CSR - Contribution of Corporates towards Protection of Kidney Victims in Srikakulam District of Andhra Pradesh: A Need of The Hour

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Introduction

In India, corporate social responsibility began in the form of charity and traditional philanthropy which was predominantly influenced by Gandhian Ethical economic model. The Ethical model was followed by Statist model of Nehru. The Statist economic model emphasised on the state ownership and legal requirements to decide the corporate responsibilities. After 1970, the Liberal model supported by Milton Friedman focused on adherence to law and creation of wealth and fulfilling CSR through taxation and private charitable choices. The post-1990 period experienced more direct engagement of corporate in mainstream development and concern for disadvantaged groups of society. This was evident from a sample survey conducted in 1984 reporting that of the amount companies spent on social development, the largest sum 47 percent was spent through company programmes, 39 percent was given to outside organizations as aid and 14 percent was spent through company trusts (Prabhakar and Mishra, 2013). More importantly, the recently passed Companies Bill 2013 which replaced 1956 Companies Act has made CSR spending and reporting more stringent. The Bill makes the provision to constitute a Corporate Social Responsibility Committee of the Board for companies with having a specific profit layer. It is in this context, an attempt has been made to examine the contribution of corporate in the specific area of Kidney ailments suffered by persons in the Srikakulam District (A backward area in North Andhra Pradesh).

Research Method

The participants selected for this study consisted of people residing in Uddanam (North Coastal Srikakulam District, Andhra Pradesh). Six mandalas in Uddanam area (Palasa, Mandasa, Sompeta, Kanchili, Kaviti and Itchhapuram) are taken into consideration for the study purpose. Total 150 people are selected for this study on convenience sampling technique and emphasis been given to cover all mandals' contribution. The participants were solicited to complete the CSR contributions survey questionnaire. The resultant response rate of

useable questionnaires was 80 % (i.e120). This rate can be considered acceptable, taking into account that low response rates are common in small business research (Sorenson, 1999).

Data Analysis and Results

Table-1: Socio Economic Profile of the Respondents

	Frequency	Per cent		Frequency	Per cent
Age			**Educational Qualifications**		
Below 30 Years	14	11.7	illiterate	13	10.8
31-40 Years	32	26.7	primary schooling	65	54.2
41-50 Years	52	43.3	up to SSC	27	22.5
Above 50 Years	22	18.3	other	15	12.5
Family Income (Rs. in Lakh)			**Number of children**		
Below 1 Lakhs	61	50.8	1	34	28.4
1-2 Lakhs	31	25.8	2	54	45.0
2-3 Lakhs	16	13.4	3	19	15.8
Above 3 Lakhs	12	10.0	None	13	10.8

(Source: Primary Data/ Structured Questionnaire)

Table-1 shows the socio economic profile of the respondents. The analysis reveals that majority of the respondents 43.3 per cent are belongs to the age group of 41-50 years, 54.2 per cent have completed their primary schooling. Majority of the respondents 50.8 per cent family income is below 1 lakh rupees, and maximum 45 per cent of the respondents are having 2 children in their family.

Table-2: Reliability Statistics

Cronbach's Alpha	N of Items
.820	9

(Source: Primary Data/ Structured Questionnaire)

Reliability, like **validity**, is a way of assessing the **quality** of the **measurement procedure** used to collect data in a research paper. In order for the results from a study to be considered **valid**, the measurement procedure must first be **reliable**. The values for reliability coefficients range from 0 to 1.0. A coefficient of 0 means no reliability and 1.0 mean perfect reliability. Since all tests have some error, reliability coefficients never reach 1.0. Generally, if the reliability of a standardized test is above .80, it is said to have very good reliability; if it is below .50, it would not be considered a very reliable test. From **Table-2** it is identified that all the variables are having reliability above 0.50 so, it is considered as a reliable test and our designed questionnaire is valid questionnaire.

Table-3: KMO and Bartlett's Test of CSR contributions

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.794
Bartlett's Test of Sphericity	Approx. Chi-Square	383.411
	df	36
	Sig.	.000

(Source: Primary Data/ Structured Questionnaire)

Initially, the factor structuring of the scale items have been identified using the principal components analysis for the extraction of the principal components. Further using Kaiser-Meyer Olkin Measure of Sampling Adequacy test we have tested the measure of sampling adequacy which is .794 and revealing that, there is significant degree of correlation among variables.

Initial communalities are estimates of the variance in each variable accounted for, by all components or factors. Extraction communalities are estimates of the variance in each variable accounted for the factors (or components) in the factor solution. Following **Table -4** gives the details of communalities of CSR contributions in the select mandals.

Table-4: Communalities of CSR contributions

Communalities		
	Initial	**Extraction**
People awareness on kidney disease	1.000	.640
Accessibility of doctors and health centers	1.000	.724
Pre medical checkup facilities	1.000	.652
Dialysis and diagnostic facilities	1.000	.681
Medicine facilities	1.000	.750
Potable water	1.000	.789
Research and Development	1.000	.714
Economic support for victims	1.000	.566
Employment/ financial assistance to victims	1.000	.736
Extraction Method: Principal Component Analysis.		

(Source: Primary Data/ Structured Questionnaire)

The above **Table-4** shows the communalities of extraction. Principal component analysis works on the initial assumption that all variances are common; therefore in the initial the communalities all are one. The communalities in the column labeled extraction reflect the common variance in the data structure. Potable water is associated with 78.9 per cent of variance recorded is common or shared variance. Another way to look at these communalities is in terms of the proportion of variance explained by the underlying factors.

To know about the exact level of variance among variables is initially assumed as all communalities are '1'. Then found the differentiated values for each variable. Here People awareness on kidney disease 64 per cent, Accessibility of doctors and health centers 72.4 per cent, Pre medical checkup facilities 65.2 per cent, Dialysis and diagnostic facilities 68.1 per cent, Medicine facilities 75 per cent, Research and Development 71.4 per cent Economic support for victims 56.6 per cent, and Employment/ financial assistance to victims 73.6 per cent. These variables indicate the variance in structure. It will show in detail in the following **Table-5**

Table-5: Total Variance Explained

Total Variance Explained							
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings[a]
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total
1	3.840	42.669	42.669	3.840	42.669	42.669	3.019
2	1.375	15.282	57.951	1.375	15.282	57.951	2.154
3	1.037	11.523	69.474	1.037	11.523	69.474	2.522
4	.647	7.184	76.658				
5	.631	7.014	83.672				
6	.479	5.324	88.996				
7	.432	4.802	93.799				
8	.302	3.351	97.150				
9	.257	2.850	100.000				
Extraction Method: Principal Component Analysis.							
a. When components are correlated, sums of squared loadings cannot be added to obtain a total variance.							

(Source: Primary Data/ Structured Questionnaire)

The above **Table-5** reveals that Eigen values associated with each factor represent the variance explained by that particular linear component. It also displays the Eigen values in terms of the percentage of variance explain. So factor 1 explains 42.669, factor 2 explains 15.282, and factor 3 explains 11.523 per cent of total variance; it should be clear that these three factors explains relatively large amount of variance of 69.474. It is clear that the first three factors explain relatively large amount of variance whereas subsequent factors explain only small amounts of variance. There are three factors among all with Eigen value greater than 1. The Eigen values associated with these factors are again displayed and the percentages of variance explained in the columns are labeled extraction sums of squared loadings.

Table-6: Pattern Matrixa

Pattern Matrix[a]			
	Component		
	1	2	3
Employment / financial assistance to victims	.880		
Research and Development	.772		
Economic support for victims	.677		
Potable water	.616		
Accessibility of doctors and health centers		.819	
People awareness on kidney disease		.781	
Pre medical checkup facilities		.633	
Medicine facilities			.849
Dialysis and diagnostic facilities			.749
Extraction Method: Principal Component Analysis. Rotation Method: Oblimin with Kaiser Normalization.			
a. Rotation converged in 7 iterations.			

(Source: Primary Data/ Structured Questionnaire)

Table: 6 show the Pattern Matrix. On the basis of Oblimin with Kaiser Normalization, three factors emerged. These factors are constituted of all those variables that have factor loadings greater than 0.5. Thus, the first factor consists four dimensions like Employment / financial assistance to victims, Research and Development, Economic support for victims, and Potable water these four variables are combined together to get one factor and it is conceptualized as "Factor 1". Further for the second component there are three dimensions like Accessibility of doctors and health centers, People awareness on kidney disease, and Pre medical checkup facilities, dimensions combined together to get one factor extracted and it is conceptualized as "Factor 2", Further for third component there are two dimensions in which the values are greater than the remaining dimension values thus these two dimensions like Medicine facilities, Dialysis and diagnostic facilities are combined together to get one factor extracted and it is conceptualized as "Factor 3".

Table-7: ANOVA when age is taken into consideration

ANOVA WHEN AGE IS TAKEN INTO CONSIDERATION						
		Sum of Squares	df	Mean Square	F	Sig.
People awareness on kidney disease	Between Groups Within Groups Total	16.763 154.037 170.800	3 116 119	5.588 1.328	4.208	**.007**
Accessibility of doctors and health centers	Between Groups Within Groups Total	10.508 145.859 156.367	3 116 119	3.503 1.257	2.786	**.044**
Pre medical checkup facilities	Between Groups Within Groups Total	2.401 181.566 183.967	3 116 119	.800 1.565	.511	.675
Dialysis and diagnostic facilities	Between Groups Within Groups Total	4.700 189.800 194.500	3 116 119	1.567 1.636	.958	.415
Medicine facilities	Between Groups Within Groups Total	.236 161.064 161.300	3 116 119	.079 1.388	.057	.982
Potable water	Between Groups Within Groups Total	1.029 130.096 131.125	3 116 119	.343 1.122	.306	.821
Research and Development	Between Groups Within Groups Total	.305 106.820 107.125	3 116 119	.102 .921	.111	.954
Economic support for victims	Between Groups Within Groups Total	1.129 119.196 120.325	3 116 119	.376 1.028	.366	.778
Employment / financial assistance to victims	Between Groups Within Groups Total	1.015 114.985 116.000	3 116 119	.338 .991	.341	.796

(Source: Primary Data/ Structured Questionnaire)

The information presented in the above **Table-7** observed that H01, H02 (People awareness on kidney disease, and Accessibility of doctors and health centers) are significant at 5% level. It is observed that for H03 (Pre medical checkup facilities), H04 (Dialysis and diagnostic facilities), H05 (Medicine facilities) H06 (Potable water), H07 (Research and Development), H08 (Economic support for victims), and H09 (Employment / financial assistance to victims) there is no significant difference in perceptions of the respondents regarding CSR contribution of corporate towards protection of kidney victims in study area while age is taken into consideration.

Table-8: ANOVA when educational qualifications are taken into consideration

ANOVA WHEN EDUCATIONAL QUALIFICATIONS ARE TAKEN INTO CONSIDERATION						
		Sum of Squares	df	Mean Square	F	Sig.
People awareness on kidney disease	Between Groups Within Groups Total	8.124 162.676 170.800	3 116 119	2.708 1.402	1.931	.128
Accessibility of doctors and health centers	Between Groups Within Groups Total	14.231 142.136 156.367	3 116 119	4.744 1.225	3.871	**.011**
Pre medical checkup facilities	Between Groups Within Groups Total	13.216 170.751 183.967	3 116 119	4.405 1.472	2.993	**.034**
Dialysis and diagnostic facilities	Between Groups Within Groups Total	14.135 180.365 194.500	3 116 119	4.712 1.555	3.030	**.032**
Medicine facilities	Between Groups Within Groups Total	2.182 159.118 161.300	3 116 119	.727 1.372	.530	.662
Potable water	Between Groups Within Groups Total	3.710 127.415 131.125	3 116 119	1.237 1.098	1.126	.342
Research and Development	Between Groups Within Groups Total	.612 106.513 107.125	3 116 119	.204 .918	.222	.881
Economic support for victims	Between Groups Within Groups Total	4.979 115.346 120.325	3 116 119	1.660 .994	1.669	.178
Employment / financial assistance to victims	Between Groups Within Groups Total	1.075 114.925 116.000	3 116 119	.358 .991	.362	.781

(Source: Primary Data/ Structured Questionnaire)

The information presented in the above **Table-8** reveals that H02, H03, and H04 (Accessibility of doctors and health centers, Pre medical checkup facilities, and Dialysis and diagnostic facilities) are significant at 5% level. It is observed that for H01 (People awareness on kidney disease), H05 (Medicine facilities), H06 (Potable water) H07 (Research and Development), H08 (Economic support for victims), and H09 (Employment / financial assistance to victims) there is no significant difference in perceptions of the respondents regarding CSR contribution of corporate towards protection of kidney victims in study area while educational qualifications is taken into consideration.

Table-9: ANOVA when family income is taken into consideration

ANOVA WHEN FAMILY INCOME IS TAKEN INTO CONSIDERATION						
		Sum of Squares	df	Mean Square	F	Sig.
People awareness on kidney disease	Between Groups	3.428	3	1.143	.792	.501
	Within Groups	167.372	116	1.443		
	Total	170.800	119			
Accessibility of doctors and health centers	Between Groups	3.142	3	1.047	.793	.500
	Within Groups	153.225	116	1.321		
	Total	156.367	119			
Pre medical checkup facilities	Between Groups	3.132	3	1.044	.670	.572
	Within Groups	180.835	116	1.559		
	Total	183.967	119			
Dialysis and diagnostic facilities	Between Groups	4.238	3	1.413	.861	.463
	Within Groups	190.262	116	1.640		
	Total	194.500	119			
Medicine facilities	Between Groups	15.976	3	5.325	4.251	**.007**
	Within Groups	145.324	116	1.253		
	Total	161.300	119			
Potable water	Between Groups	10.683	3	3.561	3.430	**.019**
	Within Groups	120.442	116	1.038		
	Total	131.125	119			
Research and development	Between Groups	3.141	3	1.047	1.168	.325
	Within Groups	103.984	116	.896		
	Total	107.125	119			
Economic support for victims	Between Groups	2.716	3	.905	.893	.447
	Within Groups	117.609	116	1.014		
	Total	120.325	119			
Employment / financial assistance to victims	Between Groups	7.637	3	2.546	2.725	**.047**
	Within Groups	108.363	116	.934		
	Total	116.000	119			

(Source: Primary Data/ Structured Questionnaire)

The information presented in the above **Table-9** reveals that H05, H06, and H09 (Medicine facilities, Potable water, and Employment / financial assistance to victims) are significant at 5% level. It is observed that for H01 (People awareness on kidney disease), H02 (Accessibility of doctors and health centers), H03 (Pre medical checkup facilities) H04 (Dialysis and diagnostic facilities), H07 (Research and development), and H08 (Economic support for victims) there is no significant difference in perceptions of the respondents regarding CSR contribution of corporate towards protection of kidney victims in study area while family income is taken into consideration.

Table-10 : ANOVA when number of children is taken into consideration

ANOVA WHEN NUMBER OF CHILDREN IS TAKEN INTO CONSIDERATION						
		Sum of Squares	df	Mean Square	F	Sig.
People awareness on kidney disease	Between Groups Within Groups Total	9.855 160.945 170.800	3 116 119	3.285 1.387	2.368	.074
Accessibility of doctors and health centers	Between Groups Within Groups Total	6.161 150.206 156.367	3 116 119	2.054 1.295	1.586	.197
Pre medical checkup facilities	Between Groups Within Groups Total	5.091 178.876 183.967	3 116 119	1.697 1.542	1.101	.352
Dialysis and diagnostic facilities	Between Groups Within Groups Total	5.055 189.445 194.500	3 116 119	1.685 1.633	1.032	.381
Medicine facilities	Between Groups Within Groups Total	11.471 149.829 161.300	3 116 119	3.824 1.292	2.960	**.035**
Potable water	Between Groups Within Groups Total	1.718 129.407 131.125	3 116 119	.573 1.116	.513	.674
Research and Development	Between Groups Within Groups Total	6.156 100.969 107.125	3 116 119	2.052 .870	2.357	.075
Economic support for victims	Between Groups Within Groups Total	.357 119.968 120.325	3 116 119	.119 1.034	.115	.951
Employment / financial assistance to victims	Between Groups Within Groups Total	9.279 106.721 116.000	3 116 119	3.093 .920	3.362	**.021**

(Source: Primary Data/ Structured Questionnaire)

The information presented in the above **Table-10** reveals that H05, and H09 (Medicine facilities, and Employment / financial assistance to victims) are significant at 5% level. It is observed that for H01 (People awareness on kidney disease), H02 (Accessibility of doctors and health centers), H03 (Pre medical checkup facilities) H04 (Dialysis and diagnostic facilities), H06 (Potable water), H07 (Research and development), and H08 (Economic support for victims) there is no significant difference in perceptions of the respondents regarding CSR contribution of corporate towards protection of kidney victims in study area while number of children in the family is taken into consideration.

Findings

- There is a high factor loading for Employment / financial assistance to victims and Research and Development.
- There is a moderate factor loading for Pre medical checkup facilities Dialysis and diagnostic facilities.
- Based on the age there is a significant difference in the opinions of the respondents regarding awareness on kidney disease, and accessibility of doctors and health centers.
- Based on the educational qualifications there is a significant difference in the opinions of the respondents regarding accessibility of doctors and health centers, pre medical checkup facilities, and dialysis and diagnostic facilities.
- Based on the annual income there is a significant difference in the opinions of the respondents regarding medicine facilities, potable water, and employment / financial assistance to victims.
- Based on the number of children in the family there is a significant difference in the opinions of the respondents regarding medicine facilities, and employment / financial assistance to victims.

Suggestions

- High loading for employment / financial assistance to victims and Research and Development implies that respondents are more concern of employment / financial assistance for the kidney disease victims to support their family. Research and Development is not up to the mark. There are no proper facilities in the research institutes to identify the influencing causes of kidney problems. Corporate should provide facilities to research institutes to diagnose the kidney victims to find out the root cause of the kidney problems and should conduct empowerment programs to strengthen economically to the kidney victim families.
- Moderate loading for pre medical checkup facilities and dialysis and diagnostic facilities indicates that there are no facilities for pre medical checkups and dialysis and diagnostic in the respective mandals. In effected Mandals, PHCs are not having the required facilities and equipments due to lack of sufficient funds. Corporate should conduct pre medical checkup camps at least once in a month in the respective affected areas to diagnose the kidney victims.
- Old age people have less awareness on kidney disease, and they have less accessibility of doctors and health centers. They are far from the medical facilities. Corporate should provide free transportation facilities at least once in a week from their respective villages to the old age people and as well as kidney victims to health centers for checkups.

- Majority of the people in the study area are completed their primary schooling and they are unaware of accessibility of doctors and health centers, pre medical checkup facilities, and dialysis and diagnostic facilities. Corporate should make them aware of kidney diseases by educate the people through nominating the volunteers/NGOs.

- Majority of the kidney victims' annual income is very low so, they are unable to spend much amount on medicine and potable water. Corporate should provide free potable water facilities, and should distribute the medicine to the kidney victims at free of cost and also to provide employment opportunities to the people.

- Based on the number of children in the family kidney victims are unable to spend required amounts on medicine. Corporate should provide employment / financial assistance to victims and their families to improve their economical and social conditions with Public Private Partnership (PPP).

Conclusion

Corporate Social Responsibility (CSR) is not limited to projects or programs relating to activities specified in Schedule VII to the Act or Projects or programmers relating to activities undertaken by the board of directors of a company it is a philanthropic responsibility. Corporate should take the initiative to spend a sizable amount to uplift the socially and economically backward areas like Uddanam of Srikakulam District by helping the kidney victims. Corporate companies are limiting their CSR projects to their business surroundings. Unfortunately North Coastal Andhra Pradesh, especially Srikakulam District is not having the employment generating corporate houses. It is a dire need of CSR. Therefore this research conclude that corporate houses should identify CSR activities needed to the regions with the help of Government and NGOs rather than simply focusing on company units located areas.

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