, 10,483 girls were studying in 188 institutions of training schools, 27,864 girls were studying in 594 institutions of other special schools and 46,604 girls were studying in 537 institutions which were non-recognised institutions. Thus, the total number of girl students in 17,485 institutions was 34,94,248. These figures only refer to Indian Union.

The credit for this remarkable change must go to the Indian social reformers and British administration who were able to mould the public opinion favourably towards imparting education to women as well. Another feature of this period was the growing demand for mixed schools, which made co-education popular. By the time India attained independence, women's education had improved both

quantitatively and qualitatively, although the pace was still slow. In India, the education of boys was also comparatively backward vis-à-vis that of other countries of the world.

The focus of women's education also was largely confined to urban areas since schools were mostly under private management. Education remained out of bounds for the rural areas, with practically no schools and no teachers, thereby making them backward. Lack of funds and resources for opening of schools, reluctance of teachers to relocate to villages and general apathy of people towards the plight of the marginalized rural population all were jointly responsible for the pitiable situation.

5. Conclusion

Looking at women's education from a social perspective, it is evident that the demand for women's education arose through the social reform movement. Social reformers believed that improving the social status of women would lead to the betterment of society. Since women are an integral part of every family, their contribution towards the over-all well-being of the society is undeniable. They keep the family members together, provide the required stability, manage the home and the hearth, nurture the children, and initiate them into socialization. As such, it becomes increasingly imperative for the entire society to abandon the age-old patriarchal mind-set and embrace gender-parity, paving way to make our women, well-schooled and literate. Since women's education is directly proportionate to the economic wellbeing of a nation, the curriculum and syllabus should be so designed as to serve their best interests as an equal stake holder.

Mahatma Gandhi strongly advocated gender equality when he said, "I am not compromising on the rights of women. In my opinion, they should not labour under any legal disability. I believe daughters and sons should be treated equally"¹⁶ (Thackersey, 1970:16).

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Jainism and Human Rights: A Critique

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Abstract

Human rights are an idea that has been frequently linked to Western customs, but it has strong roots in Indian culture, especially Jainism. Examining how the principles of Jainism fit into contemporary human rights frameworks like the Indian Constitution and the Universal Declaration of Human Rights (UDHR), this paper, "Jainism and Human Rights: A Critique", examines this relationship. Established by VardhamanaMahavira in 599 BCE, Jainism is among the oldest religions in India. Five basic principles serve as its foundation: ahimsa (nonviolence), satya (truthfulness), achaurya (not stealing), brahmacharya (celibacy), and aparigraha (non-attachment). The application of these moral principles extends the definition of human rights to encompass ecological consciousness by fostering the respect and dignity of all living things, not only humans. This paper highlights remarkable parallels between these Jain principles and contemporary human rights laws. Anekantavada, the Jain principle of respecting different viewpoints, is in line with the right to freedom from discrimination, whereas Ahimsa is in line with the right to life. Articles 15, 21, and 25 of the Indian Constitution protect these rights, thereby confirming that Indian philosophies are deeply ingrained with human rights, and that human rights are not solely Indian. The emphasis Jainism places on non-possession (Aparigraha) also aligns with contemporary rights such as the right to privacy and lifelong learning, which is similar to the right to education. At the end of the day, Jainism and contemporary human rights frameworks support justice, equity, and equality and provide contrasting paths to a life worthy of respect.

Keywords

Jainism, Human rights, International human rights framework.

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Jainism and Human Rights: A Critique

1. Introduction

There is a common misconception surrounding the genesis of human rights. It is often claimed that human rights are part of Western tradition. In contrast, human rights values have been part and parcel of Indian tradition for a long time. The Indian traditions specially the religions, have been promoting human rights values. The basic human rights values are intertwined with Jainism. Jain philosophy not only centers on the afterlife and salvation but also addresses everyday human life and its interactions with society and the environment. The present paper is an attempt to discuss the basic tenets of Jainism and compare these with modern human rights instruments and the Constitution of India.

2. Basic Concept of Jainism

Jain Dharma or Jainism is one of the ancient Indian religions. The word 'Jain' has originated from the Sanskrit word 'Jina' which means conqueror (McCoy, 2021: 207). As per Sanskrit language, Jina is a person who conquers all inner passions like wants, desires, attachment, greed, anger, pride etc (Human Values in Jainism - Human Values and Indian Ethos, n.d.). Vardhamana Mahavira born in 599 BCE founded the Jain Dharma. (Dasgupta & Churiwalla, 2019: 70). He played a key role in the revival of the philosophy of eternity propagated by the 23 tirthankaras, and founded a religion. There are five basic principles of Jainism.

2.1 Nonviolence (*Ahimsa*)

One of the basic tenets of Jainism is nonviolence and respect for all living beings. The founder, Mahavira states that "*Ahimsa paramodharmah*". Practising *Ahimsa* or Nonviolence in day-to-day life involves practicing non-hurting any form of life knowingly or unknowingly, not harming others knowingly or unknowingly, and not showing hatred towards anyone (Madhukar, 2020: 125)

2.2 Truthfulness (*Satya*)

Jainism's second most cardinal principle is truthfulness. The Jains believe in the principle of choosing right. The Jains must choose

the right path in all spheres of life (Madhukar, 2020: 126). It states that one's speech must be "pleasant, beneficial, true and unhurt" to the people (New Vistas in Contemporary Management, n.d.: 118).

2.3 Non-Stealing (*Acharya*)

Another principle of Jainism is non-stealing. The principle of non-stealing encompasses the refrainment from physical theft, other's time, possessions, and ideas (Ostace, 2023: 44). It means avoiding dishonesty in all walks of human life. As per Jainism, reciprocal encouragement to steal, evade the law, and receive stolen property amounts to theft, and one should refrain from these (Shah, 2004: 97).

2.4 Celibacy (*Brahmacharya*)

Celibacy is another principle of Jainism. It means "treading into the soul". It conventionally means abstinence from sexual activities (Shah, 2004: 97). The Jains are required to refrain from committing marital infidelity or adultery and to avoid premarital sexual activities.

2.5 Non-attachment (*Aparigraha*)

Avoiding possessiveness and materialistic culture is a fundamental principle of Jainism. It is a vow of non-possession and non-attachment (Dash & Sahu, 2023: 71).

3. Comparative Analysis of Modern Human Rights, Constitution of India and Jainism

The devastating world wars necessitated the creation of a new world order to promote and protect human rights. At the aftermath of world wars, an international human rights framework to deal with the violations of human rights issues has been created. The Universal Declaration of Human Rights (UDHR), adopted by the United Nations General Assembly, marked a significant development in protecting and promoting human rights. Based on the French and American Declarations and traditions of Western democratic countries, the UDHR established a normative framework of international law (Subedi, 2017: 52). The UDHR recognizes some of the fundamental human rights that need to be universally protected. After the adoption of UDHR, two international covenants were adopted to strengthen the international human rights regime in 1966.

Right	UDHR	ICCPR	ICESCR	Indian Constitution
Freedom from Discrimination	Article 2	Article 26	Article 2	Article 15
Right to Life	Article 3	Article 6	Article 6	Article 21
Freedom from Torture	—	Article 7	—	—
Right to Liberty and Security	Article 3	Article 9	—	Article 21
Freedom of Movement	Article 13	Article 12	—	Article 19
Right to Fair Trial	Article 10	Article 14	—	Article 21
Right to Privacy	—	Article 17	—	—
Freedom of Religion and Belief	Article 18	Article 18	—	Article 25
Freedom of Expression	Article 19	Article 19	—	Article 19
Right to Education	Article 26	—	Article 13	Article 21A
Right to Work	—	—	Article 6	Article 41
Right to Social Security	—	—	Article 9	Article 41
Right to Health	—	—	Article 12	Article 47
Right to Cultural Participation	—	—	Article 15	Article 29
Right to Equality Before Law	Article 7	Article 14	—	Article 14
Right to Equality between Men and Women	—	Article 3	—	Article 15
Right to Participate in Public Affairs	—	Article 25	—	Article 19
Right to Form Trade Unions	—	—	Article 8	Article 19(1)(c)

Right to an Adequate Standard of Living	—	—	Article 11	Article 21
Right to Take Part in Cultural Life	—	—	Article 15	Article 29
Right to Enjoy Benefits of Science and Culture	—	—	Article 15	Article 51A(j)

3.1 Freedom from Discrimination

The principle of non-discrimination is one of the core human rights specially under the United Nations and regional Human rights systems like Europe America and Africa (Vijapur, 1993: 69). Its presence is seen in the UDHR, ICCPR, ICESCR, and the Indian Constitution. Article 2 of the Universal Declaration of Human Rights sets the universal standard by stating that all people are entitled to rights provided under it without distinction of any kind, including race, religion or gender (Picq & Thiel, 2015: 55). Article 26 of the International Covenant on Civil and Political Rights (ICCPR) further emphasizes equality before the law and protection against discrimination, while Article 2 of the ICESCR extends this protection to economic, social and cultural rights and the need for inclusivity in all aspects of life underlines (Carlson & Gisvold, 2021: 155; Fariior, 2017: 17). The Indian Constitution, particularly in Article 15, prohibits discrimination based on religion, race, caste, sex, or place of birth, reflecting a commitment to equal citizenship (Prasanna, 2023: 481). Jainism, with its principle of Anekantavada, promotes respect for the views of others. As per Jainism, non-violence is the key goal, and Anekantavada is a tool to achieve it. The pluralistic views enunciated in the concept of Anekantavada serve as an antithesis to the rigidities and prejudices of the present society (Islam, 2022: 16). Thereby, it promotes human rights.

The Jain ethical practice of Aparigraha (possessionlessness) further strengthens the idea of equality by advocating for the respect and dignity of all living beings (Thakur, 2009: 126). Hence, it is clear that these ideals of Jainism are consistent with modern human rights.

3.2 Right to Life

The right to life is a fundamental and universally recognized human right that protects human dignity. Article 3 of the Universal

Declaration of Human Rights enshrines the right to life and provides a comprehensive basis for the dignity of the individual (Genderen & Watch (Organization), 2009: 46). Article 6 of the ICCPR provides that people shall have the right to life. In other words, the right to life negates the arbitrary deprivation of life and emphasizes human life's inviolability (Bei, 2014: 2). While the ICESCR does not directly address the right to life, it supports it through provisions such as Article 11, which emphasizes the right to an adequate standard of living. In the Indian Constitution, Article 21 guarantees the right to life and personal liberty, which has been broadly defined by the judiciary to include various aspects of a life of dignity. The ahimsa principle of Jainism extends this right not only to humans but to all living beings and advocates the preservation of life in all forms. This reflects that the scope of Jain philosophy is broader than modern human rights, which typically focus on human life, reflecting a deep reverence for life inherent in Jain philosophy.

3-3 Freedom from Torture

Freedom from torture is explicitly protected under the ICCPR but is less directly addressed in other human rights frameworks and religious philosophies. Article 7 of the ICCPR prohibits torture and cruel, inhuman or degrading treatment and reflects a global consensus on the need to protect human dignity from serious abuses. It is a non-derogable right that the state must respect and should not make any reservation as it will violate the ICCPR's objectives (Chenwi, 2007: 101).

The UDHR does not explicitly prohibit torture, but it is implicit within the broader human rights guarantees. This issue is not directly addressed by the ICESCR, which focuses on economic, social, and cultural rights. The Indian Constitution does not explicitly prohibit torture. However, Article 21 of the Constitution of India protects citizens from ill-treatment and torture (Dobhal & Jacob, 2012: 29). The principle of Ahimsa rejects any form of violence, including torture, and thereby protects human rights.

3-4 Freedom of Movement

The freedom of movement is recognized as a fundamental human right in modern international frameworks. Article 13 of the UDHR guarantees the right to freedom of movement within and across borders, while the ICCPR's Article 12 further elaborates on

this right, allowing restrictions only when necessary to protect national security, public order, or public health (Hall, 1997: 92,93; Yuksekdag, 2019: 34). The ICESCR does not explicitly deal with the freedom of movement. The Indian Constitution, under Article 19(1)(d), enshrines the right to move freely throughout the territory of India, to facilitate to live and work anywhere in India (Seelam, 2024: 29). Jainism emphasizes the concept of Ahimsa, which may affect how movement is perceived, especially in terms of minimizing harm to others and the environment, even though it does not directly address the concept of movement. The non-violent practices of Jainism can facilitate non-obtrusive movements.

3.5 Right to a Fair Trial

The right to a fair trial is one of the sine qua non of justice delivery mechanism. It is protected by both modern human rights framework and religions like Jainism. Article 10 of the UDHR confers the right to a fair and public hearing by an independent and impartial tribunal (Yadav, 2023: 230). The ICCPR's Article 14 expands on this by detailing the elements of a fair trial, including the presumption of innocence and the right to legal representation. The ICESCR does not directly address the right to a fair trial, focusing instead on socio-economic rights. The Indian Constitution, through its interpretation of Article 21, guarantees the right to a fair trial, a principle that has been upheld by the judiciary in numerous landmark cases. Jainism, although not a legal system, supports the underlying principles of fairness and justice through its ethical teachings. The concept of *Satya* (truth) in Jainism emphasizes honesty and integrity, which are fundamental to a fair trial. While Jainism does not offer a legal framework, its emphasis on truth and non-violence aligns with the modern legal principle that justice must be impartial and fair. However, the challenge in both contexts lies in ensuring that these principles are upheld in practice, particularly in legal systems where biases and corruption may undermine the fairness of trials.

3.6 Right to Privacy

The right to privacy is one of the significant human rights protected by international human rights regimes and national human rights frameworks. As the world takes the path of digitalization, the right to privacy is considered one of the most important rights. Article 17 of the ICCPR explicitly protects the right

to privacy (Kettemann, 2020: 74). On the other hand, the UDHR implies the right to privacy as part of broader human rights protection, although it does not explicitly mention it. Furthermore, the ICESCR does not directly address the right to privacy, but instead focuses on socio-economic rights. In the Indian context, the right to privacy has been read into Article 21 of the Constitution, as affirmed by the landmark case Justice K.S. Puttaswamy (Retd.) and another v. Union of India and Others, which recognized privacy as a fundamental right (Justice K.S. Puttaswamy (Retd.) & Anr. vs. Union of India & Ors., n.d.). Jainism, with its emphasis on self-control and nonviolence, supports the idea of respecting personal boundaries and confidentiality, but does not explicitly treat privacy as a separate right. Jaina ethical practices such as: Non-possession (*Aparigraha*), suggest a lifestyle that minimizes intrusion into the lives of others and is consistent with the modern concept of privacy.

3·7 Freedom of Religion and Belief

Freedom of religion or belief is a core human right, deeply respected in both modern human rights systems and religious traditions such as Jainism and allows individuals to change their religion or beliefs and to manifest them through practice and observance (Green, 2018: 376). Article 18 of the ICCPR provides further protection against coercion in religious matters and ensures that individuals are free to adopt or change their beliefs (Watch (Organization) & Bahgat, 2007: 84). While the ICESCR focuses on socioeconomic rights, it indirectly supports religious freedom through its focus on cultural rights. The Indian Constitution guarantees the right to freely profess, practice and propagate religion under Article 25, reflecting India's secular framework and commitment to pluralism. India follows secularism which means that the state has no religion but gives equal treatment to all religions (Kumar, 2001: 57).

Jainism, as a religious and philosophical tradition, inherently supports religious freedom through its doctrine of Anekantavada which encourages tolerance and respect for diverse beliefs. Jain ethical principles, such as Ahimsa and Satya, further support the peaceful coexistence of different religious traditions. However, in practice, ensuring religious freedom remains a challenge globally and in India, where issues like religious intolerance and communal violence often undermine this right.

3-8 Freedom of Expression

Freedom of expression is essential for a vibrant democracy and is protected by modern human rights frameworks. According to James Madison, “freedom of expression is the only effectual guardian of every other right, and without it, tyranny can advance in silence” (Hadland & Thorne, 2004: 20). Article 19 of the Universal Declaration of Human Rights enshrines the right to freedom of opinion and expression, including the freedom to seek, receive and impart information and ideas. Article 19 of the ICCPR further elaborates on this right while allowing certain limitations to protect the rights of others, public order or national security.

The ICESCR does not directly address freedom of expression, but implicitly supports it through cultural rights. The Indian Constitution guarantees freedom of speech and expression under Article 19(1)(a), subject to reasonable restrictions (Shutler, 2011: 57). Jainism, with its ahimsa principle, advocates mindful and non-harmful speech and emphasizes the ethical use of language. While Jainism values freedom of thought, it also emphasizes the responsibility that comes with it and advocates truthful and non-violent expression. However, with the expansion of the medium of expression, particularly the advent of information and technology, it has become difficult to balance freedom of expression with the need to prevent harm and maintain social harmony.

3-9 Right to Education

Education is recognized as a fundamental right that empowers individuals and promotes social and economic development. Article 26 of the Universal Declaration of Human Rights reaffirms the right to education and states that it shall be free and compulsory at least at the elementary level (Abdul-Hamid & Yassine, 2020: 53). Article 13 of the ICESCR reiterates the views of the Universal Declaration of Human Rights. However, the ICCPR does not specifically address education. In the Indian Constitution, Article 21A guarantees the right to free and compulsory education for children aged 6 to 14 years, underscoring the state’s commitment to universal education. While Jainism does not prescribe a formal right to education, it values learning and knowledge as essential to spiritual development. The Jain tradition emphasizes self-study (*Svadhyaaya*) and the pursuit of wisdom, consistent with the broader goals of education in modern human rights. However, challenges remain in the practical

implementation of the right to education, in particular in ensuring access, quality and equity between different regions and socio-economic groups. Jainism's emphasis on lifelong learning and self-discipline can complement modern educational goals and promote a more holistic approach to education.

3-10 Right to Cultural Participation

Cultural participation is important to human dignity, allowing individuals to express and engage with their cultural heritage. The ICESCR's Article 15 recognizes the right of everyone to take part in cultural life, enjoy the benefits of scientific progress, and protect moral and material interests resulting from scientific, literary, or artistic production (Salomon, 2005: 83). The UDHR implies this right within its broader human rights framework, while the ICCPR does not specifically address cultural participation, focusing more on civil and political rights. The Indian Constitution, through Article 29, guarantees the right of minorities to conserve their culture, language, or script, reflecting India's commitment to cultural pluralism. Jainism, a religious tradition with a rich cultural heritage, inherently supports the right to cultural participation. Preserving Jain temples, literature, and rituals reflects a commitment to cultural continuity and respect for tradition. Jainism's principle of *Anekantavada*, which recognizes multiple perspectives, also encourages the appreciation of cultural diversity. However, challenges to cultural participation in India and globally include the marginalization of minority cultures, commercialization of cultural heritage, and threats to cultural expression from various quarters, necessitating thoughtful and inclusive policy approaches.

3-11 Right to Equality Before Law

Equality before the law is a foundational principle of justice, ensuring that all individuals are treated equally under the law. The UDHR's Article 7 asserts this right, guaranteeing that all are equal before the law and entitled to equal protection without any discrimination (Killander, 2010: 126). The ICCPR's Article 14 reinforces this principle in the context of fair trial rights, ensuring equality before courts and tribunals. The ICESCR does not specifically address equality before the law, as its focus is on economic, social, and cultural rights. The Indian Constitution, through Article 14, enshrines the right to equality before the law and equal protection of the laws within the territory of India. This provision is fundamental

to India's legal framework and has been the basis for numerous judicial decisions aimed at dismantling discriminatory practices. Jainism, with its emphasis on non-violence, truth, and respect for all life, inherently supports the principle of equality. The Jain ethic of Anekantavada, which acknowledges the validity of multiple perspectives, also aligns with the idea of legal equality by promoting tolerance and understanding. However, the challenge lies in ensuring that legal equality translates into substantive equality in practice, particularly for marginalized communities.

4. Conclusion

A thorough interaction of ethical, legal, and spiritual dimensions can be seen when comparing Jainism and the international human rights framework with reference to the Indian Constitution. The Indian Constitution and the international human rights framework offer a universal and legal framework to protect and advance human rights, while Jainism offers a very personal and ethical way of living. They offer a comprehensive perspective of a fair, compassionate, and equal community. The Indian Constitution is a testament to this integrated approach, promoting a culture of respect, dignity, and welfare for all of its citizens. It draws its influence from both international human rights norms and indigenous ethical traditions.

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Unnoticed but Excluded: A Narrative Inquiry of Left-handed Individuals

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Abstract

This study aims to explore the social exclusion, stigma, and discrimination that left-handed people encounter in a right-handed society. This research uses a narrative inquiry approach to explore the lived experiences of ten left-handed participants to reveal cultural, religious, and structural biases. This study shows that stigmatizing labels and societal norms contribute to the marginalization of left-handed individuals. Religious traditions frequently link left-handedness to uncleanness and bad luck which results in greater social discrimination. The research shows that left-handed women experience greater societal and religious pressure to follow traditional norms. The use of tools, writing desks, and technology made for right-handers creates ergonomic difficulties for left-handers which produces psychological distress and decreases their self-esteem and creates workplace disadvantages. The study reveals that despite rising neurodiversity awareness, institutional and cultural biases continue to restrict left-handers from achieving their social and professional goals. The research demands inclusive policies together with adaptive designs and social awareness to fight these deeply rooted prejudices. This research links handedness to systemic exclusion while contributing to discussions about social identity and human diversity and equality to advocate for an inclusive accessible society.

Keywords

Left-handedness, Social exclusion, Unconscious bias, Gender discrimination, Structural exclusion.

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1. Background

“The human digestive system is simple, it starts with a right hand and ends with a left hand!”

Above witticism may be common among many school-goers. The tale of right and left-handed is not limited to a digestive system but it is much more researched and discussed in numerous disciplines such as neurological science, medicine, psychology, economy, and anthropology (Johnston *et al.*, 2007). For instance, in one of the scientific literature, Gutwinski *et al.* (2011) write that the asymmetrical cerebrum of humans is a decisive factor in the development of complex cognitive control processes including the development of handedness. Similarly, Kushner (2017) writes that left-handedness is associated with differences in brain lateralization, which can contribute to unique problem-solving skills and creativity. In the same vein, Willems and Francks (2014) also argue that lefty people make up more of the extremely gifted hitherto (Willems & Francks, 2014) but some scholars such as Brandeler & Paracchini (2014) have claimed that lefty is more likely to be schizophrenic, alcoholic, dyslexic and delinquent.

In sociology, such delinquent behaviour is claimed to be due to negative labeling process. Becker (1963) argues that social labels can influence a person’s identity and behaviour, perhaps leading to unacceptable conduct. A self-fulfilling prophecy of negative behaviour can occur when someone internalizes the label of being bad or incorrect. This process shows that social stigmatization, negative labeling, and exclusion perpetuate left-handed individuals to delinquent behaviour. However, in one of the psychological research, Andrew (1980) found that left-handed juvenile offenders scored lower on violence scales than their right-handed counterparts, indicating that left handedness cannot be the sole reason for delinquent behaviour.

Apart from such scientific, sociological, and psychological explanations, left-handedness is heavily discussed and criticized in

religious literature. For instance, according to Fabbro (1994), in biblical references to the left and right, 151 Old Testament and 49 New Testament verses mention the directions where the right hand is favoured and the right side holds more prestige, suggesting a historical bias towards right-handedness. In gist, left-handed people have historically faced societal, cultural, and religious biases. Research indicates that left-handed individuals encounter challenges due to a world designed for right-handed people, yet they also exhibit cognitive and creative advantages (Papadatou-Pastou *et al.*, 2020).

2. Sacred Hands: Rituals, Stigma, and Adaptation

Research suggests that cultural and religious factors influence the prevalence of left-handedness, with more religious societies often exhibiting a stronger preference for right-handedness (McManus, 2009). The stigmatization of left-handed people can also be influenced by societal norms, which are frequently influenced by religious traditions (Faurie and Raymond, 2004). Since the right hand is thought to be pure, it is generally employed in Hindu ceremonies to undertake sacred activities like praying or giving alms, whereas the left hand is frequently connected to impurity (O'Flaherty, 1980).

Similarly, Flood (1996) also mentioned that in Hindu iconography, deities often use their right hand for blessings and protection, signifying righteousness and divine power. While the right hand is commonly used to represent compassion and understanding in Buddhist mudras, the left hand is utilized to signify worldly illusion and transformation (Beer, 2003). Samuel (2008) also writes that, in Hindu and Buddhist Tantric traditions, Vamacara (the left-hand path) is referred to mystical and non-traditional spiritual practices, whereas Dakshinacara (the right-hand path) refers to orthodox ceremonies. Especially in Hindu mythology, Kinsley (1997) noted that Lord Shiva's left hand symbolize change or destruction.

In certain cultures, left-handed people are accused of friendship with the devil. According to Coren (1992), during the Inquisition, left-handedness was sufficient to sentence a woman to death as a witch, and many innocent left-handed people were executed in this way. This denotes that, the right arm was blessed, while the left-handed served the devil. Further, making a sign of the cross with the left hand was a heresy that caused hell. In both Islam and Hinduism, the right hand is used exclusively during solemn ceremonies (Dragovic, 2001). Only in Tantric Buddhism

left-handedness is considered positive, and a symbol of wisdom (Corrbalis, 1983). This shows different religious belief have their perception toward left-handedness.

The study of handedness traits is also transmitted across generations. Mckeever (2000) writes, that two left-handed parents produce the highest proportion of left-handed children. This suggests that hand preference is partly genetic. Several studies have also shown that handedness can be changed due to cultural influence. For instance, in Tucoano of Amazonia, handedness is modified at an early age of children through positive reinforcement (Bryden *et al.*, 1993). This suggests a strong cultural pressure can change hand preference during the early age of an individual. Similarly, if a particular hand is forced to be used in several activities, this can also help to change left-handed to another. For example, in Taiwan, due to strong cultural pressure, only 0.7% of left-handed writers exist (Teng *et al.*, 1976) which is comparatively much lower than Asian school children living in the USA (6.5% of left-handers) where cultural pressure is less (Hardyck *et al.*, 1976).

3. Left-Handed in a Right-Handed Society

Hardych and Petrinovich (1977) write that there are about 90 percent right-handed population in the world. This is why left-handed individuals often face unique challenges in a world designed predominantly for right-handed people. For instance, using scissors, pens, and right-handed desks in schools, measuring cup that has millimeter markings, and so on. Besides these equipment, sports materials like golf clubs, gloves for baseball catchers, and bows in archery games are also designed for right-handed people. Smith (2020) also argues that computer mouse has a default setups that favour right-handers, requiring left-handers to adjust settings or adapt. Because of tools and equipment made for right-handers, left-handers also face safety hazards in their workplace.

In the academic sector as well, this mismatch can lead to decreased performance and increased physical discomfort to the left-handers. According to Qo'ldoshev (2021), left-handed children show common behaviour including creative, emotional, slow learning normal behaviour, but lack of self-confidence or courage, low focus which reduces efficiency and increases exhaustion, low school competency, and difficulty in group work. A review highlighted that societal neglect in providing for left-handed individuals' needs leads

to their marginalization and calls for increased awareness and inclusive practices to address such oversight (Malusi *et al.*, 2019).

Furthermore, in some communities, due to cultural and religious beliefs, left-handed people are also stigmatized linking with negative connotations. Agegnehu & Gebre (2024) found that left-handed children are frequently pressured by their family and society for not using their left hand for activities such as eating and writing. Seeley (2012) also explored the role of handedness on startle response reflexes in terms of its ability to predict drivers' reactions during an unanticipated driving situation. The left-handed biker also showed difficulty in throttling accelerator which is by default manufactured for right-handed riders.

Sin (2015) noted that the self-esteem of left-handed employees is affected in two ways: first, when they are not able to fulfill their task, and second, the feeling of neglect by their employers. In one of the research, Johnston *et al.* (2007) found that left-handers spend more time watching television than right-handers, leading to poor performance in nearly all measures of development such as learning, social, cognitive, and language except for reading. However, on the other hand, Randerson (2001) found that left-handers have better memory due to their brains are structured in a way that widens their range of abilities. Tigar (2018) also explored that left-handers are generally more intelligent and creative than right-handers. Despite numerous researches on difficulties for left-handers in terms of technical hurdles, cultural stigmatization, and labeling, empirical research lacks how such processes lead to social exclusion. This study attempts to link the left-handedness of an individual with the exclusion as a whole.

Conceptual framework of study is shown in following figure:

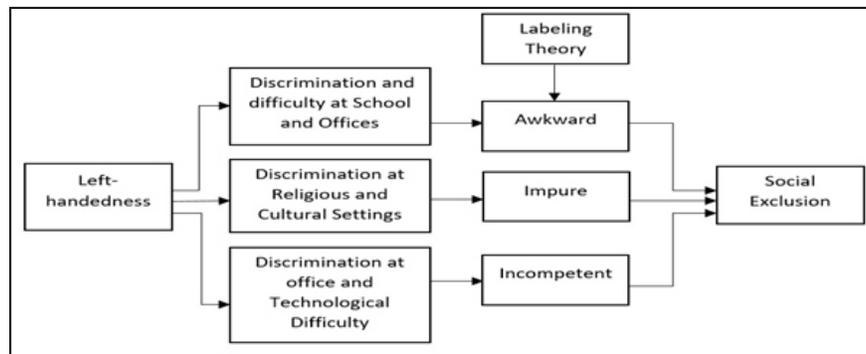


Figure-1: Conceptual Framework for Left-handedness and Discrimination

Historically, left-handedness individuals have been discriminated against in different social settings. They have been discriminated, against and criticized at school, workplace, religious places, and activities associated with it. In these settings, left-handed individuals have been labeled negatively. Labeling theory explains that individuals labeled as deviant may experience social exclusion, as such labels influence both societal reactions and the development of self-identity (Becker, 1963; Lemert, 1951). Such negative labeling pushes left-handed individuals away from the social setting. Negative labeling of left-handed can lead to self-fulfilling prophecy which forces them away from their social relationships and activities. This process leads them to social exclusion.

4. Methods

To explore how left-handed people feel during such stigmatization, and how they perceive various experiences in the right-handed society, a narrative research design is implemented. A total of 10 left-handed individuals (7 female and 3 male) were selected as a research participant with a purposive sampling method. The selected research participants were interviewed on different dates. Responses from research participants are transcribed, translated, and analyzed with the narrative method. To protect research participants' privacy and identity, pseudonyms are used instead of their real names.

5. Results and Discussion

This section explores the daily life experiences and perceptions of the research participants being left-handers. The responses are analyzed in a narrative way sociologically to provide meaningful interpretation of unknowingly excluded sections of people.

5-1 Change & Continuity: Cultural and Religious Stigmatization

Social and cultural biases against left-handed vary across different societies. The highly religious society comprises higher stigmatization against left-handers than in less religious society. Country like Nepal where Hindu believers have religious rules in terms of offering fruits and other materials to god with their right hands. In such a society, lefty people are more or less stigmatized as impure and devils.

Religious sites are one of the key venues where different lives and behaviours are explained through religious thoughts and beliefs. Ishwori (pseudonym) replied, Ishwori (pseudonym) replied, "While

praying or worshipping we are supposed to use the right hand for everything-such as when taking prasad, putting tika, flowers and while worshipping (Pooja)” (Personal communication, February 27, 2025). Further, she adds, *“During such pooja, if mistakes happen using left-hand, pandit ji would scold me asking me to use the right hand. It would be confusing because instinctively I would use a left hand”* (Personal communication, February 27, 2025). This is a common challenge that most left-handed individuals face in their religious life and activities. The religious norms for right-handedness suggest using their right hand during such events due to which a person having a left hand as a leading hand is criticized.

Further, one of the female research participants Navina (pseudonym) replied that *“due to my left-handedness, I always become a subject of criticism when there is pooja at home. Sometimes, I don’t even get a chance to offer fruits and flowers to god during such occasion”* (Personal communication, February 16, 2025). Mira (pseudonym), a female participant also faced such criticism from pundits occasionally, when there is *Rudri* (Religious worshipping practice in Hinduism) worship at home. According to her,

“Once I offered fruits and flowers to the god with my left hand, immediately, the pandit criticized that all the hard work and worship is waste after I offered fruits and flowers to god with my left hand. I know that nothing will happen with this but it hurts when someone passes critical comments on such. I felt, being a left-handed, I am excluded not only from such gathering but also from the whole society” (Personal communication, February 20, 2025).

In a similar vein, Sita (pseudonym), another female research participant informed that *“when pooja is done by the left hand, people will start criticizing that they won’t receive what they have wished before starting such pooja”* (Personal communication, February 20, 2025). Both the statements from Mira and Sita demonstrate that thinking left-hand as a bad omen in society is prevalent. With such stigmatization of left-handed in religious activities, it can be articulated that left-handed people are religiously discarded and treated as an unwanted section of society. Further, the above statements demonstrate that left-handed people are discarded both in public and private religious settings. This also suggests that, despite education and social change, society continues to view and treat left-handedness in a traditional way.

Mira further remembers a criticism when she bowed to a god statue near her home. According to her,

I live in Newari society so one day I heard a whisper from my back, saying, look! Akhha le Dhogyo, means lefty bowed to a god. After I finished my worship, these Newari women cleaned and purified the god statue with water and did their regular worship. When remember, this still hurts me. I feel being a left-handed person, I am not one of them. I do not belong to this society. (Personal communication, February 20, 2025).

The stereotyping of left-handed people is a process of exclusion. However such stereotyping is not the case for everyone, especially for different genders. One of the male research participants Bishnu (pseudonym) reported that *“I do not have any problem in my family and among my relatives. Instead they think I am intelligent due to left-handedness”* (Personal communication, February 21, 2025). Bishnu’s statement demonstrates that left-handed males are treated differently than left-handed females. Left-handed women and girls are criticized negatively whereas boys are praised or at least harsh comments are rarely passed on.

Shivahari (pseudonym), one of the male participants said *“We are less involved in religious activities so despite there being criticism, boys receive less biasness and criticism from others”* (Personal communication, February 15, 2025). In several religious activities, the involvement of males is less in comparison to females. If not, the patriarchal social structure and superior position of males in society are making such differences. In that sense, it can be said that criticism and comments to left-handed females are due to a patriarchal mindset rather than religion itself, at least in Nepalese society and culture.

Similarly, another female respondent Hira (pseudonym) informed that *“there is no problem being left-handed for males but when it comes to females, all the cultural and religious rules pop up. I normally stay out of food serving during feast because people tease me for serving with my left hand”* (Personal communication, February 12, 2025). This statement shows that being left-handed matters if a person is male or female. As females are mostly in traditional gender roles such as serving food, attending guests, doing dishes, washing clothes, and daily offering to the god, left-handed is easily visible and when such movement of the differently oriented body part is

identified, it is normally criticized or make a part of fun. If not, it is interpreted from a religious perspective as wrong or impure. But again, males left-handed are less concerned for people compared to females.

Nowadays, left-handedness is interpreted not only from impurity perspectives but also from talent and extraordinary. According to Bishnu, *“When my parents noticed that I am left-handed, they always encouraged me as they heard that left-handed are intelligent. But I am slow in fact (laugh)”* (Personal communication, February 21, 2025). Bishnu tried to hide his emotions with a laugh, but his statement demonstrates that there is less concern about male left-handedness in the family and society. Ishwori also thinks that *“...there are two narratives for this, a myth that left-handed people are talented and blessed, and another...bad or unlucky”* (Personal communication, February 27, 2025).

Despite the left-handed individuals are also considered a talented person, they are culturally dominated and humiliated on the daily basis. For instance, Dibya (pseudonym), also faced intimidation during religious activities at her relative’s house. According to her,

During pooja at one of my relatives, a group of girls started to work in the kitchen. One of my relatives handed me a potato peeler. I noticed, my cousin peeling potatoes from downward to upward movement, using a peeler. But when I used it with my left hand, there was no blade in that direction. Instead, I had to do the opposite movement. My relatives laughed at my hand movement. I didn’t mind for that but this sarcasm might be common to many left-handers. (Personal communication, March 5, 2025).

Although there are few Y-shaped peelers available (that work for both left and right-handed), people normally buy peelers that suit right-handed people because only right-handed peelers are sold in the market. The scientific innovation and design, in this case, seem to be biased toward left-handed people. Due to such, many left-handed individuals are pushed away from their daily activities. For instance, Ishwori said,

Some people do not make them work such as cutting and washing foods because they find it unusual and looks different and difficult. Many times, I used to get scolded for not being able to use scissors properly. My mother and sister used to call out

while I was holding a scissor and struggling to cut things perfectly. Sometimes, they used to call me lefty if I did something wrong and using my left-hand looked weird to people. So, after some time I was annoyed by people saying how weird and difficult it looks to work from left hands. (Personal communication, February 27, 2025).

This shows that there is subtle discrimination against left-handed individuals in the society. Despite a decline in the stigmatization and discrimination of left-handers, they continue to face labeling and exclusion.

5-2 Difficulties at Educational Institutions

Since most students are right-handed, factories make equipment and learning materials that suit right-handers. However, a small fraction of left-handed students, and their needs are less remembered. In terms of difficulties at educational institutes, Ishwori replied that,

Since, I was not aware that things could be so differently designed, therefore so many things might have gone unnoticed for me. However, using a ruler was always my problem at school, I couldn't hold it properly and was always trying new ways to hold the ruler. I thought I lacked the skills. (Personal communication, February 27, 2025).

Ishwori and her handedness is one of the common problems among left-handers whose problems are unintentionally forgotten or ignored by society. Due to this, Ishwori and many other left-handers have lost their self-confidence while using such equipment at school that is designed for right-handers. Such equipment has put them in an awkward situation of not being able to properly hold and use it.

In a similar vein, Bishnu replied “*Sometimes, I feel so awkward when the right-hander colleagues forcefully shake my right hand. As I am lefty, I rarely shake my right hand with others. While shaking, I keep my right hand loose so that it looks shaking*” (Personal communication, February 21, 2025). Many right-handers have a general assumption that the person in front of them is also a right-hander. Such an assumption might have led Bishnu to an awkward situation.

Importantly, Shivahari faced a challenge while attending a day-long conference at his college. According to him, “*The seats at the conference hall are nice and cozy but during a daylong conference, I*

have to switch my body posture to the right side as there is a writing support board designed for right-handers. That remained difficult for me” (Personal communication, February 15, 2025). This is one of the common mistakes that a right-handed mentality has produced in society. The right-handed support board in the exam halls is so painful for the students with left-handed where they have to keep their body posture for three hours long. If the teachers have that sense and compassion, left-hander students can get that chance to escape such difficulty. In this same, Ishwori replied,

Sometimes, teachers ask how many students in the class are left-handed so that seats can be arranged accordingly to avoid disturbances while writing. Occasionally, my hand position clashes with that of right-handed students sitting to my left, and in such cases, we swap seats. I usually avoid sitting in the middle of the bench. (Personal communication, February 27, 2025).

Left-handed students often need special tools, which may not always be available in schools. One of the male research participants Sagar (pseudonym) informed that,

I always have problems while attending any classes associated with computers at the lab or during the library where I need to search for literature. The mouse is on the right hand and due to which, many times, I accidentally grabbed a friend’s mouse on the left hand. Due to non-lead right hand, my work is always slow and no one understand this issue. (Personal communication, February 26, 2025).

The case of Sagar is not only discouraging him from library and computer use at the computer lab but it is making his work entirely slower than other right-handers as such equipment is designed for right-handers which have kept right-handers students at least a step ahead of the left-hander students in educational institutions. Apart from the library and computer lab, Dibya initially wondered why her scissors were not working while it was perfectly working a while when her right-handed friend was cutting the same paper. According to her,

During a paper-cutting session in my class, my friends cut colorful papers in a design they wished to but when I use the same scissors, the same task remained a disaster. It never happened. Till that time, I didn’t know that a scissor was designed for right handed person. Two inner blades of scissor never come across when I used scissor. (Personal communication, March 5, 2025).

The difficulty that Dibya faced is a common among many left-handers. Despite having a differential interest in origami session, many left handers like Dibya do not get the opportunity to excel in their interest or career. For that, they might need to search for special scissors or equipment that perfectly match their hand.

Mira also informed that;

The door handles are also designed for right handers. There is one classroom with a door sliding to the right side. It is better and effortless for both the handers if there could be two piece door that opens simultaneously when we push. Most importantly, my left hand always collides with other hands while eating in the canteen. This led to spill of tea and other food. (Personal communication, February 20, 2025).

These narratives demonstrate that although criticism against left-handedness has decreased in educational settings, lefty people are still excluded in terms of various school-level activities. The society and school, assuming zero left-handers, led to manage equipment according to right-handers only. This is a structural bias due to which left-handers automatically fall into structural exclusion.

5-3 Force Conversion: Is it Gendered?

Left-handed women are discouraged from using their dominant hand during social activities and rituals. Where possible, they are pressured to use their right hand from an early age. According to one of the research participants Priyanka (pseudonym), *“I belong to Newari ethnic group. During our pooja (worship), we must use our right hand, as the left hand is considered impure. My mother always forced me to use my right hand during such an event. But I cannot do that, so I rarely attend religious events”* (Personal communication, February 10, 2025). Priyanka’s story is just a gesture where many left-handers like Priyanka quit participating in social, cultural, and religious events due to the compulsion of the right hand.

The force to convert a child’s left-handedness is also a story of many other left-handers. For instance, a female research participant Gauri (pseudonym) said, *“I don’t remember when I became the lefty. I belong to a Brahmin family and as left-hand is considered bad in my culture, my parents tried their best shots to convert my left-handedness but it never happened”* (Personal communication, February 17, 2025). Both Gauri and Priyanka's statements

demonstrate that left-handers hardly quit their leading hand, instead, they quite social events.

Nonetheless, left-handedness is not an issue for every family. For instance, Ishwori informed that *“I have no problem being left-handed in my family. My aunt or family members never forced me to use my right hand”* (Personal communication, February 27, 2025). Similarly, Mira also reported that *“my father is also left-handed so my parents never tried to convert my left handedness”* (Personal communication, February 20, 2025). Mira’s statement on this denotes, that parental understanding, experience, and attitude also make a difference in whether the left-handed child goes for forceful conversion or not.

In the same, Dibya also informed that her aunt forced her to use her right-hand many times. According to her, *“During my childhood, my aunt tried so hard to restrict my left hand but remained unsuccessful. She used to give me a right-hand task but the next day, I come up with left hand in every task provided”* (Personal communication, March 5, 2025). This statement shows that although a few families have no problem with left-handedness most of the families are reluctant to left-handedness and they try to change the orientation of a child’s handedness from the beginning.

These narratives show that the conversion of handedness is mostly prevalent among females. The patriarchal notion of engaging females in traditional roles seems dominant for forcing the conversion of handedness among females. Nevertheless, the handedness among different ethnic and cultural groups varies.

6. Conclusion

Left-handed individuals have historically been criticized, assuming it as abnormal. In Hindu traditions, the right hand is considered pure and sacred, whereas the left hand is considered impure as it is associated with hygiene activities. It is a trait of all other religions to treat others differently if such practices and behaviours are different than theirs. In such, if anyone refuses to follow their way or if individual’s behaviour is different than theirs, the people associated with that religion simply discard such behaviour and individual. In that sense, negative connotation of left-handedness is one of the products of religious exclusion and this exclusion further couples with cultural and social stigmatization. Although left-handed people are able to handle any mechanical work,

they are simply labeled or stigmatized negatively (defiled, incompetent and bad omen), pushing them toward a multiple exclusion in a society.

To conclude, left-handed people are the victims of multiple social aspects such as religion, culture, society and economy. They are the section of people whose identity is much criticized but their exclusion, discrimination and systematic bias is less discussed in right-handed society. Intersectionality approach can be applied in order to further explore their exclusion. Other non-dominant traits can be explored to observe similar social discrimination and to establish marginalized trait theory.

Conflict of Interest

There is no conflict of interest associated with this research.

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Gender Violence Against Married Women: Empirical Evidence from Chandragiri Municipality in Bagmati Province, Nepal

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Abstract

The entitled paper 'domestic violence against married women' was done among the women of Chandragiri-3, Kathmandu, Nepal focusing on the violence faced by them. This study explores the types of violence in the study area which occurs because of the value of patriarchy in Hindu dominant culture which have been practicing since long among the respondents, gender inequality and some reasons are habit of alcohol consumption of the male. Majority of the participant's response to occur this kind of violence was because of patriarchal norms and inequality. Among the respondents slapping, punching, straggling were the major experiences faced during the violence. The result of psychological trauma and mental health instabilities were also taken as common effects. Emotional abuse was more prevalent than physical violence and had a significant impact on women's well-being. This paper also underscores the need for a multifaceted approach to reduce domestic violence, including media campaigns that share survivors' stories, the establishment of safe shelter and strong enforcement of legal protection.

Keywords

Domestic violence, Women, Married women, Gender inequality, Women empowerment.

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Gender Violence Against Married Women: Empirical Evidence from Chandragiri Municipality in Bagmati Province, Nepal

1. Background of the Study

In worldwide context, millions of married and unmarried women are suffered by the widespread and gravely alarming social issues of domestic abuse/violence against them which are mostly counted in a physical form. Married women are disproportionately affected by domestic abuse, a worldwide problem that affects millions of people and families (WHO, 2023). It includes a variety of controlling, sexual, emotional, and physical actions taken by an intimate partner in an attempt to maintain dominance and control (CDCP, 2023). Domestic violence against married women continues to be a serious public issue with substantial personal and societal consequences, notwithstanding advances in law and society. Married women who experience domestic violence confront a variety of complex repercussions in their life, including psychological trauma, financial difficulty, social isolation, and long-term health issues (Campbell, 2002).

To address in an effective way, domestic violence against married women, a thorough understanding of its causes, effects, and solutions is necessary. By investigating the frequency, contributing factors, and effects of domestic violence in the context of married couples, this paper aims to further understanding of these phenomena which attempted to find out the number of women who are suffering from domestic violence.

2. Literature Review

While doing this research varieties of literature reviews are done to understand the types, causes, effects, and possible interventions of domestic violence against married women. Similarly, different theoretical reviews are also done to explore key perspective.

According to the social learning hypothesis, using violence is a taught/learned behaviour. It is more likely for perpetrators to use violence in their personal relationships if they witness it in the larger

social environment or in their family of origin. Furthermore, abusive cycles can be sustained via reinforcing processes, such as social norms that support or legitimize violence. This theory clarifies the learnt behaviours that contribute to violence in intimate relationships by distinguishing the types of domestic violence that are common among married women (Bandura, 1977).

Understanding the power relationships, gender disparities, and societal institutions that support violence against women is made easier with the help of feminist theory. This viewpoint highlights the need for societal change to address gender inequality and demolish patriarchal institutions that contribute to violence against women by examining the causes and effects of domestic violence on women. Healthy relationships and women's empowerment are the two main goals of feminist perspectives (Dobash & Dobash, 1979).

Patriarchy theory views patriarchal norms as the underlying factor in wife abuse. The fundamental principle of this perspective is that male dominance within the conventional family structure is reflected in acts of violence. This theory places a strong emphasis on the social institutions that elevate men and devalue women. Men may feel entitled to use violence to dominate their spouses in patriarchal society (Connell, 1987).

Several forms of domestic abuse that married women encounter have been recognized by earlier study. Physical, psychological, sexual, and financial abuse are among the prevalent forms of domestic violence that were recorded in a meta-analysis conducted by (Smith *et al.* 2017).

Many studies have explored the complex interplay of factors contributing to domestic violence against married women and its effects on their physical, psychological, and socio-economic well-being.

In the context of Nepal numerous forms of domestic abuse suffered by married women have been discovered. For instance, Puri and Tamang's (2005) study discovered that the most common types of domestic violence in Nepalese households were emotional abuse, physical abuse, and economic exploitation. Joshi *et al.* (2014) also found that coercive control and sexual violence are common forms of abuse that married women in Nepal experience.

3. Policy Review

Nepal has put in place a strong legislative framework to address the issue of violence against women (VAW). This response will examine these policies while recognizing that their implementation continues to provide difficulties.

The 2015 Constitutional Guarantee

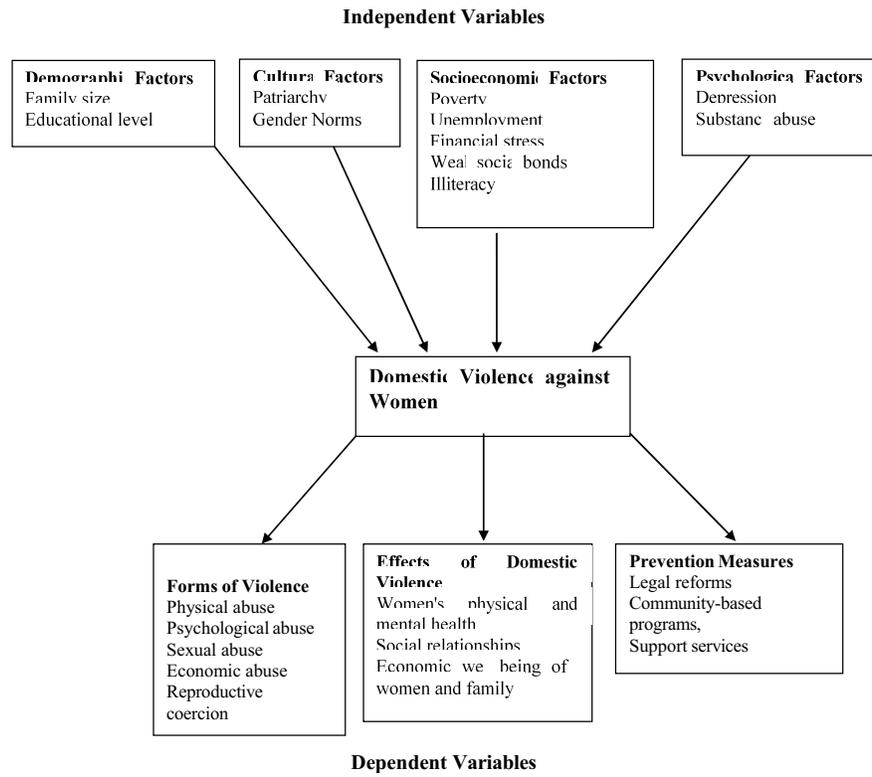
Right to live in a violence-free environment is guaranteed as a fundamental right by the 2015 Nepalese Constitution. All types of violence against women, including physical, mental, sexual, and psychological abuse, are expressly forbidden under Article 38(3). This provision assures offenders of punishment and gives women the power to pursue legal action. Besides the Constitutional guarantee, several legislative acts also support the constitutional provision:

- ▶ **Domestic Violence (Crime and Control) Act (2009 A.D.):** This Act defines domestic abuse and provides guidelines for reporting, looking into, and punishing offenders. It provides women who are living with a male partner or in domestic relationships with legal protection.
- ▶ **Human Trafficking and Transportation (Control) Act (2007 A.D):** This Act recognizes human trafficking as a violent crime and lays out guidelines for victim rescue, prevention, and rehabilitation. Given that women and girls are disproportionately impacted by human trafficking, this act is vital.
- ▶ **Sexual Harassment at Work Place (Prevention) Act (2014 A.D):** This Act protects women against a common type of gender-based violence by establishing a legislative framework to combat sexual harassment at work.
- ▶ **Witchcraft-related Accusation (Crime and Punishment) Act (2015 A.D):** This Act protects women against the destructive practice of witchcraft accusations, which are based in superstition and social shame.

4. Conceptual Framework

The research study was guided by two several sociological theories but some major ones include social learning theory, feminist theory and patriarchal theory. These theories offered a framework for understanding the potential causes and effects of domestic violence against married women.

Figure-1: Conceptual Framework for the Study (based on literature Review)



Source: Shanti Gurung, 2025

5. Methodology

This study primarily employed a descriptive and exploratory research design, drawing on micro-level data to examine why domestic violence against women are taking place in the study area. Similarly, it employed both primary and secondary data. Research is conducted using both quantitative and qualitative data. A mixed methods approach was used for the fieldwork, comprising questionnaires for the quantitative portion of the study, interviews and focus group discussions for the qualitative study.

Descriptive study was adopted to describe socio-economic status, family structure, gender status, religious status of women. Similarly, under the exploratory study, it intended to explore the causes and effects of violence against women. Total population of ward no. 3 of the study area was 5563; out of which 2888 were males and 2675 were females. Out of these females, only 1257 were married. Out of them also, some had left for overseas or were absent at the time of field survey.

The criteria for sample selection included the length of marriage (which is at least 3 years), above 24 years of age and those living with their husband and having at least one child. Over these population, a sample of 70 women were selected through simple random sampling method. This study also adopted the fieldwork method that included combination of survey/questionnaire, interview, FGDS, and Observation. The study selected only the married women because identifying and reaching a representative sample of unmarried cohabitating couples can be difficult and married couples may be seen as a higher-risk group due to factors like cohabitation, financial entanglement, and potential power imbalances.

6. Data Analysis and Interpretation

The entitled article ‘domestic violence against married women: Empirical Evidence from Chandragiri Municipality in Bagmati Province, Nepal’ is for the understanding about the married women. Data collected for this study are presented under the following sub-heads:

6.1 Socio-demographic Profile of the Respondents Caste and Ethnicity

Ethnicity refers to a group of people who share common cultural, linguistic, ancestral, or national traits, often distinguishing them from other groups. In the early 1990s, Nepalese society was characterized by ethnic diversity and complexity, with phenotypes and cultural practices spanning from Indian to Tibetan (Giri, 2020). The caste and ethnicity of the spouse is presented in table below;

Table-1: Distribution of Respondents by Caste and Ethnicity

Caste and Ethnicity	Number	Percentage
Brahmin	18	25.71
Chhetri/Thakuri	28	40.00
Gurung, Magar, Tamang and Newars	17	24.28
Dalits	7	10.00
Total	70	100.00

Source: Field Survey, 2025.

The above table shows diverse caste and ethnic group inhabit in the study area. However, among various caste and ethnicity, Chhetri and Thakuri represents the highest percentage (40%) of respondents,

followed by Brahmin comprising more than 1/4th of respondents and ethnic groups near to another 1/4th of the total respondents while the Dalits represented only 10 percent.

6.2 Educational Attainment of Respondents

Education is one of the crucial demographic factors. Education has a significant role in person's behaviour. Violence rarely arises from a well-socialized home, and a solid education is crucial for good manners. The foundation of social growth is education. There is a proverb 'a woman's education benefits everyone, whereas a man's education is just beneficial to himself.' Consequently, providing education to women is necessary for constructive social transformation. Following table depicts educational level of respondents:

Table-2: Distribution of Respondents by Educational Attainment

Educational Level	Number of Respondents	Percentage
Primary (1-5)	9	12.85
Lower Sec & Secondary (6-10)	28	40.00
Intermediate (+2/IA)	15	21.42
Bachelor & above	11	15.71
Never gone school	7	10.00
Total	70	100.00

Source: Field Survey, 2025.

The distribution of married women in table 2 by educational attainment in the study on domestic violence reveals a varied educational background among the respondents. The largest group, 40%, has completed lower secondary and secondary education (grade 6-10), suggesting that a significant portion of the participants has some level of formal education. Following this, 21.42% have attained intermediate education (+2/IA), while 15.71% hold a bachelor's or higher degree. Conversely, 12.85% have only primary education (grade 1-5), and 10% are never gone school. This distribution highlights a range of educational levels among the participants, which may influence their experiences and responses to domestic violence. Women with lower educational attainment might face additional challenges in accessing resources and support, while those with higher education might have different opportunities and barriers. Understanding these educational backgrounds can help

tailor interventions and support services to address the specific needs of women at various educational levels.

6-3 Experience of Physical Violence by the Selected Respondents

Physical violence is one of the most visible forms of domestic violence and includes acts like hitting, slapping, punching, kicking, or using weapons. It is intended to cause bodily harm, instill fear, and exert control over the victim. This form of abuse often escalates over time and can result in serious injuries or even death. Victims may suffer both short-term trauma and long-term physical and psychological consequences. Data on physical violence (slapped, punched, kicked, choke or strangled etc.) are depicted in the following table:

Table-3: Distribution of Respondents by their Experience of Physical Violence

Physical Violence	Number	Percentage
Yes	39	55.71
No	31	44.28
Total	70	100.00

Source: Field Survey, 2025

The data presented in the above table on the experience of physical abuse among married women in the study on domestic violence revealed that 55.71% of participants have experienced physical violence from their husbands, including actions such as being slapped, punched, kicked, or strangled. This indicates that more than half of the respondents have encountered severe forms of abuse, highlighting a significant issue within the sample population. Conversely, 44.28% of the participants reported not experiencing physical violence, suggesting that a substantial portion of women may not face such direct forms of abuse. The higher prevalence of physical violence underscores the critical need for targeted interventions and support systems to address and mitigate the impact of physical abuse, aiding with those who are most affected. This data highlights the urgent need for comprehensive strategies to combat domestic violence and their experiences.

6-4 Sexual Abuse

Sexual abuse as a form of domestic violence against married women involves any non-consensual sexual activity, including

coercion or force, which violates the woman's autonomy and bodily integrity. This abuse undermines her sense of safety and control within the marriage, often causing significant emotional and psychological harm. The presence of sexual abuse and its frequency among married women in the study area has been presented in the table below;

Table-4: Distribution of Respondents by their Frequency of Experiencing Sexual Abuse

Frequency of Sexual Abuse	Number	Percentage
Rarely	3	18.75
Sometimes	8	50.00
Often	3	18.75
Very Often	2	12.50
Total	16	100.00

Source: Field Survey, 2025

The distribution of the frequency of sexual abuse experienced by married women in the above table reveals varying patterns among the 16 participants who reported such abuse. Among these women, 50% experience sexual abuse sometimes, indicating that it is a recurrent issue but not constant. This is followed by 18.75% who report sexual abuse rarely and another 18.75% who face it often, reflecting a more frequent but not always severe pattern of abuse. Additionally, 12.50% experience sexual abuse very often, suggesting a more persistent and severe occurrence. The data highlights that while a portion of women experience sexual abuse frequently, the intensity and regularity vary significantly. This variability underscores the need for targeted support services that address different levels of sexual abuse and provide appropriate interventions based on the frequency and severity of the abuse reported.

6.5 Causes and Effects of Domestic Violence on Women Causes of Domestic Violence

The causes of domestic violence against married women are multifaceted, rooted in societal norms, gender inequalities, and power imbalances within the marital relationship. Cultural expectations and traditional views often perpetuate gender-based violence, while individual factors such as psychological issues and past trauma can aggravate abusive behaviours. Economic dependence and financial

stress further compound the vulnerability of married women, making them more susceptible to violence and control by their male partners. Understanding these causes is crucial for developing effective prevention and intervention strategies to protect the well-being of married women. The causes of violence against married women from the study area have been portrayed in the table below:

Table-5: Frequency Distribution of Respondents by Causes of Domestic Violence

Causes of Domestic Violence	Number	Percentage
Patriarchal norms and gender inequalities	36	51.42
I feel financially dependent on my husband	19	27.14
Substance abuse (e.g., alcohol, drugs)	3	4.28
Cultural acceptance of violence	1	1.42
Husband grew up in a family where violence was present	2	2.85
Husband loses his temper easily	9	12.85
Total	70	100.00

Source: Field Survey, 2024

In the above table, the data on the causes of domestic violence among married women reveal that the most significant factor, cited by 51.42% of participants, is patriarchal norms and gender inequalities, indicating that entrenched societal norms and unequal gender roles are major contributors to domestic violence. Financial dependence on husbands is the second most reported cause, affecting 27.14% of respondents, suggesting that economic vulnerability plays a critical role in the perpetuation of abuse. Substance abuse, including alcohol and drugs, is noted by 4.28% of participants as a contributing factor, while cultural acceptance of violence is cited by only 1.42%, reflecting its lesser impact compared to other causes. Additionally, 2.85% attribute the violence to the husband's upbringing in a violent environment, and 12.85% mention the husband's propensity to lose his temper easily. This distribution highlights that while various factors contribute to domestic violence, patriarchal norms and financial dependence are the most prevalent issues, necessitating targeted interventions that address these root causes to effectively combat domestic violence.

6.6 Effects of Domestic Violence

Domestic violence against married women can have devastating effects on both physical and mental health. Victims may experience physical injuries, chronic pain, and long-term health problems. Additionally, the psychological trauma associated with domestic violence can lead to depression, anxiety, low self-esteem, and post-traumatic stress disorder (PTSD). These effects can significantly impact a woman's quality of life and her ability to function in various aspects of her life. The data on effects of domestic violence from the field has been presented in table below;

Table-6: Frequency Distribution of Respondents by Effects of Domestic Violence

Effects of Domestic Violence	Number	Percentage
Physical injuries and health problems	16	22.85
Psychological trauma and mental health issues like depression and anxiety	37	52.85
Feel isolated and have difficulty trusting others due to the violence	4	5.71
Economic dependence and financial constraints	3	4.28
Negative impacts on children and family dynamics	10	14.28
Total	70	100.00

Source: Field Survey, 2025.

The data on the effects of domestic violence experienced by married women in table 6 reveal a range of significant impacts, with psychological trauma and mental health issues, such as depression and anxiety, being the most prevalent, affecting 52.85% of participants. This indicates that domestic violence predominantly contributes to severe mental health challenges among women. Physical injuries and health problems are reported by 22.85% of respondents, highlighting the serious physical repercussions of domestic violence. Additionally, 14.28% report negative impacts on children and family dynamics, underscoring the broader consequences of abuse on family relationships. A smaller percentage, 5.71%, feel isolated and have difficulty trusting others, while 4.28% face economic dependence and financial constraints due to the violence. These findings illustrate that domestic violence profoundly

affects various aspects of women's lives, with mental health issues being the most widespread consequence. Addressing these diverse effects requires comprehensive support systems that tackle both psychological and physical impacts, while also considering the broader family and economic implications.

6.7 Measures to Reduce Domestic Violence against Women

From the focus group discussions and interviews, participants emphasized the importance of a multifaceted approach to reducing violence against married women. Many shared that media campaigns featuring personal stories have had a profound impact, bringing attention to domestic violence and fostering a sense of empathy within the community. Women voiced that these stories, when shared publicly, not only increase awareness but also encourage others to come forward and seek help.

Participants highlighted the necessity of safe houses and emergency shelters, explaining how these facilities serve as lifelines for women escaping abusive relationships. The safety and immediate protection offered were described as essential for both physical security and emotional stability. Women also stressed the need for local authorities to be more proactive in enforcing protective orders, as many had experienced difficulties in receiving legal protection from their abusers.

Preventive measures were a key topic in discussions, with many advocating for premarital counseling and education on healthy relationships. Women believed that such initiatives could prevent violence by fostering mutual respect and understanding between partners before marriage. Healthcare providers, too, were seen as critical in addressing domestic violence, with several participants recounting instances where trained staffs were able to recognize signs of abuse and offer timely intervention and referrals.

Ensuring confidentiality and privacy was repeatedly mentioned as a fundamental concern. Participants noted that fear of exposure often prevented them from seeking help, and they expressed a strong need for systems that protect their personal information. Similarly, the community was viewed as a valuable resource in preventing domestic violence. Women suggested that local awareness campaigns could educate neighborhoods on the issue, thus creating an environment that is both supportive of victims and discourages abuse.

Long-term emotional support through counseling and therapy was recognized as crucial for recovery. Many participants shared their experiences of overcoming trauma with the help of ongoing psychological support. In terms of empowerment, educational programs that focus on legal rights and available resources were seen as vital. Women emphasized the importance of understanding their rights, which gave them the confidence to take action against domestic violence. So far the participants mentioned that the non-violent family members in the neighborhood

6.8 Case Studies

Following two case studies are worth mentioning in this regard:

Case-1: Trapped in a Cycle of Abuse: Kumari's Struggle for Freedom and Peace

Kumari (a fictive name) age of 35 mentioned "It's a constant struggle. Every day is a battle between hope and fear. She is trying to hold onto the good memories, the moments of love and affection, but the violence overshadows everything. She often find herself making excuses for her husband's behaviour, blaming herself, or minimizing the severity of the abuse.

She said that she is trapped in a cycle of abuse, and it's hard to break free. Fear of the unknown, financial dependence, and societal pressures keep her bounded. She wants long for a peaceful life, a life free from fear and pain. But it's a long and arduous journey, and she is taking one step at a time, seeking help and support from wherever she can."

Case-2: Hope and Fear in an Abusive Relationship: Ful Maya's Struggle for Change and Support

Ful Maya (fictive name) said, "I often hold onto the hope that my husband can change. There are moments when he shows remorse and promises to do better. I cling to these moments, believing that our relationship can heal if he seeks help and we work together. Leaving is not as simple as it sounds. I fear the unknown-what will happen to me and our children? The thought of being alone or facing societal stigma weighs heavily on me. This fear often keeps me in the relationship, even when I know it's not healthy. I've started reaching out to trusted friends and family who don't condone violence. They provide me with emotional support and help me see that I'm not alone in this. Their encouragement gives me strength, even when I feel trapped."

6-9 Supports to Women Facing Violence

The interview with the women facing violence, revealed that they received emotional, and psychological support by their family members. They mentioned that their families offered a safe space for women to share their struggles and provide reassurance, encouragement, and a listening ear to rebuild their confidence and emotional well-being. Many non-violent families even provided temporary or permanent shelter to women fleeing abusive households, ensuring their safety from immediate harm. Some victims also reported that their parents, siblings and peers often helped them seek legal remedies, such as filing for domestic violence cases or divorce, and may offer financial aid to support their basic needs and independence.

According to key informants, the local level government also had launched awareness raising or intervention programs on behalf of the victim, leveraging social pressure to discourage further violence.

Finally, anonymous and confidential reporting options were identified as an effective strategy for encouraging more victims to come forward. Participants expressed that without such systems, many women might continue to suffer in silence due to fear of retaliation. In conclusion, to effectively address domestic violence, it is essential to challenge societal attitudes and cultural norms that perpetuate abuse. Community leaders and influencers must advocate for gender equality, protective policies, and a culture that does not tolerate violence against women.

7. Findings

The most common age difference between spouses was between 1-3 years, with 54.28% of participant falling into this category, indicating that most couples have relatively small age gaps. This suggests that domestic violence dynamics may be more prevalent or distinct in these couples with minimal age differences. This educational distribution suggests that most husbands have moderate to higher level of education i.e. 44.28% having completed grades 6-10, which could influence their attitudes towards domestic violence.

Majority (61.42%) of the victims of domestic violence were homemakers/housewives. From the focus group discussion and

interview, it was revealed that households with low level of income had twice more experiences of domestic violence. The study reveals the 55.71% of participants have experienced physical violence from their husbands, including actions such as being slapped, punched, kicked or strangled.

8. Conclusion

The primary objective of the research study was to explore the causes and effects of domestic violence against married women in Chandragiri Municipality, ward no. 3. Grounded in different theories like Social Learning Theory, Feminist Theory, and Patriarchal Theory, the research applied both quantitative and qualitative approaches. A sample of 70 married women was selected through a simple random sampling method. Data were collected through structured questionnaires, interviews, focus group discussions, and field observations.

The study revealed domestic violence as a deeply rooted social issue, often normalized under the influence of patriarchal values, economic dependency, and lack of awareness. The study illuminated women's coping mechanisms, their support systems, and strategies they considered most effective in combatting domestic violence.

Domestic violence against married women in Chandragiri Municipality, Ward No. 3, is a complex, multidimensional problem deeply rooted in patriarchal values, economic vulnerability, and cultural silence. The study revealed that emotional and psychological violence is more widespread than physical abuse, although all forms are harmful and often co-occur. Majority of women suffer in silence due to economic and emotional dependency, fear of social rejection, and lack of institutional trust.

A holistic, gender-sensitive, and community-driven approach is essential to break the cycle of violence. The findings of this study highlight the urgent need for stronger legal protections, economic empowerment of women, and widespread education and awareness. Only through multi-level interventions can Nepalese society move towards a future where marriage no longer becomes a site of fear and subjugation, but instead based on mutual respect, trust, and equality.

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Post Impacts of Flood on Children's Education: A Case Study of Panchapuri Galfa, 10 Surkhet

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Abstract

This study aims to report about the post impacts of the flood on education of children, Panchapuri 10 Surkhet, where flood victims are relocated. Both primary and secondary sources of quantitative and qualitative data were employed in the study. Since the researcher chose every kid impacted by the flood, a purposive sample technique was used. Floods have a variety of effects on the education sector, including as destroying infrastructure and buildings, putting students in danger, making schools unsafe, and making them more susceptible to abuse and exploitation. Education and other essentials are denied to them. They are on their way to a less secure future in the absence of security, education, and direction. The kids are having a lot of issues in many different areas. Strong policies and programs are in place in both the public and private sectors to improve people's lives and conditions. If things continue as they are, their future appears to be bleak. Therefore, I believe that the government need to be aware of them and work to find out the answers.

Keywords

Flood, Post impacts, Education, Security, Children.

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Post Impacts of Flood on Children's Education: A Case Study of Panchapuri Galfa, 10 Surkhet

1. Background of the Study

One of the most well-known and ancient natural calamities, flooding constantly threatens human communities. Around the world, floods cause a large number of fatalities, house devastation, and major infrastructure damage every year. Floods are the most common and frequent natural disaster in Asia (Ferreira, 2011). In Nepal, floods are especially common during the monsoon season.

Frequently occur, resulting in numerous fatalities and injuries while severely impacting essential infrastructure. In a study conducted in Panchapuri Municipality's Ward No. 10, Galfa Surkhet, the researcher engaged with flood-affected parents and their children about the effects of flooding on their education. Long travel which sometimes takes more than an hour and a half to walk to and from school on badly maintained roads-present difficulties for many kids. Access is further impeded by the risk of landslides during monsoon rains, which lowers school attendance. Since many families cannot afford public transportation, some kids have started working to help support their families. Poverty exacerbates this issue since many youngsters under the age of 18 marry early and find it difficult to support their families. As children place a higher priority on earning money than on receiving an education, child labour has grown, and their precarious situation is made worse by ineffective (Satter & Ali-Al-Qirta, 2024).

Due to its rural majority and reliance on agriculture for a living, Panchapuri Municipality has limited financial resources and inadequate infrastructure. By decreasing community resilience and recovery ability, this socioeconomic context exacerbates the consequences of natural catastrophes (UNDP, 2013). Inadequate staffing and infrastructure plague the local education system, which consists of elementary and high schools. Accessing schools is another challenge. Floods make these problems worse by destroying school property and interfering with instruction. In order to provide a

thorough grasp of the implications of floods on educational outcomes and possible mitigation strategies, this thesis will investigate how flooding affects children's education in Panchapuri Municipality, with a particular emphasis on infrastructure damage, psychological effects, and community responses (PROMOTOR, 2024).

In addition to human-induced issues such as drainage obstructions, deforestation, poor planning, and development along roads, the Tarai area experiences flooding mostly due to severe rainfall, soil erosion, flat topography, debris flows, and sediment buildup (Talchabhadel & Sharma, 2016). Since many schools in Nepal are poorly constructed and situated on unstable soil, they are particularly vulnerable to natural calamities. During the rainy season, flooding does significant harm to children and the educational system as a whole, disrupting pupils' academic performance (Bastidas, 2019).

Floods and other natural catastrophes are among the most common natural disasters in the world, resulting in significant financial losses as well as extensive human misery. Particularly in Asia, where riverine disasters cost more lives, flash floods lead to greater fatality rates. With a high score on the Climate Change Vulnerability Index, Nepal is particularly vulnerable, leaving millions of people at risk of climate-related disasters every year (UNDP, 2013). Student housing and school buildings are important social resources that help kids learn the skills they'll need for future employment. Floods, earthquakes, and other natural disasters can cause damage to school buildings, libraries, and sanitary systems, among other calamities that can have a direct or indirect effect on educational infrastructure (Junkman, 2017).

Children may be put in danger if schools are forced to close, have their hours shortened, or move their lessons to safer locations due to natural catastrophes. Students' rights to an education are put in danger during catastrophes, since school infrastructure breakdowns result in disruptions to instruction and higher dropout rates. Indirect consequences of catastrophes can keep kids away from school for a long time after the incident, and prolonged school closures lower the quality of education (PK, 2019). After floods, children are frequently forced to drop out of school in order to help their family. Parents are further deterred from taking their kids to school by safety worries regarding school facilities, which fosters a culture of fear that lasts beyond school hours (Petal, 2019).

1.1 Flood-affected Children's Education Suffered

Floods have a major effect on children's education in Panchapuri Municipality, especially in Galfa, where they frequently cause major school closures and damage. Children lag behind academically as a result of this interruption, which keeps them from attending normal lessons. Since the stress and trauma of such events negatively impact children's focus and learning capacities, schooling usually takes a backseat to immediate survival demands for families affected by flooding (R.R., 2020).

Many children are forced to help with family chores or labour due to the financial challenges that accompany floods, which raises absenteeism and the risk of school dropout. Long-term effects of these educational inequalities may include poorer academic achievement and less opportunities in the future. Building flood-resistant schools, setting up makeshift learning facilities, and offering impacted students mental health care are all crucial steps in addressing these issues. Furthermore, maintaining education as a top priority depends on helping families recover economically. To assist the impacted children, various non-governmental organizations have started offering non-formal educational programs. Sadly, recent floods have caused many to lose up to three years of their education, and the schools that survived were converted into shelters for displaced people (OP Conference Series: Earth, 2024).

Researcher studies the studies post impact of flood on children's and children demographic status in Panchapuri municipality Ward No:10 Galfa, Surkhet. The primary issue is that these disruptions have long-lasting effects on children's academic performance and psychological well-being. When schools are closed or damaged, children miss out on important learning opportunities. Displaced families often struggle to prioritize education, focusing instead on immediate survival and recovery. Additionally, the economic strain caused by floods forces many children to help their families financially or with household chores, leading to increased absenteeism and higher dropout rates. This study aims to examine the impact of floods on children's education in Panchapuri Review of Previous Studies

Municipality. It is right time for exploring how floods disrupt education, the challenges faced by students and their families, and the long-term effects on the community. By understanding these issues, the research hopes to provide insights that can help develop

better policies and support for local government systems to ensure that children's education can continue despite the challenges posed by natural disasters.

The objective of this research is to explore the post impacts of flood on children's education of marginalized community located at Panchapuri Municipality, Surkhet,

2. Review of Studies

The educational impact of floods in various regions has been widely studied, providing insights that are pertinent to the present investigation. Previous research has highlighted the resettlement conditions of displaced individuals and children, which serves as a critical framework for understanding the broader implications of flooding on education (World Scientific, 2022). The literature indicates that floods disrupt urban drainage systems, resulting in sewage spills that pose severe health risks. Moreover, standing water and wet materials can exacerbate these hazards (ResearchGate, 2020). While floods can replenish agricultural lands with essential nutrients, they can also lead to soil erosion, damage crops, and destroy infrastructure, further complicating recovery efforts. The interplay between flooding and polluted waterways can hinder urban resilience and accessibility to critical resources, such as potable water.

- ▶ Recent catastrophic flooding in Nepal, India, and Bangladesh has resulted in significant loss of life and displacement, with numerous schools converted into temporary shelters (ScienceDirect, 2020). Flooding has also been linked to adverse effects on children's mental health, including heightened stress, anxiety, and trauma. Research has documented a rise in post-traumatic stress disorder (PTSD) symptoms among displaced children (JMSSR, 2020). Studies have consistently shown that floods lead to declines in educational performance, with significant drops in academic achievement and increases in dropout rates, particularly in subjects like mathematics and language.

2.1 Theory of Resilience (Norris *et al.*, 2008)

Norris *et al.* (2008) founded the "Theory of Resilience". The main assumptions of this theory are that communities and individuals possess inherent strengths and capacities that enable them to recover from adverse events, such as floods. The theory posits that resilience is

not merely the absence of vulnerability but rather the presence of resources, social networks, and adaptive capacities that facilitate recovery. In the context of children's education post-flood, this theory highlights how supportive community structures, family engagement, and school resources can help children cope with the educational disruptions caused by flooding. Schools that incorporate resilience strategies-such as mental health support, flexible learning environments, and community partnerships-are better equipped to mitigate the negative impacts of floods on education. This theory is applicable to sanitation and hygiene management in secondary schools as it underscores the importance of creating resilient educational environments that can withstand external shocks, ensuring that hygiene practices and educational continuity are maintained even during crises.

2.2 Social Cognitive Theory (Bandura, 1986)

Bandura (1986) established the "Social Cognitive Theory", which emphasizes the role of observational learning, imitation, and modeling in behaviour acquisition. The main assumptions of this theory are that individuals learn not only through direct experience but also by observing the actions of others and the consequences of those actions. The theory posits that self-efficacy, or the belief in one's ability to succeed, plays a critical role in how people approach challenges, including the disruption of education due to floods. In the aftermath of a flood, children who witness positive coping mechanisms, such as their peers returning to school and engaging in recovery activities, are more likely to adopt similar behaviours and attitudes toward their education. This theory is applicable to sanitation and hygiene management in secondary schools as it encourages modeling healthy practices among students, promoting a culture of hygiene that supports their learning and well-being. By observing effective sanitation practices, children are more likely to internalize these behaviours, fostering a safer and more conducive learning environment even after traumatic events like floods.

2.3 Ecological Systems Theory (Bronfenbrenner, 1979)

Bronfenbrenner (1979) introduced the "Ecological Systems Theory", which posits that human development is influenced by the different environmental systems in which individuals operate. The main assumptions of this theory are that individual development is shaped by interactions within multiple layers of environment,

including immediate settings such as family and school, and broader contexts like community and society. This theory posits that children's education is profoundly affected by the interplay between their personal circumstances and the larger socio-economic and environmental factors following a flood. For example, children displaced by floods may experience educational disruptions due to changes in their home environment, school access, and community support systems. This theory is applicable to sanitation and hygiene management in secondary schools as it highlights the need for a holistic approach to education that considers various environmental factors affecting students. Schools that engage with families and local communities to address sanitation and hygiene are more likely to create supportive environments that enhance educational outcomes, even in the face of post-flood challenges.

2.4 Empirical Studies

Chaudhary & Tamsini (2017) undertook a study "Impact of floods on educational performance". The main objectives of the study were to investigate the consequences of flooding on school attendance and to assess how these disasters influence educational outcomes in affected regions. The study concluded that the impact of floods extends beyond immediate physical destruction, deeply affecting children's academic achievements and emotional well-being. The study recommended that local governments and educational authorities implement robust disaster preparedness plans, enhance school infrastructure to withstand flooding, and provide psychological support to affected students. Lay *et al.* (2008) performed a study "The impact of natural disasters on education in Cambodia". The main objectives of the study were to evaluate how flooding disrupts educational processes and to analyze the correlation between flood events and school attendance. The findings of the study showed that floods lead to significant disruptions in school schedules, reduced attendance rates, and a decline in overall educational quality. The study concluded that natural disasters have a profound and lasting impact on the education sector, particularly in vulnerable regions. The study recommended that educational authorities develop comprehensive disaster management strategies and ensure that schools are equipped with the necessary resources to handle flood-related challenges.

Mudavanhu (2014) conducted a study "Floods and their effects on children's education in Zimbabwe". The main objectives of the

study were to examine the educational disruptions caused by flooding and to identify coping mechanisms among affected communities. The study was conducted in the Muzarabani district of Zimbabwe. The respondents of the study were teachers and parents of school-aged children, selected through random sampling. The study used factors such as economic stability and community support as independent variables. The data were collected using questionnaires and interviews. Inferential analysis like ANOVA and thematic analysis were used for descriptive data analysis. The findings of the study showed that flooding results in significant learning interruptions, with many students missing extended periods of school. The study concluded that the adverse effects of floods are multi-dimensional, impacting not only academic performance but also emotional and psychological well-being. The study recommended that local and international NGOs collaborate to provide educational support and resources to flood-affected areas, ensuring continuity of learning.

Ghosh (2021) conducted a study “Impact of natural disasters on children’s education: A study in Sundarbans”. The main objectives of the study were to assess the effects of natural disasters on children’s educational outcomes and to identify coping mechanisms adopted by families. The study was conducted in the Sundarbans region in India. The respondents of the study were parents of school-aged children selected using purposive sampling. The study used variables such as disaster frequency and educational access. Data were collected using structured interviews. Inferential analysis like regression analysis was used for descriptive data analysis. The findings of the study showed that natural disasters significantly disrupt educational access and increase dropout rates. The study concluded that children in disaster-prone areas face severe educational challenges. The study recommended that government policies should focus on disaster preparedness in schools.

Adhikari (2020) performed a study “The effects of flooding on the educational achievement of children in Nepal”. The main objectives of the study were to evaluate how flooding impacts children’s academic performance and to explore the barriers faced by displaced families in continuing education. The study was conducted in the Terai region of Nepal. The respondents of the study were affected families with school-aged children selected by random sampling. The study used educational disruption and psychological distress as independent variables. Data were collected using surveys.

Inferential analysis like ANOVA was used for descriptive data analysis. The findings of the study showed that children's academic performance declined significantly after flooding events. The study concluded that floods exacerbate existing educational disparities. The study recommended enhancing support systems for displaced families to improve educational outcomes.

Khan (2022) undertook a study "Post-flood challenges to children's education in rural Bangladesh". The main objectives of the study were to identify the challenges faced by children in their education post-flood and to analyze community resilience strategies. The study was conducted in the rural areas of Bangladesh. Oliveira (2023) conducted a study "Floods and their long-term effects on children's learning in Brazil". The main objectives of the study were to investigate the long-term educational effects of floods and to evaluate community responses to restore education. The study was conducted in flood-affected regions of Brazil. The respondents of the study were educators and community leaders selected using stratified sampling. The study used variables like education continuity and resource availability. Data were collected using interviews and surveys. Inferential analysis like factor analysis was used for descriptive data analysis. The findings of the study showed significant declines in literacy rates among flood-affected children. The study concluded that floods create lasting disruptions in education. The study recommended developing educational resilience programs for disaster-prone regions.

Alam (2022) performed a study "Impact of recurrent flooding on children's education in Pakistan". The main objectives of the study were to assess the educational disruptions caused by flooding and to examine the psychological effects on children. The study was conducted in Sindh province, Pakistan. The respondents of the study were students and their families selected through purposive sampling. The study used variables such as educational access and psychological trauma. Data were collected using questionnaires. Inferential analysis like chi-square tests was used for descriptive data analysis. The findings of the study showed that flooding leads to increased school absenteeism and emotional distress among students. The study concluded that immediate and long-term support is needed for affected children. The study recommended enhancing mental health resources in schools.

Rahman (2020) conducted a study "The role of community resilience in education during floods". The main objectives of the study

were to explore how community resilience affects children's educational outcomes during floods and to identify effective community strategies. The study was conducted in the flood-prone areas of Assam, India. The respondents of the study were community leaders and parents selected by snowball sampling. The study used community support and educational access as independent variables. Data were collected using semi-structured interviews. Inferential analysis like regression analysis was used for descriptive data analysis. The findings of the study showed that communities with strong resilience strategies had better educational outcomes for children during floods. The study concluded that community involvement is critical for sustaining education during disasters. The study recommended implementing community training programs for disaster preparedness.

Chen (2023) performed a study "Understanding the impact of flooding on children's mental health and education". The main objectives of the study were to analyze the mental health implications of flooding on children and their subsequent educational performance. The study was conducted in Hubei province, China. The respondents of the study were school-aged children and their parents selected through cluster sampling. The study used psychological well-being and academic performance as independent variables. Data were collected using surveys and psychological assessments. Inferential analysis like correlation analysis was used for descriptive data analysis. The findings of the study showed that flooding significantly affects children's mental health, leading to lower academic performance. The study concluded that addressing mental health is essential for improving educational outcomes. The study recommended integrating mental health services within educational frameworks in flood-prone areas.

Mukherjee. (2021) conducted a study "Flooding and education: A case study in rural India". The main objectives of the study were to examine the effects of flooding on children's education and to identify potential interventions. The study was conducted in Bihar, India. The respondents of the study were parents and teachers selected using convenience sampling. The study used educational disruption and intervention strategies as independent variables. Data were collected using interviews and focus groups. Inferential analysis like thematic analysis was used for descriptive data analysis. The findings of the study indicated significant educational disruptions due to flooding, with many children dropping out of school. The study

concluded that proactive interventions can mitigate these disruptions. The study recommended establishing alternative education programs during floods.

Tiwari (2022) conducted a study “Educational disruptions in flood-prone regions of Nepal”. The main objectives of the study were to analyze the factors contributing to educational disruptions and to assess the effectiveness of government responses. The study was conducted in the mid-hills of Nepal. The respondents of the study were school administrators and students selected through stratified sampling. The study used educational access and government support as independent variables. Data were collected using structured questionnaires. Inferential analysis like multivariate analysis was used for descriptive data analysis. The findings of the study revealed that inadequate government support leads to increased educational disruptions during floods. The study concluded that effective government intervention is critical for maintaining educational access. The study recommended enhancing government policies for disaster-affected areas.

3. Methodology

This study has carried out on the basis of mix research design because the study focused on investigate post impacts of flood on education of children in Panchapuri Surkhet. Besides, the study has also has made attempt to describe the effects of flood on education on the basis of local peoples perception and investigated findings have been described. 85 respondent were taken from Galpha, Panchapuri through the use of purposive sampling to collect data and information. Similarly interview, schedule, FGD and participant observation methods were used while collecting the desired information.

4. Data Presentation and Analysis

The municipality has several primary and secondary schools that are often affected by seasonal floods. The Panchapuri Municipality Ward No:10 Galfa, Surkhet in located 12 school. In flood-prone areas like Panchapuri Municipality, Galfa, Surkhet, enhancing educational infrastructure is crucial to ensure the continuity of learning during and after flood events. Constructing flood-resistant school buildings on raised platforms and using durable materials such as concrete and steel can prevent significant damage from floodwater although the children are still affected by the flood regarding for obtaining quality education .

Table-1: Status of the Regularity of Children at School

Regularity at School	No. of Respondents	Percentage
Being regular in school	55	64.70
Do not like to go school	20	23.52
Affected by seasonal migration	10	11.76
Total	85	100

Source: Field Survey, 2025.

The above table shows that out of 55 respondents, 64.70 percent of the respondents are going to school and 23.52 percent respondents were found to don't like school and are found to be a dropout because of various reason. similarly, 11.76 respondents are highly affected by the seasonal migration labour to India.

Table-2: Status of Flood Effects on their Education

Flood Effects	No. of Respondents	Percentage
Yes	75	88.23
No	10	11.76
Total	85	100

Source: Field Survey, 2025.

The above table shows that 88.23% respondents were affected by the flood on their education and 11.76 percent of respondents did not affect by the flood when the flood hit because they were not on that spot.

Table-3: Status of Major Effect of Flood on Education

Major Effect of Flood on Education	No. of Respondents	Percentage
Loss of parents	19	22.35
Loss of property	25	29.41
Nonfunctioning of infrastructure	14	16.47
Lower academic performance	17	20
Environmental shock	10	11.76
Total	85	100

Source: Field Survey, 2025.

This table shows that out of 85 respondents the main effect of the flood, 22.35 percent of the respondent's lost their parents, 29.41

percent of the respondent lost their properties, 16.47 percent is nonfunctioning infrastructures, 20 % of the respondent have lower academic performance and 11.76 percent of the respondents faces the environmental shocks because of the flood on.

Table-4: Status of Having Access to Quality Education

Did the Flood Affected Education	Number of Respondents	Percentage
Yes	76	88.23
No	9	11.76
Total	85	100

Source: Field Survey, 2025.

The above table indicates that out of 85 respondents, 88.23 percent of the respondent's had no access in quality education, and 11.76 percent respondents are said quality education

Table-5: Status of Having Capital for School Expenditure

Capital for School Expenditure	Number of Respondents	Percentage
Having capital	36	42.5
No capital	49	57.5
Total	85	100

Source: Field Survey, 2025.

The above table shows that out of 85 respondents, 42.5 percent of respondents don't have money to go to school and 57.5 percent respondent are managing money for just basic requirements that's why many of their friends and siblings left school and started working.

Table-6: Status of Reasons for Dropout

Reasons for Dropout	Number of Respondents	Percentage
Lower academic performance	47	55.29
Less interest in study	21	24.70
No attention of parents	17	20
Total	85	100

Source: Field Survey, 2025.

Table-6 shows that 55.29 percent show that the reason for the dropout is lower academic performance. 24.70 percent show because of less interest in the study, and 20 percent are dropout because of the negligence of parents.

Table-7: Status of Consequences of Dropout

Consequences of Dropout	Number of Respondents	Percentage
Unemployment	62	77.5
Child Labour	18	22.5
Bad Company	5	—
Total	85	100

Source: Field Survey, 2025.

This figure describes that out of 85 respondents, 77.5 percent show that the consequences of dropout are unemployed. 22.5 percent is child labour and 20 percent are involved in a bad company.

5. Findings

Survey of 55 respondents shows that 64.70% are school going and 23.52% dropout due to various reasons. 11.76% of respondents engage in seasonal migration to India for labour. Overall, flood-related impacts were common with 88.23% reporting receiving flood impacts in their lifetime (22.35% reported losing parents, 29.41% reported property loss, 16.47% reported infrastructure non-functioning, 20% reported lower academic performance while 11.76% reported environmental shocks.

Furthermore, 88.23% of the participants reported that they had no access to quality education, and 55.29% of them reported dropping out of school as a result of poor academic performance, lack of interest or parental negligence. Seventy-seven point five percent suffered unemployment, twenty-two point five percent of them were in child labour while twenty percent were involved in negative influences.

6. Discussion

The 55 respondents to the survey provide important new information about the socioeconomic difficulties and educational access that students in the area experience. It is noteworthy that 64.70% of the respondents are enrolled in school, but 23.52% have dropped out for a variety of reasons. This dropout percentage is

consistent with research showing that a number of environmental and personal variables lead to educational cessation (UNICEF, 2020). Economic challenges force families to look for alternate sources of income, as seen by the startling 11.76% of respondents who migrate to India for work during certain seasons (Kamdar *et al.*, 2019).

With 88.23% of participants claiming having experienced flood-related problems at some point in their lives, this issue became the most prevalent one. Of them, 29.41% suffered property losses, and 22.35% lost parents. Researchers' concerns on the financial and psychological effects of natural catastrophes on disadvantaged groups are echoed by these findings (Mastrorillo *et al.*, 2016). Furthermore, 20% claimed lower academic performance as a result of these conditions, and 16.47% reported non-functioning infrastructure, which is a major contributing factor to educational issues.

Additionally, 55.29% of the participants attributed their school dropout to parental neglect, lack of interest, or low academic performance, while 88.23% of the participants reported not having access to a high-quality education. According to earlier research, these elements are also strongly associated with high dropout rates, especially in communities with little resources (Pritchett & Beatty, 2015). The alarming rate of 77.5% unemployment, 22.5% child labour, and 20% involvement with harmful influences highlights the wider societal ramifications of educational deficiencies and unstable economic conditions.

7. Conclusion

Educational continuity is being disturbed by floods and other disasters due to the adverse effects of climate change worldwide. It is expected that children will bear a disproportionate share of the impact of floods both in the immediate and long-term as documented by many researchers. Flood impacts on the education sector in different ways which include the destruction of buildings and infrastructure, the function of institutional and organizational structures as well as the well-being of individuals and communities. Students are denied continuous schooling, many will never be able to catch up and will drop out permanently.

Most of the young boys are found taking alcohol and no interest for going to school, and the dropout rate is also increasing day by day. Some children want to study and make their careers too but they said the environment surrounding them is not favourable for them. Some

of the little boys don't want to go to school and study because school is far away and they want to earn money by doing some labourer work instead of studying for solving hands to mouth problem. The study emphasizes how education, financial difficulties, and environmental issues interact to have a big impact on students' lives. In order to guarantee that children, have access to high-quality education and support networks that can lessen the effects of socioeconomic conditions, lawmakers must address these concerns immediately and take action.

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Menstrual Knowledge and Hygiene Practices among Students

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Abstract

The objective of this study is to explore the menstrual knowledge in menstruation hygiene practices among the students. These are critical components of women's health, yet several barriers hinder effective menstrual management across various regions. Despite increased awareness in some areas, misconceptions, cultural taboos, and lack of access to education and resources continue to perpetuate poor menstrual hygiene. These barriers contribute to a range of adverse health outcomes, social stigmatization, and psychological distress for menstruators. In many communities, menstruation remains a subject of silence, with misinformation and cultural taboos obstructing open conversations. Descriptive and exploratory research design is used similarly data are collected through discussions, interviews, and questionnaire above 87 boys and girls student of bachelor level in education from Central Departments of Education, Graduate School of Education, Midwest University. This lack of accurate knowledge results in the use of unhygienic materials and improper disposal practices, heightening the risk of infections and other health complications. Furthermore, socio-economic constraints, such as poverty and limited access to sanitation facilities, exacerbate these challenges, particularly in rural or underserved urban areas. Educational institutions and healthcare systems often fail to adequately address menstrual hygiene management, leaving individuals without essential guidance. Cultural perceptions also influence menstrual practices, where traditional methods and beliefs may conflict with modern hygiene standards. Additionally, many menstruators face difficulties in accessing sanitary products due to high costs or limited availability, which further complicates the management of menstrual hygiene.

Keywords

Menstruation hygiene Management, Barriers, Knowledge, Disposal.

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Menstrual Knowledge and Hygiene Practices among Students

1. Introduction

Menstrual knowledge includes an understanding of the menstrual cycle, hygiene practices, health implications, and socio-cultural factors. It includes biological processes, appropriate product use and disposal, recognition of menstrual health concerns, and awareness of societal norms and stigma. Comprehensive menstrual knowledge promotes informed self-care, hygiene, and reproductive health. On the contrary, limited menstrual knowledge hinders proper hygiene management, increasing the risk of infections due to inadequate cleaning, product use, and disposal (Girigoswami *et al.*, 2024). Misconceptions about menstrual products may lead to misuse to adopt safe alternatives.

Lack of awareness prevents recognition of abnormal symptoms, delaying medical intervention for infections or disorders. Cultural taboos and misinformation during menstruation practice contribute to stigma, discouraging open discussions and leading to secrecy in hygiene management (OLUSEGUN, 2024).

Insufficient knowledge about available products or menstrual health rights further limits access to essential resources. Strengthening menstrual knowledge is crucial for improving hygiene practices, promoting health, and reducing stigma (Olson *et al.*, 2022).

Menstrual hygiene in Karnali Province remains poor due to inadequate menstrual knowledge, restrictive social and cultural practices, and persistent taboos (Thakuri *et al.*, 2021). Limited awareness contributes to improper hygiene management and reinforces restrictive norms that negatively impact the well-being of menstruating individuals (Tohit, & Haque, 2024). Therefore, it is essential to assess the level of menstrual knowledge and its influence on hygiene practices to inform interventions that promote safe and dignified menstruation.

2. Literature Review

Menstrual hygiene practices refer to the behaviours and actions taken to maintain cleanliness and health during

menstruation (Nwoye, 2024). This includes using clean menstrual products (such as pads, tampons, menstrual cups, or cloths), changing these products regularly to avoid bacterial growth and odor, and washing the genital area with mild soap and water. Proper disposal of used menstrual products and maintaining clean hands before and after handling menstrual products are essential components of menstrual hygiene. These practices help prevent infections, skin irritation, and other health complications while ensuring comfort and dignity during menstruation.

The average duration of a menstrual cycle is typically around 28 days (Schmalenberger *et al.*, 2021) but a normal cycle can range anywhere between 21 to 35 days. The menstrual cycle begins on the first day of menstruation (bleeding) and ends the day before the next period starts. While 28 days is often cited as the standard, variations within this range are considered normal and depend on individual hormonal patterns and health factors. Cycles that are consistently shorter than 21 days or longer than 35 days may indicate irregularities, such as hormonal imbalances, and could require medical attention. Understanding one's cycle length is important for maintaining reproductive health and identifying any potential issues early.

The primary cause of menstruation is the hormonal changes that occur in the body as part of the menstrual cycle (Thiyagarajan, Basit & Jeanmonod, 2024). Each month, the hormones estrogen and progesterone, regulated by the brain's hypothalamus and pituitary gland, prepare the uterus for a potential pregnancy by thickening its lining (Gadekar *et al.*, 2025). If fertilization does not occur, the levels of these hormones drop, signaling the body to shed the uterine lining, which results in menstrual bleeding. This natural process is essential for reproductive health and typically repeats every 21-35 days in a healthy cycle.

The safest materials to use for menstrual hygiene are those that are clean, absorbent, and non-toxic, ensuring both comfort and health (Bindal, Goyal & Garg, 2025). Commonly recommended options include commercially available sanitary pads, which are disposable and designed for hygiene, and menstrual cups made of medical-grade silicone or rubber, which are eco-friendly and reusable when cleaned properly. Additionally, organic cotton tampons or pads are safer for sensitive skin as they avoid harmful chemicals. Reusable cloth pads can also be safe if they are thoroughly washed,

dried in sunlight, and stored hygienically. Unsafe materials like unclean cloth, tissue paper, or newspaper should be avoided, as they can cause infections. Regardless of the material, regular changing and proper hygiene are essential for maintaining safety and preventing health issues.

A menstrual pad should be changed every 4 to 6 hours during a period (Becon, n.d.) though the frequency may vary depending on the flow. On days with heavier flow, it is recommended to change the pad more frequently, such as every 2 to 4 hours, to prevent leakage and ensure hygiene. Prolonged use of a single pad can lead to bacterial growth, unpleasant odors, and an increased risk of skin irritation or infections. Regular changing helps maintain comfort, prevents health issues, and ensures cleanliness throughout the menstrual period. Proper disposal of used pads is also important for maintaining hygiene and environmental care.

During menstruation, maintaining proper hygiene is essential to prevent infections and ensure comfort (Tian, 2023). The most important practice is regularly changing menstrual products: pads and liners every 4-6 hours (U by Kotex, n.d.), Nua. (n.d.), and tampons every 4-8 hours (Healthline, n.d.). Daily hygiene should include washing the genital area with mild, unscented soap and water, avoiding douching to maintain natural flora. Menstrual products must be wrapped and disposed of in a bin, not flushed. Wear clean, breathable cotton underwear and change if soiled. Wash hands before and after handling products, and ensure the area remains dry to prevent irritation and infections. These practices promote menstrual health and overall well-being.

The proper disposal of menstrual hygiene products is essential for hygiene and environmental sustainability (Aujla *et al.*, 2024). Disposable items like pads and tampons should be wrapped in tissue or the product's wrapper and placed in a covered waste bin, never flushed, to avoid plumbing issues and environmental harm. For reusable products like menstrual cups, empty the contents into the toilet or sink and thoroughly wash the cup before reuse. Biodegradable products may be composted where permitted by local guidelines, though they should be separated from non-biodegradable waste. In public restrooms, use sanitary disposal units or biodegradable disposal bags when available. Adhering to proper disposal practices helps maintain cleanliness and minimizes environmental impact.

Handwashing before and after changing menstrual products is crucial for hygiene and infection prevention (Nabwera *et al.*, 2021). Washing before removes dirt, reducing the risk of urinary or vaginal infections, while washing after prevents contamination. Regularly changing pads, tampons, or menstrual cups prevents infections like toxic shock syndrome (TSS). Daily washing of the genital area with mild, unscented soap is recommended, while douching or scented products should be avoided to preserve vaginal flora. Staying hydrated, exercising, and using over-the-counter pain relievers for cramps further promote health during menstruation.

A safe practice during menstruation is maintaining proper hygiene and using menstrual products correctly (Bulto, 2021). This includes regularly changing sanitary pads, tampons, or menstrual cups according to their recommended usage time to prevent infections such as toxic shock syndrome (TSS) or irritation. Washing the genital area daily with warm water and mild, unscented soap is safe, while douching or using scented products is not, as they can disrupt the natural vaginal flora. Drinking plenty of water, staying active with light exercise, and using over-the-counter pain relievers for cramps as needed are also safe practices and menstruation is safe and comfortable.

Regularly changing menstrual products is crucial for preventing bacterial growth, reducing the risk of infections like toxic shock syndrome (TSS), and maintaining hygiene. It also prevents odors, skin irritation, and leaks, supporting overall menstrual health. For reusable cloths, ensure thorough cleaning with hot water and mild, unscented soap, followed by rinsing to remove residue. Dry in sunlight or with a hot iron, and store in a clean, dry, breathable container. Regularly inspect for wear and replace as needed to maintain hygiene.

A harmful practice during menstruation includes neglecting hygiene (Girigoswami, 2024) or using inappropriate methods to manage the flow. Not changing menstrual products like underwear, pads, tampons, or menstrual cups regularly can lead to bacterial growth, unpleasant odors, and serious infections such as toxic shock syndrome (TSS). Using unsanitary materials, such as dirty or unwashed reusable cloths, increases the risk of infections. Douching is another harmful practice, as it disrupts the natural vaginal flora and can cause irritation or infections. Additionally, flushing menstrual products can clog plumbing and harm the environment. Neglecting hand hygiene before and after changing menstrual

products further increases the risk of bacterial contamination. Avoiding these practices is essential to ensure good menstrual health and overall well-being.

Tracking the menstrual cycle is important for several reasons related to both health and well-being (Patel, 2024) that helps to understand the body's natural rhythm, allowing to identify any irregularities or changes, such as missed periods, heavy bleeding, or unusual symptoms, which can be early signs of underlying health issues like hormonal imbalances, polycystic ovary syndrome (PCOS), or thyroid problems. Further, it provides insight into your fertility window, which is valuable for those trying to conceive or avoid pregnancy. Additionally, tracking the menstrual cycle can help to manage symptoms like menstrual pains, mood swings, or inflammation by anticipating when women might occur and planning accordingly. Overall, understanding of menstrual cycle can empower to take proactive steps in managing reproductive health and general well-being.

Traditional perception about menstrual practice guides to harm among menstruate (Munro, 2021). Concept of menstruation as curse women's menstrual suffering (Gottlieb, 2020). Further, menstruating girls and women are considered as impure and untouchable and suffer from silence during menstruation (Chaudhary, 2023). Therefore, perception of menstruation practice seems neglects to maintain of hygiene during menstruation.

3. Methodology

This study adopts a descriptive research design to analyze the menstrual knowledge that impacts in menstruation hygiene practices. The universe for this study consists of Bachelor of Education (Bed) students of Graduate School of Education Mid-West University, Surkhet Nepal. From this universe, the total population of girls and boys of Bed students is 748. Using a sample size calculator with 95% confidence level, 10% margin of error and a population proportion of 50%, the fixed sample size for this study is determined to be 87 students. The sample was purposively selected from the identifies graduate school to ensure representation from the interested population. Data were collected through Google Forms, featuring both closed-ended questions to capture quantitative and qualitative insight efficiently. For data analysis, qualitative data were processed using thematic analysis, identifying patterns and key

themes from interviews and focus groups. Quantitative aspects such as demographic data were analyzed using descriptive statistical methods. This combined approach ensured a comprehensive understanding of the research problem. Participation was voluntary, with informed consent obtained from all respondents. Data confidentiality and anonymity were ensured and the study was adhered to institutional ethical guidelines.

4. Data Presentation and Analysis

Data collected from the selected respondents are presented in the following tables:

Table-1 Demographic Information

Characteristics	Categories	Frequency	Percentage
Gender	Male	25	28.73
	Female	62	71.26
Marital Status	Single	68	78.2
	Married	19	21.8
Age group	15-25	69	79.31
	26-35	18	20.68
	36-45	—	—
	46 Above	—	—
Class	High	34	39.08
	Middle	50	57.47
	Low	3	3.44
Religion	Hindu	73	83.90
	Buddhist	2	2.29
	Christian	12	13.79
	Others	—	—
Caste/Ethnicity	Brahamin	17	19.54
	Chhetri	22	25.28
	Janajati	24	27.58
	Dalit	10	11.49
	Others	14	16.09

Table-1 highlights demographic data, the majority of respondents of young and female, with 71.26% identifying as female and 79.31% of respondents being between the ages of 15 and 25. The majority are middle class (57.47%) and single (78.2%), with a sizable percentage in the upper class (39.08%). The sample is ethnically diverse, with considerable representation from the Janajati (27.58%) and Chhetri (25.28%) communities. The majority religion is Hinduism (83.90%). Along with a low proportion of respondents from lower socioeconomic levels and minority castes like Dalit (11.49%).

Table-2: Basic Biological Knowledge

Characteristics	Categories	Frequency	Percentage
Menstruation cycle	15-20 days	27	31.03
	21-35 days	58	66.66
	40-90 days	1	1.14
	60-90 days	1	1.14
Cause of Menstruation	Hormonal changes in the body	68	78.16
	Poor diet	5	5.74
	Stress	6	6.89
	Lack of Physical activity	8	9.19
Total		87	100

The above table shows data on menstruation cycles that most respondents (66.66%) had cycles between 21-35 days, with a smaller minority (31.03%) experiencing cycles of 15-20 days. Longer cycles of 40-90 or 60-90 days are reported by just 2.28% of respondents. Regarding the reasons of menstruation, hormonal changes are the predominant issue, indicated by 78.16% of participants, whereas lifestyle variables including poor food (5.74%), stress (6.89%), and lack of physical activity (9.19%) are less generally reported. This implies that lifestyle factors have a minor impact on menstrual cycles in the sample, while hormonal changes are the primary influence. Data regarding the knowledge about various menstruation hygiene practices of selected respondents are depicted in the Table-3 on next page.

Table-3: Knowledge of Menstruation Hygiene Practices

Characteristics	Categories	Frequency	Percentage
Changing Hours	Every 2-4 hours	63	72.41
	Once a day	4	4.59
	Every 6-8 hours	17	19.54
	Only when it feel full	3	3.44
Disposal	Flush them down toilet	20	22.98
	Wrap and throw in a designated bin	49	56.32
	Leave them exposed in the trash	5	5.74
	Bury them in the ground	13	14.94
Best use of product	Tight synthetic underwear	31	35.63
	Loose cotton underwear	44	50.57
	Underwear made of wool	10	11.49
	No underwear	2	2.29
No recommend for hygiene	Using a menstrual cup	19	21.83
	Changing sanitary product after 6-8 hours	27	31.03
	Cleaning the genital area with plain water	8	9.19
	Using scented products to mask odor	33	37.93
Importance of wash	To keep your hands dry	32	36.78
	To avoid staining hands	48	55.17
	It is not necessary to wash hands	7	8.04
Safe Practice	Using the same pad or tampon for the entire day	15	17.24
	Washing the genital area with plain water regularly	57	65.51
	Avoiding all physical activity	8	9.19
	Wearing tight synthetic clothing	7	8.04

Status of MHP	Access menstrual materials and sanitation	18	20.68
	Changing privacy and disposal	3	3.44
	Menstrual education	13	14.94
	Respect and dignity	4	4.59
	Above all	49	56.32

The above table highlights common menstrual hygiene practices among the sample, with most respondents (72.41%) changing their products every 2-4 hours and the majority (56.32%) disposing of them by wrapping and throwing them in a designated bin. Loose cotton underwear is preferred by 50.57%, whereas tight synthetic underwear is worn by 35.63%. In terms of hygiene procedures, 37.93% utilize scented items to cover odor, while 31.03% change products every 6-8 hours. Handwashing is important to avoid staining (55.17%) and keep hands dry (36.78%). Safe practices involve washing the vaginal area regularly (65.51%), and 56.32% of respondents see access to menstruation supplies and sanitation as the main concern for period health and protection. It reveals an emphasis on hygiene, product disposal and access to menstrual resources, though practices and preferences differ across individuals.

Table-4: Social and Cultural Belief

Characteristics	Categories and Frequency		Percentage	
	Yes	No		
Feel Hesitate	29	58	33.33	66.66
Menstruation as Paap	22	65	25.28	74.71
To cook	42	45	48.27	51.72
To enter kitchen room	40	47	45.97	54.02
To enter worshipping room	58	29	66.66	33.33
Participate in cultural & religious function	49	38	56.32	43.67
To enter kitchen garden	38	49	43.67	56.32
To sleep bedroom	39	48	44.82	55.17
To go to temple	50	37	57.47	42.52
To eat dairy foods	36	51	41.37	58.62
To go to water resources	42	45	48.27	51.72

Table-4 shows significant cultural restrictions and taboos surrounding menstruation, with notable variation in social practices. While 66.66% of respondents report no hesitation regarding menstruation, 33.33% still feel hesitant. Furthermore, 25.28% consider menstruation a “sin” (*paap*), indicating the influence of cultural and religious norms. Restrictions on participation in religious and cultural activities are prevalent, with 33.33% prohibited from entering worship spaces and 43.67% restricted from attending events. Additionally, 54.02% face limitations in cooking or entering the kitchen, and 58.62% are restricted from consuming dairy products. However, fewer restrictions exist concerning sleeping in the bedroom or accessing water. These findings underscore the persistence of menstruation-related taboos, particularly in domestic and religious contexts, highlighting the need for continued cultural change and education.

Table-5: Health and Medical Aspects

Characteristics	Categories	Frequency	Percentage
Safe Material	Cloth without washing	12	13.79
	Commercially available sanitary pad	70	80.45
	Tissue Paper	3	3.44
	Newspaper	2	2.29
Healthy Practice of Reusable Cloth	Using the cloth without washing it first	17	19.54
	Drying the cloth in sunlight after washing	57	65.51
	Storing the cloth in a damp place	3	3.44
	Washing the cloth with plain water only	10	11.49
Harmful Practice	Using clean sanitary pads	13	14.94
	Using scented products in the genital area	62	71.26
	Washing hands before and after changing menstrual products	7	8.04
	Staying hydrated and eating nutritious food	5	5.74

Reason of Track Cycle	To predict your next period	14	16.09
	To identify irregularities in your cycle	11	12.64
	To prepare for managing hygiene and health	9	10.34
	All of the above	53	60.91
Importance of Hygiene Practice	Washing the genital area with soap every time change a pad and tampon	47	54.02
	Changing pad or tampon at regular intervals	35	40.22
	Avoiding baths to prevent infections	2	2.29
	Wearing the same pad or tampon for as long as possible to reduce waste	3	3.44
Reason for Changing	To prevent leakage	11	12.64
	To avoid unpleasant odor	5	5.74
	To reduce the risk of infections	12	13.79
	All of the above	59	67.81

The above table indicates a predominant preference for commercially available sanitary pads (80.45%) for menstrual hygiene, with minor use of cloth (13.79%), tissue paper (3.44%), and newspaper (2.29%). Among reusable cloth users, 65.51% dry it in sunlight, while 19.54% use unwashed cloth and 3.44% store it damp. Harmful practices are prevalent, with 71.26% using scented products in the genital area, and only 8.04% consistently wash hands before and after changing menstrual products. A majority (60.91%) track their menstrual cycle for hygiene management. Regarding hygiene, 54.02% wash the genital area with soap when changing pads, and 40.22% change pads regularly. The primary reasons for product change are to prevent leakage, avoid odors, and reduce infection risk (67.81%). Overall, the data reflects a combination of appropriate and problematic hygiene practices, particularly regarding material choice and the use of scented products.

Table-6: Awareness, Engagement and Perception of Menstrual Health Programs and Policies

Characteristics	Categories	Frequency	Percentage
Involvement in Program	Yes	50	57.47
	No	37	42.52
Know Menstrual Policy	Yes	44	50.57
	No	43	49.42
Need Menstrual Health Program	Yes	78	89.65
	No	9	10.34
Given advice	Yes	7	88.50
	No	10	11.49
Mark in which issue	Public Issue	18	20.68
	Private issue of individual	15	17.24
	Both	54	62.06

The above table outlines individuals' participation in menstrual health initiatives, awareness of related policies, and perceptions of menstrual health programs. Findings show that 57.47% have engaged in menstrual health programs, while 50.57% are aware of existing policies. A majority (89.65%) emphasize the importance of such programs. Regarding guidance, 88.50% provide advice, and 11.49% do not. Views on menstrual health vary, with 20.68% considering it a public concern, 17.24% a private matter, and 62.06% seeing it as both. These results underscore the need for improved education, policy awareness, and comprehensive interventions addressing menstrual health as both a personal and societal issue.

The major finding from the demographic data is the predominantly young and female population, with 79.31% of respondents aged 15-25 and 71.26% identifying as female. The sample reflects a middle-class majority (57.47%), with a notable portion from the high class (39.08%). Hinduism is the dominant religion (83.90%), and the sample is ethnically diverse, with significant representation from Janajati (27.58%) and Chhetri (25.28%) groups. However, a notable gap is the absence of older individuals (36-45 and 46+ age groups), along with underrepresentation of lower socio-economic classes and minority castes such as Dalit (11.49%), indicating that the sample may not fully capture the perspectives of these groups.

The major finding from the data on menstruation cycles is that hormonal changes are the primary factor influencing menstruation cycles, cited by 78.16% of respondents. Most individuals (66.66%) have cycles between 21-35 days, and a smaller portion (31.03%) have cycles between 15-20 days. Lifestyle factors such as poor diet (5.74%), stress (6.89%), and lack of physical activity (9.19%) are reported less frequently, suggesting that hormonal changes are the dominant cause, with lifestyle factors having a minor impact on menstruation cycles.

The major finding from the data on menstrual hygiene practices is that most respondents prioritize hygiene and proper disposal, with 72.41% changing their products every 2-4 hours and 56.32% disposing of them responsibly by wrapping and throwing them in a designated bin. A key focus is on regular genital area washing (65.51%), and access to menstrual materials and sanitation is considered the top priority for menstrual health by 56.32% of respondents. However, the data also highlights variability in practices, with some individuals using scented products (37.93%) and changing products less frequently (31.03% change every 6-8 hours), suggesting a mix of safe and less ideal hygiene habits.

The major finding from the data on cultural restrictions and taboos surrounding menstruation is that determined societal taboos still influence the lives of menstruating individuals, especially in religious and domestic spaces. While 66.66% of respondents report no hesitation regarding menstruation, a significant portion (33.33%) still feels hesitant. Cultural and religious practices show a division in participation, with 33.33% restricted from entering worshipping rooms and 43.67% restricted from participating in cultural and religious functions. Cooking (54.02%) and eating dairy foods (58.62%) are also restricted for a considerable number of respondents, indicating the ongoing impact of traditional practices. However, activities like accessing water resources and sleeping in the bedroom face fewer restrictions. These findings highlight the continued cultural stigma surrounding menstruation in certain aspects of daily life.

The major finding from the data on menstrual hygiene practices is the dominant reliance on commercially available sanitary pads (80.45%), with some problematic practices observed, such as the use of scented products in the genital area (71.26%) and improper handling of reusable cloth (e.g., using unwashed cloth or storing it in

damp places). While 60.91% of respondents track their menstrual cycle, and a majority change their pads at regular intervals, harmful hygiene practices like infrequent handwashing (8.04%) and the use of scented products point to areas that require improvement. The data indicates a combination of healthy and unhealthy practices, emphasizing the need for better hygiene education and awareness, particularly regarding product use and hand hygiene.

The major finding from the data on engagement with menstrual health initiatives is the strong support for menstrual health programs, with 89.65% of respondents emphasizing their necessity. A significant portion (57.47%) has participated in such programs, and 50.57% are aware of existing menstrual policies. Additionally, 88.50% offer guidance on menstrual health, indicating active knowledge sharing. The data also reveals that 62.06% view menstrual health as both a public and private issue, highlighting the need for enhanced education, policy awareness, and comprehensive interventions to address menstrual health as a critical societal concern.

5. Discussion

The findings reveal several key insights into menstruation cycles, hygiene practices, cultural taboos, and engagement with menstrual health initiatives. The sample is predominantly young (79.31% aged 15-25) and female (71.26%), with an underrepresentation of older individuals and lower socio-economic classes. Hormonal changes are identified as the primary factor influencing menstrual cycles (78.16%), with lifestyle factors having minimal impact. Menstrual hygiene practices are generally good, with 72.41% changing products every 2-4 hours where 45.9% (Bulto, 2021) changes sanitary pad three or more times during menstruation per day, but harmful practices such as using scented products (37.93%) and infrequent product changes (31.03%) highlight areas for improvement. Cultural taboos continue to affect menstruating individuals, particularly in religious and domestic contexts, with restrictions on activities like cooking (54.02%) and consuming dairy (58.62%). While sanitary pads are the most commonly used product (80.45%) whereas 66.3% used disposable sanitary pad (Bulto, 2021) but issues like improper handling of reusable cloth and infrequent hand washing (8.04%) point to gaps in hygiene education. The data highlighting the persistence of societal taboos and discomfort

surrounding the topic where 26% of participants reported feeling hesitate to talk about menstruation whereas 12.4% reported that they were no talk menstrual issues with parents because of shamefulness (Bulto, 2021), 38.2% reported comfortable talk about menstruation with mother (Shah *et al.*, 2023). This reluctant may stem from cultural stigma, lack of open conversations, or inadequate menstrual education ultimately affecting knowledge sharing and support system among individual. Engagement with menstrual health initiatives is strong, with 89.65% supporting such programs, though awareness and participation remain lower than desired. These findings suggest a need for better education on menstrual hygiene, more inclusive and accessible menstrual health initiatives, and efforts to challenge cultural taboos surrounding menstruation.

6. Conclusion

In conclusion, the data presents important insights into menstrual health, hygiene practice, and cultural point of view. While the sample is primarily made up of young, middle-class, and female individuals, there are significant disparities in representation from older age groups and lower socio-economic strata. Hormonal changes are clearly recognized as the key factor regulating menstrual cycles, with lifestyle factors having a minor impact. Menstrual hygiene practices are in general valued, however detrimental practices, such as the use of scented products and infrequent product changes and feel hesitate talk about menstruation, highlight the need for further menstrual education and awareness. Cultural restriction around menstruation continues to have an effect on daily life, mostly in religious and household settings where limitations on activities such as cooking and dairy consumption are common. Despite the widespread usage of sanitary pads, there are worries regarding their environmental impact. Despite the widespread usage of sanitary pads, there are concerns regarding the environmental effect and poor hygiene habits associated with reusable items. Engagement with menstrual health activities is high, indicating a desire for more educational programs, but awareness and involvement can still be increased. Overall, these findings highlight the significance of improving menstrual hygiene education, increasing access to menstrual health initiatives, and tackling enduring cultural taboos in order to promote a more inclusive and informed approach to menstruation health.

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Beyond the Medical: Embodiment and Socio-cultural Dimensions of Uterine Prolapse in Nepal

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Abstract

Uterine prolapse (UP), a condition deeply intertwined with cultural norms and systemic inequities, disproportionately impacts married women in the world, including Nepal. This study examines UP not solely as a medical condition but as a manifestation of socio-cultural and economic pressures that regulate women's reproductive health. In an in-depth qualitative interview with ten participants, recruited via purposive sampling, this study examined the embodied realities of women with UP. The results demonstrate the role of early marriage, multiple pregnancies, poor postpartum management, and arduous physical labour in the high incidence of UP. Participants described obstacles such as a lack of health care access, social stigma, and financial limitations that lead to postponing treatment and increasing their psychological suffering. Similarly, structural inefficiency in the health system and rigidly held gender norms further marginalize affected women. This study also suggests the importance of culturally appropriate, community-driven interventions in conjunction with broad-scale system changes to help ensure equal access to health care. According to the framing of UP through feminist anthropology and embodiment approaches used in this study, integrative approaches are suggested to tackle the gendered aspects of reproductive health inequality.

Keywords

Embodiment, Gender inequalities, Nepal, Reproductive Health equity,
Socio-cultural norms, Uterine prolapse .

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1. Introduction

Uterine prolapse (UP) occurs when the uterus falls from its normal position due to a weakened pelvic musculoligamentous system (Walker & Gunasekera, 2011; Broms & Ingvarsson, 2012). Although many people primarily recognize UP as a medical problem, it also stems from broader societal factors. Systemic gender inequalities, traditional cultural practices, and economic hardships disproportionately impact women and contribute to the prevalence of UP. Though it spans millions of women globally, UP is especially strongly associated with low-resource contexts where structural and cultural barriers intersect (Walker & Gunasekera, 2011; Tega *et al.*, 2024). In Nepal, uterine prolapse has become an underseen crisis because it particularly affects women who are disadvantaged due to socio-cultural pressure and economic deprivations (UNFPA & Sancharika Samuha, 2007; Subedi, 2010).

Whereas uterine prolapse in higher-income countries is primarily found in postmenopausal women, in Nepal, it is frequently seen in the reproductive age group. In Nepal, between 9% and 35% of women suffer from UP, with approximately 200,000 requiring immediate surgical treatment (Pradhan *et al.*, 2008/2009). Globally, prevalence ranges from 4% to 40%, with low- and middle-income countries reporting higher rates (19.7%) (Walker & Gunasekera, 2011; Radl *et al.*, 2012; Chaudhary, 2014). These alarming statistics shows the extent to which social determinants-such as early marriage, repeated pregnancies, inadequate postpartum care, and physically demanding labour-play a central role because they exacerbate this condition (Bonetti *et al.*, 2004; Subedi, 2010).

The anthropological viewpoint attributes uterine prolapse to the pervasive socio-cultural practices and expectations of gender roles, as women's bodies are often considered objects of reproduction and labour. In Nepal, cultural discourses favouring male births lead women to ovulate multiple times in a short period, so that the pelvic

structures weaken significantly, increasing the risk for UP (UNFPA & Sancharika Samuha, 2007; Chaudhary, 2014). Since patriarchal family systems reinforce these vulnerabilities, women are often forced to return to physically demanding work shortly after childbirth, even though they lack adequate rest, nutrition, or healthcare (Subedi, 2010). These structural pressures transform uterine prolapse into a social and embodied form of gendered labour exploitation and reproductive overextension.

Even though systemic pressures contribute significantly, a culture of secrecy regarding reproductive care further exacerbates the issue. Women suffering from UP frequently internalize feelings of shame and inadequacy, as if the condition is an inevitable consequence of childbirth or personal failure. This silence is reinforced by societal stigma so that women with uterine prolapse are often labeled as impure or incomplete and excluded from social, religious, and familial activities (Subedi, 2010; Radl *et al.*, 2012). Since discussions related to reproductive health are taboo, especially in rural settings, patriarchal dominance discourages women from seeking medical care. Therefore, many live with suffering in silence, afraid of being rejected by their families (UNFPA & Sancharika Samuha, 2007).

The challenges faced by women with uterine prolapse extend beyond cultural taboos to structural barriers in health care access. Many regions face inadequate healthcare services, with limited facilities often staffed by untrained personnel who are not equipped to address critical medical needs. Although interventions such as pelvic floor exercises, ring pessaries, and hysterectomy are available, they are inaccessible to most women because of poverty, illiteracy, and a lack of autonomy in healthcare decision-making (Subedi, 2010; Chaudhary, 2014). Government-mandated surgical camps offer a temporary solution, but they fail to address causative social factors or provide long-term, community-centric supportive systems (UNFPA & Sancharika Samuha, 2007).

The lived experiences of women with uterine prolapse further illustrate how the condition is deeply entwined with socio-cultural perceptions of womanhood and reproduction. Since women's health is often bowdlerized to fit social expectations of productivity and propriety, their bodies are relegated to arenas of cultural signification and labour. Whenever women lose reproductive ability or sexuality after uterine prolapse surgery, they are frequently stigmatized, so

they face additional emotional and relational burdens (Radl et al., 2012). Such encounters indicate that the gendered politics of the body tie an individual's health to cultural representations of femininity and social worth (Henslin & Biggs, 1991).

This paper analyzes uterine prolapse not only as a clinical issue but also as an expression of broader social, cultural, and structural processes. Through the lived embodiment of married women in Chaudandigadhi Municipality-10, Udayapur, it attempts to uncover the cultural silence, gendered inequalities, and structural hindrances that shape their realities. From this perspective, the research seeks to assess whether current public health interventions are practical and to propose lasting, community-based, culturally contextual, and empowering strategies to combat the socio-cultural causes of uterine prolapse so that women can regain agency and a sense of self-worth by reclaiming their health.

2. Literature Review

2.1 Feminist Anthropology

Feminist anthropology, as defined by Walter (1995) and Lewin and Silverstein (2016), is a transformative field that critiques androcentric paradigms and emphasizes the intersections of gender, power, and culture. Although it emerged in the 1960s, it challenged traditional narratives such as the "Man the Hunter" model. Scholars like Ortner (1974) and Slocum (1975) highlighted women's agency and the relational nature of gender. Over time, the field shifted to analyzing gender as an inter-sectional construct shaped by race, class, and other axes of oppression (Walter, 1995).

A central concern of feminist anthropology is representation. It also challenges the idea of objective authority in traditional anthropology. Walter (1995) supports reflexive and participatory approaches to ensure knowledge production is more inclusive. Similarly, Abu-Lughod (1991) suggests the concept of the "halfie", stressing how crucial positionality is for ethical engagement. Feminist anthropologists emphasize the use of collaborative methods and narrative storytelling as ways to disrupt hierarchies in the creation of knowledge (Lewin & Silverstein, 2016).

The field has addressed issues such as reproductive health and neoliberalism. For example, Scheper-Hughes and Lock (1987) critique universalist biological assumptions, whereas Kingfisher's work highlights neoliberalism's disproportionate impact on women

and explores avenues for resistance (Lewin & Silverstein, 2016). Even though feminist anthropology has seen successes, it faces challenges in balancing its activist roots with its institutionalization (Lewin & Silverstein, 2016).

Since feminist anthropology continues to shape the discipline, it integrates intersectional frameworks and ethical reflexivity so that global inequalities are addressed. Moreover, it promotes more inclusive and participatory anthropological practices.

2.2 Anthropology of Body and Embodiment

The anthropology of body and embodiment looks at the body as a space where cultural, social, and political processes take shape. It moves away from the traditional Cartesian idea of separating the mind from the body. However, it assumes the body to be not only an experiential subject of life but also a shaped object of material and social realities (Scheper-Hughes Lock, 1987; Csordas, 1990, Ojha, 2023). With this methodology, social meanings are inscribed and articulated by his/her bodily activity, and the body plays a key role in understanding identity, agency, and social relatedness (Mascia-Lees, 2011).

Although this perspective became prominent in the late 20th century, it draws heavily on ideas from phenomenology, structuralism, and post-structuralism. Mauss (1936) introduced the notion of “techniques of the body” and showed how the bodily actions of the subject are ultimately products of the cultural framework of the society. Thereafter, Merleau-Ponty (1962) argued for the primacy of the body as the source from which we build a vision and a relationship with the world. Foucault (1979) extended this notion, as it showed us how historical and political regimes exert control and causality over bodies through mechanisms of the power of biopolitics and discipline. Building on this, Bourdieu’s concept of habitus demonstrated how our bodily habits reflect and reinforce social hierarchies (Bourdieu, 1977).

Embodiment studies view the body as both a biological reality and a product of social and cultural forces. It connects the physical with the symbolic (Scheper-Hughes & Lock, 1987). The body is influenced by cultural norms, power dynamics, and everyday practices, such as rituals or medical interventions, which give it social meaning (Mauss, 1936; Douglas, 1966). Embodiment focuses on lived experience, showing how our sensory and emotional

experiences internalize and express cultural values (Merleau-Ponty, 1962; Csordas, 1994). Power is central to the regulatory process of how bodies act, because social mechanisms frequently control them to conform to normative expectations and generate, according to Foucault (1979), “docile bodies”. Simultaneously, the notion of intersectionality draws attention to the ways gender, race, and class interact to create the body as a site in which social inequalities are challenged and reinforced (Mascia-Lees, 2011).

Engaging with the body as a dynamic entity and as embedded in culture, the anthropology of embodiment offers a useful perspective on the way social structures, norms, and power relations affect human lives. It reminds us that our physical selves are deeply tied to the world around us and that the body is more than just biology—it is a powerful reflection of society.

2.3 Framing the Body: Gender, Power, and Cultural Politics

This study employs feminist anthropology and the anthropology of body and embodiment as theoretical frameworks because they provided critical insights into how cultural norms, gendered expectations, and systemic inequalities shaped women’s health experiences. Feminist anthropology challenged androcentric readings and studied the interplay between gender, power, and culture, which very well fits the issue of how societal practices such as premarital/early marriage, multiple pregnancies, and inadequate postpartum care served as a major burden to women (Walter, 1995; Lewin & Silverstein, 2016).

The anthropology of embodiment complemented this by focusing on the body as a site where social, cultural, and political processes converged. It highlighted how structural inequalities and cultural stigmas were inscribed and experienced through the body, shaping women’s perceptions of pain, discomfort, and self-worth (Scheper-Hughes & Lock, 1987; Csordas, 1990). This perspective allowed me to explore the lived realities of uterine prolapse, emphasizing how cultural silence and patriarchal norms regulated women’s bodies and limited their autonomy (Foucault, 1979).

Together, these frameworks revealed the deeply socio-cultural dimensions of uterine prolapse, moving beyond a medical understanding to address the intersection of power, stigma, and lived experience. They also informed the exploration of community-based

interventions, highlighting the importance of collective action and structural change in fostering health equity.

3. Methodology

In this paper, the embodied realities and socio-cultural dimensions of uterine prolapse among married women in Chaudandigadhi Municipality-10, Udayapur, Nepal—a region characterized by its rural context and cultural practices—are deeply analyzed. I used a qualitative ethnographic research design and conducted in-depth, in-person interviews with a sample of ten participants, from November to December 2024, selected through purposive sampling. Moreover, in order to establish trust and encourage open discussion, I ensured anonymity and confidentiality by using pseudonyms to create a safe environment for participants to share their personal experiences without fear of stigma or judgment. Similarly, I applied thematic analysis to code and analyze the data. In addition, I evaluated participants' perceptions of uterine health, cultural norms, and their experiences within the existing healthcare system. Thus, the current study identifies systemic difficulties associated with female uterine prolapse and draws attention to the need for culturally appropriate and equitable health services interventions.

4. Findings

Uterine prolapse is a serious health issue that affects many married women in Chaudandigadhi Municipality-10, Udayapur, Nepal. Even though it's common, there is still a lack of understanding about the condition, with plenty of misinformation and gaps in knowledge. Factors like early marriage, multiple pregnancies, poor postpartum care, and deeply rooted societal norms all contribute to the increased risk. The impacts are multifaceted, disrupting women's physical, emotional, social, and economic lives. Cultural stigmas and rigid gender roles further prevent women from seeking timely care, while structural barriers such as limited healthcare access and economic constraints compound the challenges.

4.1 Reframing the Body: Awareness and Knowledge Gaps in Uterine Prolapse

In Chaudandigadhi Municipality-10, Udayapur, women shared their experiences of uterine prolapse. It was surprising how little people knew about the condition. It was not just that there was

a lack of medical understanding; there were cultural taboos and so much silence around it. The stories I heard were heartbreaking, not just because of the physical pain but because of the shame, the isolation, and how long it took for many of these women to get help.

Aasha (pseudonym), a 38-year-old mother of two, was one of the first women I talked to. She spoke quietly but with determination. *“For years, I had constant back pain and a heavy feeling in my pelvis”*, she told me. *“I thought it was just normal for a woman my age”*. She only found out what was wrong when a community health worker came to her village. *“When I finally understood what was happening to me, I decided to get help”*, she added, clearly relieved. It made me wonder how many other women like Aasha were living with this without even knowing what it was.

Rupa (pseudonym), a 45-year-old mother of four, had a similar story but with a slightly different twist. *“I thought my discomfort was just part of aging”*, she admitted. Unlike Aasha, Rupa only discovered her condition when a neighbor insisted, she attend a screening camp. That’s where she found out she had second-stage uterine prolapse. *“I didn’t realize it was something that could get worse if ignored”*, she said. It’s painful to think how much earlier she could have gotten help if she’d had access to this information sooner.

Some women delayed getting treatment because of misinformation or reliance on home remedies. Sita (pseudonym), a 41-year-old farmer, told me about her experience. *“When the symptoms started, I tried herbal treatments”*, she said. *“I’d heard about uterine prolapse, but I didn’t think it was serious until it got worse”*. Eventually, she had no choice but to go to a government hospital for surgery. Then there was Kamala (pseudonym), a 36-year-old shopkeeper. Her story was different. *“I learned about uterine prolapse at a seminar, but I couldn’t afford the treatment right away”*, she said. It was only with the help of an NGO that she finally managed to get the care she needed.

For some women, the condition was completely unfamiliar. They didn’t even have a name for it. Laxmi (pseudonym), a 32-year-old from a remote village, said her family thought her symptoms were spiritual. *“They took me to a healer, but nothing changed”*, she said. Things only started improving when someone referred her to a hospital after her symptoms worsened. Tara (pseudonym), a 28-year-old, went through something different but

just as frustrating. *“I kept being told it was a urinary tract infection, but the treatments never worked”*, she said. It took seeing a specialist to finally get the right diagnosis-uterine prolapse.

On the other side of things, I met women who had taken steps early on to look after their health. Mina (pseudonym), a 29-year-old first-time mom, told me how she learned about uterine prolapse through social media. *“I read about it and started doing Kegel exercises during my pregnancy”*, she said. Because of that awareness, she avoided serious problems and now encourages other women in her village to take preventive measures. Gita (pseudonym), a 40-year-old teacher, shared her story, too. *“When I recovered from mild prolapse, I felt it was my responsibility to help others”*, she said. Gita now runs health camps, teaching women what she wishes she had known earlier.

What stood out the most, though, was how stigma stopped so many women from speaking up. Bina (pseudonym), a 47-year-old woman, told me about the shame she felt. *“I didn’t even tell my family”*, she admitted. It was her daughter who finally convinced her to attend a health camp. *“Getting counseling and treatment was a turning point”*, she said. Now, she talks about her experience openly to help other women. Radha (pseudonym), a 34-year-old mother of two, had a different story. For her, it wasn’t stigma but lack of knowledge that made things worse. *“I started heavy work just a week after giving birth”*, she said. Later, a midwife explained how important rest was, but by then, it was too late.

These women’s stories stayed with me. This highlighted how much suffering could be avoided if there was more awareness. Women like Aasha and Rupa only found help through community health programs. Sita and Kamala had to struggle with financial difficulties or wasted time on remedies that didn’t work. On the other hand, Mina and Gita gave me hope-they showed how knowledge can change lives. Bina and Radha reminded me just how much harm stigma and ignorance can do.

It is clear that this issue is not just about treating a medical condition. It’s about breaking the silence, educating communities, and making healthcare accessible and affordable. More than that, it’s about creating a culture where women feel safe to talk about their bodies and seek help without fear or shame. These stories taught me so much, and I hope they inspire others to take action-because no one should have to suffer in silence.

4·2 Entangled Causes: Socio-cultural and Structural Dimensions of Uterine Prolapse

When I spoke with women in Chaudandigadhi Municipality-10, Udayapur, their stories made one thing clear: uterine prolapse is not just about a medical issue. It is intricately intertwined with their daily lives, culture, and the systems they inhabit. Every conversation I had left me with more layers to think about.

Radha's story is one that is hard to forget. She went back to doing heavy household chores just a week after giving birth. "*I had to take care of my family*", she said, almost as if she did not have a choice-which, honestly, she did not. Lifting heavy loads and pushing her body too hard without rest left her with early signs of uterine prolapse. Sita told me a similar story but for a different reason. She had her pregnancies too close together, with barely any time for her body to recover in between. "*I didn't know I needed time to heal*", she admitted softly. She did not complain, just lived with it quietly for years, even though it was making her life harder.

Then there is the cultural side of things, which makes it even worse. Laxmi, who got married as a teenager, shared how she became pregnant soon after her wedding. "*In my village, you must conceive soon after marriage*", she said, her voice carrying the weight of expectation. Her body was not ready for the strain of pregnancy and childbirth at such a young age, which left her vulnerable to complications. Tara, on the other hand, talked about what happens when there is no proper medical care available. "*I gave birth at home with the help of an untrained attendant*", she told me. Without skilled hands during labour, the complications went unnoticed until they turned into bigger problems later in life.

Economic struggles? That is another part of the story. Kamala, for example, worked nonstop throughout her pregnancy. "*I couldn't afford to rest or eat nutritious food*", she said plainly. She was exhausted, malnourished, and under immense pressure, but what could she do? Then there was Mina, who knew that heavy labour during pregnancy was risky. Still, she said, "*Financially, I couldn't stop working*". Like so many other women, she put her family's survival ahead of her own health, and over time, her condition got worse.

What really stood out, though, was how much societal expectations kept women from taking care of themselves. Bina, a

soft-spoken woman in her forties, told me how her family relied on her to handle everything at home. *"If I didn't work, who would?"* she asked, as if the question answered itself. Even though she was in pain, she kept doing heavy physical tasks because there was not another option. Rupa's story was just as frustrating but in a different way. When she told her husband about her symptoms, he brushed them off. *"He said it was just aging"*, she said, shaking her head. Without his support, she put off getting medical help until things had gotten much worse.

Even women who knew they needed to be careful were not always able to act on that knowledge. Gita knew that she should avoid lifting heavy loads after giving birth, but, as she explained, *"There was no one else to do it"*. That lack of help, whether from family or community, forced her back into physically demanding work, risking her recovery.

And then there is the healthcare system-or lack of it. Laxmi told me how far she had to travel to get to a clinic. *"The nearest health center is hours away"*, she said. Instead of going there, her family tried traditional remedies. *"They tried rituals, but nothing worked"*, she said, recalling how long she waited before finally seeking proper medical care. For Radha, the problem was not distance but a lack of proper guidance. She relied on a local midwife during her pregnancies and did not get the postnatal care she needed. *"I didn't know how to take care of myself"*, she admitted. Without someone to tell her, how could she have known?

The more I listened to these women, the more I realized that uterine prolapse is not just one thing. It is not just about heavy lifting or closely spaced pregnancies or bad healthcare. It is all of it-wrapped together in a mix of physical strain, cultural norms, economic struggles, and a system that often fails women when they need it most.

What these women need is not just medical treatment. They need information. They need healthcare they can reach and afford. And they need a society that values their health enough to let them rest, recover, and speak up without feeling ashamed. Radha, Sita, Laxmi, Kamala-they all deserve better. Moreover, they deserve a system that supports them and gives them the tools to protect their health. Fixing this problem is not simple. It is going to take more than just quick fixes. It will take education, cultural change, and better support systems. But listening to these stories made one thing

crystal clear: we cannot ignore this any longer. These women have been strong for so long, but it is time they got the help and support they have always deserved.

4.3 Embodied Realities: The Multifaceted Impact of Uterine Prolapse

When I sat down to speak with the women in Chaudandigadhi Municipality-10, Udayapur, I was not prepared for how deeply uterine prolapse affected every part of their lives. It was not just about the physical pain. It was about what it did to their confidence, their relationships, and even their place in the community. Every woman's story was unique, but together they painted a picture of just how much this condition takes from them.

For Aasha, it started with the physical struggles. *"It's hard to walk or stand for long"*, she told me, describing the constant back pain and the feeling of heaviness in her pelvis. It wasn't just the pain-it was how it made her depend on others for even the simplest tasks. *"I feel like a burden"*, she said, her voice barely above a whisper. You could tell how much it hurt her to feel that way, not just physically but emotionally too.

Rupa's story was different, but just as heartbreaking. She talked about the stigma that comes with the condition. *"People whisper behind my back"*, she said, looking down at her hands. In her community, uterine prolapse was not seen as a health issue. Instead, it was treated like her fault, as if she had been careless or done something wrong. Because she could not manage her household chores, her in-laws were constantly criticizing her. The emotional toll of that isolation was clear-it was not just her body that was suffering.

Then there was Kamala, whose story brought up the financial side of things. She explained how her symptoms forced her to cut back on work, which meant less income for her family. *"When my symptoms got worse, I had to borrow money for surgery"*, she said. The debt she took on for her treatment hung over her like a shadow, making recovery even more difficult. Mina, another woman I spoke with, knew that working during pregnancy was risky but felt like she did not have a choice. *"Financially, I couldn't stop working"*, she said simply. What struck me most about these stories was how often women had to put their family's needs above their own health, no matter the consequences.

The social pressure to keep going, no matter what, came up again and again. Bina told me how her family expected her to keep everything running at home, even when she was in pain. *"If I didn't work, who would?"* she asked, like it was not even a question. And Rupa's experience was just as frustrating. She said her husband dismissed her complaints entirely. *"He said it was just aging"*, she told me, shaking her head. Without his support, she waited far too long to get the medical help she needed.

Even the women who knew what they should do could not always act on it. Gita told me she was aware of the importance of rest after childbirth, but that did not change her situation. *"There was no one else to do it"*, she said. She went right back to lifting heavy loads and managing the house, even though she knew it would make things worse.

And then there were the stories about the lack of healthcare access. Laxmi explained how the nearest health clinic was hours away. *"They tried rituals, but nothing worked"*, she said, describing how her family relied on traditional healers for months before she finally sought proper treatment. Radha talked about how her reliance on a local midwife during her pregnancies meant she never got the guidance she needed after giving birth. *"didn't know how to take care of myself"*, she admitted. Without any clear advice, how could she have known what to do?

The more I listened, the more it became clear that uterine prolapse is not just one thing. It is not just physical; it is not just cultural; it is not just economic-it is all of it, layered together in a way that leaves women carrying a burden they should not have to.

What these women need is not complicated-they need access to information, healthcare that they can afford and reach, and a community that does not judge them for something that is not their fault. They need rest and support and to not feel like their health is a luxury they cannot afford.

The women I spoke with-Aasha, Rupa, Kamala, Laxmi, and so many others-are unbelievably strong. But their strength should not come at the cost of their health. They deserve better. They deserve a world where they do not have to choose between taking care of themselves and taking care of everyone else. Fixing this problem is not going to be easy, but it is something we have to do. These stories are a reminder of what is at stake-not just for the women themselves, but for their families and communities too.

4.4 Navigating Barriers: Addressing Prevention and Treatment Challenges

When I started to talk with selected participants, I began to see just how many obstacles stand in the way of preventing and treating uterine prolapse. Their stories were full of struggle-not just with their bodies, but with a system and culture that often-made things worse. Every woman I spoke with had a different experience, but the challenges they described were all interconnected.

Laxmi's story made me think about the basic logistical challenges these women face. She lives in a remote area where the nearest hospital is hours away. *"We can't even afford the transportation"*, she said. At first, she tried going to a traditional healer, but that only made things worse. Her symptoms became so unbearable day by day that she had no choice but to visit a hospital. By then, the delay had already made her condition much harder to treat.

For Kamala, it was not geography but money that stood in the way. She understood her condition but said medical care was simply not an option for her. *"There were always more pressing expenses"*, she told me. She kept putting off treatment until her symptoms became severe. Financial aid from an NGO finally allowed her to get surgery, but by then her recovery was much more difficult than it should have been.

Then there was Sita, who highlighted how cultural silence around reproductive health stops women from seeking help. In her village, no one talks openly about these kinds of issues. *"When I told my family about the pain, they said it's just part of being a mother"*, she shared. Hearing that from her own family made her feel like seeking help was unnecessary-or even selfish. It was years before she attended a local health camp and got the diagnosis and treatment she needed.

The lack of education about what causes uterine prolapse came up over and over again. Rupa had no idea that lifting heavy loads after giving birth could be dangerous. *"Nobody told me I needed to rest"*, she said. Because of that ignorance, she kept working, worsening her condition without even realizing it. Even after her diagnosis, she found it hard to follow her doctor's advice. She simply did not have the support at home to take time off from her responsibilities.

Gender roles and family expectations also made things even harder. Radha explained how her in-laws expected her to return to work immediately after childbirth. *"Resting too long was seen as a*

weakness”, she said. That kind of pressure left her with no chance to heal properly. Her worsening symptoms created even more stress for her family, who were already struggling to manage without her help.

The stigma around uterine prolapse kept so many women silent. Bina shared how ashamed she felt about her condition. “*I didn’t want anyone to know*”, she said. For years, she kept her symptoms to herself. It was only after her daughter insisted that she attend a health camp that she finally received treatment. Even after her recovery, the stigma was still there. She hesitated to talk openly about her experience, afraid of how people might judge her.

The lack of trained healthcare providers in rural areas made things even worse. Tara gave birth at home with the help of an untrained attendant. “*There was no one to guide me*”, she said. Without proper care, she went back to heavy labour just days after giving birth, which led to her developing uterine prolapse. When she finally sought help, the local clinic did not have the specialists she needed. She had to travel far to get care, which added financial and logistical stress to an already difficult situation.

Even when women tried to seek help, systemic inefficiencies often got in the way. Mina shared how she went to a hospital after noticing her symptoms but faced long waiting times and a lack of female doctors. “*I felt so uncomfortable that I didn’t go back*”, she admitted. The delay made her condition worse, and it became another example of how the system fails even the women who try to access it.

Even women who were trying to raise awareness faced barriers. Gita, who advocates for women’s health in her village, explained the resistance she faces. “*Men in the village dismiss it as unnecessary*”, she said. Their attitudes make it even harder to prioritize women’s health in a community where it is already treated as an afterthought.

These stories are a clear reminder of how financial struggles, cultural norms, systemic failures, and rigid gender roles all come together to make uterine prolapse such a difficult issue to address. It is not enough to treat the symptoms. These barriers need to be broken down, one by one. What these women need is access to information so they can protect themselves. They need healthcare that is close, affordable, and welcoming. They need communities that will support them, not shame them. The women I spoke with-Laxmi, Kamala, Sita, Rupa, Bina, Tara, and Gita-are incredibly strong. But

strength alone is not enough. They deserve systems that work for them and cultures that value their health. It will take time to fix these problems, but it has to start somewhere. These stories are proof that change is not just necessary-it is long overdue.

5. Discussion

As I thought about the stories the women in Chaudandigadhi Municipality-10, Udayapur shared with me, one thing became very clear-uterine prolapse is much more than a medical condition. It is a vivid example of how deeply socio-cultural inequalities and systemic neglect shape women's lives. These stories were not just about health; they revealed how cultural norms and structural barriers dictate women's experiences of pain, stigma, and limited access to care. Drawing on feminist anthropology and embodiment theory, these narratives serve as a lens into the intersections of gender, power, and health.

One of the most striking patterns in the women's stories was how little awareness there was about uterine prolapse. Women like Aasha and Rupa believed their symptoms were just normal parts of aging or childbirth. Because of this, they did not seek medical care right away. In societies where, reproductive health is often stigmatized or dismissed, this silence is sadly common. Many women hear things like, "*It's just part of being a woman*", which stops them from speaking up or asking for help. Feminist anthropology sheds light on this silence, showing how cultural norms systematically limit women's ability to take care of their own health. What stood out to me is that this silence is not passive-it is enforced by societal expectations that prioritize women's roles as mothers and caregivers over their well-being.

The physical realities of uterine prolapse also revealed how deeply systemic inequalities leave their mark on women's bodies. For example, Radha returned to heavy household chores just days after giving birth, and Sita's closely spaced pregnancies left her body with no time to recover. These stories showed how cultural norms impose relentless physical strain on women. Embodiment theory, especially Csordas' (1990) idea of the body as a lived experience, helped me understand how these cultural scripts are internalized. Over time, women begin to see pain and discomfort as inevitable, something they just have to live with. This reminded me

of Mauss' (1936) concept of "techniques of the body", which explains how cultural practices shape not only how women move and work but also how they perceive their own health and suffering.

Economic barriers were another recurring challenge in the women's lives. Kamala delayed her treatment simply because she could not afford it, and Laxmi relied on traditional healers because medical care was too far and too expensive. These situations echoed what researchers like Bonetti *et al.* (2004) have found-poverty and geographic isolation make it much harder for women in rural areas to get timely and effective healthcare. What struck me most was how this neglect feeds on itself. Limited access to healthcare worsens women's conditions, which then deepens their financial struggles, trapping them in a vicious cycle that feels impossible to escape.

The emotional toll of uterine prolapse was just as significant as the physical and financial burdens. Bina and Rupa talked about feeling ashamed and isolated because of their condition. "*I didn't want anyone to know*", Bina confessed, explaining how stigma kept her from seeking help for years. This kind of silence is not just personal-it is enforced by societal attitudes that frame uterine prolapse as a personal failing rather than a health issue. Foucault's (1979) concept of biopower was helpful in understanding this dynamic. Social norms regulate women's bodies, forcing them to prioritize their roles as caregivers and labourers over their health. In this sense, uterine prolapse is more than a physical condition-it is a manifestation of systemic power dynamics that exploit women's bodies and silence their voices.

Even in the face of these challenges, some women's stories showed incredible resilience and agency. Mina and Gita stood out for their determination to break the cycle of neglect. Mina took proactive steps to prevent further health issues, and Gita became an advocate for awareness in her community. Their actions reminded me of feminist anthropology's emphasis on women's agency within structural constraints. Even in difficult circumstances, women find ways to challenge and reshape cultural norms (Lewin & Silverstein, 2016). These stories highlighted how community-based initiatives can create spaces for education, advocacy, and real change. From these narratives, I realized that uterine prolapse is not just a health problem-it is a socio-cultural issue rooted in inequality. Thus, addressing it requires more than just medical solutions.

6. Conclusion

This study reveals that uterine prolapse is not only a medical problem, but also a social problem. In addition, it is also the representation of cultural values, systemic disadvantage, and social disadvantage that women in rural Nepal experience every single day. The stories I heard were powerful. They characterized the invisible suffering of women who are affected by physical pain, lack of emotional contact, and stigma. These women often face these difficulties without access to support and resources necessary to seek help. It became evident that uterine prolapse is related to more profound problems in society.

Similarly, addressing this problem is not as simple as providing medical treatment. It requires a bigger approach. Education is crucial to help women understand their bodies and recognize the signs early. Advocacy is just as important to break harmful cultural norms and remove the stigma that stops women from seeking care. Healthcare systems also need to change. Women in rural areas need access to affordable care, no matter where they live or what their financial situation is.

Community awareness programs have been observed to make a difference. Women are already challenging the silence and speaking out. Their actions show what is possible when women are empowered. But there is still a long way to go. Healthcare policies need to prioritize rural women and focus on prevention as well as treatment. The stories I heard have stayed with me. They have taught me that real change starts when women are encouraged to speak up and advocate for themselves. Listening to women's experiences is key to understanding the realities of inequality and creating solutions that work. This research aims to inspire action, not just to treat uterine prolapse but to address the cultural and systemic problems that allow it to persist. No woman should have to suffer in silence.

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