CHAPTER-VII
SYNTHESIS OF VILLAGE STUDIES

Comparison at the level of districts of different social development indicators serves only a limited purpose if different social groups are to be studied. The district level social indicators cannot be said to be truly representing the Surjapuri Muslims in each district. This socio-economic comparison is largely between two geographic areas ignoring the religious identities of the people concerned. It only provides a rough clue of the state of affair of the community in both the districts. Further because of poor database at the district level, the comparison fail to capture details such as the complex social, economic and infra-structural fabric of the region. The two indicators of social development, health and economic wellbeing are influenced by a number of factors and returns on them are neither always explicit nor tangible within the socio-economic environment.

Over the time, interesting new approaches to study social development have evolved. One such is the ‘participatory appraisal method’ where the investigator undertakes field studies on predetermined topics and issues. We launched four such village studies during 1998, to overcome shortcomings and complement the findings of the secondary sources of data. The ‘qualitative data’ gathered in the village studies that reflect the social, cultural, and economic environment of the villages successfully compare the level of social development among the Surjapuri Muslims in the districts of Kishanganj (Bihar) and Uttar Dinajpur (West Bengal).
The series of 4 village studies was based on the premise that the district level indicators do not exactly represent the development status of the Surjapuri Muslims in each district and because of poor data base and poor quality of data, many crucial aspects remain hidden or camouflaged in analyses of quantitative information.

Since qualitative research offers flexibility in using different approaches, a combination of a technique that suited the objectives of the study was selected. The specific research techniques used were as follows:

(i) Collecting information relating to the social, economic and political structure of the village with special reference to the infrastructural facilities related to health and education with the help of a village schedule (see appendix-I).

(ii) Focus group discussions.

(iii) Interviewing eminent persons.

(iv) Interviewing school dropout children.

Three issues, namely health, education, and social security were chosen as the focus of the study. The qualitative study was planned in two villages in each district during June-Dec, 1998. The village selection was based on:

(i) Village size (villages with about 200 to 300 households).

(ii) Religious composition (one predominantly Muslim and one predominantly Hindu village in each district were chosen).

(iii) Of the two villages in each district, both were to belong to the same agro-climatic zone of the district and situated in relative physical proximity. The rationale was to compare the social
development of two religious communities keeping the maximum spatial variables constant.

SIZE OF THE VILLAGES

We adhered to the small size village criterion because the efficacy of intensive studies falls with large population or large villages when an attempt is made to study multiple issues. We also tried to choose villages nearer to the researcher’s village because nearer villages were more acquainted with and had easy accessibility. As the researcher is well conversant in Bengali, Hindi as well as Urdu, there was no problem in interacting with the villagers.

A detailed profile of the village was drawn on topics decided on earlier, namely health, education, society, occupational structure. The key informants, government officials, health and education personnel were interviewed to gather information on the location of the village, social mores and customs of the groups, occupation, employment opportunities, and social and economic interaction amongst the groups. Visits to the school, health centres-private, government, traditional and faith healers, anganwadi, night school centres, public distribution centres were made where open interviews were conducted to collect information.

Focus group discussion formed the pivotal part of the study. It was through this process of group discussions that we were able to capture data on perceptions and behaviour regarding health, education, treatment patterns, and social security issues. Four to Five group discussions were arranged in each village.

The group discussion proved to be extremely useful in eliciting a range of information and insights that are inaccessible in more traditional
methods. The transcripts of all the individual focus group discussions conducted in all the four villages were analysed for three topics separately health, education and social security.

Semi-Structured interview schedules were canvassed among children (both boys and girls) selected randomly in the age group 10-14 years who were dropouts of school before completing elementary education. The answers provided some very interesting insights as far as demand side constraints and perception are concerned. These micro level investigations can play a crucial role in the formulation of policies and programmes.

THE LIST OF THE VILLAGES STUDIED
Table: 7.1. Villages studied in Kishanganj and Uttar Dinajpur:

<table>
<thead>
<tr>
<th>STATE / DISTRICT</th>
<th>VILLAGE</th>
<th>TOTAL NO. OF HOUSEHOLDS</th>
<th>NO. OF MUSLIM HOUSEHOLDS</th>
<th>NO. OF HINDU HOUSEHOLDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>KISHANGANJ (BIHAR)</td>
<td>(1) SINGHIA^K</td>
<td>260</td>
<td>246</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>(2) HAWALDANGA^K</td>
<td>280</td>
<td>0</td>
<td>280</td>
</tr>
<tr>
<td>UTTAR DINAJPUR (WEST BENGAL)</td>
<td>(1) GAISAL^U</td>
<td>290</td>
<td>262</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>(2) NANDOJHAR^U</td>
<td>270</td>
<td>0</td>
<td>270</td>
</tr>
</tbody>
</table>

Notes: * denotes Muslim Village
# denotes Hindu Village
K indicates Kishanganj
U indicates Uttar Dinajpur

CHARACTERISTICS OF VILLAGES AND VILLAGE INFRASTRUCTURE

The presence or absence of a certain indicator has been defined in terms of distance. For example, existence of a bus stop, post-office, and telephone within the village or a within a distance of 2 km. is considered
reasonable, whereas an anganwadi centre or primary school should exist within the village. A distance of 5 km. is considered reasonable to evaluate access to a railway station.

A typical village in the Surjapuri region is usually made up of a combination of thatched roof habitations interspersed with a few pucca buildings. Official buildings usually comprise the local government school, post office or primary health centre. Places of worship like a temple, mosque are generally located at the entrance of the villages. Facilities for water include community hand pumps/ tube-wells generally located in the central section of the village while roads are by and large kutcha.

Village homes are semi-pucca or kutcha, made up of mud or brick walls with thatched or tined roofs. The houses differ depending on the status of the family and the household income. Most homes are small and have only one or two rooms per dwelling. In the village of Gaisal*U most of the people live in kutcha houses with thatched roofs and bamboo or mud walls. Very few in this village own pucca or semi-pucca houses.

Toilets within or near dwellings are a rarity in rural areas. Defecation in the open is common among villages, not only because there is no alternative, but also because it is a preference. Even among the better off class households that have a latrine constructed within, only the women use it while men continue to go to the fields.

All the four villages surveyed did not have motorable roads. In most, roads were kutcha. Given to waterlogging during rains.

The village of Nandojhar*U had provision of electricity. In Gaisal*U electricity became operational from 1998 whereas it was operational in Nandojhar*U as early as 1986. There had been no provision of electricity
neither in the village of Hawaldanga*K nor in the village of Singha*K. What is of concern, however is the fact that even though in Gaisal*u electricity is available, it is only the well-off households that can have access to it. In Nandojhar#U each and every household has access to it.

The availability and accessibility of potable water in rural areas has social, political as well as economic implications on households in addition to affecting the health and sanitation of villages. In the village of Gaisal*u along with tube-wells, open wells were used for drinking water. In Nandojhar#U only tube-wells which are safer in use are in operation. The villages of Singha*K and Hawaldanga*K have tube-wells similar to that of Nandojhar#U.

The survey suggests that cleanliness and hygiene are not a matter of culture and habits alone. It is also affected by economic status. Whereas the households in the villages of Nandojhar#U and Singha*K were clean, the households in Gaisal*u and Hawaldanga*K were relatively less clean.

Pucca Road:

None of the 4 villages surveyed were connected with pucca or all weather roads. Nandojhar#U and Gaisal*u had a bus stop within a distance of 2 km.

Post Office:

All the 4 villages had a post office within a distance of 2 km. All the villages had also a telephone indicating a well-developed post and telecommunication system. But the qualities of services were relatively better in Nandojhar#U and Gaisal*u in Uttar Dinajpur.
Gross cropped area under irrigation:

Nandojhar\textsuperscript{U} reported over 80 percent of Gross cropped area under irrigation. Singhia\textsuperscript{K} reported about 30 percent and Hawaldanga\textsuperscript{K} reported about 34 percent of gross cropped area under irrigation. Gaisal\textsuperscript{U} reported only 22 percent of its gross cropped area under irrigation.

Drinking water:

The existence of sources of drinking water in rural areas is one of the most important indicators of development. It was seen that people used multiple sources for drinking water. None of the 4 villages reported piped water as the source of drinking water. All the 4 villages reported using hand pumps. The startling fact is that none of the villages have any source of protected drinking water. In some places of Gaisal\textsuperscript{U} uncovered wells were also found to be used for drinking water.

Primary School:

All villages in India are expected to have within the village at least one primary school, and depending upon the size of the village, a middle school, as well. All the 4 villages studied reported having a primary school within the village. On the other hand, whereas Nandojhar\textsuperscript{U} and Singhia\textsuperscript{K} had middle and a high school within the village as well, Gaisal\textsuperscript{U} and Hawaldanga\textsuperscript{K} did not have either a middle or a high school.

Primary Health Care Centre:

Primary health care in rural areas is provided through a number of sub-centres, Primary Health Centres (PHCs), and hospitals. The target of National Health Programme is to set up sub-centres to serve a population of about 5000 each (3000 in tribal and hilly areas). Two types of means are discussed in this context: first the number of villages that have a sub-
centre within the village, and population of villages that have either a sub-centre within the village or a PHC / hospital within a 5 km. range.

Among the 4 villages studied, only Nandojhar had a sub-centre within the village. None of the other 3 villages reported either having a sub-centre within the village or a hospital within a 5 km. range.

NGO

The response to a general enquiry whether there were any Non Government Organisation (NGO) implementing development programmes in the area of education, health, nutrition, employment and poverty alleviation. None of the 4 villages reported an NGO presence.

Anganwadi Centre:

The government launched a massive programme of establishing one anganwadi centre per 1000 rural population across India. All the 4 villages did have an anganwadi centre.

There is a direct relationship between village level infrastructure and selected social development indicators. Selected parameters that highlight the village development and infrastructure, such as availability of all weather roads, telephones, schools, health sub-centres, and access to potable water, are linked to selected social development indicators such as level of literacy, school enrollment, level of household income, health and nutritional status. Most of these associations are mutual and the causality of this association is not easy to establish.

SOCIAL DEVELOPMENT INDICATORS:

EDUCATION

The positive association between education and development is well known. Although mass education is an essential input, the quality and
levels of literacy also matter substantially for development and growth. However, differences in levels of educational attainment are common across countries, states, districts, villages, households, and even within a household. Often, there may be pockets with high or low levels of schooling/literacy in districts that have been categorised as backward or developed respectively. This may be caused by a number of factors that vary from distribution of schools across villages to levels of deprivation among certain sections of the village population. Quantitative data reveal inequitable patterns in availability of school within any given district. For example, even within a particular village with schooling facilities, a certain number of children belonging to certain population groups may not get enrolled, while another set drops out post-enrolment. One of the objectives of this research has been to explore and explain such unusual exclusions, if any, and to identify the population characteristics so that they become amenable to policy planning and interventions. These were the basic tenets under which this qualitative study was carried out.

The village level documentation of the time-line for public institutions such as schools and school grades provided useful linkages to explain the differentials in literacy levels between villages. It was noticed that villages in which schools had been in existence for the previous three to four decades had achieved a relatively higher educational status in terms of number of children enrolled and those that were continuing their studies. The existence of schools also appears to be instrumental in reducing gender disparity and enhancing school enrolment of children belonging to the backward sections of society. Thus one can establish a direct relationship between the existence of an educational institution, its duration in a village and the utilization of such facility. However, it was
found that mere availability did not necessarily influence enrolment in all villages.

The awareness that education is important for human development as it increases the opportunities of acquiring regular or better paid jobs is accepted by most rural populations. Parents, however, favour educating only sons who are expected to take care of them in their old age. Wherever girls were also being enrolled the primary reasons for doing so were different. For example, one of the reasons given was the aspiration for a better placed groom if their daughter was educated. Education, especially of sons, is also considered a means to non-agicultural and urban jobs, so that pressure on land is reduced and subdividing the land can be avoided.

Other recurrent reasons advanced by parents for disallowing children, specially sons from continuing a school upto senior levels were that it could endanger or propagate alienation among the younger generation to family professions, trades and occupations. These view normally emanates from that fact even if an individual is educated, the likelihood of getting a decent job is low and that it forces children to leave their homes and move over to towns and cities both within the state and other distant places. The other explanation is that education fosters resistance to the cultivation strategy of using own or family labour adopted by the landed farmers. Some parents feel that children should be educated only upto elementary levels so as to enable them to read and write only but ensures that they return to work on the land. This was clearly the case in the village of Gaisal*U followed by Singhia*K predominantly Muslim populated villages.
By and large, however, male children are educated up to the level they can reach without failure, subject to the availability and accessibility of schooling facilities. Many of the students in Gaisal*U enrolled in a school find it extremely difficult to pass the board examination for their matriculation due to the limited inputs and poor teaching methods, they are exposed to. Despite the numerous difficulties, there are still a few matriculates and even occasionally graduate in the villages of Singhia*K, Hawaldanga*K and Gaisal*U. Of course, there is no dearth of matriculates and graduates in Nandojhar*U. Among girls, however, one rarely located a graduate, Nandojhar*U had been an exception where quite a few female graduates were located.

Primary schools were found in the vicinity of all villages. Nandojhar*U appeared to have satisfactory levels of enrollment of students in the local schools followed by Singhia*K and Hawaldanga*K. Enrollment level was lowest in the village of Gaisal*U. Availability of school, therefore, is an essential but not a sufficient condition for higher enrollment and continuance of schooling. The village Nandojhar*U had households with resources and motivation to educate their children. In fact, Nandojhar*U, which had primary as well as high school within the village, had relatively better educational status in comparison with Gaisal*U, which had only one primary school.
Table: 7.2. Education: Availability and Standards

<table>
<thead>
<tr>
<th>District</th>
<th>Villages</th>
<th>Level of Schooling</th>
<th>Availability of (In the village)</th>
<th>Access by lower strata</th>
<th>Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kishanganj</td>
<td>Hawaldanga</td>
<td>Primary School</td>
<td>Yes</td>
<td>No</td>
<td>Satisfactory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Singhia</td>
<td>Primary School</td>
<td>Yes</td>
<td>No</td>
<td>Satisfactory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uttar Dinajpur</td>
<td>Nandojhar</td>
<td>Primary School</td>
<td>Yes</td>
<td>Yes</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High School</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gaisal</td>
<td>Primary School</td>
<td>Yes</td>
<td>No</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>High School</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Of the 4 villages, Nandojhar and Singhia were found to have levels of schooling beyond elementary level. Both had high school within the village. However, in only Nandojhar did the parents find the availability, in terms of level of schooling satisfactory. It was followed by Singhia and Hawaldanga. Parents in Gaisal found the availability, in terms of level of schooling, unsatisfactory. Given this scenario, the children of Gaisal who are keen to continue schooling have to cross a number of hurdles before they get an opportunity to join the main stream education.

Only the village of Nandojhar found to encourage children belonging to the weaker sections of society to access schooling facilities. This village availed concessions/incentives provided to the students by the government, better. The response of the people in Nandojhar to public schemes such as the exemption of fees, provision of mid-day meals, books to student was positive and appear to have acted as an incentive for school enrollments. Whereas Hawaldanga did not show
any positive response to these incentives as most of these incentives can be availed by the weaker section alone. As against this in villages of Gaisal*U and Singhia*K were not provided with any of such concessions or incentives to the students except midday meal. Many a social factor restricts the education of girl children in rural areas, as a result of which female literacy levels are far lower. There are many social, cultural, and economic factors for such practices. Although, the social taboo attached to sending girls out of the house is not a strong factor today, parents still hesitate to send daughter outside the village. This tendency was prominently observed in the village of Gaisal and least observed in Nandojhar#U. The villages of Singhia*K and Hawaldanga*K provided a mixed response. The absence of a high school in the village acts as a deterrent to girls’ high level education. This was found to be the case in Hawaldanga*K and Gaisal*U.

There exist many other reasons for not utilizing the educational facilities even where such services are in existence, specially in the case of girls. The socio-cultural practices that are still prevalent among villages, such as curtailing girls’ mobility post-puberty and the differences of opinion among the parents regarding cross gender interaction constraints female education. Even in villages like Singhia*K and Hawaldanga*K where these factors are not prominent, girls education suffers as parents assign greater importance to sons’ education. In consequence, in times of resource constraints, the axe falls first on the girl child’s aspirations to study. These village studies highlight and reconfirmed that many parents, who otherwise claim to be unbiased in terms of providing education to both boys and girls, in fact do discriminate on one pretext or another in educating girls.
Resource constraints were found to be the most prominent cause for dropping out children in Gaisal*. The manner in which this may occur varies from case to case. Inadequate cash flow compels rural households to withdraw their children from school. Girls are the first to be pulled out on these grounds.

Indeed, what is referred to as free primary education is not actually so, particularly for the villages of Gaisal* and Singhia* where students are not provided with any concessions or incentives except mid-day meals. So the cost of stationery and maintenance requirements of a school going child adds to the household expenditure. This is often the reason even for the pre-primary level dropout of children, specially among households of wage earning parents with poor resources. The village of Nandojhar* mentioned the lowest number of children dropping out. Whereas Gaisal* reported the highest dropout percentage.

Educational levels were found to be lowest in Gaisal* followed by Hawaldanga* and Singhia*. The reasons for this lie in the attitudes of the villagers. The lack of infrastructural facilities, poor teaching method, and disinterested or biased teachers are some of the major reasons pointed out by the respondents for the poor standard of education and their resultant lack of motivation to educate their children. The village schools lack proper buildings, seating equipment, toilets or in some cases even water. Often all the classes are clubbed together and held in a single room. Absenteeism among teachers particularly in Hawaldanga*, Singhia* and Gaisal* is another problem that results in lack of seriousness among students. Poor resource allocation and lack of educational equipment in rural school constraint the teachers’ motivation effort. The methods of teaching are sub-standard. In consequence, when
students after completion of studies in local school, seek admission elsewhere, they fail miserably. The village of Nandojhar\(^U\) reported the best educational level. The employment level of Nandojhar\(^U\) is very high. Here, one can easily find doctors, engineers, defence personnel and particularly school teachers in large numbers.

**HEALTH:**

A majority of the rural areas do not have provision of primary health care services. Only the village of Nandojhar\(^U\) had some sort or health facilities in the village. All the other 3 villages did not have even rudimentary health facilities. Even in Nandojhar\(^U\), village level health facilities were unsatisfactory, where villagers expressed the need for provision of good quality and low cost health services from the government.

**Table 7.3. Health Services: Availability and Standards**

<table>
<thead>
<tr>
<th>District</th>
<th>Villages</th>
<th>Services available</th>
<th>Access by lower strata</th>
<th>Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kishanganj</td>
<td><strong>Hawaldanga</strong>(^K)</td>
<td>No</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>Singhia</strong>(^K)</td>
<td>No</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Uttar Dinajpur</td>
<td><strong>Nandojhar</strong>(^U)</td>
<td>Yes</td>
<td>Yes</td>
<td>Unsatisfactory</td>
</tr>
<tr>
<td></td>
<td><strong>Gaisal</strong>(^U)</td>
<td>No</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The level of Hygiene and Sanitation and availability of certain infrastructural facility also affect the health status of villages. For instance, lack of clean drinking water to certain sections of the population due to variety of factors can lead to epidemics among the deprived group.

The common ailments affecting most villages are fever, cold, cough, stomach disorders and various aches affecting vital parts of the body such as back, leg, hand, ear, eye and head and other infections. On the health aspect the focus group discussions were targeted to access the awareness levels among the participants. As focus group discussions were conducted
among persons belonging to all the 4 villages, it was not possible to differentiate in the knowledge and perception regarding health status. Most respondents from all the 4 villages identified weakness as the reason for the lack of ability to protect themselves. Some of the upper class people mentioned status-related diseases as the cause of ailments. Additionally, external influence such as interaction with semi-urban or urbanised groups of persons, access to other informational channels, be it radio or television also appear to affect the understanding of villagers in this area.

The higher the level of awareness regarding health status, ailments, symptoms and their causes, the greater the need to seek assistance from medical or other health personnel. However, even this health-seeking behaviour differed considerably across the population groups. Variations were witnessed in and across households and communities. The attitudinal differences among population groups appear to be influenced less by the presence or absence of health care institutions within the village. Such differences were however well defined with regard to the resource position of households while gender differentials were not so clear. Needless to say, it was the resourceful well-off households that sought treatment wherever available.

The perceived value of seeking health services is not as clear as compared to that of education precisely because of the levels of awareness about medical ailments and their treatment. Low awareness levels or misinformed villagers who ascribed non-medical causes, as symptoms of their ailment were quite a few. The simple fact that fevers is a symptom and not an illness to be cured is known to very few villagers. Sheer lack of knowledge or awareness about ailments, symptoms, causes,
and cures, or prevention, is the reason for a high degree of suffering due to low health status. The situation is worse when such ignorance of ailments leads to subsequent treatment for a wrong cause.

Thus, mere awareness of an ailment was not seen as a sufficient condition for seeking medical aid. Where villagers perceived the ailment to be caused by supernatural powers or any other cause (other than the medical), their health-seeking behaviour also varied accordingly. There are many instances of diseases that are area-specific. Leprosy was reported in two of the villages, Gaisal and Hawaldanga. Although it is climate-influenced, germ-caused disease, it is considered to be hereditary by many of the villagers.

Even in areas where health services are available, such as Nandojhar, the reasons for their falling short are commonly lack of infrastructural facilities such as proper buildings or medicines.

Whatever the nature of health services sought by rural households, it is the male, generally the head of the household or the major income-earning member, who decides on the requirements of any sick member. This situation has many implications for women and their health status. Gender differentiation in seeking medical assistance is worse as a consequence of the lack of awareness among men of women’s ailments. This was the perception among a set of persons who were included in the focus group discussions.

Regarding different attitudes vis-a-vis women’s ailments and their health-seeking behaviour in comparison to that of men, most of the survey based information does not find any obvious gender bias. However, to the extent the awareness levels are low or women do not themselves reveal their diseases either due to shyness or out of fear that it may cause undue expense to the households’ fragile income balances,
there does exist some bias. This is evident in that women in most cases tend to be more concerned about the well being of the household and the next generation at the expense of their own cares and comfort.

Pregnant women in all the 4 villages do not have any special diet; in fact they reduce their food intake! This is done in the belief that pregnant women cannot digest heavy food, a similar lack of awareness or superstitious beliefs makes women throw away the first milk post-delivery as it is considered harmful to the child. They are obviously unaware of the fact that mother’s milk contains many protective elements that enhance the child’s resistance to common ailments. Obviously, there was difference of degree, with Nandojhar women were found to be better placed than the rest.

The shortage of money and easily available tradition-based home remedies curtails the growth of modern medication. Given the prevalence of corrupt practices, with few dedicated medical practitioners available, it is difficult for villagers to reject or ignore the traditional practices followed in rural area. The best choice would be a sagacious blending by dedicated, sincere auxiliary nurses and midwives and of traditional values and practices and modern medication.

There is no doubt that, if health services are free, dependable, and easily, accessible, the incidence of use of such services will improve. Such a need is more openly and insistently expressed in the case of children’s illnesses by parents, especially mothers.

**SOCIAL SECURITY**

In the village surveys, the study of social security was limited to the care of the elderly and old age benefit schemes of the government. The questions posed were: Are the aging population of rural villages taken
care of? If so, who looks after them? And more importantly, what do the older folk think about the care they receive and who is responsible for such service. Only in Nandojhar did the older generation point out in the Focus Group Discussions that the government should be concerned about them and give them some benefits (in cases where there was no reference to any pension scheme) or a higher amount (where some amount was being released to them). In all the other villages, people were not aware of any government assistance.

The problem of social security has necessarily to be linked to societal norms in India and prevalent family structures. As social norms are undergoing change, more and more families are moving away from the joint or extended family system to nuclear families. Erosion of family values has also taken place with growing urbanization and exposure to the media and break-up of families due to migration of villagers. However, a large number of households still continue to have linkages and binding relationships with their kith and kin.

Care of the elderly was found to be a major problem facing rural people in the region. Often the family members do not know what course of action to take. The treatment of the elderly and terminally sick entails costs in terms of time, personal care and attention, provision of food and medicine, as well as the upkeep and maintenance of hygiene.

Under these circumstances the possibility of community endorsement for locating the sick outside the regular domiciliary space may occur. A family may perceive an economic asset to a person with future earning capacity as gainful in contrast to an aged person in the household. However, aged persons who won assets are more likely to be well looked after. A majority of the villagers above the age of 60 feel
insecure as their capacity to earn decreases and their meagre earnings do not provide for saving. They are inevitably faced with the prospect of total dependence on their wards and kin. The study sought to elicit their responses regarding the kind of support and security they expected or considered important.

This perception among the elderly that sons are the only source of security is an age-old tradition in India which allows parents to depend on their male offspring while daughters are given away in marriage to another family. This is also the root of the preference for the boy child in Indian families which has led to the abortion of female foetus in areas where modern tests to identify sex through amniocentesis are available. Any such case of selective abortion of female foetus was not reported in any of the villages. But a son’s birth is cause for celebration while the household laments the birth of a girl child there.

Interestingly, some of the Focus Group Discussions (FGDs) brought out that land ownership was the preferred social security for the future. This is probably due to failure of expectations from sons either because of their changing attitudes and responsibilities or due to the increasing economic pressure on families. Many old parents or single parents are forced to live separately with little support from their children. Under these circumstances, it is hardly surprising that parents feel asset ownership will take care of their future when they can no longer earn their living.

Apart from a few households who belonged to the landowning class of the village and the salaried employee households, in Nandojhar\textsuperscript{U}, not many others managed to save. In a majority of cases in Gaisal\textsuperscript{U}, Singhia\textsuperscript{K} and Hawaldanga\textsuperscript{K}, households had to resort to borrowing from
moneymakers at steep rates of interest in the times of distress. Such practices of usurious money lending continue because the demand for credit encourages such borrowing practices.

Government programmes for the elderly were not in evidence except Nandojhar, where many were benefited under old age pension scheme.

Whichever, village development indicator one looks at, the village of Nandojhar is found to be the most developed if a relative index of development is taken. The villages of Singhia and Hawaldanga are moderately developed and the village of Gaisal is the least developed.

It is to be noted that whereas the Surjapuri Muslims are the aboriginals of Surjapur region, the Hindu Bengali’s of Nandojhar are not. The government of India in 1947 and 1971 rehabilitated Bangladeshi refugees in the rural areas of Uttar Dinajpur in West Bengal. Nearly 90 per cent of Nandojhar population is made up of the rehabilitated Hindu Bengalis who have been provided plots of land. The Surjapuri Muslims fear the shrinking land share and natural resources and naturally grudge the control of their resources by the government, large part of which has gone to others. Most often existing facilities in education and health are utilized by the rehabilitate families while excluding the erstwhile Muslim population. Such a drastic shift in composition has led a social crisis among the original Surjapuri Muslim population in Uttar Dinajpur, who have been marginalised. There is also evidence of positive government intervention in Nandojhar through various credit, poverty alleviation, and employment generation schemes.

CONCLUSIVE SUMMARY

It may be conclusively be stated on the basis of the village studies conducted by the researcher that keeping in line with West Bengal being
better develop than Bihar, the Hindu dominated Nandojhar\textsuperscript{u} village of Uttar Dinajpur is the most developed of all the villages under study. Strangely enough, the Muslim dominated Singhia\textsuperscript{k} village of Kishanganj ranks second on the relative index of development of all the four villages. Hawaldanga\textsuperscript{k}, the Hindu dominated village of Kishanganj is poorly developed and ranks third among all the four villages undertaken for the study.

Paradoxically enough, though West Bengal is far ahead of Bihar and its district of Uttar Dinajpur is also better placed in terms of education and material wellbeing than Kishanganj of Bihar, yet the Muslim dominated Gaisal\textsuperscript{u} village of Uttar Dinajpur is the least developed in all dimensions of all the four villages which were studied. The relative better development level of West Bengal has not trickled down to this village of Surjapuri Muslims i.e., Gaisal\textsuperscript{u} of Uttar Dinajpur.

However, the developmental disparities cannot summarily be explained wholly on the basis of religious affiliations. A more valid explanation may be explored in terms of the socio-economic policies of state Governments and the Central Government. Geographic and demographic factors and peoples participation in decision making may also be revealed when further such studies are undertaken.

The researcher hypothesises that the relative deprivation and lower level of development of Surjapuri Muslims of Uttar Dinajpur is because of the adoption and formulation of the socio-economic policies of the state Government concerned which do not result into equitable and egalitarian development of all the sections of society.