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The state's role as a catalyst in the scenario of community-based participatory work in the context of community health: An Indian perspective

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Abstract
Recognition and discussion of hurdles to community advancement, as well as awareness of community history, organizational resources, robust structures, and inter-organizational networks, will set out community members' roles and time contributions in a more substantive way. Group interaction scenarios benefit from stable leadership, active organizational structures, and a supportive political context. The conflict between groups is a simple scenario in which each group is assigned a social issue to address. People's relationships with community-based organizations typically intersect at numerous levels, with complications. Community organization is defined as a community-building process. People in the community are devoted to reinvesting in society, beginning with their families and progressing to society as a whole, to establish their role.

Keywords: community, health, women, awareness, participation

Introduction
Before 1915, there was no specific arena in social science where the term 'community' was discussed. After 1915, the first comprehensible sociological definition emerged regarding this term. The concept of 'community' was recognized as a descriptive category or a set of variables. The initial stage, 'community', was explored from different social views (Willmott, 1986; Lee and Newby, 1983; Crow and Allen, 1994) [15, 28, 55].
Awareness of community history, organizational resources, robust structures, inter-organizational networks, recognition, and discussion of obstacles to community progress will set out community members' tasks and time contributions in a more substantive way. Stable leadership, active organizational systems, and a favorable political environment are favorable for group engagement scenarios (Zakus, JD. 1998) [56]. The conflict between groups is a simple scenario in which group appointment is engaged on their social issues agenda (Zimmerman, 1995) [57]. Relationships between people and community-based organizations frequently intersect at various levels, making the situation more complicated (Butterfoss, 2006) [10]. Community organization is characterized as a process of community building. People in the community are committed to reinvesting in society from the family level to society to establish their role (Blackwell, 2000) [7].

Classification of communities
A community is a social unit (a group of living beings) that shares certain standards, faith, beliefs, customs, or identity. This phrase can be divided into the following categories:

Place
Territorial or place community can be identified as a prevailing thought where people have something in common regarding geographical location. Professor Yi-Fu Tuan was the first geographic theorist who discussed the concept of place. He noted that individuals who live within physical spaces permeate them with social meaning (Tuan, 1977) [54]. "Place" must have (i) a geographic location, (ii) material form, such as a built environment, and (iii) a place that influences the social activities to occur and interactions among people, communities, and nature (Basso, 1996) [5]. In this way, the space becomes a facilitator and symbol of the values, beliefs, and behaviors of the social group to which social actors adhere (Manzo, 2003) [31]. As a result, the area gets permeated with meanings defined by social groups that originated in a geographical location (Trentelman, 2009) [53]. In contrast, virtual communities are characterized as places where individuals engage and share a sense of place identity in a virtual setting (Flaherty and Brown, 2010; Manzo and Perkins, 2006; Nasar and Julian, 1995) [1, 32, 37].

Interest
A community of interest is a geographically unified area, such as a city, neighborhood, or ethnic enclave, which has comparable interests within the communities, such as religious belief, sexual orientation, occupation, or ethnic origin. The sociology of identity can be applied to development. It has a rudimentary concept of space. The concept of a commune's place forms can be properly grasped (Hoggett, 1997) [22]. In general, a community of interest refers to the regular usage and comprehension of specific interests, as well as knowledge of its best practices. A community of interest is a communal or cooperative venture, and as such, it continually advances to offer essential information to the community.

Communication
Crow and Allan (1994) [15] argue that communication plays a critical symbolic function in generating people's sense of belonging. Professor Cohen contends that the concept of

'community' is comprised of two interconnected aspects. One is a collection of people who have something in common. The commonality also separates them substantially within the possible categories (Cohen, 1985) [13]. According to Lee and Newby (1983) [28], persons who live nearby do not necessarily have much in common with their neighbors. Like the interpersonal connections and social networks of which they are a part. This situation is frequently seen as one of the more important components of the community. Nowadays, human existence was defined by the interaction with Man rather than the individual or the communal (Buber 1965) [8].

Participation concept

The term "participation" can be defined as "active involvement by people in civic and developmental organizations, political parties, and local government to influence decisions that affect their lives in the social aspect" (Roodt, 2001) [44]. Rahman (1995) [39] emphasized in his research that participation incorporates people's ability to think, act, and regulate their activities in a communal framework in their community. Mikkelsen (2005) [34] suggested in the context of participation that people grow their receptivity and ability to respond to the development section.

Participation and the concept of community

In research, 'participation' is related to a community's ability to identify its difficulties and needs, and then take charge of its region. Participation is also defined as empowering individuals to mobilize their capacities, become social actors rather than passive subjects, manage resources, make decisions, and exercise control over activities that affect their lives (IIED, 2020). Community participation is best defined as a cumulative process in which beneficiaries develop administrative and organizational competence to gain more control over the decisions that affect their lives. As a result, community participation implies that members have a strong voice in all problems affecting the well-being of the community as a whole. The contribution is an important aspect of community participation. Members of the community contribute money, work, or materials to remedy the situation. The concept of consultation can be understood as the participation of community members. It has an opinion on the subject to assure their commitment and contributions to building and upkeep. Community members actively participate in decision-making and control of community resources, and they are involved in project identification, planning, organization, execution, monitoring, and evaluation as a component of community-based involvement. Community participation is cultivated as an essential component of the social process. Living in a given geographical area, groups who share requirements actively identify needs, make decisions, and set up procedures to obtain solutions (Bichmann, 1989) [6].

Community-based participatory research

Community-Based Participatory Research (CBPR) in public health focuses primarily on the active participation of community members, organizational leaders, and researchers as a whole through systemic and physical processes (Minkler M). The community development process is when participation is required to be successful at any development initiative level. Community organization includes mobilizing the target community and recognizing issues. Sustainable development initiatives are identified by mobilization and awareness-raising. After that, group visioning and planning occur, a mechanism by which the community defines its future vision. The visioning process sets out the ideal final state for society and a vision for the future to be followed (Green, 2016) [19]. Participation is also associated with a healthy democracy. Constructive and enthusiastic engagement is a positive sign that promotes an open exchange of knowledge and ideas at the group level. Involving people also means that solutions and some very innovative or unusual solutions are adapted to local needs and citizens. Both contained criticism of participatory methods used in the service of unequal and sometimes unconstitutional interests (Cooke and Kothari, 2001) [14]. Some more ambitious explorations of participatory approaches are linked to transformative democratic types (Hickey and Mohan, 2004) [21]. Engagement is correlated with the group's willingness to recognize their problems and needs and take responsibility for their particular areas. Participation is often defined as encouraging people to mobilize their capacities, be social actors rather than passive subjects, manage resources, make decisions, and monitor events that affect their lives (IIED, 2020).

Community and its stratification

In the sense of social stratification, the caste system plays a very restricted role in society. Nevertheless, it has a historical dimension in the backdrop of Indian society, where people are socially divided by class, faith, region, tribe, gender, and language. This system is primarily focused on the social status of the individual to whom they were born. In the early Vedic period, this stratification was mainly focused on occupation and property, where money, power, and privilege became important. People in this structure have been graded into four hierarchical ranks, known as 'Varnas.' The Brahmans, regarded as priests and scholars, were at the community's top. Next are the Kshatriyas, who brought out political rulers and troops. The Vaishyas or the merchants were trailing them. The position of Shudras was secured in the last order. They were generally farmers, peasants, craftsmen, and servants, and considered untouchable (Tim, 2002).

The Indian Government has implemented a caste-based categorization system. The Indian constitution is classified as Scheduled Caste (S.C.), backward tribes known as Scheduled Tribes (S.T.), and economically low castes as Other Backward Castes (O.B.C.) (Sankaran, 2017) [46]. The caste system appears to be legitimized by Karmic belief philosophy. The belief is made up primarily of the faith of the common good or the evil spirit. In this sense, one's life is rewarded or rebuked by being born into a high or low caste in the next life (Sidanius and Pratto, 1999) [49].

Furthermore, when members of higher castes make significant of their caste identity, they cause themselves to stigmatize members of lower castes. The low-caste members of the Dalits do not believe that their caste identity is inherited and, therefore, do not consider that it is crucial (Mahalingam, 2003) [30]. It is assumed that high-profile individuals possess attributes related to intelligence, mental strength, integrity, austerity, and ethics. On the other hand, low-caste individuals possess dullness, ignorance, immorality, impureness, and other negative qualities (Deshpande, 2010) [18]. These ancient norms have been applied to modern-day Indian society. Hence, those norms have explicitly been connected to the caste form.

Classification of communities based on ethnicity

An ethnic group accumulates people who identify based on common characteristics that differentiate them from other groups. For example, they shared a set of folklore, ancestry, language, history, society, culture, country, religion, or social treatment in their residing region. Ethnicity is a distinct form but linked to traditions and is often used interchangeably with the term country, especially in ethnic nationalism (Chandra, 2012) [12].

Tribal and Non-tribal community in the backdrop of the Indian context

Among the tribes, prime divisions are based on age, sex, family, and kinship. As stated by K.L.Sharma, for a long time, tribal people were seen as undifferentiated. However, they had gradations based on age, sex, and kinship, which did not form social stratification as found among non-tribal property, wealth, power, and authority (Sharma, 1997) [48]. According to Rao, tribal society is symbolized by social equality. Tribals have been a democratic society, where myths are the mainstay of societal norms. Classical colonial anthropologists described tribal groups as small, self-contained, self-sufficient communities practicing subsistence economies where exploitation and social conflict did not exist. In the aspect of social anthropology, tribal led were no classes (Rao, 1998) [40]. Social stratification among the tribes is distinct from the non-tribals. The structural differences lie in various tribal societies regarding their history, economic development level, colonial impact, and exposure to new social transformation forces. Thus, the tribal people are different in terms of these criteria. Social stratification and class formations are also different from those of non-tribal societies (Sharma, 1997) [48]. D'Souza resiliently upheld that 'Groups' (caste or jatis) are ranked in the caste system. Their positions are marked by social stratification. The ranking of endogamous groups and not endogamy as the rule of marriage is the caste system's hallmark (D'Souza, 1967) [17]. Indian populations, representing nearly one-seventh of the world's total population, offer some exciting and unique opportunities for genetic and anthropological studies because of the diversity that exists within them.

Furthermore, during the subcontinent's long political history, the land has been invaded by many racial stocks. All of them have had some impact on the local gene pool. Therefore, in India, evidence of gene flow from ethnic groups beyond the country's present geographical boundaries is the presence of Mongoloid, Caucasoid, and Proto-Australoid racial elements (Chakraborti, 1971). To interpret the pattern of genetic differentiation among the sampled populations, it may be worthwhile to note a few features of the ethnohistoric background of the significant populations noted that to some extent, all of the seven physical types of Indian populations, namely, 1) Turko-Iranian, 2) Indo-Aryan, 3) Scytho-Dravidian, 4) Aryo-Dravidian, 5) Mongolo-Dravidian, 6) Mongoloid, and 7) Dravidian, are visible. As for the evidence, it can be stated that, in earlier studies, the high caste Brahmins and Kayasthas of lower Bengal have been typed as Mongolo-Dravidian (Risley, 1908) [43].

In contrast, the high caste Bengalese was an admixed group with Dravidian and Mongoloid elements. In the upper Bengal (West Bengal) and the Himalayan region, Mongoloid features extend beyond the high caste groups, perhaps in a purer form, such as the Gurung of Nepal and the Bodo and Cochin Assam. The Dravidian type is found in some tribes like the Munda and Santals of south Bengal, initially from the Chotanagpur region. The classification based on this anthropometric typing is not free of error. In the current ethnohistoric literature, the terms Caucasoid and Proto-Australoid are commonly used to indicate Indo-Aryan and Dravidian ancestry. An explanation for these three major clusters can be found in the fact that these ten groups, as a conglomeration of Caucasoid (Indo-Aryan), Mongoloid (Mongolo-Dravidian), and Proto- Australoid (Dravidian) gene pools. These three major components may be present in substantially different frequencies within the high-caste groups, tribes, and scheduled castes of the northern part of Bengal as the Proto-Australoid tribes (Munda and Lodha). The Indo-Aryan elements in the cluster as Rarhi, Brahmin, and Vaidya. The Mongols-Dravidian elements in Rajbanshi, Rabha, Garo, and Mech clusters. Finally, the Dravidian elements are clusters Munda and Lodha. The Bagdi and Jalia Kaibarta caste groups are in the cluster, suggesting that they may have a substantial remnant of past generations of gene flow from the higher caste groups, as described in the section on ethnohistory (Chakraborty, 1986) [11].

As a legacy from the past, people in India were divided into various classes and communities. Sharp differences existed between groups in all respects. A society with all its rituals and customs was constituted separately for different peoples belonging to different ethnic groups. Even within the same group, some laws of economic advantages are enjoyed by the power to exploit the weaker sections. Since the lands are the mainstay of the economy, conflicts frequently control the lands and their production system over the decay.

Classification of community-based on the economy of the background of India

Community economic development is a field of study that systematically elicits community participation while collaborating with the Government and private sector to create strong communities, economies, and social stratification. Based on this parameter, communities can be classified in the following ways (Schaffer, 2004) [47].

Working women community & non-working women community

Changing family arrangements and the changing nature of the workforce, particularly women's entry into the labor field, have resulted in the addition of home tasks to the work obligations of men and women alike over the past few decades came more flexible in recent times (Mueller & Dato-On, 2008) [36]. As a result, women continue to be more responsible for childcare and home tasks than males, according to the study findings. (Lindfors, 2006) [29]. The researchers stated that employed women and their engagement are considered jobs, but it is considered a housewife's obvious choice. Both workloads get along with depression; stress and symptoms are associated with physical disorders (Barnett & Hyde, 2001) [4]. In this regard, the theory of separation of roles that allocates the family's unifying factor is that the man is the base of livelihood, and the woman is the housewife.

In contrast, feminist theories heavily emphasize equal opportunities for men and women's work (Redclift, 1991) [42]. Undoubtedly, conducting work and family roles requires a woman's massive power (Sumra & Schillaci, 2015) [52]. On the other hand, the resources available to a working woman,

i.e. financial independence, social status, sense of efficiency, etc., create a sense of satisfaction and energy for playing a dual role. Researchers have revealed conflicting results for working and non-working women. In his research, Singh (2014) [50] has shown that non-working women are more stressed and have lower life satisfaction than working women. Some researchers have also shown that working women's psychological well-being, health, and adaptability are more than non-working ones (Alex, 2015; Janzen and Muhajarine, 2003) [2, 25]. Family conflicts, marital adaptability problems, and depression are less in working women's status (Joshi, Singh, & Jaswal, 2013) [26, 50]. In contrast, some researches show that working women's anxiety and sleep disorders are more than non-working ones. Some studies have found no difference between working and non-working women regarding mental health and marital satisfaction (Aspinwall & Studinger, 2002; Sahu & Singh, 2014) [3, 45, 50].

Organized & un-organized sectors

Economic growth is associated with the employment growth of a country. One of the significant structural transformations seen in any developing economy undergoes a declining position in agricultural output. On the other hand, the corresponding increases are shown in the industrial and services sectors. In this country, the structural transformation of the economic scenario has been taking place. However, the migration of the labor forces from agriculture into industry and services has been relatively slow the over decay (Mehrotra, S. *Et al*., 2012) [33]. As an economy moves its economic ladder upwards, the growth process is usually accompanied by shifting the labor force from the informal to the formal sector. This transition is of significant importance for the development path to be inclusive and productive. Therefore, the formal sector's employment generation has been important for India's policymakers since independence. In the socialistic development pattern, the public sector has been entrusted responsible for creating substantial employment in the organized sector. However, this setup starved the economy of its vital nutrients, resulting in the poor performance of all the macroeconomic indicators, including employment. Though the agriculture sector's contribution to G.D.P. declined, the employment structure remained comparatively informal (Burange, L.G., Thakur, P., 2012) [9]. Till recently, women played the role of primary homemakers.

There had been a clear division of labor based on gender in society. Women's role is to look after children, take care of the family, and do other household chores. The job of men is to collect food for the family and other outdoor activities. Therefore, any productive work woman carried out is considered socially secondary. An extension of her primary function thus tended to remain unnoticed. The term 'unorganized' is often used as persons engaged in different forms of informal employment. These forms include home-based work (e.g.rolling papads and beedis), self-employment (e.g., selling vegetables), agricultural workers, labor on construction sites, domestic work, and many other forms of temporary employment, and semi-permanent mainly seen in society. The unorganized sector is physically more visible in India. It is found in almost all the industrial segments of the Indian economy, that is, in agriculture, industry, household, and the services sectors. In India, the formal sector that received considerable resources has failed to employ the growing labor force, resulting in the explosion problem. Small and marginal farmers, landless agricultural laborers, those engaged in animal husbandry, labeling, and packing, building and construction workers, leather workers, weavers, artisans, salt workers, workers in brick kilns and stone quarries, workers in sawmills, oil mills, etc. come under this category (S.Monisha., PL.Rani.,2016) [35].

State-community and health-related issues

According to Benjamin Disraeli (British Prime Minister), people's health was the primary step where all their happiness and powers as a state depend (Lakshminarayanan, 2011) [27].

Several international health policies acknowledge the World Health Organization's vision that populations should shape primary healthcare services at the participatory community level (Review of 40 Years of Primary health care Implementation at the country level, 2019). In the arena of healthcare research, how community engagement in primary healthcare produces knowledge and transferable lessons is one of the more critical issues. Quantitative and qualitative research design is introduced at the community level to show the involvement in primary healthcare. This scenario reflects a systematic way of functioning in the community concept. The group's participation is generally advantageous for developing, implementing, and assessing health services. Understanding the dynamic and diverse mechanisms that generate community health is essential for involving community health initiatives. Individual and population health can be seen to be affected by several factors, including individual actions and attitudes, as well as social and economic conditions. In a democratic society, progress on public health issues needs adequate consensus on public health's mission and content to serve as the framework for public action. However, there is no clear consensus among government decision-makers, public health employees, private-sector health organizations and staff, and opinion leaders on translating a large mission into concrete activities. The practices that can be classified as "public health" differ significantly between jurisdictions. This diversity represents the mass, which must help public health in the political process, and support practices in the private sector. Challenges are prevalent in creating strong constituencies beyond a single concern to support broader goals and public health's ongoing infrastructure. In this changing world, with unique threats threatening the population's health and well-being, the Government and society must work together to address the challenges simultaneously, inclusively, and sustainably. The ethical values of universalism, fairness, equality, protection, and human rights must apply to social determinants of health and economic issues. This strategy would be beneficial to humanity in realizing the Right to Health dream.

Community participation in health opens various advantages in health care and development. This feature helps communities develop problem-solving skills, making them take responsibility for their health and welfare. It ensures that the community's adequately addressed needs and problems are considered grassroots (Mac Cormack CP, 1983). Government plays a vital role in influencing public health interventions that regulate the quality and types of programs that affect the community's economic success and productivity. Information-based public health initiatives

have proved to be the most comfortable for policymakers to introduce. The importance of patient engagement as a driver of positive healthcare outcomes and as a catalyst for progress in healthcare release is being increasingly recognized (Smith *et al*. 2016) [51]. There is also a need to crater the current issues that people face worldwide regarding health policy.

The scope of civil society is shrinking nowadays. Increased surveillance to tackle security threats is limiting, deliberately and at times by default, the freedom of expression that allows watchdogs and advocates for the marginalized to act. States worldwide are enacting laws to ban ostensibly international organizations, but locals lead global civil society movements. Governments play an essential role in health development by improving health systems and generating human, financial, and other resources through ministries of health and other relevant ministries and agencies. Health systems reduce health disparities, ensure fairness in healthcare funding, and respond to community needs to improve health scenarios. The remarkable growth of health systems initiated and funded by governments and pursued in collaboration with the private sector, non-governmental organizations, and charitable institutions, demonstrates the government's role in health development worldwide. Because of their social mandate and the unique nature of the healthcare market, policymakers play an essential role in healthy growth in both developed and emerging economies. Government attempts to develop modern health systems must be continued and adapted to the changing environment.

Public health care scenario: India

In India, the health sector is divided into public, Government, private, and individual ownership. Individuals or groups own and operate private sector healthcare providers' licenses under the Clinical Establishment Act. Dispensaries, clinics, nursing homes, and hospitals that practice Allopathic, Ayurvedic, Homeopathic, or Unani medicine fall under this group. The Ministry of Health and Family Welfare Department (MoHFW) of the Government of India oversees the public sector and comprises dispensaries, clinics, nursing homes, and hospitals that operate under different medical systems. It also includes all-India networks of government health services, such as sub-centers, primary health centers, community health centers, rural hospitalization, urban health centers, and municipal, and other government hospitals (Grover, 2019) [20]. The public sector has different positions and responsibilities than the private sector. While private-sector agencies are more focused on curative aspects, the public sector takes a more comprehensive approach that includes science, disease prevention and control, and sanitation and cleanliness missions. Smallpox, malaria, tuberculosis, HIV/AIDS, leprosy, and other diseases have a more comprehensive structure and guidance given by the central Government. These services are implemented in a standardized manner throughout the world. It is in charge of providing funds to the state government to develop and implement all initiatives. The states also introduce all centrally sponsored services, such as family planning, the Swachh Bharat Abhiyan (Clean India Mission), and compulsory immunization (Ravichander, 2018) [41]. NRHM (The National Rural Health Mission) and NUHM (National Urban Health Mission) have made essential health missions.

The Swachh Bharat Mission (2014-19) aims to provide sanitation, a cleaner atmosphere, and safer surroundings for all Indians. One of this national initiative's critical goals is to eradicate open defecation by building toilets and raising awareness. In addition, AMRIT, introduced in 2015, seeks to reduce hospital spending on non-communicable diseases like cancer and heart disease (Table 1). With 11 centers open as of 2018, it is rapidly reaching out to the general public. In addition, Ayushman Bharat Yojana (National Health Protection Mission), the world's largest health insurance scheme, was launched in 2018. Per low-income family would receive a health care package worth Rs. 500,000 for the treatment of severe illnesses.

Table 1: National health missions in India

Year	Name of the program
1996	Intellectual Disability-Related Schemes
2002	Sarva Shiksha Abhiyan
2005	National Rural Health Mission
2008	National Mission on Medicinal Plants
2012	National AYUSH Mission
2013	National Urban Health Mission
2014	Swachh Bharat Mission (Clean India Mission)
2015	Affordable Medicines and Reliable Implants for Treatment
2018	National Health Protection Mission

(**Source:** National health policy, 2017) [38]

Conclusion

The word "Community rendezvous" is preferred over "participation" because it emphasizes collaboration and mutual accountability for health care rather than the concept of using the community to relieve the pressure on health services. Building an organizational relationship with the community to enhance the population's health moves beyond engagement and participation is required. Community participation in health has many benefits in health care and development, including assisting communities in developing problem-solving skills and encouraging them to take responsibility for their health and well-being. In this context, ensuring the community's needs and problem-solving content are adequately addressed, the strategies and methods used are culturally dependent on social acceptability. The social factors that decide or affect health and development problems are known as "social determinants." The bulk of them falls into three categories: economic inequity, social connectedness, or effectiveness. Understanding and fixing these social factors will improve the likelihood of long-term resolution by getting to the root causes of problems. It makes sense to explore and solve social determinants of health and development problems using a participatory approach. This analysis method is advantageous when it is evident that merely addressing a problem's symptoms is not enough to build a long-term plan to fix it effectively. Advocacy for a change in policy and leadership training and community-based actions may be part of such a plan.

A group evaluation can help determine the social determinants in a specific case. Ask the right questions to figure out who is affected and how they are affected in the culture. What are the trends in terms of who is impacted? Who is opposed to intervention, and what are the stakes? Interacting with those affected and those who may already be aware of the situation's social determinants can create a complete picture of the problem. Then, it is possible to

address social factors to reduce the population's exposure to, susceptibility to, and effects resulting from the issue. Changing environmental and policy conditions is typically the preferred option, rather than altering all societal variables at once, which can be far-reaching and embedded in the society's culture. Working for gradual, long-term improvement, assisting local people in learning the skills to take over, continuing the initiative, and ensuring that the effort continues forever will cause a healthier community.

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