

I.P. Desai Memorial Lecture: 21

**TRANSLATING GROWTH INTO DEVELOPMENT:  
SOCIOLOGY AND THE QUEST FOR A DESIRED  
TYPE OF SOCIETY**

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## PREFACE

The Centre for Social Studies has created an endowment fund to honour late Prof. I.P. Desai, the founder Director of the Centre. As part of the programme, we have instituted the I.P. Desai Memorial Lecture series. Prof. Dipankar Gupta delivered the twenty first lectures entitled '**Translating Growth into Development: Sociology and the Quest for a Desired Type of Society**'. It gives us great pleasure to make this lecture available to a wider academic community.

We are grateful to Prof. Dipankar Gupta for having readily agreed to our invitation to deliver the lecture. I thank all those colleagues at the Centre who helped in various ways including proof-reading and preparing the copy for the press.

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B. Devi Prasad

## **Translating Growth into Development: Sociology and the Quest for a Desired Type of Society**

Dipankar Gupta

In 1979, I was working in Surat, in this Centre which Professor I.P.Desai had established. That was also the year he was elected the President of the Indian Sociological Association. Professor Desai was very concerned about the state of the discipline of sociology as he was about the country as a whole. He felt sociology should, and could, contribute to India's development. It is this conviction that prompted him to title his Presidential Address as "The Concept of Desired Type of Society and the Problems of Social Change."<sup>1</sup>

In this, my humble tribute to Professor Desai, I too shall take up the same theme. He was not just one of the most wonderful, intellectually stimulating, considerate and engaging person to be with, he was a great inspiration too. He also gave me my first regular job. This is why I too shall speak this afternoon on how sociology can, and should, help us strive towards a "desired type" of society.

### I

Sociology is often condemned as a wasteful, if not distracting, exercise. There is a lot of theory in it, but where is the practice? For a country, as mired in poverty as India is, we can hardly afford the luxury of pure intellectual exercises. This proposition is attractive, but untrue. If we are serious in our intent to move towards a "desired type" of society, there

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<sup>1</sup> At the 14<sup>th</sup> All India Sociological Conference, December 1978, Jabalpur. Published in *Sociological Bulletin*, 28(1-2), 1979:1-8.

is no option but to turn to sociology with its inter-connecting, and often competing, theories.

Those who complain against this discipline are obviously looking for quick fixes that address symptoms but leave the system intact. When a country, such as India, is beset with multitudinous problems, such symptom driven exercises gain a definite credibility. As India's needs are urgent, here and now, it gives the impression that the time spent on theory could be put to better use elsewhere. Policy studies come naturally to minds that are drawn to symptoms. They have a distaste for understanding the system and they hide it by denigrating theory.

A quick analogy with health would be illustrative. Treating headaches with aspirin will work if the causes for this malady are simple: too much sun, too little rest, or just the wrong pair of glasses. If the pain persists, then more aspirin will not help, though regular ingestions of it might give the impression of not being idle, but doing something. As the real cause goes undetected, the pains return and get worse. This is when a system study is necessary; postponing that any further could be a death sentence.

Policy studies are similar in nature. As with medicine, talking system is too much reading and too much training. In addition, when it comes to society, it is also too much politics. Examinations of systems frighten states, international agencies and donors. These friends of symptom interventions would balk at the idea of a long haul where big decisions need to be taken.

If, on the other hand, target oriented policies are devised that help women in certain districts from anemia, or put children to school, the gratification is immediate and the rewards

wholesome. The best part about it is that real people, who desperately need help, benefit from such interventions in the concrete. Under these circumstances, to deny to the needy the benefits that such limited frame policy interventions provide would be unpardonable.

## II

Policy studies, therefore, have their own appeal. This is why it would be unwise to neglect the experience of such interventions even though they address, what I.P.Desai called, “changes within the system.” True, sociology inspired systemic analyses are happier to address “changes of the system” but they can learn from the results- both successes and failures- of policy activists. Such analyses will tell us what *not* to do, what to expect, and also whether certain policy moves have system level potentials. If I am not mistaken, Professor Desai held a similar view. This position is also evident in the connection he made between education and Reservations in his 1979 Presidential Address. In spirit, I too will walk on a similar terrain this afternoon.

Unsurprisingly, a lot has changed since Professor Desai delivered his Presidential Address on a “desired type of society”. He referred then to our constitutional obligation to socialism and also to the fact that India had only two models for emulation: the socialist and the capitalist. He argued then that we need to make up our minds on which bend in the road. Failing to take that decision would leave us neither here nor there- neither properly socialist or capitalist. Since then a serious change has occurred among intellectuals in general. Today, we are disenchanted with both socialism and capitalism for good practical reasons. Yet, this does not

mean that as sociologists we give up our search for a desired form of society.

But surprisingly, a lot has remained the same. Illiteracy is still with us though our figures show an improvement in this area. What growing literacy rates cannot fully account for is the fact that about 50% of children between 8-11 years of age are unable to read a simple paragraph or compute a simple sum (Desai, et.al., 2010: 79-80). Likewise, our average life span has gone up but still about 24% of patients do not seek medical care because they do not have the money for it (Shiva Kumar et.al., 2011).

What a paradox! On the one hand India has a growing market in medical tourism and on the other a quarter of the sick population in India are too poor to go to a doctor for care. What is the point of advances in medicine if they do not reach the citizens? Likewise, what is the point of being listed as a household with electricity if 44% of such homes do not get the benefit of this facility for over 12 hours a day (see Desai, et.al 2010: 65).

To think of a desired form of society we need to concentrate more on sustaining levels of services in the public goods sector, primarily in health and education. For too long we have been distracted by party socialism or corporate capitalism. We now need to throw away these blinkers and look elsewhere for inspiration towards a desired type of society. The source from where we can get the energy for our ideals has actually been calling out for attention for a long time, but we ignored it. As we fixed our gazes on distant ideologies we neglected to pay attention to what was near at hand.

If the taste of the pudding is in its eating, then what are the important ingredients of a desired type of society? Professor I.P.Desai put his finger straight away on education in his 1979 address and I would like to emphasize that as well. Without education the standards of our workforce, our ability to compete internationally, and the constant urge to better the present would be missing.

Health is the other factor we must consider at close quarters. I have already sketched a brief outline of how poorly these two all important public goods are delivered in our country. The reason we pay little attention to them in a systemic fashion is because we have more or less consigned them to the region of policy and not of theory. As such issues need urgent attention we mistakenly believe that only target approach, relief based interventions can help. This has been the practice so far, but how little this modus operandi has really helped.

Consequently, there is a plethora of action plans regarding education and health, but very rarely are they linked to systemic aspects. We are also misled by indicators like “literacy”, “poverty levels” or “longevity”, but, as we have seen, these numbers can be very deceptive. None of these actually tell us about the quality of education, health and development. This is where we need sociological theory to enlighten us.

If some of us have subscribed to these policy approaches it is because of the belief that sociology, with its reliance on theory, is a time consuming exercise. What they overlook is that a good theory does not dance in the air. It has its feet firmly in the ground.

### III

Can private philanthropists or the UNICEF provide quality education to all? Impossible! Can WHO and Bill Gates Foundation provide quality health to all? Perish the thought. What little is possible in the field of education is impossible when we shift our attention to health. No private body can treat patients across classes with quality care. What is possible in limited ways in education flounders in quick sand the moment we think of health.

You may have noticed that I have consistently been emphasizing “Quality” in both health and education. Policy oriented approaches to these problems have been in the nature of education for the poor and health for the poor. For a desired form of society we need quality health and education for all and not for the poor alone. The moment we have such targeted policies we are almost immediately inviting disinterest from those who can make such interventions work and, what is worse, such approaches are magnets for corruption. Some of major target group oriented policies, from Antuday to NREGA to National Rural Health Missions to Rashtriya Swasthya Bima Yojana, are riddled with fiddled funds and filthy officialese.

We welcome sloppy quality again when we put all our weight on the side of reservations. This is another issue that Professor I.P.Desai alerted us to in his 1979 address. Reservations in colleges and universities do not raise the standards of Scheduled Castes and Tribes other than those who have the means to raise themselves by their bootstraps and take advantage of the Constitutional ban on Untouchability. Too often, Reservations in education have taken our eyes off the ball. We are content to leave all our

good wishes and intentions on this one window without paying attention to what is happening behind the counter.

Poor Scheduled Caste (SC) children are still not making the grade, because their schools are of such dreadful quality. Further, this miserable condition does not afflict SCs alone, for, as we mentioned earlier, about half the children between 8-11 years of age have deficient literacy and numeracy abilities. In areas which are relatively better off, say Punjab, government run schools cater disproportionately to SC children as they are generally the poorest.

Any family with some economic cushion sends its children to private schools. Therefore, reservations notwithstanding, we are not taking our young and poor SC population out of poverty and into the kind of lives that they deserve to live with the rest of humankind. I have, however, rarely come across reservation activists who campaign for quality delivery of education for SC children. We could take it further: they seem to be averse to the notion of “quality” itself. They are usually content in asking for more and more Reservations in more and more areas without paying attention to the content of services or to the needs and well-being of different public institutions (Beteille 2005: 414-436).

The only way we can make health and education work at quality levels is that they should be universal in character: not for the rich, not for the poor, but for all of us. The moment this is mentioned, there is an immediate consternation in our minds. Where is the money? Is this not a pipe dream? There you go again, you theoretical thinkers? To tell the truth, such doubts assailed me too till I looked at history from a sociological optic and then another world opened out to me.

## IV

I found that the welfare systems in Europe and Canada, as well as in the United States of America, were set in place not when these countries were rich, but when they were poor. Sweden was not always rich, clean, healthy, and corruption free. Chronic food shortages and venal practices characterized this country till well into the first decades of the 20<sup>th</sup> century. Hunger and starvation drove over a million people from Sweden to America in the years following World War I. Britain introduced the National Health Service in a full fledged way after World War II when it was desperately resource struck and even found India too expensive to afford. Canada, France, Germany, Japan and Singapore, all subscribed to universal health and education when they were far from being the prosperous countries that they now are. What is the harm if we learn from these countries? Learning is not emulation: it is more sublime both in intent and design. It should not, therefore, offend our sense of national pride.

What all this tells us is that ideologies have distracted us in the past, and so has geography. Good things can happen anywhere, what we need is the determination to do the right thing. Most of all, we have to know what is the right thing.

No reasonable scholar will probably deny the need for quality health and education, once this proposition is placed in front of them. They will, nevertheless, demur at adopting these propositions because there is a paucity of money or expertise, or both. In their considered view, these are issues of the kind that cannot be hurried. They grow gradually as they need patience and not a shot-gun approach. In the meanwhile, to tide over pressing exigencies, let us have targeted approaches. Let us also keep the faith in our

stupendous economic growth. In the fullness of time these riches *will* filter down.

What has filtered down is that India has been pushed down in International Rankings in Human Development. When we look at Gender Gap indices, even Bangladesh is better than us. We are, however, going up on another scale. Our lack of honesty in public transactions has raised our ranking in the corruption index of Transparency International. We were 72<sup>nd</sup> in 2007 but rose to the 85<sup>th</sup> position in 2008. Yes, Pakistan is worse off than us, but is that source for solace? Hardly, unless we pitch our standards really low.

Policy studies go well with the optimism generated by our 8% or more growth rate. The reason why this appears so seductive is because we think that growth naturally leads to development. It is time now to take a hard look to see if growth is really going all the way down and becoming development.

The Indian Information Technology Sector and Information Technology Enabled Services (ITES) have grown remarkably. From roughly 1% of our GDP just twenty years ago, it now contributes as much as 7% to it. It also accounts for approximately 25% of our exports. Let us not forget, though, that this whole sector employs but three million people. As the IT specialists are around us, in our neighbourhoods, choking us with their petrol exhausts, we tend to believe that their numbers are huge. Sociologically, we know that what appears true from one angle of vision is often quite different from another perspective.

Besides the ITES, Foreign Direct Investment comes primarily to the Telecom industries, to Electronics Equipment manufacturers and to financial sector services. The

employment potentialities of these industries, however, are remarkably low. On the other hand, the informal sector continues to dominate our economic landscape. When 93% of the workforce belongs to this category, we cannot turn our eyes away from it and hope it will just go away.

## V

Let us take the textile sector. It alone contributes to about 35% of our export earnings, but engages about 35 million people. This is a far cry from the three million that ITES can absorb, yet in terms of earnings per person, the textile sector is way behind. Take another example from the textile sector again. The production of cloth has gone up in the last 50 years and more from 5 billion square yards to 25 billion. This is a remarkable achievement, but while cheering for it we should also factor in that 85% of this growth has happened in the loom sector where informal labour predominates (Gupta 2010: 41).

Organized sector employment is stubbornly stuck at about 24 million. So much for the trickle down theory! There has been a recent growth of 1.8 million or so, and that is largely because a large number of women have been employed in this category. The fixity in the population of organized sector can also be gauged from the census figures where the proportion of main workers has actually dropped over the last decade. It was about 1.1% no doubt, but the number still fell, instead of going up or even remaining stable. Yet, in the same period, there has been a significant increase of roughly 11% among those who do not have a job for more than six months in a year. The census classifies such people as marginal workers. Thus while the figure for main workers is stable to decreasing, those for marginal workers is going up.

In fact, the National Commission for Enterprises in the Unorganised Sector (NCEUS), headed by the late Arjun Sengupta, also came out with the startling fact that the percentage of informal labour had gone up dramatically from 37.8% in 1999-2000 to 46.6% in 2004-5 in the heart of the organized sector (NCEUS, 2007: 4). So, in the high noon of liberalization and the fast growth period, the informalization of labour is going full steam ahead. It would, therefore, not be incorrect to conclude that growth, Indian style, does not necessarily lead to development, but pushes the poor from one kind of poverty to another. The fact, that even in the organized sector, nearly half the workers are categorized as “informal”, is supported by the census that records a huge jump, as mentioned earlier, of marginal workers.

In this growth story what needs also to be factored is the contribution of the small scale sector to our export earnings. This part is usually expunged by those who magnify our growth performances. From textiles to gems and jewellery to carpets, the small scale sector, with its complement of informal labour, adds enormously to our export revenues. About 11% of the world trade in carpets originates in India. That is good news, but wait! The weavers in the carpet belt of India around Varanasi in Bhadoi, Jaunpur and Mirzapur, are about the poorest craftsmen in this country. They all labour under informal conditions of employment, and that can often be ruthless.

The fact that there are so many workers willing to toil under such difficult terms is primarily because the rural sector is incapable of absorbing labor any more. As landholdings are getting increasingly fragmented, Rural Non-Farm Employment is growing and accounts for 45.5% of Rural Net Domestic Product, if not more. In other words, a little less than half the village economy is not rural. This is why the

compulsion to migrate to the cities is very strong for there the chances of a monthly employment are higher.

That over five billion railway tickets are sold every year gives one a measure of the movement that is taking place in India. Additionally, we also know that now the major reason for migration is no longer on account of marriage but for purposes of employment (Institute of Applied Manpower Research, 2005: 303). It is not surprising then that the majority of Household Industries are in villages and that there are more men than women working in them. This again is in contrast to our popular understanding of who works in the household industrial sector. (Census of India, 1991: Part ii, B I; Primary Census Abstract, General Population)

## VI

The question that comes to mind if one wants to give the “trickle down” theory a positive gloss is that over time the workers should get better educated and move up the skill ladder. Till now, that still remains a distant goal. While the percentage of literates has increased among the working class, sadly the proportion of those with middle to senior school degrees has fallen.

As one goes down this road a few other facts come up at every corner. About 57.5% of unskilled workers today have a secondary or higher secondary qualification (Unni and Rani 2008: 678). What incentive would a person have for education if this is the flickering light at the end of the tunnel? Even so, the demand for education is growing, though the quality is still very low. We will attend to this issue a little later, but the fact that so many with school degrees are in the unskilled labour force explains why roughly 5% of India’s workforce is trained. To get a perspective on this,

look at Korea where the number is 95%. Though about 17 lakh come out of vocational institutes every year (Planning Commission, 2004: 50) clearly, a large number of them are not employed in the skilled labour category.

So far the trickle down theory has not done well, nor the various targeted approaches that have been sponsored with that perspective in mind. If anything most of these interventions have not removed poverty but kept the poor alive. The Antuday of yesterday and the MNREGS of today belong to that genre of goodwill.

The universal delivery of health too has a fairly long history in the west. As we mentioned earlier, they all came into effect when those countries were poor and struggling. For the record, it needs to be mentioned that even in America, the 1946 Hill-Burton Act, along with the Commission on Hospital Care, was put in place so that the country could gradually move to a more comprehensive system of medical care. When John F. Kennedy visited the Appalachian region, from Virginia to Kentucky, he was moved by the plight of the poor farmers there. He then promised health and unemployment insurance on a scale that would be unimaginable to a free market thinker anywhere in the world. Though Kennedy was assassinated soon after, his successor Lyndon B. Johnson took on this responsibility and the economic landscape of that region has changed ever since.

*The Lancet* reports that in India, out of pocket expenses for health are around 78%, the second highest in the world (see Shiva Kumar, et. al 2010). There is only one other place where it is worse than ours and that is, you have guessed it, Pakistan. Even in America, whose health policies are widely denigrated, till recently 40%-45% of health expenses were

borne by the public exchequer. In European countries the figure touches anywhere between 75% to 90%; in Britain, the state spends 86.3% of all health expenses. We, in India, have borrowed the Westminster model of parliamentary democracy but here our health expenses are paid out of individual pockets.

Universal health care in Canada is much closer to the European style coverage than to its neighbour to the south. Our investment in Health is still below 1% of GDP, which is inexcusable. In Upper Middle Income Countries- note, not just the developed western world- the figure is about 3.4% (Planning Commission, 2004: 54). In USA the expenditure on health is roughly 6.1% of its GDP, but in Germany where health care is almost entirely public, the expenditure on this score is above 8% of the country's GDP.

Yet, it is not the amount of money that is put in that is alone of significance. It is an important factor, no doubt, but the reason these health covers are effective is because they are universal in character. Their services should be of the kind that people of all classes would want to avail of them. In India, what are we doing on this ground? Not only is our health delivery system is not universal in character, it also gets niggardly sums of money, barely scrambling to 1% of our GDP. Not just that, these funds are often cut even further to meet some shortfall elsewhere. For example, the Strategic 11<sup>th</sup> Five Year Plan reduced the budget for National Rural Health Mission by a massive 30%. Our leaders just do not seem to be interested.

Europe embarked on universal health care in the 1930s and 1940s when they were quite poor. Yet, that did not stop these countries from investing heavily in this public good. This must be kept in mind, especially as we noted earlier,

there are so many in India who cannot even think of medical assistance when they are sick. In addition, the second largest cause for chronic indebtedness in our country is on account of health (see Desai, et.al., 2010). The Planning Commission sponsored study found that only 35% of Indians have access to essential drugs. In Upper Middle Income Countries the figure is about 82% (Gupta 2002 54). No other word for this but “Shocking”!

In education again, we are falling behind. In India, about 48% of expenditure on education is state funded, whereas in America it is between 75%-80%. In European countries it is often above 90%. Once again, investment in education in India as a percentage of our GDP is struggling to reach 3%-which is abysmal by international standards. We do not have to only look at Europe for inspiration in this matter. In 1949, 85% of Chinese were illiterate. Today there are a billion literates, and this happened in the last 30 years. In Japan the tradition is longer and can be traced back to the Meiji Restoration. South Korea was very poor in 1953 but it backed universal education and today 93% of its population is literate.

Our shortfalls in education can be felt at various levels. Not only is our skilled work force very small, but even where it exists, the standards are very low. Even in the ITES sector, just a third of its engineers have a proper technical degree. On a per million basis the number of degree holding engineers in India is six times lower than the Philippines and ten times lower than what prevails in Germany (see Gupta 2010: 71). This is on account of very low investment in India on Research and Development. Again, in our famed IT sector, only 3% of its sales go into R&D. The comparable figure in other countries is between 14%-15% (Planning Commission, 2004: 48). Our R&D is 1/60th of Korea; 1/250th

of USA and 1/340th of Japan (ibid). No wonder, the Jawaharlal Nehru University (JNU) ranks at 170 in the international arena among institutions of higher learning. Even Fudan University in China is about a hundred places before JNU! When we talk about our huge human resource potential we should be a little more realistic and humble.

## VII

The only way then to come out of under-development is not to rely simply on growth. This is what the Indian experience teaches us. To believe that every cell phone user is middle class is a huge optical illusion. For the poor, the “mobile” is a survival kit: it helps to connect with the family much more economically; it helps to serve your clients in case you are a fruiter, carpenter, mechanic, plumber; it helps to connect you to the contractor, in case you are a day labourer. Fortunately for the poor, incoming calls in India are free. We can get a better measure of our backwardness in electronic density when we note that the internet penetration in our country is only about 5%, well below that of China which is around 30%, and, of course, well below the numbers on this in the west.

To be aware of the magnitude of the problem facing India, a piecemeal analysis will not do. When over 70% of the population is poor with earnings below USD 2 per day (NCEUS, 2007: 6), how can one have special programmes. Targeted policies make sense when the population concerned is but a fragment of the total. It is impossible to think in these terms when the target one is aiming at constitutes the overwhelming section of the population. Would it not be more appropriate to consider the possibilities of a revolution instead?

If that is not on the agenda, then the way out is to devise universal programmes on health and education. Universal here does not mean public sector or private sector. It does not matter who delivers these goods, but they must be universally accessible in exactly the same way. In Canada, for example, one goes to a private doctor for treatment and consultation, but it is the government that pays the professional. In some other countries, the reliance is almost entirely in the public sphere, such as in France or Spain or Sweden. Much of this depends upon the situation, and on which mix is best for each country. What really matters is that the delivery should be universal: rich and poor can avail of these services in the same way.

Universal health or education does not mean average health and education either. Sometimes we feel that private health care is the best, but that is an illusion. Ask any number of people who belong to India's privileged class and have sought private medical care and their responses will be sobering. Nearly all have negative stories to tell. Just because one is being charged more it does not ensure quality health. Private health care can be responsible only when the state medical delivery is of a superior quality. This will force all private practitioners to try and better it. Even so, in almost all of Europe, such attempts by medical entrepreneurs have failed. If you have a serious ailment in France, you had better check in to a government hospital.

In India, as the public delivery of medicine and education is so poor, it takes nothing for private investors to flood this area and trump what the state offers. Thus while health and education belong to the realm of public goods, and should be seen as such, they become privatized. This is why health care and education for the rich and the poor remains highly compartmentalized. This enormously compromises the

delivery of these public health goods to the citizens of our country.

## VIII

Given this reality how can target oriented policy research help? Yes, it can relieve the pressure somewhat, but can it really provide a permanent solution, let alone a higher level resolution. Kerala has a high level of literacy and a better health profile than the rest of India, but it is still backward and poor. The reason is that unless health and education are universalized and taken to the highest level, employment opportunities will not grow. As is well known: people from Kerala work everywhere but in Kerala. What is the point of teaching a child to read and write and then to deny that young mind higher education at the cutting edge of technology? Likewise, what is the point of saving somebody from dysentery so that appendicitis or typhoid, let alone a kidney failure or a liver disease, can shorten that life prematurely? Is it because people are poor they have no other ailment but cholera and malaria?

Even here, the record we have of public health is dismal. But getting our public health up to the mark is not the same as universal health care. That is an important aspect, but not the whole. Health for All cannot be, as the WHO slogan can misleadingly suggest, only public health or simple medical care of the barefoot doctor variety. Likewise, for true universal education it is necessary to have the highest quality of research in India so that our best students do not fly abroad.

A system study will draw our attention to a number of truths that we do not generally acknowledge: First, the poor are usually too wretched to think of far reaching changes other

than what is necessary for the next meal, the next wage. All major social interventions that are systemic in nature have come from an elite class that sees its intellectual and social activism as a kind of calling. It is not the number but the quality that counts. If this class does not live up to its promise and potential in pressing for a desired form of society it will have reneged its historical role.

Second, one should not think that systemic changes are necessarily long-term in nature. They have a long-view but can be very short-term in their implementation schedule. Third, keeping the poor alive is not a developmental goal, and should never be one. The emphasis should rather be on removing poverty. Fourth, trickle down theory is justifiable only when there is no democracy. Where there is democracy, interventions are required so that there will be perceptible changes in one's lifetime. Finally, growth does not mean development.

When social policies are inclusive in nature that is when they work. Targeted projects face a problem because those who are supposed to put them in place see no interest in their implementation. This is why social policies should be such that no one class benefits from them exclusively. For any policy to work, it has to have a systemic spread, especially when we are dealing with public goods like education and health and, by extension, to energy and transportation as well. To believe that public goods are to be sold to the highest bidder is a travesty of developmental planning. At the same time, to argue that limited and short term policy interventions will add up to a systemic change is a denial of reality. Thus, far from being rooted, the policy expert who denies sociology and social theory, is the least relevant.

Sociology can help in our strivings for a desired form of society because its competing theories alert us to the many systemic blocks and facilitation points of any large scale intervention. As sociology is fully informed of the tenacity of hierarchy and status differentials, it can also help us to overcome them. For example, it is not enough to say that caste is changing its character over time. What we need to do is to enquire further into how this is affecting rural relations, urban slums, the Reservations policy and even the interactions between people in public places. By acknowledging that the village is now becoming increasingly non-agrarian in its economy we are also prompted to ask how this is going to affect migration, informal labour, family relations and the cultivation of crops.

It is to these systemic issues that sociology draws our attention because neither the changes in caste nor the transformation of the rural economy are stand alone facts. They are contextualized in theory, even competing theories, which is what helps us to fashion policies that are truly inclusive, long lasting and aimed at establishing a desired type of society. Likewise, these theories also inform us which of the small-scale interventions have a future and can be scaled up. This is why the best sociological theories are always those that are the most grounded.

Perhaps, one day, sociologists and other academics will realize the full gravity of Professor I.P.Desai's exhortation on the subject of a desired form of society and will put all their intellectual weight behind it.

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## I.P. Desai Memorial Lecture Series

- 1 Ramkrishna Mukherjee, *I.P. Desai and Sociology of India* (1986).
- 2 A.R. Desai, *Rural Development and Human Rights of the Agrarian Poor in Independent India* (1987).
- 3 Yogendra Singh, *Social Processes and Dimensions of Indian Nationalism* (1988).
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