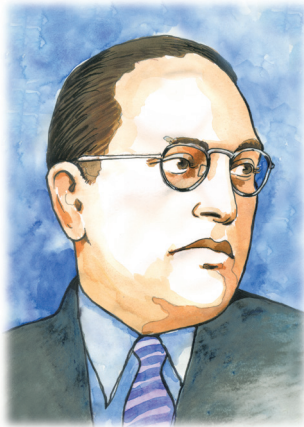




So far, we have studied the period from the year 1961 to 2000. The speed of change in the twentieth and the twenty-first centuries has been tremendous. Human life is changing rapidly. Things which we



Dr Babasaheb Ambedkar

could not have even imagined earlier, are now a part of reality. In ancient and medieval periods, religion was an important part of a person's identity. Now, modernisation has posed some challenges before all religions, be it Hinduism, Islam, Christianity, Sikhism, Jainism, Buddhism, Zoroastrianism or Judaism. Dr Babasaheb Ambedkar brought about a sea change in our traditional mindset. He brought it about through the medium of the Indian Constitution.

According to our Constitution, all Indians are equal before the law, and they cannot be discriminated against on the basis of religion, race, caste, gender or place of birth. All citizens have the right to freedom of speech and expression, freedom to assemble peacefully without arms, freedom to form associations, freedom to move, to live and settle down anywhere on Indian territory and to practice any occupation. Indian citizens living anywhere in India enjoy the right to nurture their language, script and culture.

These provisions in the Constitution shook the foundations of the caste system. It helped to make the practice of vocations running in the family obsolete. Change

became the trend in every field of life. The following box shows how even machines were affected.



Do you know?

During the British era, there were four kinds of compartments in the railway train – the first, second, inter and third class. Nominal facilities for the passengers travelling by third class and the negative attitude towards them was almost a symbol of the Indian social hierarchy. In the 1978 Railway Budget, Madhu Dandawate put an end to this third class. Later two trains were started which had no class divisions, namely, 'Sinhagad Express' on the Pune-Mumbai route and 'Gitanjali Express' on the Mumbai-Kolkata route.

Thus began a series of minor and major changes in the society. Now, anyone can go into a restaurant irrespective of his religion, race, caste or gender. In fact, we see boards outside the restaurants welcoming all.

Another very significant change during the post-independence period is the right to express opinions against the government. Earlier, there were limits on expressing any opinion against political rulers. Now Indian citizens can register their protest against the policies of the government through newspapers, speeches or other media.

The Institution of the family :

During the pre-independence period, the institution of the family was an important identifying feature of Indian society. India was known all over the world as the country of joint families. However, the

wave of globalisation has now given an impetus to the system of nuclear families.

Social welfare : The objective to establish the welfare state has been incorporated in the Constitution itself. India is the first country in the world to do so. The social welfare programmes aim to make opportunities for full-time employment, health care, education and development available to all Indian citizens. Indian society is riddled with large scale economic, social, educational and cultural inequalities. However, it is necessary that opportunities for development reach women, children, the differently abled, the scheduled castes and tribes as well as other minorities. This was the greatest challenge facing the government during the post-independence period. That is why, on 14th June 1964, the government of India constituted the Ministry of Social Welfare. Under this ministry various programmes are implemented for nutrition and child-development, social security and social protection, women's welfare and development. A similar arrangement exists at the state level too.

Scheduled Castes and Tribes : According to the 1971 Census, 22% people in India belonged to scheduled castes and tribes. Laws were enacted so that they got educational scholarships, and representation in Parliament as well State Assemblies. Some seats are also reserved for them in Government services.

Public health : The Constitution of India states that the primary duty of the government is to raise the people's standard of living, to ensure proper nutrition and to improve public health. The Ministry of Health and Social Welfare at the Centre helps the state governments in this regard. To make primary health

services as well as medical care available to rural people, the tribals and the poor was an objective of the Sixth Five Year plan. Efforts were made towards helping people maintain good health by giving recognition to Unani, Homoeopathy, Ayurveda and Naturopathy in addition to Allopathy.

Progress in the medical field has made the life of Indians relatively free of health concerns. In 1962, the first successful open heart surgery was performed under the leadership of Dr N. Gopinath at Christian Medical College Hospital at Vellore in Tamil Nadu. Hence, it is no longer necessary to go abroad for such treatment.

Similarly, the invention of the 'Jaipur Foot' has transformed the lives of the disabled in India. Before 1968, if a person lost a leg in an accident, he had to suffer for the rest of his life. In order to remedy the situation, Dr Pramod Sethi designed and manufactured artificial limbs, noses and ears, with the help of the skilled craftsman Ramchandra Sharma.

The artificial body parts manufactured with the help of the Jaipur foot technology have made it easy for the differently abled to walk bare-foot on rough surfaces, run, go cycling, work in the fields, climb trees, and even climb mountains, etc. They save on the expenses on shoes as there is no need for footwear on these artificial limbs. They can bend their legs at the knees and sit cross-legged. These feet are also convenient while working in water or wet conditions.

Kidney transplant : Since this surgery can now be performed in India, doctors have succeeded in saving patients' lives. Such surgeries were not so common in India till 1971. But in 1971, it was successfully performed at the Christian

Medical College hospital at Vellore in Tamil Nadu. Dr Johny and Dr Mohan Rao transplanted the kidney donated by a living person into the patient's body. Nowadays, patients from underdeveloped countries come to India for such surgeries.

Test-tube baby : Right from early times, having a baby is considered to be of utmost importance in the Indian family system. The support of 'test-tube baby' technology has been available to childless couples since 1978. It was under the supervision of Dr Subhash Mukhopadhyaya that the experiment of the test-tube baby was successfully carried out at Kolkata. This was the first successful attempt at artificial conception. A girl named Durga was born. This technology helped to solve the problem of childless couples who wanted children.

Immunisation : Before 1978, every year, six Indian infants out of every 10 who were born faced fatal health problems in the very first year of their birth. The immunisation programme was taken up to overcome the threat of polio, measles, tetanus, TB, diphtheria, and whooping cough. The 'pulse polio' immunisation programme started in 1995 has controlled polio.

Urbanisation

Urbanisation is a process of the concentration of population in a city or urban area. Increasing population is one major reason for urbanisation. A few other factors affecting urbanisation are air, water and the economic as well as social organisations necessary for community life.

In the context of post-independence India, the increase in urban population is also due to factors such as reduction in the mortality rate, industrialisation, unavailability of means of livelihood in

rural areas, job opportunities in cities and the resulting migration. To reduce the strain on cities, it is necessary to make jobs available in villages, achieve a balance in economic development, control the expansion of metros and provide necessary services and facilities in both the urban as well as rural areas.

Rural Area

A village is a permanent settlement of farmers near the land they themselves tilled, either individually or collectively. Villages came into existence when farming began. Villages in India are thinly populated. A dense cluster of houses surrounded by farmland is a unique feature of the Indian village. A settlement smaller than even a village is called a hamlet. Compared to the urban community, the village community is very small.

Villages are not uniform across India. There are differences based on regional and physical features.

Post-independence period : Keeping in mind the goal of rural development, the collective development scheme has come into force. Plans were made for improving farming technology, increasing the area of irrigated land, extending educational facilities, enacting the laws for land reform under this scheme. It also aimed at increasing agricultural produce as well as expanding the means of transport, health services and scope for education in the rural areas. It was decided to give priority to economic development in villages. The government undertook this work through the medium of Gram Panchayats which included the people from all castes and tribes. To achieve this, the Gram Panchayats, Panchayat Samitis and Zilla Parishads were empowered with more authority.

Changing economic life : Earlier, every village was economically self-sufficient. A majority of the villagers were dependent on farming. Farm produce used to be distributed among artisans as payment for their work. Now this situation has changed. Rural areas are engaged in agriculture and occupations ancillary to farming while urban society is engaged in non-agricultural production and the service sector.

Rural Development : In 1961, 82% of India's population resided in villages. In 1971, the percentage was 80.01%. So far, the rural area has shouldered the responsibility of providing food grains and other raw material to urban areas, supplying labour to the industrial sectors of the city, and taking care of natural resources. There are three major challenges with reference to rural development, namely, bringing about economic development, developing facilities to meet social needs and finally bringing about a change of attitude in matters concerning society, culture and ways of thinking. It is equally necessary to expedite irrigation projects and bring about land reforms.

Social needs and facilities : It is necessary to give priority to facilities for public hygiene and health-care. Even today, the rural population faces problems related to year round provision of drinking water, toilets, open drainage, narrow roads, inadequate electrification and lack of facilities for medical treatment. There is a lack of good quality educational facilities from primary level to higher education, centres for recreation and libraries. That is why it is necessary to give special attention to rural areas.

The collective development scheme had an important place in all the first four five year plans of the government of India. The State of Maharashtra registered remarkable achievements under this

scheme. For example, 'Zilla Parishads' were established in 1962. Nutritious diet scheme was launched in 1970-1971. The State also started 'Rural Water Supply Scheme' for sinking wells and providing piped water. By 1971, 1677 small dams had also been built.

Rural electrification : Electricity is essential for the development of rural areas. Automatic pumps are needed to water the fields. Electricity is needed to preserve perishable food items such as milk, eggs, fruits and vegetables, to run fertiliser projects and for fans and TV and for lights for studying at night. During the first five year plan, electricity had been

Rural and Urban societies during Pre-globalisation period

Rural Community	Urban Community
Priority to farming and ancillary vocations (jobs)	Priority to non-agricultural production and services
Small in size, homogeneous in terms of language, culture and tradition.	Large in size, heterogeneous in terms of languages, cultures and traditions
Elementary kinds of vocations; trend of sending villagers to cities rather than accommodating outsiders in rural occupations.	Large industries, production for global consumption, accommodating outsiders.
Larger proportion of vocations running in the family.	Less proportion of vocations running in the family.
Priority to the head of the family and to the family as an institution. Joint family system.	Family secondary, priority to individuals. Trend towards – nuclear families.

provided to three thousand villages in India. By 1973, it reached 1,38,646 villages. From 1966, it was decided to supply more electricity for pumps and borewells. 'Rural Electrification Corporation' was established in 1969. 'Rural Electrification Co-operative Societies' came into being in the States of Andhra Pradesh, Gujarat, Karnataka, Maharashtra and Uttar Pradesh.

Industrial development : A 'Village Industries Planning Committee' was formed to help the development of industry in rural areas. By 1972, 1,06,000 persons got employment under this scheme.

The government of Maharashtra has also started residential highschools known as 'Vidya Niketan' in Satara, Aurangabad, Nasik and Chikhaldara. Their purpose is

to provide the best quality education to intelligent and meritorious village students living in unfavourable conditions. As per the recommendations of the Kothari Commission, Agriculture Universities were also started at Rahuri, Akola, Parbhani and Dapoli in Maharashtra. In recognition of the work done in the field of education, UNESCO awarded its international prize for the spread of literacy to Maharashtra in 1972.

In this way, overcoming the obstacles at the beginning of post-independence period, India began to develop and make progress. In the next chapter, we shall learn more about the developments in other fields.



Exercises

1. Choose the correct option from the given options and complete the statements.

- (1) The first open heart surgery under the leadership of Dr N Gopinathan was successfully performed in the city of
(a) Chennai (b) Vellore
(c) Hyderabad (d) Mumbai
- (2) is known as the father of the 'Jaipur foot'.
(a) Dr N. Gopinathan
(b) Dr Pramod Sethi
(c) Dr Mohan Rao
(d) None of the above

2. Identify and write the wrong pair.

- (1) Dr N. Gopinathan – open heart surgery
- (2) Ramchandra Sharma – a skilled craftsman
- (3) Dr Subhash Mukhopadhyaya – test tube baby
- (4) Dr Mohan Rao – polio

3. Write short notes on-

- (1) The Institution of family
- (2) Jaipur foot technology
- (3) Urbanisation
- (4) Changing economic life

4. Explain the following statements with reasons.

- (1) The campaign for pulse polio immunisation was taken up.
- (2) The Rural Water Supply scheme was started.

5. Answer the following questions in detail.

- (1) Which kinds of discrimination does the Constitution prohibit?
- (2) What is the aim of the social welfare programme?
- (3) What are the challenges facing rural development?

6. Write a brief review of the significant events in the field of public health in India.

Project

Interview a senior person in your neighbourhood to find out about the following points.

- Changes in the structure of houses
- Change in farming and agriculture
- Availability of vehicles

