

VOICES

A JOURNAL ON COMMUNICATION FOR DEVELOPMENT

The Consumer Awakening



Cinderella and Her Sisters

M Corinne Scott elaborates on the glaring disparities between the elite and the majority of India's women.

Consumer Protection Act

K S Krishnaswamy examines the Act's power to deliver the minimum needs of the poor.

An Unhealthy Scenario

Mathew N M looks at healthcare and medical services for the Indian consumer.

How are consumer rights defined?

The right to satisfaction of basic needs - To have access to basic, essential goods and service: adequate food, clothing, shelter, health care, education and sanitation.

The right to safety - To be protected against products, production processes and services which are hazardous to health or life.

The right to be informed - To be given the facts needed to make an informed choice, and to be protected against dishonest or misleading advertising and labelling.

The right to choose - To be able to select from a range of products and services, offered at competitive prices with an assurance of satisfactory quality.

The right to be heard - To have consumer interests represented in the making and execution of government policy, and in the development of products and services.

The right to redress - To receive a fair settlement of just claims, including compensation for misrepresentation, shoddy goods or unsatisfactory services.

The right to consumer education - To acquire knowledge and skills needed to make informed, confident choices about goods and services, while being aware of basic consumer rights and responsibilities and how to act on them.

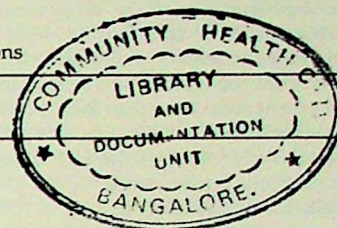
The right to a healthy environment - To live and work in an environment which is non-threatening to the well-being of present and future generations.

International Organisation of Consumers Unions, Information Kit, 1994.



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CONTENTS

Foreword		2
Readers' Voices		3
A Tale of Two Worlds	Kalpna Sharma	4
Consumer Rights and Minimum Human Needs	K S Krishnaswamy	6
Who is a Consumer: Examining the Term	Kalpna Jaishankar	9
What's in Store for the Indian Consumer: Global Trends	Srinivas Sirnoorkar	12
Blocks in the Channels: the Public Distribution System	Kavita M	15
An Unhealthy Scenario: Medical Services	Mathew N M	18
New Moves: The Indian Drug Scene	Anil Pilgaokar	22
The Water We Drink: How Safe is it?	Anjana Das	25
What's Happened to Cinderella and her Sisters? Consumerist Culture and Women	M Corinne Scott	27
We Pay to Learn: Consumers of Educational Services	Srinivas Narayanswami	31
Pro-Consumer Contracts? Insurance Policies	Neelam Alwin George	32
A Growing Consumerist Culture: What Does it Cost our Children ?	Meher Marfatia	35
A World of Make Believe: Advertising	Ajit Mani	37
Checks and Balances: Making the Transportation System Accountable	Rohini Nilekani	41
Time to Press Further	Y G Murlidharan	42
Change in the Air: All India Radio	A S Chandra Mouli	43
They Promise you the Stars	C K Meena	44
Organised Citizen Response: The Consumer Movement in India	Vasanth Kumar Parigi	45

The views expressed in the articles are those of the authors and not necessarily of the publishers.

FOREWORD

The consumer movement is gaining momentum but the question is: where and among whom? The Consumer Protection Act (COPRA, 1986) has been in existence for eight years but the common perception is that it is a "five star act," that it serves the few who are aware of it and, further, have access to consumer goods. Consumer protection has meant little or nothing to the majority who form the middle and low income groups. The law and the movement need to realise their potential to promote and protect the rights of every consumer, without exception. Among the most important of these is the fulfilment of basic needs like food, water, clothing, shelter, sanitation, health care and education.

With liberalisation opening the doors of the nation to the world market, heightened competition among manufacturers and service providers and the increasingly consumerist culture adopted by local elites, it is necessary to review the government's policies from the viewpoint of the average consumer. Is the government committed to ensuring that the needs of all are met and that public services - such as water supply and sanitation, power, transportation, posts and telecommunications, health care and education - are provided in an efficient and affordable manner to all citizens of the country?

Today, an increasing number of people are in the grip of a consuming desire to acquire more and more of the attractive consumer goods and durables available in the market. However, a section of those grappling with these market pulls are concerned to find ways to contend with the consumerist trends willy-nilly overtaking their lifestyles, affecting moral values and ethics, as well as the buying priorities, attitudes and behaviour, particularly of adolescents and children.

Ordinary people are understandably apprehensive that the government, while "opening up the economy" and formulating market-oriented policies, which will benefit the haves, might neglect its primary responsibilities towards the have-nots. If market forces are allowed to reign supreme, there is a real danger of market abuses - price wars, cartels, unfair competition, and so on - which can adversely affect the average consumer and accentuate social and economic inequalities and injustices.

The problem is compounded by the fact that the existing consumer protection legislation is fraught with loopholes which

undermine its implementability. COPRA is supposed to be an enabling mechanism and must be recognised as a positive attempt to strengthen the consumer movement in the country. However, one has to address the question of whether it fulfils its purpose. The Act is meant to make public and private enterprises more accountable to customers and to ensure a better quality of life for every consumer. But does it indeed take into account the needs of all citizens, including the silent majority, made up of the socially and economically disadvantaged?

Policy-makers, planners and consumer activists, however, are of the view that COPRA may not, indeed, be the answer to questions related to the fulfilment of basic needs and better quality of life, but that it is nonetheless, an invaluable instrument that must be used to its fullest potential.

It is with these concerns in mind that we at Madhyam Communications have decided to focus attention on various facets of consumer rights and protection. We think it crucial to redefine the "consumer". We also need to review legislation relating to consumer rights and protection on consumer disputes/redressal etc, and to examine the impact this and other interrelated legal mechanisms have on the lives of common people, especially the marginalised sections of our society.

Through this edition we hope, first of all, to clarify the often misused and misunderstood word - "consumerism", which could mean either "the theory that an increasing consumption of goods is economically desirable" or "the promotion of the consumer's interests". In the Indian context it is apparent that the former definition fits. We have tried to broaden the definition of consumer rights and to review the nature and growth of the consumer protection movement in India. We have also

attempted to examine the role of the state and the media in promoting and protecting the rights of all consumers and to highlight certain neglected areas where consumer protection is urgently required. We hope that this edition of VOICES will play a part in furthering the cause of consumers in India and provide some food for thought for those involved in the consumer movement and, indeed, all citizen consumers, individually and collectively.

Editors



READERS' VOICES



● The VOICES edition on "Family Ties : Bond or Bondage" has covered many relevant aspects that impact and shape our family life. We as a culture have always been proud of our sense of family values, and quickly point to the west as an example of erosion of family bonds. But, a family doesn't mean just a physical entity that is forced to be so because of economic or other compulsions.

We have to be able to understand the family as a social and psychological microcosm. As long as families are run on domination, power plays, unequal control of money and information, the words "family values" mean nothing.

The only way a family can stay together in a healthy manner, is when the bottomline is defined by love and mutual respect; otherwise we will forever remain as families where grandparents become unpaid servants, daughters-in-law are burnt to death, children get beaten into discipline and siblings kill one another over property.

Mallikarjun Konduri, Ideaquest, Bangalore

● Your journal, VOICES, Vol II No.2 made fruitful reading. The root question "Family Ties - Bond or Bondage", indeed, set me thinking, and one almost instinctively began to look for answers through the articles.

Some of the areas covered in this edition could have been dealt with in greater detail, for instance, the media portrayal of families. I particularly liked the sections "These are Families Too" and "When the Family Hurts".

I hope VOICES will, in future, focus on many such areas of concern, and stimulate critical thinking on subjects one often takes as givens.

Kavitha N, Chinmaya Yuva Kendra, Bangalore

● I am halfway through the latest issue of VOICES. It's extremely impressive. There's something marvelous about the selection of articles, commissioned or otherwise. It should give the initiated but intelligent reader the full range of the alternative perspectives, and all its facets. Brilliant of all such journals I have seen so far, VOICES alone has a kind of profound thematic coherence that is both intellectually and emotionally satisfying. Congratulations to you and to your team. "Quality is never an accident, it is the result of intelligent effort," as the menu at Koshy's has been saying for years.

N Kalyan Raman, Scientist, ISRO, Ahmedabad

The letters column is a regular feature in VOICES. We welcome letters (preferably typewritten) on your responses, ideas and suggestions.

A Tale of Two Worlds

Kalpna Sharma

Consumerism as we see it in India today, reflects the theory that 'an increasing consumption of goods is economically desirable', says KALPANA SHARMA. This has only served to sharpen the divide between the 'haves' and the 'have-nots' and not to an improvement in the quality of life.

Watch this commercial closely. A typically "modern" couple, the man wearing a suit and the woman some form of western attire, are encircled by "savages" (read tribals of some unconfirmed variety wearing war paint) who kidnap the woman. She is forced to go through a "primitive" ritual, resembling a wedding ceremony. Eventually her "civilised" partner rescues her, but as she leaves she drops a red scarf. The story, however, does not end there. Just as they are about to fade into the sunset, a spear - with the woman's red scarf - lands in front of them, bringing a nostalgic smile to her face. Even "savages", apparently, can be noble!

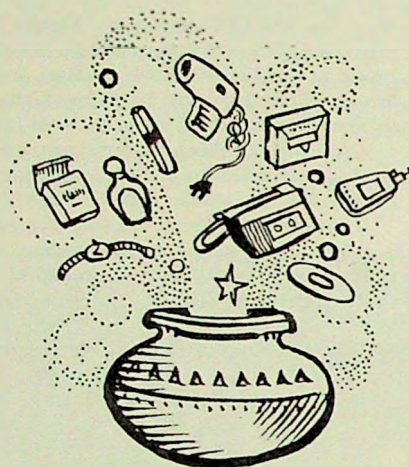
The commercial described above is not just an advertisement for a particular brand of fabric. In fact, it is a grossly exaggerated depiction of the two worlds in India, one inhabited by the growing urban middle class representing a vast "market" for consumer products and another where life remains "primitive" with people denied some of the basic amenities of life.

Changing consumption patterns

The Webster's dictionary has two different meanings for the word "consumerism"; "the theory that an increasing consumption of goods is economically desirable" or "the promotion of the consumer's interests". The consumerism we see in India today is closer to the first definition than the second, consumer protection laws notwithstanding.

Nevertheless, few middle class Indians complain about the consumer society that is well and truly upon us. Why should they? They can now eat Kellogg's cornflakes for breakfast, wear the latest international brand names as they drive to work in a car built with foreign collaboration. In office, the world is at their doorstep with the very latest in communication technology. And in the evening, they can settle down to a drink of the best whisky and vodka as they imbibe a big dose of "global culture" from their multi-channel television. What more could a person want?

The marketing techniques used to sell a variety of consumer products recommend certain values and lifestyles. Even if all



those who watch these commercials cannot afford the actual products, be they consumer durables or food products, they imbibe the message of the seller and aspire, directly or indirectly, to imitate.

Thus, even if a particular soft drink being sold is out of reach, people will drink a cheaper imitation rather than staying with the home-made variety that had satisfied generations. Similarly, if cornflakes are projected as the wonder health food, people will feel compelled to eat the product or its equivalent, forgetting that traditional Indian breakfasts are far more nutritive and would probably have won the full

endorsement of the creator of Kellogg's cornflakes, who was a health fanatic!

Another strong message in most commercials for consumer products is the importance of individual gratification. This glorification and reification of the individual necessarily undermines commitment to community or society.

But what meaning does all this have for the long-term prosperity and stability of Indian society? Can any society hope to survive on the prosperity of a few and the misery of the many?

Lagging pace

Apart from consumer products, available now in abundance compared to a decade ago, competition is supposed to herald the way to better services. Yet, in several areas this premise is not supported by facts.

Take the area of health, for instance. Private care has dominated health care in India for decades. Over 70 per cent of all curative services are located in the private sector. There is plenty of competition and choice there.

The public health structure is engaged largely in preventive work and in implementing a variety of centrally-funded health care programmes. Curative services form a relatively smaller part of the health package offered by the government.

While there is some level of accountability in public facilities there is practically none in the private sector. As a result, poor patients are often victims of the grossest forms of malpractice - including over-prescription, useless surgeries and excessive and pointless investigative procedures which add to the costs. Nothing could illustrate better the lack of the spirit of service in the private sector in health than the way over 500 private doctors fled Surat as soon as an epidemic of pneumonic plague was declared in the city in late 4th September 1994.

The expansion in health services in the last decade has taken place largely in the private sector. But here, too, the increase has

been in highly sophisticated "five star" facilities, catering to the elite in cities. In itself, there is nothing objectionable about this as the people using these facilities are willing to pay. Yet, the expansion of specialist facilities has coincided with a decline in the health care for the poor. It has also contributed to the perception that high cost and high tech medical care are synonymous with better quality care. Thus, even if fairly reasonable care is available in public health facilities, the poor are turning to private care and paying out rupees they can ill afford to squander.

Private sector values

Numerous studies have shown the debilitating impact of such values on the health and the pocketbooks of the poor. A visit to a primary health clinic barely two hours away from Bombay revealed precisely this. According to the doctor at the Primary Health Centre (PHC) in Apta village of Pen district, people are no longer satisfied with just an "injection", which they believe will miraculously cure all ailments. Today, people demand a "cocktail", an injection that combines a multivitamin, an antibiotic, a steroid, an anti-histamine and a painkiller. Patients are willing to pay a fairly high price for this "magical" remedy, which under any standards would be considered a dangerous combination.

Another injection in great demand is the "strength-giving" injection, or a saline drip. The private doctor argues that he is merely fulfilling a demand. Yet, it is the values spread by the private sector, where only expensive treatment is considered effective, that force poor people to turn to such health care. In terms of percentage of income spent, it is they who bear the greatest burden for such an expensive health care system without getting any of the benefits of the really effective technological interventions. The latter are completely outside their reach.

Another area where the dichotomy between private and public is evident is in transport. While the capacity of many more individuals to own their personal mode of transport has grown greatly in the last five years, there has been a noticeable decline in the public transport system. This is perceptible in most metropolitan cities including Bombay which, until recently, boasted of a fairly efficient public transport system.

The explosion in privately-owned vehicles is a direct outcome of the growth of finance companies vying with each other to provide easy schemes for purchasing vehicles. But even as private car owners proliferate, the road tax structure remains unchanged and city authorities lack the

funds to improve the infrastructure to deal with this growing load.

Clearly, existing roads cannot bear this additional load as is evident in practically all metropolitan cities. Bombay, for instance, has the lowest per capita roads in the country but the number of cars has increased rapidly in the last two years. Without the resources to invest in a more efficient network of roads, it is suicidal to allow vehicular traffic to grow unchecked. But such calculations apparently have not entered the minds of our policy-makers.

But what meaning does all this have for the long-term prosperity and stability of Indian society? Can any society hope to survive on the prosperity of a few and the misery of the many?

At the same time, lack of timely investment and expansion of public transport facilities, such as rail services, has led to commuter anger erupting in violence as witnessed recently in Bombay. The resultant disruption only adds to the growing belief that public transport is unreliable and private transport unavoidable.

Need and greed

Oddly, while consumer goodies such as cars and two-wheelers are supposed to improve our quality of life, the values that underlie such consumption are already contributing directly to a decline in the quality of life. Take just the quality of the air we breathe in most cities. Thanks to the proliferation of automobiles, even the rich cannot avoid breathing in noxious fumes when several decades ago only the working classes lived in areas where chimneys spewed out poisonous releases.

Gandhi said "enough for your need but not for your greed." In India, consumerism has certainly brought to the fore a greed-based society, far removed from Gandhi's ideal. Satisfying needs has been redefined as satisfying every whim. The dozens of buy-now-pay-later schemes, plus the plethora of credit cards available even to the salaried classes, makes heaven, in the form of a car, a television, a video, a fridge etc, within the reach of many more people.

The advertising messages are implicit and explicit. The individual is the centre of this new world being forged. Community, society come second. If the family counts, it is the nuclear family of perfectly formed

men and women with faultless children. Such people don't exist in the real world. Yet the world of advertising, selling consumer products, projects these images every day through every medium available.

Within this celluloid world, the poor, the handicapped, the deprived, the minorities have little space. They appear as novelties, as oddities, as amusements. A society's perception of and tolerance towards those considered the "other" rests greatly on the way these groups are projected. The media can, very easily, reinforce deep-seated prejudices, directly or indirectly. By setting up a norm, you automatically exclude entire groups of people.

Rejecting reality

With the growth of consumerism there will be greater intolerance - of those who cannot be successful, who cannot look like the models on the silver screen, who cannot speak in a particular way, who cannot afford to eat or drink particular types of products, in other words those who cannot make it in the brave new world where the consumer is king or queen.

The media can, very easily, reinforce deep-seated prejudices, directly or indirectly. By setting up a norm, you automatically exclude entire groups of people.

The problem with the consumerist society and the values it propagates is that it creates an unreal world which only a small percentage of people inhabit. The vast majority are given no choice but to peep into this world from the outside while continuing to live lives that bear no resemblance to this fantasy world.

In unequal societies like ours, this bubble, created by consumerism, will be forced to burst once the pressure from the deprived majority reaches explosion point. For, given the iniquitous distribution and control of resources, there is little chance of the poor woman, or the tribal, ever getting a piece of this particular consumerist pie.

Kalpna Sharma is an Assistant Editor with The Hindu, based in Bombay. She writes on environment and development issues. She has recently co-edited a book with Ammu Joseph, "Whose News? The Media and Women's Issues" published by Sage publications.

Consumer Rights and Minimum Human Needs

K S Krishnaswamy

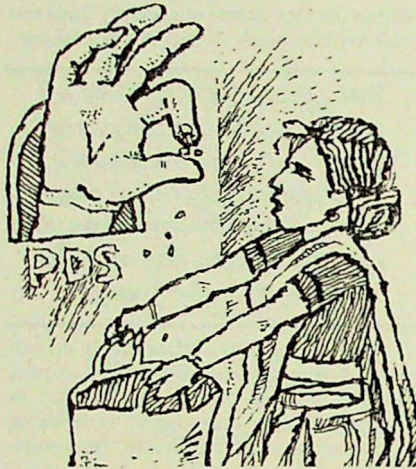
The Consumer Protection Act per se is not the answer to the fulfilment of minimum human needs says Dr. K S KRISHNASWAMY. Alternative mechanisms and watchdog bodies to safeguard consumer interests is the need of the hour

When you grouse against irregular supplies or poor quality of goods distributed to ration card holders in fair price shops, you are often told: "Why don't you lodge a complaint under the Consumer Protection Act (COPRA)? Your government has promised to provide your minimum needs of food articles at subsidised prices, hasn't it?" Relevant questions, indeed; but what is the reality? Does COPRA ensure for the consumer a right to claim his minimum needs?

Unfortunately, it does not, for two main reasons. Firstly, with the Government of India's "new economic policy" centering around marketisation, privatisation and globalisation, it is no longer certain that either the central government or state governments are committed to a minimum needs programme - that is, an undertaking to provide the mass of the people their minimum requirement of essential food articles, education and health services, housing, potable water or domestic fuel. True enough, we still have a "public distribution system" and frequent statements from the Prime Minister downwards that a prime objective of economic development is the provision of a decent standard of consumption for everybody in the country. But the government's actual policies do not confirm this.

Lack of commitment

Indeed, it is doubtful if even during the earlier decades of planning there was any such firm commitment. Plans were, of course, built around the concept of "minimum needs". But in the actual implementation of development programmes, this was transformed to selling through the public distribution system (PDS) a part of the available supply of rice, wheat, sugar, edible oils and kerosene at subsidised prices. Since most of the PDS was in urban or industrial centres the benefit rarely accrued to the poor and disadvantaged in rural areas. Even in the ration or fair price shops, there were no fixed amounts to be supplied month after month. The quantities varied frequently and so did the prices. In commercial terms, there was nothing equivalent to a contract between the governments and the ration card holders,



which was enforceable in a court of law.

Minimum needs vs. market

This is not the problem that COPRA addresses - and this is the second reason why it is irrelevant to the issue of minimum needs. COPRA seeks to resolve certain "market" problems which are faced mainly by the more affluent consumers - the buyers of what are commonly called U-sector goods and services. The policy of liberalisation and globalisation of the economy, that began around the mid-1980s and took a quantum jump after the

Narasimha Rao government assumed office in May 1991, has led to a rapid increase in the size and spread of the market for consumer durables of all kinds, luxury and semi-luxury goods, private medical services and educational enterprises etc. There is an explosion of aggressive advertising and marketing campaigns, exaggerating the good and suppressing the bad aspects of products sold - resulting in the exploitation of credible consumers. It is in this context that COPRA becomes relevant.

COPRA's principal objective of providing better protection of consumer interests originally covered only the following "consumer rights"

- * the right to be informed about the quality, quantity, potency, purity, standard and price of goods sold;
- * assured access to a variety of goods at competitive prices;
- * the right to be heard and assured that their interests will be given due consideration in dispute settlement agencies; and
- * the right to be provided consumer education.

In the original Act (1986) these rights could be claimed by the consumer on an individual basis, and hence applied in reality only to specific transactions between a buyer and a seller. However, the scope of the Act was extended in 1993 through an amendment which provides for the filing of "class action complaints" by groups of consumers having a common interest. Such complaints can also be filed "on behalf" of such groups by some of the consumers.

On a superficial view, it appears as if the government being aware of the possibility of exploitation of ignorant or innocent consumers by unscrupulous traders in a chronically shortage economy, has provided them with a legal means of redressal. But there are several snags.

Questions of applicability

As mentioned earlier, for any redressal under COPRA, the sale of a good has to be accompanied by specific warranties about quality, amount, standard etc. When any of these assurances is not fully met

by the seller, the buyer can claim compensation either by way of return of money paid or replacement of article or recompense for damages suffered. Obviously there would be warranties or similar assurances in the case of durable consumer goods like TVs or washing machines and packaged goods subjected to marking of price and description of contents. But what of the basic consumer goods such as foodgrains, vegetable oils, sugar etc sold by the public distribution system or the grocers and vendors in moffusil areas?

On a superficial view, it appears as if the government being aware of the possibility of exploitation of ignorant or innocent consumers by unscrupulous traders in a chronically shortage economy, has provided them with a legal means of redressal.

Many of these articles are bought in loose form and in small quantities, often without any public display of their quality and price. Quite frequently, the scales and measures used are not of the approved type. Consumers of these articles include the urban and the rural poor, who have neither a good knowledge of the varieties of such articles nor access to competitive sellers in the same locality. It is again in this context that questions about the nature of protection offered by COPRA arise.

Like all legislative measures, COPRA has defined each of the terms involved - consumer, trader, unfair trade practice, defect, bargaining price, consumer dispute. These terms have been further interpreted in the decisions of Dispute Settlement Agencies or civil courts, with the consequence that several types of goods or services are excluded from the purview of COPRA. Thus while a patient in a private nursing home is a consumer - and hence can seek redress in case of negligence or mistreatment - a person obtaining medical treatment in a government hospital is not a "consumer": likewise, though the maintenance of roads and highways is a "service", the road-users cannot be viewed as having "hired" this service. The argument apparently is that in these services of common use, no "individual sale" is involved.

This does not however rule out the applicability of COPRA to the government sector as such. The condition of "individual sale" is clearly satisfied in respect of public services like the supply of water or electric-

ity, road transport and public distribution system. In principle, there is room here for raising a dispute under COPRA by an individual or through a class action petition. But whether such disputes will prevail before a dispute settlement agency remains to be proven. Chances are slim because in the case of these utilities, the selling agency undertakes no firm obligations regarding the quantity or the quality of the service sold.

Dual economy implications

COPRA's scope is, in other words, limited by the persistent dualism in India's economy, the long-standing rural-urban divide, accentuated further by technological and income differences that have grown with liberalisation. The affluent urban classes have now been joined by the better-off agriculturists in enlarging the market for high-priced consumer goods of all kinds, sold through super-bazaars, department stores or specialised market agencies under conditions which enable the consumer to make full use of COPRA. But for the millions of low-income earners in the urban and rural areas, who are still dependent on the traditional grocers or the street hawkers - or even the "fair price shops" - redress against unfair trade practices still remains a far cry.

These inadequacies of COPRA for addressing the issue of minimum needs care are compounded by the arduous procedures involved for the consumer seeking redressal against an unfair or exploitative transaction.

These inadequacies of COPRA for addressing the issue of minimum needs care are compounded by the arduous procedures involved for the consumer seeking redressal against an unfair or exploitative transaction.

The machinery set up for ensuring the consumer's rights under COPRA consist of (i) Consumer Protection Councils at state and national levels and (ii) quasi-judicial Dispute Settlement Agencies at district, state and national levels. The former of these, viz. the consumer councils are basically consultative bodies, concerned with policy or broad administrative questions. They consist of the Minister concerned with consumer affairs as chairperson and a number of officials and non-officials representing consumer interests. Naturally these councils

remain, by and large, urban institutions representing the U-sector. It is the Dispute Settlement Agencies which constitute the operative wing.

The base institutions for dispute settlement are the district fora, generally restricted to one per district. Each district forum has to be presided by "a person who is, or has been or is qualified to be a district judge". Such persons are not too plentiful in the countryside except at district headquarters. In consequence, rural consumers have to travel to district headquarters, to file a complaint or fight out a case!

Procedural delays

Since the district forum is deemed to be a quasi-judicial body, its procedures are long drawn-out, like those of any other civil court. On receipt of a complaint by or on behalf of the consumer, the Forum has to refer it to the "opposite party". When the opposite party denies or disputes the allegation, the Forum has to have a sample of the commodity in question tested by an accredited laboratory and obtain a report. In such cases, the complainant has to deposit with the Forum any fees that have to be paid for testing. Any objections that either of the disputants have to such a report have to be submitted to the forum in writing after which the Forum will hear the arguments from both parties and give its decision. This decision can, as usual, be appealed against by either of the parties before the State Commission, and then the National Commission.

Given this elaborate procedure, it is not easy or inexpensive even for an individual in the urban centres who has been unfairly treated to take on an established manufacturer of consumer articles who disputes the claim. Since the seller's reputation is involved, chances are that every loophole in the Act will be utilised to avoid recompense, even if the dispute has to be moved successively to the State Commission, the National Commission and the Supreme Court. Above all, few consumers will have the stamina to wait that long or incur those expenses.

Alternative mechanisms

Experience in other countries has shown that despite all talk about "consumer's sovereignty" in a free market, consumers' tastes and attitudes are cleverly manipulated by high-pressure advertising and aggressive salesmanship. In these circumstances, consumer protection is sought not merely through means such as COPRA but in many other ways as well. Major steps in this regard include the development of regula-

tions or codes of conduct for producers to adhere to specified standards of purity or quality; truth in advertisements; dissemination of information about prices and substitutes; and formation of strong, non-governmental consumer associations or fora to act as watchdog or contesting bodies. In the United States, for instance, the consumer movement launched by Ralph Nader in the 1950s has now developed into a powerful institution, constantly providing accurate information on the relative merits of competing products, and launching national campaigns against trading malpractices.

With the Government of India's policy of privatisation and liberalisation, the role of "government" as a supplier and seller of goods is getting drastically reduced, and that of domestic and transnational private corporations growing. But there are still several vital areas of consumption in which the government remains an important, if not the main, supplier. Chances are that with the advent of new governments in Karnataka and Andhra Pradesh which are overtly "pro-poor", other states will also follow suit, even if it be as a political ploy. That apart, we now have an increasingly competitive market for the U-sector goods, and a very substantial area of essential consumer goods in which the traditional grocers and government owned or sponsored outlets constitute the supply side. In both these sectors, the consumers are weak in relation to the sellers; and they need all the means that can be legitimately used to increase their bargaining advantage.

On matters of truth in advertising and quality improvement at the production level, there are some sticks and some carrots which the central and state governments have already utilised. Some of these are legal, and some only advisory. But it is only the observance of an ethic by the advertisers and the manufacturers that can effectively prevent the sale of sub-standard goods or the recourse to misleading sales drives. Chambers of Commerce or Confederations of Industry can also help in providing relatively inexpensive testing facilities, and widespread dissemination of trading information. India's private sector has yet to develop these devices, as also a sense of social obligation. The hope of policy-makers is that competition from the transnational corporations in the Indian market for consumer goods will hasten such a change in the attitude of producers and traders. But what guarantee is there when the transnational corporations themselves hope to benefit from the relative ignorance of the Indian consumer about the goods they buy?

However, the urban buyer is waking up

to the advantages of forming consumer associations of their own and seeking to build their bargaining advantage. The rise of COPRA has so far been used by such individuals and consumer associations, who are alive to the possibility of both the legal means of COPRA, and the extra legal means of political influence to secure their rights as consumers, vis-a-vis private traders and corporations.

But where a government agency or undertaking is concerned, their successes have been few and far between. A potent reason for this is the extremely lengthy process of obtaining redress under COPRA, even when there is the clear basis of an individual sale transaction. The position is far more difficult where class action is required.

Further need

As regards minimum needs much more than the simplification of COPRA procedures is required. Admittedly, if there is no firm commitment on the part of government to supply the essential requirements of basic consumer goods, no grounds for legal action on grounds of non-fulfilment of a business "contract" exists. It is also unlikely that COPRA will be - or indeed can be altered so as to make the election "promise" of a party in power equivalent to a government undertaking in the legal sense.

The public distribution system, for instance, is viewed as an aid to the satisfaction of minimum needs, rather than a guarantee. It is a trading outlet, which can distribute only what the government is able to procure. Articles such as foodgrains, sugar or edible oils being inelastic in supply - except when a country has large foreign exchange resources and world supplies are plentiful - no government can take on a firm commitment on the quantity or quality of supplies they can provide throughout the year. Consequently, the public distribution system generally covers only limited areas or specified sections of the community, and remains an adjunct to the large number of private retailers in the country. The areas or sections to be covered are principally political decisions, which are apparently not justifiable.

Complaints against the PDS cannot, therefore, be on grounds of insufficiency of quantities distributed. However, it is well known that ration or fair price shops often deny the consumers even the limited quantities that may be announced from month to month, goods supplied are also frequently unsuitable for human - or even animal - consumption. The poorer of the clientele is usually discriminated against, when the vendors sell part of the supplies allotted to them in the black market. These are matters

which ought to lie within the scope of class action complaints by, or on behalf of, the ration card holders. Over and above all these, it is necessary that when political parties renege on the promise they may have made while securing votes at election time, it should be possible for consumer associations to prefer "public interest" complaints before the dispute settlement agencies. Such a facility would also be useful in obtaining better service from government or private utilities providing "services".

Creating awareness

Rural consumers who are in the most need of such protection are unfortunately not organised to engage in such dispute settlement. There is therefore great urgency for creating an awareness of their rights amongst such consumers, especially the women in rural areas who have the responsibility of running their households. Besides providing consumer education and regular information on prices, supply situation, available substitutes, through radio and TV, both government and non-government organisations - including those of producers and traders - have to strive hard to set up consumer organisations in the rural sector and among low-income groups. Sadly all this seems a long way off at present!

When all is said and done about consumer organisations, legal structures and so forth, a basic need remains. Consumers will remain weak and unorganised so long as they lack employment, incomes, education and a faith in their combined strength. In other words, so long as economic development is such that a large section of the population is left below the "poverty line" (defined in terms of minimum needs), protection of the "rights" of consumers will be limited to the literate and affluent classes; or to those who, like industrial labour, are well organised. We need a rapid growth of the gross domestic product; but this growth has also to be such that there is more employment and greater equity in its distribution. A trend in this direction, encompassing among other things universal education and free access to market information constitute the foundation on which the rights of all consumers to minimum needs can hopefully be established. Mere amendments of COPRA however ingenious will not suffice.

■
Dr. K S Krishnaswamy, former Deputy Governor, Reserve Bank of India is with the Institute for Social Studies Trust. He is concerned with development problems related to the poor, women and deprived classes.

Who is a Consumer?

Examining the Term

Kalpna Jaishanker

The term "consumer" has come to acquire new significance with the growth of the consumer movement in India. Its scope and definition have been extended, according to KALPANA JAISHANKER.

The word "consumer" is self-explanatory, but ramifications of what it actually means needs exploration and

calls upon the human mind to think well beyond the narrow confines of the word itself. Each and every person on this earth is a consumer in one way or the other.

In the Indian context, I see the word consumer as being synonymous with the word "citizen", and this then automatically leads on to various rights a consumer has as a citizen. Undoubtedly, an aware citizen is a prerequisite to a successful democracy.

Increasing reach

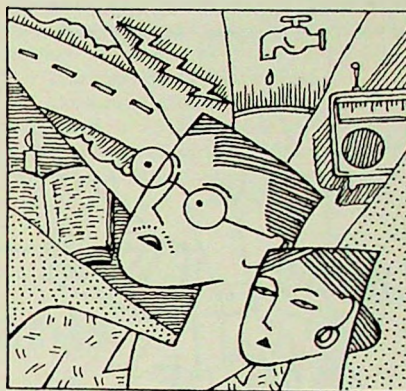
The consumer movement today is at a stage where to a certain extent awareness of consumer rights have managed to permeate to the educated middle class and the elite class of society. People involved in the movement have a herculean task before them in trying to develop methods and means by which awareness on consumer protection can be spread to the lower middle class and the rural population.

On the one hand while something as basic as spreading awareness goes on, on the other hand the champions of the movement are also engaged in lobbying and advocating with the government to effect consumer-friendly legislations.

Scope of consumer legislation

The Consumer Protection Act, 1986 (as amended 1993), has been in existence for eight years but the perception that it is a "Five Star Act", serving only the few who are aware of it and have access to consumer goods, needs to be dispelled. It is true, that while only if one knows of the existence of this legislation can one use it, it is wrong to believe that the Act is applicable only in the context of consumer goods. In the Act a complainant is defined as a person who pays for goods purchased or for services availed.

Consumers of services provided by the government as a result of taxes collected are not complainants under the CPA. Consumer organisations are fighting a long-standing battle against the non-inclusion of consumers of such services as



complainants under the CP Act. It is an undeniable fact that public services are paid for by all citizens in the country in the form of taxes and there is no way in which it can be argued that they are provided "free of charge".

Numerous consumers having the same complaint and the same interest can complain as a group to the consumer court (this is basically seen as a class-action complaint). Voluntary consumer organisations can also complain on behalf of consumers before consumer fora. The inclusion of this provision has been specifically made because the beneficiaries of such a social legislation generally belong to the weaker

sections of society who might find it difficult to make use of the legal processes.

It is also interesting to note that the state and central governments as guardians of public interest can file complaints before consumer courts.

There are also several cases which were filed before consumer courts against the government. Two examples of the same are given below.

Consumer Unity and Trust Society vs. Union of India

Several persons were severely disabled due to consumption of adulterated rape seed oil. The injured filed a complaint. The defence taken by the government was that a scheme for rehabilitation and treatment was being implemented in this regard. The commission held that the implementation of such a scheme would not debar the complainants from pursuing other remedies under the Act.

Common Cause vs. Drug Controller of India and Others NCDRC, New Delhi 1991

Complaint was made to the National Forum under Section 2 (i) (j) 698 CP Act (defective goods) of the lack of adequate quality control in the manufacturing and bottling of intravenous fluids given to patients, leading the defect was the presence of fungus due to the poor quality of the fluid itself and the inadequate cleaning and scaling of the bottle containing it. The Drug Controller was ordered by the Forum to constitute an expert committee to review the provisions of the existing legislation regulating quality control and make recommendations.

The committee did so and made recommendations for taking steps to achieve the goal of protecting the public against the possi-

bility of contamination of I.V. fluids.

Consumer organisations and other public interest organisations have been able to make imaginative use of the law to bring succour to consumers irrespective of which section of society they belong to.

In the context of economic liberalisation there is a great danger that the government may rely entirely on market forces to operate, leaving the vulnerable poor in a position worse than it is today. The Ministry of Consumer Affairs has constituted a working group comprising consumer organisations, industry and trade, where this concern has been repeatedly emphasised by consumer organisations.

Consumer protection as a movement can be recognised only when each and every citizen becomes aware of her/his rights and responsibilities; participates in the practical and economic decision making of the country; considers her/his opinion important and insists on his voice being heard.

The consumer movement and the Consumer Protection Act legislation can be seen as the beginning of some vestige of respect being accorded to the common person. It also recognises that the law is for every person and not the exclusive domain of lawyers and the powers that be. The Consumer Protection Act is a consumer-friendly law and has proved to be the focal point around which the Indian consumer movement has revolved and spiralled.

Public utilities and consumer protection

It is very interesting to note that though an immediate linkage is formed in the minds of the average person between consumer protection and consumer goods, in effect this constitutes a mere 15 per cent of total cases which are dealt with by most consumer groups. Today, about 60 per cent of cases in a leading consumer organisation like the Consumer Education and Research Centre, Ahmedabad, pertain to non-transfer of shares, non-issuance of shares, delayed refund of money when shares are not allotted and other investment related problems. About 25 per cent are in connection with public utilities and services. The problems which are often encountered before consumer fora while dealing with public utilities and services is that though the CPA is in addition to and not in derogation of any law existing in force, monopolistic government undertakings and corporations constantly design ways and means of ensuring that they fall outside the purview of the CPA.

The Indian Railways has recently issued an "advisory" to the passengers, the essence of which is: those having grievances regarding non-refund of rail fares should file their petition before the Railway Claims Tribunal (RCT) and not before consumer disputes redressal agencies set up under the CPA. It is, however, not worth filing a case before the RCT as it takes ages before a judgement is passed on these cases. There is also the possibility of the Railways trying to bring in all disputes pertaining to the railways under the Tribunal. One would welcome such efforts only if they were triggered by a genuine concern for redressal of consumer grievances and



not with the sole desire to cut down on the compensation being given to passengers.

It is important that such tribunals coexist with the present machinery for getting compensation under the CPA. As is very well known, CPA works on the principle of natural justice, and compensation is awarded not only as retribution but as a punishment to the perpetrators to set right the systemic wrongs due to which the consumer suffers.

Laws in force like the Post and Telegraphs Act are pathetically outdated; in addition, they permit inefficiency in government undertakings to continue. The establishment of a Public Utilities Commission to deal with complaints of

this nature have been scuttled on one pretext or the other. Consumer groups all over the country are in the throes of deliberations on ways to plug existing loopholes and to widen the ambit of the CPA. There is also a proposal to see whether the concept of Public Utilities Commission can be included in the CPA. Much care and caution has to be exercised to ensure that we are not biting off more than we can chew.

Women get organised

The fact that the word "consumer" is limited to the elite in terms of their rights is no longer true. There could be no better illustration than what is given below to substantiate this.

A state level conference was organised by the Federation of Consumer Organisations of Tamil Nadu (FEDCOT) in March 1994. Rural women were brought together and they responded admirably to the call for united consumer action on their part. These women said that they usually found themselves helpless as there was corruption everywhere and even to get a ration card they had to pay a "bribe". However, suddenly small group meetings organised in their villages by conveners of the conference have given them some hope. They also spoke of lack of educational facilities for their children as also absence of essential drugs at health centres. Women were urged to form small groups to take up issues like lack of potable drinking water, absence of roads, poor quality of foodgrains sold through fair-price shops, hike in administered prices and inadequate supply of drugs in primary health centres, in the course of this conference.

The task of mobilising the rural women was apparently not an easy one. The rural women who participated in the programme were vocal about the dismal state of affairs and about the lack of basic infrastructure in the health, education and public amenities sector. The Public Distribution System (PDS) as it prevailed in the state of Tamil Nadu drew a great deal of flak from the women participants. They felt that the government should hand over management of all fair-price shops to women and those with an income of over Rs. 3000 a month should not be beneficiaries of the public distribution system.

Slow but sure

The consumer movement is trying to extend its reach to rural areas, albeit slowly. It cannot be denied that the

consumer movement is more a top-down movement, but the advantage in such an approach can also be seen as the strength of this movement. Organised and concerted efforts can be made by established consumer groups and the government to see that consumer awareness touches each and every consumer in our country even in remote rural areas.

Consumer groups are working in areas like making available safe drinking water, ensuring rationalisation of drugs, streamlining the public distribution system - among various other areas of public interest. To cite a few examples, we have Consumer Action Group (CAG), Madras, which carried out a campaign in 1992, between October and December, when more than 10,000 people were admitted to the Madras Corporation's Communicable Diseases Hospital with acute diarrhoeal diseases. CAG, Madras, along with Exnora International, INTACH, Trust Help and

other concerned citizens first launched a signature campaign. A protest in this form against the inaction by the Metrowater and Madras corporation was expressed.

Water samples were tested and a report focusing on health effects of consuming contaminated water, an analysis of cholera victims from different zones, a status report on ongoing projects on urban development in Madras etc. was prepared and released at a press meet. The campaign culminated in a petition being filed in the Madras High Court in April, 1993 praying for, among other things, compensation for the patients admitted to the Communicable Diseases Hospital and a reconstitution of the Metrowater Board as per the Act to include members of the public.

Consumer Coordination Council has launched a country-wide campaign on making safe drinking water available. The first phase of the campaign has started in the South, once again by CAG, Madras.

Region-wise comparative data, on the basis of tested water samples is sought to be collected. The results would help in advocating with policy makers at the national level.

Consumer groups throughout the country are campaigning for the immediate withdrawal of all banned, hazardous and irrational drugs from the market; also for making quality drugs available at reasonable prices.

As long as the consumer movement focuses on such issues it would always remain a people's movement.

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Public Servants Accountable

In a significant judgement, the Supreme Court has made public servants personally accountable for their inaction and ruled that

they have to pay damages if found guilty of causing harassment and mental agony to any person while discharging their public duty.

The judges observed that when the court directs payment of damages of compensation against the state, it is the tax payers money which is paid for the action of those who are entrusted under the law to discharge their duties in accordance with the law.

Therefore, it is, necessary that the National Consumer Disputes Redressal Commission, when satisfied that a complainant is entitled to compensation for harassment or mental agony or oppression, should further direct the department concerned to pay the amount to the complainant from the public fund immediately, and to recover the same from those who are found responsible for such unpardonable behaviour by dividing it proportionately when there are more than one functionaries.

Consumer Coordination Council News, Forerunner, April 1994.



What's in Store for the Indian Consumer?

Global Trends

Srinivas Simoorkar

The services sector, according to SRINIVAS SIRNOORKAR, will reach its potential with the onset of the globalisation trend. An overview of international developments augur a mixed picture for Indian consumers.

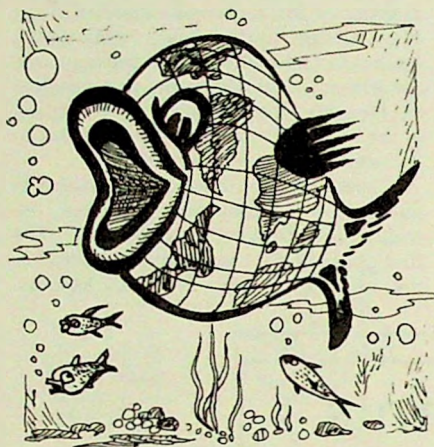
With the process of liberalisation and globalisation of the Indian economy and industry having been set in motion, the indigenous industry has no other option but to integrate with the global mainstream of quality and standard of products or services. "Globalise or perish" seems to be the new slogan for Indian manufacturers and service industries. If they don't read the slogan there is a writing on the wall for them. With the rolling of the red carpet for multinational companies and foreign investors the domestic industrial and economic scene in India should change dramatically. The consumer culture which hitherto was alien to Indian manufacturing industries, particularly the goods of mass consumption, will naturally occupy top position on the agenda.

An average Indian consumer is confused with so many choices before him both in products and services. He does not know which he should rely on. The high blitz advertising strategies of the multinational companies are likely to condition the minds of people, and this may have an adverse effect on the marketing of the domestic goods. It will not be a surprise if the popular slogan "Be Indian buy Indian" is replaced with "Be Indian buy foreign" in the days to come. In this context there is a dire need to educate the Indian consumers in the right perspective. And this education and awareness is the joint responsibility of both consumer organisations, the government and the manufacturing and servicing industries.

The first and foremost thing that domestic industry must do, is to attain credibility of the consumer community, for its products and services. The services particularly those pertaining to public utilities in this country cannot be called as service by any standard. The consumer is bound to buy without a second thought any qualitative service available to him at a competitive price, by a foreign company. A section of the consumer community is more than willing to spend a few rupees more than what he is paying presently for better services.

Innovation is the key

Innovation is one of the factors which is likely to hold the key for the consumer acceptance. Innovation is the most basic, besides



being rapid, with some people even referring to it as the "third industrial revolution". The velocity of change of technology is so fast that today's technology may become obsolete tomorrow. If the Indian industry does not keep itself abreast with this pace it will have to eat humble pie in the competitive world. The supply and demand relation will have to be closely observed particularly in the wake of dumping of goods by multinational corporations (MNCs) in the country. Indian industry will have to spend a lot on research and development if at all it wants to cope with the global trends. So there has to be a

thorough reorientation of priorities.

GATT threat

The emergence of the new world trade order (WTO) following the signing of the GATT agreement has brought a basket of apprehensions and fears about Indian economic, social and political sovereignty being thrown into turmoil.

The GATT approach to agriculture is most disturbing. This will mean subsidies will be restricted only to the upper layer of the 10 per cent of the total agricultural production. This would naturally rob the poor farmers of subsidy, and even whatever meagre subsidy is made available will be insufficient to cover the increasing cost of energy and other inputs like fertilisers and pesticides. The Indian government has already slashed fertiliser subsidy, and this has resulted in skyrocketing fertiliser prices, hitting the small and medium farmers badly.

The GATT prescribes that the developing countries must import agricultural commodities to the extent of two per cent of domestic consumption in the first year of the agreement; to be stepped up to 3.33 per cent at the end of six years. Another disturbing aspect is the insistence on procurement and sale of foodgrains at market prices which will dilute the public distribution system meant for the economically weaker sections of society. Besides this there is a lot of ambiguity about the freedom farmers will have regarding multiplication, exchange and sale of seeds.

Health in peril

Another sector which is going to be affected badly is the public health system. The Indian Patent Act of 1970, considered to be the most progressive one has provided a safety net to the marginalised sections of society vis-a-vis their access to drugs and medicines. The drugs in India are far cheaper than in any other country, thanks to the patent act and drug price control measures. But the scenario will take a turn

for the worse as a result of the GATT condition that the patent act should be amended suitably. This is ostensibly to serve the interests of MNCs. The existing patenting of process of a product will have to be changed to patenting of the product which will be a severe blow to the Indian drug industry. The patent holders, mainly the MNCs, will rule the roost and dictate terms to manufacturers and in the marketing of drugs. The monopoly of MNCs in the pharmaceutical industries will result in a sharp rise in the drug prices. Only affluent sections will have access to drugs. The government hospitals which are the bulk consumers of drugs are now required to buy their intent from the government approved domestic drug industries. But, in the post GATT period the MNCs will be treated on par with the domestic companies and the entire drug market will become the monopoly of MNCs. Thus health and medicare are likely to take a back seat.

The research and development activities will suffer a serious jolt with the paucity of funds and severe competition from foreign companies.

Major focus areas

Services sector is growing rapidly in the developing countries particularly in India. The contribution of the service sector in India to GNP is around 10 per cent, and it has abundant scope for further growth in future.

The services sector will virtually steal the limelight as it will be the main focus in the developing societies in future. One of the reasons for this is that the development of entrepreneurship is directly related to the growth of the service sector. Services sector, needless to say, is the strong infrastructural base for the growth of industry and economy. But in India, due to various reasons, the kind of service offered by the service sector which by and large has still remained with the government, has been taken for granted. For instance, the Karnataka Electricity Board (KEB). Even a small farmer has to wait for several months, if not years, to energise his pump set. With the energisation of the pump set he will be virtually energising his troubles. The highly fluctuating, low quality and erratic supply of power often leave him in the lurch. As he is uneducated, unorganised and not informed all he can do is curse his fate.

The ultimate result is steep fall in agricultural production. The agricultural economy which is the backbone of the country's prosperity will be in the doldrums. According to an official experts committee report, the agricultural production and productiv-

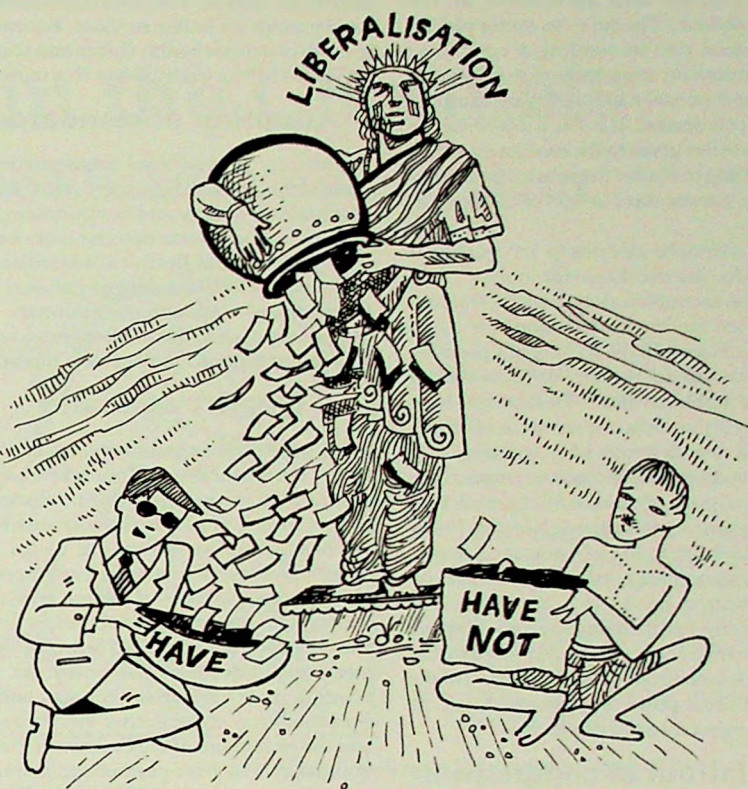
ity in Karnataka has already reached stagnation point.

The stagnation of agricultural production and productivity will have a chain of adverse reactions on the country's economic growth. The agro-based industries will have to face the music. In the long run it can also pose a threat to the Indian food security.

The services sector comprises the activities such as transportation, communication, health, education, municipalities, water supply, housing, banks, etc. Some improvements are visible in the telecommunication sector as it has been partially opened to private entrepreneurs. The manufacture of telecom equipment has been more or less opened to the private sector. But the provision of telecom service still rests with the government which has miserably failed to provide satisfactory service to the customers.

A telling need

The service areas of concern for the government should be health and education instead of areas like telecom, transport and hotels. With about 50 per cent of the Indian population still below the poverty line, India cannot march with confidence into the



21st century. Utter chaos and disorderliness prevails in the health and education sectors. Since our polity is based on "socialist democratic sovereignty", the government has to provide for the social welfare and social security needs of the vast section of our society. Universal education and universal immunisation programmes need to be launched with new vigour.

Though the government has a series of schemes, they don't reach the needy. And it is here that the role of voluntary organisations and consumer groups assumes significance. Programmes like total literacy, immunisation, child nutrition, etc. have to be pursued vigorously. There should be one or the other consumer group or voluntary organisation in at least one gram panchayat (a gram panchayat is a cluster of four to five villages). This may be a sound beginning that will usher in a new con-



sumer culture and awareness at the grassroots level. The services sector plays a very crucial role in creating a conducive environment for investments in other sectors. At a time when India is trying to attract foreign investment, it is the confidence the services sector gives to the foreign investors that is going to matter the most. The need of the hour is a standardisation of the services sector.

The standard definition for quality is "fitness for use and value for money". Unlike in the manufacturing industry the consumers are the direct and immediate recipients of services. In the trading of a product, consumers do not directly come in contact with the manufacturer. The first and foremost quality criteria in a service is the timeliness of the delivery of a service. If a patient in distress is not treated immediately the purpose of the health service rendered by any organisation is defeated. Punctuality in the running of trains is an essential indicator of the quality of the railways. Connection of power to a new industrial unit within a specified time-frame will speak of the quality of the service rendered by the KEB. The inordinate delay on the part of the KEB to ensure power supply could put the entire project into the doldrums.

The fallout of competition

The second most important aspect is the reliability of service. Can we rely on the kind of service offered by the organisations like KEB, KSRTC, water board, housing board, civic bodies, posts and telegraphs etc? The answer would be a dismal "no". For that matter none of the Indian services is reliable. Right from airline to water supply all services are in chaos because they are disorderly, non-responsive, and unaccountable. Therefore, the need of the hour is to make all these services function effectively. Entry of private sector in all these services may lead to competition besides making the existing service sector under government control consumer oriented.

Modernisation in accordance with world standards for rendering effective, satisfactory and timely services, would be inevitable. Wherever possible modernisation should be immediately brought in. For instance, use of computers in transport, banks etc would help develop services that cater better and more effectively to the needs of the users.

Persons armed with governmental powers are ruling the roost in service sectors. Since investment by private sector is not easily forthcoming, as these areas are not profitable, it is the primary responsibility of the government to step in effectively and

reform the system. The customers are ready to pay more for better services. Enormous growth of private health clinics and courier services are best examples in this regard.

Adoption of standards

In the new international environment of rapid technological change and an increased emphasis on quality and environment, it is imperative for India to exercise more extensive, dynamic and flexible standardisation systems that can take care of national and international needs and requirements. The Indian response to this challenge can result in a competitive advantage or a threat.

Quality assurance

Every product is a consumer product. Right from a broomstick to a colour television, an electric bulb to a high tech digital electronic gadget, bakery products, instant foods, balm for headaches, to life saving drugs and other materials of mass consumption, all must possess quality of fitness and standards. Quality of a product refers to the features and characteristics responsible for meeting the needs of the customer. The opening up of the Indian economy and the consequential competitive environment, and the enactment of the Consumer Protection Act in 1986, have pressurised manufacturers to provide quality assurance. The ISO 9000 series of standards is a good reference for quality assurance. About 400 Indian manufacturing companies have received the ISO quality certification in the last couple of years. This clearly shows the growing quality consciousness among Indian manufacturers.

Product quality is influenced by many stages of interactive activities such as clear understanding of customer's requirements, design, purchase of quality inputs, production controls, inspection and testing at various stages, handling, storing, packaging, preservation and delivery. After-sales service of a product is another area where the manufacturers are yet to develop a customer-friendly atmosphere.

In a seller's market manufacturers generally do not make efforts and investments for quality improvement which brings long term gains as the products would enjoy consumer support. But, unfortunately, the manufacturers prefer to resort to making fast money by exploiting the scarcity of products in the market.

Consumer protection

However, there has been a sea change in the economic order with the economy being influenced by market forces, deregulations

and delicensing. When shackles and trade barriers are removed or minimised, the irresponsibility on the part of the manufacturers will also be reduced. Like in the past they can't make dubious money by exploiting the customers as there would be a lot of choice for a consumer. The monopoly of a product or brand will become irrelevant unless it has made a deep positive impact on the minds of consumers.

Illegal trade practices, exploitation, cheating, selling of sub-standard and unsafe products can be guarded against and prevented by ensuring that the consumer movement is truly organised. There should be at least one strong registered consumer organisation in every taluk and at the state level a representative body like a confederation of consumer organisations. There is also a dire need to create a powerful consumer lobby to influence the powers that be in order to make the policies and programmes of the government consumer oriented. An enlightened consumer society will be the only effective answer for all type of consumer problems. ■

Srinivas Simoorkar is a Senior Reporter with the Indian Express, Bangalore.

Even a Rupee Counts!



The Maharashtra State Consumer Disputes Redressal Commission's decision, striking down banks' right to charge unilaterally

Rs.1 per cheque leaf to the current account holders was widely hailed. In a recent order the Commission dismissed an appeal filed by Canara Bank which had opposed the claim of the complainant, that she had been wrongly charged Rs.1 per leaf for 50 blank cheques by the bank. The judge ordered Rs.500 as costs to the complainant. He also ruled that the costs, and Rs.50 as per the order of the district forum, be paid to her.

**Consumer Coordination Council
News, Forerunner, April 1994.**

Blocks in the Channels

The Public Distribution System

Kavita M

The Consumer Protection Act has largely been unsuitable for solving the problems of the public distribution system which, says KAVITA M, is treated not as a right of every deprived citizen, but as a dole handed out in largesse by the government.

Today "consumer" is the buzzword in the market place. If one were to investigate what the single largest consumer problem affecting the masses is, one would find it to be the quality and quantity of products supplied through the Public Distribution System (PDS).

Prices of essential commodities have sky rocketed because of inflation, and consumers belonging to the lower middle and lower income categories have no other option but to use the PDS.

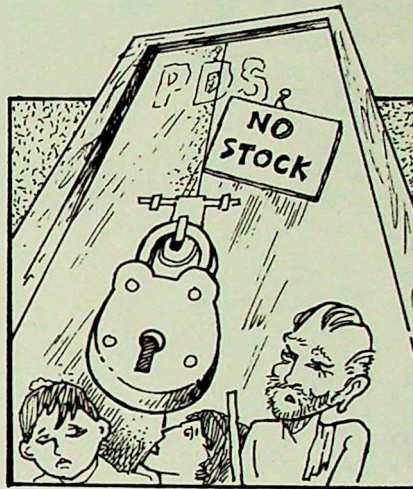
Public Distribution System is the system through which essential commodities are supplied at controlled prices to the citizens. Essential goods that ought to be supplied through the PDS include rice, wheat and non-polished foodgrains, controlled cloth, cooking fuel and refined cooking oil. It has been floated to fulfill the objectives of food policy set out in the Fourth Plan period to:

- ensure that consumer prices are stabilised, and in particular, the interests of low income groups are guarded
- ensure that the producers get reasonable prices and continue to have adequate incentives for increasing production
- build adequate buffer stock of foodgrains with a view to ensuring the objectives stated above.

The seventh plan period recognised the Public Distribution System as a permanent feature of the strategy to control prices, reduce fluctuations and to achieve an equitable distribution of essential goods.

From 1987-88 the Minimum Needs Implementation Programme has also been included in the Public Distribution System. Minimum Needs Programme aims to provide essential commodities through fair price shops in every village to the deprived classes. The aims of this programme are to:

- * provide family cards (ration cards) to all the persons below the poverty line, and to other economically weaker sections
- * open fair price shops with relevance to the population
- * ensure that fair price shops are situated within one



kilometre from the residence of dalits, scheduled castes, tribes and the backward classes

- establish mobile fair price shops in areas unapproachable by traffic in hilly and forest areas
- ensure establishment of sale outlets of the Public Distribution System in slums and other backward areas
- give preference to cooperatives and civil supplies departments to establish fair price shops
- canvas for sale of commodities through the PDS.

Centre-State functions and PDS

The Central government is in charge of framing a food policy - export and import of food products, issue of support and procurement prices, price stabilisation, stock that ought to be maintained, and stock for procurement. After accumulating stocks it is distributed to the states for distribution through fair price shops.

State governments are in charge of distribution through fair price shops. They also decide within their respective states the number of card holders a particular shop will service and issue family ration cards.

All these are lofty ideals on paper. Down to brasstacks, in terms of what really the PDS does for the marginalised sections, we come up with a whole range of issues. The PDS is plagued with all kinds of malpractices. Short weightment, poor quality of products, poor quality of service, refusal to issue supplies to card holders, short supply of commodities, illegal access to traders and political bosses are few of the problems.

Consumers have been making sustained efforts to find solutions to these problems. Many representations have been forwarded to the Ministry concerned to take steps to tackle the problems, following which the Ministry came up with a brilliant idea of appointing vigilance committees to monitor the conduct of these ration shops in every district. It ended up with politicians being appointed many of whom were corrupt, and the few appointments which were impartial turned out to be ineffective. In some places it took such an ugly turn that honest vigilance committee members were beaten up by goondas or slandered viciously by corrupt officials. Victimisation has led to honest citizens shying away from serving on these committees.

In the context of consumer rights many consumer organisations are today largely concerned with middle class problems and tend to ignore PDS or have given up this as an unsolvable issue. The apathy on the part of the government is striking, even as PDS is treated not



A long road to survival

as a basic right of a deprived citizen but a dole handed out in largesse by the government.

PDS consumers

Consumers of PDS are largely illiterate and unaware of their entitlements as citizens, except probably, the importance of owning ration cards (specific to urban areas). Ration cards for them are passports to amenities.

Any development worker of a slum dwelling, in any city, would be able to point out the importance attached to ration cards. Ration cards are not so much needed for buying the essential commodities as for availing of free dhotis, chappals and sarees under various schemes. Even controlled prices themselves are beyond the reach of the impoverished. Secondly, in the villages and remote areas fair price shops are largely inaccessible for the target consumers. This is because these shops exist in distant locations. The problems of consumers are compounded with the non-availability of commodities at fair price shops.

In a conference organised by the Federation of Consumer Organisations of Tamil

Nadu (FEDCOT) nearly 2,500 women participated. Out of the 54 resolutions passed by this conference, approximately 30 were on the working of the Public Distribution System. These resolutions received the widest response. The audience consisted largely of women belonging to the dalit and deprived classes. The disadvantaged position in which they are placed led to added deprivation of their consumer rights vis-a-vis the PDS.

Consumer Protection Act and PDS

The Consumer Protection Act with all its benefits has largely been unsuitable for solving the ills of the PDS. The reasons are many - for example, under the CPA a consumer is a person who pays a consideration for buying any good or availing of any service. "Consideration" has not been defined under the Act, but the National Commission has by its judgement restricted the scope of "consideration" to fee paid by the consumer and excluded tax payment. Therefore if any service or good is sought to be paid by tax it will fall outside

the scope of the Consumer Protection Act. It is, therefore, not clear whether the controlled prices charged in the fair price shops would fall within the scope of the Consumer Protection Act or not.

Secondly, with regard to problems like short weightage or poor quality of service consumers are unable to prove deficiencies with clear evidence. Again, while the corrupt officials are willing to ignore shouting matches, they victimise those who go further. Some of the fair price shops are completely under the control of unscrupulous, unruly elements and the users are unable to frequent these shops. Consumer Protection Act does not provide relief when consumers are denied access to the marketplace due to illegal trade practices. One can, therefore, conclude that the CPA has no relevance for the single largest consumer problem affecting millions of deprived people in this country.

The only benefit in this scenario, has been the setting up of the Central and State Consumer Protection Councils with the Ministry under the Act. This has led to the formation of an interface (at the very least) with the concerned authorities, although it

has not brought about much of a change in the situation.

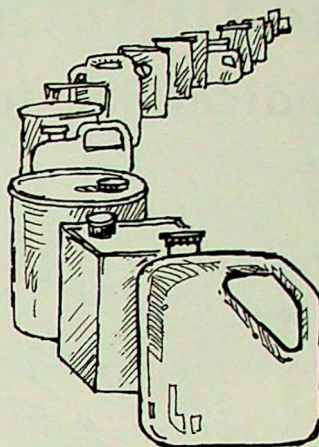
Agencies and PDS consumers

Problems of consumers of PDS are compounded by the multiplicity of agencies involved in the Public Distribution System. Policy decisions are controlled by the central government, distribution by the state government, and implementation through private or cooperative societies. The end consumer is unable to comprehend one single authority that can be held responsible and, therefore, can be targeted for grievance redressal. When there is a public outcry on short supply of commodities, the state governments sweep their inefficiencies under the carpet and blame the central government for non-allotment of quotas. The central government is a faceless entity as far as approachability of the average PDS consumers is concerned. The agencies through which commodities are supplied through the PDS, are prone to shifting the blame on the Civil Supplies Department of the state, or the corrupt inspecting officers.

In Tamil Nadu PDS commodities are distributed through cooperative societies. These societies have largely replaced the sharks in the market place and have lost all the high ideals of the cooperative societies. They have become corruption dens and are highly politicised.

Several inspecting agencies exist to check the various problems of PDS. Some are specific to an issue, like the Inspectorate of Labour which is in charge of inspecting short weight, and standards and measures. Some agencies like the Civil Supplies Department of the state government handle

be held responsible, and approach it for grievance redressal.



New Economic Policy and PDS consumers

Given the economic situation of PDS consumers, opening up of the market place may not have any impact on their income levels for the following reasons:

- * Some of them are dalits (landless labourers) who are not largely affected by changes in the market
- * Some of them are class III or IV employees in government service whose income levels go up slowly
- * Some of them are involved in minor occupations with sustenance income levels which will not be affected by the new economic policy

In fact landless labourers might become further impoverished due to the shift in land use and occupation due to new economic policies. One possibility is increase in income levels of personal services in urban areas though not to the extent that will lessen their need to use the PDS. Therefore PDS would still be a necessity for consumers until income levels of current PDS consumers match inflation rates.

GATT and PDS consumers

With PDS being absolutely necessary, attempts to do away with subsidies would seriously hamper the survival of the current PDS consumers. Already the Central Government has cut down its procurement levels and enhanced the prices of commodities supplied through PDS, making it unapproachable for the economically weaker sections.

Media and PDS consumers

The PDS has been projected in the vernacular press largely as an issue of corruption. The media have not projected a holistic view. Articles that have appeared in the *Economic and Political Weekly* have dealt with the issue at a macro-level. Therefore, this largest consumer problem remains unpublishised and not pressured by media (namely public opinion).

Pointers for improvement

1. Proper inspection systems ought to be organised at all levels of procurement and distribution. To begin with, establish a single inspection agency
2. Coordinate the activities of procurement agencies, stockists and distribution agencies, to ensure quality service to PDS consumers
3. Regular assessment performance by inspecting agencies
4. State governments should take stock of the supply necessary for a month and inform the Central government earlier.

What more?

✓ Ensure that PDS reaches all citizens living below the poverty line and those with monthly income less than Rs.2500

✓ A family of four requires 30 kgs of rice, 3 kgs of sugar, 5 litres of kerosene in houses with electricity and 10 litres in houses without electricity, 3 - 5 litres of oil and 1 - 2 kgs of dhal per month. Ensure that these minimum needs are supplied through PDS

✓ Ensure that the margin between procurement price and sale price of these commodities is small

✓ Ensure that warehouses are maintained as per BIS standards to avoid wastage and pilferage which is currently very high - in the region of 20 per cent

✓ Publicise rights of PDS consumers and build public opinion.

Kavita M is presently legal coordinator at the Consumer Action Group, Madras.

The seventh plan period recognised the Public Distribution System as a permanent feature of the strategy to control prices, reduce fluctuations and to achieve an equitable distribution of essential goods.

inspection as one of their many duties, and they are unable to concentrate on inspection. There are some like the Registry of Cooperative Societies who are in charge of checking malpractices in cooperatives. This multiplicity of agencies reflects the famous adage "Too many cooks spoil the broth". Moreover the PDS consumer is simply unable to pick out a single agency that can

An Unhealthy Scenario

Medical Services

Mathew N M

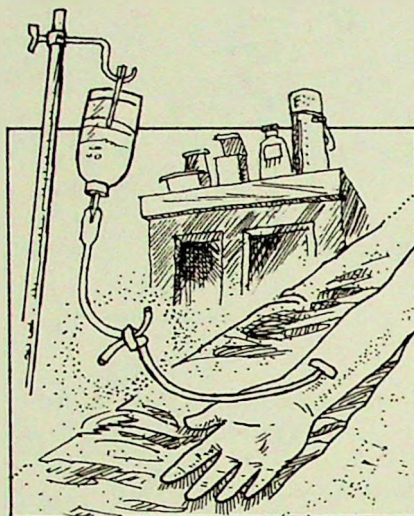
The average health consumer is left uncovered as the Consumer Protection Act presently excludes government medical services from its ambit, says MATHEW N M. Also, in spite of the mushrooming of private health care services, health consumers in India even today get a raw deal.

The Consumer Protection Act (CPA) 1986, has rightly been hailed as the single most important factor in taking consumer awakening in India to its present level. Its wide-ranging ramifications have resulted in an unprecedented energy and hope among the so far unorganised and gullible consumer community. The emergence of a large number of resistance groups and consumer organisations all over the country bears testimony to this fact.

Let us now look at health services from the consumer's point of view. All of us need timely medical care during illness at an acceptable level of quality, price and ease. Quality of life, to a great extent, depends on the kind of medical goods and services we have access to.

Unhealthy signals

Government is the largest provider of medical facilities in the country through its wide network of research centres, medical colleges, district hospitals, community/primary health centres etc. But the overstretched government sector has become stagnant and insufficient to meet the health needs of people. Although there has been a phenomenal growth in government infrastructure since Independence, the disillusionment and frustration at the growing ineffectiveness of this sector has gradually led people to shift over and avail of services of the profit oriented private sector. According to an Indian Council for Medical Research study in 1988, only 15 per cent of primary health centres in the country had the requisite personnel and facilities. Many a time the only health service provided at the health centre for the needy people is a slip of paper with names of medicines which they have to get from shops outside! Even in city hospitals the conditions are far from satisfactory. Arrogant staff and general neglect is usually what one has to contend with. The emergency services are ill-equipped and suffer further due to lack of essential medicines and facilities. There is over-congestion leading to unhygienic surroundings, and



patient satisfaction from these services is very very low, if not absent altogether.

Health consumers in this country, in many ways, get a raw deal due to deficiency in services. Scarcity of health facilities makes their position weak and keeps them always at the receiving end. This disadvantage of the consumers is partly responsible for making the health system irresponsive and unanswerable. Several incidences of medical negligence are being reported from both government and private hospitals, ranging from simple carelessness to wilful cheating and criminal indulgences. Many government doctors

take to private practice adding to the woes of poor consumers. The lure of the lucre naturally diverts the doctors' attention from the government hospital services.

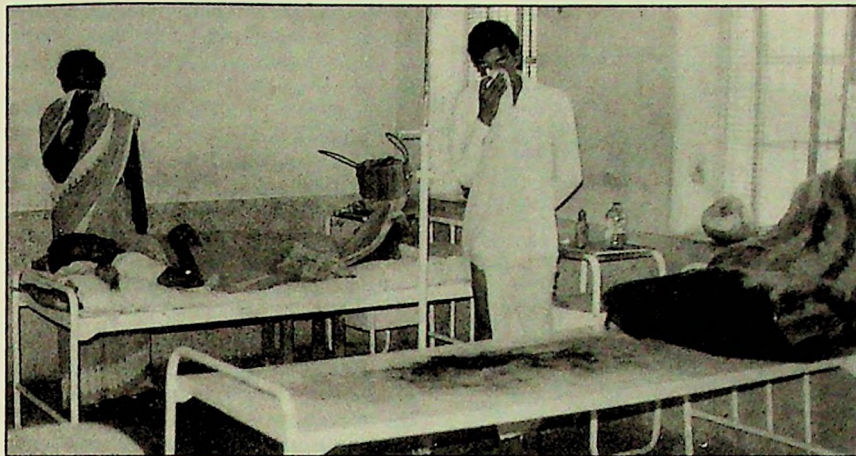
Private sector response

The gap between the demand and supply of medical services is filled by the non-governmental sector of charitable and private hospitals. They are supposed to be more responsive to patients, but for a price. It has been noticed that about 76 per cent of all the out-patient cases are handled by this sector. Hence its vital role in the health management of the country.

But is the private sector on the consumer's side? Opinions may vary. Of late this sector has come under a lot of flak. Allegations of callousness, overcharging, poor quality service, wrong diagnosis, unnecessary medical investigations, prolonged hospitalisations and above all, total lack of medical ethics and presence of quackery abound. There is absolutely no standardisation of charges or practices in these institutions. Consumers have reason to feel angry and frustrated with lack of transparency in the whole gamut of patient care and other connected issues. The mushrooming growth of business houses in medical care mostly in the curative sphere is not necessarily a sign of better health care. In the absence of any social audit mechanism or effective legal framework to deal with this problem, consumer interests are seriously at risk.

The accountability issue

The Consumer Protection Act at present excludes government medical services from its ambit, purely because it is not paid for by the patients. Consumers and doctors outside the government sector are agitated about this. According to them, a negligence is a negligence irrespective of whether it takes place in a government



Government medical services: plagued by gross negligence

hospital or a private hospital. Presently, only the latter is brought under CPA, but accountability should be equal for all since patients' rights are violated in both cases.

The only option now left with the health consumers of the government sector is to approach civil or criminal courts for justice. It takes several years for justice to be done and involves phenomenal costs for consumers to get redressal, negating the very spirit of consumer protection. The poor patients who flock to government hospitals for free care, bearing all inconveniences, can never think of approaching the above courts for obvious reasons. Even CPA holds no promise for them at present. As of today, there is no move on the part of the government to bring government medical services under the Consumer Protection Act. This is one area where consumer activists should be gravely concerned.

In a service like medical care, the consumers have very little or no control on the quality of goods and services they receive as the decisions are taken by a third party - the doctor. Consumer's right to choice and information are severely restricted in medical cases.

From early 1990s, cases of medical negligence started coming up in consumer courts. Doctors did not take kindly to being dragged into these courts. They saw serious threats to the professional freedom they had been enjoying practically unchallenged for long. Doctors are mainly regulated by the Medical Council of India (MCI) established under the MCI Act 1956, which is a body of doctors. MCI is a weak monitoring body with no authority to adequately punish the erring doctor or to compensate the medical victims. The CPA changed the whole scenario. It demanded doctors be accountable to patients, and

patients be compensated if they are victims of doctor's negligence.

Now doctors and their professional bodies are demanding review of the MC Act. They want MC machinery almost on the same lines as in CPA, including compensation to the victims, setting up of medical tribunals-cum-disciplinary committees at the centre, state and district levels comprising of doctors, legal experts, consumer representatives and other public figures. What would come out of this new-found doctor's formula is of considerable interest to consumers.

A continuing debate

Doctors argued that medical services do not come under the purview of the CPA as it has not been specifically mentioned in

the Act. The scope of the Act, as given in section 2(o) says "service of any description which is made available to potential users". Secondly, they argued that doctor's service is "a contract of personal service" which is exempted from this law. Thirdly they argued that patients are not consumers as envisaged by CPA. The Act says consumer is a person who buys any goods or service for a consideration (price) which has been fully or partly paid or promised. So any person availing of medical services in private hospitals by paying money becomes a consumer. Different consumer courts ruled differently on these issues, but generally the above arguments of the doctors were found untenable. In a landmark case of wrong diagnosis in a hospital in Kerala (Vasantha P. Nair vs Cosmopolitan Hospitals in 1991) the State Commission and later the National Commission on 21.04.1992 set all these arguments at rest.

Writ petitions challenging the applicability of CPA were filed in several High Courts by agitated doctors. Few High Courts ruled in favour of the patients but the Madras High Court in the case of Dr. C. S. Subramanian vs Kumarasamy & Ors - W.P No 14713 of 1991 etc. dated 17.02.94 ruled that the patient is not a consumer and medical services is a "contract of personal service" which is outside the purview of the Act. The Court, however, did not extend this immunity to paramedical services.

Now the scene has shifted to the Supreme Court. Hearing of the appeals filed by the Indian Medical Association and several specialist organisations challenging the inclusion of the medical profession in CPA, has started on 21 September, 1994. Consumer organisations are actively intervening in this matter.

As can be seen from the proceedings in the consumer courts the number of cases filed against medical services are very few compared to other complaints. Proven cases are still fewer. The reason for this is that it is not easy to prove medical negligence because of the complexities involved. Medical services still remain mysterious to the consumers. Added to that is the respect and awe doctors command. So, many people do not dare to initiate action against doctors.

The Ministry of Civil Supplies, Consumer Affairs and Public Distribution System of the Government of India is earnestly trying to resolve this imbroglio in the interest of the patients. But it is interesting to note that the Ministry of Health and Family Welfare does not seem to favour this move for unknown reasons.



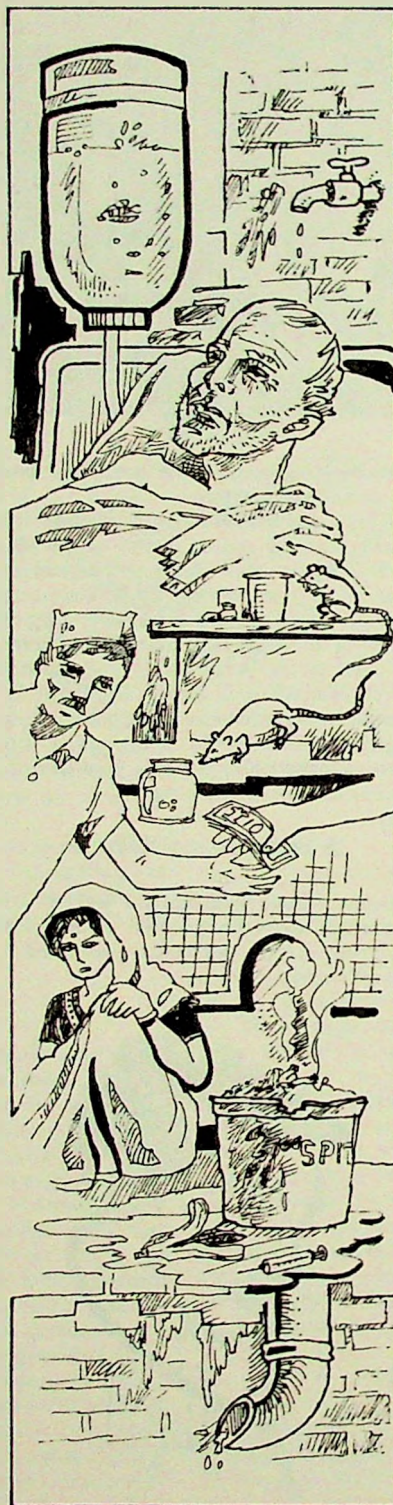
Medical negligence

Unprincipled elements in the medical profession dilute ethical standards and indulge in profiteering from people's miseries, bringing disrepute to the entire profession. The business in medical care is overtaking the business of medical services. A doctor's job is a very vital one, as it deals with life and death. Therefore, doctors should take their responsibilities seriously, and if they do not, medical negligence will result. Negligence is a tort, i.e. a wrong done by one person to another. In medical parlance it is defined as "a mistake by a medical practitioner which no reasonably competent and careful professional would have committed". When a doctor agrees to treat a patient, it is implied that he possesses the required skill and knowledge. For things beyond his control, especially the unexpected developments and inherent risks associated with medical cases, the doctor will not be held responsible. This is not negligence. Negligence can also occur if any doctor attempts to handle cases beyond his competency or training. Delay in attending to patients can also be considered negligence. The negligent doctor cannot go scot free. If the patient is a victim of deliberate cheating or fraud the case assumes more serious nature. Consumer courts try to ensure that justice is done to the patients in such circumstances. The onus of proving the guilt of the doctor lies with the consumer, hence the success rates of such cases are limited.

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For a successful claim, patients will have to prove negligence of the doctor in any of the following areas:

- negligent diagnosis
- negligent operation
- failure to listen to the problems of the patient
- negligent administration of drugs, injections - administered in wrong areas, breaking needles in the body etc.
- negligent prescription of drugs
- negligent exposure of the patient to risk of infections



- negligence in advice - meaning failure to warn and inform the patient about possible risks in the medicines or operations
- negligent supervision on follow up of cases
- negligent facilities - in providing essential support systems, staff and other infrastructure
- negligent operation - leaving instrument or swab inside the patient
- negligence in obtaining consent of the patient or authorised relatives.

Frivolous complaints

The law is not against the honest and well meaning doctors who have thus far sustained the system. It is always safe for the doctor to explain to the patient the nature of the disease, treatment, risks involved, besides the financial costs. If somebody is in to blackmail or humiliate any doctor by filing a frivolous or vexatious case, the consumer courts have the power to take strong action against such complainants. It can impose penalties upto Rs.10,000 on the complainant. But a case decided by the National Commission on September 9, 1994 made history of sorts. The complainant was asked to pay Rs.10,000 each to the doctor and hospital who were implicated. The court found that the complainant had concealed the history of his heart ailments while getting treated for gastroenterology from Medical Research Centre, Bombay under Dr. N H Banka.

In another case in September, 1994, the Kerala State Commission granted Rs. 4,000 to the family of a patient who died of breast cancer. The complaint was that the Regional Cancer Centre delayed the result of the carcino embryonic antigens (CEA) test for 74 hours which prevented prompt treatment and the patient died due to it. The commission accepted that the delay in furnishing the result amounted to deficiency in service but the cause of death could not be attributed to it.

Legal safeguards

Under the Fundamental Right to Life (Article 21 of the Indian Constitution) and other laws, patients can claim certain rights in India. A Working Group consisting of consumer activists and professionals is functioning under the Central Consumer Protection Council on the "Charter of Patient's Rights" for India.

All patients have a right to "Health care and humane treatment", "Give consent", "Information on diagnosis, treatment, med-

icine and cost", "Right to adequate prescription information" and, "Health education".

These rights also put certain responsibilities on the patients. Every patient has to take note of preventive methods to keep good health, provide accurate and complete information to the doctor and accept all the consequences of his own informed consent.

Consumers and medicines

This is a very important area of concern for consumers. During sickness, patients often take drugs without really knowing the need, potency, risks, side effects and necessary precautions of many of them. There are over 70,000 formulations now in the market many of which are unnecessary, some banned, hazardous, irrational and others overpriced. It is estimated that 40 per cent of the available drugs are sub-standard, spurious or outright useless. The drug industry flourishes on the ignorance of the consumers and in some cases with active connivance of doctors. The right to information, right to safety and right to life of consumers are endangered by deliberate cover up and malpractices. Doctors promote certain medicines as they get favours from the manufacturers, while chemists prefer certain preparations because of larger profit margins.

Consumers should take medicines only when it is inevitable, strictly on the advice of a qualified doctor. They should follow instructions regarding dosage, timing, duration and precautions, and report to the doctor if there are some unexpected reactions. They should never use any medicine after the expiry date. Check the price and contra-indications mentioned on the packets. Make it a point to collect the receipt whenever a purchase is made. This will be needed to file complaints in consumer courts. Never hesitate to sue the doctor or drug distributor and manufacturer if any hazardous, unsafe product is sold to you. Consumers can sue them if banned drugs are being sold to them, or unsubstantiated claims about any medicines are advertised, or proper information on them is withheld, or restricted trade practices adopted. In these cases, either the consumer right to information or safety can be invoked.

Consumers have reason to be disappointed with the recent pronouncement of the Drug Policy by the Government of India. It is evident that the health needs of the people and consumer interests have been given a go by. The drug industry has been further liberalised so that it can



flourish with emphasis on increasing profitability, without bothering about the production and distribution of essential drugs needed for the masses in sufficient quantities and at affordable prices. Diseases like malaria, TB, AIDS and even plague are coming back with a vengeance. The recent Rajasthan malaria epidemic which has more than 1000 people dead proves that when calamity strikes, essential drugs are always in short supply. Market forces do not work to the advantage of consumers in the case of medicines.

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Sacred relationship

The relationship between the doctor and patient is still considered sacred. But are all the doctors living up to the standard especially in the event of the rampant commercialisation of medical services? Perhaps not. There is an urgent need for a new perspective, a qualitative change and a re-definition of doctors' priorities. Patients should not be treated as commodities for economic gains. Consumer satisfaction should be the central focus in medical services. This is a justifiable demand of the consumers which the doctors will have to give in to.

The consumer movement is slowly building up in the country. Concepts are changing, laws are being updated, established systems are being challenged, consumers are getting more vigilant and demanding. A new pro-consumer culture is slowly emerging. We are all partners in this growing movement and let us be proud of it.

Mathew N M works with Voluntary Health Association of India (VHAI). VHAI promotes social justice in health care through consumer action, campaigns, publications, research, media and policy interventions.

New Moves

The Indian Drug Scene

Anil Pilgaokar

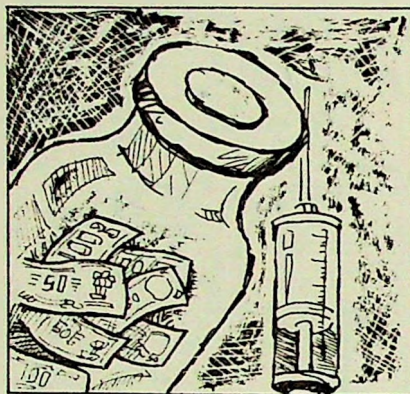
The pharmaceutical industry stands to gain with the announcement of the new Drug Policy, ironically formulated by the Ministry of Chemicals and Fertilizers and not the Health Ministry. According to ANIL PILGAOKAR, profitability and not the illness profile of society is the basis of this policy.

"The consumer is king" claims the rhetoric from the marketing world. "The purpose of marketing is to serve the needs of the market - convert "needs" into "wants". "If the consumer thrives the market survives". These are some of the cliches one finds in the literature on marketing. Unfortunately, the reality is very different. Over the years, the gullibility of the consumer has been consistently exploited. The "haves" are more often than not drawn into buying "more". They are lured into buying the "more fanciful" - or the "more modern and sophisticated products" in the market, and therefore to maximise expenditure. The "have-nots" are quite often made to feel guilty about being the "have-nots". The intense spotlight on individuals or segments of society, has virtually pushed the rest of society into an arena of non-concern, sometimes at unacceptable costs to the society, and indeed, humanity. Indisciplined strides in commercial pursuits have caused considerable concern, too, for example the colossal environmental hazards posed by refrigerants and non-biodegradables. Again, marketing thrusts in one area can (and often do) lead to neglect of social needs of other social segments.

Hapless consumers

"A consumer," is generally understood to be one who consumes a product or service, "payment" being an integral part of the process. This understanding of the concept of consumer is - to my mind - unsuitable for the people in countries like India, where a large section of society is deprived. Every citizen, even those who need a service or a product, but have no access to the same, for want of money or whatever other reason, must be included in the segment of consumers perhaps as a special category of deprived consumers - for even the deprived do pay, directly or indirectly, for public, so-called "free" services. Trends in current marketing programmes seem to be over-eager to serve the greedy whilst neglecting the needy. No segment of market exhibits this more clearly than the pharmaceutical market.

Whilst consumers of other goods have a semblance of choice, in that the buying (or not buying) decision is, in the final analysis,



that of the consumer, when it comes to drugs and medicines this decision is made for her/him (in most cases) by the treating physician. Illness in itself is a stress. Coupled with poverty, illiteracy and lack of mere access to health care facilities, this could be debilitating in more ways than one. The vulnerability of the patient becomes more acute if and when there is (i) inappropriate licensing of drug manufacture (ii) inappropriate manufacture and marketing of drugs (iii) inappropriate trading practices and (iv) inappropriate prescriptions. Unfortunately the role of the State and the respective professional bodies in monitoring and weeding out inap-

propriateness has become telling by its virtual absence.

Over 6000 crores worth of drugs (allopathic or modern) are sold in the market today. An estimated (or rather guesstimated as even the Drug Controller of India does not have the exact figure) 80,000 formulations and more exist in the Indian market (even United States does not have half this number of formulations in their market and countries like Norway/Sweden can manage excellent health care with less than 2000 formulations). Studies by All India Drug Action Network (AIDAN) indicate that more than two-third of these can be grouped together as being (a) unnecessary (b) irrational or (c) harmful (i.e. with an unfavourable risk-to-benefit ratio). The exact share of this group of drugs in the market is not known but indirect analysis tends to suggest that this amounts to 65 to 70 per cent of the market. In other words, when the "king" consumer buys Rs.6000 crore worth of drugs, he is doled out Rs. 4200 crore worth of useless/irrational/or harmful drugs.

Ironically, the Ministry of Chemicals and Fertilisers is the nodal Ministry for formulating Drug Policy, and not the Health Ministry as one would expect. It then comes as no surprise to know that the number of drug companies in India has jumped from less than 2,000 in 1950 to over 16,000 (more likely 20,000) today. Add to this the enormous number of units in the trade (retailers and wholesalers). To monitor it there were, some four years back, less than 1,000 Drug Inspectors. But it is plain to see that this strength is hopelessly inadequate to monitor the industry units. The situation is pathetic since these inspectors have the responsibility of monitoring the units in the cosmetic industry (which presumably is some five times larger) as well. The establishment comes under the provisions of the Drugs and Cosmetics Act 1950.

Illogical functioning

There are an adequate number of doctors in the country - over nine lakhs - in all systems of medicine, but their distribution is lopsided. This means there are too many in some areas and too few in others.

Though it is understood that these doctors legally and ethically prescribe drugs pertaining to the science they have been trained in, in practice it is often found that many amongst them prescribe medicines outside the "system" - i.e. Allopathy, Ayurved, Unani, Homeopathy, Siddha etc. - in which they have been trained. Whereas, in developed countries there are checks and counterchecks to weed out inappropriateness in practice of medicine by (a) Medical Audit (b) Prescription Audits and (c) Periodical review of practitioners whilst renewing registrations. There is none of this in our country.

Trends in current marketing programmes seem to be over-eager to serve the greedy whilst neglecting the needy. No segment of market exhibits this more clearly than the pharmaceutical market.

Drugs have adverse effects which often are evident during treatment. It is necessary that there is both adverse drug reaction reporting and monitoring. In other countries, this is routinely done; however, in our country this is as yet non-existent. Only now a few Adverse Drug Reaction Monitoring Cells have been set up. It is hoped that in due course these will play their role in adverse drug reaction reporting. The absence of adverse drug reaction reporting is favourable to the industry in India. Whenever there is debate of banning drugs, which are banned in other countries because their adverse effects are unacceptable in relation to the benefits, drug companies are the first to shout that these drug reactions are not seen in India (for example Iodochlorohydroxine, or bromocriptine or analgin). "If it is not reported it does not exist" is the logic they forward.

According to the Drugs & Cosmetics Act, 1950, drugs are grouped under different schedules. Drugs under some schedules (e.g. Schedules L, H and X) cannot be dispensed unless prescribed by a registered medical practitioner or authorised authority. The ground reality is that more often than not these drugs are sold without prescription. At times the retailer also takes on the role of "advising" the consumer in matters of drug therapy.

Marketing drugs

Marketing of drugs is yet another matter of concern. We have already seen that some studies indicate that a large share of the

drugs sold in the market are what can be termed "irrational" drugs. A large number of these drugs are "promoted through doctors i.e. through doctors' prescription". Ironically this type of promotion - in marketing jargon - is called ethical promotion. The sale targets decided for individual products and individual sales representatives is more related to profits than the illness profile of society. And it is easy to achieve when one considers that consumers in the case of drugs are passive - totally passive - when it comes to buying decisions. These are made by doctors who are virtually free from any accountability. In the rare case of a consumer becoming active and wanting to exert his/her right to fair scientific treatment, the consumer finds that the prospects are loaded against her/him. For one, the medical community is reluctant to come forward and point out the lapse of colleagues and even if there be one, there is always a provision of "clinical freedom" to escape censure.

There are more areas of inappropriateness of various other levels but here it might suffice to illustrate the plight of consumers in such a situation.

Hathi Committee prescription

It is not that the inappropriateness in the pharmaceutical sector was unknown to the State. A little over 20 years ago, the Government of India appointed a high-powered committee under the chairmanship of Mr. Jaisukhlal Hathi to study and recommend measures to minimise the inappropriateness. This committee did a commendable job and came out with recommendations that could serve as landmarks for development of drug policy in developing countries. Indeed, Bangladesh was motivated to shape its drug policy, largely based on these recommendations - a drug policy that has received admiration from all respected quarters.

Some of the important recommendations were:

- * Abolish brand names and market drugs under generic names. This has been found the world over to cut cost of the marketed drugs by some 30 per cent
- * Regulate prices of drugs by price control measures so that drug pricing is not left to whims of the industry and is more people-oriented
- * Appointing a single authority - National Drug Authority to oversee and enforce all aspects of the drug scene
- * Reduce in a phased manner the licensing of drugs to essential drugs.

The committee identified 118 such drugs then. The premise was that these drugs met

the requirements of treatment for almost all the illnesses, also the smaller number lent itself to better monitoring and control to meet the objectives of serving the people. The World Health Organisation (WHO) was enthused by this concept and has since been recommending the concept to all developing nations. WHO has currently identified a list of 289 such essential drugs. This list, it is believed is sufficient to meet the drug therapy requirements of almost all diseases.

Government response

The government, at that time, as also successive governments have given lip service to these recommendations and have contrived to implement them half-heartedly. Lately with the mad rush for going global to please the powers that may be, the present government is subtly undoing the spirit of the Hathi Committee recommendations. The new Drug Policy is enunciated but has yet to be passed by the House. With the majority that the government has in Parliament, this policy will come into force. Some measures have already been put into practice. The price control measures are diluted; requirements for licenses for manufacture of drugs in most cases are done away with. We have bent backwards to withdraw our Patents Act, which provided for patents for drug manufacturing processes and not the product, and recognises norms that conform to the World Trading Organisation.

The sale targets decided for individual products and individual sales representatives is more related to profits than the illness profile of society.

Some effects of these changes are already evident. The prices of many drugs have risen sharply. But more ominous are the things to come. The present drugs are not covered under the provisions of the altered Patents Act. But newer drugs will be "protected" by patents for another 20 years. There will undoubtedly be new entrants in the drug scenario tomorrow. These will be high priced and profit centered. Most medical practitioners are always more than keen to prescribe new drugs rather than the old (and still effective) drugs. The industry representatives are always at hand to motivate (with rewards and incentives) the practitioners

into prescribing these new and "powerful" drugs. The doctors do not mind for it is really the patient who pays for the prescribed drugs. In due course old and effective and relatively less costly drugs will be phased out. Even today, one finds doctors wanting to prescribe even to poor rural folk very costly norfoxin and ciprofloxin even in situations where ampicillin or chloramphenicol would do.



Free market does not necessarily free the consumer, rather it frees the marketer. Free market does not mean more "choice", it often means a larger variety in fanciful products with exorbitant price tags. Just a few years back one could purchase shoes of reasonable quality for less than Rs.100. Today there are a fanciful array of shoes ranging from Rs.800 to over Rs.2000 and beyond, but many cannot afford them.

And the type of shoes one was used to all along are no longer available. Is that choice? Now, think of the plight of people who have limited - very, very, limited income, with no perks, no health insurance and with a pathetically inadequate Primary Health Centre to pass off as a health care provision establishment. With the new free market thrust aren't we pushing her/him into the middle of nowhere? But who cares? Willy-nilly, the new marketing thrusts will have pushed them into the arena of "non-concern".

None is so blind as one who would not see.

Anil Pilgaokar is presently a fellow of the Ashoka Foundation. He is involved in establishing a "Drug Information Centre" for patients. He is a member of the Governing Board of the Centre for Enquiry into Health and Allied Themes (CEHAT), Bombay.

The New Drug Policy

In August 1992 the Government, Department of Chemicals and Petrochemicals, Ministry of Chemicals and Fertilisers circulated a note to members of parliament regarding proposed changes in the 1986 Drug Policy. This was interpreted as an introduction to the New Drug Policy and was used by the industry to focus on its demands to fewer controls and higher margins of profitability. After more than two years the Government has finalised the draft for a new policy and has clearly decided to go along with demands of the industry.

With absolutely no change in the number of hazardous drugs in the market, no effort at ensuring unbiased drug information on ethical marketing practices and no improvement in quality control or drug legislation, the Drug Action Forum, Karnataka, All India Drug Action Network and National Campaign Committee for Drug Policy have felt the need to file a petition in the Supreme Court of India on behalf of all drug consumers of India. By this, the petitioners seek to enforce the fundamental rights of drug consumers under Article 21 of the Constitution for being protected against hazardous drugs and for information about hazardous drugs which are being manufactured and sold in India.

The petitioners have prayed to the court that it must give appropriate directions to the respondents to ensure that banned and harmful drugs are not manufactured or sold in India and that the consumers are properly informed and educated about them. The following are the details of the petition:

Petition

- * issue appropriate writs and directions to the Respondents
- * directing the union of India and the Drug Controller of India to make appropriate rules to ensure that the chemists and druggist prominently exhibit the list of banned drugs;
- * directing the union of India and the Drug Controller to ensure that manufacturers of drugs print and attach with the product in vernacular language the caution statement and contraindications of the product;
- * directing the Union of India and the Drug Controller to ensure that publishers of Current index of Medical Specialities (CIMS) and Monthly Index of Medical specialities (MIMS) publish the trade names of banned drugs and do not recommend banned drugs, and publish along with the products particulars and caution statement and contraindications;
- * directing the Drug Controller of India to send all Medical Centers and Medical colleges in India notifications of banned drugs and caution statement and contraindications of such drugs notified by the Drug Controller;
- * directing the Union of India to ensure that the electronic media such as TV and Radio broadcast periodically and as often as necessary information regarding banned drugs in generic names and in brand names;
- * directing the Drug Technical Advisory Board to meet regularly to review and recommend the banning of drugs and make their reports public;
- * directing the Union of India and the Drug Controller to implement the ban orders and prosecute those persons responsible for flouting the orders in a time bound manner;
- * directing the Union of India to take immediate steps to get vacated any stay orders in other courts which is impeding the implementation of the ban orders of the Government;
- * pass any other or further order/s as this Hon'ble Court may see fit and proper.

November 17 '94 hearing

The Bench comprising Mr. Justice J J Verma and Mr. Justice K S Paripoornan indicated that the court would like to appoint an expert committee of eminent and credible specialists to go into the whole question and make a report to the court. The next hearing has been fixed for the 9th of January '95. The proposed commission consists of Dr. N H Antia, Dr. Naresh Bannerjee and Dr. Nityanand.

Drug Action Forum, Karnataka

The Water We Drink

How Safe is it?

Anjana Das

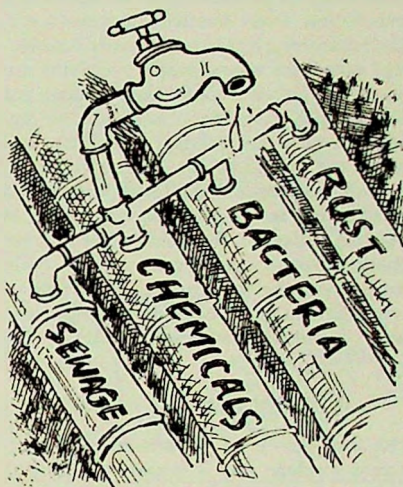
Over the years, the two major components of drinking water, namely safety and adequacy are increasingly a problem in India, according to ANJANA DAS. She briefly discusses various avenues for redressal for water related complaints.

Safe drinking water is undoubtedly one of the most basic needs of citizens. Over the years, the two major components of drinking water, namely safety and adequacy, are increasingly a problem in India, both in the rural and the urban areas. The standards laid down by the WHO for both these parameters remain as mere ideals on paper. The WHO standards state that a person should have 150 litres per capita per day. What we get in our cities (possibly with the exception of Bombay) is a paltry 30 to 50 litres per person and that too of extremely poor quality. I can say this with authority with respect to Madras city.

While the reality is that no citizen can be assured of adequate and safe water for drinking, it is also true that several crores of development money is being put into schemes for water supply and sanitation. Many of the schemes were initiated at the start of the eighties. It is also appropriate to point out that many of the urban water supply schemes are at the cost of impoverishment of water resources of the rural areas. Even after much money has been poured into mega schemes, only a very small percentage has access to public water supply and that too of questionable quality. There is an increasing demand for ground water, as the municipal sources completely dry out in drought years. Yet in a monsoon year, there is enough water to tide over several drought years, provided a sound long term plan for water management is adopted. The danger of sea water intrusion in areas where there is over-extraction of ground water has never been greater. Waterborne disease are endemic, especially in unsewered areas and areas where sewer systems are very old and irreparable.

Administrators therefore need to realise that the problem of chronic water shortage and problems with water quality has more to do with resource management. If we do not grasp this basic truth, no amount of public funding can help solve water crises.

Having handled water problems faced by Madras, let me explain in brief, some of the more important ones. My illustrations would be relevant to any other city or suburb, as the



situation is much the same throughout the country.

Waterborne diseases

Every year, around the rainy season, waterborne diseases (cholera, gastro enteritis, hepatitis etc.) strike thousands of people, mainly from the poorer sections of society. These diseases are caused because people consume water contaminated by sewage and other chemical pollutants. The water distribution systems in the city are several decades old, some more than 75 years of age. The pipes are badly corroded and it

is very easy for sewage water to seep in.

In 1992 we carried out field studies and tests on water samples in the wake of alarming press reports. Government agencies such as the Directorate of Public Health had conducted tests and found 60 to 70 per cent of the samples to be unfit for human consumption. Typically, the government officials responded with stout denials. They did admit that the water supply was polluted in a few places by the infiltration of sewage water, but said that this problem was due to faulty house connections. They claimed that the water from the distribution pipes was adequately chlorinated but, due to problems with old and corroded house pipes, contamination took place. Undeniably, faulty house connections do cause such contamination, but it is not as though this is the only reason for poor quality drinking water. Simple logic supports this statement. Almost all the people affected by the epidemic are from the economically weaker sections and do not have house connections. They have to depend on public hand pumps for their water supply. This inevitably leads one to the conclusion that the water from these pumps is, to a large extent, unfit for consumption.

Short term measures

Typically, short term emergency measures were adopted in the wake of the cholera epidemic.

It must be borne in mind that preventive measures such as administration of cholera vaccine have negligible value. The benefits conferred by the vaccine do not justify the cost of delivery. Another short term measure is the intense chlorination of water supplies. This again is a short-sighted measure as the continued use of chlorine as a disinfectant is known to add to the organic and chemical contamination of water. Several studies have shown that chlorination by-products can be mutagenic and toxic. Also, chlorination is a disinfecting procedure and cannot prevent bacterial contamination.

Keeping these factors in mind, what earthly good is achieved by spending huge amounts of money every year on emergency measures while giving long term solutions the go-by?

The struggle for securing safe drinking water has now fallen upon the mantle of consumer groups. Recognising the seriousness of this global problem, the International Organisation of Consumer Unions (IOCU) proclaimed that access to basic goods and services such as water is a consumer right. Today, citizens are far more aware of their rights and this is finding expression through the campaigns and litigation of organised groups. Most groups are finding that their single major handicap is the fact that information is simply not available.

Public participation

Time and again we found that there is little or no access to information on development projects and even less scope for public participation. The term public participation is a highly abused concept. It is often used in policy statements and project descriptions as being necessary for the success of a project. Experience shows that these are purely rhetorical statements.

Realising the importance of public participation, organisations such as the World Bank which funds several huge projects, have published a booklet on its policy on information disclosure. Activists would do well to make use of the new trend in transparency to get as much information as possible on projects which can be used as inputs for action.

Almost all the people affected by the epidemic are from the economically weaker sections and do not have house connections.

What rights do citizens have?

The legal position with respect to clean drinking water is derived from the fundamental right to life under the Constitution of India. In repeated holdings, the Supreme Court of India has said that the unassailable fundamental right to life of a citizen of India includes the right to a good quality of life with free air, water and decent living as befits living a human being.

There are a number of provisions within the pollution control laws and the Environment Protection Act to protect the rights of citizens to clean drinking water.

The different avenues available to the public are (a) writ petitions for violation of fundamental rights (b) criminal complaints under the Criminal Procedure Code or (c) under the environment protection legislations.

The Consumer Protection Act has emerged as a quick, inexpensive method of seeking redress. It provides remedies for a wide range of public interest issues such as protection from hazardous goods etc. Unfortunately, it can be used only on selective occasions where water problems are involved. This is because the Act does not recognise the payment of water tax (or any other tax for that matter) as sufficient to bring the matter to the consumer courts against those responsible for supplying and distributing water. In some cities such as Madras, however, the public pays a water charge based on consumption. It is possible to approach the consumer courts provided one is able to prove beyond doubt that the water supplied was of poor quality.

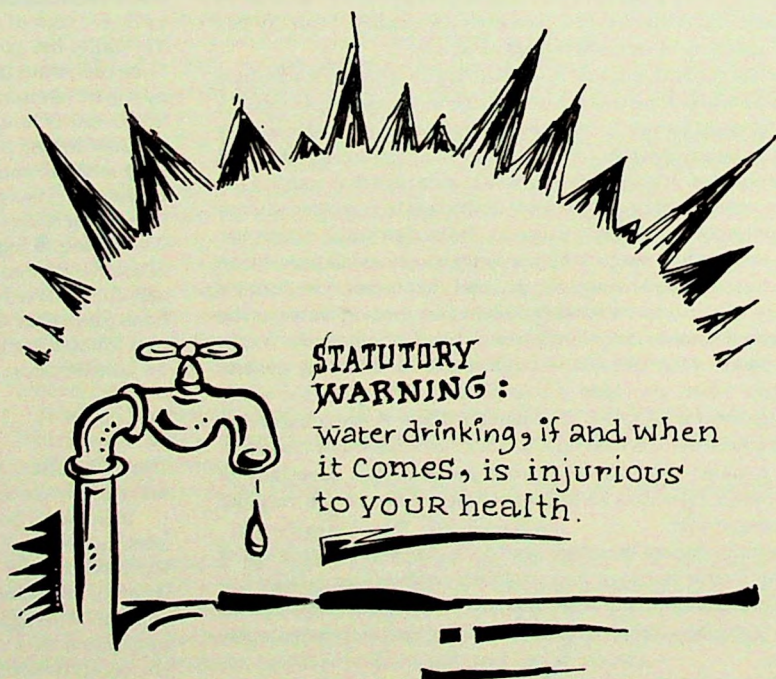
A blueprint for action

The task before us as consumers to gain access to clean and adequate drinking is mammoth. However, armed with the right

type of information, and with good planning and execution of action plans and campaigns, it is possible to get our governments to act. The following points may be borne in mind:

- * Forming alliances with committed government officials to improve the capacity to tackle issues.
- * Building up a sound information and data bank on water supply and quality.
- * Performing the functions of information dissemination to the public.
- * Building up the capacity to tackle the issue from the start to a logical conclusion.

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What's Happened to Cinderella and Her Sisters?

Consumerist Culture and Women

M Corinne Scott

Drawing parallels between Cinderella and India's poor women exposed to the new consumerist culture, CORINNE SCOTT attempts an analysis of how these women are likely to be affected by the rising consumerist trend.

Many of us have loved the rags-to-riches fairy tale of Cinderella, the ill-treated heroine who succeeds in marrying the Prince, and living happily ever after.

Let me try to connect this well-known story with the issue at hand - the current growth of a consumerist culture in India, which has its own fairy tale quality about it, epitomised in some of the responses to the recent crowning of the two beauty queens, Sushmita Sen as Miss Universe and Aishwarya Rai as Miss World of 1994.

It is fascinating to watch the creation and elaboration of this contemporary Indian "fairy tale," through the orchestration of the media and advertising industry, who have been working overtime to highlight the glitz and glamour surrounding these two beauty contests, focussing on the persons and roles of Sushmita and Aishwarya, and the adulatory responses of the public. Almost daily in the electronic and print media, we are graced with/subjected to (?) images and interviews with one or the other of these two queens, in their daily round of appearances to inaugurate whatever, meetings with the high and mighty, visiting children in orphanages, and of course giving their views to the press on how they have reached the pinnacle of success, and even on the meaning of life itself.

Reactions in India to the world-wide recognition of Indian beauty cover a wide range - all the way from those who view with pride this accomplishment, taking it as a symbol of India's arrival on the global scene (at least in the beauty queen category), to those who take a critical view of beauty pageants, and of the vast disparity between Sushmita and Aishwarya on the one hand, and the majority of India's women, labouring in the unorganised sector and struggling for daily survival for themselves and their families, on the other.

The first view is expressed in an article on the editorial page of *The Times of India* of 5 December, 1994, "Not Just Skin Deep: The Symbolic Value of Sen and Rai." The author, Jug Suraiya, calls the victories of Sushmita Sen and Aishwarya Rai "symbols of national pride, inspiring confidence in millions of Indians" from divergent backgrounds and walks of life. To quote him, "With Sushmita and Aishwarya, perceived exemplars of excellence, we won not just against the whole world, or even the wider



universe, but in a way we triumphed over the *terra incognita* of our own unplumbed potential, largely unexplored for lack of self-confidence and self-esteem." He compares Sushmita and Aishwarya as icons and potential role models, with Jesus Christ and Mahatma Gandhi!

It does lead us to ponder whether India's self-confidence and self-esteem on the world stage are so low and/or that the victories of these two women in the beauty contests so significant that they can generate a sense of national pride and boost our spirits to such euphoric heights. Are they like the touch of the magic wand of a fairy godmother, which glosses over or charms

away the glaring disparities and inequalities between the elite and the majority of ordinary women? Is our wish for and pride in symbolic victories not simply an escape into a fairy tale world, from which we will awake one night at midnight, to find our chariot and horses turned back into pumpkin and field mice, and to see ourselves in the rags, sweat, soot, and cinders which are the day-to-day reality of toiling women in fields and urban slums?

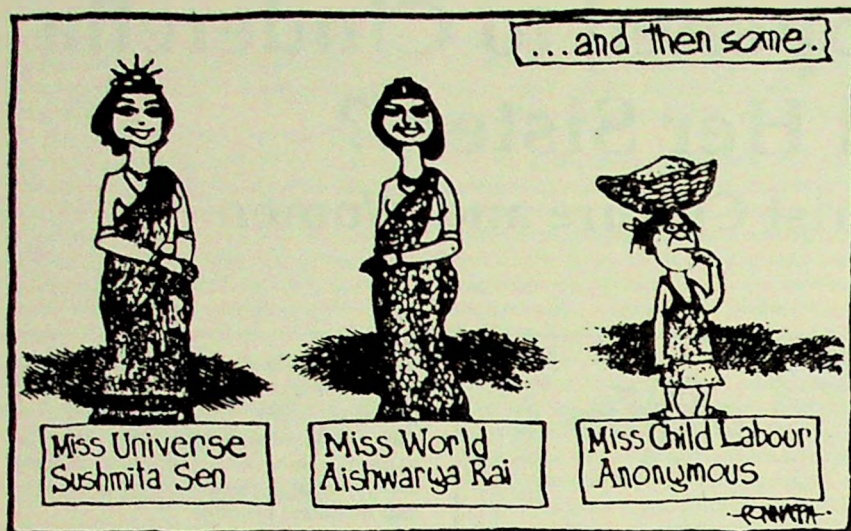
A few further questions need to be put to Cinderella herself:

Did she really live happily ever after, escaping from unpaid household drudgery and abuse, through her marriage alliance with the power of the kingdom? If so, was her leisure based on the exploitation of the labour of other poor cinder-maids, her sisters? Why didn't she ask her fairy godmother to transform the living conditions of all cinder-maids? Did she take revenge against her cruel step-sisters, as is shown in some versions of the story, or forgive them and facilitate their upward mobility into the ruling elite through marriage to lords of the court?

Miss child labour

Another view of India's victories in beauty contests is given by the cartoonist Ponnappa in the Bangalore edition of *Times of India*, of 21 November '94. He has drawn a contemporary critique, managing to capture in a single cartoon the irony and hollowness of the crowning of Miss Universe and Miss World, which fail to acknowledge that India might also qualify to win titles such as Miss Child Labour, Mrs. Construction Worker or Mrs. Labourer. During the Miss Universe pageant in Manila, the Philippines, women's rights activists protested the staging of this and other beauty contests, by wearing sashes marked Miss Unemployment, Miss Landless, and Miss Political Detainee.

In fact, the emphasis on the cult of physical beauty, which plays such an important role in beauty contests in particular, and in the consumerist culture generally, not only ignores and denigrates poor



labouring women, but also tends to humiliate those who do not measure up to the current canons of physical beauty. Contemporary "ugly step-sisters" of various sizes and shapes still try to reshape or mutilate themselves in conformity with unrealistic and unhealthy standards of beauty set by an elite including, among others, fashion designers, advertisers, cosmetics and beauty-aids manufacturers and sales promoters, organisers and contestants of beauty pageants.

Thus, the impact of the consumerist culture on the majority of women in India may be more of a nightmare than a sweet dream, more of a horror story than a fairy tale!

Ideological function

A more focussed analysis is required in order to clarify the way in which consumerist culture functions, and its particular effects on different groups of women. As distinct from the neutral term consumer, the one who utilises economic goods and services, the terms consumerism and consumerist culture, as I understand and use them here, serve an ideological function. Seen as playing a very positive role within the framework of India's current programme of economic liberalisation, consumerism seeks to increase the consumption of goods in order to further the process of economic growth within a market oriented economy.

Consumerist culture includes consumerist values:

- the acquisition and display of material goods determine and enhance one's status,
- they promote happiness, and

- they stand as symbols and measurable indicators of the good life.

Reference to the consumerist culture also indicates the mechanisms and processes whereby this culture is promoted and furthered. These include, first of all, the conversion of wants into needs, followed by the social pressure of elite status groups and/or peer groups to acquire consumer goods, as symbols of status and to satisfy wants.

The power of persuasion

Envy of others who possess something which the targeted consumer doesn't have is one of the principal emotions appealed to. Note a striking example of this approach used explicitly (and offensively) in the Onida TV advertisements, where the devil personifies different forms of temptation; he was recently shown among the sculptured heads of past US presidents at Mt. Rushmore in USA, with the slogan: "World's envy - India's pride."

Based on the values and mechanisms of consumerist culture, a whole range of actors, including sales people, advertisers, educators, and other agents, representing a range of interests from private businesses, voluntary organisations, to government ministries, develop their strategies and use the media to create a demand, and to persuade, convince, pressure, and otherwise sell their products and services to the targeted potential customer, the consumer. The rapidly expanding and increasingly sophisticated multinational advertising industry and its Indian counterparts, the "hidden persuaders", are the most crucial actors.

These values, mechanisms, and pro-

cesses of the consumerist culture function for the purpose of furthering the goals of economic growth within a capitalist model of development. Though closely intertwined, consumerist culture can be seen to be distinct from the processes of economic liberalisation and structural adjustment per se. Here we wish to focus on the particular impact which consumerist culture is making on women within the larger setting of India's stratified, unequal society.

Consumerist culture unjust

Broadly speaking, within India's constitutional commitment as a democratic, secular, socialist republic, the increasing power and attraction of the consumerist culture, and the rapidly expanding selection of goods and services available to the elite consumer, at ever increasing prices, is grossly unjust, in face of the denial of the rights of the poor to the basic physical needs for survival. The rural and urban poor are being increasingly deprived, through numerous mechanisms, including the privatisation of land, water, fuel, and other resources needed for subsistence, to which they formerly had free access through the commons. At the same time as access to the means of subsistence is being restricted or eliminated, the costs of purchasing now monetised means of survival are becoming farther and farther out of reach of the poor.

The major portion of the burden of these processes, euphemistically referred to as "economic structural adjustments," falls on women, who have to work longer and harder to maintain their households at the subsistence level.

Instead of wealth and the benefits of economic development "trickling down" to the poor, it would seem that they are "flowing up" to the elite and the middle classes. The Andhra voters' emphatic rejection of these economic "adjustments," through the ballot box in recent state assembly elections, has not made a major difference in improving their purchasing power for basic needs. But it is clear that much as the Congress Working Committee may deny that the elections in AP were a referendum on the Central government's economic policy, a serious debate is underway.

At least a brief mention needs to be made of the macro-threat which the consumerist culture and lifestyles around the world, but especially in North America and Europe, pose to the very survival and sustainability of our planet, and to the quality of life of all its inhabitants - human,

animal, and plant life. Heated development debates, too complex to enter into here, centre around inter-related issues of the limits to growth, population explosion, pollution and ecological degradation, consumerist lifestyles, a new world economic order and sustainable development, within the context of an unequal world. India's course and direction in relation to these issues cannot be set independently, of course, but is shaped and conditioned by global forces.

Differential impacts

Within the limitations of this brief article, it is only possible to sketch a tentative framework within which to consider the differential impacts of consumerist culture on different groups of women, according to their caste/class / location and their different roles; and to offer a few examples of what women are experiencing.

For the most part, the consumerist culture targets and feeds back into the lifestyles and expectations of the upper 10 - 25 per cent of the population, primarily the urban upper middle and upper class. But it is clearly not restricted to those who can afford it, especially with the recent invasion of satellite TV and the products of multinational corporations, under the aegis of economic liberalisation. Increasingly, the consumerist culture is shaping the expectations of large segments of the population, particularly the urban poor and working class, and especially the young among them. Women consumers too are increasingly being wooed by advertisers, who have woken up to the fact that women are a relatively untapped market within the Indian context, susceptible to various enticements and forms of persuasion.

The negative impact of the consumerist culture on women is nowhere more blatantly evident than in the phenomenon of dowry, in which women themselves become commodities. The rising demands for consumer goods and the status which they represent often lead to continuing pressure and harassment on the bride's family, long after the time of the initial marriage and dowry negotiations. The bride/wife/daughter-in-law is converted from a person with dignity and the right to life to an instrument or pawn, for the extraction of wealth. The ultimate extreme of this commodification and instrumentality of the consumerist culture is dowry murder. Dowry demands, and the harassment and violence associated with them, cut across castes, classes, religions, cultures, and regions of the country. And the spread of consumerist culture and values has led to the increasing prevalence and value of dow-

ry demands, even among those communities where dowry was not traditionally practiced.

How are different groups of women affected? A useful way of formulating the discussion is taken from Diane Elson's article, "Structural Adjustment with Gender Awareness?"¹ Looking at different roles or dimensions of women's lives, it is possible to explore how various groups or classes of women may be affected by consumerist culture as well as by structural adjustment, in their major roles - as producers, home managers, mothers, and community organisers. (Elson does not mention women's roles as daughters and daughters-in-law.) Women's roles as consumers cut across all these categories. Particularly in her roles as home manager and mother, she interacts positively and negatively with other members of the household; she influences and is influenced by them in their roles as consumers too. These roles and relations are shaped and ordered on the basis of unequal relations of relative power and powerlessness along gender lines, within the family and in the community and society. The way in which the most basic commodity, food, is distributed unequally among members of the family, in order, amount, and quality, according to gender, is a striking example reflecting the relations of power and status.

Women as producers

The majority of women producers in India are engaged in agriculture, either as landless laborers or as small peasant cultivators, and most others work in the informal sector, where their earnings are far below those of men. Much of the work women do is unpaid, and therefore not visible in any

economic calculus. It is well-known that around the world, women do two-third of the world's work, but earn only one-tenth of the world's income. Nevertheless, what little women do earn goes almost entirely into providing for the survival needs of the household, while male members' earnings are much more likely to be spent on personal, non-essential, or luxury items.

Another important characteristic of women's work, where her roles as producer, home manager, and mother overlap, is that as many as 60 per cent of poor women working in the informal sector are the sole or main supporters of their households, usually living at or below the subsistence poverty line. These conditions put tremendous stress not only on women, as the following story shows, but women are frequently the ones who absorb the shocks and pressures, and carry on in the struggle for survival of their households.

A vivid example of the pressures of the consumerist culture on women and youth in the circumstances of urban poverty appeared in a recent new story, "Bombay Schoolboy's Suicide over Shoes," (Times of India, September 22, 1994) Mukesh, the 16-year-old son of a widowed washerwoman, was studying in ninth class in a prestigious English-medium school in Bombay, on a scholarship provided as part of the school's efforts to help economically backward families. Mukesh's first love was cricket, and he was a good sportsman; but to play on the team he needed special shoes, which cost Rs. 800. His mother's promise to get him the shoes next month couldn't satisfy the intense pressure of Mukesh's expectations to be appropriately outfitted for the cricket team. In utter despair, Mukesh committed suicide by swallowing rat poison.

The story writer did not reflect on the impact of this event on Mukesh's mother, and we can only imagine that she mingles her tears with the wash water, as she continues to wash and press clothes as before, the death of her son breaking the mother's heart but not her will and spirit to carry on.

Women's roles as home managers and mothers are becoming more and more laborious, time consuming, hazardous, and stressful, especially under conditions resulting from commercial and growth oriented development - privatisation of former commons, pollution and degradation of the environment, rural to urban migration, and industrialisation. In the socially conditioned sexual division of labour, neither men nor boys are willing or expected to



help with gathering fuel and water, caring for the children, processing food, preparing meals, washing utensils and clothes, keeping the house clean, nursing the sick, and many other tasks which are considered "women's work."

The consumerist lifestyle priorities further aggravate these processes, for example in the area of basic foodgrains. Ordinary traditional coarse grains, millets, and pulses, such as bajra, jowar, makka, channa, and many others, previously the staple diet of the poor, which were much more nutritious, have become less available, and prices have soared beyond the reach of the poor. The availability of pulses, the main protein source of the poor, has decreased from its peak of 75 gms per person per day in 1959, to only 37 gms per person per day in 1993. As voters, the women in Andhra obviously responded to the Telugu Desam's direct appeal of the availability of cheap rice.

Consumerist lifestyles are also resource and energy intensive, as well as polluting and waste generating. Thus, as the demands of the powerful elite segments of the population increase, and as expectations and demands for more goods and for energy spread more widely in society, pressures increase on the environment and on the already limited resources, facilities, and services allocated to the poor. These deteriorating conditions for the majority of the population have strained women's time and capacities to the breaking point.

Women as community organisers

The fourth role enumerated by Elson, women as community organisers, may be less evident, because of the tendency to stereotype women's roles as circumscribed within the home and family. Yet the women's movement, in coining the slogan, "The personal is political," has highlighted not only the political, social, structural linkages and dimensions of the issues which women have always been taught to see as "only my personal problem"; it has also helped to make visible the ways which women have developed over the centuries, in many different contexts, to be in solidarity with each other, and to resist domination, marginalisation, cooptation, to celebrate life, and to work for peace and reconciliation.

In our own time and place, several efforts of ordinary women within India to organise against growing commercialisation and consumerist culture have received international attention and recog-

nition, and there are many others taking place at local or regional levels which are significant, although we many never have heard of them. Among the best known are the Chipko Movement in the U.P. foothills of the Himalayas, and the anti-liquor agitation in Andhra Pradesh. In both cases, women have organised around local issues of urgent concern in terms of their and their family's very survival: felling of trees by timber merchants, which posed a threat to Garhwali women's sources of fodder and fuel (and may do so again, after recent changes in government regulations); and the easy availability of arrack and the alcoholism of male agricultural labourers, which consumed major portions of their meager earnings and left their families destitute.

From confronting these immediate issues, both these movements have grown in strength of numbers, in depth of analysis of the causes, and in their linkages with other concerns and with other movements. In the process, they have made significant contributions to shaping alternate visions and understandings of development and of political and social priorities. And their commitment to participatory action to actualise their visions is playing an important part in the reshaping of politics in both the Uttarakhand region and in Andhra Pradesh. Acknowledging their obligation to women voters in particular, the first act of the newly installed Telugu Desam government in Andhra was to introduce prohibition.

This wisdom of ordinary women, which challenges the presuppositions and directions of the consumerist culture, can be seen in the well-known songs and sayings of the Chipko Movement:

What does the forest bear?

Soil, water, and pure air.

Soil, water, and pure air

Sustain the earth and all she bears.

Planning without fodder, fuel, and water is one-eyed planning.

There are some lessons for all of us from this discussion of the impact on women of consumerist culture. Instead of the symbolism of the role models of Sushmita Sen and Aishwarya Rai as India's contribution to a new global order, we would do far better to lift up the images of these two movements of women's solidarity in the struggle for life against the forces of death and destruction, as the Chipko Movement chooses to portray their cause. And instead of wishing for a fairy godmother to transform the misery and cinders of modern day Cinderella and sisters into beautiful gowns and fragile glass slippers, symbols of consumerist culture

and lifestyles, in which to try to escape to some fairyland utopia, we would do better to follow the example and lead of ordinary labouring women, emulating their determination to resist domination and cooptation and to affirm a more just and equal model of society.

M Corinne Scott is a lecturer in the Diploma in Christian Service course at United Theological College, Bangalore, and is active in the women's movement. She has worked with slum women in Madhya Pradesh, and has done a research study on their oppression and their sources of strength.

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We Pay to Learn

Consumers of Educational Services

Srinivas Narayanswami

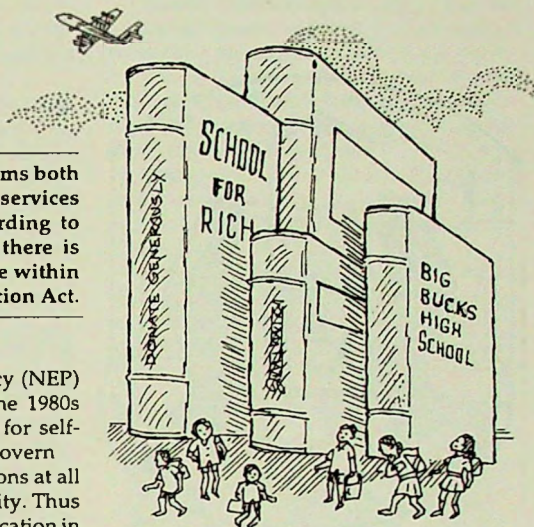
Our present day educational systems both formed and non-formal, remain services on payment of charges, yet according to SRINIVAS NARAYANSWAMY there is some ambiguity about its coverage within the scope of the Consumer Protection Act.

The New Education Policy (NEP) in the second half of the 1980s opened the flood gates for education in independent India. Self-financing schools, colleges, engineering and medical teaching institutions of all hues mushroomed, all with government approval but without control. This resulted in sub-standard institutions everywhere who demand exorbitant fees. Adding fuel to fire, almost all of our universities vie with each other in conducting "Distance Education" programmes to fill their coffers. They have even started courses on "computer technology" through correspondence!

Barring very few institutions of this type, they lack basic infrastructural facilities. Crowded classrooms, ill-equipped libraries and laboratories, incompetent teaching staff and other student amenities, are common features of these institutions, and all at very high cost. The service-cost ratio in these institutions is not proportionate. Especially in the wayside "Computer Schools". They are a law unto themselves with practically no control by the authorities. They periodically conduct examinations after collecting hefty fees but seldom publish results in time. Even if results are published, mark sheets/grades are not sent in time. A good number of cases on this score are before Consumer Disputes Redressal Fora all over the country.

The Consumer Protection Act 1986, defines service (Section - 2 - Sub Section - O) as follows: "Service" means service of any description which is made available to potential users and includes the provision of facilities in connection with banking, financing, insurance, transport, processing, supply of electrical or other energy, board or lodging or both, housing construction, entertainment, amusement or the purveying of news or other information, but does not include the rendering of any service free of charge or under a contract of personal service. The list is not exhaustive but is only inclusive in nature.

Education is primarily dissemination of information by a person and receiving it by another. The relationship between the teacher and the student is not that of a master and servant and hence not a contract of personal service.



Education : Within the purview of CPA

Present day education, be it primary, secondary, tertiary, or professional level, is paid for either by the recipient (student) himself/herself or by the parents/guardians. The beneficiary is the student. The information (education) the student receives, though not a tangible good, is for a personal consideration.

Section 2 (d) (ii) defines a consumer as follows. "consumer means any person who hires or avails of any services for a consideration which has been paid or promised or partly paid and partly promised or under any system of deferred payment and in cludes any beneficiary of such services other than the persons who hires or avails of the services....".

Hence, by all norms of the Act education through information paid for, is a service.

Deficiency in service as per the Act means any fault, imperfection, shortcoming or inadequacy in the quality, nature and manner of performance which is required to be maintained by or under law for the time being in force or has been undertaken to be performed by a person in pursuance of a contract or otherwise in relation to any service.

Thus it may be seen, that all aspects of our present day educational system can be termed as a "service paid for", and the receiving of education is for a consideration.

Fees for admission, tuition, examination as well as laboratory fees, convocation fees and other fees for issue of various certificate/degrees/diplomas are paid for an expected service and the service is also for a specific consideration. If there is any delay or deficiency in service, the recipient is put to inconvenience, loss etc. Hence it becomes consumer grievance.

Misunderstood judgement on education

There has been quite a lot of controversy generated by press reports that education has been taken out of the purview of the CPA. These reports would have the public believe that all matters relating to education - admissions, delay in publishing results, poor tuition facilities, and the many other problems that plague our education system can no longer be taken to consumer disputes redressal fora. In fact, even some State Commissions are refusing to admit cases on educational service without clearance from the National Commission on this issue.

It all started with a complaint filed by a consumer group before Maharashtra State Commission claiming compensation for wrong

► Continued on page 40

Pro-consumer Contracts?

Insurance Policies

Neelam Alwin George

The Consumer Protection Act offers a ray of hope for those who opt for insurance policies, says NEELAM ALWIN GEORGE. However, according to her a lot more needs to be done to ensure insurance contracts are in reality pro-consumer.

Inurance basically is a cover against risks and adversity. It can be against death or disability, accident, theft and burglary, fire, loss of property, life insurance and general insurance.

Experience in the field over the last 16 years has indicated that largely because of state monopoly, life insurance has been predominantly savings-oriented and not risk oriented, as a result of which those who need cover against the contingency of death with the lowest cost and who do not have investible surplus are denied individual insurance cover to suit their needs.

Another feature which has been noticed is that insurance organisations are keen to procure business and they are equally keen to reject the claim. The most common ground used for rejecting the claim is a standard phrase - "non-disclosure of material fact", a mechanical non-application of mind.

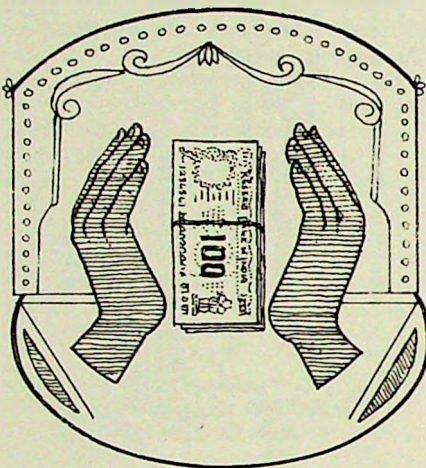
Apart from loss, hardships and cost to the claimants, insurance has, like several others in the country, standard forms of contracts where a number of conditions are unilateral and anti-consumer. Consumer has no choice except to take it or leave it.

These conditions of contract when strictly and technically enforced by the insurance organisations cause enormous but avoidable hardships to the claimants, who are generally weeping widows, helpless minor children and old ailing parents, in case of death of insured.

In the Indian context, it gets compounded in view of the expensive and time consuming judicial system.

Some ray of hope is the Consumer Protection Act and the quasi-judicial machinery set up thereunder.

In 1986 a 24-year-old youth took an insurance policy. In 1987 he met with an accident in which he lost both his legs. He suffered physical agonies and financial strain. In 1993 he learnt from a friend that the policy amount is payable not only in the event of death but also in the event of permanent disability. He checked his policy, realised his folly and submitted his claim in 1993 with Life Insurance Corporation of India (LIC). The claim was rejected on the ground of delay. This is a true life story of the pathetic experience of a youth. The major lapse on the part of this youth was that he had not read the policy conditions when he took the policy.



The insured have suffered considerably owing to failure on their part to either read the policy conditions or understand their implications. Reliance on competence or understanding of agents have often exposed them to harassment and unnecessary litigations. The interaction between the agent and insured at the time of taking the policy being an oral dialogue leaves the insured practically defenceless as far as representations made by the agent are concerned. The proposal form and other documents are practically filled in by the agent and the insured merely signs it. However, the difficulties faced by the insured are not restricted to the conduct of the agents.

Common complaints

Some of the major areas where those insured suffer, relate to

- * High premium and low returns
- * Unfair and arbitrary policy conditions
- * Delay in issue of policy
- * Delay in settlement of claims
- * Unjustified repudiation of claims
- * Ineffective internal dispute settlement machinery
- * Nominations and procedures etc.
- * Litigations

These issues arise in life and general insurance. Life insurance business is the sole monopoly of LIC and general insurance business (insurance other than life) is the sole monopoly of General Insurance Corporation of India (GIC) which is conducted through its subsidiaries namely the New India Assurance Co. Ltd., United India Insurance Co. Ltd., Oriental Insurance Co. Ltd. and National Insurance Co. Ltd.

An overview of the machinery provided by Consumer Protection Act, 1986 (CPA) is presented vis-a-vis insurance, which will enable the reader to understand his rights and obligations. An insured is a consumer within Section 2(1) (d) (ii) of CPA. The insurer provides service of insurance to the insured (consumer) within section 2(1) (o) of CPA for consideration (payment by insured by way of premium). Conduct of insurance business by GIC and LIC which are instrumentalities of state (state agencies) does not exempt them from their obligation under the CPA.

Grounds of complaint

A consumer can file a complaint with the Consumer Dispute Redressal Agencies (CDRA) against the insurer on following grounds:

1. Insurer is guilty of an unfair trade practice. For example,
 - misleading representations with regard to benefit of a scheme

- false representations by agents
 - failure to fulfil promises made etc.
2. The service provided by the insurer is deficient in nature. For example
 - delay in settlement of claim. It has been held that three months is reasonable time for settlement of a claim.
 - unjustified or illegal repudiation (rejection) of a claim is deemed as deficiency in service, as is unjustified reduction claim amount.
 3. Insurer is guilty of a restrictive trade practice. An example of this is the tie up practice, where a policy condition requires the insured to avail of scheme "A" compulsorily, if he wants to avail scheme "B".

Reliefs awarded

The insurer can be ordered to remove the deficiency in service. If a claim is rejected illegally or on account of irrelevant considerations the insurer can be ordered to settle the claim.

The insurer can be restrained from adopting unfair trade practice (UTP) or restrictive trade practice (RTP) and also ordered to refrain from continuing the UTP or RTP in future. Such an order is known as cease and desist order.

If policy conditions are vague and give the insured the impression that they are covered for a particular contingency, and in practice at the time of claim the insurer interprets the conditions to their advantage, such a practice is a UTP and cease and desist order can be issued.

One such condition is in medi-claim insurance policy. "The liability of the insurer is excluded with regard to all pre-existing diseases when the policy first commenced."

This clause gives the insurer the liberty to exclude liability for any conceivable disease. In practice not only the pre-existing disease but also a disease arising out of a pre-existing ailment is excluded and claim rejected.

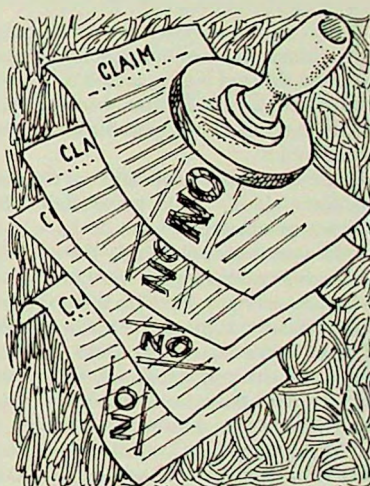
- In a case with Consumer Education and Research Centre, Ahmedabad (CERC) the insured took the medi-claim policy in 1986 which was renewed yearly. In 1988 he was hospitalised for heart ailment. The claim for Rs.3500 was settled and the policy thereafter, renewed yearly. In 1993 the insured underwent open heart surgery. Claim for Rs.35,000 was rejected. The grounds were:
- a) The insured was suffering from diabetes in 1986 when the policy first commenced and pre-existing disease is excluded.
 - b) The insured had not disclosed the material information regarding pre-existing disease.

Even if one presumes that the insured was suffering from diabetes in 1986, the claim in 1993 was for heart surgery and not diabetes. The crucial question is can the insurer be given the liberty to exclude their liability widely and also link diseases? Such exclusions will leave the insured practically uninsured.

Second question in this case is, can the insurer after settlement of a claim earlier accept the premiums, continue the policy for 4 years knowing the nature of ailment the insured is suffering from and then repudiate the claim on the ground that material information is not disclosed.

Such practices are unfair to the insured and consumers have to fight them tooth and nail. CERC is taking up this case with CDRA's.

A review of the cases decided by CDRA's reveal that in several cases the claims are rejected because the officials fail to appreciate of the corporations the consequences of



the Corporation's unsympathetic approach, unnecessary harassment etc. It is therefore imminent that the officials "responsible for the harassment of the insured ought to be accountable for the lapse on their part. In a landmark case Supreme Court of India observed, "The authority empowered under a statute while exercising power discharges public duty. It has to act to subserve general welfare and common good". The court observed that if exercise of power is capricious and results in harassment and agony, then exemplary damages (compensation for harassment) awarded to the consumer should be paid out of public funds immediately and the department should be directed to recover the same from those who are responsible for such unpardonable behaviour.

Major conflicts

Some major controversies are discussed which illustrate the difficulties encountered by the insured. Though majority of the cases which have attained controversy relate to life insurance, the underlying principles and similar practical difficulties are also encountered in general insurance cases.

Non-disclosure of material fact

Majority of insurance claims are repudiated on the ground of non-disclosure of material fact. Section 45 of the Insurance Act, 1938 provides the guiding principle on this aspect. The underlying philosophy is relevant for other forms of insurance also, especially medi-claim insurance where the non-disclosure pertains to physical ailments of insured.

In *Mithoolal vs. LIC*, 12962 Supp. 2 SCR pg.571, Supreme Court laid down three principles of a claim on this ground.

- (i) The statement must be on a material fact or must suppress facts which are material to disclose.
- (ii) The suppression must have been fraudulently made by the policy holder.
- (iii) The policy holder must have known at the time of making the statement that he suppressed material facts which should have been disclosed.

Thus the non-disclosure must be material and fraudulent. As per section 45, non-disclosure of facts which is not material and fraudulent cannot be relied upon by the insurer after expiry of two years of the date of policy.

Insurer, agent and insured

The relationship amongst the trio has raised questions of law and fact. In *CERC & Jaswantrai Shah vs. LIC* this relationship was exposed. The insured obtained four insurance policies for a total value of Rs.1 lakh from a general agent of LIC. He had paid two half-yearly premia on 06.06.86 and 06.09.86. The payment for the third half-yearly premium was due on 06.03.87. He paid a bearer cheque for Rs.2,730 on 04.06.87 to the agent but the agent did not deposit the cheque with LIC. The insured died in a road accident on 09.08.87. On hearing about his death the agent deposited his cheque on 10.08.87. LIC repudiated the claim treating the policy of the deceased as lapsed. CERC filed a complaint on behalf of the deceased as lapsed. CERC filed a complaint on behalf of the widow before the Maharashtra State Commission, which directed LIC to settle the claim in relation to

four insurance policies. It held that payment to an agent of LIC is valid, payment to LIC and the company is liable for wrongful act of its agent. The agent while collecting the premium acted within the apparent authority.

This decision was reversed by the National Commission. It held that as per LIC rules, the agent is authorised to collect only the first premium. LIC is not liable for failure on the part of agent to deposit subsequent premia.

In practice it is seen that agents openly collect premium on behalf of the insured, in Life and General Insurance policies. Several such instances have come to light. Insured suffers due to the misconduct of the agent and the Insurer repudiates the claim. This aspect has to be resolved by law. This problem will be aggravated once the insurance business is privatised, if the relationship of the trio is not clearly defined.

Representations for repudiated claim

In the case of life insurance, representations for repudiated claims can be made to the Claims Review Committee, which is at Central and Zonal levels. In the case of general insurance, there is no specific body. However, representations can be made to higher authorities.

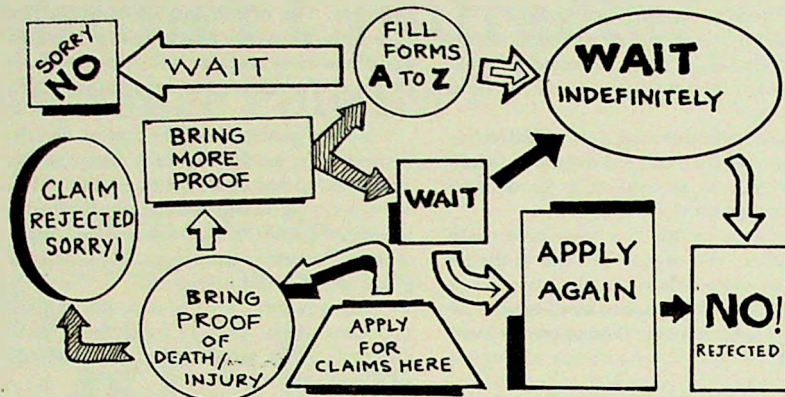
Delay in issue of policy

It is common knowledge that there is considerable gap between date of payment of first premium and the date of issuing the policy. Though, when the policy is issued, risk can be covered retrospectively, the dispute arises when the contingency (risk covered) occurs after the payment of the first premium and before the policy is issued. Insurance companies argue that in such cases the contract is not concluded and the risk is not covered during this period. This approach adversely affects the insured, and principles of liability of the insurer in such cases have to be evolved.

Inadequate information

The literature provided by the insurer and the explanations provided by the agents does not often communicate the implications of policy conditions. A classic example of this is the case of CERC & Sanjay Kothari vs. LIC. The deceased got married in 1966 and on 20.07.68 she delivered a male child in U.K. She died on 22.07.68. The claim was not honoured by LIC.

In 1986 the male child attained the age of 18. On 27.02.89 he filed a claim with LIC but was unsuccessful. A complaint was filed on 15.05.91 with Gujarat State Consumer



Disputes Redressal Commission. It ordered payment of Rs.10,000 with interest for last three years and damages of Rs.3,000.

The Commission observed that the pregnancy clause was not applicable in cases where the insured was expected to go to a qualified doctor. It further observed that even if the clause was applicable it could be waived by LIC.

The fact that the application of the first pregnancy clause could be excluded by payment of extra premium of Rs.5 per Rs.1,000 was not disclosed by the insurer. The insured had the right to be informed of this important right. Though the Commission upheld the right of the insured to be informed about the exclusion and fixed the liability of the opposite party to pay the claim amount, the interest awarded could not be limited to last three years only.

The National Commission has upheld the decision of the Gujarat State Commission.

Conclusion

The issues discussed reflect the prevailing approach of insurance companies, which is primarily due to lack of competition. Life Insurance and general insurance business was nationalised in 1956 and 1972 respectively with the objective of protecting the insured against the arbitrary practices of the insurance companies. It was expected that instrumentalities of state would carry on the insurance business as trustees of the insured, having social responsibilities.

It was also expected that the insurance business would be carried on sound business principles and its benefits passed on to the insured by way of low premia and high returns. However, the expectations have been belied and the alternative of privatisation put forth by various factions.

Whether the insurance business is privatised or not, the fact remains that the insurance companies have to introspect and review their service standards. In the event of privatisation, the performance standards would be particularly relevant. Insurance business being an industry clothed with public interest, needs to be regulated with regard to the fairness of policy conditions, standard of performance, role of agents etc. The regulatory authority suggested is not to police the insurance companies but to ensure a code of conduct in public interest.

Neelam Alwin George is Legal Research Associate at the Consumer Education and Research Society (CERC), Ahmedabad.

Caution for insurance consumers

- * Read policy conditions
- * Ask for clarifications in case of doubt
- * Preserve premium receipts and other documents such as copy of proposal form filled by you.
- * Follow up issue of policy
- * Pay premia in time
- * Do not pay subsequent premia through agents
- * Give appropriate nominations and inform nominees preferably give a copy of policy to the nominee
- * In case nominee is a child give appropriate authorisation to trusted person
- * File claims in time
- * If claim rejected, file complaint within 2 years from date of rejection
- * Preserve all correspondence

A Growing Consumerist Culture

What Does it Cost Our Children?

Meher Marfatia

Popular consumer oriented status symbols is what parents seek to adopt and transfer into their children's lifestyle, says MEHER MARFATIA. This has a significant impact on children and adolescents and it may be too much too soon for them.

What does a me-first generation fired by an overriding ambition do? It overly indulges the next generation.

And the one after. And so it goes on. One is presented today with the perfect climate for a reign of aggressive consumerism. While at least a section of the adult population can handle it somewhat maturely, it is children and teenagers who lie in danger of being completely under its spell.

The consumer boom has obvious origins in both economic and social factors. Thanks to liberalisation opening up the country to the rest of the financially thriving world, the spending power of the middle class has spiralled to great heights. The new affluence in tandem with a growing need for societal approval for having "arrived", has equated clocking material benefits with achievement milestones. Sadly enough, such a dramatic change has resulted in placing the child at the focus of the consumption pattern of upwardly mobile parents.

Changing times

According to Simonil Forbes, a psychotherapist and counsellor working with children in Bombay, it is no novelty to discover that children will always be perceived as being very different from a previous generation. "Times can only keep changing, and should. Nothing must remain static. Anyway, what has happened is that we grew up in a far more parochial environment, without the media revolution which has now totally transformed kids' awareness on various fronts."

On the positive side this exposure has unlocked certain avenues once unavailable for exploration. The problem creeps in when there is an absence of a proper value system that informs a young person about what ought to be absorbed and what thrown out with discrimination. These values, Forbes believes, are instilled through healthy interaction within a family where parents share a sound rapport, and are more good friends with their children than anything else. The ideal situation for this to come about favours either one parent working on a part-time basis (if means permit this arrangement), so that children are seldom left entirely neglected. "It's



security alone, that will build a child's self-esteem, convince him or her that what's important are human qualities, not possessions. A budding identity is finally going to be determined by the time and effort parents give to those crucial years," she concludes.

There are no dearth of instances illustrating her point. In a well-to-do south Bombay nuclear family an 11-year-old and his nine-year-old sibling regularly run-up credit accounts with a dial-a-pizza takeaway counter when they entertain school friends two to three evenings a week. An industrialist father and socialite mother obligingly settle their bills at the

end of each month.

Educationist Gloria de Souza, responsible for introducing environmental studies into the curriculum of several schools in Maharashtra and Gujarat, is disturbed by the eroded values parents let go unnoticed. "Even a noble concept like Teacher's Day is made crass by commercialisation. Come September 5 and shops are flooded with special cards and elaborate gift hampers which in no way reflect a child's true feelings towards the teacher. Everything becomes a commodity with a price tag. It's literally playing with and trading in young emotions. But supply is definitely dependent on demand. When parents themselves buy such presents to make an impression, they are actually allowing the children to think that love may be communicated with money.

De Souza goes on to explain how Mother's Day, Father's Day and Valentine's Day are also similarly exaggerated in a manner wholly unrelated to real caring. False wants feed an industry that rakes in high profits without a thought to the accompanying corruption setting in.

Reams of accounts have documented and discussed the adverse impact of sex and violence witnessed in cinema and music videos. The magnetic hold these powerful media have over children and adolescents, particularly, is too well known to be dealt with here.

Rising status consciousness

What, in current terms are popular consumer-oriented status symbols? The answers are provided by a cross-section of observant mothers, teachers, other childcare experts and - most relevantly - children themselves. Cars, birthday celebrations, designer clothes, shoes, fashionable holiday destinations and, of course, expensive schools chosen mainly for the parents' gratification.

Believe it or not, snob appeal makes even kindergarten toddlers differentiate between all manner of cars - there are gradations which make them think it is infra dig to own a Fiat when one could be driven

around in a Maruti at the least. Three-year-olds are actually able to tell a Maruti 800 from the 1000 model and the latest, the Esteem, from the Maruti Udyog stable. Foreign cars, naturally, are considered the last word here.

Birthday celebration parties verge on the ludicrous, with "theme parties" being the rage. For a millionaire's ransom you have access to professional party organisers putting up a show for the evening. Dinosaur, WWF (World Wrestling Federation), not the World Wildlife Fund which may well have been the happier choice!) and Barbie Doll parties are the most heavily in demand at the moment, and create an atmosphere of artificial spending.

"The harm," notices psychologist Madhavi Gupte, "occurs when parents face a dilemma about, say, sending their daughter to a Barbie party. If each little girl is expected to carry her own doll, a family which doesn't have this toy is obviously going to be gripped by the need to promptly buy one. It's a vicious cycle involving vulnerability to suggestion, which media specialists exploit to the fullest." It is, in fact, interesting to know that in advertising jargon children are referred to as "the pester crowd", and a campaign accordingly tailored to be attractive enough to promote a craving unknown till then.

Appearances matter

Another major area that the consumerist lifestyle has radically altered is clothes. At the centre of a new breed of child-product industries, readymade garment manufacturers are contentedly laughing their way to the bank as cash counters jingle continuously, registering the success of their merchandise. Double income-earning families think nothing of wasting vulgar sums of money for equally tasteless clothes only sought for the prestige of the designer tag attached to them.

As the general manager of an upmarket department store in a north Bombay suburb inhabited by the *nouveau riche* reveals, brand names do roaring business because of peer pressure operating at school and junior college levels. It was only yesterday's child who unquestioningly accepted the clothes handed to him/her. Easier access to trips abroad has heightened the average child's consciousness of what is in vogue elsewhere in the world, and s/he begins clamouring for the same.

"Why is it," asks one perceptive mother, "that over and above the fancy clothes, electronic toys, computer games and video gizmos bought for kids these days, there are still absurd amounts of pocket money doled out too? Are children ever likely to

learn the worth of things then? Small denials no longer seem part of the bringing up process of children." Her sentiments get precisely to the root of the matter - parental attitudes. Consider the following situations.

At a playschool in Bombay two mothers exchange notes while waiting to collect their daughters. It is halfway through the term, yet it is the first day that one of them has seen the set-up for herself - a garage converted to cram a number of listless children. She wishes the maid had told her how dull and dingy the place is, "but I can't believe this, considering who's running it". Who's running it is a well-known socialite, admission to whose school is fast becoming *de rigueur*.

A tired housewife recently decided she would have to employ a second driver though her husband already has one with the company car. There was the nagging question of ferrying her primary school

Reams of accounts have documented and discussed the adverse impact of sex and violence witnessed in cinema and music videos. The magnetic hold these powerful media have over children and adolescents, particularly, is too well known to be dealt with here.

going children all over town to six different kinds of classes between the two of them. Painting, pottery, ballet, cookery, music and craft. Since one was at Colaba, another at Breach Candy, a third at Worli and so on, she could hardly spend her day going back and forth at various times. She quickly solved the problem. Hiring another chauffeur specifically for this purpose.

Even junior school functions have acquired a new dimension now, with competition replacing fun. At a so-called fashion show for these children, mothers spent upto a cool couple of thousands on designer outfits specifically ordered for the occasion from a leading city boutique.

Anxious parent syndrome

Underlying the three examples cited is the "anxious parent syndrome". One where a particular set of priorities suddenly has mothers making the youngest of children rush around madly "doing interesting things", so that practically every waking hour of their day is structured with them attending some or other class. If not being

whisked off for all these activities it is almost suggested that scant attention is being paid to their formative years, observes a mother who refuses to fall in with this band of status symbols - her own children have learnt just elocution and yoga for years.

Whatever happened to good, old-fashioned playing in the park or curling up with a book to read? Or, for that matter, spells of doing nothing at all? Child-care experts say there is much to recommend the last mentioned, what has been de



scribed as "mental staring" by humanities educator Joseph Chilton Pearce in his pathbreaking book *Magical Child*. Here, a section exploring the cycle of creative competence states: ".... the child needs solitude and quiet. Just as they (parents) must avoid exposing the child to sensory overload, they must avoid overloading his/her life with demands. S/he needs long stretches of unfilled time for mental staring." It is this unique idea of conceptual staring, as defined by the writer, that paves the way for full sensory discovery so essential to shaping intelligence. It is giving a chance to thought for thought's sake. This is thinking about thinking, as it were.

Stifling such reasoning is not the only casualty of the current trend of little eager beavers raging around "to do". There is the significant fear of a warped value system headed by the keeping-up-with-the-Joneses attitude that can easily be imbibed at an early and impressionable age by the child from a parent. With strong views on the subject, Binaifer Karanjia, professional stained glass artist at The Design Studio, remarks, "Everything is geared towards achievement today, but at what risk? Put a child in an exclusive play school but find out, is it safe? Like several pricey places they can be nothing short of breeding grounds for infections." Her children so far have swimming scheduled for their recreation, with perhaps another sport such

➤ Continued on page 40

A World of Make Believe

Advertising

Ajit Mani

It surely is a matter of concern when advertising sells fantasies and lifestyles rather than offering information on products and services, according to AJIT MANI. Advertising should help the consumer make an informed choice, but in reality misleading advertisements abound.

Advertising is reported to be growing at a rate of 40 per cent per year and it seems like there is no looking back. Here we will examine the implications of the current wave of advertising that has followed the mushrooming of consumer products in the Indian market-place. Our ministers tell us that the process of liberalisation and the dismantling of the permit/licence raj is irreversible.

Participation in the global economy by means of modern information technology has given consumers access to choices with considerably reduced regulation and control by the Government. The power of advertising and the scramble for the customer's attention and money raises the inevitable question, "Does advertising really serve the interest of the consumer?"

New products and brands

Our shops are now full of new brands and new products, with high quality standards and assurance.

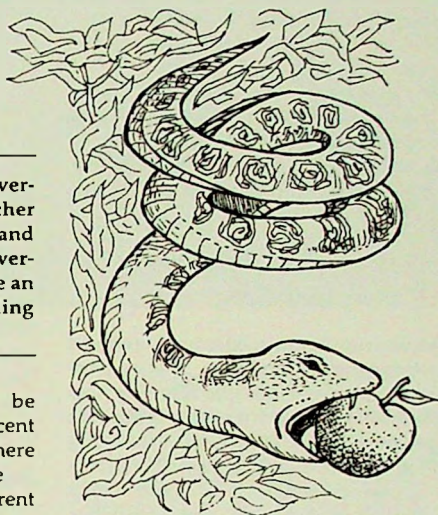
Although some of us have no sympathy for the bureaucrats who tried to tell multinationals in what sectors and product lines they could invest, we do worry about the numerous brands of bubble-gums, soaps, cigarettes and men's shirts that are appearing on our shop counters.

When several manufacturers begin to offer similar but not identical products, the quest for the customer's fancy and money begins in right earnest. At this point, advertising is summoned as the fairy Godmother who will turn a pumpkin into a coach and even a Cinderella into a beautiful princess.

Consumer research, creative skill, technological advantage and management are combined to emphasise the uniqueness of a product, referred to in marketing and advertising jargon as "Differentiation".

Product improvement and differentiation

Product improvement is one of the consequences of competition. Those firms which intend to remain in business have to constantly ensure consumer satisfaction in terms of product features and technological advancement.



For almost half a century, the Indian customer was forced to buy the Ambassador car with little or no product improvement, and indifferent quality in a seller's market. With the arrival of Japanese technology, Hindustan Motors has been experiencing loss of market share and is reported to be weighing the possibility of going into collaboration with General Motors of the USA.

If advertising can put obsolete technology and shabby workmanship out of business and create demand for new brands which embody state-of-the-art technology, we must agree that it certainly serves the interest of

the customer.

But this is one side of the coin. Product differentiation gives a producer a degree of power, normally associated with sole suppliers of a product. Advertisers tell us that branding is a guarantee of quality maintenance and reduces the time a consumer would normally have to spend before making a "rational" purchase. However, we are also aware of the magnetic "pull" of some carefully tended brands like Colgate and Bata and sometimes wonder if we were really "in command" of purchase decisions connected with such brands.

Product Improvement adapts the product to consumer demand, while Product Differentiation, with the help of advertising, adapts consumer demand to the product!

Real and imaginary differences

We have every right to be happy about the real differences of one product over another, which is highlighted by advertising. This could include information about new features, and technological improvements or cost advantages. But what of the imaginary differences?

A research study conducted recently had teenagers complaining about the promise made by a chewing gum called Centre-Fresh, whose ads had visuals of syrupy material coming out of the centre of a piece of chewing gum. "That's not real. It has no such juicy centre. And the flavour doesn't last for long. It's not worth seven rupees." One of the participants said that he would not complain if the product cost only five rupees.

At the 84th Annual Meeting and Conference of the Association of National Advertisers in 1993, the President, De Witt F. Helm Jr. said, "An advertising campaign may be an improvement in communications, but not an improvement in brand".

During 1993, in the USA, it was noted that many manufacturers had raised retail prices beyond the value associated with the brand by consumers. Philip Morris was cited as having made deep cuts in

the retail price of its flagship brand Marlboro, to recover sales lost to cheaper cigarettes.

In a Focus Group discussion which was part of the same study mentioned above, one young lady said that a certain shampoo "really delivers the promise made in the advertisement." The "promise" was that the shampoo would give the user's hair "body" and "bounce".

The lady wasn't able to describe what she understood to be "body" and "bounce"; but said that her colleagues at work noticed her hair was no longer limp; and asked how she managed to look so glamorous. We need to worry about such "promises" and products which appear to convince people that the promise has been delivered, through some psychological process which is not very clearly understood.

We have here two situations: in one, the campaign makes claims which the consumer finds to be unreal - to the extent that the consumer can even quantify the value in rupees he or she is prepared to pay for the product. In the other situation, the consumer believes she has experienced the attributes embodied in words like "body" and "bounce".

In the first case, we need not be concerned, because the market knows how to deal with products which do not deliver the promises it makes, even by implication. Many new products never live beyond the first two or three campaigns.

In cases where advertising has secured a customer through a process which must be described as nothing short of witchcraft, we do need to be worried. It is surely a matter of social concern that products are sold on the basis of vague promises and dream sequences which associate users with a new lifestyle.

In the next two sections, we examine the case against and for advertising to enable us to arrive at independent decisions based on a balanced argument.

The examples used to illustrate issues are from a study using Focus Group discussions with children, teenagers, women and men; and Depth Interviews with marketing and advertising "insiders".

Although the respondents frequently referred to print ads, the discussions were invariably centred around TV ads - particularly those appearing on satellite TV.

Misleading advertisements

Participants in Focus Groups frequently referred to ads which were misleading to the point of being deceptive.

"Can you dip a soiled shirt into a bucket full of detergent liquid and lift it out, gleaming white?" The ease of operation as depicted in the ad is unreal and causes a dissonance

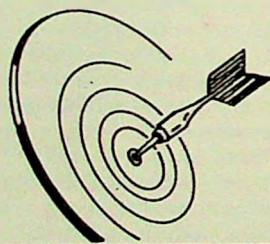
and dissatisfaction when the consumer tries out the product for the first time.

Participants pointed out the Videocon washing machines were not as easy to use as the ads suggested. Advertising experts said that they had to make the most of the few seconds they had to present the various stages in the use of the product. "Of course, there will be some exaggeration. It's a communication device to create impact and ensure recall."

A young mother was persuaded by her daughter to buy a Funschool toy which was advertised on TV. The close-ups of the toy looked marvellous; but when the product was finally bought, it turned out to be "just a coloured piece of plastic!"

Sometimes inappropriate for children

Children are programmed to imitate almost everything they see and hear. That's part of growing up. With multiple channels now available on television, it is very difficult to target advertising. Teenagers in the study recalled alcohol ads in remarkable detail, and appeared familiar with brand names like McDowell, Smirnoff, and Kingfisher. These teenagers said that although they do not drink, they might do when they grew up and had their own income. The enthusiasm for cigarettes was markedly less, and without exception, the participants recalled the public interest ad on Zee-TV which linked cigarette smoking with cancer. Half-clad women, suggestive encounters as in the ad



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for Haywards Beer ("Hi, I'm Sanju - Do you have another Haywards?"), appeared to be popular with teenagers for their entertaining, rather than titillating value.

Parents appeared to be upset about the fact that their children now knew all about condoms, thanks to the AIDS scare. "When we were young, who knew what condoms were until we went to college?" One parent said that his five year-old son thought that Nirodh was a tablet for AIDS.

The KS (Kama Sutra) condom ad evoked mixed responses from participants of various groups. "What was the need to splash the ad on hoardings all over the city?" Communication professionals said that a bold ad like that, claiming respectability from ancient Indian culture was needed to nudge middle-class conservatism and hypocrisy.

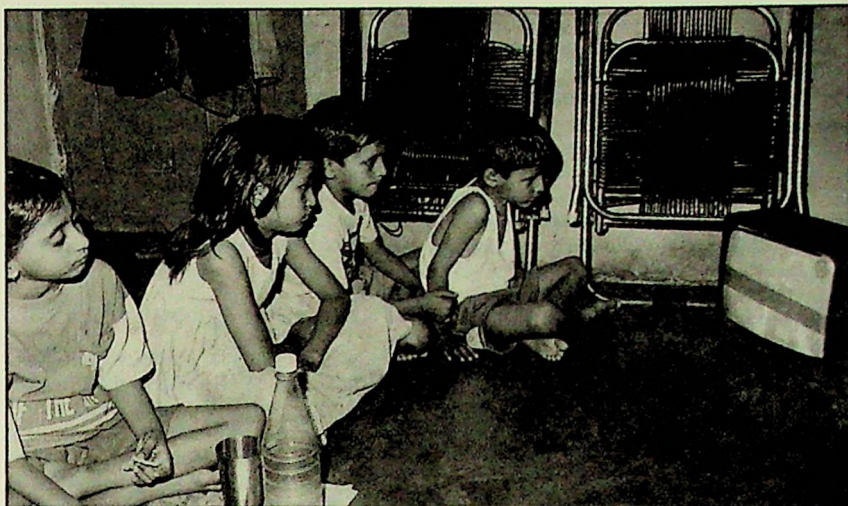
The Yankee Doodle ad featuring Madhu Sapre was seen by parents as an obscene ad, although children and teenagers did not appear to recall the ad.

Children said that they were under tremendous pressure from their parents to study and do well in examinations. As a result, their viewing was strictly supervised. Frequently when mothers felt embarrassed, they sent their children to do small errands or even to study as a censoring technique. Many mothers distinguished between obscene ads and "adult" ads. They felt embarrassed in the presence of their children, but didn't feel that these ads should be banned. Parents preferred watching programmes like **Bold** and **the Beautiful** and **Dynasty** without their children around. "If real life is not like that, it's a great fantasy. It's quite entertaining, and I feel the same about what you call "obscene" ads."

Teenagers in the study appeared to have far more freedom over their viewing. They frequently watched programmes when both parents were not at home, and had an opportunity to see "everything."

Stereotyping women

Some women participants felt that women were portrayed as middle-class shoppers looking for bargains. "But we are talking to middle-class women, and what's wrong with looking for bargains?" asks an account executive. There are some annoyance among women with the picture of the dressed-up and made-up woman who was at the door to receive her husband when he returned from work. "You never see women as bosses or leaders in a mixed group." This serves to perpetuate old-fashioned attitudes when ads could serve to change attitudes. "But that's the way life is", contends a creative director, who says that advertising is a true reflection of real life.



A captive audience : absorbing consumerist images

"Why are all our models fair-skinned? Are all Indians so fair?" This question gets the answer that advertising also reflects typical Indian attitudes.

However, there was no clear explanation why a female model should be shown in a tyre ad or as a prop with any other industrial product.

This is not an exploitation of women, because the models have obviously been paid very heavily. Aishwarya Rai appears in a tastefully made ad for Philips. And if the consumers feel so strongly about it, they can switch the programme off, and also refuse to buy the product.

Some ads irritate or annoy

During the study, we tried to understand which ads were found to be irritating or annoying. The teenagers group found the BPL campaign for the Home Theatre System irritating because it appeared too frequently, and because the young model was very artificial. However, parents found this campaign very entertaining.

The VIP ad for men's underwear ("What has he got that I don't have") was cited as a top of the mind example of an ad made in extremely bad taste.

Ads for sanitary towels were embarrassing and irritating, especially in the middle of a film being viewed by the entire family.

The conclusion seemed to be that apart from viewing time, it is very difficult to target television ads, as a result of which the wrong audience got to see various ads. Non-target audiences expressed irritation with certain ads, particularly because of the embarrassment caused in the presence of the rest of the family, including house servants.

Creates social tensions

It is very clear that advertising is targeted at people who have money to spend - the 300 million affluent middle-class of India. In most cities, there is a segment referred to as "Maruti Class" - the affluent who own a Maruti car. What about people who do not have the money? Are we raising expectations which cannot be satisfied? Are we lining ourselves up for a backlash from the have-nots?

During 1991, research in seven slums in the heart of Bangalore city revealed that car stereos were a favorite item among petty thieves, not because they were easy to convert into money, but because it was one way of hitting back at the rich youngsters who arrogantly drove past blasting rock music.

The same research study showed that Maggi Noodles and Cup O'Noodles were perceived as more nutritious than rice or bread. Street children saved money to buy a slab of Cadbury's chocolate which cost ten rupees, rather than a very good rice and curry meal.

Case for advertising

Is there a case for advertising? Of course there is! Advertising has become what it is because it pays for itself. Would hard-nosed product managers spend their budget on advertising which doesn't work? Advertising is obviously measured by the amount of sales it can generate. If an advertising campaign doesn't pull in substantial sales, it will die a natural death.

Informed choices

There is obviously a distinct difference between information ads and competitive ads. While competitive ads may be wrangling about largely similar products, informative

ads give the customer choices, the main indicator of a free and developed society. Many individuals feel that advertising is a mirror of social behaviour and sets high standards for an achieving society.

Apart from anything else, viewers find ads to be entertaining. Captain Cook was picked out by group after group as an example of an entertaining ad which worked.

Freedom of speech

Essentially, a seller is talking about his product or brand. We don't want some shabby bureaucrat to tell us what is good for us and what is not good for us. The power of the omniscient and omnipotent Indian Government has been eroded with the arrival of satellite TV. "Doordarshan can't dump government propaganda on us any more. Simi

If advertising can put obsolete technology and shabby workmanship out of business and create demand for new brands which embody state-of-the-art technology, we must agree that it certainly serves the interest of the customer.

larly, we don't want the lower middle class values of ministers and bureaucrats thrust down our throats. This is the age of the mature Indian consumer. We will decide what is obscene and what is not."

Any ad should be allowed regardless of the product or presentation, provided the ad maker meets legal requirements. Interpretations of what is good and what is bad taste can be very subjective. After all, if the ad is bad, it is the brand which suffers. If the non-target viewers do not like the ad, they can switch to another channel.

Supports national communications

Advertising specialists were quick to point out that many newspapers, magazines and indeed Doordarshan depended on advertising revenue to stay in existence.

Events like cricket series and football matches depend on advertising sponsorship to pay for itself.

Well meaning but naive journalists frequently create holy smoke about major brands hogging all the advertising on cricket series without realising that there is a symbiotic relationship.

Apart from the employment created in the advertising and research businesses, high levels of consumer spending lead to higher levels of employment in the economy.

At the end of the day, it appears that advertising is something we have to learn to live with, and which cannot be wished away by NGO activists.

However, this is not a defeatist position which accepts that if rape is inevitable, it is better to lie back and enjoy it!

Control institutions

There are several institutions which hold advertising in check, apart from the market itself.

In India, we have the "Three A's of I" (AAA of India) which has a self-regulatory function. This is an influential institution, although Indian ad agencies have personalities of their own.

Competition in advertising is considered to be a good control institution, because of high professional standards.

We would like to see less and less of our ham-fisted government meddling in consumer choice, and more and more of non government organisations (NGOs) in the area of consumerism.

If the consumer NGOs could become a powerful force, they could even demarket some generic products like cigarettes and alcohol.

Can we look forward to the day when advertising commissioned by consumer NGOs will ask customers not to buy hand-made matches because they perpetuate child labour?

The need for public policies

In India today, NGOs have a great role to play in crystallising people's aspirations and feelings, and incorporating these in policy making.

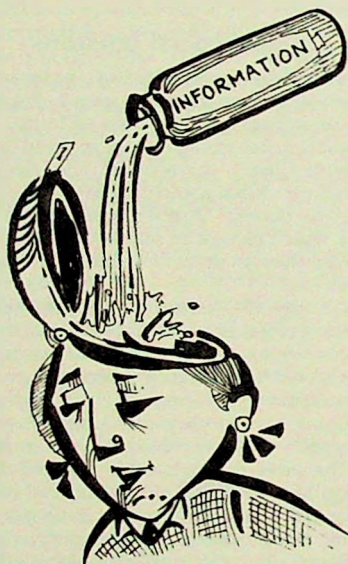
We are living in an age of change, and we cannot turn the tide back. Having informed choices appears to be what could make the difference between cultural invasion and evolutionary change.

This is an age when we are asking for a reduction of Government interference in our daily lives. While we strive to keep a bloated bureaucracy out of our hair, we must determine our own codes, and be prepared to regulate ourselves.

Ajit Mani is Managing Director, Intervention (India) Pvt. Ltd, a group that offers consultancy on social, environmental and public policy matters.

valuation of a student's answer script in an examination by the University of Bombay. The student had asked for revaluation, but this had been so delayed that she had to miss a year. She wanted damages to be awarded by the University for the loss of opportunity. The State Commission had upheld the claim and had awarded a conservative sum as compensation. The University had gone on appeal to the National Commission.

In an earlier case the National Commission had taken the view that evaluation of answer scripts, revaluation or retotalling upon request by students, though paid for specifically, cannot be termed as service for a consideration and that any dispute arising out of this cannot be termed as a consumer dispute. In this petition also, the National



Commission had reiterated its earlier decision and set aside the orders passed by the Maharashtra State Commission.

Unfortunately, the press had mistakenly taken this to mean that education per se had been taken out of the CPA (and not just the valuation of papers) and fuelled unnecessary misgivings on the subject.

While there is yet some ambiguity with some State Commissions refusing to admit complaints related to educational services, it must not deter consumers from raising voices in dissent and advocating a more comprehensive way of covering educational facilities/services under the CPA.

Srinivas Narayanswamy is Chairman, Consumer Protection Council, Thanjavur.

as tennis or squash encouraged later for exercise.

"Otherwise, what does this amount to in the end?" she continues. "Why must six-year-olds bake their own cookies and fry potato crisps or shape stylish pots and be forced to play the flute? Not too many are going to emerge prodigies. It's more likely the mothers want to get the kids out of their hair."

Too much, too soon?

Escaping the energetic presence of children without the guilt of neglecting them may explain why they are readily bundled off variously. According to Manjula Screwvala who runs Head Over Heels, a kind of gymnasium for babies accompanied by mothers, the important thing is that no parent should be led into believing that such and such is the best for a child. "But there is certainly no harm in introducing every child to a range of activities in moderation. Never push - the personality of a child ought ideally to determine what s/he could do and not what parents think right. The idea is to guide without deciding for."

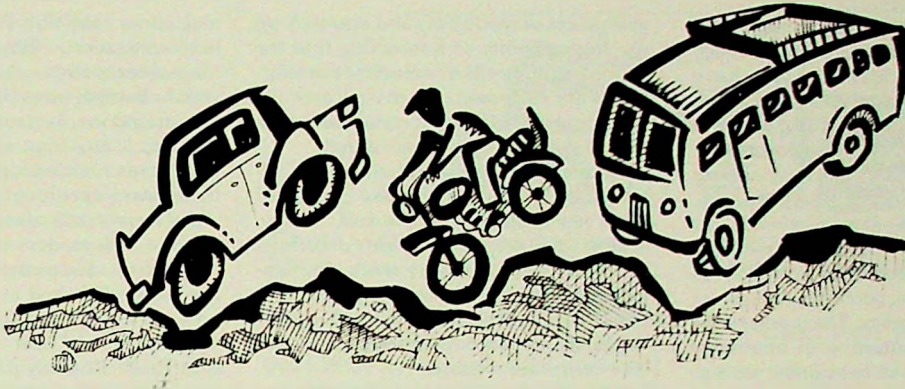
It has often been argued that a series of activities outside the home at least reduces television viewing opportunities. In reality, despite the seductive combination of sight, sound movement and colour which make the twenty-inch-screen medium as gripping as it is, children have always proved sensibly reactive to plenty of other distractions. The simplest events turn out most popular. Stimulated enough, any child is happiest doing what s/he loves best: usually, being somebody else. Indulging in unfettered dramatic flings can teach the child confidence and originality. Make-believe dressing up *sans* expensive costumes, imaginative messing with water, sand or dough, laughing over a game of hopscotch...the possibilities are endless. The pleasures to be chosen by the child alone.

In the ultimate analysis, the simple words of Rabindranath Tagore eloquently summarise the effect of withstanding the onslaught of the too-much too-soon consumer boom. As children playing together he recalls how he and his brothers were never given an excess of toys - "That is how we developed our imagination," he remarked.

Mehan Marfatia is a freelance journalist, based in Bombay.

Checks and Balances

Making Transportation Systems Accountable



Mr. A on his moped is edged off a city road by Mr. B in his truck. Mr. A finds himself navigating a mega pothole and loses his balance, sustaining injuries from his fall. Can Mr. A take the city corporation to the court for neglecting its primary duty in keeping city roads navigable and safe? Is road maintenance a mandatory function of government?

And like Mr. A, what of countless others, who've suffered damage or injury due to unmarked road dividers made invisible by oncoming headlights, due to poorly illuminated streets, stray animals, malfunctioning traffic signals etc? What of pedestrians who've hurt themselves negotiating dangerous carriageways because footpaths are simply unusable? As consumers of a service or amenity provided by the city corporation to which they pay taxes, do they not have a right to safe roads and freedom of mobility?

In its present form, the consumer protection act does not allow recourse to consumer courts for instances such as these. But if the consumer awakening implies that providers of a service/amenity or product must be accountable for quality to its consumers or purchasers, then surely there is scope to widen the purview of COPRA.

If we must adopt western models of urban development, we must also incorporate the checks and balances that most western societies accept in consensus.

Take public transport, for example. Like most metros in industrialised countries, Indian cities urgently need to give primacy to public transport systems. So far, there is no coherent policy on transportation and traffic in this country, especially as far as the consumer is concerned.

Our cities, 12 of which accommodate 40 per cent of all the vehicles in the country, merely move from one crisis to another, and the crucial importance of traffic and transportation management in the development of urban areas is underplayed or ignored.

So, instead of keeping the pedestrian, the cyclist and the user of public transport as the cornerstones of traffic policy, the government is recklessly and unrestrictedly encouraging millions of cars, and worse, two wheelers on our roads each year.

By 2000 A.D., we will have 30 cities with a million-plus population. In some of them, it is still not too late to learn from the experience of other cities and give prime importance to non-congesting transportation systems, that is : pedestrians,

Can Mr. A take the city corporation to the court for neglecting its primary duty in keeping city roads navigable and safe?

public buses and cyclists.

Any upwardly mobile citizen's first dream is, understandably, to acquire a vehicle for personal mobility (most middle and upper class people believe that public transport is what others must use). But, as western countries discover to their chagrin, personal mobility taken to an extreme means reduced mobility for all. Too many private vehicles, quite simply, choke up roads. When individual freedom becomes collectively damaging, it has to be restricted.

But will the newly awakened consumer, bold and confident of her/his rights, agree to restrictions on personal freedom? Here we turn to the other face of consumer issues. The same consumer who may justifiably demand city government which is accountable to tax paying citizens must also accept that his rights as a consumer are incumbent upon the larger interests of society, whether in transportation or in anything else.

The Indian consumer movement will come of age only when it is generally accepted that both providers and consumers of a good or service are reciprocally accountable. ■

Rohini Nilekani

Time to Press Further

The role of the press in moulding public opinion has been a subject of great interest. Several studies have been carried out to analyse the influence of the press on social, political and religious movements. While the forties saw the press fighting for the cause of freedom and social regeneration of India, the late seventies saw a crusade for political consciousness. The Emergency of 1975 generated fresh perspectives on political rights, constitutional liberties and human rights. The masses who were hitherto content with entertainment columns and headlines, started looking beyond. In fact the press was responsible, to a great extent, for the formation of several civil liberties and human rights groups.

Growing consumer consciousness

In the past few years, particularly after the enactment of the Consumer Protection Act (CPA), there has been widespread interest among readers about their rights as consumers. The consumer movement is relatively a new phenomenon in this country; however, in less than a decade it has made remarkable progress. The number of cases filed in various consumer fora and the spurt in the growth of consumer organisations is a reflection of growing consumer consciousness.

The average consumer who was at the receiving end, is now more assertive and cannot be taken for granted by the traders. While voluntary consumer organisations have been doing their best to bring about this awareness, thanks to the press, the consumer movement is here to stay.

Since the enactment of the CPA and even before that, newspapers and magazines have been responding to the needs of the consumers in more than one way. Apart from publishing articles, columns and public interest news stories, newspapers have also tried to come to the rescue of the harassed consumer. For instance, *The Indian Express* was one of the earliest newspapers to start a Consumer Complaints column. It carried the problems and

grievances of consumers and also took up the responsibility of forwarding it to the concerned authorities/agencies/manufacturers for redressal. In many cases the reply was published and consumers were able to get their grievances settled.

The success and popularity of the column in *The Indian Express* prompted other newspapers to follow suit. Today, almost all newspapers carry a consumer complaints column every week. The language newspapers are not lagging far behind. This is some indication of the growing interest expressed by the press to further consumer welfare.

The number of letters to the editor on consumer issues have also increased to a great extent. Earlier these letters were confined to comments on editorials, features and edit articles. But increasingly newspapers have been publishing letters of consumer interest. The inadequate number of cash counters at electricity and water board offices, erratic water supply, power cuts without intimation, shortage of city buses, absence of bus shelters and such other problems are given importance both in terms of space and number of letters.

Consumer columns

Despite the fact that newspapers have a slant towards politics, crime and corruption, consumer issues do find a place in columns, both own and syndicated. The Bangalore based *Deccan Herald*, *The Indian Express* and the Hyderabad-based *Newstime*, have been carrying a column exclusively on consumer issues for the past ten years. Recently the Madras based *Business Line* from *The Hindu* group, has started a column on consumer subjects.

The north Indian newspapers have gone one step further by devoting an entire page to consumer issues. For example, the Delhi based *Pioneer* carries a full page on consumer related topics every fortnight. *The Times of India* and *The Telegraph* have columns every week. *The Telegraph* also carries a Helpline column, where consumer grievances and possible solutions to them are discussed by consumer activists.

Apart from the newspapers, regular

magazines have also come forward to help consumers. One of the earliest magazines to start a consumer column was the Bombay based *Femina*. Though the magazine is targeted towards women, it has been successful in attracting male readership as well through their consumer column. Regional magazines have made similar attempts to educate their readers on their rights as consumers. Consumer action guides are being published to inform readers on ways to register a complaint, where to complain and how to follow up the complaint. Recently a Kannada magazine published a small booklet to be handed out as a complimentary copy along with its annual issue. Apart from individual issues, class issues like pollution, unjust price hike, adulteration, quack medical products have also figured in many magazines.

Space for more

Despite the fact that the press has played a vital role in educating consumers, a lot has been left uncovered. It is interesting to note that while newspapers have correspondents to report exclusively on politics, films, crime, stocks and shares etc. there is no newspaper which has a correspondent exclusively for consumer affairs. The reasons are many. For one, no aspiring journalist is interested in this area. In the words of Raj Chengappa of *India Today*, "a career as a consumer correspondent is less glamorous and important than the one that spans the whole gamut of news".

Many newspapers and magazines are not interested in consumer affairs. The nation's best magazines like *India Today*, *The Week*, and *Sunday* do not have correspondents for consumer issues, nor do they have a column devoted to such issues. And the same is the case with language magazines.

Consumer issues are not confined to complaints and their redressal. The Indian consumer who is bombarded with a plethora of brands of consumer durables, needs to be educated about their quality, price etc. Evaluation of

products does not find a place in press coverage. Today, the average consumer does not know the difference between the soaps, toothpastes, shampoos etc. which s/he uses. The price variation appears too wide when one compares products on the basis of quality. The press can play a more meaningful role in promoting consumer awareness, if they focus on such analyses.

Similarly, the quality of articles that cover consumer issues, their depth and range leaves much to be desired. The south-based newspapers are far behind their northern counterparts. For instance, the articles published in *The Pioneer* and *The Telegraph* are interesting and relevant, whereas southern papers sometimes just reprint the brochures supplied by the concerned agencies/departments.

Poor coverage

Many judgements that have far-reaching implications have been passed by various State Commissions and the National Commission. Strangely, however, they are not reflected in the columns of Bangalore, Madras and Hyderabad newspapers. Whereas, *The Pioneer* and *The Telegraph* comment on them exhaustively. Recently the Madras High Court passed a judgement that education does not come under the purview of the CPA. But the southern newspapers are yet to comment on this.

There is a common belief that consumerism is something connected with prices and products. As a result, consumer columns are filled with comments on cases related to consumer goods and durables. The newspapers have yet to break free of this conservative approach. Increasingly, consumers are interested in the stock market, civic amenities, nursing homes, medical services, essential public services and so on.

For the press to be a more effective and active player in the consumer protection movement, increased interaction between editors, correspondents and consumer activists is a necessary step. Providing an enabling environment for activists to write would certainly further the cause of consumers, one and all. ■

Y G Murlidharan is the Executive Trustee of Consumer Rights, Education and Awareness Trust (CREAT), a Bangalore-based consumer group.

Change in the Air All India Radio



Radio and T.V. have often been accused of promoting consumerist trends among various sections of Indian consumers. Yet, the same media have launched consumer awareness campaigns that further the cause of social education.

The relevance of radio in this context, becomes more transparent as it is the single largest medium that reaches the common person. Besides, in a country like ours, where the effective literate population can be counted, the role of radio becomes more and more meaningful.

Consumer education

All India Radio, realising its social responsibility to the people of India and the role it can effectively do, has aired a number of programmes on Consumer Protection. In fact, the focus of all these programmes has been on educating a common consumer on her/his rights and how s/he can discharge them.

All India Radio has also realised that sporadic programmes devoted to consumer issues do not fetch the desired result. Hence, almost all AIR Stations have done interactive programmes in a series, touching upon all aspects of consumer education.

This series of interactive programmes on consumer issues were aired from Dharwar, Mysore and Bangalore. The series sought to enlighten consumers on the legal protection envisaged by the Consumer Protection Act (CPA), services covered under the CPA, and how to approach a consumer forum. Grievances related to agencies like banks, the Karnataka Electricity Board, railways, and water supply were tackled and also redressed. Here, AIR played the role of a catalyst on the one hand through consumer education programmes, while on the other sensitising concerned officials in consumer fora,

industry and trade as well as ministers in charge of various departments.

Common problems

Adulteration of food articles, deception in weights and measures, spurious drugs, exploitation in the supply of cooking gas, the malpractices in the Public Distribution System, wrong and misleading campaigns waged by manufacturers of cosmetics, erratic supply of kerosene etc. were also addressed and the concerned authorities were pulled up during interview sessions with them. This had a profound impact on the audience. Some of them even contacted AIR for redressal which was eventually done by approaching the authorities in question or by forwarding the complaints to the consumer forum.

Different stations called the series by different names. Mysore called it "*Aeli Aeddeli*" meaning "Up! Get Up", Bangalore called it "*Grahaka Jagruti*" meaning "Consumer Awareness", Dharwar called it "*Nimma Sevegagi Naavu*" meaning "We - at your service".

The impact of all these programmes was quite encouraging as a number of problems could be sorted out. However, it is important that AIR continues this campaign as any let up in this endeavour may prove very dear. ■

A S Chandra Mouli is Audience Research Officer, All India Radio, Bangalore.

They Promise You the Stars

The NRI brat on Star Plus whose ears you're dying to box is listing out the things he hates. Or, to put it in his eloquent though primitive fashion, the things to which his reaction is a jarring: "Gyeeeah"

He wants to throw up at the mention of heavy schoolbags, his little sister pestering him and his Bina aunty who pinches his cute cheeks. He wants to throw up at the thought of eating bittergourd (*karela*, which he pronounces as "curella"). Relatives, in the ambit of the "nuclear" generation, are a breed to be despised. And who wants to eat curella when chocolates beckon bright?

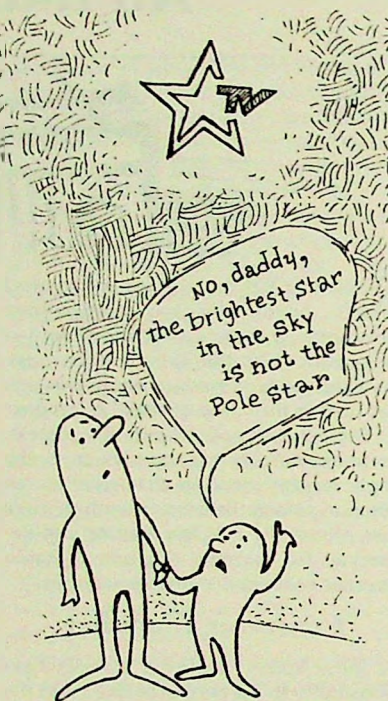
The good life

Satellite television is constantly feeding us sugar and spice and everything nice. No healthy bites of *karela* to remind us of the bitterness of some people's lives. The mood is upbeat. Suffering is just an image that can be wiped out by a Liveaid or a Michael Jackson singing "Heal the World".

Pretty soon, our kindergarten primers might start carrying "E is for Entertainment" and "C is for Consumerism". The two go hand in hand. The teenager, whose ultimate dream is to be a performer, simply cannot get her dance steps right, so she munches a 5-Star bar for inspiration, and *voila*, she does a perfect number. The lyrics in the background go: "Reach for the stars".

Eager-eyed members of the burgeoning middle class have been gulping down sweet froth in more ways than one. Doordarshan (DD), in a desperate attempt to catch up with satellite television, has been cashing in on the E-word for all that it's worth. Information is boring, say the viewers. We want more movie-based programmes and fewer documentaries on biogas. And DD is only too happy to oblige.

Did someone mention education? Well, Channel V does tell you to "Get



yourself an education" - by tuning in to Videocon Flashback to raise your level of knowledge about old Hindi films.

The accent is no fun. The good life. Television is undoubtedly targetting the consumer, not only in the commercials but in the lifestyles being promoted in various programmes. Star Plus is selling you more than just sneakers, suits and TV sets: it is selling you the American way of life. Channel V unabashedly proclaims: "Tune in to America. The Land of the Free." Liberalisation is confused with liberation.

Women in advertising

Talking of liberation, it is interesting to note that, true to the norms of a consumerist culture, there is a sudden resurgence in the blatant use of women in advertising Indian consumer products. A woman's bare belly is juxtaposed with a "full, flat" TV screen. She complains: "Why can't I have a flat stomach?"

Yes, no stomach is flat enough, no waist slim enough, to match the western ideal. Slimming is in, on TV. You have work-out programmes, ads for the Double Burner (not a gas stove but an exercise machine

that ostensibly burns fat twice as fast) and an emphasis on beauty contests. A picture of Ash (as the "unpronounceable" Aishwarya has been renamed by the western media) now smuggles into the teenager's wallet.

The liquor ads that Doordarshan rejected on moral grounds may have gone to Star Plus but as far as advertising goes, DD still reigns supreme. Needless to say, consumer products occupy pride of place on all DD channels as well.

If the consumer is king or queen, in the new scheme of things, he/she is also an illiterate king/queen. Nobody is talking about educating him on his rights.

Reaching the middle class

Television does cater to the middle class consumer of durables, rather than the poorer class of consumers of basic amenities like water and shelter. And there is precious little being done to inform this breed of consumer how not to get bamboozled.

We might soon have, as in the West, an entire channel devoted to consumer goods: programmes where the qualities of each new product are extolled by the comperes. We are going to be bombarded with no-holds-barred mudslinging and a stupefying number of claims and counter-claims. Only a vigorous consumer movement can help the consumer navigate his way through this maze.

Amidst this whirlwind comes a small voice: what about opting out of the race? Saving the earth's resources?

Oh pur-leease! Or, to say it with the monosyllabic eloquence of the NRI brat: "Gyeeeah!"

CK Meena is a freelance journalist and Assistant Professor, Asian College of Journalism set up by BD Goenka Foundation.

Organised Citizen Response

The Consumer Movement in India

Vasanth Kumar Parigi

Since the days of barter trade, consumer protection has gained increasing significance. V K PARIGI traces the history and evolution of the consumer movement in India and presents a critique of the same.

The protection of people against economic exploitation has existed for several hundred years. During the middle ages, the dishonest traders had their hands cut off, a trader selling shoddy goods would be dragged around the town with his wares tied around his neck! Magna Carta established standard measurements for wool and the first regulations regarding bread sizes were established in 1226 AD. Sale of adulterated food and drink was made subject to criminal penalties in the 14th century.

It was not until the middle of the 19th century that the first parliamentary moves for the statutory protection of consumers on a large scale were made. In 1852 the Merchandise Marks Act was passed in the UK, and in 1878 the first Weights and Measurements Act. Then came the famous Sale of Goods Act 1893.

Historical background

Coming to our own country, we find references to unfair trade practices, food adulteration and punishments to be meted out to the erring traders in the laws of Manu. But in those days of barter systems, the consumer and the producer/trader knew each other personally and there was little scope for the producer or the trader to cheat the consumer. Industrialisation came to India along with the East India Company and the British introduced the same laws as in Britain which inter alia protected consumers although they were mainly meant to regulate and control trade and industry.

Some organised effort to protect consumers from middle men was made in the 1940s by freedom fighters such as Sri Tanguturi Prakasam, and Rajaji in the South by starting consumer cooperative stores to retail essential commodities to the consumers. These consumer cooperatives made their mark wherever the organisation was sound and free from corruption. After the 1950s all of them became political and a rich source for making money by the politician-directors who swelled into the management of the consumer cooperatives. The Planning Commission during the regime of Sri Asok Mehta constituted a price monitoring cell in the Commission to review price trends and advise the government whenever measures were needed to



protect consumers from rising prices.

The Chinese war saw the reality of consumer exploitation where traders resorted to unfair price increases, blackmarketeering and hoarding. Citizens in Delhi and Bombay set up price rise resistance movements and organised morchas, and demanded an effective public distribution system to cater to the economically vulnerable people.

As an organised movement, it was in the mid - sixties that nine educated housewives in Bombay set up the Consumer Guidance Society of India to tackle the problems of consumers in a systematic manner. Historically the year 1973 is a very important year for the Indian consumer movement. It was in this year that the crippling effect of price spiral spurred people to spontaneous action and more than 50 to 60 consumer organisations were formed by citizens themselves without any political prompting. The movement launched by Sri Jayaprakash Narayan, in recognition of this spontaneous citizen's response to the threats posed by unscrupulous industry and trade and an indifferent government, included consumer protection and consumer solidarity in its objectives.

For over a decade, the consumer organisations were campaigning for a comprehensive legislation to protect consumers on the pattern of laws that were made in the West. In April, 1984, the United Nations Organisation passed in the General Assembly the UN Guidelines on consumer protection, and member countries were called upon to pass suitable legislations based on these guidelines.

Consumer Protection Act, 1986

Ultimately, in December 1986, the Rajiv Gandhi Government passed the Consumer Protection Act (COPRA), and a three-tier judicial system at the district, state and national level was set up to compensate consumers against losses and damages from the sale of shoddy goods and negligent services. Actual implementation of COPRA began only from 1989 after the state governments set up the District Consumer Disputes Redressal Fora. Today there is a Consumer Redressal Forum for each district, a good number of them function regularly while a few function only on Saturdays. Over three lakh cases have been filed across the country in consumer fora, and around 30 per cent of the cases have been disposed of. Efforts are being made to improve the disposal rate of the cases with added manpower and infrastructure.

The Consumer Protection Act, 1986, is not meant to be a panacea to all woes of consumers. Its objective is to financially compensate consumers against injustices in the market place, and not to provide

basic needs to the people. Therefore it is naive to expect the Consumer Protection Act to improve the economic conditions of the poor or play any catalytic role in providing the basic necessities to them.

Spurt in consumer organisations

Following the enactment of the Consumer Protection Act, there has been a spurt in the number of consumer organisations in India, which were around 180 prior to the Act and now are over 900. Andhra Pradesh alone has over 450 consumer organisations. The movement which was initiated by the urban middle class has now percolated to the rural areas except in some states such as Uttar Pradesh, Bihar, Madhya Pradesh and a few other states where it has made no impact at all.

Whenever consumers are spending on luxury and conspicuous consumption they are voting for exploitation of the poor and the downtrodden. It is this message that has to be broadcast by consumer organisations in India in their mass contact programmes.

The right to basic needs and services is recognised by the International Organisations of Consumer Unions (IOCU) - a global body of consumers - as one of the important rights of consumers. Consumer organisations in India are concerned about the basic needs of the millions of poor masses, who have no access to the basic needs such as food, water, clothing, shelter, sanitation, health care and education. But it is the task of the political system that gives power to the elected governments, and it is the responsibility of those in power to evolve and implement policies and action programmes which can deliver the basic needs of the masses. It would be foolhardy to expect the consumer movement to achieve this objective in the present social, economic and political context.

Increasing scope

All consumer movements, on the other hand, can work towards improving "the quality of life" of citizens. It may be all right to test colour TV sets or some other household equipment but similar approaches and methods - to question, test and

evaluate - should be applied to other areas of life such as housing policy, education policy, environmental issues, disposal of toxic wastes and so on. The consumer movement is not for training people in the art of acquiring more and more personal possessions, but it is concerned with social, economic, community responsibilities - even more so in a system in which economic and social inequalities persist to a very large extent.

A great deal can be said both for and against economic liberalisation. We must

realise that the age of centralised or controlled economies with regulations and control by the state is over. The swift changes in the former USSR and East Europe have baffled many, but the reality is that consumers want choice, and choice is the aim of the market economy. With the technological improvements in communication and transportation, globalisation of markets has become a natural phenomenon. But we cannot globalise markets, without globalising incomes. It is here that the perceptions of the multinational corporations (MNCs), the World Bank, the IMF and other international bodies differ with those who seek justice for the people in the developing countries.

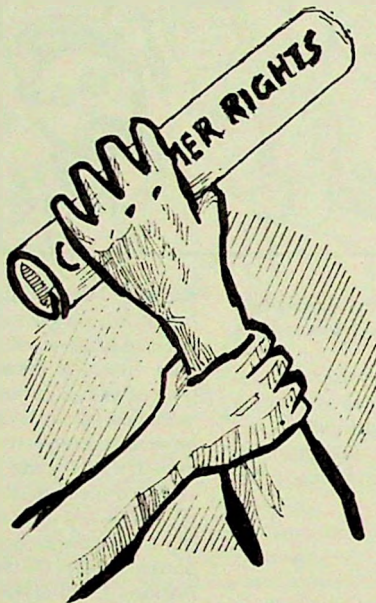
Challenge ahead

The consumer movement in India will have to address itself to the challenges posed by the economic liberalisation process, the opening up of the rural markets to high pressure advertising and merchandising by all-powerful MNCs who have the skills and the wherewithal to change our age-old and healthy traditional patterns of consumption overnight. Already we see that much damage has been done to the nutritive food consumption habits of the rural masses by the subliminal advertising of foods such as Horlicks, Bournvita, Complan and Maggie Noodles. But who cares?

The response of the electronic media to consumer protection issues has been dismal and negative. In spite of repeated appeals to Doordarshan authorities by the consumer activists in the Central Consumer Protection Council (the apex body under the Consumer Protection Act) no time slot has been given for consumer education on Doordarshan programmes. Many advertisements of unsafe, hazardous, adulterated, and substandard products appear on the TV and are aired on All India Radio (AIR). Consumers are not represented in the panels which are supposed to screen advertisements before being accepted by the government electronic media.

The Press has been playing a very helpful role in championing the cause of consumers. Many newspapers, both English and language dailies and periodicals, carry articles on consumer protection issues and run exclusive columns on consumer issues and redressal of grievances. The language press can play a major role in spreading consumer awareness in the rural areas with wider consumer news coverage.

It is fashionable to speak on the "empowerment" of the poor. Over the last four decades several poverty alleviation



The movement which was initiated by the urban middle class has now percolated to the rural areas except in some states such as Uttar Pradesh, Bihar, Madhya Pradesh and a few other states where it has made no impact at all.

programmes have been implemented by various governments at the centre and the states, costing several crores to the exchequer. The benefits have, in fact, been reaped by the middle men and a new class of contractor - politician mafia have taken over charge of these programmes. The only way to empower the poor is through income generation on a regular basis and distribution of resources such as land, water and inputs - which is a far cry, given the present political, economic and social structure. This is not an area where consumer organisations can enter to play any major role except that they declare their solidarity with the social and political movements that aim to achieve the empowerment of the poor. Nor is it the ambit of the Consumer Protection Act.

Fresh perspective

The entire concept of providing basic needs to the poor needs a fresh look. Governments and political parties are fond of grandiose plans costing several crores without recourse to local resources and local initiatives. Water supply, power, sanitation and health care services could have been provided long ago to all people in the rural areas had we used low cost technology, locally available labour and cash resources through compulsory contributions from the agriculturally rich landlords. Poverty and inequality are linked issues, and effective instruments to eradicate poverty should have teeth to tackle both poverty and inequality simultaneously.

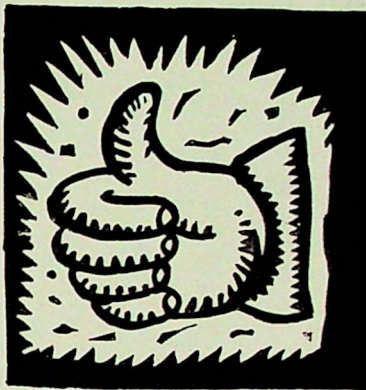
Economic liberalisation no doubt may bring in faster growth rate and an increase in the per capita incomes but would not bring about better life for the poor because of discriminatory distribution built into the system. A vibrant consumer movement can throw up these contradictions in the system and create an awareness among the well-to-do consumers so that they realise their social responsibility.

Whenever the rich or the middle class consumers are spending a rupee they are voting for a particular economic system. When the rupee is spent on foreign branded goods or goods produced by mega technology the vote is against the poor employed in the handloom and the cottage sector.

Whenever consumers are spending on luxury and conspicuous consumption they are voting for exploitation of the poor and the downtrodden. It is this message that has to be broadcast by consumer organisations in India in their mass contact programmes.

Need of the hour

A vibrant consumer movement in India needs visibility if it is to be effective. It cannot confine its activities to filing of cases under the COPRA in consumer fora or in holding numerous workshops and seminars, where VIPs invited for the inaugural and valedictories sing their usual "dirge". Boycott squads and picketing squads



should be set up by every consumer organisation to make consumer protest visible and effective. The shops of the dishonest traders and the offices of the indifferent government officers and public utilities should be targeted for picketing. Social boycott as an effective weapon must at least be given a trial, to bring corrupt public servants who are anti-consumer, to book.

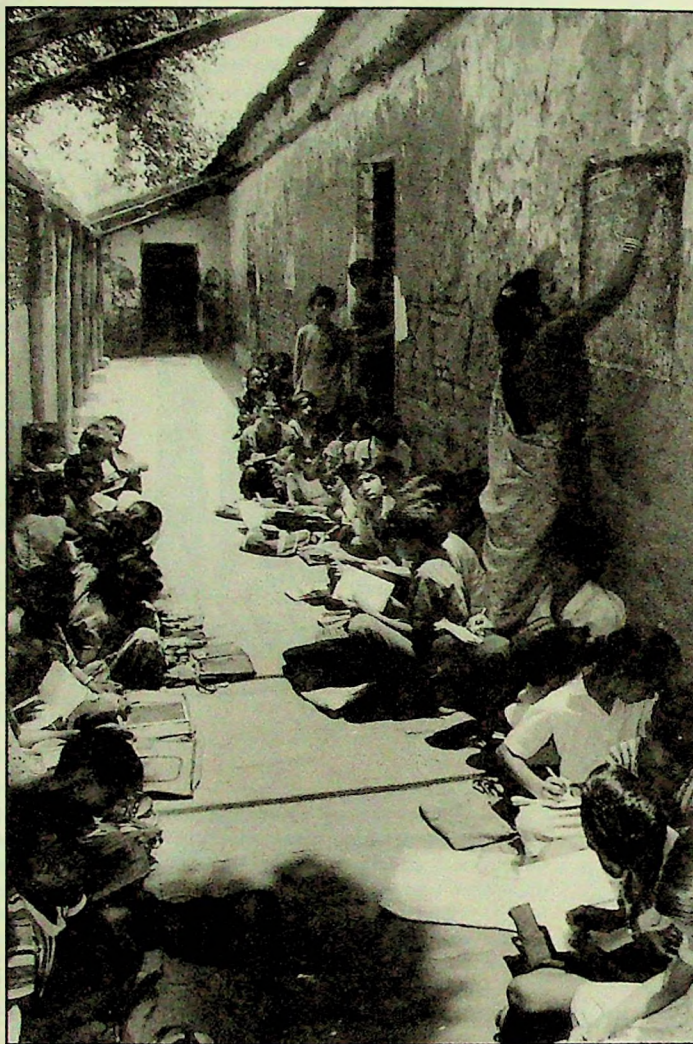
The consumer movement by its nature and definition will have to address itself to those who are consumers of goods and services. Largely its constituency is among the industrial workers, the lower and the upper middle class, perhaps even the rich - for they are all consumers. But its focus can keep shifting depending on its strength and following.

There are many areas where the Indian consumer needs to be protected urgently. The most important one being in the environmental area. Poor resource management hits the consumer most. Our basic life support systems have already suffered grievous depletion and damage and are unable to cope with even their existing burden. As a consequence of economic

liberalisation and the market forces there will be further damage to these life systems through conspicuous consumption and multiplicity of unwanted products and services for which a growing demand is being created through high pressure advertising and credit cards. The marketing of unsafe medicines, the production of hazardous and unsafe products, the exploitation of gullible investors by corporate criminals are all urgent matters that brook no delay. Very little has been done in these areas to protect the ordinary consumer.

The total consumer movement has the goal to provide possibilities to the ordinary man, woman and child for influencing their own situation. To develop the individual's possibilities, to analyse his/her needs and to verbalise his demands within the framework of his/her society, the movement has to work for a suitable climate. The second goal is to create and develop organisations and economic decision making processes which make it possible for the individual to influence his/her situation in different sectors of life. The third, helping to develop meaningful alternatives and making it easier for individuals to choose from among them. And fourth, protecting the individual from harmful, unsuitable alternatives as well as against forces which want to exploit his insecurity and lack of knowledge.

V K Parigi founded the Vishakha Consumers Council in 1972 and since then has been in the forefront of the consumer movement in India. He is a member of various local and national consumer organisations.



That commercialisation and consumerism in India are growing every day is a foregone conclusion. The global trade winds have already begun to buffet the Indian consumers - promising a material el dorado and enticing them with lucid and lurid images. Will these citizens of tomorrow, caught as they are in systems that lack efficiency, resources and conviction, be able to withstand the gilt-edged consumerist onslaught? Or will they grow to become suitable receptacles for the messages of the multinational mammon?

The consumer movement in India is growing slowly but steadily. If it were to checkmate the market forces, political will and social concern will have to lend their support to this nascent revolution.

Madhyam Communications is a registered, non-profit trust working for positive changes in Indian society which will lead to a more just and egalitarian social order. We recognise that communication is vital to any action against the injustice faced by the marginalised and oppressed sections of society, such as women, children, dalits and tribals, who form the majority of our population. We believe that the process of change can be catalysed through the use of both mass media and other cultural forms of entertainment and expression, traditional as well as modern.

Our work in communication is mainly in these areas:

- ☐ Training in communication skills
- ☐ Consultations and workshops
- ☐ Production of communication material like films, posters and the VOICES journal
- ☐ Studies related to media and cultural forms
- ☐ Networking with action groups and media practitioners
- ☐ Audio Visual Resource Centre

THE NEXT EDITION OF VOICES

Quest for Peace

This is the working title for our next edition which will seek to explore the complex reasons for the many different forms of social upheaval and conflict that characterise most parts of the world today, including India, with a view to seeking solutions based on sound understanding. Conscious that there are no easy answers, we hope to bring together a wide range of ideas on the subject so as to encourage meaningful dialogue and action at various levels.

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MADHYAM
COMMUNICATIONS

Community Health Cell

From: Lynette Martin <lmartin@uwc.ac.za>
To: <pha-exchange@kabissa.org>
Sent: Monday, March 03, 2003 7:10 PM
Subject: PHA-Exchange: THE REPORT OF THE COMMISSION ON MACROECONOMICS AND HEALTH: A SUMMARY CRITICAL APPRAISAL

THE REPORT OF THE COMMISSION ON MACROECONOMICS AND HEALTH: A SUMMARY CRITICAL APPRAISAL

Professor David Sanders
 School of Public Health, University of the Western Cape, South Africa,
 Civil Society Member of SCN Steering Committee

"The world community has within its power the capacity to save the lives of millions of people every year and to bolster economic development in the world's poorest countries." (CMH, p.21)

This is the stirring first sentence of the Report of the Commission on Macroeconomics and Health, sometimes referred to as "the CMH" or "the Sachs Report" - after its Chairperson, Professor Jeffrey D. Sachs of the Centre for International Development at Harvard University. The opening passage continues: "This Report describes a strategy for achieving these goals by expanding investments in the health of the world's poor. Our conclusions are substantiated by extensive research and consultations undertaken during the past 2 years, especially by the work of six Working Groups, which in total produced 87 background studies and six synthesis monographs to be published by the World Health Organization". (CMH, p.21)

The Commission established six working groups on: health, economic growth, and poverty reduction; international public goods for health; mobilization of domestic resources for health; health and the international economy; improving health outcomes of the poor; development assistance and health.

The Commission was set up by the Director-General of WHO to "assess the place of health in economic development".

KEY FEATURES OF THE CMH

The central argument in the Report is that better population health will contribute to economic development. The Report devotes significant space to analyzing the "channels of influence from disease to economic development". In essence it argues strongly that better health creates economic growth which in turn creates health. There is, indeed, significantly greater emphasis placed on the contribution of health to economic development than on the contribution of underdevelopment and poverty to ill-health.

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The Report then demonstrates that the resources available for health care in low-income countries are insufficient to meet the challenges they face. It is proposed that donor finance will be needed to bridge the financing gap. Three mechanisms for raising these additional resources are proposed: debt relief, through the Poverty Reduction Strategy Papers (PRSP) process, and through discount pricing of Pharmaceuticals. (Legge, p.1)

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Other key features of the CMH are the identification of a particular set of disease priorities, especially communicable diseases, and a corresponding set of health interventions. It also proposes a set of principles for health system development such as subsidized community-based financing, universal access and close-to-client (CTC) service strengthening, and categorical or vertical approaches to particular diseases.

The CTC level, which is accorded highest priority, consists of "relatively simple hospitals", health centres, health posts and outreach services. CTC services will be staffed predominantly by nurses and "paramedical" staff with supervision from doctors. The health centre is identified as the key site for uncomplicated births, and for most personal prevention, diagnosis and treatment of common priority diseases e.g. childhood infections, T.B., malaria, STI's and counseling and testing for HIV as well as administration of nevirapine to reduce the risk of mother-to-child transmission.

To circumvent the problems of "limited capacity within health systems" a "vertical" or categorical approach is proposed for HIV/AIDS, malaria, TB and "perhaps other specific conditions". Such approaches, including childhood vaccination, are singled out for their past success and for "the concentration of expertise and commitment that drives (them)." (CMH Working Group 5, p.57)

NUTRITION IN THE CMH

Together with communicable diseases and tobacco-related disease, malnutrition is briefly mentioned as a "primary target" in the Sachs report. However, in the Report of Working Group 5, "Improving Health Outcomes of the Poor", just over two pages are devoted to malnutrition which is identified as a key contributor to childhood mortality. Breastfeeding, complementary feeding, improving micronutrient intake, treatment of malaria and intestinal worms and targeted supplementary feeding are identified as key interventions.

STRENGTHENING HEALTH SYSTEMS AND IMPROVING CAPACITY

The CMH acknowledges that "in some of the world's poorest countries, the coverage of many basic interventions is falling" (CMH, p.46), including attended deliveries and vaccination coverage. It notes the urgency of "building new physical infrastructure, increasing the numbers and training of health sector personnel, and strengthening management systems and capacity" (p.64), with the highest priority accorded to the CTC level.

The report summarises in five categories constraints to increasing coverage. At the health services delivery level "shortage and distribution of appropriately qualified staff, weak technical guidance, programme management and supervision" (CMH, p.70) and inadequate supplies of drugs, equipment and infrastructure are all implicated. The main report deals with capacity in a somewhat peremptory fashion, referring to "increasing the numbers and training of health-sector personnel, and strengthening management systems and capacity" (p.64) as well as to the need for strong community involvement and trust in the CTC system. The Report of Working Group 5 goes into more detail, recognizing the need to both increase numbers of trained workers as well as skills. It proposes that categorical programmes (e.g. vaccination, tuberculosis control) are often key sites for strong technical training, but acknowledges that such programmes can have a disruptive impact on the health system unless priority is given also to promoting social mobilization and inter-sectoral collaboration. (CMH, Working Group 5 Report, p.66). Management strengthening through training and mentored implementation and the

improvement of information systems are noted to be important components of health system strengthening in the Report of Working Group 5.

STRENGTHS OF THE REPORT.

The key strength of the Sachs report is the clear message it gives of the health crisis facing poor countries. It emphasizes the widening gap in health experience between rich and poor countries, the rapidly increasing and intolerable burden of ill-health affecting the poor, especially in Sub-Saharan Africa with deepening poverty and the devastating HIV/AIDS epidemic.

The key recommendation of the CMH Report is that "the world's low and middle-income countries, in partnership with high-income countries, should scale up the access of the world's poor to essential health services, including a focus on specific interventions." (CMH, p.4)

WEAKNESSES OF THE REPORT

As David Legge has observed: "The Commission relates its findings and recommendations to the crisis of legitimacy of the prevailing regime of global economic governance." He notes that on page 15 the Report states: "With globalisation on trial as never before, the world must succeed in achieving its solemn commitments to reduce poverty and improve health."

Legge notes that "the message for the governors of the World Bank, the leaders of the G8 and the members of the Paris Club is simple:

- The health situation in many developing countries is insufferable;
- These countries do not have the resources to provide basic health care;
- Poverty and ill-health contribute to social and global instability;
- Globalisation is on trial (indicted on the grounds of poverty and health and under threat through social/global instability);
- Increased funding for health care in low income countries must be found through debt relief and increased aid." (Legge, p.3)

Yet, notwithstanding the Commission's recognition of the mutually reinforcing strong links between ill-health, poverty and poor health services and the context of globalisation, there is no attempt to critically analyse the current regime of global economic governance and regulation. It is striking - and disappointing - that the Commission carefully avoids any explicit interrogation of currently dominant macroeconomic policies or of the structures and mechanisms which entrench developing country disadvantage, ill-health and deteriorating services. For health and the health sector, these include the WTO - dominated by the rich and powerful countries - and its conventions regulating trade in both commodities and intellectual property, the latter being exploited as patent rights by the transnational pharmaceutical corporations and placing many essential drugs beyond the economic reach of many poor countries. Similarly, the new GATS (Global Agreement on Trade in Services) convention, which threatens privatization of public services, including health, is not mentioned. Thus, while the CMH concludes that the current global economic dispensation is not generating sufficient resources for poor countries to address their basic health needs, it avoids any analysis of or suggested response to such systemic discrimination against the world's poor. Instead, it notes the recent declines in official development assistance (ODA) and concludes that the rich governments, the banks and pharmaceutical corporations must provide the necessary ODA, ensure debt relief and provide discounts on pharmaceuticals so that basic health services can be

primary prevention or active treatment of global inequity and its effects.

PRSPs are recommended by the CMH as the main mechanism through which ODA is directed to strengthen health systems. Yet PRSPs are an integral component of the current regime of global economic governance and include such reforms as reduced public spending on social services, including health!

Another weakness of the Report is the limited recognition it accords to social factors in shaping population health. This leads to an overwhelming focus on health sector interventions and, within those, vertical programmes. For nutrition this is of concern, given the increasing recognition that nutrition programmes require for their success efficacious technical inputs embedded in broader social processes involving communities and other sectors.

CONCLUSIONS

The Report of the CMH is likely to be influential given the high profile of the Commissioners, the weighty composition of its Working Groups and its endorsement by WHO. Its description of the global health situation and of health systems in poor countries, as well as its key recommendations are strongly reminiscent of the central thrust of the World Bank's influential 1993 Report, "Investing in Health", which also emphasized the point that health is a major input to economic growth, but also studiously avoided any critical engagement with the global macroeconomic architecture which continues to generate economic growth accompanied by deepening inequalities.

A decade has elapsed since that influential global health policy document was published and promoted. Yet in poor countries, particularly Africa, poverty has deepened and the health situation has further deteriorated, and health systems and their capacity have declined. It is difficult to avoid asking the question: "Why should things be different this time?"

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3/4/03

Page 5 of 5

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MADHYAM

CONSULTATION ON
HEALTH FOR ALL : THE ROLE OF THE MEDIA
MARCH 23, 1991, BANGALORE

It is widely acknowledged that health-care is one of the most neglected aspects of the Indian development process. Whatever development has occurred in the country in this field has resulted in a grossly skewed situation; a privileged minority has access to high quality, highly specialised medical care, involving the use of sophisticated technology, more often than not in fancy private hospitals, while the large and poor majority, especially in the rural areas, have to make do with poor facilities (public or private) or none at all.

This well-entrenched trend has spawned several new ills but left many old ones untouched. While there have been critics of the system all along and although alternative health-care models have existed for some time, these voices and efforts were largely unnoticed by the general public until very recently. The concept of consumer rights in the area of health is also of recent origin in India, and these rights are still barely exercised, even by the middle classes, let alone the really poor and needy.

Public ignorance, lack of consciousness and passivity make possible the continued neglect of the health sector by planners, administrators and health-care personnel, not to mention political leaders. Three pre-requisites for a real improvement in the public health-care system are :

- a) public awareness about the current situation;
- b) public consciousness of their rights and the responsibilities of the State as well as the health-care professions;
- c) public demands for the system to effectively cater to the felt needs and priorities, particularly of the tribals, women and children, and the under-privileged rural poor.

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The whole spectrum of the media have a pivotal role to play in this process. In fact, public health campaigns and programmes (governmental and non-governmental) have been using the media - both 'mainstream' media and cultural-traditional forms - to communicate ideas and information as well as to promote the social and attitudinal change necessary for a better public health status.

Objectives of the Consultation

1. to review and evaluate the coverage of health issues in the media and the communications efforts of health related organisations and programmes;
2. to initiate a dialogue between health and media professionals, as well as consumers of health services;
3. to evolve a strategy for optimising media inputs in the field of health in order to create and promote public awareness about health-care and to encourage responsibility/accountability in health professionals towards consumers of health services.



PROGRAMME

Morning Session

Registration

Inauguration and Welcome

Keynote talk on the correlation (or lack of it) between priority areas in public health and media coverage of health issues.

by Dr Veena Shatrugna
National Institute of Nutrition
Hyderabad

Discussion

Analysis of reasons for success/failure of government efforts at communicating health issues, especially with reference to national health programmes and services.

by Dr Prem John
ANITRA Trust
Madras

Discussion

Analysis of reasons for success/failure of NGO/grassroots efforts at communicating health issues to deprived populations.

by Dr Shirdi Prasad Tekur
Community Health Cell
Bangalore

Working groups

Post Lunch Session

Analysis of coverage of health issues by

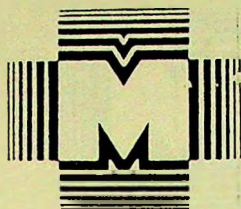
- the press
- Doordarshan
- All India Radio
- Other traditional and non-traditional communication media

Discussion

Working groups discussion

Plenary and summary of group discussions

Conclusion



MADHYAM

CONSULTATION ON HEALTH FOR ALL : THE ROLE OF THE MEDIA

March 23 1991 Bangalore

PROGRAMME

Morning Session

- | | | |
|---------------|---|--|
| 9.15 a.m. | Registration | |
| 9.30 a.m. | Welcome | Ms Sucharita S Eashwar
Executive Director, Madhyam |
| | Introduction | Ms Ammu Joseph
Freelance Journalist and
Consultant, Madhyam |
| 9.45 - 10.15 | Keynote talk on the correlation between priority areas in public health and media coverage. | Dr Veena Shatrugna
National Institute of
Nutrition,
Hyderabad |
| 10.15 - 10.45 | Clarifications and Interventions | |
| 10.45 - 11.15 | Analysis of reasons for success/failure of govt efforts at communicating health issues and programmes. | Dr Prem Chandran John
ACHAN
Madras |
| 11.15 - 11.45 | Clarifications and Interventions | |
| 11.45 - 12.15 | Analysis of reasons for success/failure of NGO/grassroots efforts at communicating health issues to deprived populations. | Dr Shirdi Prasad Tekur
Community Health Cell
Bangalore

Dr Magimai Pragasam
Catholic Hospital
Association of India,
Secunderabad. |
| 12.15 - 12.45 | Clarifications and Interventions | |
| | MODERATOR | Dr Saraswathy Ganapathy
Institute of Social Studies
Trust, Bangalore. |
| 12.45 | Formation of Working Groups | |
| 1.00 - 2.00 | Working lunch in groups. | |

....2....



: 2 :

Afternoon Session

- | | | |
|-------------|---|--|
| 2.15 - 2.30 | Analysis of coverage of health issues | |
| | - the Press | - Ms Leela Rao
Ms Sandhya Giri
Dept of Communication
Bangalore University |
| 2.30 - 2.45 | Discussion | |
| 2.45 - 3.00 | - Doordarshan | - Mr J Victor Koilpillai
Communication Consultant
Christian Institute for
Study of Religion and
Society, Bangalore |
| 3.00 - 3.15 | Discussion | |
| 3.15 - 3.30 | - Akashvani | - Mr Chandra Mouli
All India Radio
Bangalore |
| 3.30 - 3.45 | Discussion | |
| MODERATOR | - Dr Prem Chandran John
ACHAN
Madras | |
| 3.45 | Formation of working groups | |
| 4.00 - 5.00 | Discussion in working groups | |
| 5.15 - 5.45 | Presentation of group recommendations and plenary | |
| 5.45 | Conclusion | |

HEALTH ON DOORDARSHAN

J. Victor Koilpillai

From what appears from time to time on TV, in English and Hindi on the national network, and in regional languages from other centres, one may conclude that Doordarshan (DD) and the government which controls it would like to use the medium for informing and educating people on health and health-related matters. How effectively this is being done can be determined only through a systematic survey of viewers' reactions. What is attempted here is an examination of some randomly viewed programmes from the point of view of effective communication.

Those viewed were comprised of some in English and Hindi from Delhi and some in Kannada from Bangalore. DD in this State has a weekly programme on health related topics besides short items and spots put out from Delhi, some of them dubbed in Kannada and used as fillers. Those in Kannada viewed for this analysis were about medication during pregnancy, fever and fits in children, tuberculosis, yogasanas, clean drinking water and a skit on drugs. The majority of health programmes in Kannada are interviews, which are perhaps the easiest to arrange and produce: get a person fairly knowledgeable on a topic, together with an interviewer and make them have a session of questions and answers. There are slight variations in the pattern of interviews, the duller type being the one in which the two persons have obviously gone over a prepared set of questions and answers and almost recite them, occasionally glancing at notes which are of course out of sight of the viewers. The answers in such an interview, if taken out and strung together would form a speech or a dull essay. It is anybody's guess as to what proportion of viewers sit through such interviews with questions and answers coming monotonously in the same tones.

A variation which relieves the tedium is when the questioner interjects supplementaries on the answers given, bringing up questions that people might ask on the subject, which makes it more of a conversation and more spontaneous. In some interviews charts and figures were flashed on the screen, but no clips from real life. I feel interviews are all right for bringing a celebrity or other interesting personality before the viewers, but not an attractive form for educational and informative purposes. What I am referring to are interviews made up wholly of questions and answers from two person, unrelieved by anything else.

A documentary with some persons in it talking besides the narrator is more effective for communicating information, and one such I viewed was about clean drinking water broadcast from Bangalore. The visuals moved rather fast as too many had to keep pace with the narration, particularly the

description of ways in which water in various places is polluted. Funeral pyres were shown three times, which I thought was unnecessary to warn people of the ultimate consequences of drinking unclean water. There was rather unrealistic emphasis on boiling water for drinking, which is a luxury for the poor who in the rural areas are the greatest sufferers of lack of drinkable water. The need to provide drinking water in every villager, or at least information on what is being done, in this respect should have been mentioned.

The most glaring defect in this short film is the language. The narrator throws questions at the village folk appearing in it who reply in their typical colloquial Kannada, but the advice given to the obviously similar audience is in high-flown language, with literary flourishes, long sentences and difficult words like: parisara, apoushtika, poushtikamshagalu, sookshmadarshaka, kalmasha, and so on. The producers have not bothered to adapt the language to the target audience.

Two short ones (spots) have been appearing recently on drinking water; one on boiling the water and another showing women around a handpump. One of them says, "We drink only this water". Well, who doesn't? Doordarshan should know that people don't drink dirty water by choice. If a borewell and a handpump are provided, they will all drink that water only, will they not ?

Another set of programmes viewed for this report were exercises for keeping fit. One was a set of exercise for the biceps, arms, chest muscles, the back and the abdomen. Part of a series, these were presented by a group of young men and women directed by a compere (instructor). These exercises were apparently for the benefit of all, that is, persons of all ages, but even the warming up called for strenuous effort (like jumping up and down many times) which only teenagers and young men and women in their 20s and 30s can perform. Perhaps there are others in the series meant for older people and the very young. There should also be special ones for those who have back trouble, the pregnant women, and others.

One set of yogasanas this writer viewed, presented with instruction and explanation in English in the morning transmission from Delhi, included variations for the benefit of people who could not do it in the standard way. A stout lady and a person who could not sit with legs stretched forward were helped to demonstrate how to get the benefit of the Paschohimathomasana, though they had problems with their physique. This was one asana, done slowly, with every movement fully explained, allowing time for the interested viewer to learn it properly. Quite in contrast to this was a programme in Kannada of a number of asanas demonstrated rapidly by two slim, teenage girls. None of the asanas remained in my mind afterwards. Again the communication factor had been overlooked. If the viewers cannot get the message easily

and clearly, and remember it enough to practise it later, a TV programme on a health related topic is a waste.

In India, it is as important to help people learn as it is to unlearn beliefs and practices about health and nutrition. A good deal of superstition surrounds also certain diseases like measles, chicken-pox, leprosy, tuberculosis, and so on. In the interview programmes from Delhi in English and from Bangalore in Kannada I viewed recently some questions were raised on popular misconceptions about TB, pregnancy epilepsy and even water (How can Ganga be polluted?). It would be helpful to pick up sets of wrong beliefs in various aspects of health and medicine and focus on them. For example, in the interview in Kannada on medication during pregnancy, the doctor said only in passing that one cause of deformities in babies (apart from toxio medication of the mother) was consanguine marriages - an established tradition in India, on which a whole programme could be done.

Programme on health are not entertainment, but they can be made entertaining enough to get and hold viewers' attention to put their message across to them. This requires creative skill in handling the facts which, of course, must be authoritative and exhaustive enough for lay people. Among the items viewed for this write-up one was a cartoon for children in Hindi and a skit in Kannada for a general audience. The cartoon was more interesting with a message on nutrition from vegetables. The skit was on the sale and use of drugs. Three persons symbolically represented drugs and the plot let to a trial in a court, the judgement being several declarations on the responsibility of pharmacists, on using drugs prescribed by a doctor only, on buying them only from a pharmacist, and so on. It was not as funny as it was meant to be, it was unconvincing and artificial, but DD must persist in such attempts. All creative, interesting forms of presentation must be used, and recourse to dull interviews must be reduced to the minimum. I wish to reemphasise that every programme should be tested to ensure that it communicates its message effectively to the audience aimed at.

It must be added here that apart from programmes produced and put out by DD, we get health related messages on TV in another way, namely the advertisements. We get messages constantly on nutrition for example: magical breakfast cereals which improve a child's performance at gymnastics the same morning; processed food drinks which give energy to play great cricket, biscuits which are the secret of a boy's fine extra ability at games, and so on. Similarly, we are told about tablets which make a cold disappear instantly, cough syrups which put an end to your coughing, no matter what causes your cough. Does DD endorse all that is promised through these products?

I think I can stop with that question, as these are not conclusive but stray thoughts for further thinking.

COMMUNICATING HEALTH : THE ROLE OF ALL INDIA RADIO

A. S. Chandra Mouli

Health is a vital resource which any country would like to garner for various reasons. As a matter of fact, the objective of a country would be to have a qualitative population than a merely quantitative one. Obviously, the planners always aim at reducing the mortality and morbidity rates, in addition to bringing about positive changes in the demographic structure of the population.

Change pre-empts many things, the contention being, change is generally viewed with suspicion, though it's directed to bring about betterment. This, indeed, desiderates the help of certain agents who can work towards bringing about the desired effect of change. But the question that arises is, who are these change agents? How do they identify themselves as change agents?

Generally, a change agent is one who is acceptable to the society or community at large; who enjoys a special status, and most importantly the one who has a mass appeal. Perhaps, in this background, one could easily infer that the various media, by virtue of these inherent qualities, could be construed as agents of change. Radio, television and the print media could, by communicating issues related to development in various fields, best serve as agents of change.

Achieving the goal of Health for All by 2000 A.D. needs a sustained campaign. This cannot be done by the health infrastructure alone, which is set up to provide health education. Besides, in a country like India, where as much as 80 per cent of the population lives in villages, and illiteracy is to the tune of 60 per cent, some complementary efforts are imperative.

Reaching Out Through Radio

It is in this context, that the role of radio assumes great significance, given the number of radios owned, and the reach of broadcasts. Today, radio signals reach as high as 96 per cent of the population and the number is more than 10 crores. No other medium has such wide reach and accessibility. In addition, communication through radio always has endeavoured to give its listeners the local touch. This makes the message not only sound personal but endearing.

Committed to the triple objective of providing information, education and communication (IEC), radio has, in a way, championed the cause of development communication. Although radio began as a medium promoting art and culture, it eventually realised the importance of educating people on agriculture and health. Today all the one hundred stations are putting out programmes on health, which have both wide audience and demand.

In a bid to provide sustained education on health, health communication gained an impetus in AIR when a separate cell was created to produce programmes on health and family planning. Since its inception in May 1967, each cell has been devoting itself to identify the local disease pattern and health problems - both physical and mental and enlighten the audience on the preventive and curative measures of these illnesses. What is perhaps noteworthy is that seasonal diseases are identified and the audience educated about them. It may indeed be interesting to note that each year an Advisory Committee consisting of experts in the field of health and family planning is constituted to guide and help in planning of health programmes, providing support and credibility to scheduled programmes.

Popular Health Programmes

Topicality is another aspect of radio broadcasts. Obviously, the programme schedule reflects the health issues that deserve wide coverage or education during the period. Experts in the respective field are invited either to give talks, or for an interview or discussion, and, 'Arogya Bhagya', a programme broadcast from AIR Bangalore is one such programme. This is indeed, is a very popular programme. 'Health hints' broadcast from AIR Delhi is also a very popular programme. Similarly programmes on health broadcast from other Stations are also equally popular.

AIR Programmes are broadcast in different formats. They are talks, Discussions/Interviews, features and plays. Though all these programmes are produced, keeping in view, who the target audience is, still plays are better liked by the audience. The reason being, the message is not direct and there is a story-line. This rule, however, does not apply much to health programmes. The reason being, as far as health issues are concerned, the audience desire the message directly. For instance, in the recently concluded 13 episode series on medicinal plants, the actual information on plants began from episode VI, while the first five dealt with history and various aspects of medicinal plant wealth. The audience were too impatient to wait till the sixth episode. During this period hundreds of letters came from the listeners asking AIR to start talking about medicinal plants at once instead of narrating history et.al.

Among the health programmes broadcast from AIR, Bangalore 'Meet the Specialist', is highly popular. This programme addresses all the question of the audience on a particular disease to an expert who is a medical doctor. Listeners from very far and remote areas write to AIR to get remedy for their ailment. Similarly 'Varta Taranga' a news bulletin on health programmes to be held in an around the state is widely listened to. According to the feedback received from both listeners and the department of health, people stand to get educated about health and family planning camps from this programme. As a matter of fact, the department of health and family welfare service, Karnateka has gone on record appreciating the contribution of AIR in creating awareness about the immunisation programme.

Communication becomes more purposeful when it is need-based. The message put across still have greater suggestibility when it appeals to a particular section/society. Accordingly, AIR programmes are produced to suit the needs of different groups. In broadcasting parlance, these groups are described as Special Audience. Women, youth, children, rural women, farmers and industrial workers are identified as special audience groups. Health programmes are planned to suit the needs of these groups; for instance, in women's programme, health of women is given greater focus. In addition, programmes on antenatal care, child care, etc., are broadcast. Similarly in Farmer's programme aspects like environmental sanitation, seasonal diseases, certain prophylactic measures are accentuated. In Industrial Workers programme industrial hazards and industrial health are given greater emphasis. Though a majority are deprived of the ability to read and learn, radio has been creating an awareness and educating them on various aspects of health.

Apart from the routine programme fare, All India Radio has also been doing some special serials on health and family welfare. To name a few, the series done on Maternal and Child Health is active collaboration with the United Nations International Children's Education Fund (UNICEF) Radio Date on Drug, Alcohol and Tobacco abuse, done in collaboration with the Indian Council of Medical Research and 'Jeevan Sourabha', a series on family life education. Radio Date and Jeevan Sourabha were very bold programmes, and they dealt with certain problems which one would hesitate in sharing with others. Another notable feature of these series is that they were broadcast by all AIR Stations in the country to a captive audience of more than a lakh listeners. The listeners of Radio Date were also given some printed literature on drug, alcohol and tobacco abuse to reinforce the message. AIR, Bangalore, broadcast a series on planned parenthood through which it handed down a guide to the prospective and present parents as to how a family should be planned. A series on 'The Heart' is now planned; it endeavours to show how

strong or frail is the heart that is so tenderly spoken of by poets.

Committed to the cause of health

Health communication has always carved a place for itself in broadcasting. All AIR Stations are committed to the cause of health and are trying to educate their audience on all aspects of health. Programmes on environment and sanitation, which are complementary to health, are being broadcast regularly both at regional and national levels.

The role of radio in health communication is well documented in studies done by various research institutions. It may not be an exaggeration to say that in an illiterate society like ours radio provides a ray of hope.

ANALYSIS OF NEWS COVERAGE OF HEALTH ISSUES IN FOUR NEWSPAPERS
OF KARNATAKA

At Alma Ata in 1978, 160 nations declared their resolve to work towards a minimum level of health for all citizens so as to enable them to be economically productive and socially useful. This Declaration, under the aegis of the World Health Organisation (WHO) and the World Bank, aimed to achieve Health For All by 2000 AD.

This goal was sought to be achieved through the primary health care approach, in a spirit of social justice and as a part of overall development. The Declaration laid emphasis on the preventive and promotive aspects of health well integrated with curative, rehabilitative and environmental measures.

As a party to the Alma Ata Declaration, India has in collaboration with the WHO, formulated both short-term and long-term strategies to achieve health for all its people. The National Health Policy provides crucial goals for the Health and Family Welfare programme to achieve by 2000 AD. The government has evolved about a dozen national health programmes to provide a greater thrust to the health care system.

Dr. N. H. Antia (Seminar, May 90, 19-23 and elsewhere in this journal) has identified some of the major deficiencies of Indian health programmes. According to him, public health has been appropriated by both the public and the private sector, while the people themselves have been excluded from understanding and undertaking what is primarily their own function. He accuses vested interests in the profession of with-holding information and mystifying knowledge about health. Appropriate health education can encourage people to question unnecessary investigation, medication and surgery. Dr. Antia suggests that an

important aspect of such education is the passing on of the information to people about the public services meant for their welfare. This, he says, will bring accountability in to the system.

It is clear that the crying need of the day is to create awareness among the masses in this regard. This is where the importance of the mass media is keenly felt. The media have been involved in every significant social change since they came into existence and have taught us a basic precept : a major involvement of communication always accompanies any major social change.

Among its other obvious functions, the role of the media in development, especially in Third World countries, is of prime importance. As Dr. Wilbur Schramm has pointed out, the media can help to create a climate for development. They can alert citizens to dangerous situations and can focus attention on the need for change. The media can also help to raise the aspirations of a people and create a sense of nationhood.

According to Amde-Michael Habte, in most Third World countries, the mass media are primarily expected to function as part of the national effort in the task of modernization.

NEW ROLES

The role of newspapers in circulating news is decreasing as broadcasting, particularly television in developed countries has stepped up its reporting efforts and enhanced its appeal as a news source. But newspapers play an increasingly valuable role in explaining, interpreting and commenting upon events in society, especially where broad debates on major social objectives or world affairs are taking place and require expanded analysis as opposed to straight forward reporting.

It was with this role of the press in view that the present study was conducted.

Study Objective:

The objective of the study is to examine and analyse the type and extent of coverage given to health issues in newspapers.

Apart from studying the coverage given to thematic categories, coverage has also been studied in terms of their location, emphasis and type categories.

Six leading newspapers were chosen for the purpose of the study : Indian Express, Deccan Herald, The Hindu and Times of India (English dailies), Prajavani and Kannada Prabha (Kannada dailies).

The editions of June and July 1990, the two months prior to Gulf conflict, were chosen for the purpose. The sample was chosen on basis of every second day; and ensured that all days of the week were uniformly covered twice. The total sample size was 180 issues.

In order to identify and categorise coverage of health issues, a thematic classification of content was developed.

A code frame having 30 thematic mutually exclusive relevant categories was prepared under eight category heads.

The thematic categories are:

1. Health care : International, National, Regional,
Local.
2. Health Programmes : Prevention, Control, Eradication,
Rehabilitation.
3. Maternal and Child Health : Maternal Health,
Child Health.
4. Family Planning: Programme, Promotion, Methods.

5. AIDS : Spread, Control, Treatment.
6. Treatment : Methods, Research, Technology.
7. Pharmaceuticals : Policy, Price, Supply, Industry.
8. Miscellaneous : Rare cases, Medical Education, Consumerism, Hygiene, Epidemics, Narcotics, Diseases, Other (scandals, legal cases, ayurveda, environment).

Coverage Categories are:

1. Emphasis : Lead 1, Lead 2, Lead 3, Lead 4, other.
2. Location : Front page, Editorial page, Feature page, Other.
3. Type : News, Editorial, Feature, Letters to Editor, Photographs or Cartoons.

The themes were chosen on the basis of their relevance and importance to society and the Health For All by 2000 AD goal. Standard categories used in content analysis - emphasis, location and type - have been adopted to study coverage.

ANALYSIS:

The study proved to be an eye-opener. Not even two percent of the total coverage in each newspaper was devoted to health. (See Table 1). Kannada Prabha stood first in terms of the percentage of health coverage (1.06%), whereas, when it came to the total number of column centimetres, the Indian Express tops the list (2212 col.Cms).

Totally, the greatest amount of space was given to miscellaneous items such as scandals, legal cases relating to health care, ayurveda, the environment, blood donation and medical education (33.4%). (See Table 2). These items were grouped together under miscellaneous, keeping in mind their lesser relevance to the Health For All goal when compared to the other thematic categories. The

there, treatment has been given greatest coverage in the Indian Express (30.4%), Prajavani (33.5%) and The Hindu (42.4%).

Except for Kannada Prabha (7.8%) and The Hindu (7.5%) the newspapers gave little emphasis to family planning issue. Prajavani's coverage of the issue was nil. On the other hand, Kannada Prabha gave absolutely no coverage to today's most dreaded disease, the Acquired Immune Deficiency Syndrome (AIDS) by the newspapers was a mere 7.2 per cent of the total health coverage.

The coverage given to the treatment of health problems was second in the list, and it made up 22.4 per cent of the total space devoted to health.

Coverage Categories:

Coverage categories refer to the way a particular item has been published, its location, its importance and type. Coverage categories of health issues in newspapers offer an interesting glimpse of a newspaper's attitude towards health. (See Table 2). Of a total of 350 items devoted to health, half of them (178) were hidden along with other items in a page. Lead one health items were 48 in number. A lead one item is the most important item for the page. These were mostly features appearing in the feature page or news items of regional importance. Times of India carried a lead one, page one news story on how over 1800 medicos were left in a lurch after passing the AIIMS entrance examination. Another important page one item in the Times was a very useful and informative ~~piece~~ piece on Epidemics : "It is Epidemic season : Time for States to Act" (96 Col.Cms).

Two editorials regarding health have been published Kannada Prabha was critical of the treatment facilities in government hospitals, while Deccan Herald in its editorial suggested measures to control epidemics, June and July being epidemic time in India.

All other health items on the front page dealt with local or regional health care infrastructure, medical education or AIDS (20 items). The coverage given to the strike by medical students in Bangalore occupied a large chunk of space. A few articles, many letters to the editors, along with just two editorials occupied some space (23 items) in the editorial page.

More than 75 per cent of the health items covered were in the form of news.

Thematic Categories:

1. Health Care: The theme health care encompasses health care infrastructure, the present health situation and access to health facilities at the international, national, regional and local levels. (See table 4). Health care occupied just 10.6 per cent of the total space given to health. The Hindu and the Times gave 8.1 per cent coverage to international health care items, while others ignored it. The most important aspect of the theme's coverage in the Hindu was a comprehensive, lead one article in the Editorial page, 'Health care As People's Movement' (97 col.cms). A 63 col.cm. article on Psychiatry as a profession, was of significance in Times of India. More than 50 per cent of health care items dealt with regional health care facilities. They mainly concerned the recruitment of doctors in the state, scandals in government hospitals with respect to the misuse of money meant for health care, and so on.

2. Health Programmes: Health programmes of the governmental, non-governmental and international agencies were also poorly covered (8.6%) (See Table 5). Coverage given to rehabilitation programmes occupied the largest chunk of space (45.4%) devoted to this theme. Almost all the features/news stories on rehabilitation dealt with the physically disabled. Also, most of the control or treatment programmes published were conducted by voluntary

organisations. The almost total lack of interest shown by the Hindu (24.5 col. cms) and the Times (45.5 col.cms) is striking. Indian Express topped the list (299.5 col. cms) in giving coverage to this theme.

3. Maternal and Child Health: Maternal and Child Health has always been a priority issue, especially so in developing countries. On the whole, both mother and child have been given almost equal importance (48.6%) and 51.4% respectively). Maternal health was of zero value to Prajavani and The Hindu. Indian Express had three large articles (covering 427 col.cms) to its credit (abortion, contraceptive and child birth methods), while Prajavani published just one article on this theme - a 198 column centimetre feature on child health. This category was covered by Kannada Prabha in its feature page, 'Naari Loka'.

4. Family Planning: Family Planning has been studied apart from health programmes because it is India's most well-known, high priority programme. This issue was almost totally neglected (3.4% of total health coverage). Prajavani's contribution was nil, whereas Kannada Prabha and The Hindu published articles on how to treat female sterility.

5. A I D S: AIDS, a major preoccupation of the last decade and still very much so, did not worry Kannada Prabha (nil). Prajavani concentrated on its spread in India and abroad. The Hindu gave page one coverage to news of its spread in India. Times of India came out with two very interesting articles on AIDS (11.7%), among others. A 51.5 column centimetre article focused on how Indian hospitals are refusing to admit AIDS patients, and a 62 column centimetre article, on AIDS victims being shunned by society in India, showed a sympathetic attitude towards the victims. Apart from these, most items on AIDS, especially the ones on its spread, dealt with prostitutes having AIDS, or of cases like that of an AIDS infected, high-on-drugs prisoner stabbing his needle into a prison guard.

6. Treatment: New drugs, cures, medical technology, research devoted to treatment of a patient, are covered under the theme ~~treatment~~. As a single theme, ~~treatment~~ occupied 22.4 per cent of the total health space. Indian Express (671.5 col. cms) and The Hindu (651.5 col.cms) ~~xx~~ topped the list in giving coverage to this issue. The coverage given to this theme scored ~~xxxx~~ over other themes in the Hindu (42.5%). The Health Page in the Sunday magazine consisted mainly of comprehensive, educative articles on new methods of treatment. Yet another column of importance in The Hindu was the one on proper use of particular every-day-use drugs like Aspirin. Most of the news on research in the newspapers, dealt with studies on new methods of prevention of diseases like heart diseases, cancer, tuberculosis etc., with changes in diet and other habits being suggested here. Most of the news on treatment in all news papers except The Hindu, appeared as brief news stories. It was concentrated in the 'In Brief' columns of Deccan Herald and Times of India; 'From Here and There' and 'Global Monitor' columns of Indian Express.

7. Pharmaceuticals: The Pharmaceutical industry has seen tremendous growth in the past few years. Government drug policy occupied a major portion (62.3%) of coverage given to pharmaceuticals. Most of them were in the form of news stories, and hence did not reflect the opinion of the newspapers. Kannada Prabha (6.5%) and The Times (9.5%) gave the least coverage to this issue. Of interest is a 110 column centimetre article in the Deccan Herald's editorial page, criticising the Pharmaceutical Industry's pricing and other policies.

8. Miscellaneous: Small news items of rare medical cases, articles on consumerism and hygiene, news of epidemics of cholera etc. narcotics, items involving scandals, blood donation, legal cases, ayurveda, environment, all together ~~far-makata~~ formed the largest chunk of the health coverage

in the newspapers. It was the largest in Deccan Herald and Kannada Prabha. The Hindu gave least coverage to the issue compared to the other newspapers.

The most important factor to be noted here is the enormous coverage given to Medical education (1231 col.cms or 11.9% of the total coverage on health). This was ~~because~~ because of two reasons: one was the strike by local medical students and later, doctors, throughout June. June and July were also months of medical results and entrance examinations. News items on new courses, increased seats in medical colleges and seminars contributed to the bulk of the coverage on medical education.

In Times of India, a 234 column centimetre article on headache contributed to the large coverage of the ~~miscellaneous~~ miscellaneous category. The Hindu and The Times published one article each on mental health.

Of the newspapers studied, Deccan Herald and The Indian Express have their own weekly science supplements. The Hindu, apart from its ~~a~~ science supplement, has a special page for health in its Sunday supplement. The Times has a weekly Science Page. The Hindu's column on proper use of drugs; Deccan Herald's column on consumerism are of direct practical use to the common man.

Conclusion:

While most items on health issues were not opinionated, features on health themes were comprehensive and educative. Features on abortion, effect of contraception on women, female infanticide were not only educative, but were also critical in tone. Features on cancer control ~~showed~~ showed a concern for the health of the common man. Kannada Prabha's articles in its weekly 'Yuva Sakti' page, advising youth against drugs and smoking, showed the newspaper's attitude towards social and health problems.

Editorials reflect the opinion of a newspaper. There was one editorial that criticised the facilities available (or not available) in government hospitals.

Two of the most impressive items were The Times item, 'It is Epidemic Season : Time for States to Act' and the article 'Health Care As People's Movement' in The Hindu. Both articles were relevant, analytical and informative.

The Pharmaceutical industry was not given importance. Concern about the spread of AIDS in India ensured for the issue a front page coverage, and nothing more. Only The Times carried some thought provoking articles on the issue. Family Planning has also been neglected.

In most cases, the newsworthiness of a health issue played the most important part in its coverage. The Press did keep in mind its educative role and hence, informative features on health issues were also published.

* * * * *

TABLE - 1 : TOTAL COVERAGE GIVEN TO HEALTH

SPACE IN COL.CMS	DECCAN HERALD	INDIAN EXPRESS	Prajavani	KANNADA PRABHA	THE HINDU	TIMES OF INDIA	TOTAL
TOTAL SPACE (30 days)	2,26,800	2,21,616	1,40,286	1,43,880	2,02,176	1,95,696	11,30,454
HEALTH COVERAGE	1983.5 (0.87%)	2212.0 (1%)	1433.0 (1.02%)	1527.0 (1.06%)	1536.5 (0.8%)	1691.5 (0.9%)	10383.5 (0.9%)

N = 180

TABLE - 2 HEALTH COVERAGE ACCORDING TO THEMATIC CATEGORIES

*(Col.Cms. = C.C)

NEWSPAPER	Healthcare		Health Programmes		Maternal & Child Health		Family Planning		AIDS		Treatment		Pharmaceuticals		Miscellaneous	
	C.C	%	C.C	%	C.C	%	C.C	%	C.C	%	C.C	%	C.C	%	C.C	%
DECCAN HERALD	159.5	8.1	167	9.4	55	2.8	61.0	3.1	273.5	13.8	137.5	6.9	277.5	14	832.5	41.9
INDIAN EXPRESS	119.0	5.4	299.5	13.5	427	19.3	15.5	0.7	119.0	5.4	671.5	30.4	81.5	3.7	479	21.6
PRAJAVANI	172.5	12	91	6.4	198	13.8	0	0	44.0	3.1	480	33.5	40.5	2.8	407	28.4
KANNADA PRAKASH	159.0	10.4	247	16.2	166	10.9	120.0	7.8	0	0	21.0	1.4	6.5	0.4	807.5	52.9
THE HINDU	208.5	13.6	24.5	1.6	109.5	7.1	114.5	7.5	111.5	7.2	651.5	42.4	16.5	1.1	300	19.5
TIMES OF INDIA	277.5	16.4	45.5	2.7	107	6.3	45	2.7	198	11.7	363	21.4	9.5	0.6	646	38.2
TOTAL	1096	10.6	894.5	8.6	1062.5	10.2	356	3.4	746	7.2	2324.5	22.4	432	4.1	3472	33.4

TABLE - 4 THEMATIC CATEGORY : HEALTH CARE

NEWSPAPER	INTERNATIONAL		NATIONAL		REGIONAL		LOCAL		TOTAL
	C.C.	%	C.C.	%	C.C.	%	C.C.	%	Col. Cms.(C.C)
DECCAN HERALD	0	0	0	0	107	67.1	52.5	32.9	159.5
INDIAN EXPRESS	0	0	40.5	34	44	37	34.5	29	119
PRAJAVANI	0	0	0	0	164.5	95.3	8	4.7	172.5
KANNADA PRABHA	0	0	17	10.7	142	89.3	0	0	159
THE HINDU	20	9.6	138	66.2	50.5	24.2	0	0	208.5
TIMES OF INDIA	69	24.9	78	28.1	130.5	47	0	0	277.5
TOTAL	89	8.1	273.5	24.9	638.5	58.2	95	8.7	1096

N = 100

TABLE - 3 : COVERAGE CATEGORIES OF HEALTH (IN Number of items)

NEWSPAPER	EMPHASIS LEAD					LOCATION				TYPE				Total items	Photo
	1	2	3	4	Other	A	B	C	D	A	B	C	D		
DECCAN HERALD	11	11	10	5	53	4	8	10	68	74	1	10	5	90	2
INDIAN EXPRESS	9	8	11	2	45	3	4	15	53	65	0	8	2	75	5
PRAJAVANI	7	5	6	3	15	2	1	9	24	26	0	10	0	36	4
KANNADA PRABHA	7	8	6	3	9	2	2	8	21	22	1	9	1	33	6
THE HINDU	11	7	6	3	28	5	6	14	30	35	0	15	5	55	3
TIMES OF INDIA	3	12	10	8	28	4	2	11	44	48	0	10	3	61	0
TOTAL	48	51	49	24	178	20	23	67	240	270	2	62	16	350	20
N = 180															

Location: A: Front Page; B: Editorial Page; C: Feature page; D: Other page

Type: A: News; B: Editorial; C: Feature; D: Letter to Editor.

TABLE - 5 THEMATIC CATEGORY : HEALTH PROGRAMMES

NEWSPAPER	PREVENTION		CONTROL/ TREATMENT		ERADICATION		REHABILITATION		TOTAL
	C.C.	%	C.C.	%	C.C.	%	C.C.	%	
DECCAN HERALD	21	11.2	10	5.4	9	4.8	147	78.6	187
INDIAN EXPRESS	33	11.0	11	3.7	102	34.0	153.5	51.3	299.5
PRAJAVANI	0	0	0	0	0	0	91	100	91
KANNADA PRABHA	125	50.6	122	49.4	0	0	0	0	247
THE HINDU	5	20.4	0	0	4.5	18.4	15	61.2	24.5
TIMES OF INDIA	45.5	100	-	-	-	-	-	-	45.5
TOTAL	229.5	25.7	143	15.9	115.5	12.9	406.5	45.4	894.5

N = 180

TABLE - 6 : THEMATIC CATEGORY : MATERNAL & CHILD HEALTH

NEWSPAPER	MATERNAL HEALTH C.C.	%	CHILD HEALTH C.C.	%	TOTAL Col.Cms.
DECCAN HERALD	6	10.9	49	69.1	55
INDIAN EXPRESS	402.5	94.3	24.5	5.7	427
PRAJAVANI	0	0	198	100	198
KANNADA PRABHA	72	43.4	94	56.6	166
THE HINDU	0	0	109.5	100	109.5
TIMES OF INDIA	36	33.6	71	66.4	107
TOTAL	516.5	48.6	546	51.4	1062.5

N = 180

TABLE - 7 THEMATIC CATEGORY : FAMILY PLANNING

NEWSPAPER	PROGRAMME		PROMOTION		METHODS		TOTAL
	C.C.	%	C.C.	%	C.C.	%	
DECCAN HERALD	14	23	43	70.5	4	6.5	61
INDIAN EXPRESS	7	45.2	3.5	54.8	0	0	15.5
PRAJAVANI	0	0	0	0	0	0	0
KANNADA PRABHA	0	0	0	0	120	100	120
THE HINDU	13.5	11.8	0	0	101	88.2	114.5
TIMES OF INDIA	45	100	0	0	0	0	45
TOTAL	79.5	22.3	51.5	14.5	225	63.2	356

N = 180

TABLE - 8 : THEMATIC CATEGORY : AIDS

NEWSPAPER	SPREAD		CONTROL		TREATMENT		TOTAL
	C.C.	%	C.C.	%	C.C.	%	
DECCAN HERALD	13	48	252.5	92.3	8	2.9	273.5
INDIAN EXPRESS	24.5	20.6	0	0	94.5	79.4	119
RAJAVANI	44	100	0	0	0	0	44
KANNADA PRABHA	0	0	0	0	0	0	0
THE HINDU	42.5	38.1	69	61.9	0	0	111.5
TIMES OF INDIA	96.5	48.7	0	0	101.5	51.3	198
TOTAL	220.5	29.6	321.5	43	204	27.4	746

N = 180

TABLE - 9 : THEMATIC CATEGORY : TREATMENT

NEWSPAPER	NEW METHODS/ CURES/DRUGS		RESEARCH		NEW TECH- NOLOGY		TOTAL
	C.C.	%	C.C.	%	C.C.	%	
DECCAN HERALD	14.5	10.6	103	74.9	20	14.5	137.5
INDIAN EXPRESS	230.5	34.3	304	45.2	137	20.5	671.5
RAJAVANI	232	48.4	168.5	35.1	79.5	16.5	480
KANNADA PRABHA	0	0	21	100	0	0	21
THE HINDU	555	85.2	78.5	12.0	18	2.8	651.5
TIMES OF INDIA	160.5	44.2	202.5	55.8	0	0	363
TOTAL	1192.5	57.3	877.5	37.8	254.5	10.9	2324.5

N = 180

TABLE - 10 ; THEMATIC CATEGORY : PHARMACEUTICALS

NEWSPAPER	POLICY		PRICE		SUPPLY		INDUSTRY		TOTAL
	C.C.	%	C.C.	%	C.C.	%	C.C.	%	
DECCAN HERALD	145.5	52.4	16	5.8	0	0	116	41.8	277.5
INDIAN EXPRESS	81.5	100	0	0	0	0	0	0	81.5
RAJAVANI	22.5	55.6	0	0	18	44.4	0	0	40.5
KANNADA PRABHU	6.5	100	0	0	0	0	0	0	6.5
THE HINDU	8	48.5	0	0	0	0	8.5	51.5	16.5
TIMES OF INDIA	5	52.6	0	0	0	0	4.5	47.4	9.5
TOTAL	269	62.3	16	3.7	18	4.2	129	29.8	432

N = 180

TABLE - 11 THEMATIC CATEGORY : MISCELLANEOUS

NEWS- PAPERS	Rare cases		Medical Education		Consumerism		Hygiene		Epidemics		Narcotics		Diseases		Other		Total
	C.C.	%	C.C.	%	C.C.	%	C.C.	%	C.C.	%	C.C.	%	C.C.	%	C.C.	%	
DECCAN HERALD	30.5	3.7	293	35.2	159	19.1	84	10.1	45.5	5.5	198	23.7	0	0	22.5	2.7	832.5
INDIAN EXPRESS	14.5	3	291	60.8	0	0	0	0	5	1	36	7.5	0	0	132.5	27.7	479
PRAJA- VANI	66	16.2	28.5	7	198	48.6	0	0	0	0	0	0	0	0	114.5	28.2	407
KANNADA PRABHA	0	0	230.5	28.5	0	0	0	0	4.5	0.5	87	10.8	354	43.8	131.5	16.4	807.5
THE HINDU	24	8	196.5	65.5	0	0	0	0	0	0	15	5	0	0	64.5	21.5	300
TIMES OF INDIA	0	0	191.5	29.6	0	0	9	1.4	107	16.6	31	4.8	0	0	307.5	47.6	646
TOTAL	135	3.9	1231	35.4	357	10.3	93	2.7	162	4.7	367	10.5	354	10.2	773	22.3	3472

N = 180

- SANTHYA GIRI

The Media and Women's Health

Four media 'approaches' to health	A recent analysis of the coverage of health and medicine in the British and North American media distinguishes four types of approach (Ann Karpf: Doctoring the Media: the reporting of health and medicine). These provide a general framework for thinking about how health and medicine are dealt with in the media of most countries.
The power of medicine	<ul style="list-style-type: none">• <u>The medical approach</u>, which emphasises the curative power of medicine. Certain images, celebrating medicine at its most powerful - the white-coated (male) doctor, the stethoscope, the test-tube, the operating theatre - are called to mind by this approach. It regards illness as abnormal and pathological: we 'get it' or 'catch it', 'get rid of it' or 'shake it off'. The medical approach is largely uninterested in the causes of illness, but it favours biological explanations. Better health is equated with better medicine and more medical technology.
Individual responsibility	<ul style="list-style-type: none">• <u>The look-after-yourself approach</u>, which stresses the need for changes in individual behaviour. This attributes illness to 'unhealthy' habits or lifestyle - eating the wrong food, drinking too much, smoking, lack of exercise, and stress. In this approach, individuals are assumed to have almost unlimited powers to shape their lives.
The patient's rights	<ul style="list-style-type: none">• <u>The consumer approach</u>, which focuses on the relationship between the patient and the medical services. It questions the organisation of health care, and may criticise doctors for being uncommunicative, arrogant or patronising. When searching for the causes of illness, this approach tends to centre on the medical treatment itself - an incorrect diagnosis, the side-effects of a prescribed drug. Above all, the consumer approach gives authority to the patient's experience and perception of illness, often advocating self-help and self-medication.
Socio - economic roots of illness	<ul style="list-style-type: none">• <u>The environmental approach</u>, which identifies the social and economic origins of illness. In this analysis poverty, environmental degradation, economic policy, the role of the food and tobacco industries, sexism and other forms of social discrimination are identified as contributors to the incidence and distribution of illness.
The dominant approaches ...	The analysis concluded that it is the <u>medical</u> approach which clearly predominates. There is a small, and fairly consistent, proportion of output in both the <u>consumer</u> and the <u>environmental</u> categories. But a most striking development is the growing importance of the <u>look-after-yourself</u> approach. In the Video on Health, all four approaches are illustrated. You may be able to carry out an analysis of your own national media system to see which of these - and any others that you may identify - is most prevalent. Meanwhile, think of examples from your national and local media which characterise each of the four approaches outlined above.

... their
limitations ...

Few people would argue that medicine has a significant - if circumscribed - role to play in treating illness, or that the 'medical' approach should be excluded from media coverage. But this approach distances health and illness from the social relations which help to shape them: if you are sick, you need pills, an operation, medical intervention. The increasingly prevalent 'look-after-yourself' approach also removes health and illness from their social context: if you are sick, you need bran, aerobics, jogging. The solution is still consumption. The only change is in the kinds of goods and services consumed: from medical services and drugs to exercise classes and vitamins. Fears are merchandised, the 'solutions' are profitable.

... and their
implications
for women

The 'medical' approach in the media supports existing medical values and priorities which, as we have seen, revolve around a particular view of women - as mothers, or potential mothers, rather than as independent human beings with their own health needs. It reinforces a pattern of social relations in which the authority of the doctor is paramount and the passivity and powerlessness of the patient is confirmed. And, almost by definition, this approach ignores the material reality of women's lives. The same is true of the 'look-after-yourself' approach which preaches fibre and fitness. Even middle-class women, an increasing number of whom work both outside and inside the home, have trouble finding time to shop let alone jog.

Health messages
in the media ...

Most health messages in the media perpetuate images of 'appropriate' female behaviour, scapegoating women who already carry the major burden of responsibility for family health. For instance studies of early motherhood have shown that, far from being the irresponsible creatures often implied by the health promotion programmes, many women suffer conflicts of responsibility and uncertainty about exactly how to meet the competing demands made on them. The rhetoric of preventive health care can easily exacerbate their anxiety and feelings of inadequacy, and may well conflict with the economic constraints which shape their existence.

... must they
maintain the
status quo?

This text has outlined some of the issues surrounding women's health in Asia. Bringing these more directly into the public spotlight must be a priority for the region's media, with much more attention paid to the social and economic context which gives rise to the problems, and limits their solution. And health messages must be addressed to men too. All these issues concern men - or should concern them - as fathers, husbands, sons, brothers. For if the present mould is not broken, health and medicine will continue to control rather than to care for women.

... or can
they break
the mould?

COM

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Recipes For Making Low-cost Easy To Make Media Materials

"Recipes for Making Low-Cost Easy to Make Media Materials" is the third of three sections included in Working With Villagers Media Resource Book developed jointly by the American Home Economics Association International Family Planning Project and the East-West Communication Institute (1977). The complete manual is available from AHEA International Family Planning Project/2010 Massachusetts Ave., N.W./Washington, D.C. 20036/U.S.A.

Reprinted by the International Clearinghouse on Adolescent Fertility (1980)

RECIPES SECTION

Contents

How to make a Flannelgraph.....	1.
How to Make Two Different Flip Charts.....	3.
Chalkboards.....	8.
Making Chalk.....	10.
Inks, Dyes and Paints.....	11.
How to Make Paste.....	12.
Rubber Cement.....	13.
Modeling Clay.....	14.
Making a Bamboo Tripod Easel.....	15.
How to make a Bamboo Compass.....	17.
How to Make Three Lettering Markers.....	18.
Protective Coatings.....	19.
Adhesive Papers.....	20.

HOW TO MAKE A FLANNELGRAPH

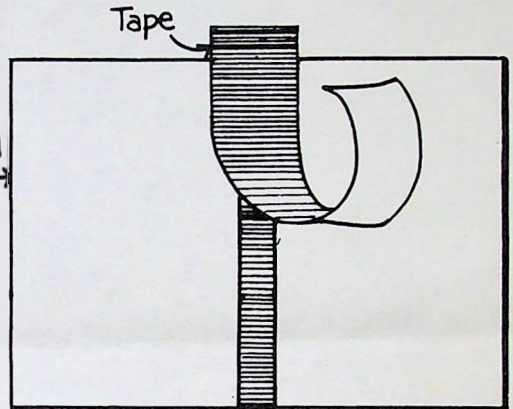
The flannelgraph is essentially a piece of cloth fastened to a stiff backing. The cloth may be felt, flannel, suede or cotton cutting, burlap flour or potato sacks, a rough weave blanket, turkish towel, or any other roughly napped material. The backing may be wallboard, masonite, plywood or heavy cardboard. The following instructions are for making a portable flannelgraph.

Materials:

2 pieces of masonite, plywood or cardboard each 75 x 50 cm
1 piece of flannel 75 x 100 cm
canvas hinges or heavy masking tape

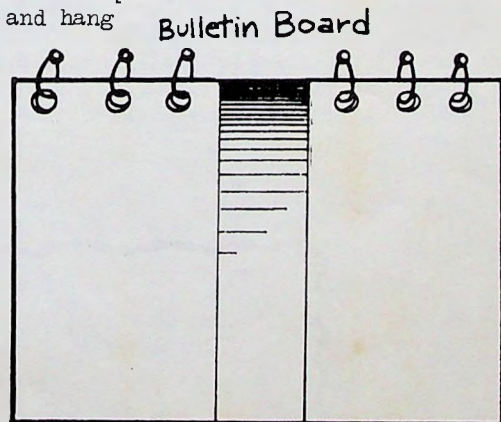
Process:

1. Join 2 pieces of board together by using canvas (or metal) hinges or by using heavy masking tape.
2. Flannel (or similar material) may be stretched over boards on one side and glued in place, or it may be tacked to the board only when used and folded under the arm for traveling purposes. Other ideas for mounting flannel are provided in the "Suggestions" section.

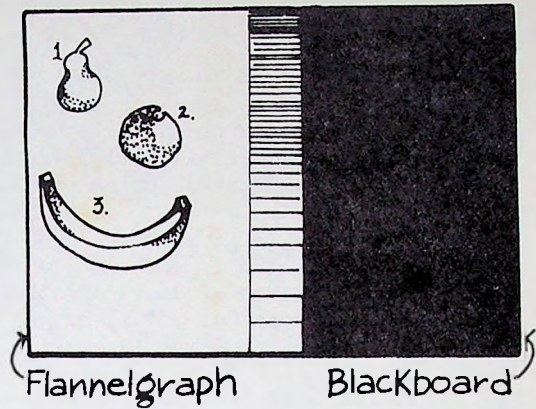


Suggestions: The measurements given here are only suggestions. Adapt them as you see fit, keeping in mind the size of the audience and the space needed for your usual visual presentations.

- When not being used as a flannelgraph, the board may also be used as a bulletin board. By drilling or punching several small holes along one side of the 2 boards, you can loop pieces of string through the holes and hang it on a wall.



- . If you prefer to combine the flannelgraph with a blackboard, prepare one or both sides for a blackboard, following instructions under "Portable Blackboards." You can then use one side as a flannelgraph and the other side as a blackboard for making notes and illustrations suggested by the group during discussion.



- . The important thing to remember in using a flannelgraph is that it works best when placed at a slant (10° to 15° angle). If it is used in an upright position, the pictures will fall off--no matter how firmly secured with backing material. It will therefore be necessary to use some sort of easel (see "Bamboo Tripod Easel") or to prop it against a table, for example, at an angle.
- . To insure a tight fit of the flannel over the board, use a slightly larger piece of flannel than the board and hem a length of elastic band along the edges. The flannel backing can then be easily slipped over the board and will have a smooth, flat fit. When not in use, remove the flannel and fold it for storage.

NOTE: Fasten pieces of sandpaper to back of pictures to be used on flannelboard.

HOW TO MAKE TWO DIFFERENT FLIP CHARTS

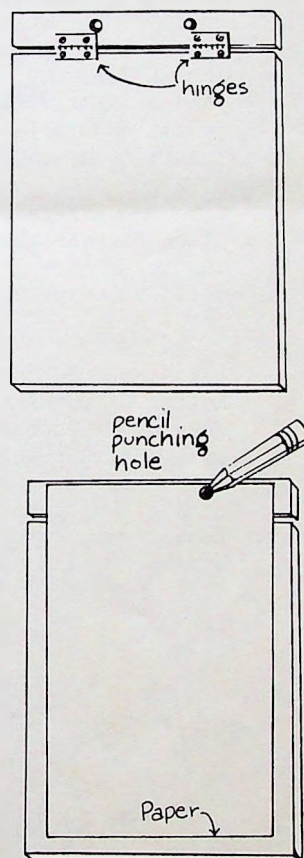
The following instructions are for making a durable flip chart that can stand without any support (that is, it does not need to be held or does not need any other presentation stand). Included under "suggestions" are ways in which it also can be used as a "mini" chalkboard or flannelboard.

Materials:

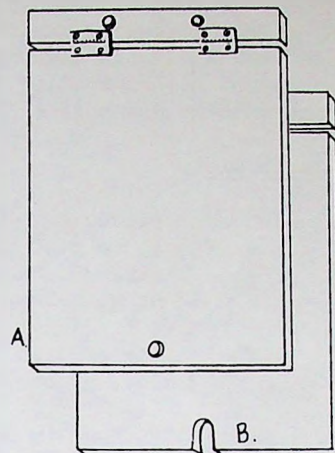
- 2 pieces of plywood or thin (5 mm) hardwood measuring 45 cm x 50 cm
- 2 strips of wood measuring 36 mm x 40 cm x 8 mm
- 2 hinge joints
- 2 bolts and 2 wing nuts
- piece of cord 3 mm thick x 28 cm long
- ruler, pencil, paper

Process:

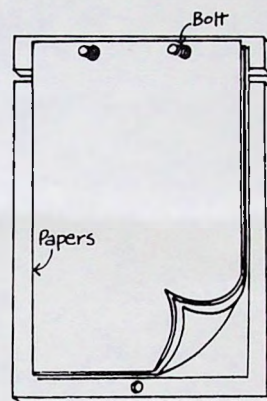
1. Drill two holes in each long wooden strip at approximately 13 cm from each end.
2. Hinge each strip to a piece of plywood.
3. Place a sheet of paper, the size that you will be inserting in the flip chart, on one of the joined wooden strips and plywood boards. Position the paper in the middle of the top edge of the wooden strip. With a pencil, gently punch a hole through the paper that corresponds to the holes in the wooden strip.
4. Remove the paper and measure the distance from the side and top of each hole. These are the measurements you will use in punching holes in the papers you will be inserting in your flip chart. Punch holes in all papers you are going to use. Be sure to add some additional clean sheets for further notes or drawings that may come up in the discussion.



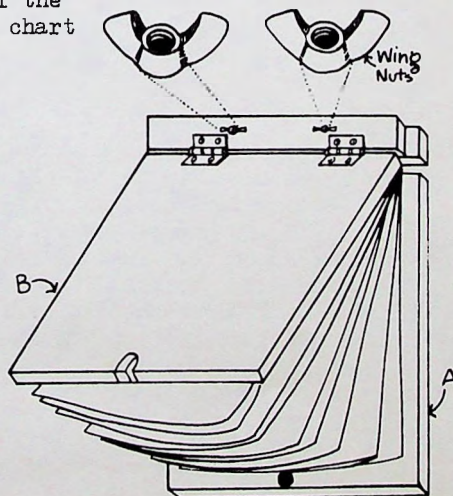
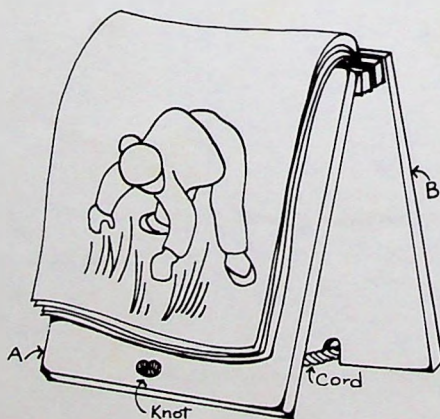
5. In the middle of the bottom edge of one plywood board, drill a 3 mm hole. (This now becomes cover A.)
6. In the middle of the bottom edge of the other plywood board, cut a vertical slot 2 mm wide and 1.5 cm long. (This now becomes cover B.)



7. Stack your papers together evenly. If the holes have been punched accurately, you should be able to see through the holes.
8. Insert a bolt through the back of each hole in the wooden strip of cover A. Place cover A flat with the bolts sticking up (the hinged joints should be flat against the table). Insert punched papers (face up) over bolts.



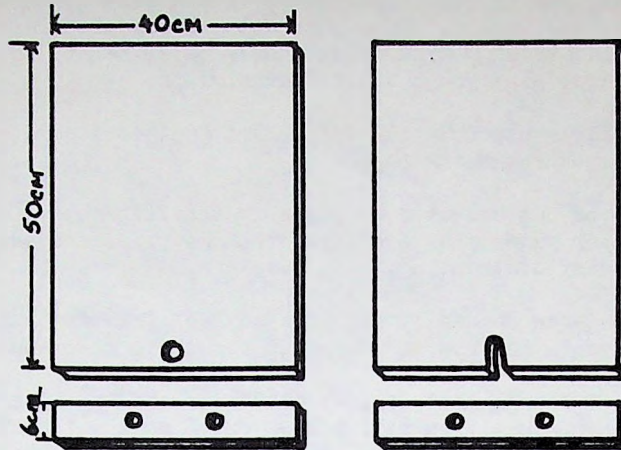
9. With the hinged surface of cover B facing you, place it over the punched papers, inserting the bolts through the holes in the wooden strip of cover B. Fasten securely with wing nuts.
10. Pass the cord through the hole at the bottom of cover A. Make a knot at both ends of the cord large enough so that it will not slip through the hole. To keep the flip chart open while you use it, pull the cord through the vertical slot, until the second knot catches in it. The flip chart will now stand up (A).



Suggestions: For further adaptability of your flip chart, you may want to consider painting the inside of one cover with a flat black paint which will give you a small chalkboard. (See instructions for preparation in recipe book under "Chalkboards".) The other inside cover can be covered with a piece of flannel to give you a small flannelgraph.

- Use plain, pliable paper in the flip chart (not cardboard!) so that you can easily flip through the pages.
- Newspaper can be cut and used as pages in the flip chart. Remember to select newspaper pages that are free of large print and photographs as these can be very distracting.
- This flip chart can be easily refilled so feel free to tear off any sheets and give to members of the group for their reference.
- The addition of blank sheets placed either at the end or interspersed throughout the presentation will allow you to make notes and respond to the group discussion.
- If more than one subject is included in your presentation, or if the topic you are discussing has several different components, use blank sheets to separate the components.
- Experiment with writing on the paper you use in the flip chart before binding it:
 - make your drawing big and bold, use thick lines. Stand at a distance to check that the drawing or writing can be easily seen.
 - you can use crayons, chalk, felt pens or charcoal to write on the paper; chalk and charcoal have a tendency to smear easily and, if used, should be protected by a blank cover sheet.
 - some inks will soak through one sheet of paper and onto the next; you may have to do your ink drawings or writing before placing them in the flip chart.
- The measurements of the boards are only suggestions; use whatever dimensions you desire. The size of the flip chart is determined by the number of people with whom you plan to use it. Keep in mind that the covers of the flip chart should be larger than the pages and that the length of the wooden strips should be the same width as the boards for the cover.
- If you have someone cut the boards and strips, ask that the holes be drilled at the same time. If you use the measurements suggested, you might simply show the diagram to the person cutting the materials with the following instructions.

NOTE: If flip-chart will have heavy use, glue strips of tape or paper where holes will be punched and around edges of paper.



I need:

- 2 boards cut with these measurements
- 2 strips of the same material cut with these measurements.

Please drill two holes in each wooden strip, each 13 cm from an end.

In the middle of the bottom edge of one board, drill a 3 mm hole.

In the middle of the bottom edge of the other board, cut a vertical slot 2 mm wide and 15 mm long.

If this is done before you begin putting your flip chart together, you need only do the following steps in the process: 2, 3, 4, 7 - 11.

- . You can use metal, cloth, or canvas hinges. If hinges are not available, drill additional holes at the same point in each wooden strip and board and use a loop of heavy cord for the hinge.

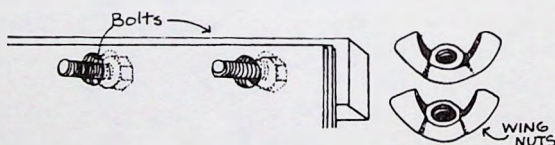
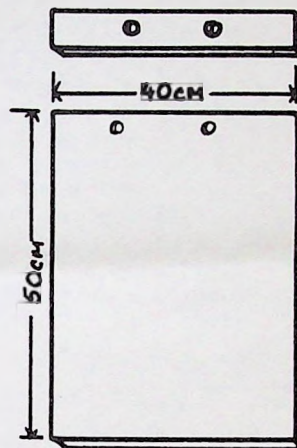
Flip Chart #2: The following instructions are basically the same as those given for the first flip chart. However, this flip chart will not be freestanding and offers less protection for enclosed pages than does the first flip chart. It also involves fewer materials and is cheaper and easier to make.

Materials:

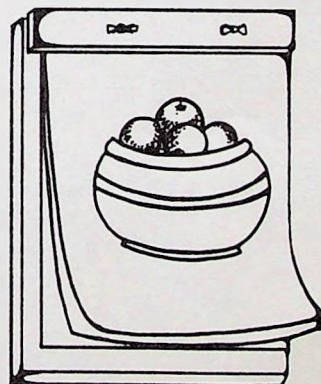
- 1 piece of plywood (or similar material), 40 cm x 50 cm
- 1 long strip of plywood, 40 cm x 40 mm
- 2 bolts and 2 wing nuts

Process:

1. Drill two holes at the top of the plywood board approximately 13 cm from each end. Drill two matching holes (13 cm from each end) in the wooden strip.
2. Position a sheet of paper slightly below the top of the plywood board and center it. Gently punch a hole through the paper that corresponds to the holes in the board. Taking the measurements of these holes, punch holes in all sheets to be used.



3. Place bolts through back of board and slip punched sheets over bolts. Place wooden strip over sheets, inserting bolts through holes in strip. Secure firmly with wing nuts.



Read suggestions and adapt ideas given for Flip Chart #1.

CHALKBOARDS

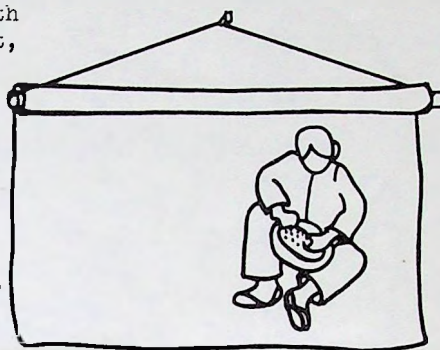
MAKING A CLOTH CHALKBOARD: This small portable chalkboard which is both light and easy to carry can be used with groups of up to 15 people.

Materials:

55 x 75 cm piece of oilcloth
round wooden pole or stick
can of opaque black paint
sandpaper

Process:

1. Roughen the shiny side of the oilcloth with sandpaper. Apply two coats of black paint, allowing the first coat to dry thoroughly before applying second coat.
2. When paint is dry, fix a round, smooth wooden rod or pole to the long end of the painted cloth.
3. Connect both ends of the rod with a piece of cord so that you can hang it on a nail.
4. In rolling up the chalkboard, roll the painted side in so that the unfinished surface is on the outside.



Suggestions: If oilcloth is not available, use a smooth, thick piece of cotton cloth. Give the cloth a very thin coat of (carpenter's) glue on one side. When glue is dry, apply two coats of paint as above, remembering to let each coat dry completely.

- . Before using chalkboard, go over it with eraser containing chalk powder to make it easier to erase what you write.

PORTABLE CHALKBOARDS

Materials:

55 x 75 cm piece of linoleum, plywood, masonite or similar material
If you are planning to carry this chalkboard, remember the material you select should be lightweight.
Sandpaper
Black paint or chalkboard paint

Process:

1. Whatever material you select, whether it is smooth as linoleum or rough as plywood might be, it should be sanded carefully to an even roughness.
2. Apply two separate coats of black paint to the roughened surface. Be sure the first coat of paint is dry before applying second coat.
3. A good wooden frame is suggested to help prevent warping and give the chalkboard more permanency.



Suggestions: Before using the chalkboard, rub a chalk-dusty eraser or cloth over it--it will be easier to write on!

CHALKBOARD PAINT

- 1 part lamp black
- 1 part varnish
- 1 1/2 parts of kerosene

Mix varnish and kerosene thoroughly before blending thoroughly with lamp black.

MAKING CHALK

INGREDIENTS:

1 part soil to 4 parts water

Process:

1. Shovel up some chalky looking soil. Put in bucket, leaving room for about 4 times as much water as soil.
2. Add water and stir vigorously. Crumble large pieces and dissolve soil as much as possible. Ignore hard rocks or pebbles.
3. Allow soil to settle overnight.
4. Pour water off the top and skim off top layer of silt. (This is usually several inches thick.) The top layer you have just skimmed off is "chalk" in a liquid state.
5. Put "chalk" in bag made of muslin or similar coarse, porous cloth and let drip overnight. To speed process, water may be squeezed out.
6. Roll chalk, which now looks like clay or bread dough, into long, snake-like pieces, cut to desired lengths, and let dry. Or, split bamboo stalk and use for chalk mold. Thicker chalk will not break as easily.
7. Now test it. If your soil is the right kind, you have chalk.

Suggestions: You may be puzzled about how to find "likely-looking soil." One way is to observe what people in the village use for marking. For example, in Nepal, red clay is frequently used by villagers for marking.

•If you want colored chalk, add any dye available in the village.

Other Recipes

My Own Formula:
↓

- Inks,
- Dyes, &
- Paints

FORMULAS AND SUBSTITUTES

INK FORMULA

22 cc alcohol
14 cc water
2 grams dry or powdered blue dye

Other dyes which may be used instead of indigo blue are:

orange
green

Add ingredients and stir well.
Experiment with using dyes common to your area.

DYES AND PAINTS

A wide variety of roots, barks, seeds, and leaves can be used. Check with local dyer for ideas or buy commercial dye. Mix with a thin glue solution until desired consistency is achieved (same consistency as paints commercially prepared). This glue can be made/obtained from the residue of boiled bones.

Another Dye: ↘

How To Make Paste

FLOUR PASTE

Commercial wheat or cassava flour
Water (as needed)

Remove all lumps from the flour by sifting it through wire screening. Add water as needed to the flour to form a smooth paste. Insecticide may be added in areas where insects are a problem. WARNING: If insecticide is used, store out of reach of children who sometimes eat paste!

Another recipe:

Suggestion: In Nepal, field workers have found that cooking flour and water, stirring it constantly until all flour is dissolved, is a good means of preparing paste. Allow to cool before using.

and another recipe:

RICE PASTE

Handful of rice
Water

Cook rice in water as usual until rice is moist and sticky. Do not allow rice to become dry. Allow to cool, drain off any excess water. Dab a small amount of cooled, sticky rice on area of paper on which picture is to be mounted. With finger, smooth rice onto paper pressing out any lumps. Picture can then be mounted.

RUBBER CEMENT

INGREDIENTS:

5 grams of raw rubber (translucent, light brown sheet kind--crepe soles from shoes, or some baby bottle nipples may be used)
250 cc of uncolored gasoline (If not available, see below.)

Process:

1. Put rubber and gasoline in a jar with a screw top.
2. Let stand about 3 days until rubber is dissolved in gasoline.
3. If any globs of rubber remain, stir until dissolved. Rubber cement should be smooth and milky-colored in appearance.
4. Store in airtight brown bottle in ventilated cupboard. One idea you may want to try is to insert a one-inch paint brush through the metal cover of the jar. This will then give you a brush with which you can apply the rubber cement.

Suggestions: If uncolored gasoline is not available, use the following process to filter colored gasoline:

1. Take a clean tin can and puncture a hole in the bottom. Place a small piece of cloth in bottom to keep particles of charcoal out of filtered gasoline.
2. Fill the rest of the can with small particles of charcoal.
3. By holding can over a bowl, pail or other container, pour the gasoline over the charcoal.
4. This process may have to be repeated several times to remove all color from the gasoline. Charcoal also may have to be changed after 3 to 4 pourings.

CAUTION: Gasoline is flammable. Use care when mixing and applying the rubber cement. Work with gasoline outdoors only. Do not use near fire.
KEEP OUT OF THE REACH OF CHILDREN.

Modeling Clay

1. 1 part flour to 1 part salt. Add enough water so that when flour and salt are mixed, balls of dough are formed.
2. Shred newspapers or paper towels. Mix with any starch paste and knead thoroughly.

Another Recipe:

3. Dissolve 250 ml of starch paste in water to thin slightly. Add 375 ml of plaster; 500 ml of sawdust; knead to consistency of tough dough.

Another Recipe:

4. Soak small pieces of newspaper in bucket of water overnight. Remove from water and rub wet paper between palms of hands until it is ground to a pulp. Mix 1 ml of glue in 250 ml of water; add 500 ml of plaster; 1 liter of wet paper pulp. Knead to a doughy consistency.

and another:

5. Mix 250 ml of dry clay powdered and sifted through a screen with 5 ml of glue in 250 ml of water; add wet paper pulp and knead to doughy consistency, adding more water as necessary.

6. Powder mud from an ant hill and mix with water.

7. Check to see if clay is available in your locality--you may only need to dig a bit.

MAKING A BAMBOO TRIPOD EASEL

A bamboo tripod easel can be easily constructed to hold a flannelboard or flip chart or other large, stiff-backed visual materials. It is sturdy, made of low-cost materials, and convenient to carry and to use.

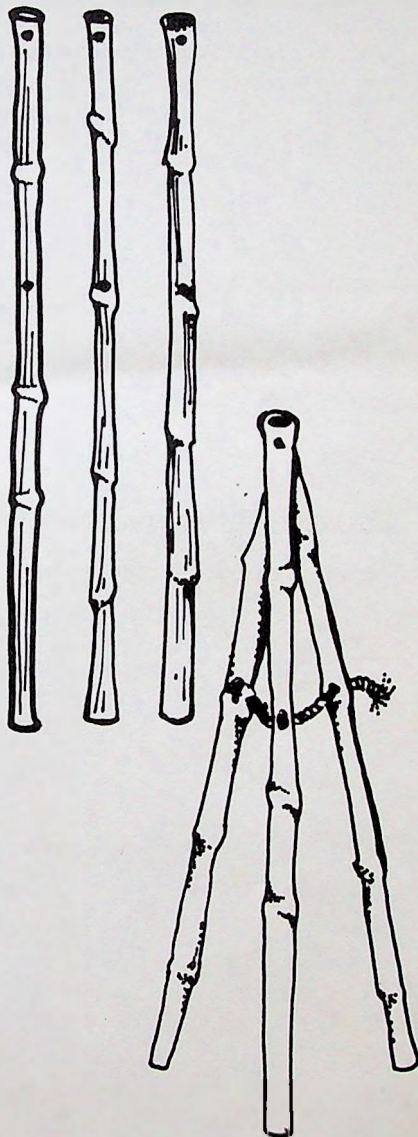
Materials:

Three 1.5 m poles
Two 8 cm wooden pegs or sticks
4 m of heavy cord

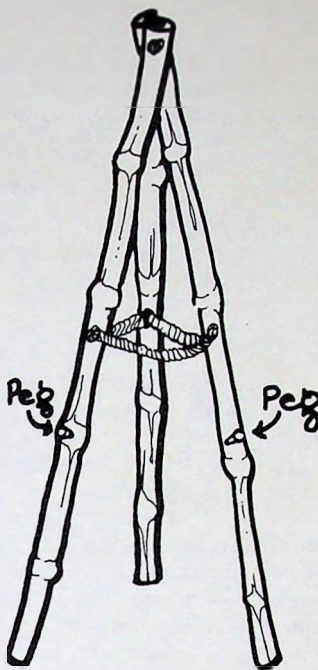
Process:

1. Drill a hole through the bamboo near one end of each pole. With 20 cm of heavy cord, tie the three ends together securely, but not so tightly that tripod legs cannot be opened.
2. Drill another hole near the center of each pole. Beginning with the first pole, slip the heavy cord through the hole and tie a knot at one end of the cord leaving at least 8 cm hanging free.
3. Pull the rest of the rope through the hole until the knot you have made rests firmly against the pole.
4. Measure off a distance of 60 cm and insert the rope through the hole in the next bamboo pole and make another knot.
5. Follow this same process with the third pole, always allowing a 60 cm length of rope for the distance between poles. For the last length of rope, tie the two ends together (remember you have 8 cm hanging free), measuring first to be sure the length of cord between the two poles will be approximately 60 cm in length when the knot is completed.
6. Set your tripod up now as it will be when you use it. Decide at what height you want to place the bottom edge of your visual materials and mark this spot on the front two poles. (It would be a good idea to measure this distance to make sure both marks are the same length from the bottom.)

Bamboo Sticks



7. If your rope holes are big enough, you may be able to slip the wooden pegs through these. If not, drill two holes and insert wooden pegs or sticks to support flannelboard or other display.



Suggestion: The length given for the wooden pegs will vary according to the size of the bamboo. You will want at least 7 cm of the peg sticking out in the front, so cut your pegs with this in mind.

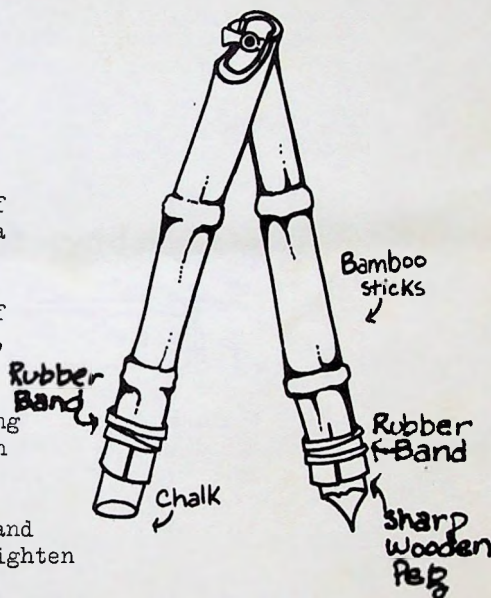
HOW TO MAKE A BAMBOO COMPASS

Materials:

- 2 bamboo rods about 1.5 cm in diameter and 40 cm long
- knife
- wooden peg 2 cm in length and a diameter that fits into hole in bamboo (piece of pencil may be used) with one end sharpened
- 1 piece of chalk
- 2 strong elastic bands
- a bolt and a wing nut

Directions:

1. Make a slit $1\frac{1}{2}$ cm wide and 3 cm deep in one end of both rods. (Note: If chalk and/or wooden peg fit securely into bamboo holes, this step is not necessary.)
2. Fit a piece of chalk in the end of one of the rods and clamp it firmly with an elastic band. (A)
3. Fit a sharpened wooden peg in the end of the other rod and clamp it firmly with a rubber band. (B)
4. At the other ends of both rods slice off $\frac{3}{4}$ of circumference to a depth of 3 cm, leaving thin end pieces.
5. Puncture or drill holes in the protruding end pieces and fasten them together with the bolt and wing nut. (C)
6. In using this compass, loosen wing nut and set compass at desired distance; then tighten wing nut.



HOW TO MAKE THREE LETTERING MARKERS

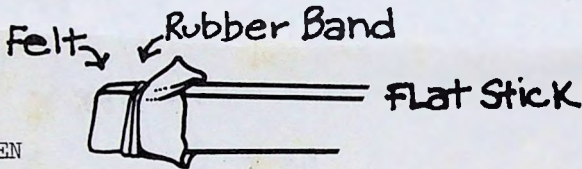
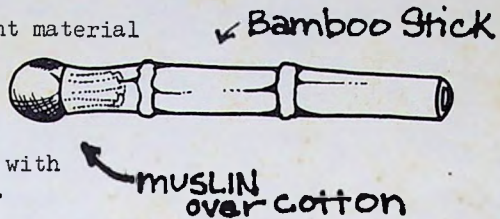
BAMBOO MARKER (To be used instead of felt-nib pens)

Materials:

10 cm stick of bamboo (the inside diameter should be the same size as the line you want to draw)
wad of cotton or any very absorbent material
small piece of loose-weave muslin

Procedure:

1. Compress cotton tightly and cover with muslin. Stuff into end of bamboo.
2. Using ink or dye (see Recipe Section under Inks & Dyes), dip cotton into dye and allow a reasonable amount to be absorbed. Wipe off excess.
3. Begin lettering.



FLAT STICK PEN

For making large letters you can wrap a small piece of felt over the end of a flat stick such as a tongue depressor and secure tightly with an elastic band. Dip into ink and begin lettering!

BAMBOO LETTERING PEN

Materials:

12 cm stick of bamboo cane
knife or razor blade

Carve an excellent lettering pen as shown in the drawing. Be sure that the end is flat and even in thickness as this will affect the lettering you produce!

