URL. : http://ijrar.com ISSN 2349 - 5138 E - ISSN 2348 - 1269

An open Access, peer reviewed, refereed, online and print research journal

International Journal of Research and Analytical Reviews

UGC Approved Research Journal

Periodicity - Quarterly

Atman Publishing Academy

International Journal of Research and Analytical Reviews
Atman Publishing Academy
2061-C/2/B, Nr. Adhyatma Vidya Mandir, Sanskar Mandal, Bhavnagar-364002.
Contact : 9427903033 E mail : editorsijrar@gmail.com, ijrar1@gmail.com

International Journal of Research and Analytical Reviews
ijrar.com

© IJRAR - All rights reserved. Reproduction in any form is strictly prohibited.
This work is licenced under Creative Commons International Licence Attribution 4.0 E-version.

Rs. 900

Subscription	1 year	2 years	5 years
Individual	3,000	6,000	15,000
Institutional	4,000	8,000	40,000
Advertisement	1000/Black	3000/colour	Per Page

Send your Paper(s)/Article(s) and Contact us on any one of following

E mail: (1) editorsijrar@gmail.com (2) ijrar1@gmail.com (3) drrbjoshi@ijrar.com

Contect No.: +91 9427903033

1. Thoughts, language vision and example in published research paper are entirely of author of research paper. It is not necessary that both editor and editorial board are satisfied by the research paper. The responsibility of the matter of research paper/article is entirely of author.
2. Editing of the IJRAR is processed without any remittance. The selection and publication is done after recommendations of at least two subject expert referees.
3. In any condition if any National/International University denies accepting the research paper/article published in IJRAR, than it is not the responsibility of Editor, Publisher and Management.
4. Only the first author is entitle to receive the copies of all co-author.
5. Before re-use of published research paper in any manner, it is compulsory to take written permission from the Editor – IJRAR, unless it will be assumed as disobedience of copyright rules.
6. All the legal undertakings related to IJRAR is subject to Bhavnagar Jurisdiction.

Editor
International Journal of Research and Analytical Reviews
Atman Publishing Academy
2061-C/2/B, Nr. Adhyatma Vidya Mandir, Sanskar Mandal, Bhavnagar-364002.
Contact : 9427903033 E mail : **editorsijrar@gmail.com**, **ijrar1@gmail.com**

URL. : http://ijrar.com ISSN 2349-5138 E-ISSN 2348-1269

An open Access, peer reviewed, refereed, online and print research journal

Editor in chief

Dr. R. B. Joshi

Senior Advisory Board

Dr. H. O. Joshi Retd. Prof. & Head, Department of Education, Saurashtra University, Rajkot, Gujarat.	**Dr. Bhavesh Joshi** Associate Professor College of Food Processing Technology & Bioenergy, Agricultural University, Anand – 388110, Gujarat	**Vasantkumar Pathak** Director, Pathak Group of Schools & College, Rajkot.

Editorial Board

Prof. (Dr.) Ami Upadhyay Director, Department of Humanities And Social Sciences, Dr. Babasaheb Ambedkar Uni. A'Bad.	**Dr. Awa Shukla** Asst. Professor & Director, Social Sciences Dept. Babasaheb Ambedkar Open University, Ahmedabad.	**Dr. Dushyant Nimavat** Associate Professor Department of English, Gujarat Uniersity, Gujarat, India
Dr. A. Heidari Faculty of Chemistry California South University (CSU) Irvine, California, **U. S. A.**	**Dr. Bharat Ramanuj** Professor & Head, Department of Education, Saurashtra University, Rajkot.	**Dr. Nahla Mohammed Abd El-Aziz** Assistant professor - Entomolog Department, Faculty of Science Cairo University, **Egypt.**
Dr. Manahar Thaker Principal G. H. Sanghavi college of Education, Bhavnagar, Gujarat.	**Dr. K. S. Meenakshisundaram** Director, C. A. A., Great Lakes Institute of Management, Chennai	**Dr. J. D. Dave** I/c Principal P.D. Malviya Graduate Teachers' College, Rajkot, Gujarat.
Dr. M. B. Gaijan Associate Professor, Shamaldas Arts College, Bhavnagar.	**Dr. A. K. Lodi** H.O.D. Faculty of Education, Integral University, Lucknow(UP)	**Dr. Trupti Pathak** Assistant Vice Precident(Tech.) Claris life Sciences, Ahmedabad. Gujarat.
Dr. K. Ramadevi Associate Professor Department of Civil Engineering Kumaraguru College of Technology, Coimbatore, Tamilnadu.	**Dr. Jayant Vyas** Professor & Head, Department of Education, M. K. Bhavnagar University, Bhavnagar	**Dr. Dilip D. Bhatt** Associate Prof. & Head, Department of English, V. D. K. Arts college, Savarkundla, Gujarat.
K. S. Dave Lecturer J. H. Bhalodia Women's College Rajkot, Gujarat.	**Dr. Anil Ambasana** Retd. Prof. & Head, Department of Education, Saurashtra University, Rajkot. Gujarat.	**Dr. Sandeep R. Sirsat** Associate Professor & Head, Department of Computer Science, Shri Shivaji Science & Arts College, Chikhli, Dist: Buldana (M.S.-India)

International Journal of Research and Analytical Reviews

URL. : http://ijrar.com ISSN 2349-5138 E-ISSN 2348-1269

An open Access, peer reviewed, refereed, online and print research journal

Review Committee

Editor & Head of Review Committee

Dr. S. Chelliah
Professor & Head,
Dept. of English and Comparative Literature,
Madurai Kamraj University, Madurai-21, **India.**

Mr. Zeeshan Shah Senior Lecturer, Department of Multimedia and Communication, University College of Bahrain, **Kingdom of Bahrain**.	**Dr. Samira Shahbazi** Plant Protection & Biotechnology Research Group, Nuclear Agricultural Research School, Nuclear Science & Technology Research Institute (NSTRI), **Iran**	**Dr. Belal Mahmoud Al-Wadi** Lecturer, University of Dammam (Saudi Arabia), Founder & Vice President of the Jordanian Society for Business Entrepreneurship **(Jordan)**
Harish Mahuvakar Associate Professor & Head, Dept. of English, Sir P. P. Institute of Science, Bhavnagar, Gujarat, **India.**	**Dr. Mainu Devi** Assistant Professor (Sr. Grade) in Zoology, Diphu Govt. college, Karbi Anglong – Assam **India.**	**Asim Gokhan YETGIN** Assistant Professor, Faculty of Engineering, Dumlupinar University, Kutahya**,** **Turkey.**
Dr. A. Kusuma Assistant Professor, Department of Social Work, Vikramasimhapuri University, Nellore.(AP)	**Prof. Rajeshkumar N. Joshi** I/C Dean, Faculty of Arts & Humanities, C. U. Shah University, Gujarat, **India.**	**Sunita. B. Nimavat** Assistant Professor of English, N.P.College of Computer & Mgt., Kadi (North Gujarat).
Nahla Mohammed Abdelazez Assisstant Professor Faculty of Science, Cairo University, Giza Governorate, **Egypt.**	**Dr. Riyad Awad** Associate professor, Structural Engineering, An - Najah National University, Nablus, **Palestine.**	**Dr. Amer A. Taqa** Professor Dept. of Dental Basic Science, College of Dentistry, Mosul University, Masul, **Iraq.**

Contents

01	**An empirical Study on Issues of International Returned Migrants in Pullambadi Block, Trichy District** Mr.M.Antony Stephen & Mr.V.John Durai	01 – 03
02	**IMPORTANCE OF COUNSELING FOR THE PARENTS OF CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITES** S. Parameswari & Dr.J.O.JerydaGnanajaneEljo	04 – 07
03	**A STUDY ON WOMEN'S PRESPECTIVE ON QUALITY OF MATERNAL HEALTH CARE SERVICES IN TRICHY** K. Vishnu priya & J.kalpana	08 – 12
04	**RURAL DEVELOPMENT PARADIGM FOR DEVELOPING NATIONS FOR THE 21ST CENTURY** Major.Dr.Viji,M	13 – 18
05	**A STUDY ON ACHIEVEMENT MOTIVATION AMONG RURAL HIGHER SECONDARY STUDENTS TOWARDS HIGHER EDUCATION IN NAMAKKAL Dt.** Gomathi & Anitha.P	19 – 26
06	**A STUDY ON CAREGIVER'S BURDEN AND DEPRESSION AMONG PARENTS OF SPECIAL CHILDREN** Mr. G. Aravindan & Dr. K. Ramakrishnan	27 – 30
07	**A STUDY ON GENDER DESPARITY AMONG CONSTRUCTION WORKERS IN TRICHY DISTRICT** Aparna.P & Anitha.P	31 – 36
08	**A Study on parent child relationship-a social intervention perspectives** S. Sathiya & Dr. Mettilda Bhuvaneswari	37 – 43
09	**A STUDY ON PUBLIC PERCEPTION ON GENDER-BASED VIOLENCE AMONG MINORITIES IN TIRUCHIRAPPALLI** S. Thivyasri & J.Kalpana	44 – 47
10	**A STUDY ON THE ASPIRATIONS OF YOUNG WORKERS IN TRICHY CITY** SusmithaP.M. & Josephine Jeba .J	48 – 52
11	**A STUDY ON THE CHALLENGES FACED BY SINGLE PARENT WOMEN IN LALGUDI, TRICHY DISTRICT** Ms.S.Keerthana & Ms.V.Daisy Rani	53 – 55
12	**A STUDY ON THE COMPETANCY LEVEL OF SCHOOL TEACHERS IN A HIGH SCHOOL, VILLUPURAM (DT)** Susanna. & Anitha.P	56 – 61
13	**A STUDY ON THE EFFECTS OF ORGANIZATIONAL COMMITMENT ON JOB PERFORMANCE OF THE EMPLOYEES** Mr.G.Kandhamaaran & Ms.V.Daisy Rani	62 – 64

14	**A STUDY ON THE MENTAL HEALTH AMONG THE ADOLESCENTS OF ALCOHOLIC PARENTS IN SRIRANGAM** N.CHITRA	65 - 70
15	**A STUDY ON WOMEN SAFETY AND CHALLENGES IN PUBLIC BUS TRANSPORT IN TRICHY** T.Mythili. & Mrs.J.kalpana	71 - 74
16	**A SYSTEMATIC REVIEW ON FAMILIES OF CHILDREN WITH DEVELOPMENTAL MOTOR DYSFUNCTIONS** S.Lidia Susan & Dr.Sam Deva Asir.R.M	75 - 77
17	**A STUDY ON ANXIETY DISORDER AMONG ADOLESCENT STUDENTS** Dr. S. Kumaravel	78 - 85
18	**"ASSESSMENT OF STRESS AMONG CAREGIVERS OF SCHIZOPHERNIA PATIENTS" - Descriptive study** A.Sakthivel Pille & Ms.S.Lidia Susan	86 - 92
19	**Child Survival and Gender Disparity in Tamil Nadu – A District Level Analysis** Dr.S. Senthamarai & Ms. Kiruthika. C	93 - 99
20	**Effective practice of social work methods among the non-professional social work activist towards social change-case study presentation** JOHN PRINCE & ANITHA	100 - 103
21	**Good practices of INTACT in the mission of empowering Persons with intellectual disabilities** Thomas Ebenezer	104 - 107
22	**Impact of Thermal Power Plant over the Livelihood of Fishermen Community** V. Moses Selvakumar & N.S. Krishna Kumar	108 - 112
23	**Intervention measures of a client in depression – Case Study towards wellbeing of an individual** Dr. K. Ramakrishnan & Mr. G. Aravindan	113 - 116
24	**Job satisfaction-An important indicator of workers' wellbeing** Dr.K.Kavitha Maheswari & R.Pavithra	117 - 121
25	**Learning Outcome of Students as perceived by Primary School Educators – A Study** Geetha G & Dr. Sam Deva Asir	122 - 126
26	**Manifestation of Abuses Experienced by the Street Children in Vellore** Dr. M.Mathew Arumai & Dr. S.D.Sumathi & Mr. Arulraj Louis	127 - 132
27	**SEXUAL REPRODUCTIVE HEALTH, ATTITUDE AND PRACTICES OF ADOLSECENT GIRLS IN RURAL AREAS** Mr. S. ANANDARAJ & Dr. S.MARGARET DIANA	133 - 137
28	**Mental Wellbeing of Family Caregivers of Chronic Psychiatric patients with special reference to a particular Mental Health Centre at Madurai** S. Joyce Jeyarani & Dr. A Umesh Samuel Jebaseelan	138 - 141

29	**A STUDY ON QUALITY OF WORK LIFE AMONG MIGRATED CONSTURCTION WORKERS IN VADALUR, CUDDALORE DISTRICT** Ms.R.Kasthuri & Ms. V.Daisy Rani	142 - 144
30	**OPTIMAL UTILISATION OF ENERGY AND RESOURCES DURING ROAD LAYING OPERATIONS IN INDIA - A CASE STUDY OF SOUTH TAMILNADU** Dr. P. Oliver Jayaprakash & Mr.S.RameshBabu & Dr.G.Balamurugan & Mr.C.Mathan	145 - 149
31	**Prevalence of depression among women with polycystic ovary syndrome** Dr.K.Kavitha Maheswari & E.Rajeswari	150 - 153
32	**Psycho-social conditions of alcoholics and drug addicts** Dr.K.Kavitha Maheswari & R.Praveena	154 - 157
33	**PSYCHOSOCIAL STUDY ON INTERNALISED STIGMA AND SELF ESTEEM AMONG PATIENTS WITH MENTAL ILLNESS** Mrs. N. Shanmugapriya & Dr. K. Ramakrishnan	158 - 164
34	**Study on the Extent of a City Safety for Its Women with Special Reference from Tiruchirappalli District** Ms.P.Anitha & Ms.Mythili	165 - 169
35	**Social cognition, cognitive flexibility and social functioning in patients with schizophrenia** Ravi K. & Jai Prakash	170 - 174
36	**Socio-economic Status of Slow learners in Government Aided Higher Secondary Schools in Tiruchirappalli City** Dr.S.Vidhya	175 - 179
37	**Study on Organisational culture on teaching staff towards quality education** G.Denish Dhivyan & Dr.D.Fennala Agnes Lylin	180 - 183
38	**STUDY ON THE EFFECTS OF WORKING MOTHERS ON THE PSYCHO-SOCIAL DEVELOPMENT OF CHILDREN IN KAIKATTI, MUSIRI** Ms. A.Divya & Ms. V.Daisy Rani	184 - 187
39	**Study on the Influence of 'interest' in job on work life balance** Dr.K.Kavitha Maheswari & N.Usha	188 - 191
40	**STUDY ON THE INFLUENCE OF MEDIA AND THE CAPACITY OF BUYING PRODUCTS IN TRICHY DT.** Ms. M.Kaviya & Ms. P. Anitha	192 - 197
41	**Welfare measures in an industry and community's sustainable development-case study Analysis** Ms. C. Renuka Devi & Ms. P. Anitha	198 – 203
42	**Role of Civil Society Organizations in SDG engagement** Dr. R. Gayathri & Rev. Fr. Albert Thambi Durai	204 – 211
43	**Marital Quality among Wives of Alcoholics** Dr. N.Sherrin Sophia & S.Pragathi	212 – 214

44	**A STUDY ON DEPRESSION, ANXIETY AND STRESS AMONG COLLEGE STUDENTS** Dr. D NIRMALA	215 – 218
45	**DEPRESSION AMONG THE SUICIDE ATTEMPTERS IN A GENERAL HOSPITAL – A STUDY** Dr. A. ZUNATHA BANU & Dr. D NIRMALA	219 – 223
46	**Domestic Violence and its impact on Women** S.Vijayalakshmi & Dr.J.O.Jeryda Gnanajane Eljo	224 – 229
47	**Evaluating the antimicrobial potentials of lupeol isolated from *Elephantopus scaber* leaves against UTI pathogens** Priya V & Rajalakshmi M	230 – 237
48	**A Study on the Awareness level of Civil & Political and Socio-Economic Rights of women with special reference to Women Colleges in Tiruchirappalli** Dr.J.Theresa Rosetti	238 – 243
49	**Women Public Administrators in India** S.Vijayalakshmi & Dr.J.O.Jeryda Gnanajane Eljo	244 – 250
50	**MENTAL HEALTH AMONG THE COLLEGE STUDENTS – A STUDY** K. ARUN KUMAR & P. GOWRI & M. KANNAN & A. SATHISH KUMAR & Dr. D NIRMALA & SEMICHEN JOSEPH	251 – 255
51	**Nutrition Knowledge, Attitude and Practices of Irular Population at Tiruvallur District of Tamil Nadu -India** R.VIJAYA PRABHA & Dr. D.NIRMAL & A. ZUNATHA BANU	256 – 259
52	**PROFESSIONAL CHALLENGES FACED BY SCHOOL COUNSELLORS IN KERALA** Semichan Joseph & Dr. D NIRMALA	260 – 262
53	**IMPORTANCE OF LIFE SKILLS IN DEVELOPMENT OF SELF ESTEEM, ADJUSTMENT AND ACHIEVEMENT AMONG SECONDARY SCHOOL STUDENTS** Bridget & S.Suganya	263 – 266
54	**Maternal Mental Health** Dr.S.Sasikala	267 – 269
55	**MENTAL HEALTH OF ADOLESCENCE IN INDIA- A REVIEW** KALAIYARASAN. M & Dr. DANIEL SOLOMO.M	270 – 276
56	**Resilience, Self-Esteem and Personality among Female Adolescents** Vijay M & M. Arulsubila	277 – 280
57	**QUALITY OF WORK LIFE OF SRI LANKAN REPATRIATE PLANTATION LABOURS IN TANTEA GUDALUR THE NILGIRIS DISTRICT- A STUDY** Dr. N. RAJAVEL	281 – 285
58	**INSTITUTIONAL AND NON INSTITUTIONAL BASED REHABILITATION PROGRAMMES FORJUVENILE DELINQUENTS** Mrs.R.Rohini & Dr.J.O.Jeryda Gnanajane Eljo	286 – 290

59	**Effectiveness of Cognitive Behaviour Modification techniques in managing hyperactive behaviour of Intellectually Challenged children** G.SASIKALA & DR. P.SWARNAKUMARI	291 – 298
60	**Insight on energy conservation among future adults of 2030: an explorative study** Pavan Kumar Ramachandran[1] & Soniya V Dass	299 – 303
61	**A STUDY ON MEANING IN LIFE & LIFE SATISFACTION AMONG COLLEGE STUDENTS** S.Suganya & C.Bridget	304 – 306

International Journal of Research and Analytical Reviews

URL. : http://ijrar.com ISSN 2349-5138 E-ISSN 2348-1269

An open Access, peer reviewed, refereed, online and print research journal

Special Issue Dec. 2018

International Coference

on

The Furtherance of Sustainable Development Goals: 2030 Agenda

-A Drive from Global Perspectives to The Local Relevance

7th & 8th December 2018

Organized by

DEPARTMENT OF SOCIAL WORK

Holy Cross College (Autonomous)

Affiliated to Bharathidasan University

Nationally Accredited (3rd Cycle) with 'A' Grade by NAAC College with Potential for Excellence

Tiruchirappalli - 620 002, Tamil Nadu, India.

Website : www.hcctrichy.ac.in

CONFERENCE NOTE

Today's world is in immense need to sustain the ecology and environment. Due to global warming, climate change is unpredictable and environment is vulnerable. Gender parity and disparity are equally increasing. MDG have played prominent role in raising the people from poverty hunger death illness and illiteracy. However like other developing countries India has a dire need to support and sustain the ecology and to develop in all spheres. To address the emerging challenges of sustainable development, a 2030 agenda comprises of 17 goals to reach a sustainability in development which was more focused and concretely plannedwith themes leading to a holistic development underlining the key parameters that stagnate MDGs. Development as the ultimate objective of SDG, istaking a lead in cultivating 'well-being for all', 'leaving no one behind', by integrating the need for enhanced capacities, easy access and delivery of assets combined with sustainable income, more inclusion and better distribution with the aim to build a sustainable and resilient Tamilnadu. The main objective of this conference is to link the global advocacy to local relevance with special reference to Central Tamilnadu to be more self-sufficient with steady sustainability. The conference will prioritize the local relevance, marking the delayed progress and transit the same by the SDG guidelines. The colloquium and the academic synod of the SDG- 2030 Agenda will be a backup knowledge to initiate and innovate dynamic work by all the project holders, and the NGO's. The Government can track and evaluate the impact and scale up the successful interventions. SDG's a navigator of digital India can make it happen initsway inthe nearfuture.

CONFERENCE OBJECTIVES

- To develop a clear strategy on how the SDG will be implemented in a participatory and inclusive manner
- To conduct future spending reviews to ensure a coherent cross development SDGs delivery inNational and local priorities
- To allow and support program to be independently reviewed byacademia, business and civil society

CONFERENCE REVOLVES AROUND THE FOLLOWING THEMES,

"17 Sub Goals of The SDG'2030".

1. End poverty inall itsforms everywhere
2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
3. Ensure healthy livesand promote well-being for allatall ages
4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
5. Achieve gender equality and empower allwomen and girls
6. Ensure availability and sustainable management ofwater and sanitation for all
7. Ensure access to affordable, reliable, sustainable and modem energy for all
8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9. Build resilient infrastructure, promote inclusive and sustainable industrialisation and foster innovation

10. Reduce inequality within and among countries
11. Make cities and human settlements inclusive, safe, resilient and sustainable
12. Ensure sustainable consumption and production patterns
13. Take urgent action to combat climate change and its impacts
14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
16. Promote peaceful and inclusive societies for sustainable development, provide access tojustice for all and build effective, accountable and inclusive institutions at all levels
17. Strengthen the means of implementation and revitalise the global partnership for sustainable development

CONFERENCE ADVISORY BOARD

CHIEF PATRON
Rev. Sr. Niranjana Anthonisamy
Secretary, Holy Cross College, (Autonomous), Tiruchirappalli

PATRON
Rev. Dr. Sr. Christina Bridget
Principal, Holy Cross College, (Autonomous), Tiruchirappalli

CONVENOR
Mr. M. Antony Stephen
Asst. Professor, Social Work Department,
Holy Cross College, (Autonomous), Tiruchirappalli

ORGANISING SECRETARY
Ms. P. Anitha
Asst. Professor, Social Work Department,
Holy Cross College, (Autonomous), Tiruchirappalli

An empirical Study on Issues of International Returned Migrants in Pullambadi Block, Trichy District

Mr.M.Antony Stephen[1] & Mr.V.John Durai[2]
[1]Assistant Professor, Department of Social Work, Holy Cross College, Trichy-02
[2]Consultant, Theni

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Migration is most common in the world . Migration happens in the world because of PUSH and PULL factor. In India after globalization (1990) number of international migrants increased for the business and job opportunity in Middle East. According to the TMS(Tamil nadu migration Survey) 2015, Emigrants from Tamil nadu living any part in the world are estimated to be 2.2 million. From India due to economic condition and family need most of the people are migrating to Singapore, Malaysia, Middle East Countries for white collar and blue collar job. This study was conducted to assess and analyse the Issues of International Returned Migrants in Pullambadi Block, Trichy District, Tamil Nadu.Descriptive Research design was adopted and convenient sampling method was used for this Study with 50 respondentsusing the self-prepared questionnaire. The present empirical study was aimed to find out the socio-economic demographic profile of the Returned International Migrants and to study the social and economical issues returned migrants before and after migration and to analyze the occupational health and facilities available in working area,to study psychological problem and health hazards faced by the International Migrants . Mostly men are migrating to other countries for minimum 2 to 4 years. They are going for the any kind of job and earning money. They had to live in an unhealthy occupation, moderate income, lack of basic needs and house facility and etc. The migrants' economical status not much improved and they adopted to do any works for earning money and there was a little change in their life style. Most of the people could not use their learned skill after returned to the country. In this study area returned migrants are working in agriculture, companies and other works.The policies for the migrants are remaining as a record not in active.*

Keywords: *International Migration, Work, Returns, Issues*

Introduction :

Managing International migration- people living across borders is the global challenge in the 21st Century. It is economic and non –economic nature. Migration is increasingly perceived as a force that can contribute to development of a nation and as an integral aspect of global development process. It is often temporary and circular and many migrants maintain links with their home country. Migrant make important contribution to the economic prosperity of their home countries, the flow of financial, technological and human capital back to their country of origin . it is also having a significant impact on poverty reduction and economic development.

The report of the L.V.Singhvi High Level Committee on Indian Diaspora in the 2002 highlighted the need to strengthen the relationship between India and its diaspora in the light of the evolution and diversification of the migration pattern over time. The Development of return migration stream corresponds to a whole set of specific factors, the economic reforms of liberalization which began in the early 1990s and the entry of India into the global market that creates new jobs opportunities within the country. The political , contextual dimension deserves to be examined further to understand the factors at work behind return migration. The return migration flow sheds new light on the implications of this policy and unravels its quite intricate premises, contents, implementation , practices and targets in the era of Tran nationalism.

Tamil Nadu Migration Survey, 2015 has estimated 1.3 million as returned migrants. They areinvisible and not recognized unlike in Kerala, where some of the returnee migrants are law makers in the State Legislature. In Tamil Nadu, they are even unknown to their friends and relatives. Migrant workers return with new skills and knowledge of working in the international environment but their potential is hardly recognized or acknowledged. Unlike Kerala, returnee associations are unheard-of in Tamil Nadu.

The rules concerning labor migration demand that a worker must return to his country of originone day. A migrant worker usually comes back after the end of the labor contract period and hedecides whether to settle down in his place or to move out again to countries where he cannotstay forever. In Tamil Nadu, there are 1.3 million REM which is higher than that of Kerala in2009 (Zachariah and Rajan, 2012).

Methodology :

The present empirical study on 'International returned migrants in pullambody block of Trichy districts ' aims at describing the socio- economic condition of returned migrants with special reference to find out the economic status before and after migration. Besides, the health condition of the returned migrants was also studied. 50 sample were selected using purposive sampling technique. Self prepared interview schedule was prepared to collect the information from the respondents. Selected case studies were also conducted to understand the socio, economic and health issues of returned migrants.

Socio demographic profile of the Migrants:

The areas of interest in a study of return migration area REMs per household, household with and without REMs and return migration by year of return. Besides, country of Origin of REM, transition in the educational level, occupation and industry of REMs. The present study foucusses on demographic (age, sex , Marital status) and socio economic profile of REMs. From the study , it was found that more than 80% of the respondents are in the age group of below 30 years old. Almost all the respondents are male members and there is no migration pattern is found among women in this locality. It was found that 70% of the respondents belonged to unmarried category.

Most of the returned migrants got married after 30 years old. It has been found that in the discussion with the returned migrants that they earned money and got married after return. From the study, it was found that all the returned migrants were from nuclear families. During the focused group Discussion with the returned migrants , it was found that they migrated to earn more money and improve the standard of life. From push theory of migration, it was found that earning more money and improving the standard of life were the factors responsible for migration. While study about the pattern of migration, it was found that all the returned migrants got work visa through local agents. It was interesting to know from the empirical study , it was found that half of them got money from the money lenders for their migration.

Occupational Health and safety:

Health condition that migrants acquired during their stay in host communities may surface upon their return to their home countries. It was found that half of returned migrants worked in the construction industry as carpenter and mason before return to their countries . since most of the respondents worked in Singapore and middle east, they exposed to very hot condition in their worksite. It was interesting to note that Health and safety was the top priority of the companies where they worked. Migrants make significant economic and social contributions to sending and receiving countries. However, many migrants, especially those in an irregular situation, have little or no access to health and social services that they contribute to, although they may be exposed to health risks, such as exploitation, dangerous working and substandard living conditions. The major occupation after returning were agriculture coolee, and small petty business. It was found that the earning capacity was reduced to fifty percent for the returned migrants. The main reason for their return was due to expiry of their contract period. While citing reasons for their return majority of them indicated 'Expiry of contract' (447 out of1182) as reason for their return. Fearing imprisonment and deportation most of the migrantworkers return at the end of the contract period.(Tamil Nadu Migration Survey ,2015)

Social work intervention for returned migrant issues:

- The government departments responsible for migrant workers should provide awareness about safe returning process and counseling support to the returned migrant policies. Trade Unions, NGOs are to be supported for this initiative.
- Separate welfare board need to be created for the returned migrants.
- The skills acquired by the returned migrants should be used to promote entrepreneurial initiatives of returned migrants.
- A holistic and inclusive approach to the right to health calls for the inclusion of migrants' health needs and vulnerabilities in states' national plans, policies and strategies. .
- National actions should address health inequities, barriers to the access to health care and other factors that impact migrants' health, including the social and economical determinants of health.

Reference :

1. Zachariah , K.C., S. Irudaya Rajan. 2015. Researching International Migration , New Delhi, Routledge.
2. Zachariah , K.C.,P.R. Gopinathan Nair and S.Irudaya Rajan. 2001' Return Emigrants in Kerala: Rehabilitation Problems and Development Potential', Center for Development Studies Working Paper No. 319 , Thiruvananthapuram.
3. Tamil Nadu Migration Survey – 2015 (unpublished)

IMPORTANCE OF COUNSELING FOR THE PARENTS OF CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITES

S. Parameswari[1] & Dr.J.O.JerydaGnanajaneEljo[2]
[1]Ph.D Scholar, Department of Social Work, Bharathidasan University, India
[2]Assistant Professor, Department of Social Work, BharathidasanUniversity, India

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *In today's world, there is a growing awareness and recognition that counseling can be an effective tool for the people who abuse drugs, alcohol, people with AIDS,people with disabilities, people with victims of abuse, marital disharmony, etc. Counselling is also more effective among the parents of children with I/DD.They have number of needs and often require the understanding and involvement of several professionals from diverse fields such as psychology, special education, pediatrics, speech therapy, physiotherapy, social work, psychiatry etc. In this multi disciplinaryteam counsellor place a vital role in all the aspects and they act as a motivator for the parents of children with I/DD. The counseling process helps the parents for identification, programming and management the varied problems of children with I/DD. If possible the counselor can involve the children them self in the process of counseling In this article, we will discuss how to counselthe parents of children with I/DD and it also includestheparental reactions after knowing the disability of the child, stagesof the process of counseling and barriers in counseling.The outcome of the study will be discussed in full length paper.*

Keywords: *Counselling, Children with Intellectual and Developmental Disabilities I/DD, Parents of children with I/DD, Counsellor*

INTRODUCTION

Parents of children with intellectual and developmental disability have more negative attitudes towards them self as well as towards their children with I/ DD. Compared to the parents of normal children the parents of children with I/DD have more negative attitudes towards their life. If attitudes of parents arenegative,then psychological intervention for their children may be less effective.According to Indian census 2011 it reviles that

Disabled Population by Sex and Residence, India, 2011

Residence	Persons	Males	Females
Total	26,810,557	14,986,202	11,824,355
Rural	18,631,921	10,408,168	8,223,753
Urban	8,178,636	4,578,034	3,600,602

Percentage of Disabled to total population India, 2011

Residence	Persons	Males	Females
Total	2.21	2.41	2.01
Rural	2.24	2.43	2.03
Urban	2.17	2.34	1.98

Disabled Population by Type of Disability India : 2011

Type of Disability	Persons	Males	Females
Total	**26,810,557**	**14,986,202**	**11,824,355**
In Seeing	5,032,463	2,638,516	2,393,947
In Hearing	5,071,007	2,677,544	2,393,463
In Speech	1,998,535	1,122,896	875,639
In Movement	5,436,604	3,370,374	2,066,230
Mental Retardation	**1,505,624**	**870,708**	**634,916**
Mental Illness	722,826	415,732	307,094
Any Other	4,927,011	2,727,828	2,199,183
Multiple Disability	2,116,487	1,162,604	953,883

Source of Information: http://censusindia.gov.in/

In today's world, there is a growing awareness and recognition that counseling can be an effective tool for the people who abuse drugs, alcohol, people with AIDS, people with disabilities, people with victims of abuse, marital disharmony, etc. Counselling is also more effective among the parents of children with I /DD.

PARENTAL REACTIONS

Usually children are considering as an asset for the next generation. The birth of a baby creates a hedonic environment in the whole family, Expectations of the parents usually have an ideal image of a baby. But a birth of a disabled child definitely brings problems in the family. And it may also bring multiple emotional imbalances among the parents and the family members. Parenting children with I/DD is a risk task to the parents. Camper to the parents of normal children, these parents of children with special need face so many problems in all the aspect like physical as well as psychological and also social problems. The positive attitude of the parents helps them to develop their child in all the positive aspect but in general number of negative emotions mount up in their mind. Such as

Shock: Stunned by the news.

Denial: Refuse to believe the news that the child has any disability.

Bargaining: Any kind of possibility of cure of the disability through medicine or even surgery.

Depression: Getting the information that the disability cannot be treated, feel guilty, negative thinking as it is a result of their own fault.

Acceptance: Gradually accept the child with his/ her real abilities. Parents have their own perceptions, expectations, prejudice, likes and dislikes about their disabled child. We noticed that some parents with fault-finding, unsympathetic, uncooperative and disinterested in the welfare of their child. For those parents the counsellorshould see the disabled child actions and search for the parents' cooperation for doing something positive for the child. The parents may defend their child's actions. In all such cases, the counselor can behave with great concern and professional experience to win over the confidence and trust of the parents and help them to see the short-comings or the problems of their child in an objectivemanner. This requires a considerable amount of sympathetic understanding of the parents toward their child. Once the parents' confidence and trust are achieved, it becomes easy to seek theircooperation for the counselor in his / her counseling process. Some parents have difficulty in expressing their children problems. They may be unwilling to talk for such situations thecounselor has tofirst establish a warm relationship with the parents to open up thepossibilities of free communication by talking about the major lifecrisis of their disabled child. It is necessary because the parent'sperceptions about his/ her child may be very different from the mannerin which the counselor sees it. The important objective of aparent-counselor interaction is to gain insight about the child and the family environment. Understanding insights can help a greatdeal in reducing the tensions and anxieties of parents as well as the child.

PARENTAL COUNSELING AND ITS PROCESS

Most parents are deeply concernedabout the well-being of their children. Hence they become overprotective which is resented by the children. Counseling can be a valuable for the family of children with I/DD it helps the parents to cope with painful feelings about the child's condition. Parental counseling is one of the important services that can help and promote a healthy home atmosphere. The focus of counselling depends upon the needs of the disabled child and his / her parents. The counseling process may involvethe following stages:

1. Involvement of the Parents

Parents should be given proper information about the capabilityand incapability of the child *i.e.*, condition of the child.Parents need to learn how they can adjust their own timewith the special needs of the child.Parents should be motivated to behave as normal as they dowith other children of the family.Parents should be motivated to accept the child's capacityand not to compare with other children.Parents should be guided to assure the level of involvementof disabled child in household work.Parents need to develop the positive attitude towards theirdisabledchild.And the role of parents is most vital in the life of a disabled child.All the members of the immediate and extended family, theneighborhood and the community at large are important in training the children with I/DD.

2. Identification Schedule (Below 4 years)

Initial counseling of parents of children with I/DD should becentered primarily on the discussion of diagnosis and etiologyofimmediate problems. Counselors should create awareness through educating the parents regarding their role in screening out theproblems of their children.

Item Normal Age Range Milestone delayed if not achieved

Responds to name/voice	1-3 months 4th month
Smiles at others	1-4 months 6th month
Holds head steady	2-6 months 6th month
Sits without support	5-10 months 12th month
Stands without support	9-14 months 18th month
Walks well	10-20 months 20th month
Talks in	2-3 word sentences 16-30 months 3rd year
Eat/Drinks by self	2-3 years 4th year
Tells his name	2-3 years 4th year
Has toilet control	3-4 years 4th year
Has fits	Yes No
Has physical disability	Yes No

If the child is found to be delayed in any one of the itemsgiven above and has fits or physical disability, suspect that the child is mentally retarded.

3. Suggestions for the Parents

Sub-sequent counseling of parents of retarded children shouldbe directed toward the problems of future care.The following suggestions are important for parents of children with I/DD.

1. Your attention to the child's wants and feelings.
2. Provide sufficient time to monitor the behaviour of disabled child.
3. Positively reinforce appropriate behaviours in child throughmembers of the family.
4. Your expectations are to be made appropriate to the children's skills and potentials.
5. Understand and tolerate the child's minor misbehavior.
6. Avoid labeling children either positively or negatively.
7. Praise your child often.
8. Do not discuss child's inappropriate behaviour with othersin his presence.
9. Use your facial expressions and other body language tocommunicate to your child.
10. Be democratic in parenting style, like less aggression, loving goodness and greater overall psychosocialadjustment.
11. You must accept that your child's disability may exist forthe entire life.

Barrier in Counseling

It is generally agreed that counseling with parents of disabledchildren takes more effort and time than does the counselingtothe parents of normal children. There are a number of reasonsfor this

- First, emotional disturbance of the parents (*i.e.*, stress and anxiety).
- Second, anxiety over speedy recovery.
- Third, religious and cultural beliefs of the parents.
- Fourth, misconceptions and false beliefs of the disorder.
- Fifth, the personality characteristics of the parents.
- Sixth, the assessment of motivation, attitude and awareness of the parents.

These barriers need to be minimized in counseling for the better service to the parents of children with I/DD.

IMPORTANCE OF COUNSELLING FOR THE PARENTS OF CHILDREN WITH IDD

The importance of counselingis committed to maximize the wellbeing of individuals, families, groups, communities and society. The counselingprofession operates at the interface between people and their social, cultural, physical and natural environments. The counselors generally address issues at both the personal and social level. The major role of counselingin the disability field is that the counselor focuses on maintaining and enhancing quality of life among the parents of children with IDD. They contribute knowledge and skills to assist people with intellectual disability, and their families, communities through

their work in a range of settings. Counseling can regularly be involved in multidisciplinary teams, especially when interventions occur within social, psychological, family and institutional dynamics.

Professional counselor has much to contribute to the disability field in both government and non-government organizations and the emerging private sector. With the focus on self-determination and holistic analysis, the counseloroffer a unique and valuable contribution to providing appropriate and targeted services to meet the complex needs of individuals, their families and communities, in both disability and mainstream services.

CONCLUSION

Counselingis very essential for every child with I/DD. It works for betterment of the children I/DD and for their family. At the same time it has its own limitations also. Nowadays Counsellors need to deal with a broad spectrum of issues while doing counseling to the parents of children with I/DD. Sometimes parents have trouble bonding *i.e.*, establishing a close and loving relationship with a child who is retarded. The main role of the counsellorshould be a removal of misconceptions and false beliefs about the disability and to provide social support to the parents of children with I/DD at the initial and subsequent counseling stages."**You should take care of yourself so you can take care of him. " By** *Amanda Greene Kelly*2012. The cord says that every parents of children with I/DD should take care of them self that is to have a healthy mind and healthy body then only the can help the child in all the aspect Parental adjustment with the children with I/DD requires a good foundation in basic problem solving skills. Moreover, the counseling should be directed toward the problems of future care. Hence the parent of children with I/DD should keep these points in mind, and help their child to have a proper training with a meaningful counseling process.

BIBLIOGRAPHY

1. Bigby, C. &Frawley, P. (2010). Social work and intellectual disability: Working for change. Palgrave MacMillan, London
2. Bigby, C., Fyffe, C., &Ozanne, E. (2007). Planning and support for people with intellectual disability. Issues for case managers and other practitioners. Jessica Kingsley, London
3. Chenoweth, L. (2006). Chapter 6: Disability, in Hong Chui, W. & Wilson, J. (Eds), Social work and human services best practice, 104-127
4. Fawcett, B., & Plath, D. (2014). A national disability insurance scheme: What social work has to offer. British Journal of Social Work, 44(3), 747-762
5. Robinson, S. (2015). Preventing abuse of children and young people with disability under the National Disability Insurance Scheme: A brave new world? Australian Social Work, 68(4), 469-482
6. http://www.ibe.unesco.org/sites/default/files/Teamwork_Special_Needs.pdf
7. http://docplayer.net/40589528-Scope-of-social-work-practice-social-work-in-disability.
8. Asia-Pacific Development Centre on disability project paper:
9. http://www.apcdproject.org/countryprofile/malaysia/malaysia_current.html
10. World Wide Web: Statistics on disability, North Shore-Long Island Jewish Health System.

A STUDY ON WOMEN'S PRESPECTIVE ON QUALITY OF MATERNAL HEALTH CARE SERVICES IN TRICHY

K. Vishnu priya[1] & J.kalpana[2]

[1]2nd MSW, Department of Social Work, Holy Cross College, Tiruchirappalli-2

[2]Assistant Professor, Department of Social Work, Holy Cross College, Tiruchirappalli-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Assess quality is one of the first steps towards better it, but quantification can be Testing given the compound and interconnected feature of women's involvement with the Maternal health care system. The accessible of understructure and reserve, the health care Workers' level of training, giver-patient connection and many other factors influence the quality of care a woman receives, and some of these elements are simple to evaluate than others. Researchers and health worker have present different ways of apprehend quality of antenatal, Intrapartum and postpartum care. However, many indexes that researchers currently use to Calculate quality have not been confirm in various global. Despite a five decade old family Welfare programme.India still continues to contribute almost a quarter of the global approximate of maternal morbidity and mortality.Quality aspects in maternal health care have long been Ignored in the Indian public health system.It is only with the launch of the National Rural Health Mission (NRHM)that quality of care has been accorded due recollection at the programmedand Planning levels of the national health policy. According to M.Mohanan 2016, quality of maternal heal services in India, study has focused lower-level facilities but challenges remain like Inadequate human resources, non-utilization of allocated funds and poor monitoring. This study Focused on women's perspectives on Quality of maternal health care services. By using Convenient sampling method 60 respondents were selected.This study was carried out urban phc'sin trichy.A Self prepared questionnaire were used to collect the data. The findings were discussed in full paper.*

Keywords: *Quality of care, maternal health and PHC*

INTRODUCTION:

In most developing countries including trichy, maternal mortality remains a major public health challenge despite over decades long pledges and declarations aimed at better quality of maternal healthcare delivery and subsequent reduction of the worst maternal health Result .It has come to light thattrichy, alongside in the same region, is loiter behind in women's use of maternal health care services, Economically, the country's gross domestic product (GDP) experienced a reduction in the growth rate from 9.5% in 2010 to 5.8% in 2015.6Owing to this economic decline, a number of the sectors operate under a force budgetary support, which consequently condition the quality of public service delivery. Of these sectors, the health sector is the most particularly and heavily affected sector that expert inadequate health care personnel, medical resources, equipment and supplies, a situation that aggravates not only imperfect quality of care but also undesirable low health result more especially among the vulnerable women in trichy . Trichy has been training skilled health workers to meet the shortage of the health personnel in the country. However, this effort proves to be futile due to the country's economic situation that influence investment in health care services. This situation aggravates continued departure of the health workers either to nonpracticing health care jobs, to other countries within the region or to countries overseas in pursuing of greener pastures. This continued shortage ofthe health care personnel not only causes an imbalance in health worker–patient ratio but also impairs maternal service delivery meant to meet women's emergent health needs. Despite these challenges, the country has made a lot of pledges in international declarations and conventions that are aimed at better the quality of primary health care services and reducing maternal public health Provocation is worthy to note that in spite of this development, the country's maternal health result remains a provocation compared to its neighboring countries. Women still experiencutilization Provocation on maternal health care services in pregnancy, childbirth and postnatal care.Forinstance, the 2010 Trichy Demographic and Health Survey (TDHS) report indicates that of the 23,020women aged between 15 and 49 years who participated in the survey, only 46% had at least four antenatal care (ANC) call on during pregnancy, 57.3% of which were detail to have delivered in public health care facilities, and only 43% had had a postnatal checkup within 48 hours after delivery. This means that the low women utilization volume of maternal health care services greater women's vulnerability of experiencing the worst health result. This knowledgeable volume deficiency within the health care provision directly or indirectly influences women's use of maternal health care services in the country. As such, there is need to explore women's perspectives on the quality of health care service delivery in trichy. This is main in providing incomprehension of the

quality of health care operations and later development in maternal health care service delivery in the country. The quality of maternal health care is a profound factor that impacts on the delivery of continuum of care among women in most of the trichy. This is attributed to existence inequalities within and between the enlarge countries in the near performance controlling of health care services is perform. This situation subsequently influence the quality of care, and it increases the women's use of alternative health care services as opposed to the regular public-supported health care facilities. In trichy, despite the efforts made to promote quality of care to meet the emergent maternal needs such as prepared of health personnel to attend to women health issues at each facility, understructure developments to meet basic maternal health care, provide overtime pay to health care personnel for extra hours worked, amongothers, women's perspectives with count to quality of care across the three regions of the country need continued inspection. This is because such identified information can be significant in suggesting strong and long-term maternal health care interventions befitting different women at the national level and providing a learning bend to other advance countries in as far as quality of maternal health care service carriage is worried. This study can be replicated in some of countries that are experiencing similar low utilization levels of maternal health to improve on maternal health outcome based on the detection from this study. Therefore, the question that begs for an answer is: What are the perspectives of women with count to the quality of maternal health care service delivery in trichy.

Background :

Every year about 287,000 women die of source similiar with childbirth, 99 percent in mature countries. Owing to considerable gaps in services, developing countries emphasize on greater service accessible and maintaining receivable quality standards . Comprehension maternal perception of care and satisfaction with services is main in this view, as perceived quality is a key determinant of service utilization .Users who perceive the quality of care in a health center to be good, are more likely to visit it again, thereby greater request for the service . Service utilizationand useful maternal and neonatal result can be significantly enhanced by better quality of provision deliveries and making them more allowable to women .User satisfaction is considered 'patient's judgment on the quality and goodness of care. Visiter satisfaction is thus indispensible to quality advance with think to design and process of dealingof health care systems.Maternal fulfillment has often been defined using theoretical models of visiter satisfaction . But there is consensus that it is a multidimensional concept, effected by a variety of factors. It is therefore also defined as "useful evaluation of size extent of childbirth".At a time when global efforts to reduce maternal mortality have been stepped up, it is main to look at maternal satisfaction and its determinants . Evidenceon women's perception of and satisfaction with the quality of maternal care help determine other aspects of care that need strengthening in developing country contexts to support long-term request, generate significant changes in maternal care-seeking behavior, and identify barriers that can and should be removed.This review looks at the evidence on determinants ofmaternal fulfillment in mature countries.

Quality of care is an main but often neglected issue in safe motherhood policy. Quality of care can be appreciate from the giver or user's perspective, and is differentiated into observed and grap quality .Users, in reality, play a central role in defining and assessing quality of care because they choose whether or where to go for care based on their opinions, previous involvement with the health system and those of people they know .Perception of low quality has been reported as a major factor in non-utilisation or by passing of health services.

In accessing obstetric care, women can be influenced by health system factors, such as a reverent provider attitude, competency, and possibility of drugs and medical equipment . Cultural inappropriateness of care, uncivil and inhumane services, and lack of inner ,support, can deter them from accessing assistant care . On the other hand, useful client perception of doctor and carer skills can increase utilisation of delivery services. Support in the form of comfort, reassurance and praise during childbirth is particularly beneficial

Indeed, the mother's assessment of quality is central because inner, cultural and reverent supports are needed during work and the delivery process. Women and their family often decide the location for childbirth based on their opinions, evaluations and experience with the maternity services . Perceptions of higher technical quality attract women to deliver at hospitals, unlike health centres which typically cannot provide emergency operation and lack competent midwives and doctors .Therefore, client-discern quality is an major issue in delivery service utilisation.

Grap quality of care can be assessed subjectively using a qualitative approach, such as proposal boxes to obtain common back, contributor or non-contributor attention, analysis of formal protest or through

fulfillment surveys. Such methods have been criticised due to reporting biases, inability to trap consumers' relative preferences for different assign of quality, and they tend to be difficult to intrude, with small evidence of reliability or validity . In recent years, perceived quality is quantified objectively using standardised and validated equipment that collect information from the users, who rate the quality of service structure, the actual healthcare activities and result. The information so obtained is directly interpretable and actionable to afvance the quality.

Few studies of user perspectives of healthcare services have been undertaken in trichy. The quality factors that are pertinent to public hospital patient include attitude, interpersonal and technical skills of service personnel . Health facilities in trichy are often understaffed with poor organogram, equipment and process of dealing .An assessment of quality of care in midwifery and emergency assistant care services in trichy found major shortfalls .However, client-discern quality of maternity services has never been systematically assessed in trichy.The aim of the present study was to compare the grap quality of maternity services between birth centres, public and private hospitals in trichy . Such assessment and comparison of perceived quality will identify strong and weakness of the maternity services, and can assist in quality better by making services more responsive and client-oriented.

REWIEW OF THE LITERATURE

Ray S.K. et al (2011)in a study found that especially tribal district large no of patient did not avail any services when they our sick then also where there distance poor knowledge about availability of the services non availability medicine in addition to the cost of the treatment and transport prevalent the government health facilities where utilize around 38%, which was followed by the unqualified practitioner and the private practitioners and referral was made either by oneself mostly or close relatives / families attention was also required areas of cleanliness of the premises, safe drinking water, face-lift of PHCs and SCs, clean toilet with privacy so study concluded that an attempt should be made to improve utilization by cordial behavior, providing more time for patient care by the doctor, and staff, explain their prescription and report, reducing time for registration as well awaiting and the cost of medicine they can afford final criteria.

Lewando Hundt G, Alzaroo S, Hasna F, Alsmerian M, (The provision of accessible, acceptable healthcare in rural remote areas) **Meenakshi Gautham et al (2011**)made a study in which he founded that the rural people mostly seek curative health care close to their home and payment is made for consulting service which is composite and convenient and also dispensing of medicines. There is a huge demand in primary curative care forNon Degree Allopathi Practioners (NDAPs) as the public system does not satisfy. In a study,lewando hunt et al (2012) found that some issues of accessibility .They include terms of distance, acceptability in relation to lack of cultural competencies, poor communication and lack of lock and female staff and also challenges in accessible acceptable health care in rural areas are faced by health care providers .They also develop partnership that potentially address the rural area provision Challenge

Ravendra K. et al (2010) in the study display that utilization of maternal and child health services is very poor among the trips of central India clinically allowable. Maternal and infant care operation for carriage, cord cutting and care, wash of the mother and young and skin massager uncommon. There fore, infant remain at high risk of hypothermia, sepsis and other contamination. Prelacteals, supplementary feeding operation and retard in breast feeding are very common, although colostrums is less frequently discarded. Malnutrition is a severe issues among tribes and many tribal. Children and women are severely malnourished as well as anemic.

RESEARCH METHOLODGY

AIM:

The aim of the study is to know about the quality of maternal health care on trichy district.

OBJECTIVES:

To study the socio demographic details of the respondents.
To improve the maternal & reproductive health is health care systems.
To strengthen the institutional and human resources capacities.

RESEARCH DESIGN:

Descriptive research design been used in the study. It is concentrated with describing the social demographic details, quality of maternal health care services.

UNIVERSE:

PHC in trichy district.

SAMPLING SIZE:
60 respondents.

SAMPLING DESIGN:
Non- probability (convivent sampling method)

TOOLS:
The research used self prepared questionnaire for data collection. The self prepared questionnaire included the details like socio demographical condition, women perspective quality of maternal health care services.

PILOT STUDY:
The researcher conduct the pilot study interacting some pregnant women's, women in PHC to get an idea and clear information for the study.

PER TEST:
Pretest is a test done initially before the main research in order check the reliability of the questionnaire prepared for the study. So the researcher conducted a pretest with 5 pregnant women's and finalized the questionnaire preceding the research study.

ANALYSIS AND INTERPRETATION

Table: 1
DISTRIBUTION OF THE RESPONDENTS BY SATISFACTION OF MATERNAL HEALTH SERVICES RECEIVED

S.NO	SATISFACTION OF MATERNAL HEALTH SERVICES RECEIVED	NO .OF RESPONDENTS N=60	PERCENTAGE %
1	Completely satisfied	45%	75
2	Partially satisfied	15%	25
3	Dissatisfied	0%	0

INTERPRETATION:
This table explains the satisfaction of maternal health services received of the respondents. Out of 60 respondents, 75% of the respondents are completely satisfied with the maternal healthcare services received, 25% of the respondents are partially satisfied with the maternal healthcare services received and 0% of the respondents are dissatisfied with the maternal healthcare services received.

FINDING:
Majority of the respondents(75 %) are completely satisfied with the maternal health care services received.

SUGGESTION :
- Helping improve emergency obstetric care.
- Every women and newborn should have a complete accurate and standardized medical record
- Health facilities require well-trained and inspire staff consistently available to give care
- No woman should be subjected to injurious practices in work, childbirth, and the early postnatal period
- Women and infancy who require referrals can secure them without detain
- Conveying with women and their household must be powerful and answer to their needs
- Health facilities must have an appropriate physical environment
- All women and young must receive care that prevents hospital-acquired poison
- Small and ill infancy should be well bother for in a provision Infancy should accept essential care
- immediately after birth.

CONCLUSION :
From the above research four major themes concluded. These were perceived nature of support that women got upon appearance at the health provisions; perceived quality of care, in common, at prenatal,intranatal

and postnatal care services across the facilities; discern barriers that prevent women from seeking instant maternal health care services and suggestions made aiming at better delivery of maternal health services in Trichy.

REFERENCE

1. https://www.dovepress.com
2. https://www.researchgate.net
3. www.ncbi.nlm.nih.gov
4. https://www.mhtf.org

RURAL DEVELOPMENT PARADIGM FOR DEVELOPING NATIONS FOR THE 21ST CENTURY

Major.Dr.Viji,M
Associate Professor, Department of History, Holy Cross College, Trichy-2

Received: November 20, 2018 Accepted: December 06, 2018

The Rural development in a country should have quality of life that is the main factor of sustainable growth in aneffective way by the agricultural production. If the Rural development has to achieve inan enhanced production and productivity in the rural areas there must be a spatial balance in the social and economic development. The sustainable rural development is to bring about improvement in the ecological environment that whichlead to the growth and happiness and to encourage the community participation in the process of development.

The objective of this study is to find out various challenges for the developing countries today. To improve the areas like agriculture, technology, education and infrastructure. Several poverty alleviation programmes have been launched by the central government for the rural poor, comprising small and marginal farmers, landless labourers and rural artisans such as IRDP, NREP, TRYSEM, RLEGP, JGSY, Antyodaya Programme, DDP, DWCRA, PMRY, JPRGY, etc.

Sustainable Rural development is a sequence of four, clearly identifiable development phases: a) Diagnostic or explorative phase, b)Political negotiations consensus building, c) Planning phase and the implementation phase. This paper also throws light on the challenges that are being faced by the Government in the rural development.There are three billion people live in rural areas in developing countries and number will continue to rise for the next 15 years. More than 60% of rural population in developing countries is below $2.00PPP/day. Developing countries need better strategies to deal with large and growing rural populations. Effective rural development strategies are going to be necessary to achieve the Sustainable Development Goals . Total Rural Population continues to increase until 2028. Population Growth Rates in the Developing World (1950-2050)

CHALLENGES AND OPPORTUNITIES FOR DEVELOPING COUNTRIES TODAY.

Demographic pressure, 370 million additional youth will join the labour market in SSA within 15 yrs. More competitive global context limits many previous opportunities , Climate change, higher vulnerability to droughts and water stress. Rural-to-urban migration with limited productive jobs. Challenges and opportunities for developing countries today .

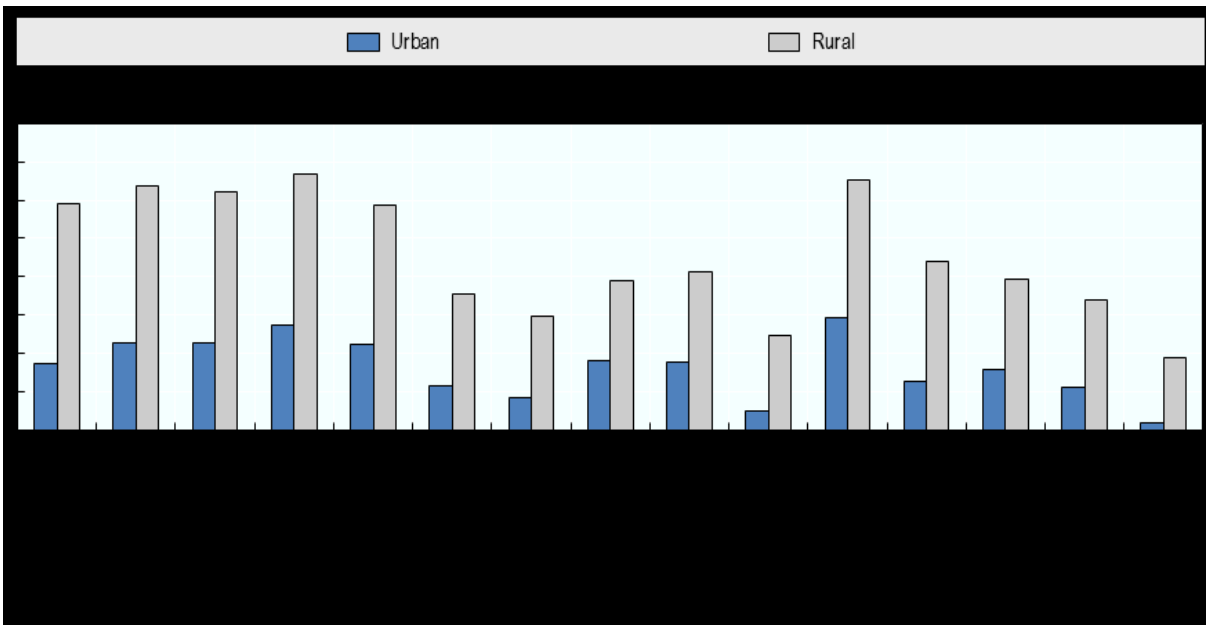
OPPORTUNITIES

- New links and lower costs to international trade and access to global supply-chains.
- New technologies: Green Revolution, ICT-enabled services, better access to and exchange of information for rural populations (must be leveraged on other policy actions)
- Rural industry, education and health services, tourism .

MULTIDIMENSIONAL POVERTY INDEX, RURAL SUBSTANTIALLY LAG URBAN AREAS

1. Rural development strategies need to be country-specific because rural areas are not all the same
2. Governance is a key factor in the success or failure of rural development
3. Demographic dynamics play a vital role
4. Policies that build on rural-urban linkages can drive development
5. Agriculture is still a growth engine in many developing countriesbut there are more to rural areas than agriculture
6. Inclusive infrastructure is critical for rural economic growth
7. Gender equality is fundamental for rural development
8. Inclusive policy approaches are necessary to reduce rural poverty

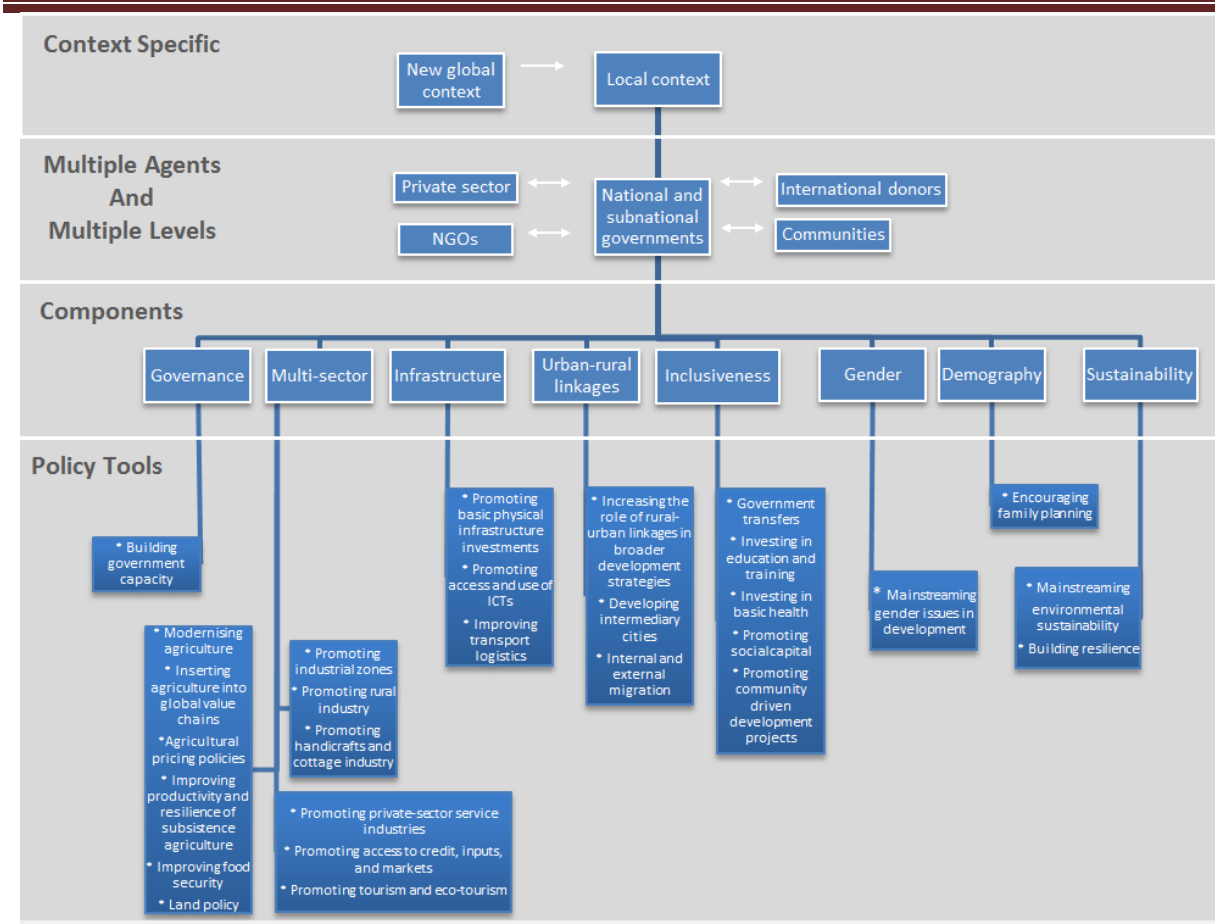
- **MULTIDIMENSIONAL POVERTY INDEX, RURAL SUBSTANTIALLY LAG URBAN AREAS**



Is multi-Sectoral focusing not just on agriculture, but also rural industry and services; and not just rural focused, but also building on rural-urban linkages

Is multi-agent and multi-level: involving not just national government, but also local and regional governments, the private sector, international donors, NGOs, and rural communities ItContains 8 key components, and includes an illustrative menu of 25 policy tools which offer opportunities for rural development in the 21st century.

- Focus on rural areas only
- Growth will follow agricultural and industrial development
- Widening inequalities between rural and urban
- Climate change
- Rapid population growth in many developing countries
- Information revolution
- Rural areas inextricably linked to cities, regions and national context
- Women critical for rural development
- Governance capacity is the key



KEY TARGET SECTOR

- Agriculture, rural communities
- Agriculture not able to provide sustainable livelihoods for growing populations
- Urban areas not able to productively absorb large inflows of rural migrants
- Multi-Sectoral : all economic sectors that can contribute to productive growth: agriculture, rural industry, services, tourism, ICT, biofuels. Project-based
- Agricultural technology
- Green Revolution
- Sustainable Development Goals
- Multi-dimensional poverty assessment and Multi-dimensional Country Review
- Community-driven development
- Tailored to the specific context (natural, economic, social, and institutional)
- Prioritised and realistic
- Well-sequenced to maximise synergies

KEY FACTORS

- Agricultural ministries, agricultural research and extension, donors, local governments, farmers
- Greater participation by non-state actors including the private sector, rural communities, NGOs, and foundations
- Multi-agent: participation and collaboration of broad set of stakeholders across public and private sectors and from national to local The new rural development paradigm for developing countries Is multi- sectoral: focusing not just on agriculture, but also rural industry and services; and not just rural focused, but also building on rural-urban linkages

- Is multi-agent and multi-level: involving not just national government, but also local and regional governments, the private sector, international donors, NGOs, and rural communities which offer opportunities for rural development in the 21st century.

COMPONENTS OF NRDP:

Governance. A consistent and robust strategy is not enough if implementation capacity is weak. It is thus important for an effective strategy to build governance capacity and integrity at all levels.

Multiple sectors. Although agriculture remains a fundamental sector in developing countries and should be targeted by rural policy, rural development strategies should also promote off-farm activities and employment generation in the industrial and service sectors.

Infrastructure. Improving both soft and hard infrastructure to reduce strengthen rural-urban linkages, and build capability is a key part of any strategy in developing countries. It includes improvements in connectivity across rural areas and with secondary cities, as well as in access to education and health services.

Urban-rural linkages. Rural livelihoods are highly dependent on the performance of urban centres for their labour markets; access to goods, services and new technologies; as well as the exposure to new ideas. Successful rural development strategies do not treat rural areas as isolated entities, but rather as part of a system made up of both rural and urban areas.

Inclusiveness. Rural development strategies should not only aim at tackling poverty and inequality, but also account for the importance of facilitating the demographic transition.

Gender. Improving rural livelihoods should take into account the critical role of women in rural development, including their property rights and their ability to control and deploy resources.

Demography. High fertility rates and rapidly ageing populations are two of the most relevant challenges faced by rural areas in developing countries today. Although the policy implications of these two issues are different, addressing these challenges will imply good co-ordination across education, health and social protection policies, as well as family planning.

Sustainability. Taking into account environmental sustainability in rural development strategies should not be limited to the high dependence of rural populations on natural resources for livelihoods and growth, but also their vulnerability to climate change and threats from energy, food and water scarcity.

SIX RELEVANT DIMENSIONS:

- Group Grievance
- Legitimacy of the State
- Human Rights
- Security Apparatus
- Factionalised Elites
- External Intervention

SIX LIFE-SUPPORTING SECTORS

- Food
- Water
- Health
- Ecosystem Services
- Human Habitat
- Infrastructure

THREE COMPONENTS WITHIN EACH SECTOR

- Exposure of the sector to climate-related or climate-exacerbated hazards
- Sensitivity of that sector to the impacts of the hazard
- Adaptive capacity of the sector to cope with or adapt to these impacts

Key Points :

Strategies have to be tailored to specifics of each countries situation

- This requires detailed assessment and knowledge of the local context. It is not a process that can be done from abroad.
- It requires deep local knowledge and consultations and negotiations with relevant local agents

- Development and implementation of effective strategies requires improving the capability of government at all levels of other key actors, as even the best strategies need to be adjusted over time as circumstance change
- Policy Tools: **Component Policy tools Governance**
- Building government capacity

MULTI-SECTOR RURAL DEVELOPMENT AGRICULTURE

- Improving productivity and resilience of subsistence agriculture
- Agricultural modernisation
- Integrating rural areas into global value chains
- Land policy INDUSTRIES
- Promoting rural industry
- Promoting handicrafts and cottage industries SERVICES
- Promoting private-sector RURAL SERVICE INDUSTRIES
- Promoting access to CREDIT, FINANCE, AND MARKETS .
- Promoting sustainable TOURISM

INFRASTRUCTURE

- Promoting basic physical infrastructure investments
- Promoting access and use of ICTs

URBAN-RURAL LINKAGES

- Fostering urban-rural linkages
- Developing intermediary cities
- Better harnessing internal and international migration

INCLUSIVENESS

- Providing education and training
- Ensuring basic health
- Transferring cash to promote development
- Improving food security
- Building social capital
- Promoting community driven development

GENDER

- Mainstreaming gender in development

DEMOGRAPHY

- Addressing high population growth

SUSTAINABILITY

- Ensuring environmental sustainability
- Building resilience
- Rural Development :
- Promoting rural development will be crucial to achieving
- Poverty elimination
- Food security and sustainable agriculture people's well-being in rural areas sound economic growth at both local and national level . A new paradigm for rural development will be crucial, which will strongly influence development practices in the 21st century. The new rural development paradigm for the 21st century can be used as a tool for identifying some of the challenges and proposing some of the solutions to achieving the Sustainable Development Goals (SDGs)
- In the process of developing it we have identified some major challenges beyond climate change which will require concerted national and international action .
- Need to create massive productive employment
- Need to improve governance, and government capability
- Need to improve donor coordination
- Need to develop greater resilience in developing country
- New innovative approaches including new technologies, organization and ways of implementing strategies
- More efforts to build local capability in governments at all levels, but also in the private and NGO sector
- Greater international coordination and more effective ways of engagement

CONCLUSION:

- Improve local capacity for designing and implementing rural development strategies that address the most relevant challenges for such as job creation, increasing rural population, access to markets and services, and environmental degradation.
- Reduce urban and rural disparities by building on local assets, exploiting policy complementarities, and strengthening urban-rural linkages .
- Sustainable Rural Development is improving the quality of life for the rural poor by developing capacities that promotecommunity participation, health and education, food security, environmental protection and sustainable economic growth,thereby enabling community members to leave the cycle of poverty and achieve their full potential.

REFERENCE:

1. Gautam 1995, "Agriculture and rural transformation in India"Oxford University press, Delhi.
2. Gupta ,K.R2012 "Rural Development in India"
3. Gordon McGranahan and Jacob Songsor 2011 ""The Citizens at Risk: From Urban Sanitation to Sustainable Cities (Earthscan Risk in Society)"
4. Imusti 2014 "Poverty, Inequality and Rural Development Case-Studies in Economic Development ".
5. Jayendra San,2017:Economics of Rural Development, Health Economics, Urban Economics"Oxford University press, Delhi.
6. László J Kulcsár and Katherine J Curtis 2013,"International Handbook of Rural Demography"International Publishing House, Sandore.
7. Prasanna K Mohanty 2015 ""Cities and Public Policy: An Urban Agenda for India"International Publishing House,New Delhi.
8. Rais Ahmad, 2012 "Co-Operatives and Rural Development in India" Sandeep Publishers, Nagpur.
9. Sarkar, k. Gautam 1995, agriculture and rural transformation in India, Oxford University press, Delhi.
10. Vibhooti Shukla and Tara 2011," "Urbanization and Economic Growth"
11. Zugravu Gheorghe Adrian and TurekRahoveanu Maria Magdalena. 2017 "Rural Economic Development
12. CSO, Ministry of Statistics and Program Implementation, Government of India Jan 2000
"Global Monitoring Report 2013: Rural-Urban Dynamics and the Millennium Development Goals" by World Bank Group and International Monetary Fund (IMF)

A STUDY ON ACHIEVEMENT MOTIVATION AMONG RURAL HIGHER SECONDARY STUDENTS TOWARDS HIGHER EDUCATION IN NAMAKKAL Dt.

Gomathi[1] & Anitha.P[2]
[1]Research Scholar
[2]Assistant Professor, Department of Social work, Holy Cross College (Autonomous), Trichy-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Achievement motivation is a person's deep desire or willingness towards achieve a certain goals which is important to them. The achievement motivation takes people to higher levels in their life and it increase the performance level. It plays a major role in academic among students, the performance and academic achievements are depending upon the achievement motivation level. it will differ from person to person and culture to culture. If the achievement motivation is high, automatically the students perform well and complete their studies in a skillful manner. So that, they can get good jobs and they can earn sufficiently and their economic status will be satisfied. Achievement motivation determines the persons and communities sustainable development. This study analysis the Achievement motivation level among Rural higher secondary students towards Higher Education, objectives of this study is to assess the level of achievement motivation among rural students and learn the gender difference in levels of achievement motivation and suggesting some measures to evolve sustainability in quality education. Through the usage of self prepared questionnaires and standardized scales the Achievement motivation level is going to be assessed and secondary data will be collected from previous researches and articles, books. The universe of this study is Government higher secondary school students from trichengode (thaluk), Namakkal (DT). The sample size covers 60 respondents belongs to the age group of 16 – 18 who are studying 11th standard in rural Government higher secondary schools. The pilot study and pretest was conducted with small group members from the universe of this study. This study will bring some valuable findings and suggestions to evolve the sustainability in quality education according to the UN's Sustainable Development Goals 2030.*

Keywords: *Achievement motivation, Rural students, higher education, sustainability, quality education.*

INTRODUCTION

Achievement motivation is a strong or deep desire to exert high level of efforts to achieve a goal or task. The need for achievement can be defined as the behavior which shows efforts to do one's best, to do better than others. Achievement motivation is a strong motive characterized by ambition, high level of energy and strong desire for independence. It creates a path way for passion that provides meaning and a clarified sense of identity that develops goal commitment, strategic intent and feeling of empowerment.

The theory of achievement motivation is a miniature system applied to a specific context, the domain of achievement-oriented activities, which is characterized by the fact that the individual is responsible for the outcome (success or failure), he anticipates unambiguous knowledge of results, and there is some degree of uncertainty or risk (McClelland, 1961)

Intentional actions are usually considered the prototype of all acts of will. Theoretically, a complete intentional action is conceived of as follows: Its first phase is a motivation process, either a brief or a protracted vigorous struggle of motives; a second phase is an act of choice, decision, or intention, terminating this struggle; the third phase is the consummatory intentional action itself, following either immediately or after an interval short or long. (Lewin, 1926)

The achievement motivation degree differ from one person to another person. An Achievement Motive is an impulse to master challenges and reach a high standard of excellence. Both personality and situational factors influence achievement motivation. Personality Factors, High-achievement motivation tends to lead to particular personality features. These include persistence, ability to delay gratification, and competitiveness,Some situational factors also affect achievement motivation. They include the expectation of success, incentives, control, and opportunity.

Nowadays, challenging labor-market seeks people not only well educated with good knowledge of foreign languages. Among requirements set in job advertisements very important are those connected with psychological characteristics, like creativity, social skills and increasingly – desire to achieve success, to work under pressure and accomplish ambitious goals. So to overcome the contemporary challenges

students needs high level of achievement motivation level, that leads the society towards the sustainable development.

REVIEW OF LITERATURE

Sangeetapawar (2017), did study on academic achievement motivation among secondary school students. In that study they found that urban secondary school students have high level of academic achievement motivation and rural students have low level of academic achievement motivation and Rural female students have low level of academic achievement motivation in comparison to other groups in that study. The author states that students need enriched curriculum, varied learning opportunities in terms of co-curricular activities and special scholarship programmes, and teachers should adopt innovative and participatory teaching methods in order to raise the level of academic achievement motivation among rural students.

Chauhan Ajay (2016), the author studied the Achievement Motivation and Academic Anxiety of School Going Students. In that study the author found that there is a significant difference in the academic anxiety between urban and rural students. And the academic anxiety score of urban students found to be higher as compared to the rural students. The achievement motivation score of male students found to be higher as compared to the female students, the achievement motivation score of private school's students found to be higher as compared to the government school's students.

Premalatha(2014), the researcher studied the achievement motivation of higher secondary students in relation to their noise sensitivity, in that study the author found that Achievement Motivation of higher secondary students is significantly related to their Noise Sensitivity and The Noise Sensitivity of higher secondary students has significant influence upon their achievement motivation.

RESEARCH METHODOLOGY

Aim

The main aim of this study is to assess the level of achievement motivation about higher education among the rural students living in NamakkalDt.

Objectives

- To study the basic demographic details of the respondents
- To assess the level of achievement motivation among the respondents
- To learn the gender difference in achievement motivation level
- To suggest measure to evolve a sustainability in quality education.

Significance of the study

- Achievement motivation plays a vital role in humans life, one's development in his life is depending upon their achievement motivation level.
- The people who have high level of achievement motivation the put efforts to achieve their goals and the keep doing better, it leads to the sustainable development of individuals
- The achievement motivation level have great effects on students higher education and their future.

Research design

The researcher adopted descriptive research design. The universe of this study consists the government higher secondary students in Elachipalayam village NamakkalDt.Simple Random sampling methodwas used to collect the data for this study. The sample size of this study is 60

Tools

1. Achievement Motivation sale (50 items)-0.56 reliability-Prof.Prathibha and DrAsha (2002)
2. Self-Prepared questionnaire was used to collect the socio Demographic details.

inclusive criteria:

All the students both boys and girls were included in the study who are pursuing 11th Std.

ANALYSIS AND TABLE INTERPRETATION

Table No 1 : DISTRIBUTION OF RESPONDENTS BASED ON AGE

s.no	Age	No of Respondents N = 60	Percent %
1	15	7	11.7
2	16	35	58.3
3	17	17	28.3
4	18	1	1.7

Interpretation:

The above table explains about the age of the respondents, 1.7% of the respondents belongs to the age of 15, 58.3% of the respondents belongs to the age of 16, 28.3% of the respondents belongs to the age of 17 and 1.7% of the respondents belongs to the age of 18.As the study focuses n the adolescent age group the researcher was particular about the age specific to the adolescent age group

Table No 2 : DISTRIBUTION OF RESPONDENTS BASED ON GENDER

S. No	Gender	No of Respondents N = 60	Percent %
1	Male	26	43.3
2	Female	34	56.7

Interpretation:

The above table explains about the gender of the respondents. 55% of the respondents are female and 45% of the respondents are male. Thus to bring out gender position in achievement motivation, both gender were taken in an equal measure to the optimum

Table No 3 : DISTRUBUTION OF RESPONDENTS BASED ON FAMILY TYPE

S.No	Family Type	No of Respondents N = 60	Percent %
1	Nuclear	45	75
2	Joint	15	25

Interpretation:

The above table explains about the family type of the respondents. 75% of the respondents belongs to the nuclear family and 25% of the respondents belongs to the joint family.

Table No 4 : DISTRIBUTION OF THE RESPONDENTS BASED ON THEIR FATHER'S OCCUPATION

S.No	Father's Occupation	No of Respondents N = 60	Percent %
1	Coolie\ labor	49	81.6
2	Government job	2	3.3
3	Own business	3	5
4	Others	6	10

Interpretation

The above table is explains about the father's occupation of the respondents. 81.6% of the respondent's father's occupation is coolie or labor, 3.3% of the respondents father's occupation is government job, 5% of the respondents father's occupation is own business and 10% of the respondents doesn't have fathers.

Table No 5 : DISTRIBUTION OF THE RESPONDENTS BASED ON FATHER'S EDUCATION

S.No	Father's Education	No of Respondents N = 60	Percent %
1	Elementary school	13	21.7
2	High school	7	11.7
3	Secondary school	21	35
4	Higher secondary	6	10
5	Not educated	13	21.7

Interpretation

The above table explains about the respondent's father's education qualification. 21.7% of the respondent's fathers have elementary school education qualification that is 1st standard to 5th standard. 11.7% of the respondent's fathers have high school education qualification that is 6th standard to 7th standard, 35% of the respondent's fathers have secondary education that is 8th to 10th. 10% of the respondent's father's education is higher secondary education that is 11th to 12th and 21.7% of the respondent's fathers are not educated.

Table No 6 : DISTRIBUTION OF THE RESPONDENTS BASED ON THEIR MOTHER'S OCCUPATION

S.No	Mother's Occupation	No of Respondents N = 60	Percent %
1	Coolie\ labour	47	78.3
2	Own business	2	3.3
3	House wife	9	15
4	others	2	3.3

Interpretation

The above table explains about the respondent's mother's occupation. 78.3% of the respondent's mother's occupation is coolie or labor, 3.3% of the respondent's mother's occupation is own business and 15% of the respondent's mothers are house wives, 3.3% of the respondents doesn't have mothers

Table No 7 : DISTRIBUTION OF THE RESPONTENTS BASED ON MOTHER'S EDUCATION

S.No	Mother's Education	No of Respondents N = 60	Percent %
1	Elementary school	11	18.3
2	High school	8	13.3
3	Secondary school	16	26.6
4	Higher secondary	4	6.6
5	Not educated	21	35

Interpretation

The above table explains about the respondent's mother's education qualification. 18.3% of the respondent's mothers have elementary school education that is 1st standard to 5th standard. 13.3% of the respondent's mothers have high school education that is 6th to 7th and 26.6% of the respondent's mothers have secondary school education that is 8th to 10th. 6.6% of the respondent's mothers have higher secondary education that is 11th to 12th and 35% of the respondent's mothers are not educated.

Table No 8 : DISTRIBUTION OF THE RESPONDENTS BASED ON THEIR BIRTH ORDER

S.No	Birth order	No of Respondents N = 60	Percent %
1	1	29	48.3
2	2	26	43.3
3	3	4	6.6
4	4	1	1.6

Interpretation

The above table explains about the respondent's birth order. 48.3% of the respondent's birth order is first, 43.3% of the respondent's birth order is second, 6.6% of the respondent's birth order is third and 1.6% of the respondent's birth order is fourth.

Table No 9 : DISTRIBUTION OF RESPONDENTS BASED ON TOTAL MEMBERS IN THE FAMILY

S.No	Members in the family	No of Respondents N = 60	Percent %
1	3 – 4	40	66.6
2	5-6	12	20
3	7-8	8	13.3

Interpretation

The above table explains about respondent's total members of the family. 66.6% of respondent's total family members is between 3 – 4, 20% of the respondent's total family members is between 5 -6 and 13.3% of the respondent's total family members is between 7-8.

Table No 10 : DISTRIBUTION OF RESPONDENTS BASED ON MONTHLY INCOME OF THE FAMILY

S.No	Monthly income	No of Respondents N = 60	Percent %
1	2,500 – 5,000	17	28.3
2	6,000 – 8,000	12	20
3	9,000 – 10,000	19	31.6
4	above 11,000	12	20

Interpretation

The above table explains about respondent's monthly family income. 28.3% of the respondent's monthly family income is between 2,500 to 5,000, 20% of the respondent's monthly family income is between 6,000 to 8,000, 31.6% of the respondent's monthly family income is between 9,000 to 11,000 and 12% of the respondent's monthly family income is above 11,000.

Table No 11 : DISTRIBUTION OF RESPONDENTS BASED ON MODE TRANSPORT OF SCHOOL

S.No	Mode of transport to school	No of Respondents N = 60	Percent %
1	Walking	21	35
2	Cycle	28	46.6
3	Bus	10	16.6
4	hostel	1	1.6

Interpretation

The above table explains about the respondent's mode of transport of school. 35% of respondent's mode of transport to school is only through walking, 46.6% of the respondent's mode of transport to school cycle, 16.6% of the respondent's mode of transport is bus and 1.6% of the respondents are stayed at hostel.

Table No 12 : DISTRIBUTION OF THE RESPONDESNTS BASED ON DISTANCE FROM HOME TO SCHOOL

S.No	Distance from home to school	No of Respondents N = 60	Percent %
1	1\2 -2 km	45	75
2	3 – 5 km	7	11.6
3	6 – 8 km	2	3.3
4	9 – 10 k m	6	10

Interpretation

The above table explains about respondent's distance from home to school. 75% of the respondent's distance from home to their school is 1\2 km to 2 km, 11.6% of the respondent's distance from home to school is 3km to 5km, 3.3% of the respondent's distance from home to school is 6km to 8km and 10% of the respondent's distance from home to school is 9km to 10km.

Table No 13 : DISTRIBUTION OF RESPONDENTS BASED ON THEIR SIBLINGS STUDY

S.No	Are sibling studying	No of Respondents N = 60	Percent %
1	Yes	57	95
2	No	2	3.3
3	No siblings	1	1.6

Interpretation

The above table explains about respondent's siblings study. 95% of the respondent's siblings are studying, 3.3% of the respondent's siblings are not studying and 1.6 of the respondent's doesn't have siblings.

Table No 14 : DISTRIBUTION OF RESPONDENTS BASED ON HIGHEST EDUCATIONAL QUALIFICATION OF FAMILY

S.No	Highest education qualification of family	No of Respondents N = 60	Percent %
1	Higher secondary	37	61.6
2	Under graduate	18	30

3	Post graduate	5	8.3

Interpretation

The above table explains about respondent's family's highest educational qualification. 61.6% of the respondent 's highest family educational qualification is higher secondary education, 30% of the respondent's highest family educational qualification is under graduate and 8.3% of the respondent's highest family educational qualification is post graduate.

Table No 15 : DISTRIBUTION OF RESPONDENTS BASED ON THEIR MOTIVATION FOR HIGHER EDUCATION

S.No	motivation for higher education	No of Respondents N = 60	Percent %
1	Yes	55	91.6
2	No	5	8.3

Interpretation

The above table explains about respondent's motivation for higher education. 91.6% of the respondents are aspiring for their higher education, 8.3% of the respondents are not aspiring for their higher education.

Table No 16 : DISTRIBUTION OF RESPONDENTS BASED ON THEIR FUTURE WITHOUT HIGHER EDUCATION

S.No	Future without higher education	No of Respondents N = 60	Percent %
1	Cattle rearing	3	5
2	Any local work	20	33.3
3	Idle at home	5	8.3
4	Type writing, computer class, tailoring	20	33.3
5	Fight and continue my higher education	9	15
6	No idea	3	5

Interpretation

The above table explains respondent's idea about their future without higher education. 5% of the respondent's option is cattle rearing, 33.3% of the respondent's option is goes for local work, 8.3% of the respondent's option is idle at home, 33.3% of the respondent's option is goes for typing class or computer class, tailoring class, 15% of the respondent's option is fight and continue the higher education and 5% of the respondents doesn't have any ideas.

Table No 17 : DISTRIBUTION OF RESPONDENTS BASED ON THIE SOCIETY'S PERCEPTION IN SENDING GIRL CHILD TO HIGHER EDUCATION

S.No	Society's perception in sending girls to higher education	No of Respondents N = 60	Percent %
1	Whole heartedly send	53	88.3
2	Partiality	7	11.6

Interpretation

The above table explains about respondent's society's perception in sending girls to higher education. 88.3% of the respondent's community allowing the girl child to higher education with whole heartedly, 11.6% of the respondent's community showing partiality in sending girl child to higher education.

Table No 18 : DISTRIBUTION OF RESPONDENTS BASED ON ACHIEVEMENT MOTIVATION LEVEL

S.No	Achievement Motivation level	No of Respondents N = 60	Percent %
1	Higher achievement motivation	31	51.7
2	Lower achievement motivation	29	48.3

Interpretation

The above table explains about the respondent's achievement motivation level. 51.7% of the respondents have higher level of achievement motivation,48.3% of the respondents have lower level of achievement

motivation.

the respondents were asked by the self prepared questionnaire prepared by the researcher, the question was whether they have aspiration for higher studies, they all said they have an aspiration for higher studies and the researcher moves the questions to the respondents asking for who is their inspiration and they have list out that Teachers, Brother, Sister, Father, Mother, Myself, Mother therasa, APJ. Abdul kalam, aunty, rajini, vijay, ajith, C.N. Annadurai, Dr.Radhakrishnan, Kiranbedi IPS, M.S,Dhoni, Rohitgurunath Sharma. they follow them as their aspiration.

And the respondent also came out with beautiful responses for the question raised by the researcher what could be your strength, the answers are I can speak well, Dance, Drawing, Driving, I study well, Sports, Cooking, Singing, Writing, Self- confidence, Humor sense, Yoga, Boldness these are the strengths of the respondents.

The researcher moves the question to the respondents asking for what is your future goal or dream, the respondents expressed happily and list out that Teacher, Doctor, Physical education teacher, Engineer, Singer, Beautician, Fashion designer, Police, Lawyer, Auditor, Nurse, IAS, Business man, Computer operator, Sailor, Bank manager, Reporter, Driver, Director, Aeronautical engineer, Catering services. So through these answers we can understands the respondents aspiration for higher studies.

Table no 19 : ASSOCIATION BETWEEN FATHER'S EDUCATIONAL QUALIFICATION AND THE RESPONDENT'S ACHIEVEMENT MOTIVATIONAL LEVEL

S.No	Father's educational qualification	Level of achievement motivation		Statistical inference
		High	low	
1	Elementary	46	54	x^2= 10.538 df = 4 p < 0.05 significant
2	High school	71	29	
3	Secondary school	33	67	
4	Higher secondary	33	67	
5	Not educated	85	15	

As per this table, there is a statistical proof that father's education of the respondents has highly significant association with respondent's achievement for higher education or responsible for respondents achievement motivation.

Father's educational qualification in our house is higher, the achievement level or motivational level for achieving certain desire or dream could be higher.

Table No 20 : STUDENT "t" TEST BETWEEN GENDET AND THE LEVEL OF ACHEVEMENT MOTIVATION

S.No	Gender	Gender and Achievement motivation level		Statistical inference
			SD	
2	Male	1.5769	.50383	t = 1.264 P > 0.05 Not significant
3	Female	1.4118	.49955	

Interpretation

As per the table there is no significant difference between gender and the level of achievement motivation.

Chauhan Ajay (2016), the author studied the Achievement Motivation and Academic Anxiety of School Going Students, in that study the author states that ,The achievement motivation score of male students found to be higher as compared to the female students.

But in this study according to the result of student 't' test , the achievement motivation level of male and female students are moreover same there is no gender difference in the level achievement motivation.

SUGGESTION

- According to maslow's need triangle self esteem came after the fulfillment of the basic needs, safety and love. If there is any lack we cannot expect high level of self motivation from the students. The basic needs depends upon the family's economic condition, this study found that 48% of the

respondent's monthly income is below 8000. It will not enough to meet the basic needs of the family in contemporary scenario. Then safety is depends upon the society which the students livings, and with in the society they can get their role models, if there is no appropriate role models and guidance they will freeze. And another thing is love, the students can get love and care only through the family members, school, peer groups and relatives.

- Through meeting and fulfilling the basic needs (economic status), safety and setting appropriate role models and creating accepted surroundings can improve the students achievement motivation level.
- This study found that there is a significant association between respondent's father's education and the respondent's achievement motivation level. The students need a role model or guidance towards higher education then only they get aspiration towards higher education. Through Making a graduates in every family can develop a higher level of achievement motivation among upcoming rural students generation.
- To create a graduates in rural areas, can provide accessibility for higher education within their local areas.

CONCLUSION

Achievement motivation plays a major role in human life especially in molding one's achievements in life. This achievement motivation was differ from one person to another person. And it was influenced by many factors like school curriculum methods, teacher – students relationship, family economic status, accessibilities for higher education with in the community and etc… through meeting these needs we can develop and improve the achievement motivation level of the rural students.

REFERENCES

1. *http://www.iosrjournals.org/iosr-jhss/papers/Conf.17004/Volume-2/4.%2015-17.pdf*A Study on the Academic Achievement Motivation among the ... PhD Research Scholar, Dept of Social work, Bishop Hheber College (autonomous), Trichy ... Kerala's development experience- like high literacy, favorable sex ratio, better health ...
2. *https://juniperpublishers.com/pbsij/pdf/PBSIJ.MS.ID.555567.pdf*Nov 22, 2016 ... Achievement Motivation of Higher Secondary Students and ... in Tamil Nadu, using probability sampling method for the study. Tools were used ...
3. *https://files.eric.ed.gov/fulltext/EJ1098614.pdf*Assistant Professor, Christian College of Nursing, Neyyoor, Tamil Nadu, India. ... Key words :Achievement Motivation, Higher Secondary Students, Relation, …
4. *http://www.academia.edu/8540295/Achievement_Motivation_among_Secondary_School_Students*The present study aims to find out the extent of Achievement motivation among secondary school Achievement motivation, students and the study was ...
5. *http://thork.people.uic.edu/fair/definitions_2017.pdf*Page 1 of 3. Some Definitions of Achievement Motivation. Achievement motivation is affect in connection with evaluated performance in which competition with a.
6. *https://www.sparknotes.com/psychology/psych101/motivation/section4/*Both personality and situational factors influence achievement motivation. ... However, incentives can also decrease people's intrinsic motivation if people focus

A STUDY ON CAREGIVER'S BURDEN AND DEPRESSION AMONG PARENTS OF SPECIAL CHILDREN

Mr. G. Aravindan[1] & Dr. K. Ramakrishnan [2]
[1]M.Phil, (CSW), Athma- Institute of Mental Health and Social Sciences, Trichy
[2]MBBS, DPM, Athma- Institute of Mental Health and Social Sciences, Trichy

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT ***Introduction:*** *parents of children with special needs are facing multiple challenges in childcare mainly they find most stressful burden in managing children with their problematic behaviors. Not only financial strain, discrimination, inequalities, disproportionate in the family and they worries about the future care of the children after their death.* ***Aim & Objectives:*** *To study the caregiver burden and depression among parents of children with special needs.* ***Methods:*** *The study was descriptive in nature to describe the various characters of the respondents and find out the caregiver burden and depression. Data was collected using structured questionnaire, Zarit burden interview schedule and Beck depression inventory.* ***Results:*** *42% of the respondents participated between the age group by 31-40, 55% educated up to higher secondary level.* ***Conclusion:*** *India seems to be much greater than those reported from studies around the world. Social work services, social welfare services and Medical services, a combined multi dimensional approach should be offered to the children with special needs.*

Keywords: *caregiver, burden, depression, Autism, ADHD, Intellectual Disability.*

Introduction

Caregiver burden encompasses the difficulties assuming and functioning in the caregiver role as well as associated alterations in the caregiver's emotional and physical health that can occur when care demands exceed resources. Parents are primary support group in the caring of every child. When it comes to children with special needs it becomes even more stressful and it gives chronic strain in the long run of life and the role of care giving continues throughout the life. The parents of children with special needs are facing multiple challenges in childcare mainly they find most stressful burden in managing children with their problematic behaviors. Not only financial strain, discrimination, inequalities, disproportionate in the family there is also emotional pain associated with stigma grief over the recognition that the child never will achieve normative adult milestones, and worry about the future care of the son or daughter after the parent's death. There is numerous research studies related to developmental disorders and most of the researches have focused on children with special needs rather than the parents needs to care the children.

Review of Literature

K. Maheswari (2010) studied the Burden of the Care Givers of Mentally Retarded Children and the results indicated that (44%) have high level of burden and majority of the care givers are female. The findings also revealed that (44%) are between 31 and 40 years of age and (88%) were female and the remaining per cent were male and especially fathers.

Suja. M.K (2015) studied the 'Family Burden and Subjective Well-Being of Family Caregivers of Persons with Intellectual Disability. The findings of the study revealed that Age, Gender, Family Monthly Income, Domiciliary and Duration of Disability influence the Family Burden and Subjective Well Being of Caregivers. It is also seen that as Family Burden increases Subjective Well-Being of the caregiver's decreases.

Shyam*et.al.,* (2014)conducted a study on parenting stress and family burden in mothers of children with disabilities and children without disability using Parenting stress index and family burden. The findings revealed that mothers of children with both mental and physical disability and mothers of children with mental disability scored significantly higher level of parenting stress and family burden compared to mothers of children with physical disability, mothers of deaf and dumb children, and mothers of children without disability.

Aim & Objectives

- To study the caregiver burden and depression among parents of children with special needs
- To measure the burden level of the parents of special children.
- To identify the relationship between caregiver burden and depression of the respondents.

Methods and design of the study

The present study was conducted in Special Schools in Trichy District. The study was descriptive in nature as it describes the various characters of the respondents and find out the caregiver burden and depression. The population of the study is comprised 200 out of which 100 Parents of children with special needs selected by adopting probability method using tippet sampling to select the sample of the study.

Data was collected using structured questionnaire which consisted of socio demographic profile, Zarit burden interview schedule and Beck depression inventory scale from the parents of children with special needs. Primary Data collected through the questionnaire were classified, tabulated and Analyzed with the help of SPSS.

Results

Distribution of General Information of the Respondents

Particulars (n=100)	Frequency	Percentage
Age		
below 30	39	39.0
31-40	42	42.0
41-50	14	14.0
51 and above	5	5.0
Relationship with the child		
Male/Father	50	50.0
Female/ Mother	50	50.0
Occupation		
Unemployed	39	39.0
Self employed	20	25.0
Private sector	29	29.0
Govt. Sector	12	12.0
Income		
Below 5000	43	43.0
5001-15000	35	35.0
15001-25000	11	11.0
25001 and above	11	11.0
25001 and above	11	11.0
Time to care others except the special child		
Yes	63	63.0
No	37	37.0
Family members/relatives support		
Yes	58	58.0
No	42	42.0
Parents' ability to participate in social activities		
Yes	34	34.0

No	66	66.0

Analysis of Variance between Type of Disability, Age of parents and the Care Giver Burden & Depression

DISABILITY& DEPRESSION	N	MEAN	STD. DEVIATION	STATISTICAL INFERENCE
Mental Retardation	37	14.0541	6.34186	df = 5,94 F= 2.662 Sig = 0.027
Autism	18	20.8333	10.72792	
Cerebral Palsy	11	16.5455	8.99293	
ADHD	9	16.0000	9.34077	
Multiple Disability	14	14.0000	9.33150	
Others	11	10.6364	5.12392	
AGE& BURDEN	**N**	**MEAN**	**STD. DEVIATION**	**STATISTICAL INFERENCE**
below 30	39	31.3333	12.75752	df = 3,96 F =2.014 Sig = 0 .017
31-40	42	32.1905	12.40621	
41-50	14	23.7143	8.73039	
51 and above	5	26.4000	10.06479	
Total	100	30.3800	12.21258	

Discussion

In the present study the majority 42% of the respondents participated between the age group by 31-40 and Men & Women were given equal in this study in which most of the studies haven't.

Major respondents (55%) educated up to higher secondary level and less than one third of the respondents 22% were undergraduates. Literacy is important in many ways to understand the children with special needs and but in many studies educational level wasn't associated with burden and depression.

There were 39% of the respondents were unemployed and majority of them were female who are looking after the households, children and while men were expected to engage in economic activates outside of the home.

Many studies have studied only one particular developmental disabilities where as this study included all the developmental disabilities and assessed with caregiver burden. 54% of the respondents indentified their children's disability between 0-2 years,

As many studies have stated that mothers of disabled children have greater burden and depression but in this study fathers were quite behind the mothers in burden and depression. Fathers are the single earners in many families and it is difficult for them in engaging caring of the child and the special child and costs for treatment, transportation and everything is been done by them which may cause burden and the higher burden may cause low self esteem which leads to have depression in fathers.

Recommendations

- Special schools should recruit clinical social worker in every special school to deal with the parents and family members emotional and stress related problems and Parents should be included in the therapy sessions as co therapist.
- Child rearing practices should be given to the parents for the purpose of maintaining healthy harmonious child rearing.
- Integrated Psychotherapy interventions, supportive and relaxation therapy should be included as a part of the educational program to the caregivers.On the continuation stress management, coping and skill training program should be conducted periodically for the caregivers.
- Providing skills training to the caregivers can help them to deal effectively with the children with special needs. Self help group for caregivers of special children especially for the mothers should be initiated. Parents must aware of medical services when it is necessary for the children.

Recommendations for future research

- Comparative study and pre and post interventional study can be studied with parents of children with special needs.

Conclusion

The risk of psychological distress amongst caregivers increases with this experience of burden. The ability to address these experiences will have consequences on the overall mental and physical wellbeing of the patient. Treatment approaches need to be mindful of the role of the caregiver, and the impact of illness on their wellbeing. The Prevalence of care giver burden and depression in parents of children with special needs in India seems to be much greater than those reported from studies around the world. Social work services, social welfare services and Medical services, a combined multi dimensional approach should be offered to the children with special needs.

References:

1. K. Maheswari, APRIL 2010, Burden of the Care Givers of Mentally Retarded Children DELHI PSYCHIATRY JOURNAL Vol. 13 No.1 Delhi Psychiatry Journal 2010; 13:(1)
2. Dr. SUJA. M.K (2015) 'Family Burden and Subjective Well-Being of Family Caregivers of Persons with Intellectual Disability. Volume : 5 | Issue : 2 | Feb 2015 | ISSN - 2249-555X
3. Saunders BS,*et.al.,* (2015)Financial and employment impact of intellectual disability on families of children with autism, 2015 Mar;33(1):36-45. doi: 10.1037/fsh0000102.
4. Ronis et.al 2015, Medical home and family burden in ADHD FamSyst Health. 2015 Mar; 33(1):36-45. doi: 10.1037/fsh0000102. Epub 2015 Jan 12.
5. Rathnakumari. S & Dr. Mary Venus Joseph, 2014. Family Burden on Parents of the Children with Cerebral Palsy: Effectiveness of the Family Centered Psycho-Social Intervention Programme, IOSR Journal Of Humanities And Social Science (IOSR-JHSS) Volume 19, Issue 5, Ver. I (May. 2014), PP 56-59 e-ISSN: 2279-0837, p-ISSN: 2279-0845.
6. Nagarkar A, Sharma JP, Tandon S K, Goutam P. The clinical profile of mentally retarded children in India and prevalence of depression in mothers of the mentally retarded. Indian J Psychiatry 2014;56:165-70
7. Manor-Binyamini I, (2014) Mothers of children with developmental disorders in the bedouin community in Israel: family functioning, caregiver burden, and coping abilities. 119(2):186-98. doi: 10.1352/1944-7558-119.2.186.

A STUDY ON GENDER DESPARITY AMONG CONSTRUCTION WORKERS IN TRICHY DISTRICT

Aparna.P[1] & Anitha.P[2]
[1]Research Scholar
[2]Associate Professor, Department of Social work, Holy Cross College (Autonomous), Trichy-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Gender inequality is the idea and situation that men and women are not equal. Gender inequality refers to unequal treatment or perceptions of individuals wholly or partly because of gender. It arises from differences in gender roles. Construction field is the very vast area in the developing countries like India; so it gives employment to thousands of families. In the field of construction work, women were discriminated more than men. The number of respondents taken in this study is 60.The aim of the research paper is to reduce the factors of discrimination so that both the gender are able to access and enjoy the resources and opportunities irrespective of the gender. The tools of data collection used in this research is scaling and the method of data collection is questionnaire method. The research paper analyze what are all the factors that leads to discrimination in the construction work and what is the outcome of the discrimination. Though women works harder she is progressed less. No one wants to do this kind of job because of their poverty and incapability they were working. The paper is to analyze that whether the workers undergone any pressure or depression because of discrimination. The target of the research paper is construction workers in Trichy District.*

Keywords: *Gender inequality; Construction Workers; harassment and gender disparity*

INTRODUCTION

Construction is the workplace where both skilled and unskilled labors can have job opportunities. The aim of the research paper was to analyze what are all the various discriminations taking place in the construction workplace includes verbal abuse, eve teasing, don't get regular employment, unnecessary criticism of the work, physical beating and sexual harassment. Working women not a new trend, from ancient times women were engaged in going for work but unlike working as a teachers in schools and colleges ; software companies; media they went for works like agricultural fields, scavengers, small scale industries like weaving baskets ,pottery making and construction of temples. Construction work is not an easiest job when compared to other jobs especially for women. The effort and physical effort by them was incomparable and intolerable because mental work or light physical work can be done by women workers at least they can sit and work and relax for some time. In construction work, more than seven hours they have to do work like carrying heavy loads like bricks, mud, stones, and mortar and in the evening they have to travel for at least one hour to reach their residence and again they have to cook dinner and have to do all domestic chores.According to the Indian **CENSUS 2001,** the total number of labors in India is 402.5 million of which only 32 percent (127 million) are women. The economic survey 2003-2004,(women workforce in rural areas down,2004 July 2008) found that

REVIEW OF LITERATURE

Kannan, 2007 state that women held back by tolerance of sexism and lack of flexibility while long harms both men and women. It is not like that if women cannot stand on their own. The construction sector is the most male dominated sector and it seems to be more discrimination for women. There are many dimensions of gender bias and equality in the economic sphere.However the worst sufferers are women from the poorest household in rural areas belonging to socially weaker sections. Ninety six percentage of the women workers in the country are unorganized workers as against 89% of men.

Srinivasan (2000) looked into conceptual issues of the unorganised sector along with profile of women's employment and its trend. He concluded that employment for the unorganised women workers moves to the sectors where these women have no say at all and away from the legal protection.

Nalini Nayak (2005) advocated the need to re-conceptualise social security for the unorganised sector paying heed as much to the issues of the procedures as to the issues of the workers. She said that the concept of social security should, therefore, focus on the following two aspects: (i)Recognise and support the social and material base of living communities, and (ii)Take cognizance of the fact that structural poverty can only be confronted by valorising the contribution of this sector to the economy and thereby checking the growth of unbridled capitalism.

RESEARCH METHODOLOGY

AIM: To study the work place harassment in Trichy District.

OBJECTIVES OF THE STUDY:

- To understand the demographic details of the respondents.
- To inquire their perception about women been harassed in the workplace.
- To perceive men and women workers towards women disparity.
- To suggest measures to alleviate the workplace harassment.

STATEMENT OF THE PROBLEM:

- The main focus of the research is to remove gender discrimination because women get low wages than men though they work hard equal to men.
- To educate, encourage and train the women workers for mason jobs.
- To educate male contractors and supervisors that women should be treated equally and equal wages should be pay to her and everyone should put effort to reduce the disparity.
- The construction sector is the most male dominated sector and it seems to be more discrimination for women. There are many dimensions of gender bias and equality in the economic sphere. However the worst sufferers are women from the poorest household in rural areas belonging to socially weaker sections. Ninety six percentage of the women workers in the country are unorganized workers as against 89% of men.

RESEARCH DESIGN:

The research design used in this method is a descriptive study.

UNIVERSE:

Construction workers in Trichy District were consider as universe of which 60
Were extracted as sampling size by convenient sample

METHODS OF DATA COLLECTION:

- Primary Method: The method of data collection used for the study is primary methods of data collection by interview schedule that was collected from the men and women construction workers.
- Secondary Method: The researcher refers to various research articles, books and in the Web about disparities in construction workplace.

TOOLS OF DATA COLLECTION: A semi Structured interview schedules were administered

ANALYSIS AND INTERPRETATION

Table-1 : Distribution of Respondents Based On menand womenworker's nature of work

S.No.	Socio demographic variables	No of respondent N=30+30	Percentage
Type of contract for men			
1	Regular	8	27%
2	Seasonal	22	73%
	Total	30	100%
Type of contract for women			
1	Regular	9	30%
2	Seasonal	21	70%
	Total	30	100%

Interpretation:

The distribution of respondents by men and women worker's nature of work have been presented in the Table-1.Construction work is not a regular job so workers cannot depend only on construction as a main occupation for them. From the table it is clear that 73% of the men respondents said that construction as a seasonal job while 70% of the women respondents said construction as a seasonal job. So the worker as well as family members get seriously affected because of loss of wages. While women construction workers managed to work as domestic workers but men were really struggling hard for good job.In most cases educated unemployed youth prefers construction sector as their part time job.**Unemployed Youth Perception Survey 2014 Report.** The overwhelming majority of youth (77.3%) preferred organized sector and but pushed into poor working conditions, low salary, and low social status in non-organized sector.

Table-2 : Distribution of Respondents Based on men and Women worker's age and their spouse's occupation

S.No.	Socio demographic details	No of respondent N=30+30	Percentage 100%
Age of the men respondents			
1	Upto 30 years	15	50%
2	31-40	15	50%
	Total	30	100%
Age of the women respondents			
1	Upto 30 years	15	50%
2	31-40	15	50%
	Total	30	100%
Women Spouse Occupation			
1	Working In Construction	15	50%
2	Working Other Job	10	33.34%
3	Not Working	5	16..66%
	Total	30	100%
MEN'S SPOUSE OCCUPATION			
1	Working In Construction	13	43.33%
2	Working Other Job	10	33.33%
3	Not Working	7	23.34%
	Total	30	100

INTERPRETATION:
The distribution of respondents by men and women workers age and their spouse occupation given in the Table 2.In Trichy district 50% of the respondents both men and women aged 31-40 years of age. Most of the construction workers spouse also engaged themselves in construction industry so that they come and leave together as well as they can get enough salary. From the table 50% and 43% of the respondents spouse was engaged in construction industry. The 33.33% and 33.34% of the respondents spouse was doing other job. Women workers go to work like domestic workers and agricultural industry. Men workers go to jobs like painting, wiring, plumbing and other daily wages.

Table 3 : Distribution of Respondents Based on Types of Harassment and Attitude of Contractors towards Women Workers as perceived by the workers

S.No.	Difficulties Faced By Women Workers as perceived by the workers	No of respondent N=60	Percentage 100%
Type of Harassment			
1	Verbal Abuse	30	50
2	Unnecessary Criticism Of The work	26	43
3	Sexual Harassment	4	7
	Total	60	100%
Attitude Of Contractors Towards Women Workers			
1	Arrogant	30	50%
2	Abusive	20	33%
3	Friendly	10	17%
	Total	60	100%

Interpretation:
The distribution of respondents by Type of harassment and Attitude of contractors towards women workers have presented in Table 5. It is found that 46.66% of the respondents agreed women workers are facing verbal abuse;16.67% of the respondents said women workers don't get regular employment;30% of the respondents said women are facing unnecessary criticism of the work;6.66% of the respondents said that women are facing sexual

harassment;50% of the respondents said contractors are arrogant towards women workers;33.33% of the respondents said contractors are abusive towards women workers;16.67% of the respondents said contractors are friendly towards the women workers.

Table-4 : Distribution of Respondents Based on Working Hours of the male and female respondents

S.No.	Total Number Of Working Hours	No. of respondent N=60	Percentage 100%
1	8 hours	35	58
2	9 hours	18	30
3	More than 9 hours	7	12
	Total	60	100%

Interpretation:
The distribution of respondents by working hours and number of working days in a month have presented in Table 3. .It is found that 60% of the respondents work for 8 hr. in a day; 26.67% of the respondents work for 9 hours in a day; 13.33% of the respondents work more than 9 hours in a day. As women construction workers cannot work more than 9 hours and they have to return back in the evening many masons or constructors hire women construction workers.

10AM–6PM

Table-5 : Distribution of Respondents Based On Ways To Help Women And Reason For Disparity

S.No.	Remedies For Disparities	No of respondent	Percentage
Ways To Help Women			
1	Motivate Women to do mason job	20	33.33%
2	Give chance to women	24	40%
3	Give Practical Training	16	27 %
	Total	60	100
Reasons For Disparities			
1	Man's Job	20	33.33%
2	No ladies doing it	28	46..67%
3	Scared of working in heights.	12	20%
	Total	30	100%

Interpretation:
The distribution of respondents by ways to help women and reason for disparity have been presented in the Table 4.It is found that 33.33% of the respondents said by motivation women can do mason job ;40% of the respondents said by giving chance to women they can help them;26.67% of the respondents said by giving practical training women can do mason job;33.33% of the respondents said mason is a man's job;46.67% of the respondents said no ladies are doing it;20% of the respondents the disparity is scared of working in heights. Most of the women workers don't want to get into any issues at the same time they don't want to lose their job because this is the only way of earning. At the same time women were scared to work in heights and don't want to take any risk but very less respondents only respond to it.

Table -6 : Distribution of Respondents Based general attitude towards their counter parts as working partners:

S.No.	General Attitude Towards Women as masons	No.Of Respondents N=60	Percentage 100%
Reasons Women Can Do Mason Jobs			
1	Women can perform well in many other professions	20	33
2	To earn more	9	15
3	To prevent exploitation	25	42
4	To stop female discrimination	6	20
	Total	60	100%

Inequality Of Female			
1	Yes	40	67
2	Not sure	11	18
3	No	9	15
	Total	60	100%
Men Will Accept Women Masons			
1	Yes	25	42%
2	No	35	58 %
	Total	60	100%

Interpretation:
The distribution of the respondents by the type of contract and age have presented in Table 1.It is found that 26.67% of the respondents are regular; 73.33% of the respondents are seasonal; 40% of the respondents are under the age 18-30; 50% of the respondents are under the age 31-40; 10% of the respondents are under the age more than 40;33% of the respondents will accept women as masons;66.67% of the respondents said they don't have any idea about women masons.The construction sector is one of the largest employers of women next to agriculture in India. Most of them are very poor and destitute, face harassment at both home and workplace and do the heaviest work. This study suggests training for women as masons to equalize their opportunities.

Table-7 : Distribution Of The Respondents about Men Accepting Women as Masons (doing superior job)

S.No.	Perception of Women Towards Men	No.Of Respondents	Percentage
	Men will accept women masons		
1	Yes	45	75 %
2	Not Sure	15	25 %
	Total	60	100%

Interpretation:
The distribution of the respondents by the perception of men will accept women workers as masons have been presented in Table 5.It is shown that 50% of the respondents said men will accept them ;50% of the respondents said they are not sure that men.Opinion of Contractors and Men Construction workers on Willingness to train women masons and accept them The opinion of the contractors and men construction workers on whether women could become masons was studied and the results are summarized in Table 11. Nearly half of the men construction workers are willing to train women and say that women can become masons. Nearly seven out of ten men are willing to employ women as masons. Will accept them or not.Some of the contractors express the opinion that women are performing well in other professions and so they can also perform the masonry job well. This is a clear indication that women can be trained informally to become masons and they should be motivated and trained to become masons. So steps must be taken to offer informal training to women in construction sector with the help of men construction workers

SUGGESTIONS

- Some higher officials or some senior masons can take the in charge to regularly monitor what are the discriminations taking place in the construction worksite.
- The contractors or the persons in higher positions have to use the words carefully. They should not hurt others.
- Supervisors can encourage all the workers to respect others and give respect to others feelings irrespective of the gender and positon of the labors.
- In construction sites, everyone should respond to complaints or issues and must create fearful atmosphere in the workplace so that no one is dare to misbehave or engage in any unacceptable activities.
- Before starting a construction project everyone should gather and give awareness about discriminations in the workplace and explain them the realities of women that is how they are getting affected both physically and mentally.
- The perception of the workers should be diversified.
- Gender Neutral should be maintained in the construction workplace.

- Men should not dominate women when they were discriminated by their higher contractors and women should also show hesitation and anger in correct situations she should not simply remain calm by the bossy attitude of the men.
- Already carrying so much burden on the shoulder women are in the construction work but there also masons and contractors simply make them work like a machines with lower wages.
- Not only women are discriminated in the construction workplace but men also gets discriminated by their higher position contractors so everyone need not be this much harder they can respect others and accept them and can help them to go further.

CONCLUSION

We are living in Indian country so our constitution provides equal rights and opportunities to both the genders. Women workers are prone to many painful situations in the construction workplace which is an unorganized sector. Women discrimination is a serious social problem in our developing nation that too in the fastest growing sectors like construction. Without any option left, women are pushed into construction field and face issues like verbal abuse; low wages; sexual harassment; no social security all because of poverty and illiteracy. They are working in an unsafe atmosphere in order to fill their stomach and satisfy the needs of the family members. Gender should be treated neutrally irrespective of the sector.

REFERENCES:

1. https://www.theguardian.com/sustainable-business/2016/dec/12/construction-industry-becoming-increasingly-gender-segregated-report-finds
2. https://journals.sagepub.com/doi/abs/10.1177/097185240200600302
3. https://journals.sagepub.com/doi/abs/10.1177/097185240200600302
4. https://newsroom.unsw.edu.au/news/art-architecture-design/demolishing-gender-inequality-construction-sector
5. https://www.emeraldinsight.com/doi/abs/10.1108/ECAM-09-2013-0082
6. https://www.researchgate.net/publication/232710637_A_Study_on_the_Empowerment_of_Women_Construction_Workers_as_Masons_in_Tamil_Nadu_India
7. http://www.iosrjournals.org/iosr-jhss/papers/Vol14-issue4/D01442730.pdf
8. https://vc.bridgew.edu/cgi/viewcontent.cgi?referer=https://www.google.co.in/&httpsredir=1&article=1174&context=jiws

A Study on parent child relationship-a social intervention perspectives

S. Sathiya[1] & Dr. Mettilda Bhuvaneswari[2]
[1]Research Scholar, PG and Research Dept. of Social work, Cauvery College for Women, Trichy-18
[2]Associate professor, PG and Research Dept. of Social work, Cauvery college for women, Trichy-18

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *At the beginning of evolution, early human beings, or the human species to be, did not really have relationship with each other. Later, humans of different sexes began to establish relationship. In human relationship parent- child relationship or parenting is very important, it to bring up the children and nurturing the next generation. Normally human beings call this is family. Parent child relationship includes socialization, feelings, expectations and behavior. It starts and build with the time of conception. The child understands and perceives the world through their parents, the way the child feel and understand the outer world. So the child perceive and act depends upon the parents' guidance. Early adolescence marks an important turning in the parent-child relationship, during which the child's urges for independence may challenges on parents. Although parent child relationship maintains its for the psychological social and emotional development of the each and every child So the researcher studied about adolescent parent -child relationship. The researcher had used descriptive research design, it describe the socio - economic character tics and socialization pattern of the respondents. Respondents were studying 9th and 10th from Mahabarthi higher secondary school, Namakkal. In this school 30 children were studying 9th std and 30 children studying 10th std and their parents totally 120 were my respondents. So researcher had used census method to collect information by respondents. Researcher had used self-prepared questionnaire and Nalini Rao (1998) scale to collect information by parents as well as the child. This scale measures the charactertics behavior of either father or mother as experience by their children which consist of 100 items grouped into 10 dimensions likes protecting, symbolic reward, love, object reward and neglect behavior. Karl Pearsons co-efficient of correlation and chi- square was applied to test the hypothesis. The statistical analysis indicate half of the respondent (parents) have high level of parent-child relationship with regard above mention dimensions and half of the respondents(child) (50%) were having low level of parent- child relationship with respect to the dimensions like discipline and behaviour.*

Keywords: *Parent-child relationship, parenting style, problem behaviour, discipline pattern*

1. INTRODUCTION:

In a patriarchal culture, Indian families are generally run by the father or grandfather with family life and home structure based on decisions made by the male family members. But now a days male also sharing domestic work and taking care of their children because Women are working in high responsibility job.

In Indian culture Hinduism is the most prominent form of the religion, many Indian families impart the importance of prayer and worship to their children. There is a strong exhibit on respect of elders in the Indian culture. Children typically grow up with their grandparents in the same household. Mostly many Indian families choose to begin child toilet-training at their age of 12 months. So as parents it is very important that we adapt to new challenges and work accordingly.

2. REVIEW OF LITERATURE:

Guajardo,N.R., and Snyder,G. (2009) discussed relationships among parenting practices, parental stress, child behavior and children social cognitive development. This study included observational and self -report measure to examine association, among parental stress, parental behavior, child behavior and children theory of mind and emotion understanding parent-child interaction also were observed, laxness and parenting stress predicted children's theory of mind performance and parental usage of imitative gesture and vocalizations accounted for unique variance in emotional understanding.

Fotti,S.A., Katz.,L.Y., Fifi,T.O.A., Cox,B.J. (2006) investigated that poor parental relationships and depression were more powerfully associated with suicidal ideation and attempts than were peer relationship in a nationally representative sample of boys and girls aged 12 to 13 years, and these factors may be important early intervention targets.

Rani and Kaushik (2005) A comparative study of achievement motivation, home environment and parent-child relationship of adolescents where a number of 200 students (100 boys and 100 girls) in the age range of 14-16 years studying in classes IX and X of Hissar (Haryana) were selected for the study as the sample. It was found that there was no significant difference between girls and boys in achievement motivation. There was no significant

difference in perception of the mother and the father by both girls and boys. Achievement motivation was positively correlated with child's 85 perception of parent as demanding, loving, protecting and rewarding and negatively correlated with indifferent, neglecting, rejecting and punishment parent-child relationship.

3. STATEMENT OF THE PROBLEM

In our society family is an important assert which functions more precisely set of rule that helps to shape the child's relationship is a developing interactions between parents and children and parents have the responsibility on discipline, child rearing practices, transmission of cultural directives. Parents are responsible for setting reasonable limits and boundaries to the child's behavior, the use of rewards and punishments and formulations of rules in order to enable the child develop into an integrated, firm and well developed human being. The parental control and support may get expressed in the form of giving direction to instructions, commands, suggestions, punishments and threats, rewards, explanations, making requests and imposing rules and restrictions. Sibling relationship is another contributory relationship in the personality development of a child and in the healthy functioning of the family unit. The mutual sharing, respect and affection which prevail in the family among the siblings lays the foundation of certain finer traits and strengths required for adjustments and coping in the later life. Because of rapid change in India, children have many experiences, which their parents never had and are often unable to understand. Parents are often obvious of the proper way of bringing up children. The way the parents treat their children has a profound impact not only on family relations but also on their perception, attitude and behavior. Therefore, this motivated the researcher to study the parent-child relationship.

SCOPE AND SIGNIFICANCE OF THE STUDY

Most of the parents do not spend adequate time with their children to get to know their physical wellbeing and their academic performance. Further in developing friendship at school children moral values and behavior which may not be accepted by the family members due to generation gap. It may lead to increasing conflict and quarrel among children, parents and grandparents. poor parent child relationship, less communication and socialization is also one of the cause of behavior problems. Parents play a vital role in forming the behavior of their children. The quality of their relationship forms the base for their children's relationship with others especially at their school.

3.2. AIM AND OBJECTIVES

1. To describe the socio demographic condition of the respondents.
2. To asses parent-child relationship of the respondents.
3. To know the pattern of discipline experienced by the respondents.
4. To suggest suitable measures for improving parent-child relationship.

3.3. RESEARCH DESIGN

The researcher used descriptive research design as the study focused on describing socio-demographic charactertics of the respondents.

3.4. UNIVERSE

The universe of the present descriptive study on parent-child relationship consists of 60 students studying in 9th and 10th standards in Mahabharthi higher secondary school, Namakkal during the academic year 2004-2005. The researcher adopted census method used to collect information from the respondents. The researcher selected 60 students in class 9th and 10th standard and their parents (60) as a universe of the present study.

3.5 TOOLS OF DATA COLLECTION

1. Socio demographic data of the respondents were collected using self-prepared questionnaire
2. parent child relationship questionnaire prepared by researcher.
3. Child parent relationship scale – Dr. Nalini Rao (1988).

Table: 1

Association between sex of the respondents and various dimensions of child-parents relationships

S. No.	SEX	Various Dimensions of Child–Parents relationship		Statistical Inference
		Low	High	
1	Protecting Male	**n :28** 12	**n :32** 13	$X^2 = 0.031$ df = 1 P > 0.05 Not Significant

	Female	16	19	
2	Symbolic Punishment Male Female	**n :30** 14 16	**n : 30** 11 19	$X^2 = 0.617$ df = 1 P > 0.05 Not Significant
3	Rejection Male **Female**	**n:28** 14 14	**n:32** 11 21	$X^2 = 1.500$ df = 1 P > 0.05 Not Significant
4	Object Punishment Male **Female**	**n:20** 11 9	**n: 40** 14 26	$X^2 = 2.194$ df = 1 P > 0.05 Not Significant
5	Demanding Male **Female**	**n:29** 12 17	**n:31** 13 18	$X^2 = 0.002$ df = 1 P > 0.05 Not Significant
6	Indifferent Male **Female**	**n:29** 11 18	**n: 31** 14 17	$X^2 = 0.322$ df = 1 P > 0.05 Not Significant
7	Symbolic Reward Male **Female**	**n:28** 12 16	**n:32** 13 19	$X^2 = 0.031$ df = 1 P > 0.05 Not Significant
8	Loving Male **Female**	**n:30** 14 16	**n:30** 11 19	$X^2 = 0.617$ df = 1 P > 0.05 Not Significant
9	Object Reward Male **Female**	**n:20** 10 10	**n:40** 15 25	$X^2 = 0.857$ df = 1 P > 0.05 Not Significant
10	Neglect Behavior Male **Female**	**n:28** 12 16	**n:32** 13 19	$X^2 = 0.031$ df = 1 P > 0.05 Not Significant

Latha, Joseph Xavier, (2005). in her study findings reveals that the female respondents are found to perceive higher level of parent-child relationship. At the same time rewards and punishment have emerged as main dimensions of parental behavior influencing the defensive traits among children. It seems that firm, consistent, fair and objective discipline with well-balanced exercise of reward and punishment make the children understand that there are boundaries for what is right and what is wrong. As well the present study never prove with current research as per test not significant statistical inferences. But any other influencing parameter could be affect the parent child relationship.

Table 2
KARL PEARSON'S CO-EFFICIENT OF CORRELATION BETWEEN THE RESPONDENTS INCOME AND VARIOUS DIMENSIONS OF PARENTS – CHILD RELATIONSHIP

S. No.	INCOME	Correlation Value	Statistical Inference
1	Income and Behaviour	-0.159	P > 0.05 Not Significant
2	Income and Education	-0.055	P > 0.05 Not Significant
3	Income and Discipline	-0.203	P > 0.05 Not Significant
4	Income and Overall	-0.172	P > 0.05 Not Significant

Above table portrait no significant relationship between the income of the respondents and various dimensions of parent child relationship such as behavior, education and discipline.

Table 3
'Z' TEST BETWEEN THE RESPONDENTS TYPE OF FAMILY WITH REGARD TO VARIOUS DIMENSIONS OF PARENTS – CHILD RELATIONSHIP

S. No	FAMILY TYPE	$\overline{X}$	S.D.	Statistical Inference
1	**Behavior**			
	Nuclear	75.3953	11.6622	Z = 0.794 P > 0.05
	Joint	72.5882	13.9466	Not Significant
2	**Education**			
	Nuclear	37.9535	7.2143	Z = 1.076 P > 0.05
	Joint	40.2353	7.8782	Not Significant
3	**Discipline**			
	Nuclear	57.6279	9.9953	Z = 0.609 P > 0.05
	Joint	59.4118	10.7996	Not Significant
4	**Overall**			
	Nuclear	170.9767	24.1400	Z = 0.169 P > 0.05
	Joint	172.2353	30.2356	Not Significant

Audinaryana,N. (1996) has noted in his studies that family size bore negative correlation with academic achievement and father's education bore a positive relationship even when further factors were controlled. Though this study never substantiated with the current research as per the not significant statistical inferences. But there could be any other parameter which might be an influencing factor of the parent child relationship.

Table 4
Karl pearson's co-efficient of correlation between the respondents age and various dimensions of parents-child relationship

S. No.	AGE	Correlation Value	Statistical Inference
1	Age and Protection	-0.221	P > 0.01 Not Significant
2	Age and Subject Punishment	-0.281	**P < 0.05** **Significant**
3	Age and Rejection	-0.110	P > 0.05 Not Significant
4	Age and Object Punishment	-0.218	P > 0.05 Not Significant
5	Age and Demanding	-0.111	P > 0.05 Not Significant
6	Age and Indifferent	-0.255	**P < 0.05** **Significant**
7	Age and Behavior	-0.198	P > 0.05 Not Significant
8	Age and Lovely	-0.099	P > 0.05 Not Significant
9	Age and Object Reward	0.103	P > 0.05 Not Significant
10	Age and Neglect Behavior	-0.210	P > 0.05 Not Significant

In my research age is the important factors in relating to parent child relationship regarding punishment and indifferent attitude. so my study indicated negative correlation between the age and various dimensions of symbolic punishment and indifferent. However, there was no significant relationship between the age of the respondents and various dimensions of protection, rejection, object punishment, demanding, behaviour, lovely, object reward, neglect behaviour of child-parents relationship. The findings of the present study consistent to the findings of **Latha, Joseph Xavier ,(2005)** there is a significant association between the age of the respondents and parent-child relationship (father) in the dimensions namely protecting, rejection, symbolic reward and loving either no significant association between the age of the respondents and the parent-child relationship (father) in the dimensions namely symbolic punishment, object punishment, demanding, object reward, neglect behaviour , indifferent and overall parent-child relationship.

Table 5
One way analysis of variance among educational qualifications of the respondents with regard to various dimensions of parents-child relationship

S. No.	Source	Df	SS	MS	$\overline{X}$	Statistical Inference
1	**Behavior**					
	Between Groups	3	808.186	269.395	G1=81.4286 G2=71.2353 G3=74.1756	F = 1.860 P > 0.05 Not
	Within Groups	56	8112.214	144.861	G4=86.5000	Significant
2	**Education**					
	Between Groups	3	96.925	32.308	G1=36.8571 G2=37.2353	F = 0.575 P > 0.05

	Within Groups	56	3145.475	6.169	G3=39.7059 G4=37.5000	Not Significant
3	**Discipline**					
	Between Groups	3	256.484	85.495	G1=53.4286 G2=58.5294 G3=58.5000	F = 0.819 P > 0.05 Not
	Within Groups	56	5844.450	104.365	G4=65.0000	Significant
4	**Overall**					
	Between Groups	3	981.875	327.292	G1=171.7143 G2=167.0000 G3=172.3824	F = 0.481 P > 0.05 Not
	Within Groups	56	38139.458	681.062	G4=189.0000	Significant

Melby and Conger (1996) found in his studies that mother's and father's educational attainment link positively to parenting and adolescents' academic performance. **Stevenson and Baker (1987)** reported that well-educated mothers who have a predisposition to information about school are more likely than less educated mothers to discuss their child's school performance. The same study showed that well-educated mothers' expectation levels are higher and they have more demands of academic achievement for their children. Although this study not authenticate with the current research as per the "not significant statistical inferences. But there could be any other parameter which might be an influencing factor of the parent child relationship.

SUGGESTIONS:

Social Work Intervention a child's personality is influenced by both family and school. At home the child's models are his parents and in school he forms his role models around his teachers. The present descriptive study reveals that half of the respondents perceived low level of satisfaction towards parent-child relationship and home environment due to level of socialization. An interaction between the professionally trained social workers and the parents could enhance the latter's awareness of the community resources which they could use in educating their children

1. Parents may encourage their child positively. When the child's performance at school is poor
2. Parents may have friendly relationship with their child.
3. Parents may concentrate both academic and non – academic activities for their child.
4. Parents may set be a role model for child.
5. Parents should spend more time with their child.
6. Parents may avoid criticism of teachers and the teaching profession, in front of their child, this will develop a positive attitude habits in the children and they will have genuine respect and love for their teachers.
7. The parents may show interest in getting information from the school about co-curricular activities of the child.
8. Parents-teachers association has to be conducted periodically in the school.
9. Parents may show interest to understand the growth and development of their children.
10. Parents may inform the teacher very honestly about the child's behaviour and work at home.
11. The appointment of social workers in schools may be encouraged in order to look after the students' personality development and to solve the behaviour problems of the students' in school.
12. Social workers may act as a good mediator between teachers, parents and children.
13. Staff development programs may be arranged for the teachers to understand the present students' psychology for and their culture to improve students-teachers relationship.

CONCLUSION

Parenting is a responsibility of both father and mother together or independent of nurturing the child with socially acceptable behavior. It includes promoting and supporting physical, emotional, social, and intellectual development of a child from infancy to adulthood.

REFERENCE

1. Fotti, S.A., Katz, L.Y., fifi, T.O.A., Cox, B.J. (2006). The association between peer and parental relationships and suicidal behaviours in early adolescents, Canadian Journal of Psychiatry, wwl.cpa-apc.org
2. Gujardo, N.R., Snyder, G. (2009). Relationships among parenting practices, parental stress, child behaviour and children

social cognitive development, Infant and child development, wiley online library

3. Yilmaz, Aysen "The relationship between marital adjustment, parenting style and self-perception of children from different age groups" TurkPsikoloji-Dergisi. 2001; Vol 16 (47); 1-24
4. **Latha, Joseph Xavier. (2005)** . A study on parent-child relationship as perceived by high school students at Tiruchirapalli.

A STUDY ON PUBLIC PERCEPTION ON GENDER-BASED VIOLENCE AMONG MINORITIES IN TIRUCHIRAPPALLI

S. Thivyasri[1] & J.Kalpana[2]

[1]2nd MSW, Department of social work, Holy cross college, Tiruchirappalli-2

[2] Assistant professor, Department of social work, Holy cross college, Tiruchirappalli -2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *India has articulated its commitment to eliminating violence against women and girls through numerous policies, lawsand programmes (for example, the National Policy for the Empowerment of Women 2001, the Protection of Women from Domestic Violence Act 2005, and the strategies outlined in the XIth five-year Plan). However, violence against women remains widespread. Nationally, one in three 35 percent women aged 15-49 have experienced physical or sexual violence, in general, increasing to 56 percent among women in Bihar (International Institute for Population Sciences and Macro International, 2007). The key challenge underlying the gap between policy and programme commitments and realities is the limited evidence on both what drives violence against women and girls, and effective programme strategies that reduce such violence.*

Gender-based violence is violence that is directed at an individual based on his or her biological sex or gender identity. It contains physical, sexual, verbal, emotional, and psychological abuse, threats, and economic or educational deprivation either occurring in public or separate life. Gender-based violence refers to violence. In addition, we admit that women in that target individuals or groups on the basis of their gender. In much policy and schemes work, the term is used interchangeably with 'violence against women', as the major part of this violence is directed against women, although it would be more correct to class violence against women as a form of gender-based violence. The violence may involve mental or sexual harm or suffering, or the threat of such acts; coercion; and other deprivations of liberty. The high personal, psychosocial and economic cost of violence, however, not only affects women themselves but also their husbands and partners, children, extended families, communities and broad society. This study focused on public perception on gender-based violence among minorities. By using simple random sampling method. Sixty respondents were selected. This study conducted in jail pettai slum at Trichy. A self-prepared questionnaire was used for data collection. The results were discussed in the full paper.

Keywords: *Gender-based violence, minorities, women and public*

INTRODUCTION

Gender based violence is a problem of relation between men and women. It may shows act of violence committed against women and girls around the world. Some of the forms of minorities violence are rape, sexual harassment, mob violence, dowry violence, forced marriage, war rape, sexual violence, sexual slavery trafficking in women and forced prostitution. Gender based violence is one of the most major social problems in the world. It includes physical, emotional, sexual and economic violence. Gender based violence is form of social context. In south India 96% of women believe that intimate partner violence is acceptable in Atleast one circumstance. Indian national family health survey suggest social gradient in the reported experience of violence with women from poorer households, no education and from marginalised castes. International organisations and governments uses action is violence against women. The most socio economically marginalized groups in India are occupational discrimination. Dalit women's in India has been described as serving as a crucial social mechanism to maintain Dalit women subordinate position in society. Now that international attention is focused on gender based violence methodologically rigorous research is needed to guide the formulation and implementation of powerful interventions. The global conversation about gender based violence and advocacy to prevent it has increased considerably in recent years, resources to building an understanding of the problem and way to address it. There are three categories. 1. Primary prevention 2.Secondary prevention 3.Teritiary prevention. These stages are the effective way of prevention. In south Asia 3% of women have experienced sexual violence. Gender based violence is closely tied to negative health outcomes in women. Some of the women has experienced gender based violence are at higher risk of negative sexual and reproductive health outcomes. The social and legal sectors must also provide resources to respond for women needs for protection, legal resources, psychosocial support. Estimates of the economic cost and social cost of gender based violence only available from a few countries, but they generally represents 1-2% of a nation's annual gross domestic product (GDP).

Gender-based violence in the workplace is often invisible, but is a developing problem as more women enter the workforce. The most common form is sexual abuse. Both women and girls can be victims of sexual harassment and violence – however, it is disproportionately experienced by women. The 'world of work' includes, transport

and public places, and also takes account of women's burden of care work.Globally one in many women experiences some form of gender-based violence.

Women are affected by gender-based violence, hence the focus on "violence against women". One out of three women largely be physically, sexually, or emotionally abused during her lifetime, with rates as high as 70% in some countries. Some countries experience higher rates of gender-based violence. Often counties characterized by religious issues, poverty, and political instability also experience higher levels of violence against women.Gender-based violence takes many forms and is rarely limited to a single group. Abuse can be physical, sexual, or verbal it can take place in the public or private; it can even, in some situations, be considered socially acceptable. The effects are long lasting and devastating lives and families and contributing to many other social problems. Anyone can be the victim or perpetrator, regardless of race, age, or religion. Too many believe that gender-based violence happens to "other" people, yet there is little distinction across economic, geographic or religious lines. The Jewish community suffers the same rates of partner violence as the national average.NkiruIgbelina-Igbokwe (May 30, 2013).

Gender based violence is the strong patriarchal ideologies of control, other version and subordination of women and girls. Efforts to resists this has mostly been undertaken at separate level. As a result, patriarchy continues to thrive.

GBV is divided into two interlinked parts interpersonal and structural/institutional violence. Interpersonal violence signifies to an act of economic, sexual, psychological or other violence of an individual against another individual. Structural or institutional violence denotes to 'any form of structural inequality or discrimination that maintains a person in another position, whether physical or ideological, to other people within her family, household or community' (Manjoo 2011).

GBV is manifested through a group of actions, including forced marriage of young girls, trafficking women , female genital mutilation/cutting, female infanticide,rape,violence directed at lesbian, individuals, sexual violence, verbal abuse and rules and regulations which limits women's and girls' rights and access to services in equal relation to men's. These practices are not only violations of the human rights of the individuals affected, but are also an approach to sustain the status quo and the hierarchy of gender identities. Women living in poverty are particularly vulnerable, as they face high levels of structural violence, including difficulty accessing health and other services needed to address the effects of interpersonal GBV. It is largely understood that GBV – be it in the form of isolated acts or systematic patterns of violence - is not caused by any particular factor. Rather, it is a combination several factors that increase the risk of a man making violence and the risk of a woman experiencing the violence.

While indigenous people reside in many countries we explore indigenous women in a post-colonial settler society context. This address violence against women in the context of ethic religious and linguistic minority women but we acknowledge that within these groups these may be women who constitute minorities within a minorities in addition we recognise that women in indigenous minority and migrant groups experience a spectrum of violence perpetrated by those within their community as well as outside thelevel of public awareness of gender based violence and the commitment shown by government towards combating such violence. Structural discrimination towards Dalit men and women are most common in India.

This study identifies violence against women under gender based violence in accordance with the UN definition due to women's economic dependency, cultural obligations, and legal subordination.

Gender based violenceamong minority women has always been a prevailing problem under transnational movement. A number of factors including culture, religion and migration status influencesgender based violence. This study employs the institutional framework making this study mainly focus on the influence of social locations including race, gender, culture, religion, education, migration status on shaping gender and gender based violence perceptions of minority women in a social system. This study focused ongender based violence was done on a total of 60 minority women in Trichy to cover the identified factors and also gain greater understanding of the cognitions and reasoning on their perception and attitude towards gender based violence. This study is significant in understanding and consolidating the facts of minority women in their perception and situation towards gender and gender based violence.

The term violence against women has been used to to explain range of acts, including murder, rape and sexual assault, physical assault, emotional abuse, stalking, prostitution, genital mutilation, sexual abuse , and pornography. There is little consensus in the still evolving field on exactly how to mention violence against

women. The major contention concerns whether to define the word "violence" or to think of the phrase "violence against women" more widely as aggressive behaviours that adversely affect women.
Researchers in such fields as sociology and criminology tend to show definitions that narrowly define violence, definitions that can be described. For example, Gelles (1979) defined violence as "any act carried out with the intention of, or perceived intention of, causing physical injury or pain to another person. "Commonly, the National Research Council (NRC) report Understanding and Preventing Violence its definition to "Behaviour by persons against persons that intentionally creating fear, attempts, or actually inflicts physical abuse." The 1993 NRC study deliberately behaviour that inflicts harm unintentionally, while the Gelles and Straus definition contains behaviours that may be unintentional but are perceived by the victim to be intentional. The 1993 NRC study also specifically separated from its definition of violence such events as verbal abuse, harassment.

REVIEW OF LITERATURE

Devi and Prema (2006) assert that violence against women is a human right violation and a crime, deleterious to the development of women and the society. Capacity building, awareness, generation and developing leadership skills among women can help them gain confidence to raise their voice against violence and assert their rights.

Malhotra et al., (2005) point out that in a country, in spite of various laws regarding safety, violation of human rights takes place every day in a variety of forms. These violations include breach of civil, and political rights, inequity against minorities like scheduled caste and scheduled tribes, women and weaker sections of society, tyrannical arrest, torment and demise of culprits while in the police custody, female infanticide, killing of suspected militants in police custody, violence based on religious issues, child labour, racial killings and kidnapping for ransom. Moreover polluting the environment itself is a human rights violation. It is time to recognize that those who pollute or destroy the environment are not just committing a crime against nature but are violating human rights as well.

Sainath (2008) explains that Dalit students are routinely humiliated and harassed even at schools and colleges and other educational institutions. There are many drop outs in schools because of caste based discrimination. They are seated separately in the classrooms and at mid-day meals.

Kahol (2003) states that women have been neglected for centuries. Everywhere the women are the victims, always vulnerable to violence and exploitation. Women accept atrocities against them with light hearts. They are confined to the child bearing and rearing. Child marriage is still common in many parts of India especially among minorities. Wife abuse is perhaps the 34 most prevalent form of the atrocities in family life. Today, in our society, women are vulnerable to all sorts of exploitation, molestation, violence and even fatal assaults.

Kapadia (2007) studied the occurrence of physical violence experienced by young married women at the hands of their husbands. This study also examines linkages between gender role expectations and physical violence in two low-income settings in Maharashtra. Their analysis of two low-income settings indicate two patterns of initiations of physical violence in young married women i.e. within six months of marriage and after they give birth to their first child. Their study highlights a 39 critical social construct as a main trigger for physical violence against women.

RESEARCH METHODOLOGY

TITLE:
Perception on gender based violence among minorities

AIM:
The aim of the study is to know about the perception on gender based violence among minorities on Trichy district.

OBJECTIVES:
To study the socio demographic details of respondents.
To analyse the public perception of minorities.
To improve official awareness and priorities of minorities people.

RESEARCH DESIGN:
Quantitative research design.

UNIVERSE:
Jail pettai (slum) in Trichy district.

SAMPLE SIZE:
Sixty respondents.

SAMPLING DESIGN:
Simple random sampling method.

TOOLS:
Self-prepared questionnaire.

DATA ANALYSIS AND INTERPRETATION

Table: 1
DISTRIBUTION OF THE RESPONDENTS BY YOUNG GIRLS VICTIMISED TO SEXUAL ABUSE

S. NO	YOUNG GIRLS VICTIMISED TO SEXUAL ABUSE	NO .OF RESPONDENTS N=60	PERCENTAGE %
1	Yes	45%	75
2	No	15%	25

INTERPRETATION:
This table explains theyoung girls are victimised to abuse, out of 60 respondents, 75% of the respondents are victimised to sexual abuse, 25% of the respondents are partially victimised to sexual abuse.

FINDINGS
Majority of the respondents (75%) are completely victimised to sexual abuse.

SUGGESTIONS
1. Adding gender based violence clinical services to basic medical care services.
2. Raise public awareness of the poor conditions that minorities face particularly in their residential areas.
3. Improve services for survivors of violence.
4. Encourage women to participate in political process and thus leading to changes in their life.
5. Efforts to be taken to prevent violence against women.
6. Building collaborative relationship with social service workers to help survivors access psychosocial, economic and legal services.
7. Mapping for policy.
8. Development of standard measures to support gender based cyber violence.
9. Educate women and help them understand the need for women to be empowered and responsible to themselves in order to understand all the rights and take benefits.
10. Giving moral education to all children through which they learn certain thing like behaving properly with the opposite gender.

CONCLUSION
The problem of gender based violence among minorities and elder abuse have generated thousands of separate intervention in social service, health and law enforcement setting. The broad aim of the proposed study is to investigate the perception of the public and to get to know their opinion about gender based violence amongMinorities. The problem of domestic violence and elder abuse have generated hundreds of private interventions in social services, health and law enforcement setting. Violence and discrimination against people go against the status is not limited to any single part of the world to any special type of society.

BIBLIOGRAPHY
1. http://shodhganga inflibnet.ac.in
2. www. Minority rights.org
3. http ://asiafoundation.org
4. http://www.Ohchr.org

A STUDY ON THE ASPIRATIONS OF YOUNG WORKERS IN TRICHY CITY

SusmithaP.M.[1] & Josephine Jeba .J[2]
[1]Research Scholar
[2]Assistant Professor, Department of Social work, Holy Cross College (Autonomos), Trichy-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Employment occupies a major place in the economic development of a nation.not only unemployment, but also underemployment plays a role in the poor economic growth leading to the increase in the non achievement of aspirations by the youth. Competent youth lack job opportunites though possess adequate skills, knowledge and educational qualification.either there is lack of compentent skills or there is lack of job opportunities among the youth population that leads to under employment and unemployment .the income earned will be only sufficient for their source of livelihood and may be satisfying some of their family needs which clearly endsup in the poor contribution of income towards the economic growth of the country..the study relates that due to the lack of decent work ,there is permanent decline in the rates of nation's economic growth ."india facing problem of severe under-employment, was published in The Hindu by Nitiaayog", New Delhi,august 27, 2017.The aim is to study the aspirations of young workers using a self-prepared questionnaire.usingself prepared questionnaire primary data is proposed to be collected from respondents and secondary data from articles,booksetc.the universe is proposed to be the young workers in trichy city and the sample size are 30 respondents belonging to the age group 18 to 30 who are young workers with a degree or diploma as their educational qualification .a pilot and pre-test are yet to be done.the paper proposed to comeout with some findings and suggestions by the researcher for achieving the substainable economic development by the nation and aspirations of the youth in the future.*

Keywords: *Aspirations, Underemployment, Youth, Economic growth, Young workers, Decent work*

Introduction

Employment in a country plays a major role in the contribution of the national income, economic growth and development of a country. Under employment refers to a situation where the skills, potentials, abilities ,capacities and the knowledge for a worker is being less utilised, left unused. This under employment may also be leading to issues not only relating to the nation but also to the personal life of workers. India as a nation, is known for its population and especially for the population of the youth. So as young workers from 18 to 30 years after the completion of their education depending upon their skills, educational qualification and experience the workers are not provided with jobs in public or private sectors due to the national crisis of under employment and many factors influence it mainly it is caused because of overpopulation, lack of of adequate jobs and also many other factors such as the need for income ,family situations and the perception of the young workers to go for under employment based jobs rather than being unemployed and remaining idle at home losing their future. They in need of satisfying the financial and social expectations tend to accept underemployment.So the aspirations of the young workers in today's scenario are increasing due to this issue of under employment and so many young workers ie youth have own aspirations and dreams to go for a job or a work according to their dreams, aims, wishes and all other qualities professionally necessary for the particular job but due to the case of under employment they are pushed to a job which gives, them less job satisfaction contentment in one's career, non- achievement of their goals. This turn leads to a very poor contribution to the family as well as to the nation. There is a lack of decent work for all the employees especially the youth and young workers which gradually results in decreased economic growth of the country that leaves India to still prevail only as poor and developing country since decades. Underemployment also create a lack of job security and insecure feeling among the workers especially the youth who are in a dilemma of of moulding their futures affected by various criterias related to the aspects of family, society and country. In precise, underemployment previous to be an unavoidable factor leading to do high rates of un achieved goals and aspirations of the youth, especially in case of India. This concept is a viscious cycle where employment of a competent youth with achievement of one's aspirations results in an adequate contribution of income to one's family and country. The aspirations and need to be considered. Depending on it, employment should be done to avoid the hurdles faced by the youth and also to rectify the issue of poor economic growth and development of India as a whole especially for the youth who are believed to be the future of our nation.

Review of literature:

Snigdhapoonam ,(August **2018)a journalist in her book ,dreamers**: 'how young Indians are changing the world' shares that more than 3.1 billion people in india under the age of 25 noted by the **UNO** that there had never been so many people and so potential for economic and social progress but challenge of educating and employing hundreds

of millionsof young people are staggering .and inconceivable.Also 17 %of india's graduates get immediatedlyemployed.This moment the generations of youth are desperate and frustrated charting their own course.

Keren Nazareth in an article published on October 2012, in 'American Progress on Youth skills and aspirations in India' expresses that since decades Indian economy is experiencing a gap between skilled people and those who need to fill these jobs .Not only india but also the other countries of the world also struggles to create good job for its citizens where India looks for a daunting task of identifying and training 500 million skilled workers by the year 2020.

A report by ILO in its website Promoting jobs and protecting people it inferred that india has the ;largest population with youth in the world where unemployment and underemployment prevail to be the critical challenges.in 2011-2012 the rate of youth unemployment was10.7% reaching 18.8% for urban women from the age of 20-24.India considers to have emphasis in skills development ,services for job seekers such as the National Career Service with job creation and inclusive growth as critical priorities.

Aim of the study

The main aim is to study the 'Aspirations of young workers in Trichirapalli city.'

Objectives:

1. To study the social demographic details of the respondents.
2. To analyse the factors that lead/led to underemployment of the respondents .
3. To know about the aspirations and skills of the respondents.

Significance of the study:

Aspirations of the young workers can be achieved only if there necessary job opportunities as per the skills,knowledge and educational qualification of the individual so underemployment if reduced leads to achievement of one's aspirations .Under employment not only affects the individual but also his/her family ,the socio-economic growth of the nation through low income contribution leading to various issues in all aspects at individual and personal level.

Research hypothesis:

Aspirations among young workers is high

Research design

Descriptive research design been used in this study. It is concerned with describing the social demographic details, aspirations and skills of the young workers.

Universe

The universe of the study consists young workers both boys and girls belonging to 18-30 years of age working in Trichy city with a degree or diploma as their educational qualification.

Sampling

The researcher selected 30 young working boys and girls with a degree or diploma as their educational qualification from the above universe those were interested to give details and participate in the research. Due to finite population, the researcher chose snowball sampling method for the study.

Tools of data collection

The research used self prepared questionnaire for data collection. The self prepared questionnaire included the details like socio demographic condition, aspirations and skills possessed by the young workers.

ANALYSIS AND INTERPRETATION

Table: 1

DISTRIBUTION OF THE RESPONDENTS BY EDUCATIONAL QUALIFICATION

S. NO	EDUCATIONAL QUALIFICATION	NO. OF RESPONDENTS N=30	PERCENTAGE %
1	UG	18	60
2	PG	7	23
3	DIPLOMA	5	17

INTERPRETATION:

This table explains the educational qualification of the respondents in the study area. Out of 30 respondents,60% of the respondents posses U.G as their educational qualification, 23% posses P.G as their educational qualification and 17% posses Diploma as their educational qualification.

Table:2

DISTRIBUTION OF THE RESPONDENTS BY MONTHLY INCOME

S. NO	MONTHLY INCOME	NO. OF RESPONDENTS N=30	PERCENTAGE %
1	5000-10000	13	43
2	10000-15000	13	43
3	Above 15000	4	14

INTERPRETATION:

This table explains the monthly income of the respondents in the study area. Out of 30 respondents, 43% earn between 5000-10000Rs. as their monthly income, 43% earn between 10000-15000Rs. as their monthly income and 14% earn above 15000Rs. as their monthly income.

Table:3

DISTRIBUTION OF THE RESPONDENTS BY FACTORS LED TO CHOOSE THIS JOB

S. NO	FACTORS LED TO CHOOSE THIS JOB	NO.OF RESPONDENTS N=30	PERCENTAGE %
1	Family Situation/Financial Issues	17	57
2	Lack Of Job Opportunities	7	23
3	Lack Of Skill	1	3
	Willing To Do This Work/Satisfied With My Job	5	17

INTERPRETATION:

This table explains the factors led to choose this jobby the respondents in the study area. Out of 30 respondents, 57% of the respondents chose this job due to family situation/financial issues. 23% of the respondents chose this job due to lack of job opportunities, 3% of the respondents chose this job due to lack of job skill and 17% of the respondents chose this job

Table: 4

DISTRIBUTION OF THE RESPONDENTS BY MAJOR EXPENSES MADE FROM SALARY/INCOME

S.NO	MAJOR EXPENSES	NO.OF RESPONDENTS N=30	PERCENTAGE %
1	FAMILY	8	**26**
2	PERSONAL	5	**17**
3	BOTH	17	**57**

INTERPRETATION:

This table explains the major expenses of the respondents in the study area. Out of 30 respondents, 26% of the respondents spend their income for family expenses,17% of the respondents spend their income for their personal expenses and 57% of the respondents spend their income both for family and personal.

TABLE:5

DISTRIBUTION OF THE RESPONDENTS BY WORKING TOWARDS FUTURE ASPIRATIONS

S.NO	WORKING TOWARDS FUTURE ASPIRATIONS	NO.OF RESPONDENTS N=30	PERCENTAGE%
1.	YES	18	**60**
2.	NO	12	**40**

INTERPRETATION:

This table explains the work done towards future aspirations of the respondents in the study area. Out of 30 respondents, 60% of the respondents are working towards their future aspirations and 40% of the respondents are not working towards their future aspirations.

Table:6

DISTRIBUTION OF THE RESPONDENTS BY POSSESION OF SKILLS

S.NO	POSSESSION OF SKILLS	NO.OF RESPONDENTS N=30	PERCENTAGE %
1	Communication Skills	11	**37**
2	Computer Skills	19	**63**
3	Any Other	0	**0**

INTERPRETATION:
This table explains the skills of the respondents in the study area. Out of 30 respondents, 37% of the respondents posses communication skills and 63% of the respondents posses computer skills and 0% of the respondents do not posse sany other skills

Table:7
DISTRIBUTION OF THE RESPONDENTS BY SKILLED TO ACHIEVE ASPIRATIONS

S.NO	SKILLED TO ACHIEVE ASPIRATIONS	NO.O RESPONDENTS N=30	PERCENTAGE%
1	Completely	6	**20**
2	Little	17	**57**
3	Not Yet	7	**23**

INTERPRETATION:
This table explains the skilled level to achieve aspirations of the respondents in the study area. Out of 30 respondents, 20% of the respondents are completely skilled to achieve their aspirations, 57% of the respondents are little skilled to achieve.

Table:8
DISTRIBUTION OF THE RESPONDENTS BY CHALLENGES FACED BY YOUTH

S.NO	CHALLENGES FACED BY YOUTH	NO.OF RESPONDENTS N=30	PERCENTAGE %
1	Employment Issues	16	**53**
2	Lack Of Resources	3	**10**
3	Lack Of Skills And Training	5	**17**
4	Unequal Distribution Of Job Opportunities	6	**20**

INTERPRETATION:
This table explains the challenges faced of the respondents in the study area. Out of 30 respondents, 53% of the respondents face employment issues, 10% of the respondents face lack of resources, 17% of the respondents face lack of skills and training and 20%

Suggestion

1. Undermployment can be eradicated through increase in the government job opportunities to the youth
2. Gaining of knowledge from education can be more practical and job based to make all individuals skilled and efficient to help them get a job soon after their education
3. There should be balance between both educational qualification and the job opportunities available.
4. The number of graduates passing out should be provided a job based on their skills and knowledge fullfilling their aspirations rather than educational qualification alone to reduce the effect of underemployment.

Conclusion
Employment prevails to be a global issue where in India, Unemployment and Underemployment exists over decades. Population in india plays a vital role in the nation's development in all aspects of health, education, employment, job opportunities and income. Unless various factors causing underemployment are reduced leading to decent work to all class people there cannot be personal, socio-economic development of the nation. Aspirations are sowed as seeds by every youth in their whole life time but they remain to be unnutured as plants rather they are made lifeless and useless demolishing the youth in onself leading the country to face a boon.

References

1. Https://www.americanprogress.org/issues/economy/news/2012/10/11/40862/youth-skills-and-aspirations-in-india/
2. Https://www.thehindu.com/news/national/andhra-pradesh/%e2%80%98skilled-youth-play-key-role-in-making-india-a-superpower%e2%80%99/article14400857.ece
3. Https://www.thehindu.com/features/education/dreams-of-a-young-nation/article4708807.ece
4. https://www.ilo.org/newdelhi/info/wcms_175936/lang--en/index.htm
5. https://www.ilo.org/newdelhi/areasofwork/employment-promotion/lang-- en/index.htm
6. Https://medium.com/emerge85/the-blazing-aspirations-of-indias-600-million-young-dreamers-4f9495f49798

A STUDY ON THE CHALLENGES FACED BY SINGLE PARENT WOMEN IN LALGUDI, TRICHY DISTRICT

Ms.S.Keerthana[1] & Ms.V.Daisy Rani[2]
[1] II MSW, Department of social work, Holy cross college, Trichy-02
[2]Assistant Professor, Department of Social work, Holy Cross College, Trichy-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Single parent's means, the parents is who grow up their children without his/her spouse. In current situation; they faced many difficulties to grow up their children. Parenting is not an easy thing. Single parent faced many challenges like scheduling, Balancing, Financial, etc…This study is fully based on the difficulties faced by single parent women in Trichy district. The Universe of the study is single parent women in vengadajalapuram, Lalgudi at Trichy district. From the universe the researcher is going to take 50 respondents as a sample size for her study. The researcher is going to collect data through self-prepared questions by using interview schedule method. The result of the study will be discussed in the future study.*

Keywords: *Single parents, challenges, women.*

INTRODUCTION:

In India, single parent means a father or mother who living alone, whether they have the kids or not. The reason behind living alone is only because of death, divorce or due to either work. This research is going to discuss about single women parent. Single parent women facing many challenges in the society like Financial, economical, psychological are the main stress for them. Gossips, egoisms, vengeance are the mental pressure faced by the single parent women in the work place. Women headed family is always respectable. Life is very hard for the single parent women, many times they felt lonely, hopless,helpless,lack of confidence, they were avoid by social gatherings, relative functions, bringing up the children, settling their future are the main problems for the single parent. The role of single parent women is a very challenging role, but they are able to tackle all the problems in their life.

REVIEW OF LITERATURE:

1. **Nidhi kotwal and bharti prabhakar (2009)** in this study the researcher did research on **Problems faced by single mothers**. The result of the study revealed that 70% of the single parents are women. He found that main stress where they faced by financial problems. It became very difficult for the mothers to meet the basic needs of food, clothing and school fees, maintain the previous stand of living and meet personal expenses are the difficult for them with the limited resources.
2. **Kudenga Mugova(2017),Challenges encountered by single parents in the learning and the development of the children.** The researcher that the single parent women faced challenges of economic problem like paying the school fees for the school children and difficult assist their children academically. Single parents had problems in mi=monitoring the behavior of their children due to their busy work schedule.

RESEARCH METHODOLOGY:

AIM:

The main aim of the researcher is to study about the challenges faced by single parent women in lalgudi, Trichy District.

OBJECTIVES:

1. To study the demographic details of the respondents.
2. To know about the problem of single parent women
3. To acquire knowledge about the challenges faced by the single parent women.
4. To understand the consequences tackled by the women.
5. To suggest how to solve the problem situations in better way.

SIGNIFICANCE OF THE STUDY:

Facing the challenges as single parent women is most respectable in the society; single parent women are having strong willpower which helps them to face the challenges in the society. But rearing the children as a single parent is difficult task for a women.

RESEARCH DESIGN:

The researcher adopted descriptive research design for her study.

UNIVERSE:

The universe of this study is single parent women in vengadajalapuram, Langudi at Trichy district. The total population is 350.

SAMPLING:

The researcher selected 50 samples from the universe by using simple random sampling method to collect data for her study.

TOOLS:

Self-prepared questionnaire were used by the researcher to collect data.

ANALYSIS AND INTERPRETATION:

TABLE: 1

DISTRIBUTION OF THE RESPONDENTS BASED ON HAPPINESS IN THEIR LIFE.

S.NO	HAPPY WITH THIS LIFE	NO.OF.RESPONDENTS N=50	PERCENTAGE 100%
1.	Yes	5	10
2.	No	45	90
	TOTAL	**50**	**100**

INTERPRETATION:

This above table explains about the happiness of the respondents, Majority (90%) of the respondents are not happy with their life.

TABLE: 2

DISTRUBUTION OF THE RESPONDENTS BY THEIR FACED ANY HARASSMENT.

S.NO	FACED HARASSMENT	NO.OF.RESPONDENTS N=50	PERCENTAGE 100%
1.	Yes	39	78
2.	No	11	22
	TOTAL	**50**	**100**

INTERPRETATION:

The above table explains about the harassment faced by the respondents, Majority (78%) of the respondents are faced harassment in their life.

TABLE: 3

DISTRUBUTION OF THE RESPONDENTS BASED ON PROBLEM FACED BY SINGLE MOTHER IN DISCIPLINING THE CHILDREN.

S.NO	FACED THE PROBLEM IN DISCIPLINING THE CHILDREN	NO.OF.RESPONDENTS N=50	PERCENTAGE 100%
1.	Yes	36	72
2.	No	14	28
	TOTAL	**50**	**100**

INTERPRETATION:

The above table explains about the problem faced by single mother in discipline the children, Majority(72%) of the respondents are faced the problem by discipline the children.

MAJOR FINDINGS:

1. 90% of the respondents are not happy with their life.
2. 78% of the respondents are faced harassment in their life.
3. 72% of the respondents are faced the problem by discipline the children.

SUGGESTIONS:

1. For the single parent the government has providing financial support in the form of insurance welfare programmes, and pension to solve their economic problems, so they should be aware of getting it from the government.
2. Many NGO combined with formal financial intuitions and providing loans at affordable rate to interest which they can able to pay from this loan the single parent can able to fulfil their various children need such as education, marriage and health care.
3. They can attend free counselling section which where run by many NGO's and get relief from their stress.
4. They can approach the all women police station if they face any kind of harassment**.**
5. As single parent women they should spend more time with their children to avoid their loneliness.

CONCLUSION:

The women headed family is facing many problems than others in the society. The challenges faced by the single parent women are really tough job. Due to husband's death, divorce, the women started to live as single parent for the children. In this study the researcher concludes that the single parent women are having problem in bringing discipline among their children and also they faced many harassment in all the places. The overall result of the study is majority of the single parent are not happy in leading in their life. To remove these problems from their life they have be engaged in some other activities which makes them happy.

REFERENCE:

1. http://www.researchgate.net/publication/242143638_problems_Faced_by_single_Mothers.
2. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5226056/.
3. http://papers.ssrn.com/sol3/papers.cfm?abstract_id=2959225.

A STUDY ON THE COMPETANCY LEVEL OF SCHOOL TEACHERS IN A HIGH SCHOOL, VILLUPURAM (DT)

Susanna.[1] & Anitha.P [2]

[1]Research Scholar

[2]Assistant Professor, Department of Social work, Holy Cross College (Autonomous), Trichy-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Education is not the filling of a pail, but the lighting of a fire.Aeducation system grow if the conditions are successfully met. Competency is skill based standard attained and describes what people can do and what can be measured. Teachers are the steeping stones to create a future settled India which should be our major aim. Effective teachers are expected to be attain the skills like that they should not be focussed to teach the students but to educate them with their skills and they should train the students to face all the difficulties situations. So the effective teachers are not only the teacher, they are the trainers, guide, parents and the friends also .Competence refers to the range of skills which are satisfactory performed. Continuing update and more knowledgeable, skills, smart attitude towards professional is becoming unavoidable to create a worker not only based on his education but it is more important that they have their own skills. On this study aims to analyse a competency level of the school teachers interesting, their motivation, skills and knowledge. The study includes the aided and management schools teachers in Villupuram district which 45 samples. The research will help to analyse the troubles to the school teachers from the social, personal and official life. The main aim of the research is to find competency level of school teachers in rural areas. The major portion of this research deals with the difference between competency level among the management school teachers and aided school teachers. The competency will be determined by the factors: knowledge, skill and attitude. In the knowledge level the researcher will identify the educational qualification, teaching planning, various teaching aids, achievable goals, quick thinking and skill level the researcher will going to identify the ability to communicate clearly, teaching modes and technologies, gain students attention, effective supervisor.*

Keywords: *School teachers, competency level and quality education*

INTRODUCTION:

Education system in India has a evident as it was in advanced manner. The evidence is from the centres of learning that existing in the monasteries of Buddhist. These centres provide the information that the education system was vast and highly advanced with several facilities. The higher education system if India is the world's third largest in accordance of students next to china and United States. There is several institutions in India. Such as for higher education institution, for distance learning and India institute of technology have been globally acclaimed for the standard of student's education. These are also some flaws in the system as it fails to produce world class universities like Harvard and Cambridge.

Increase in education demand and the increase of institution and programs have changed the scenario of today. This increase the demand for teachers in today world. The development in technology not only changed in the education system also. Modern technologies had entered the institution, these change the nature interaction and relationship of student and professor. Teacher plays a important role in student not only in education but in their moulding and transformation as a better citizen. Thus stated by NCTE (1998) in quality concern in secondary teacher education, suggest the role played by a teacher.

Competence can be defined as the ability of person to use knowledge in different aspects. It can also be defined as a practical out throw of a professional by their abilities which are characterized by practical skills. It cannot be observed immediately by built by the abilities and the professional skills which an individual owe. Behavioural competencies can be evaluated by the person itself and the self view, behavioural of an individual. There are several competent that describe behavioural competencies. They are attitude, traits, thinking skills, self image etc... Competencies can be satisfactory performed by the range of skill. There are some classification is competence and they are categorized according to this functions and techniques.

The inner knowledge and this qualification in education cannot assume the competence of teachers. It differ according to the skill they posses as it can be seen differ as in side the class room and outside the class. The skill of the teacher is able to seek the attention o f the student fast. These are the many key competencies like communication, conversation, giving information, decision making, and language. The benefit in using competency provides a entire details about requirement of jobs. Benefits and uses of competency in higher level; these are also some factors which affect competency of teachers.

The positive and negative in the skills can be great impact and it affect the teacher with some other external factor. In all education system the performance of the teacher determines the quality of institution thus competency can be help full in growth and development in both learning outcomes and the institution.

REVIEW OF LITERATURE:

F.Patterson and et al. (2000)
Conducted three independent studies to control competencies for general specialist in the field of medicine with the usage of dissimilar skill including critical incidents, interviews, and focus group. The competencies derived implicit the significant accounts of personal attributes need to be consider in helper and training, rather than focusing on academic and clinical competency alone. Communication and empathy were identified as important aspects of job role for specialist in medicine field.

V.Raji Sugumar(2007)
Confer a study in an educational institute and establish that to receive the fullest possible from a teacher good inspiration, conductive work aura and recognition of potentials was felt necessary by most of the teachers

Ing. Katarina Krajcovincova, Ing Milos Cambal, CSc (2012) According to her, a managerial competency is not just knowledge and skills but more than that. It contains the ability to meet the demands in particular context managerial competency are the important block of success in improving the performance and development of their own people. This also helps to improve the business performance.

RESEARCH METHODOLOGY

Aim:
The main aim of the study is to assess the level of competency in teaching among the rural aided school teachers living in Villupuram district.

Objectives:

- To study the basic demographic details of the respondent.
- To find out the perception of faculties teaching towards the important factors affecting teaching competencies.
- To suggest suitable measures in teaching competencies of the aidd teachers in that specific school

Significances of the study:
The study contributes to the Higher Educational Institutions and to the Faculties also, for betterment of the Educational system. The study reveals the competencies which are required by the faculty teaching in Educational institution thus helping the Institution to have an efficient recruitment, training and performance management process in place. Competent teachers will thus help to have better quality and employable graduates. The study also focuses on the factors which affect the teaching competencies. This can help the institutions to monitor and ensure an effective system and satisfied work force.

Research design:
The research design adopted by the researcher is descriptive research design.

Universe and sampling:
The universe of this study consists of an aided school teachers in Michealpuram village villupuram district, by simple random method. A sum of 50 samples was extracted for the study A standard tool measuring the competency level of the teachers with respect to ASK were scaled.

ANALYSIS OF DATA COLLECTION:

Table 1
DISTRIBUTION OF RESPONDENTS BASED ON GENDER

S.NO	Gender	No of respondents N=50	Percentage 100%
1	Male	19	38
2	Female	1	62
	TOTAL	50	100

Interpretation:

The above table explains about the gender of the respondents. 62% of the respondents are female and 38% of the respondents are male. Gender disparity is ruled out in this study as teaching is the ideal profession female opt more for such profession

Table 2
DISTRIBUTION OF RESPONDENTS BASED ON AGE

S.NO	Age	No of respondents N=50	Percentage 100%
1	20-30 years	28	56
2	31-40 years	7	14
3	41-50 years	12	24
4	Above 50 years	3	6
	TOTAL	50	100

Interpretation:
The above the table explains about the age of the respondents. Majority of the respondents belongs to the age group 20 -30. Young recruits have high scope for improving their skill knowledge and attitudes. While 24% of them were in the highly experienced group of teachers

Table 3
DISTRIBUTION OF RESPONDENTS BASED ON MARITAL STATUS

S.NO	Marital status	No of respondents N=50	Percentage 100%
1	Married	36	72
2	Unmarried	8	16
3	Widow	6	12
	Total	50	100

Interpretation:
The above table explains about the marital status of the respondents. 72% of the respondents are married and 12% of the respondents are unmarried and 12% of the respondents are widow. Married teachers should learn to perceive their work life balance being competent matters for both work and home responsibilities too. To be noted a little percentage of the respondents was single or widowed.

Table 4
DISTRIBUTION OF RESPONDENTS BASED ON EXPERIENCE

S.NO	Experience	No of respondents N=50	Percentage 100%
1	0-5 years	16	32
2	6-10 years	8	16
3	11-15 years	7	14
4	16-20 years	9	18
5	Above 20 years	10	20
	Total	50	100

Interpretation:
The above the table explains about the experience of the respondents.32% have experience between 0-5 years,20% have experience between above 20 years, 18% have experience between 16-20years, 16% have experience between 6-10 years, 14% have experience between 11-15 years.

Table 5
DISTRIBUTION OF RESPONDENTS BASED ON INCOME

S.NO	Income per month	No of respondents N=50	Percentage 100%
1	50,000 to 1 lkh	35	70
2	1lakh and above	15	30
	Total	50	100

Interpretation:
The above table explains about the income of the respondent's monthly income. 70% of the respondents monthly income between 50000 to 1 lakhs, 15% of the respondents monthly income is above 1lakhs.

Table 6
DISTRIBUTION BASD ON THELEVEL OF KNOWLEDGE BASED ON THE EXPECTED COMPETENCY LEVEL BY THE TEACHER

SNO	LEVEL OF KNOWLEDGE BASED ON THE EXPECTED COMPETENCY LEVEL BY THE TEACHER	No of respondents N=50	Percentage 100%
1	Below average level of knowledge	15	30
2	Moderate level of knowledge	11	22
3	competent level of knowledge	24	48
	Total	50	100

Interpretation:
The above the table explains about the respondents level of knowledge according to expected competency level of teachers. 30% of the respondents have below average level of knowledge according to the expected competency level of teachers, 22% of the respondents have moderate level of knowledge according to the expected competency level of teachers, 48% of the respondents have competent level of knowledge according to the expected competency level of teachers .

Table 7
DISTRIBUTION BASD ON THELEVEL OF SKILL BASED ON THE EXPECTED COMPETENCY LEVEL BY THE TEACHER

SNO	LEVEL OF SKILL BASED ON THE EXPECTED COMPETENCY LEVEL BY THE TEACHER	No of respondents N=50	Percentage 100%
1	skill incompetent	24	48
2	skill to compete	26	52
	Total	50	100

Interpretation:
The above the table explains about the respondents level of skill according to the expected competency level of teacher. 48% of the respondents have incompetent skill according to the expected competency level of teachers, 52% of the respondents have competent skill according to the expected competency level of teachers.

Table 8
DISTRIBUTION BASED ON THELEVEL OF ATTITUDE TOWARDS BEING A COMPETENT TEACHER

SNO	LEVEL OF ATTITUDE TOWARDS BEING COMPETENT	No of respondents N=50	Percentage 100%
1	lower attitude to be competent	24	48
	Total	50	100

Interpretation:
The above the table explains about the respondents level of attitude according to expected competency level of teachers. 48% of the respondents have lower attitude to be competent according to the expected competency level of teachers.

Table 9
DISTRIBUTION BASED ON "ATTITUDE KNOWLEDGE AND SKILL AN INFLUENCING FACTOR"

SNO	ATTITUDE KNOWLEDGE AND SKILL AN INFLUENCING FACTOR"	No of respondents N=50	Percentage 100%
1	"ASK" is highly influencing factors	30	60

2	"ASK" is not an influencing factors	20	40
	Total	50	100

Interpretation:
The above the table explains about respondent's level of attitude knowledge and attitude an influencing factor according to the expected competency level of teachers. 60% of the respondents have highly influencing factor according to the expected competency level of teachers, 40% of the respondents have not influencing factor according to the expected competency level of teachers.

Table 10
DISTRIBUTION BASED ON COMPETENCY LEVEL OF TEH TEACHER:

SNO	COMPETENCY LEVEL OF THE TEACHER	NO OF RESPONDENTS N=50	PERCENTAGE 100%
1	Lower level of competency	27	54
2	Highly competent enough	23	46
	Total	50	100

Interpretation:
The above table explains about respondent's level of competency. 54% of the respondents have lower level of competency, 46% of the respondents have higher level of competency.

SUGGESTION:

- The survey indicate that respondents agree the organisation perform in base on the performance of talented people but they are disagree because that organisation is not valuing talent and excellent.
- It also been observed from the data the respondents feel where that the competency mapping is help full for the development of organisation so it is adopting competency management in the education sector will certainly prove beneficial for its development some of the respondents agree that competency mapping can include recruitment and selection by the identifying the key competencies hence the talent acquisition through competency can mapping be practice in educational sector which can be ensure right talented at right place.
- It also suggested to prepare the job description based on the identified generate managerial and functional competency for the best effective and right talent aquisation the given survey highlights that the respondents agree on usefulness of competency mapping for the carrier and succession planning the respondents also fell that competencies can be developed through the effective training and development ment process based on competency gap analysis
- Hence competency mapping it is used for talent management can prove to be effective for the educational sector.
- The research survey indicates that the view of respondents agreeing to use a multirater mapping degree to give a feed back for employee development that suggesting that performance management can be done through competency mapping and hence that ensure effective talent retention of the employee.

DISCUSSION AND CONCLUSION:

Teaching is the very important role in the field of education and also in the educational development of education not only as a profession but also improving the life and personal skills and knowledge of students teaching profession involves a major part of the responsibilityin the total development of the individual. A good teacher not only required educational qualification but also good competencies skills. A level of competency makes them a good and distinct person in their profession. The level of competency is not only applicable for students, workers and also for teachers

This study has focused on the teachers competence required by faculties teaching at management. Also the same study can focus on the perception of faculties based on different geographical and cultural backgrounds. A study can be aimed at preparing a competency based framework for teacher , which can be used by educational institutions for different functions.

It is concluded from this study that the competencies under attitude is not influencing the overall competency of a management institute teacher compared to knowledge and skill factors. Hence it is recommended that the

educational institution can consider upgrading the competencies listed under knowledge and skill factor foe effective teaching performance.

REFERENCE:

1. Patterson F., Ferguson E., Lane P., Farrell K.,Martlew J.,A(2000) A competency model for general practice: implications for selection, training and development, British Journal of General Practice,50, 188-193.
2. Ing. Katarina Krajcovicova doc. Ing Milos Cambal, CSc.,(2012). Typical managerial competencies of successful managers in industrial enterprises, Electronic International Interdisciplinary Conference 2012, September, 3-7
3. V.Raji Sugumar(2009), Competency Mapping of Teachers in Tertiary Education.
4. http://www.google.co.in/url?sa=t&source=web&rct=j&url=https://www.gtu.ac.in/uploads/THESIS-%2520Nair.pdf&ved=2ahUKEi5jrGgpJ-eAhXCfysKHdBcC21QFjAAegQIBBAB&usg=AOvVaw1nvaw1UHoF8xqtuYTnfr4k-zJU

A STUDY ON THE EFFECTS OF ORGANIZATIONAL COMMITMENT ON JOB PERFORMANCE OF THE EMPLOYEES

Mr.G.Kandhamaaran[1] & Ms.V.Daisy Rani[2]

[1]II MSW, Department of social work, Holy cross college, Trichy-02

[2]Assistant Professor, Department of Social work, Holy Cross College, Trichy-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Organizational commitment plays a major role in the job performance of employees. Job stress, job satisfaction, reputation and profit all are influenced byemployees commitment to the organization. Organizational commitmentis "a state in which an employee identifies with a particular organizationand its goals, and wishes to maintain membership in the organization". Organizational commitment is therefore, the degree in which an employee is willing to maintain membership due to interest and association with theorganization's goals and values (Elangovan, 2011). The researcher aims to study the effect of job performance on organization commitment by employees in Cee Yes Engineering Industry, Trichy company with objectives such as to study demographic details of the respondents, identify the type of effect created by organization commitment among employees in their job performance and to analyze thelevel of organization commitment. The study focuses on the employees ofCeeyes company as the respondents.The universe is 100 employees and 50 respondents are chosen to be the sample size of this research. Likert 5 point Scalequestionnaire is used by the researcher with descriptive sampling design through simple random sampling method Primary data throughquestionnaire and secondary data through books,articles is proposed tostudied by the researcher after a pilot study and pre test. The findings andsuggestions proposed may include to create sound positive effect of jobperformance by employees with organisation commitment.*

Keywords: *job performance, commitment, organization, effects.*

INTRODUCTION:

Employees are the backbone of any organization. Without employees there cannot exist any industry, company, factory or any organization. Employees put a lot of energy, effort to work. So only if the employees are satisfied and effective they can lead to the success of any entity. Commitment refers to a person's dedication to a person, job or organization. "It is reflected in the person's "intention to persevere in a course of action" - Meyer & Allen, 1997." It is human nature do achieve a target or goal if interested and committed so if the organization creates an effect on the employees too. This organizational commitment can be created through various factors such as motivation to the employees, rewarding the employees through cash, gifts, increments, bonus and promotion can be done. Another important factor is effective training given to the employees. Training helps to appraise the performance of the employees which leads to the achievement of the organization success .commitment creates a positive effect on the performance of the employee .If there is motivation there will be commitment and if there is better job performance by the employee then it results in rewards .So it is a vicious circle .Motivation can be also done by basic attitudes such as respecting all employees equally, payment, recognition, appreciation and provision of basic welfare facilities to the employees.

Organizational commitment is an important concept because it influences the commitment on employees, organizations, and society as a whole. Employees can benefit from commitment using the intrinsic and extrinsic rewards relevant to the organization. There is a link organizational commitment and job performance, so depending the type of effect created there will be an influence in the performance of job by the employees which may be either positive or negative. Performance of an employee increases only if there is existence of commitment and that commitment leads to better and effective performance. All organizations unless and until realizes this strategy it will fail to retain its efficient employees and cannot remain to be reputed organization at all levels.Also the organization commitment can be made more effective by creating a job satisfaction among the employees. Organisation commitment are of 3 types, affective ,normative and continuance commitment.Also job involvement,lack of abseentism are factors leading to an effective performance resulting from the organization commitment effect created among the employees.

REVIEW OF LITERATURE:

- **Sharma and Joshi (2001)** proposed a study on the organizational characteristics which are the predictors of organizational commitment among managerial employees.By which executives are satisfied in large .Among 14 characteristics two were found to be the best predictor's .They were job content and performance appraisal.
- **Reddy (2000)** in his study organizational climate and dual commitment in private and public sector enterprise focused on examine the workers' dual commitment- both organizational and union commitment- in the context of organizational climate. This study was conducted in fourpublic and four private textile organizations of Coimbatore by interviewing 200 respondents. Theresult of the study revealed that organizational climate has an important role in determiningorganizational commitment and not union commitment.

RESEARCH METHODOLOGY:

Aim of the study

The aim is to study the effect of job performance on organizationcommitment by employees

Objectives

1. To study demographic details of the respondents.
2. To Identify the type of effect created by organization commitment among employees in their job performance
3. To analyze the level of organization commitment.

Significance of the study:

Employees play a major role in the success of an organization.So it is the organization commitment that creates an effect on the job performance of the employees leading efficiency in the work of the employee and achievement of expected result by the organization.

Research hypothesis:

The effect of organization commitment on job performance of employees is positive and high.

Research design

Descriptive research design been used in this study. It is concerned with describing the social demographic details, organization commitment and jobperformance of the employees.

Universe

The universe of the study consists of young workers both boys and girls belonging to 18-30 years of age working asemployees in Cee Yes Engineering Industry,Trichy .the total population is 100.

Sampling

The researcher selected 50 respondents from the 100 employees working in CeeYes engineering industry, Trichy .Simple random sampling was chosen as sampling method.

Inclusive criteria:

All the employees working in CeeYesEngineering Industry, Trichy among them 50 employees are chosen to be the respondents of the study

Tools of data collection:

The researcherused self prepared questionnaire for collecting demographic details of the respondents andquestionnaire of Likert 5 point scale were used for data collection.

Pilot study

The researcher conducted a pilot study interacting with some young employees ,working in the industry to get an idea and more clear information for the study .

Pre test

Pretest is a test done initially before the main research inorder check the reliability of the questionnaire prepared for the study.So the researcher conducted a pre-test with 5 employees and finalized the questionnaire proceeding the research study.

ANALYSIS AND INTERPRETATION

Table: 1
DISTRIBUTION OF THE RESPONDENTS BYTHEIRJOB PERFORMANCE AND COMMITMENT

S.No	Job Performance And Commitment	No. Of Respondents N=50	Percentage %
1	Partially satisfied	20	40
2	Completely satisfied	25	50
3	Dissatisfied	5	10

INTERPRETATION:
This table explains the of the respondents in the study area. Out of 50 respondents, 50% of the respondents are completely satisfied with the job performance and commitment, 40% of the respondents are partially satisfied with the job performance and commitment and 10% of the respondents are dissatisfied with the job performance and commitment.

Suggestions

1. A sense of belongingness should be created among employees to create a strong organization commitment.
2. Continuos motivation,effective training is necessary for effective work so the employees need it.
3. Job satisfaction also plays a major role in a positive effect on job performance .So organization commitment is necessary to be present in every employee.

Conclusion:
Thus job satisfaction and organization commitment leads to good and effective job performance which leads to reputation of the industry.This is a vicious circle. Employees are the tools of success of any organization, so unless and until they are respected,valued and rewarded properly there cannot prevail an effective organization commitment creating a positive effect on the work of the employees and the outcome of the industry.

Reference:

1. Sharma and Joshi, 2001. Focus on organizational characteristics as predictors of organizational commitment among managerial employees, Volume 2, Gyan publishing house, New Delhi, pp 99-112.
2. Sharma B R. The Indian Industrial Worker: Issues in Perspective, New Delhi, VikasPublishing House Pvt. Ltd
3. Sowmya and Panchanatham 2011. Organizational commitment identified the factors influencing organizational commitment of banking sector employees, International Journal of human resource management, Volume 9, Discovery publishers, pp 554-576.

A STUDY ON THE MENTAL HEALTH AMONG THE ADOLESCENTS OF ALCOHOLIC PARENTS IN SRIRANGAM

N.CHITRA
Assistant Professor, Department of Social work, Srimad Andavan Arts and Science College (A)
Tiruchirappalli – 05

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Adult children of alcoholics seem to own characteristics in common as a result of being raised in associate degree of alcoholic home.An predictable 6.6 million children under the age of eighteen years reside in households with a minimum of one alcoholic parent.Being raised in a family where abuse of alcohol or other substances (illegal drugs or prescription medications) occurs can lead to a host of challenges for adolescents. Children raised in homes with addictions often silently suffer and struggle with schoolwork, peers, self-esteem, and other problems. Hence the present research was done to assess the level of mental health of the adolescent boys in Srirangam with focus on emotional stability, security insecurity and self concept. These dimensions were felt very crucial in assessing the mental health since these factors if not strong in an individual would ruin the life of the adolescents and pave way to mental illness and psychological disorders.*

Keywords: *Adolescents, alcoholic parent, mental illness and mental health.*

INTRODUCTION

Adult children of alcoholics seem to own characteristics in common as a result of being raised in associate degree of alcoholic home. Many adolescents believe that they can escape from the emotional and social issue of their alcoholic parent by exiting home and showing to college without absenteeism. However, they eventually become conscious that these issues prolong to affect them, even as a grown up.

An predictable 6.6 million children under the age of eighteen years reside in households with a minimum of one alcoholic parent. Research findings recommend that such children are in the danger for a variety of mental processes of perception, emotional, and behavioral problems. In addition, genetic studies indicate that alcoholism tends to run in families with a genetic vulnerability for alcoholism exists.

Being raised in a family where abuse of alcohol or other substances (illegal drugs or prescription medications) occurs can lead to a host of challenges for adolescents. Children raised in homes with addictions often silently suffer and struggle with schoolwork, peers, self-esteem, and other problems.

AN ALCOHOLIC PARENT is one who drinks excessively interferes with a parent's health, social, and economic functioning.

CHILDREN OF ALCOHOLICS are the children being raised by a parent or caregiver who is suffering from alcohol abuse may have a variety of conflicting emotions that need to be addressed in order to avoid future problems. They are in a complex position as a result of which they cannotturn to their parents for hold up. Some of the feelings are like **Guilt**,**Anxiety**,**Embarrassment**, **Inability to have close relationships**, **Confusion**, **Anger and Depression**.

The family bears the trouble of managing with the alcoholic parent and helping him/her in facing the hitch.**The family experiences feelings of**helplessness, confusion, fear, guilt and self-pity. The family feels annoy and hatred towards an alcoholic parent who was unable to take responsibility. Alcoholic parents repeatedly break promises made to their wards.Older children experience role confusion in taking care of younger siblings and worrying about their parents. Children make excuses for their alcoholic parents when they have not fulfilled their obligations.Children are afraid to speak in confidence to anyone regarding their family scenario. They have difficulty identifying and expressing their thoughts.

Impact of parent alcohol on children and adolescents:

Alcohol or substance use among parents / guardians impacts overall family functioning and significantly impacts the ability of parents or guardians to provide appropriate safety and structure for children. Children are at great risk for emotional, sexual, and physical abuse by parents or guardians who use alcohol or other substances. Many adult children of substance users report years of silent trauma while growing up in an addicted home .children become vulnerable to assuming the role of the family scapegoat and are frequently blamed for the substance user's behaviors.

Additionally, interactions with family members become unpredictable, which can lead to feeling frightened or stressed. Children often blame themselves for their parents' use of alcohol or drugs. This may result in children attempting to change their own behavior in order to satisfy parents who are difficult to please. In addition, children of alcoholics/ children of substance abusers may start alcohol or drug use to cope with stressors, potentially being at risk for leading to a substance use problem.

Well being of the adult children of alcoholics are affected in the long run like low self-esteem, they feel isolated and hence fail to express their feelings. These individuals find it very difficulty in building and maintaining a healthy close relationship and result in constant look in for approval and affirmation. They also become extremely responsible or irresponsible, lying unnecessarily, show extreme loyalty even when it is not necessary and act impulsively and chances for substance abuse may result in extreme cases.

REVIEW OF LITERATURE

Harter (2000) More COAs than comparison offspring were experiencing serious problems in the areas of drinking, personality and psychopathology () , notes that adult COAs appear at increased risk for a variety of negative outcomes, including substance abuse, antisocial or under-controlled behaviors, depressive symptoms and Casas-Gil and Navarro-Guzman, 2002anxiety disorders.

Haugland (2003), also reports that children of alcohol abusing fathers were found to have more adjustment problems compared to a general population sample. His findings further suggested that child adjustment in families with paternal alcohol abuse is the result of an accumulation of risk factors rather than the effects of the paternal alcohol abuse alone.

Ranganathan (2004) Alcoholism creates a series of escalating crises in family structure and function, which may bring the family to a system crisis. As a result, the members may develop dysfunctional coping behaviors observes. Marital conflict and a lack of coping mechanisms were more frequent in these families and children of alcoholic (COAs) fathers represent a group at risk for the early onset of psychiatric problems are observe by Furtado et al. (2002).

Adult children of alcoholics have reported more parentification, instrumental caregiving, emotional caregiving, and past unfairness in their families of origin as determined by Kelly et al. (2006). Thus the alcohol complicated domestic environment of the COAs could account for the deficits in self esteem and adjustment seen in them in this study and these findings are in consonance with the bulk of the western literature on these issues.

Research methodology

Significance of the study: Nowadays the concept of self and emotional maturityperformance levels of the children are compared with the peer group and alcoholics children. Apart from that they are facing a lot of difficulties in school, and family with respect to health and social aspects. Hence the researcher decided to focus the study on mental health of adolescent of alcoholic parent.

Aim: The study aims to study the mental health status of the adolecent children of alcoholics at Srirangam.

The o**bjectives of the study** are to know about the personal details of the respondents, to analyze the mental health status of the respondents and to findout the relationship between personal details and the mental health status of the respondents, and to suggest measures to improve the psychological status among the respondents.

Hypothesis:

- There is a significant association between age of the respondents and their mental health.
- There is a significant association between area of the respondents and their mental health.
- There is a significant difference between number of family members of the respondents and their mental health.

Research design: This study attempted to analyze the overall status of the mental health of adolescent, such as emotional maturity, security and insecurity and self concept. Hence the researcher opted to apply descriptive research design for the study

Sampling method: The universe of the present study was the college going adolescent boys at Srirangam in Trichy. The researcher collected information from the respondents by non-probability sampling method. The sample size of the study was 30.

Tools of data collection: The researcher used self prepared questionnaireto collect details of the respondents like personal and family details and a standard tool on mental health was used in this study. Pre-test was done using a selfprepared questionnaire on personal details and standard tool on mental healthbyadministering to them. It was done to test the clarity in questions, to know the understanding level of respondents towards the questions and to test the sequence of questions asked.
The data collected were carefully processed and analyzed using simple percentage analysis, chi-square and F-test, were applied to interpret the data to draw meaning full references. The above said tests were used to find association between parent's education, programme of study, area of residenceand age of the respondents and mental health of adolescents' of alcoholic parent.

Table 1
DISTRIBUTION OF RESPONDENTS BY THEIR PERSONAL DETAILS

S. No.	Particulars		No. of respondents (n:30)	Percentage (100)
1.	**Age**	Less than 20 years	13	43.3
		20 years	12	40.0
		More than 20 years	5	16.7
2	**Education**	Science	8	26.7
		Commerce	13	43.3
		Arts	9	30.0
3	**Area**	Urban	8	26.7
		Rural	22	73.3
4	**Income**	Below rs.5000	7	23.3
		Rs.5001-10000	13	43.3
		Rs.10001-25000	8	26.7
		Rs.25001-50000	2	6.7
5	**Fathers education**	Inter	2	6.7
		Metric	25	83.3
		Graduate	2	6.7
		PG	1	3.3
6	**Mothers education**	Inter	3	10.0
		Metric	25	83.3
		Graduate	2	6.7
7	**Number of family members**	Three	2	6.7
		Four	19	63.3
		Five	6	20.0
		Seven	3	10.0

The above table it is inferred that the more than one third (43.3%) of the respondents taken for the study were aged below 20 years. Less than half (43.3%) of the respondents programme of study was commerce. Less than half (43.3%) of the respondents' parent earn between Rs.5000 to Rs.10,000 per month. Most (83.3%) of the respondents' parents have crossed till the higher secondary level of education. More than half (63.3%) of the respondents' family have four members which means nuclear family.

Table 2
DISTRIBUTION OF RESPONDENTS BY THEIR LEVEL OF MENTAL HEALTH

S. No.	Level of Mental health	No. of Respondents (n:30)	Percentage
A)	**Level of Emotional stability**		
1.	Low	18	60.0
2.	High	12	40.0
B)	**Level of security insecurity**		
1.	Low	19	63.3
2.	High	11	36.7
C)	**Level of self concept**		
1.	Low	19	63.3
2.	High	11	36.7
D)	**Level of overall mental health**		
1.	Low	18	60.0
2.	High	12	40.0

The above table shows the level of mental health among the respondents. Majority (60%) of the respondents level of mental health in terms of Self-concept, Security and Insecurity and emotional stability was found to be low.

Table 3
't' TEST BETWEEN URBAN AND RURAL RESPONDENTS WITH REGARD TO VARIOUS DIMENSIONS OF MENTAL HEALTH

S. No	Sex	$\bar{X}$	S.D	Statistical Inference
A)	**Level of Emotional stability**			
1. 2.	Urban Rural	8.38 7.45	3.701 2.923	**t = 0.711** **df = 28** **P>0.05** **Not Significant**
B)	**Level of security insecurity**			
1. 2.	Urban Rural	7.38 7.18	0.916 2.039	**t = 0.257** **df = 28** **P>0.05** **Not Significant**
C)	**Level of self concept**			
1. 2.	Urban Rural	8.00 8.27	0.756 1.609	**t = -0.458** **df = 28** **P>0.05** **Not Significant**
D)	**Level of overall mental health**			
1. 2.	Urban Rural	23.75 22.91	1.590 0.690	**t =0.567** **df = 28** **P>0.05** **Not Significant**

It is inferred from the above table that the level of mental health of the respondents is not associated with the area of the residence. However the respondents from rural area show high level of security and insecurity. The standard deviation score of urban respondents for the emotional stability and overall mental health is high.

Table 4
ASSOCIATION BETWEEN AGE GROUP OF THE RESPONDENTS AND VARIOUS DIMENSIONS OF MENTAL HEALTH

S. No.	Age group	Level of Mental health		Statistical Inference
		Low	High	
1	Level of emotional stability	**n:18**	**n:12**	**X^2 = 1.346**
	Less than 20 years	8	5	**df = 2**
	20 years	6	6	**P > 0.05**
	More than 20 years	4	1	**Not Significant**
2	Level of security insecurity	**n:19**	**n:11**	**X^2=1.711**
	Less than 20 years	9	4	**df = 2**
	20 years	6	6	**P > 0.05**
	More than 20 years	4	1	**Not Significant**
3	Level of self concept	**n:19**	**n:11**	**X^2 =0.348**
	Less than 20 years	9	4	**df = 2**
	20 years	7	5	**P > 0.05**
	More than 20 years	3	2	**Not Significant**
4	Level of overall mental health	**n:18**	**n:12**	**X^2 = 1.346**
	Less than 20 years	8	5	**df = 2**
	20 years	6	6	**P > 0.05**
	More than 20 years	4	1	**Not Significant**

The table above shows that there is no association between the age of the respondents and the level of mental health with respect to emotional stability, security insecurity and self concept.

Table 5
KARL PEARSON'S COEFFICIENT OF CORRELATION BETWEEN THE RESPONDENT'S AGE AND MENTAL HEALTH

S. No	Variable	Correlation Value	Statistical Inference
1.	Age and emotional stability	-0.105	**P>0.05 Not Significant**
2.	Age and security insecurity	-0.130	**P>0.05 Not Significant**
3	Age and self-concept	-0.008	**P>0.05 Not Significant**
4	Age and overall mental health	-0.161	**P>0.05 Not Significant**

Karl Pearson's coefficient correlation analysis for the above table shows that there is no significant relationship between the age of the respondents and their level of mental health.

Table 6
KARL PEARSON'S COEFFICIENT OF CORRELATION BETWEEN THE RESPONDENT'S NUMBER OF FAMILY MEMBER AND MENTAL HEALTH

S. No	Variable	Correlation Value	Statistical Inference
1.	No of family member and emotional stability	0.010	P>0.05 Not Significant
2.	No of family member and security insecurity	-0.268	P>0.05 Not Significant
3	No of family member and self-concept	0.010	P>0.05 Not Significant
4	No of family member and overall mental health	-0.123	P>0.05 Not Significant

Karl Pearson's coefficient correlation analysis for the above table shows that there is no significant relationship between the respondents' number of family members and their mental health.

Table 7
INTER CORRELATION MATRIX AMONG VARIOUS DIMENSIONS OF PROBLEMS CHECKLIST AND MENTAL HEALTH

****0.01 Level of Significance** ***0.05 Level of Significance**

Dimensions	Emotional stability	Security insecurity	Self concept	Overall mental health
Emotional stability	1.000	0.062	-0.391*	0.750**
Security insecurity	0.062	1.000	0.089	0.596**
Self concept	-0.391*	0.089	1.000	0.104
Overall mental health	0.750**	0.596**	0.104	1.000

The above table shows that there is a negative but significant relationship between the dimensions of mental health like emotional stability and self concept of the respondents. It is inferred thatthe higher the problems faced by the respondents lower is the mental health.

CONCLUSION:

In general, the children of alcoholics are at greater risk for having emotional problems than children of parents who are not alcohol dependents. If the problem of alcoholism exists in families, then the children of alcoholics are four times more likely than others to become alcoholics themselves.Some might cope by taking the task of accountableparent rolein the family and amongst friends. They may grow to be controlled, flourishing "overachievers" during college years, and at the mean time be psychologically isolated from peers and teachers. Their emotional problems might show only when they become grown up. Encouraging such individuals to develop consistent, stable, relationships with significant others outside of the family. Develop in adolescents an increased sense of responsibility for their own success, helping them to identify their talents. Increasing their social support systems, fortifying familial bonds besides facilitating their participation in other physical and mental activities, could go a long way in enhancing their mental health.Encouragethe adolescents to value education and skills training, increasing co operative solutions to problems rather than cooperative or aggressive solutions.

REFERENCES:

1. serenitycounseling.net/faq/Adult%20Children%20of%20Alcoholics.html
2. www.rochester.edu/uhs/ucc/self-help-and-online-screening.../drug-alcohol-abuse/
3. www.helpstartshere.org/helpstartshere/?p=825
4. https://www.learn-about-alcoholism.com/alcoholism-in-families.html
5. https://www.aacap.org/App_Themes/AACAP/docs/facts_for_families/17_children_of_alco-holics.pdf

A STUDY ON WOMEN SAFETY AND CHALLENGES IN PUBLIC BUS TRANSPORT IN TRICHY

T.Mythili.[1] & Mrs.J.kalpana[2]
[1] IImsw, Department of social work, Holy cross college, Tiruchirappalli-2
[2]Assistant professor, Department of social work, Holy cross college, Tiruchirappalli-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Women's safety in public transport is one of the key challenges that across the globe. The authorities are taking many measures to make public transport as safe and comfortable for women. It is very important to understanding the travel and what are the needs for men and women are very different in developing countries. Lots of women are forcing to stay at home owing to lack of safe transportation option. Women are more like to travel shorter distances and to stop more frequent comparing to men during their journey. This study describes continual constraints experiencing by women while traveling by bus within Trichy. Most of the time buses are remain overcrowded because of deficiency and improper management ,which cause the adverse and unsafe environment for the traveling persons, especially for women. Women are facing verbal or nonverbal harassment, unwelcoming touches, sometimes direct contact with the sexual parts by co-passengers or conductor who are travelling with them so that is hindering personal and social growth. In 2010, a study by Jagori in Delhi found that one in two women sexually harassed while using public transport. Shockingly, nearly as many men reported witnessing this events.This research aims to analysis the actual reason, nature of harassment, effects on the victim and address the solution of woman harassment on the public bus. To conduct this study, descriptive research design, by using convenient sampling method, 60 respondents were selected. This research was conducted based on primary data and secondary data, the data were collected from the target population with self prepared question. Findings of this paper will be discussed in full paper.*

Keywords: *women's safety, harassment, public bus transport and challenges*

INTRODUCTION

Violence against women (**VAW**) also known as **gender-based violence** and **sexually and gender-based violence** (**SGBV**) is collectively, violent acts that were primarily or exclusively commit against women and girls. Sometimes it considered as to hate crime, this type of violence is only in gender-based, that the acts of violence are committed against women and girls expressly because they are female. The UN Declaration on the Elimination of Violence Against Women states defines that, "violence against women is a manifestation of historical and unequal power relations between men and women" and "the violence against women is one of the crucial social mechanisms by which the women are forced into a subordinate position compared with men." Violence against women can be fit into several broad categories. These are included in violence carried out by "individuals" as well as "states". Some of the forms of violence perpetrated by individuals are: rape, domestic violence, sexual harassment, reproductive coercion, female infanticide, prenatal sex selection, obstetric violence, groping and mob violence; as well as harmful custom or a traditional practices such as honor of killings, dowry violence, female genital mutilation, marriage abduction and forcing for marriage. Some forms of violence are condoned by the state such as war rape; sexual violence and sexual slavery during conflict; forced sterilization; forced abortion; violence by the police and authoritative personnel; stoning and flogging.

THE FACTS

- 14% of girls' deaths aged 15-19 are attributed to violence
- Self-harm is also a serious issue – suicide is now the #1 cause of death among girls aged 15-19
- ¼ of girls worldwide (70 million) said they were the victims of physical violence by the age of 15

While there have been an increased in number of efforts to incorporate gender perspectives especially into the health condition, education and agricultural sectors, much fewer attempts handmade in the transport sector. This is very particularly unfortunate since transport were plays such a vital role in most women's daily routines. Major differences in the basic mobility needs of women and men are grounded as the gender-based division of labor within the family and community. Men's stereotypical role in were almost all the societies is the one of the income-earning breadwinner, who leaves the houses for work in the morning and comes back in the evening. Women are however, usually performing triple roles as income earners, home-makers, and community-managers. As a rule, they take shorter, more frequent and more depressed trips

during the day. Women also frequently carry shopping on bulky loads and are accompanied by children or elderly relatives. Of course women usually do not get paid for these reproductive and community based on trips. Existing transport systems are not an adequately geared towards the basic needs of women.
Transportation is also the main important part of society which have facilitates for the people to work in their respective field without any hurdle. Urban transportation has made easy to convert our cities into the smartest city, smart way of life. Such movement have been changed the way people were live and travel. Transportation has facilitated the life of women in a large scale. Women safety had become one of the most challenging issues in Transport Industries.

HOW DO WOMEN'S TRAVEL PATTERS DIFFER FROM MEN'S?
WOMEN AND PUBLIC TRANSPORT:
Women are also more very dependent on public transport compare to men, especially when they are lower-income. Unfortunately, the off-peak and peripheral public transiting routes on which many women depend for their travel to shopping or social responsibilities have much less priority than the radial commuter corridors going straight to the centre of the city . Women's complex household and to take care responsibilities usually force women to make multiple stops. This also often makes it much more costly for women to get round, since they may have to pay numerous single fare tickets during such a long chained trip. Women were also disproportionately affected by the privatization of public transit, because bus companies operating under very competitive in market conditions are not very interested in serving the less routes and connections on which women were depend, so this where operators are most likely to reduce their service, or cut it in to altogether. If service does be remaining, it is often on increasing fare levels. In addition to this, privatization and licensing of public transit lines also have reduces the possibility for integrated fare zones, again disproportionately affecting the women who make more transfers and stops. Personal safety and theavoidance of harassment are also the major concerns for women public transit users. Women are especially under vulnerable to violent attacks or sexual abuse when transporting heavy goods and accompanying children, and this can be a major deterrent for women to use public transit. Finally, there are some cultural constraints which often were prevent women from properly accessing in public transport.
Women's Safety in Public Transport is one of the big key challenges across the world. The authorities are taken in various measures to making Public Transport as safe and comfortable for women. It is very important for understanding the travel needs of men and women are very different. In developing countries, lots of women forcing to remain at home for owing to lack of safe transportation option. Women are more likely to travel shorter distances route and to stop more frequently than men during their own journey.

REVIEW

1. According to study conducted by Thomas Reuters Foundation in 2014, it has ranked Delhi at 4th position for most dangerous transport system for women.
2. After an unfortunate rape incident in December 2011, Government of India setup Nirbhaya Fund to make public transport safe with INR 10 billion (USD 165 million).
3. Kofi Annan, Secretary-General of the United Nations, declared in a 2006 report posted on the United Nations Development Fund for Women(UNIFEM) Violence against women and girls is a problem of pandemic proportions.
4. The World Health Organization (WHO), in its research on VAW, has analyzed and categorized the different forms of VAW occurring through all stages of life from before birth to old age.
5. According to National Crime Records Bureau of 2011, in every 51 minutes, a woman faces harassment or assault in India's public spaces, Staggering numbers of reported and unreported cases of the violence and harassment are making transportation is difficult and dangerous for women and girls, especially at the time of after dark.

RESEARCH METHODOLOGY
INTRODUCTION:
In this research the researcher has given the methodology for carrying out the present study. Research is an art of scientific investigation. Methodology means that the set of methods are used for generation the collection and evaluating the data. It includes the study, objectives, topic, significance, research design, universe, samplings and what are the tools which are should be apply for this study.

TITLE:
A study on "women safety and challenges in public bus transport "in Trichy District.

AIM:
The aim of the study is to know about the status of women safety and challenges in public bus transport in Trichy district.

OBJECTIVES:
- To study the socio demographic details of the respondents
- To study about their social life and what are the problems they are facing in the public bus transport
- To suggest measures to enhances the confidence level and desire to use public bus transport in the city quite confidentially

SIGNIFICANCE:
The study about women safety and challenges in public bus transport takes up more vital in the present scenario, having many incidental evidences on trafficking, abusing physically ,emotionally and mentally, women's are equal counterpart of the gender gains more insecure to over around her vicinity for daily chores like shopping, office going to temple or church, mobilizing independently taking care of her needs. This study will be an out march to reveal though a small sample that how the city's bus stands like many public bus transport seems too safe for women.

RESEARCH DESIGN:
The researcher design is based on descriptive research design to describe the characteristics of a particular individual or group members. The researcher uses this design because of describing the women safety and challenges in public bus transport in the Trichy district.

UNIVERSE:
The universe of this study is fully based on bus stands in Trichy district.

SAMPLING SIZE:
The sample size of the study is composed around 60 respondents.

SAMPLING DESIGN:
Convenient sampling methods were used to collect the data's for this study.

TOOLS:
The researcher wants' to use self prepared questionnaire for collecting the data

ANALYSIS AND INTERPRETATION

Table: 1
DISTRIBUTION OF THE RESPONDENTS FEEL THAT CRIMES AGAINST WOMEN

S.NO	Respondents feels that crimes against women are	NO .OF RESPONDENTS N=60	PERCENTAGE %
1	increasing	30%	50%
2	decreasing	20%	33%
3	same	10%	17%
			100%

INTERPRETATION:
This table explains that the crimes against women .Out of 60 respondents ,50% of the respondents are feeling increased crimes against women, 33% of the respondents are feeling decreased crimes against women and 17% of the respondents are feeling like same

MAJOR FINDING
Majority of the respondents (50 %) are feeling increased that the crimes against women

SUGGESTION:
- information in bus stops with a clear display of names ,bus routes ,bus numbers, stops and emergency, helpline numbers should be also available inside the bus as it may be useful for them
- all bus should also have clear marks on operational panic buttons and GPS tracking which could be monitor and recorded

- CCTV cameras can be installed at all stations and train railway stations and also inside the buses and train
- connection between the police control room and the government transport department can also be established so that it creates a safety plan for addressing any violence through the help lines and the panic buttons to 5.create awareness through campaigns inclusive in nature and also to discuss about the women safety as well as for the promotion of help lines and down emergency numbers
- Women need to understand ones physical strength so they should make use of their power in any critical situation
- they shouldn't consider themselves weak or fear at any cost
- also they should be self prepared and posses a lot of presence of mind to handle the situation with their self defense techniques to protect themselves from any hazards
- Some mini buses drivers play vulgar and loud music tracks on buses, this practice must be stopped
- Some drivers and conductors are drunk while driving .Traffic police should take action against them. Regular checking of drivers and conductors should be done to protect women from eve teasing.
- Verification of drivers /conductors of mini buses should be done; if possible there should be a female worker in mini buses. Should be prohibited.
- Conductors stand in the gate of buses and try to touch female passengers thus standing on gates

CONCLUSION:

Changing mindsets and spaces is necessary if a more rounded goal of positive as well as negative liberty is to be aimed for India's women. Technology can provide a certain degree of negative liberty and perhaps some feeling of safety. While this sense of safety can be seen as a part of empowerment, it should not be mistaken for empowerment itself. Providing womena healthy environment in bus is not an added requirement but it is the need of time for every female adventurer. For the betterment of this part they can make some initiatives and provide a new policy and service. The public and private sector can develop the whole transportation system keeping the women needs in mind. At the same time the women have to come out from the old customs and have to break the mute and shout against the biased situation

BIBLIOGRAPHY

1. https://www.surveymonkey.com/r/publictransportationenglish
2. https://timesofindia.indiatimes.com/womensafety.cms
3. https://india.uitp.org/articles/women_safety_inpublic_transport
4. www.endvawnow.org/en.articals/252_safe_public-transit_for_women_and_girls_html
5. https://wricitieshub.org/reports/women_safety_public_transport_piolet_initiative_bhopal
6. https://www.itdp.org/wp_content/uploads/2014/07/DEALSGEN.pdf
7. https://en.m.wikipedia.org/wiki/violence_against_women
8. https://www.girlup.org/impact/challenges_girls_safe/safety_violence/#sthash.OQVHTTlt.dpbs
9. https://www.metrorailnew.in/far_women_safe_public_transportation
10. https://www.slideshare.net/AnkitaSawali/research-report-on-women-safety-at-public-places

A SYSTEMATIC REVIEW ON FAMILIES OF CHILDREN WITH DEVELOPMENTAL MOTOR DYSFUNCTIONS

S.Lidia Susan[1] & Dr.Sam Deva Asir.R.M[2]
[1]Assistant Professor, PG Department of Social work, Srimad Andavan Arts and Science College,Trichy
[2]Assistant Professor, PG and Research Department of Social work, Bishop Heber College, Trichy

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Every family undergo a stressful situation when bring up their child. Parents has to promote and support them in their physical and emotional development. Parenting style influences the Social behavior and social relationship of a child. In case of special child, the parents come across more stressful situation in promoting their physical and emotional development. In most of the cases the parents faces so many social stigma. Mothers ,being primary care takers ,experience more stressful situation, at the same time she influence the whole family . Parents face challenges in meeting child's basic need. They undergo stress when it is not fulfilled. The whole family structure is changed in taking care of the child. This study tries to systematically analyze the family environment and changesthey made for the child with developmental motor dysfunctions.*

Keywords: *Family, Parenting, Mothers, Children with Developmental Motor Dysfunction*

Introduction

Limitation in walking and upper limbs falls under motor disability,in certain cases it also affects the speech and sometimes the person may face difficulty in swallowing too.These are the result of damage in motor tracts of brain during developing stage.Severity differes from mild to profound.Cerebral palsy can be identified in the Early diagnosis of motor disability.Cerebral palsy is non progressive and permanent damage to the developing brain.Motor disability also includes paralysis from poliomyelitis and spinal cord injuries.Muscular dystrophies and spinal muscular atrophies are progressive disorder which falls under motor disability.Congenital disorder which occur from birth regardless of cause and acquired limb abnormalities are also included in motor disability.Similarly cognitive disability accompanied by progressive motor disorder also affects the motor skills in a person.Family is a social unit which influence the behavior and the personality of a person.Disabled child in a family makes a lot of difference in its structure and organization of a family.Family have the divisive role in rehabilitation process of the child.

Aim

This study tries to analyse the challenges they face and changes they made for the child and their bonding with the child .

Statement of the Problem

In India, most of the population believe that having a child with special need is a major drawback and embarrassment for the family. They were isolated or get isolated due to social stigma. There are cases where the families are not ready to reveal that they have child with special needs. In contrast some families take effort for their child. They as a whole family take steps in bringing up the child. Ofcourse, they come across social stigma, but still take effort for their child. They accept their child with special needs and they place their children at special schools. The researcher tries to study the family members bonding with the child.

Significance of the study

Parents are the first person to note the developmental problem in children . Social and behavior problem may also develop .They must be immediately taken to physician, sometimes they may ruled at due to other medical reason at early age says lisa rivard and Nancy pollock in their book on about children with development coordination disorder.The researcher who is personally exposed to family of children with special needs has seen the challenges they face and efforts taken by them to bring up their child.Though mother is the primary care taker in most of the cases, involvement of family members and social support enable her to perform effectively.

Developmental motor dysfunctions

Major Categories of Developmental Disability with Corresponding ICD-10 Diagnostic Codes

(i) Cognitive
(ii) Motor
(iii) Vision
(iv) Hearing
(v) Hearing and Speech
(vi) Behaviour

The Developmental motor disability may be the result of

- Traumatic brain injury
- Developmental delay
- Neurological condition
- Complications during pregnancy
- Other neurologic and musculoskeletal system-related diseases/disorders

The Developmental motor disability are Cerebral palsy, post-polio paralysis, muscular dystrophies, muscular dystrophies, spina bifida, spinal muscular atrophies.Children with gross motor disabilities may have higher centers inhibit and control lower centers,poor head-eye coordination.These individuals may have difficulty with physical activities such as jumping,riding a bicycle,dancing,running.

Conceptual FrameWork

The children with motor disability has good brain development and achieve milestone development other than mobilization.They can function like any other person in society other than mobilization.Some are dependent and some manage with functional aids.But,In the case of children with developmental motor dysfunction,the scenario is totally different.This is caused due to damage in brain at developing stage .These children either will have have poor milestone development or never achieve milestone development. Parents struggle a lot in meeting child's needs .A qualitative studyon Psychosocial challenges of parents with cerebral palsy children conducted by Nasrin et al says that parents undergo sense of loneliness, interpersonal conflict and this is mainly because of limitation in their social relationship.Parents undergo such psychoemotional challenges not only because of child's illness but also because of limitation in facilities and lack of attentions to parents health.

Cerebral palsy are permanent and non progressive and it can be detected at early stage(ie) during babyhood. Spinal muscular atrophies and muscular dystrophies are progressive disorders. The child manifest variety of motor dysfunctions,depending on specific location of the brain damage. Children with cerebral palsy also has other disabilities like mental retardation.learning disabilities,behavioural problem ,language disabilities and epilepsy.

The researcher wanted to study the parenting and how much it influences the family environment and the social support they receive for bringing up their child.The researcher conducted this study in a institution at Thiruchirappali district which exclusively works for children with developmental motor dysfunction.The researcher respondents are mothers as they are primary care takers in most of the cases.

Basic Findings

The researcher want to review and describe the family environment and support they receive from the society and collected information like socio demographic details, family income, nature of job, reason for placing the child in the institution, satisfactory level and their future plan for their child. The respondents are mothers of children below 18yrs.

More than 75 % of the respondents belong to nuclear family and 11% of mothers are either widow or divorcee/separated.Majority of them have completed their high school education and majority of the families bread winner are husbands. 10% of the family have history of cerebral palsy either from paternal or maternal or the other child.97%of respondents reported delayed milestone developemt. Most of them are referred to the institution by the health team members.All the respondents are satisfied with the institution and its training.

Discussion

Nearly more than half of the respondents children falls between the age group 7yrs to 18yrs and these respondents reported that majority of their child totally dependent in mobilization, communication, cloting, eating, bathing. This is mainly because when the child is below 5yrs ,the parents did not find it difficult to carry them around. But after 6yrs the mother unconsciously expects the child to perform its activity of daily

living and increase in child weight and decreased physical ability of the respondents due to age, it was difficult for the respondents to carry them around as before. Majority of the respondents have reported that family members share responsibilities. The Child with special need made some family closer to god and for the same reason some lost religious hope. Many of the respondents reported husband helping them in bringing up the child in spite of average relationship with husband. Siblings rivalry is common in most of family, but it is not due to embarrassment or jealous. Siblings either elder or younger looking after the child when mother is busy with household work. Majority of the respondents has been blamed for giving birth to cerebral palsy child, in contrast their husband were supporting them at those situation. Irrespective of job and regular income majority of the families undergo financial burden but they seek more emotional support than financial support. Respondents of children above 15yrs are much worried about child future after them. Early intervention has better results, so respondents claim proper awareness to the society. The institution staff members make regular visit to children house and arrange for counseling based on the need.Respondents from consanguineous marriage receive more support from relatives than respondents from non-consanguineous marriage,this is mainly because in consanguineous marriage the respondent are close blood related, but in non consanguineous the respondents are outsiders.

Conclusion

As already mentioned family is a subunit of society and it influence the behavior and personality of a person. It influence not only the child with special needs but also the siblings. Families with good environment has changed its organizational structure for the child and together they are working for child development and helping each other. This happens only when husband support his wife in any issue related to the child. In this study majority of the social support is from the institution than friends, relatives and neighbours. This support encourages the family and appreciate in all aspects. This impoves the family bonding with child.

References

1. UNICEF, United Nations Children's Fund, Website: www.unicef.org.2006
2. Betz C.L. Rehabilitation In: Family centered Nursing care of children. 2 nd ed., Philadelphia: Saunders; 2008, pp.127-132.
3. Neff W., and Weiss R. Childhood chronic illness prevalence severity and Impact. Journal of public Health; 2004, 82:364-371.
4. Thomsen A., and Akoben. Technical aspects of feeding the disabled child current opinion in clinical nutrition and metabolic care, 2nd ed., Louis, New York, Tokyo; 2001, pp.220-221
5. Mohammad A. Psychiatric assesment of mentally handicapped children and theier families, Master thesis, Ain Shams University, Institute of Post Graduate Child Hood Studies; 2003, p. 154.
6. Raina, P., O'Donnell, M., Rosenbaum, P., Brehaut, J., Walter, S. D., Russell, D., et al. The health and well-being of caregivers of children with cerebral palsy. Pediatrics;2005, 115(6), 626-636.
7. Missiuna.L.Rivard& N.Pollock,2011Can child centre for Childhood disability Research,MacMaster University.
8. Nasrien Alaee Et al, Psychosoial challenegs of Parents of children with Cerebral Palsy :A Qualitative Study,Journal of Child and family studies,2015.
9. https://www.researchgate.net/publication/279296132_FamilyCentered_Approach_in_the_Management_of_Children_With_Cerebral_Palsy [accessed Nov 01 2018].1 2018].

A STUDY ON ANXIETY DISORDER AMONG ADOLESCENT STUDENTS

Dr. S. Kumaravel
Assistant Professor, Department of Social Work, RGNIYD, Sriperumbudur

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *This prime aim of this study is to know the anxiety and its level and dimensions. It also aims to examine its relationship with academic factorsamong adolescents. The investigator collected data from 140 adolescent students from both Government and Private schools in Sriperumbudur by using systematic random sampling technique and adopted normative survey as research method. The result shows that 30 per cent of adolescents are vulnerable to high level of anxiety and particularly girls differ significantly in panic, social anxiety and school avoidance disorders. The findings are discussed and recommendations are made for teachers, parents, administrators, students, social workders and so on to adhere to the sustainable development goals especially goal -3 on promoting mental health and well-being.*

Keywords: *Anxiety, Adolescent Students*

INTRODUCTION

The term "Adolescence" comes from the Latin word 'adolescere' that means "to grow" or "to grow to maturity". The World Health Organization (WHO) defines an adolescent as any person between ages 10 and 19. Maturing involves not only physical but also mental growth. The term "storm and stress" was coined by G. Stanley Hall (1904). Heused this term because he viewed adolescence as a period of inevitable turmoil that takes place during the transition from childhood to adulthood. This is the age of mental, social and personality disintegration. One of the mental disorders among adolescents is anxiety.

Anxiety is a physiological response to a real or imagined threat. It is complex emotional state characterized by a general fear usually accompanied by tension due to failure, either real or anticipation. It often has to do with inter-personal relations and social situations. Children, adolescents and adults experience anxiety in different forms. It varies in frequency and intensity in different persons as it is visible in others from their physiological and psychological responses. Experts believe anxiety disorders are caused by a combination of biological and environmental factors, similar to allergies and diabetes. Stressful events such as starting school, moving, or the loss of a parent or grandparent can trigger the onset of an anxiety disorder, but stress itself does not cause an anxiety disorder. Anxiety manifests in many ways. Psychological symptoms of anxiety disorder are nervousness, irritability, restlessness, trouble sleeping, fatigue and trouble concentrating, panic, fear, and uneasiness sleep problems. Physical symptoms include tingling hands or feet, shortness of breath, heart palpitations, dry mouth, nausea, tense muscles and dizziness. There are 7 categories of anxiety disorders. These include Generalized Anxiety Disorder (GAD), Social Phobia, Panic Disorder, Agoraphobia, Phobias, Post-Traumatic Stress Disorder (PTSD) and Obsessive-Compulsive Disorder (OCD). Child anxiety disorders are associated with a range of negative consequences in terms of social, scholastic and personal adjustment (Strauss et al., 1987; Messer and Beidel, 1994).

Adolescents during school lifemay have many disturbing problems that often interfere with their academic achievement. Anxiety and anxiety related problems are very common during adolescence. According to WHO anxiety disorders are among one of the most prevalent mental, emotional and behavioral problems in the world, estimated to affect 3.6% of the global population as of 2015, or about 264 million people.This total for 2015 reflects a 14.9% increase since 2005, as a result of population growth and ageing. As anxiety is one of the mental health disorder categorized as neurosis, poor mental health can have important effects on the wider health and development of adolescents and is association with several health and social outcomes such as higher alcohol, tobacco and illicit substances use, adolescent pregnancy, school dropout and delinquent behaviors. The first ever nationwide survey on mental health covering 28 states in 2015-2016 gives us a better idea about the prevalence of anxiety disorders in India. The National Mental Health Survey conducted by the National Institute of Mental Health and Neuro Sciences (NIMHANS) in 2015 -2016, indicates that the total prevalence of anxiety disorders in India amount to 3.1 percent of the population. According to this, the prevalence of anxiety disorders such as phobic disorders, agoraphobia, generalized anxiety disorder, obsessive compulsive disorder is higher in females than in males. Adolescents are also disproportionately affected with anxiety disorders as in many cases, symptoms of an anxiety disorder manifest themselves in early adolescence and may continue to persist throughout adulthood and old age.

Therefore it is obvious that anxiety is a serious mental health issues among school going adolescents and it is need of the hour that it should be investigated to find out the causes, risk factors and its relationship with socio economic and academic factors. The study will also assist eye opener to educationists and practitioners to understand its seriousness so that a better road map can be designed to implement sustainable development goal – 3 to minimize this disorder and to promote mental health and well-being among adolescents.

Objectives of the Study

- To find out the anxiety disorders among adolescents students.
- To measure the level of anxiety among adolescents children.
- To examine the significant variances between academic grades and anxiety disorder
- To find out the significant mean difference among both boys and girls with respect to anxiety disorder.
- To find out the significant mean difference of anxiety disorder among adolescentshailing from nuclear and joint family
- To find out the significant mean difference of anxiety disorder among adolescents studying in Government and Private school
- To suggest social work methods, policy implications and appropriate measures to capacitate adolescents to cope with anxiety.

Hypotheses:

The investigator of the present study framed the following hypotheses based on the objectives stated earlier

1. There is no significant difference between boys and girls with respect to anxiety disorder
2. There is no significant difference between the groups of age and anxiety experienced by them.
3. There is no significant mean difference between nuclear and joint family adolescents with respect to anxiety.
4. There is no significant difference between Government school children and Private school children with respect to anxiety disorder.
5. There is no significant relationship between class of study and anxiety among adolescents.
6. There is no significant difference between academic grades and anxiety among adolescents.

METHODOLOGY

Research Method

For the present study the researcher adopted diagnosticmethod. It aims to find out the relevant variables associated with a problem, which could pave the way for finding a solution.

Sampling Method:

The study adopts systematic random technique of probability sampling method by selecting the sample in certain class interval from potential samples.

Sample Size:

The sample size for the present study consists of 140 adolescentstudents who are studying in both Government and Private schools.

Variables:

The variables are important for any scientific research. They are the conditions or characteristics that the researcher manipulates, controls or observes. Different variables selected by the researcher are given below.

Dependent variable

The dependent variables are the conditions or characteristics that appear, disappear, or change as the researcher introduces, removes, or change independent variables. For the present study, *anxiety*was takenas a dependent variable.

Independent variable

The independent variables are the conditions or characteristics that the researcher manipulates, or controls in his/her attempt to ascertain their relationship to observed phenomena. For this study, the investigator took both socio economic and academic variables, they are;

1. *Gender* - *Male/Female*
2. *Phases of Adolescence* - *Early / Middle / Late*
3. *Type of Family* - *Nuclear/Joint*
4. *Birth Oder* - *First/Second and Third*
5. *Type of School* - *Government / Private*
6. *Education* - *Middle School, High School, Higher Secondary*
7. *Academic performance* - *Average, Above Average, Good*

Tool Used

The primary data are necessary for carrying out research investigation and it must be collected by using appropriate standardized scale or semi-structured instrument. The successful outcome of a research is mainly depends upon the proper selection of the research tool. So, the investigators used a structured questionnaire named "Screen for Child Anxiety Related Disorders (SCARED)" developed by Boris Birmaheret al (1995)

Scoring Procedure

The Screen for Child Anxiety Related Disorders (SCARED) is a 41-item inventory rated on a 3 point Likert-type scale. The purpose of the instrument is to screen for signs of anxiety disorders in adolescents children. The items in the tool are rated ***'Not True or Hardly Ever True' (Score 0), 'Somewhat True or Sometimes True' (Score 1), or 'Very True or Often True' (Score 2)***. Individual response scores are then summed and scored as follows:

- A total score greater than or equal to 25 indicates the presence of an Anxiety Disorder. Scores higher than 30 are more specific.
- A score greater than or equal to 7 for items 1, 6, 9, 12, 15, 18, 19, 22, 24, 27, 30, 34, 38 indicates Panic Disorder or Significant Somatic Symptoms.
- A score greater than or equal to 9 for items 5, 7, 14, 21, 23, 28, 33, 35, 37 indicates Generalized Anxiety Disorder.
- A score greater than or equal to 5 for items 4, 8, 13, 16, 20, 25, 29, 31 indicates Separation Anxiety Disorder.
- A score greater than or equal to 8 for items 3, 10, 26, 32, 39, 40, 41 indicates Social Anxiety Disorder.
- A scoregreater than or equal to 3 for items 2, 11, 17, 36 indicates Significant School Avoidance.

Percentile Norm:

Norms have been worked out for the SCARED scale. The percentile norms are given in the following Table-1

Table – 1: Percentile for Level of Anxiety Disorder

Percentile	Score Range	Norm
25th Percentile	Up to 25	Low level of Anxiety Disorder
50th Percentile	26 to 39	Moderate Level of Anxiety Disorder
75thPercentile	40 and above	High level of Classroom discipline

Statistical techniques:

For this present investigation the following statistical techniques were applied.

Descriptive Analysis

i) Measures of central tendency (mean)
ii) Measures of variability (standard deviation)

Differential Analysis

iii) Independent sample 't' test
iv) One way ANOVA 'F' test

Administration:

The researcher administered the tools to collect data for the present study, from each adolescent by interviewing individually. Prior permission from the Shelter Home authority was obtained for this purpose and also by getting the consent. The investigators gave brief introduction about their research also provided guidance to the adolescents. The doubts raised by them were clarified by the investigator immediately. The data were collected from the systematically selected sample.

Delimitations:

- This study is confined to a single Shelter home for children in Delhi.
- It is confined itself to the 70sample size
- It is restricted to certain demographic variables only.

ANALYSIS AND INTERPRETATION

Table – 2: Level of Anxiety Disorder and Its Domains

Level of Disorder	Overall Anxiety Disorder		Panic Disorder		Generalized Anxiety Disorder		Separation Anxiety		Social Anxiety Disorder		Significant School Avoidance	
	n	%	n	%	n	%	n	%	n	%	n	%
Low	38	27.1	40	28.6	36	25.7	42	30	38	27.1	31	44.3
Moderate	60	42.9	62	45.7	58	41.4	62	44.3	68	48.6	12	17.1
High	42	30	36	25.7	46	32.9	36	25.7	34	24.3	27	38.6
Total	**140**	**100**	**140**	**100**	**140**	**100**	**140**	**100**	**140**	**100**	**140**	**100**

The above table -2 presents the level of Anxiety Disorder among the children. The level of anxiety disorder has been categorized by percentile method. It is evident from result that nearly half (42.9%) of the adolescents have moderate level of Anxiety Disorder. It is observed that almost one-third (30%) of adolescents havehigh level of Anxiety Disorder.As the cutoff score of SCARED scale is ≥**25,**it is disclosed that the mean of low level of anxiety itself is more than 25 (27.1). Hence as per the cutoff guidelines, vast majority (91.4%) of the adolescents suffer from anxiety disorder against very fewchildren (8.6%) who do not suffer from this disorder. The study also reveals domains of various anxiety disorders such as Panic Disorder, Generalized Anxiety Disorder, Separation Anxiety, Social Anxiety Disorder and Significant School Avoidance. It is evident that the level of Generalized Anxiety Disorder (32.9%) and Significant School Avoidance (38.6%) are high among the children. However, all the disorders except Significant School Avoidance are found at the moderate level.

Table – 3: The Mean, Standard Deviation and Critical Ratio Values of Anxiety Disorders among Adolescents

S. No.	Variable	Sample	N	Mean	S.D	Critical Ratio Value	Sig*/** (2 tailed)	LS
1	Gender	Male	70	37.54	9.236	1.950	**.042***	**Significant**
		Female	70	41.54	14.461			
2	Family Type	Nuclear	102	40.84	12.397	2.081	**.039***	**Significant**
		Joint	38	36.05	11.292			
3	Phases of Adolescence	Early	82	42.39	11.416	10.480	**.000****	**Significant**
		Middle	44	38.05	11.221			
		Late	14	27.57	12.817			
4	Order of Birth	First	62	41.45	10.545	1.598	.206	Not significant
		Second	42	38.90	13.930			
		Third and Above	36	37.00	12.717			
5	Type of School and Medium	Government	70	38.39	11.539	1.118	.265	Not significant
		Private	70	40.70	12.910			
7	Class of Study	Middle School	86	42.21	10.917	6.826	**.001****	**Significant**
		High School	38	36.84	14.288			
		Hr. Sec.	16	31.63	9.309			

		School						
8	Academic Grade	Average	94	42.89	12.116	12.528	**.000****	**Significant**
		Good	36	33.00	8.572			
		Excellent	10	31.60	12.572			
9	Overall Anxiety Disorder		70	39.54	12.255	-	-	-

CR Value – includes both 't' and 'F' values, Sig */** Significant *p< .05, **p<.01, LS- Level of Significance

It can be understood from the table -3 that the calculated mean score of overall anxiety disorder of adolescent is found to be 39.54and the standard deviation value is 12.29. The calculated mean value is at par with the percentile 50 [26 - 39]. Hence, it is inferred that the adolescents are having moderatelevel of anxiety disorder.

The anxiety disorder with respect to gender is found to have significant relationshipas mean score of girls (M= 41.54) is more than boys (M= 37.54) and it is statistically significant with the 'p' value less than 0.05 level. Similarly the mean score of Panic Disorder is found more among girls (M=11.09) than the boys (M=8.63) and it is statistically significant. The findings reveal that girls are more prone to anxiety disorders than the boys particularly in Panic disorder. The present study concurs with the study conducted by **Sethuram. (1991)**titled ***"The relationship between test-anxiety, self-esteem and academic achievement in IX standard students"*** in which it was found that test anxiety scores of girls were more than test anxiety scores of boys.Theoverall anxiety disorder and type of family of the adolescents have significant relationship. It reveals that the children hailing from nuclear families are more anxious (M = 40.84) than the children from joint family system (M=36.05) which is statistically significant. The adolescence period is a turmoil and turbulence period characterized with storm and stress. The three phases of adolescence period were found to have significant relationship with anxiety disorder while the anxiety is more experienced during early adolescence period than middle and late adolescence period. The ANOVA 'F' value is 10.480 with significant 'p' value 0.00. However the orders of birth of the children do not have any significant relationship.

There is always a myth that private school children experience more stress and anxiety than Government school children. With regard to this present study there is no significant mean difference of anxiety between students studying in Government and Private schools. The result reveals that irrespective of medium and schools in which they study, all the adolescents experience anxiety. The students who are studying in middle class experience more anxiety than who are in high and higher secondary class and it is statistically significant.It is found that there is a significant relationship between anxiety disorder and academic grade which was constructed by percentage of marks. The result shows the adolescent whose academic grade is low i.e., 'Average'are more anxious (M= 42.89) comparing those who are having higher grades like Good grade (M= 33.00) and Excellent grade (M= 31.60) which is evident that while the level of anxietyrises the academic grades or academic performance of the children drops down. This is statistically significant at the 0.05 level. It could also be understood in other wordsthat children who perceive anxiety do not perform well in the studies vice versa. The present study also substantiates the study done byM Owens et.al. (2012)on "***Anxiety and depression in academic performance: An exploration of the mediating factors of worry and working memory"***which revealed that higher levels of anxiety and depression were associated with lower academic performance.

Important findings and Recommendations:

The following are the major findings of the present investigation.

- Vast majority (91.4 %) are having anxiety disorder if it is analysed and assessed as per the scoring pattern prescribed by the author of SCARED which describes that children having score ≥ **25** aremore anxious**.** Especially scores above 30 shows seriousness.
- Nearly one third (30.0%) of the children are found to be having high level of anxiety. Then nearly half (42.9%) of them have moderate level of anxiety disorder.
- The study reveals that nearly one third (32.9%) children have high level of generalized anxiety disorder and more than one third (38.6%) have high level of Significant School Avoidance.
- It was found that there is no significant relationship between order of birth and anxiety. Irrespective of order of birth of children, every child experience anxiety disorder.
- The religion and caste do not differ significantly among adolescent's anxiety disorder.

The hypotheses formulated at the beginning of the study have been examined in the light of the data gathered and they have proved and disproved by its findings as below.

1. It was found that there is a mean significant difference of anxiety disorder between male and female adolescents and it is statistically proved.
2. The early adolescents have more anxiety than middle and late adolescents and it is statically significant.
3. There is a significant relationship betweenchildrenhailing from nuclear and joint families when they experience anxiety.The children of nuclear families experience more anxiety than who are from joint families.
4. It was found that both Government and Private school children do experience same level of anxiety and they do not differ statistically.
5. It was found that the lower class children experience greater anxiety than that of higher class students
6. There is a greater significant difference between academic grades and anxiety.

Suggestions and Recommendations

The following recommendations are made to prevent, detect, solve and to improve the adolescent mental health at various levels.

The school/institution should

- Implement School Mental Health programme
- Conduct assessment periodically to identify mental health issues
- Early identification of mental health issues will help to reduce the risks
- Facilitate sports and recreational activities
- Appoint school counsellor who could provide psychosocial counselling and guidance to the children
- Treat the students equally without and preconditions
- Provide the information related to the mental health and its importance through orientation, training and seminar.
- In order to make the children aware about how to manage with anxiety, there should be proper awareness program and also training should be provided to them.

Role of Teachers: The teachers should

- Provide special attention to slow learners to improve their academic performance
- Appreciate and recognize the children's talents and skills
- Encourage the good characters and work of the children in the classroom
- Be punctual in all activities if not inform to them very earlier
- Give equal opportunity to the adolescents to identify and improve hidden talents
- Followstudent friendly learning environment at class room

The adolescent students could also cope with anxiety disorder by

- Regulate their emotionswhen feeling sad
- Do regular physical exercise, yoga and medication to control anxiety
- Be responsible for their mental health issues and seek help from adults, teachers and school social workers.
- Be focus on their study and growth and develop stress management, exam preparation tips and writing skills.

Role of Social Workers

- Applying case work models like psychosocial, diagnostic and problem solving while counselling the adolescents
- Approaches like strength based and asset based, implementing life skills education should be implemented to capacitate children's psychosocial competencies.
- Group and family therapy, play therapy, psychosocial therapy could be used to prevent mental health disorder among children.
- Appropriate strategies like Capacity Building, Sensitisation, Training and Education on mental health and policy based social work interventions to promote mental health

Conclusion

Mental health issues amongst adolescent children are becoming more and more common, and this is a trend that doesn't show any signs of slowing down. Most of the schools do not focus much on mental health. There is huge gap in National Mental Health Policy and its implementation. The school mental health programme could be reviewed and implemented with close monitoring in the educational institutions. Above all the school authorities, educationists, parents should come forward to save the children who are the future of this nation to build better society by promoting mental health and well-being.

REFERENCES

1. **Abdel-Khalek, A. M., &Alansari, B. M. (2004).** Gender differences in anxiety among undergraduates from ten Arab countries. Social Behavior and Personality, 32, 649-656. doi:10.2224/sbp.2004.32.7.649
2. **Abdi, U. and Zaidi, D.N. (1991)** Test anxiety among visually handicapped, Journal of Personality and Clinical Studies, 7(1): 123-124
3. Arnett, J. J. (2006). G. Stanley Hall's Adolescence: Brilliance and nonsense.*History of Psychology, 9*(13), 186-197.
4. **Ashcraft and Moore (2009)**. Mathematics anxiety and the affective drop in performance, Journal of psycho-educational assessment, April 13: vol-27, no.3: pp197-205
5. **Ashcraft, Mark H.; Moore, Alex M. (2009).** Mathematics Anxiety and the Affective Drop in Performance. Journal of Psychoeducational Assessment, v27 n3 p197-205 2009
6. **Segul, Carlon and Barteran (2013)**. Heightened test anxiety among young children: elementary school student's anxious responses to high stakes testing. Journal of Psychology in the school, volume 50, May 5: pp 489-499.
7. ***Birmaher, Boris*** *(1997) "The Screen for Child Anxiety Related Emotional Disorders (SCARED): Scale Construction and Psychometric Characteristics". Journal of the American Academy of Child & Adolescent Psychiatry.* ***36****: 545–553. doi:10.1097/00004583-199704000-00018. PMID 9100430.*
8. CarloFaravelli**(1987).**Agoraphobiwith panic attacks: 1-Year prospective follow-up. Comprehensive PsychiatryVolume 28, Issue 6, November–December 1987, Pages 481-487.
9. **Chakravarthy&Chandramohan (2015)**.Effectiveness of Cognitive Behaviour Therapy in the Management of Anxiety among School Students. The International Journal of Indian Psychology, Vol-2(3) June, pp.110-115
10. **Chandrashekharvazalwar (2011).** Effect of anxiety on reading comprehension in english. Zenith International Journal of Multidisciplinary Research Vol.1 Issue 7, November 2011, ISSN 2231 5780.
11. **Graham, R. A., & Weems, C. F. (2015).**Identifying Moderators of the Link between Parent and Child Anxiety Sensitivity: The Roles of Gender, Positive Parenting, and Corporal Punishment. Journal of Abnormal Child Psychology, 43(5), 885–893. http://doi.org/10.1007/s10802-014-9945-y
12. **Hall, G. Stanley** (1904), Adolescence, New York, D. Appleton and company
13. **H. Friedman, Abby & Morris, Tracy. (2006).**Allergies and Anxiety in Children and Adolescents: A Review of the Literature. Journal of Clinical Psychology in Medical Settings. 13. 318-331. 10.1007/s10880-006-9026-7.
14. **Hale III, William & Engels, Rutger&Meeus, Wim. (2006).** Adolescent's perceptions of parenting behaviours and its relationship to adolescent Generalized Anxiety Disorder symptoms. Journal of adolescence. 29. 407-17. 10.1016/j.adolescence.2005.08.002.
15. **Jacob & Anto (2016).** A Study on Cognitive Emotion Regulation and Anxiety and Depression in Adults. The International Journal of Indian Psychology, Vol-3(2): pp 118-124.
16. **Jeffrey G. Johnson (2010)** Childhood Emotional AbuseCruel Physical Punishment, and Anxiety among Adolescent Primary Care Patients Journal of Child & Adolescent Trauma, 2010, Volume 3, Number 3, Page 224 Courtney Mccullough, Erica Miller
17. **João, Karine& Becker, Nathália. (2016).** Sleep quality, depression and anxiety: a literature review.
18. **K V Sridevi (2013)**. A Study of Relationship among General Anxiety, Test Anxiety and Academic Achievement of Higher Secondary Students. Journal of Education and Practice ISSN 2222-1735 (Paper) ISSN 2222-288X (Online) Vol.4, No.1, 2013.
19. **Kessler RC, (1995)** Sonnega A, Bromet E, Hughes M, Nelson CB. Posttraumatic Stress Disorder in the National Comorbidity Survey. Arch Gen Psychiatry. 1995;52(12):1048–1060. doi:10.1001/archpsyc.1995.03950240066012
20. **Lancy D'Souza (2003).** INFLUENCE OF SHYNESS ON ANXIETY AND ACADEMIC ACHIEVEMENT IN HIGH SCHOOL STUDENTS. Pakistan journal of psychological research.
21. **Laura Nott (2013).** Teens Are Feeling More Anxious Than Ever.
22. **Lewinsohn, P. M., Gotlib, I. H., Lewinsohn, M., Seeley, J. R., & Allen, N. B. (1998).** Gender differences in anxiety disorders and anxiety symptoms in adolescents. Journal of Abnormal Psychology, 107(1), 109-117.
23. **M Owens, et.al** (2012) "Anxiety and depression in academic performance: An exploration of the mediating factors of worry and working memory"School Psychology International 33 (4), Sage Publications - 433-449
24. **NIMHANS** (National Institute of Mental Health and Neuro Sciences), (2016), National Mental Health Survey 2015-16 Publication No. 128, 2016, ISBN: ISBN: 81-86477-00-X
25. **Rodrigo et al. (2010).** Symptoms of anxiety and depression in adolescent students; a perspective from Sri Lanka. Child and Adolescent Psychiatry and Mental Health, 4, 10. http://doi.org/10.1186/1753-2000-4-10

26. **Roy-Byrne, P. P., Geraci, M., &Uhde, T. W. (1986)**. Life events and course of illness in patients with panic disorder. American Journal of Psychiatry, 143(8), 1033-1035.
27. **Sahoo, Saddichha& R J Khess, Christoday. (2010).** Prevalence of Depression, Anxiety, and Stress Among Young Male Adults in India. The Journal of nervous and mental disease. 198. 901-4. 10.1097/NMD.0b013e3181fe75dc.
28. **Selahattin. (2012)**. A research on the anxiety levels of parents who have mentally handicapped children. Journal of Human Sciences.
29. **Sibnath Deb et al. (2010).**Anxiety among high school students in India: Comparisons across gender, school type, social strata and perceptions of quality time with parents. Australian Journal of Educational & Developmental Psychology. Vol 10, 2010, pp18 – 31
30. **WHO** (World Health Organization) Mental Health Atlas. Geneva: World Health Organization; 2005

"ASSESSMENT OF STRESS AMONG CAREGIVERS OF SCHIZOPHERNIA PATIENTS" - Descriptive study

A.Sakthivel Pille[1] & Ms.S.Lidia Susan[2]
[1]Social work student,Department of Social Work,
Srimad Andavan Arts and Science College (Autonomous), Trichy-05
[2]Assistant Professor, Department of Social Work,
Srimad Andavan Arts and Science College (Autonomous), Trichy-05

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *A mental disorder, also called a mental illness or psychiatric disorder is a behavioural or mental pattern that causes significant distress or impairment of personal functioning. Such features may be persistent, relapsing and remitting, or occur as a single episode.The causes of mental disorders are often unclear. Mental disorders are usually defined by a combination of how a person behaves, feels, perceives, or thinks.Common mental disorders include depression, affects about 400 million, dementia which affects about 35 million, and schizophrenia, which affects about 21 million people globally.The mental disorder or illness is further divided into two main categories- Neurosis and Psychosis.Psychosis is an abnormal condition of the mind that results in difficulties determining what is real and what is not. Psychotic disorders are a group of serious illnesses that affect the mind.Schizophrenia is a serious mental disorder in which people interpret reality abnormally. Schizophrenia results in combination of hallucinations, delusions, and extremely disordered thinking and behaviour.Family members are the primary caregivers of mentally ill in most of the non-western world. In India, more than 90% of patients with chronic mental illness live with their families. The family caregiver plays multiple roles in care of persons with mental illness, including taking day-to-day care, supervising medications, taking the patient to the hospital and looking after the financial needs.In this study the researcher used descriptive research design to assess the stress of caregivers of Schizophrenia patients in Athma-The mind centre, Tiruchirappalli. The researcher used convenience sampling method (Non-Probability sampling) and used Kingston Caregiver Stress Scale (KCSS).*

Keywords: *Mental Illness, Psychosis,Schizophrenia, Caregivers, Stress.*

Introduction:

A mental disorder, also called a mental illness or psychiatric disorder is a behavioural or mental pattern that causes significant distress or impairment of personal functioning. Such features may be persistent, relapsing and remitting, or occur as a single episode. Many disorders have been described, with signs and symptoms that vary widely between specific disorders. Such disorders may be diagnosed by a mental health professional. The causes of mental disorders are often unclear. Theories may incorporate findings from a range of fields. Mental disorders are usually defined by a combination of how a person behaves, feels, perceives, or thinks. This may be associated with particular regions or functions of the brain, often in a social context. A mental disorder is one aspect of mental health. Cultural and religious beliefs, as well as social norms, should be taken into account when making a diagnosis. Services are based in psychiatric hospitals or in the community, and assessments are carried out by mental health professionals such as psychiatrists, psychologists, and clinical social workers, using various methods such as psychometric tests but often relying on observation and questioning. Treatments are provided by various mental health professionals. Psychotherapy and psychiatric medication are two major treatment options. Other treatments include social interventions, peer support, and self-help. In a minority of cases there might be involuntary detention or treatment. Prevention programs have been shown to reduce depression.

Common mental disorders include depression, which affects about 400 million, dementia which affects about 35 million, and schizophrenia, which affects about 21 million people globally. Stigma and discrimination can add to the suffering and disability associated with mental disorders, leading to various social movements attempting to increase understanding and challenge social exclusion.

Symptoms:

Mental illness symptoms can affect emotions, thoughts and behaviours. Examples of signs and symptoms include:

- Feeling sad or down
- Confused thinking or reduced ability to concentrate
- Excessive fears or worries, or extreme feelings of guilt

- Extreme mood changes of highs and lows
- Withdrawal from friends and activities
- Significant tiredness, low energy or problems sleeping
- Detachment from reality (delusions), paranoia or hallucinations
- Inability to cope with daily problems or stress
- Trouble understanding and relating to situations and to people
- Alcohol or drug abuse
- Major changes in eating habits
- Sex drive changes
- Excessive anger, hostility or violence
- Suicidal thinking

Sometimes symptoms of a mental health disorder appear as physical problems, such as stomach pain, back pain, headache, or other unexplained aches and pains.

TYPES OF MENTAL ILLNESS:
The mental disorder or illness is further divided into two main categories, namely Neurosis and Psychosis.

NEUROSIS:
Neurosis, plural neuroses, also called psychoneurosis or plural psychoneuroses, mental disorder that causes a sense of distress and deficit in functioning. Neuroses are characterized by anxiety, depression, or other feelings of unhappiness or distress that are out of proportion to the circumstances of a person's life.

Types:
- Obsessive-compulsive disorders.
- Somatoform disorders
- Anxiety disorders
- Depression
- Post-traumatic stress disorder
- Reaction to severe stress and adjustment disorder
- Dissociative (conversion) disorder
- Other neurotic disorder

PSYCHOSIS:
Psychosis is an abnormal condition of the mind that results in difficulties determining what is real and what is not. Psychotic disorders are a group of serious illnesses that affect the mind. They make it hard for someone to think clearly, make good judgments, respond emotionally, communicate effectively, understand reality, and behave appropriately. When symptoms are severe, people with psychotic disorders have trouble staying in touch with reality and often are unable to handle daily life.

Types:
- Schizophrenia
- Schizoaffective disorder
- Schizophreniform disorder
- Delusional disorder
- Substance-induced psychotic disorder
- Psychotic disorder due to another medical condition
- Paraphrenia
- Bipolar affective disorder (manic depression)

SCHIZOPHRENIA:
Schizophrenia is a serious mental disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, and extremely disordered thinking and behaviour that impairs daily functioning, and can be disabling.

Fast facts on schizophrenia:
- Schizophrenia affects an estimated 1% of the population.
- Symptoms include delusions, hallucinations, and disorganized thoughts.
- Diagnosing schizophrenia comes only after other diseases have been ruled out.

- Schizophrenia most commonly strikes between the ages of 16 and 30, and males tend to show symptoms at a slightly younger age than females.
- Experts say schizophrenia is probably many illnesses masquerading as one.

Symptoms of schizophrenia:

- Delusions
- Hallucinations.
- Thought
- Lack of motivation (avolition)
- Poor expression of emotions
- Social withdrawal
- Unawareness of illness
- Cognitive difficulties

In men, schizophrenia symptoms typically start in the early to mid-20s. In women, symptoms typically begin in the late 20s. It's uncommon for children to be diagnosed with schizophrenia and rare for those older than age 45.

Types of Schizophrenia:

- Catatonicschizophrenia
- Paranoidschizophrenia
- Disorganizedschizophrenia
- Undifferentiatedschizophrenia
- Residualschizophrenia

CARE GIVERS OF MENTALLY ILL PATIENTS:

Family members are the primary caregivers of persons with mental illnesses in most of the non-western world. In India, more than 90% of patients with chronic mental illness live with their families. The family caregiver plays multiple roles in care of persons with mental illness, including taking day-to-day care, supervising medications, taking the patient to the hospital and looking after the financial needs. The family caregiver also has to bear with the behavioural disturbances in the patient. Thus, the family caregiver experiences considerable stress and burden, and needs help in coping with it. The caregivers develop different kinds of coping strategies to deal with the burden. An unhealthy coping style is likely to adversely affect the caregiving function. Hence, it is important to take care of the needs of the family caregivers. The family caregiver has remained a neglected lot, often ignored by the mental health professionals.

Problems/Difficulties of Caregivers:

- Frustration, Helplessness and Anxiety.
- Exhaustion and Burnout.
- Grief.
- Need for Personal Time and to Develop Personal Resources.
- Depression.
- Financial Constrain.
- Social Isolation
- Restlessness
- Other physical and psychological problems.

METHODOLOGY:

Aim- 'Assessment of Stress among Caregivers of Schizophrenia Patients' - Descriptive study

Objectives:

- ✓ To know about the socio-demographic profile of the respondents.
- ✓ To assess the stress among the caregivers.
- ✓ To give suitable suggestions for enhancing caregivers.

Significance of the Study:

Family members are the primary caregivers of persons with mental illnesses in most of the non-western world. In India, more than 90% of patients with chronic mental illness live with their families. The family caregiver plays multiple roles in care of persons with mental illness, including taking day-to-day care,

supervising medications, taking the patient to the hospital and looking after the financial needs. The family caregiver also has to bear with the behavioural disturbances in the patient. They face many difficulties like **Frustration, Helplessness and Anxiety, Exhaustion and Burnout, Financial Constrain, Social Isolation and depression.** Thus, the family caregiver experiences considerable stress and burden, and needs help in coping with it. The study focuses on the assessment of the stress of the caregivers of the schizophrenia.

Research Design and Sample:
Descriptive research design was employed by the researcher to assess the stress of caregivers of Schizophrenia patients in Athma-The mind centre, Tiruchirappalli. The researcher used convenience sampling method (Non-Probability sampling) and the sample size is 50.

Research Hypothesis:
There is a significant difference between educational qualification of the respondents and their overall perception about stress of caregiver.

Tools of Data Collection:
The researcher has usedKingston Caregiver Stress Scale (KCSS) by R.W.Hopkins and L.A.Kilik (Jan, 2015). The 10 questions of the questionnaire measure the caregiver stress from 1 to 5, where 1 = no stress (coping fine, no problems), 2 = some stress, 3 = moderate stress, 4 = a lot of stress and 5 = extreme stress (feeling at "end of rope", health at risk). The required data was collected by questionnaire method.

DATA INTERPRETATION:

Table-1:
Distribution of the respondents based on the Age:

Age	No. of Respondents	Percentage
20-30	16	32
31-40	27	54
Above 41	7	14
TOTAL	**50**	**100**

The above table shows the age of the respondents. From this, the researcher found that majority of the respondents (54%) belongs to age group (30-40 years).

Table-2:
Distribution of the respondents based on the Educational qualification:

Education status	No. of Respondents	Percentage
Illiterate	01	2
Primary	07	14
Secondary School	09	18
Higher Secondary	07	14
College	26	52
TOTAL	**50**	**100**

Education plays an important role in everyone life. The above table shows the educational status of the respondents. From this table, the researcher found that majority of the respondents (52%) has completed college.

Table-3:
Distribution of the respondents based on the Duration of disease:

Duration	No. of Respondents	Percentage
Less Than One Year	09	18
1-5 Years	23	46
5 And Above Years	18	36
TOTAL	**50**	**100**

Schizophrenia can onset in any time to any person irrespective of their age. Many people live with illness for a long period of time. From this table, the researcher found that majority of the respondents (46%) having illness between 1-5 years.

Table-4:
One Way Analysis Of Variance among Educational Status of the Respondents With Regard To Various Dimensions:

S.No	Experience	df	SS	MS	Mean	Statistical Inference
A)	**Based on Age** Between Groups Within Groups	 4 45	 1.736 9.484	 .434 .211	G1=4.00 G2=3.86 G3=3.56 G4=3.71 G5=3.12	**F=2.059** **P>0.05** **Not Significant**
B)	**Based on Sex** Between Groups Within Groups	 4 45	 .735 8.385	 .184 .186	G1=1.00 G2=3.43 G3=3.67 G4=3.43 G5=3.65	**F=0.986** **p>0.05** **Not Significant**
C)	**Based on Marital status** Between Groups Within Groups	 4 45	 3.135 31.045	 .784 .690	G1=2.00 G2=3.43 G3=3.78 G4=3.71 G5=3.58	**F=1.136** **P>0.05** **Not Significant**
D)	**Based on Family type** Between Groups Within Groups	 4 45	 1.172 35.328	 .293 .785	G1=3.00 G2=3.86 G3=3.89 G4=3.71 G5=3.62	**F=0. 373** **P>0.05** **Not Significant**
E)	**Based on number of children** Between Groups Within Groups	 4 45	 6.796 27.284	 1.699 .606	G1=3.00 G2=3.00 G3=4.11 G4=4.14 G5=3.69	**F=2.802** **P<0.05** **Significant**
F)	**Based on Occupation** Between Groups Within Groups	 4 45	 6.197 38.523	 1.549 .856	G1=3.00 G2=3.43 G3=4.22 G4=4.43 G5=3.69	**F=1.810** **P>0.05** **Not Significant**
G)	**Based on Income** Between Groups Within Groups	 4 45	 4.370 37.250	 1.093 .828	G1=3.00 G2=3.71 G3=3.56 G4=4.43 G5=3.65	**F=1.320** **P>0.05** **Not Significant**
H)	**Based on Domicile** Between Groups Within Groups	 4 45	 1.352 27.868	 .338 .619	G1=4.00 G2=3.43 G3=3.67 G4=4.00 G5=3.62	**F=0. 546** **P>0.05** **Not Significant**
I)	**Based on Relation to the patient** Between Groups Within Groups	 4 45	 4.330 44.390	 1.082 .986	G1=3.00 G2=4.00 G3=4.33 G4=4.71 G5=4.04	**F=1.097** **P>0.05** **Not Significant**
I)	**Based on Duration of illness** Between Groups Within Groups	 4 45	 5.083 27.497	 1.271 .611	G1=5.00 G2=4.57 G3=4.44 G4=4.57 G5=3.92	**F=2.080** **P>0.05** **Not Significant**

J)	**Based on over on Dimensions**				G1=34.0000 G2=39.7143	**F=1.617**
	Between Groups	4	193.551	48.388	G3=42.2222	**P>0.05**
	Within Groups	45	1346.869	29.930	G4=44.0000 G5=39.3462	**Not Significant**

G1- Illiterate G2-Primary G3-Secondary G4-Higher Secondary G5-College

Null Hypothesis:
There is no significant difference between educational qualification of the respondents and their overall perception about stress of caregiver

Tools used
One way ANOVA test was used in the above tale

Findings
The above table shows that there is no significant difference between educational qualification of the respondents and their overall perception about stress of caregiver, but speaking in its dimension "number of children" has significant differences between the perception about the stress of caregiver. Hence the calculated value is greater than the table value. So that research hypothesis is rejected and null hypothesis is accepted.

FINDINGS:

- Majority of the respondents (54%) belong to age group (30-40 years).
- Majority of the respondents (58%) are Males.
- Majority of the respondents (74%) are Married.
- Majority of the respondents (80%) belong to nuclear family.
- Majority of the respondents (56%) have two children.
- Majority of the respondents (64%) belong to urban.
- Majority of the respondents (52%) have completed college.
- Majority of the respondents (32%) are home makers.
- Majority of the respondents (52%) have no income as most of them are home makers.
- Majority of the respondents (26%) are husband and majority of the respondents (26%) are other relatives to the patients.
- Majority of the respondents (46%) are having illness between 1-5 years.
- There is no significant difference between educational qualification of the respondents and their overall perception about stress of caregiver
- So that research hypothesis is rejected and null hypothesis is accepted.

SUGGESTIONS:

- Effective counselling can be given for reducing their stress and depression regarding the patient.
- Group work activities can be performed to ventilate their burden of stress.
- Family counselling should be enhanced than before.
- Insight must be developed among both the caregivers and patients regarding the illness.
- Regular awareness programmes can be undertaken regarding mental illness.

CONCLUSION:
Family members are the primary caregivers of persons with mental illnesses in most of the non-western world. They face many difficulties like Frustration, Helplessness and Anxiety, Exhaustion and Burnout, Financial Constrain, Social Isolation and depression. The study focused on the assessment of stress of the schizophrenia, the study revealed that there is no significant difference between the educational qualification and the perception of the stress. Also in the study the researcher gave suggestions to overcome the stress.

References:
1. Sinem BASKAN TEKEŞ (2016) did a study on "Burden on Caregivers of Patients with Schizophrenia and Related Factors"-https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5353031/
2. Kamala Darlami(2015) did a study on "CAREGIVER'S STRESS OF PSYCHIATRIC PATIENTS"Journal of Universal College of Medical Sciences

3. Victor OlufolahanLasebikan (2013) did a study on "Family Burden in Caregivers of Schizophrenia Patients: Prevalence and Socio-demographic Correlates"-https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3701362/
4. PrasanthAmpalam (2012)did a study on "A comparative study of caregiver burden in psychiatric illness and chronic medical illness".

Child Survival and Gender Disparity in Tamil Nadu – A District Level Analysis

Dr.S. Senthamarai[1] & Ms. Kiruthika. C[2]
[1]Associate Professor of Economics, Holy Cross College (Autonomous), Tiruchirappalli-620002, Tamilnadu
[2]M.Phil. Scholar in Economics, Holy Cross College (Autonomous), Tiruchirappalli-620002, Tamilnadu

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Tamilnadu has a population of around 72 million (2011 census), accounting for 6 percent of the country's population. The State has made significant progress in various aspects of human development such as health, education and poverty reduction(Drèze and Sen, 2013).Tamilnadu is also a state of demographic diversity, with inter-district variation in its gender equality. In spite of these achievements, the state is witnessing a striking difference in the survival chances of girls and boys in the state. A persistent daughter disadvantage is witnessed in many regions of the state, especially during the pre-natal development of a child, which may slow down the target of reducing child mortality. In this contest, the paper examines the performance of three indicators of child survival viz., Infant Mortality Rate (IMR), Sex Ratio at Birth (SRB) and Child Sex Ratio in Tamilandu. Focus was also made in reviewing the causes and consequences of the decline in these indicators and the gender-intervention measures of the Government of Tamilnadu in reducing the daughter deficit in the State.*

Keywords: *Gender equality, Infant Mortality Rate, Sex Ratio at Birth, Child Sex Ratio, Child Mortality, daughter deficit*

Introduction

Tamilnadu is a state of rapid demographic change and economic change. It has a population of around 72 million according to the 2011 census, accounting for 6 percent of the country's population. The mortality rates and fertility rate of the state have declined tremendously. In the economic sphere also, the State was ranked fifth among Indian states in terms of income growth between 2005-06 and 2013-14, as per the Tamilnadu Human Development Report, 2017. The State has made progress in various facets of human development such as health, education and poverty reduction(Drèze and Sen, 2013). But, Tamilnadu is also a state of demographic diversity, with inter-district variation in its gender equality.

There has been a striking difference in the survival chances of girls and boys in the state. Tamil Nadu with its IMR at 21is in the second place surpassing the states ofMaharashtra (24), Punjab (26), West Bengal (31) and Karnataka (31). This suggests that, as in the case of literacy and several other indicators of health and education, Tamilnadu is among the better performing States. However, IMR varies among male and female children and IMR alone is not the indicator of child survival; there are two other important indicators of child survival viz.,Sex Ratio at Birth (SRB) and Child Sex Ratio (CSR).These indicators reflect the status of women in the state and the gender equality of the state.Hence, an attempt has been made in this paper to study the performance of these three indicators of child survival in Tamilnadu and the possible causes for child survival as observed by earlier studies, setting aside the medical factors determining child survival.

Methodology: The study made use of secondary sources of data like Census reports, Sample Registration System (SRS) reports, Tamilnadu Health Statistics, Tamilnadu Human Development Report (TNHDR) and the reports of National Family and Health Survey (NFHS). To analyze the data, statistical tools like average, correlation and trend line were used.

INFANT MORTALITY RATE (IMR):

Infant mortality rate (IMR) is the number of deaths of children less than one year of age per 1000 live births. The general fact is that infant mortality rate of male is higher than female. This sex differences in genetic and biological makeup, with boys being biologically weaker and more susceptible to diseases and premature death was explained by Pongou, R. (2013). On the contrary, if IMR of female is higher than male, then we can conclude that the practice of infanticide is prevailing.

SEX RATIO AT BIRTH (SRB):

The sex ratio at birth is the direct indicator of female feticide. It is the ratio of female births for every 1000 male births. It has been proved that the natural female to male sex ratio at birth is 100:105 – i.e. 952 female

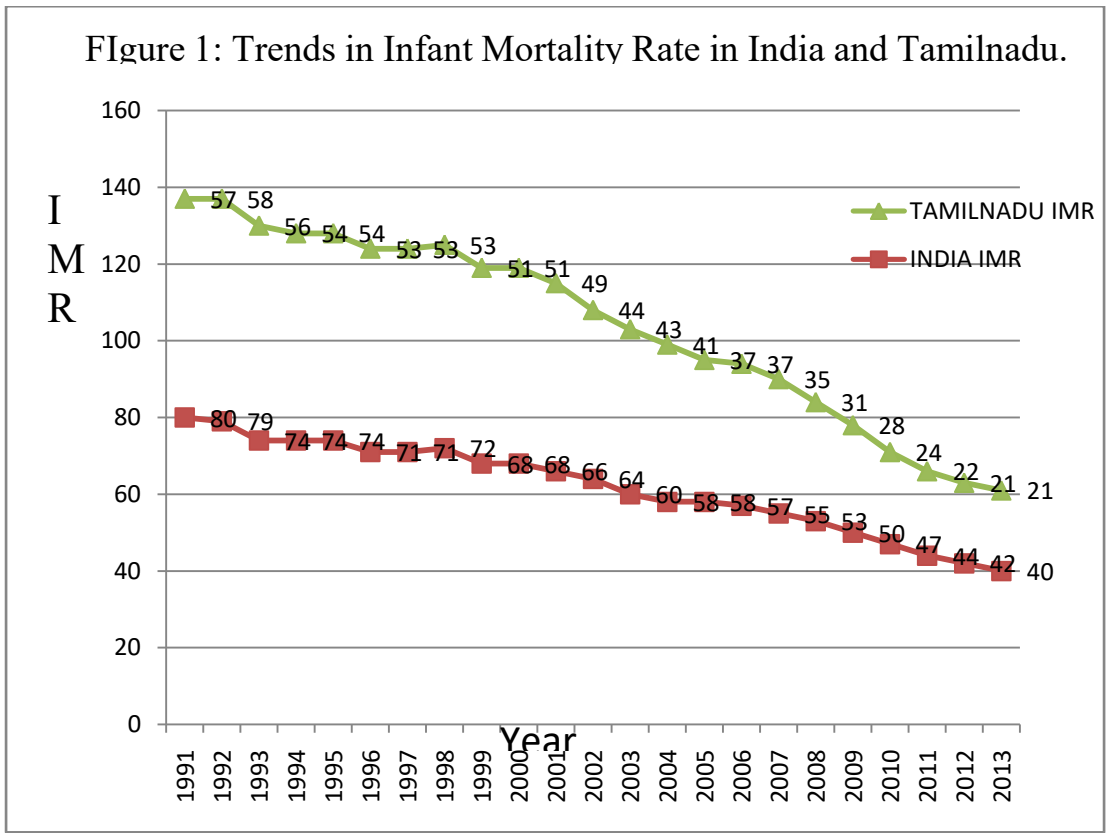
children for every 1000 male children, which is a biological sex ratio at birth(Guilmoto 2007). Thus a deviation from this ratio will indicate sex selective abortion or female feticide.

CHILD SEX RATIO (JSR):

The Child Sex Ratio is defined as the number of females per thousand males in the age group of 0–6 years in a human population. If the number of female children in that age group is less than 955 or if the female ratio is declining it may be either due to non-medical reasons like feticide and infanticide or due to medical reasons.

The magnitudes of the three indicators of child survival in Tamilnadu are presented in the forthcoming section.

The IMR of Tamilnaduand India as shown in Figure indicated the better performance of the State than the all India average of 40 per 1000 live births. Hence, Tamilnadu is successful in achieving the MDG 4 of reducing the IMR by two third of its rate in 1990-2015 (60 to 20). But there are disturbing trends in the pattern of IMR. Firstly, over a period of 14 years from 1991 to 2013, there has been rural urban difference in IMR, though the intensity of difference got reduced from 24 points to 7 points. Secondly, there are inter-district differences in IMR. But the magnitude of difference is less in Tamilnadu when compared to other states of India.



Source: SRS report 2013

The gender-difference in IMR observed in certain districts of Tamilnadu is also evident from the NFHS-IV data.An examination of the components of IMR provides some clues to this disturbing picture. It is a general practice to breakup total infant mortality into different components. Infant death occurring between 0 and 27 days is called neonatalmortality and that occurring from the 28th to the 364th day is called post neonatal mortality. Child mortality and under 5 mortality refers to the death of infants between the age of one month to four years and under the age of five respectively. Table 1 provides the neonatal, Infant mortality, postnatal child mortality and under-five mortality rates in Tamilnadu and the all India average from NFHS-IV for the 10 years preceding the survey. The data reveals that between one month and 4 years of age, the survival chances of females are much lower than that of males in India which is not the case in Tamilnadu. This also confirms the relative better performance of the state.

Table 1: Gender difference in childhood mortality rates: NFHS – IV (2015-2016)

States	Neonatal mortality (NNM)		Post natal Mortality (PNM)		Infant Mortality Rate (IMR)		Child Mortality ($4q_1$)		Under-five mortality ($5q_0$)	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Tamilnadu	15.3	13	6.6	5.7	21.9	18.7	8.1	5.2	29.8	23.8
India	32.8	25.8	10.5	12.1	43.3	37.9	8.5	10.4	51.5	47.8

Source: National Family Health Survey Reports for Tamilnadu and India.

A study conducted by Athreya, V., &Chunkath, S. R. (1998) establishes the existence of regional difference in IMR, both across the states and also within the State of Tamilnadu. Jain, A. K. (1985) attributes the regional variation in IMR to the proximity to preventive and curative medical care. An empirical and theoretical evidence from Clark, S. (2000) shows that rural women prefer to have more sons than daughters and that the desire to have sons can affect fertility decisions and thus can alter the size and sex composition of children within a given family.

Srinivasan, Sharada and Bedi, Arjun Singh (2008) argues that daughter deficits are not confined to a few districts but are geographically widespread and that the districts with the lowest sex ratios (highest daughter deficit) are located in the western part of the state and lie in a belt running from Dharmapuri/Salem in the north to Virudhunagar in the south. Their analysis shows that daughter deficit is an outcome of deliberate pre-birth parental actions.

In yet another study (Srinivasanand Bedi, 2009) the authorsfound that between 1981 and 2001 the contribution of late post-birth daughter deficit declined sharply while the share of pre-birth daughter deficit rose sharply. They have emphatically stated that pre-birth daughter deficit seems to account for the bulk of the missing girls suggesting that sex selective abortion is far more widespread than female infanticide.

Discrimination against the female child is more intense among the poor, illiterate, lower caste families and working mothers (James, 2001). Using econometric analysis the study found out that working mothers experienced higher levels of child mortality than non-working mothers mainly due to the reason that work participation in rural areas is positively associated with poverty. Arokiasamy, P. (2004)observes that gender bias is more severe and selective in the north compared with the north-central region. In the eastern, western and southern regions of India, excess female child mortality is marginal and does not rise systematically as the number of female children in the family increases.

There is strong evidence indicating a link between lower outcomes of women in various spheres of life, and lower parental investment in girls. Parent's discrimination in investment not only results in lower outcome but also leads to a somewhat greater 'survival-disadvantage' among girl children. A review of studies on sex-differentials in mortality among children in India indicates several probable reasons underlying the survival disadvantage for girl child. The reasons include differential treatment of girls and boys, different levels of nutritional intake, differential access to health care facilities, and also differential time investment of parents in taking care of sons and daughters (Jatrana, 2003, Barcellos et al 2011, James 2001, Anderson 2012, Bardhan 1982).

The Sex Ratio (Number of females per thousand males) at birth is an important indicator tomap the sex differential of the population at the beginning of their life. District wise SRB of Tamilnadu reveals that Tamilnadu is far behind the stipulated normal biological SRB of 952 falling short of 48 points. In 10 districts it is even less than 900, which could be called the gender critical districts as outlined in the BETI BACHAO BETI PADHAO scheme. Similarly, the Sex Ratio of 0-6 year population also reveals the shortfall of women much below the normal ratio. India had a CSR of 983 in 1951 and has now dropped to 919 in 2011. Tamilnadu fares well in CSR but the ratio declined over a period from 999 in 1951 to 946 in 2011. Three districts in Tamilnadu have a low CSR of less than 900 in 2011. Of them, Cuddalore district is identified as one among 100 of the gender critical zones under BETI BACHAO BETI PADHAO scheme.

Table 2: Descriptive Statistics of Child Sex Ratio in Tamilnadu (1991-2011)

Year	N	Child Sex Ratio		Mean	Std. Deviation
		Minimum	Maximum		
1991 (Total)	22	(Salem) 849	(Pudukkottai) 976	951.32	28.952
1991 (Rural)	21	(Salem) 821	(Pudukkottai) 976	949.71	36.449
1991 (Urban)	22	(Salem) 918	(Thiruvannamalai) 995	956.68	16.757
2001 (Total)	31	(Salem) 851	(The Nilgris) 979	943.58	30.081
2001 (Rural)	30	(Salem) 811	(Thiruvarur) 969	936.80	37.831
2001 (Urban)	30	(Salem) 903	(The Nilgris)987	952.80	20.451
2011 (Total)	33	(Cuddalore) 896	(The Nilgris)985	942.94	20.732
2011 (Rural)	31	(Cuddalore) 880	(The Nilgris)990	938.84	25.548
2011 (Urban)	32	(Ariyalur) 913	(The Nilgris)982	950.72	14.165

Source: Computed values

It is apparent from table 2 that the average CSR score of Tamilnadu has registered a fall from 951 in 1991 to 943 in 2001 and 2011. Unlike population sex ratio, where the maximum ratio exceeded 1000 points, in CSR the maximum point has not crossed 990 and the minimum total CSR recorded was also less than 900 points from 1991 to 2011. The CSR of 943 in Tamilnadu is well above the national average of 919 in 2011. But the intra state analysis of CSR reveals a different picture with 8 districts lying in the bottom quartile with a CSR less than 940.

Table 3: Indicators of child survival and the development indices of select districts of Tamilnadu

Districts	IMR	CSR	SRB	GII	Rank	HDI	Rank	CDI	Rank
Ariyalur	23.8	897	924	**0.118**	**32**	**0.282**	**32**	**0.41**	**32**
Cuddalore	21.2	896	864	0.083	20	0.719	13	0.578	24
Dharmapuri	20.9	913	947	0.066	12	0.644	21	0.616	22
Madurai	25.6	932	889	**0.112**	**29**	0.689	15	0.655	15
Perambalur	23.8	913	793	0.057	5	**0.447**	**31**	0.656	13
Ramanathapuram	21.2	961	737	0.075	16	0.653	20	**0.528**	**28**
Salem	26.5	916	915	0.058	6	0.669	17	**0.539**	**27**
The Nilgris	16.6	985	903	**0.036**	**1**	0.624	24	**0.697**	**8**
Theni	27.1	934	901	0.075	17	**0.539**	**30**	0.652	16
Tiruvannamalai	27.5	930	884	**0.101**	**26**	**0.596**	**27**	**0.426**	**31**
Viluppuram	22.9	941	911	**0.113**	**30**	**0.561**	**29**	**0.553**	**26**

Source: Tamilnadu Human Development Report, 2017 andTamilnadu Health Statistics 2014-15 (for IMR).

The indicators of child survival and the various development indices like Gender Inequality Index (GII), Human Development Index (HDI) and Child Survival Index (CDI) of select districts of Tamilnadu as given in table 3 indicates that low CSR districts like Ariyalur, Cuddalore, Perambalur, Viluppuram, Salem and Thiruvannamalai are ranked low in either GII or HDI or CDI. Ariyalur district which has recorded a lower CSR of 897 in 2011 was also ranked last in all the three indices. TheTamilnadu HD report, 2017 pointed out poor reproductive health services as a major contributor to the differences in gender inequality in the low ranking districts.Correlation coefficient computed for selected indicators and indices also confirms this fact as given table 4. A significant correlation was found between CSR and Under 5 Mortality and HDI showing that CSR is high in districts where Under 5 Mortality is less and HDI is high.

Table 4: Correlation matrix

		CSR	Under 5 Mortality	MMR	HDI	GII	CDI
CSR	Pearson Correlation	1	**-.413***	-.063	**.414***	-.138	.321
	Sig. (2-tailed)		.021	.735	.021	.460	.078
	N	31	31	31	31	31	31
Under 5 Mortality	Pearson Correlation	**-.413***	1	**.444***	**-.411***	.089	**-.561****
	Sig. (2-tailed)	.021		.012	.022	.633	.001
	N	31	31	31	31	31	31
MMR	Pearson Correlation	-.063	.444*	1	-.094	.255	-.023
	Sig. (2-tailed)	.735	.012		.616	.166	.903
	N	31	31	31	31	31	31
HDI	Pearson Correlation	.414*	-.411*	-.094	1	-.251	.263
	Sig. (2-tailed)	.021	.022	.616		.173	.153
	N	31	31	31	31	31	31
GII	Pearson Correlation	-.138	.089	.255	-.251	1	.041
	Sig. (2-tailed)	.460	.633	.166	.173		.825
	N	31	31	31	31	31	31
CDI	Pearson Correlation	.321	-.561**	-.023	.263	.041	1
	Sig. (2-tailed)	.078	.001	.903	.153	.825	
	N	31	31	31	31	31	31

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

Causes for gender bias in child survival:

This deterioration in Child Sex Ratio and Sex Ratio at Birth are attributed to female foeticide or sex-selective abortion (Patel, 2002; Agnihotri,Unisa, Pujari, &Usha, 2007; John, Kaur, Palriwala&Raju, 2009; Patel, 2004; Krishnan, 2013; Bhattacharya &Saxena, 2015) rapid decline in fertility, not accompanied by changes in cultural values and gender inequality (Sekher&Hatti, 2010; Kumar, &Sathyanarayana, 2012; Jayachandran, 2014) low female labour force pariticipation, patrilocality and male centred funeral rituals (Jayachandran, 2014; Thomas &Adhikary, 2014).

Echávarri, R. A. (2006) argues that education achievement exposes a person to the latest technology for sex selection and elimination and therefore resulting in the poor chance of child survival.Using multivariate statistical analyses of socio-economic correlates of female disadvantage in death for 1981 and 1991 census data on 398 and 452 Indian districts respectively Sudha, S., &Rajan, S. I. (2003) found out that conventional economic development does not automatically reduce gender bias. Conversely, many women's status indicators, conceptually associated with female empowerment, are related to improved life chances of girl children and that modernisation may be associated with substitutionof pre- for post-natal sex selection and changes in cultural factors are positively associated with growing female disadvantage.

Consequences:

The consequence of shortage of women in our country is more serious than the economic set back. Researchers argued that it may reinforce gendered female roles such as reproduction, domestic work, and care work.Women would have little agency of their own and could indeed suffer a deterioration in their equity prospects. It is also possible that as female security gets compromised with an excess of men contesting for them, parents may withdrawunmarried girls from school or higher education, or restrict them from taking up employment before marriage. As safeguardingthe virginity of a woman before marriage remains important in India, early marriage may be seen as the solution.Thus many of the gains made by women in recent decades may be in danger of being reversed (Kaur, 2013) In Haryana, the deficit of women resulted in cross-regional marriages. But the children born out of such marriages are socially neglected, lacking social skill and cultural training resulting in people of low self-esteem (Mukherjee, 2013)

Intervention by State:

Following are some of the child protection schemes launched by Government of Tamilnadu to protect the welfare of girl children.

SivagamiAmmaiyarninaivu girl child protection scheme was launched in the year April 1992 in order to lift the status of the girl children in the society and to abolish the practice of female infanticide The objectives of the scheme are: To promote family planning, to eradicate female infanticide and to promote the welfare of the girl child in poor families and to raise the status of the girl child. But the implementation of the scheme is not targeted at districts with a high prevalence of female infanticide and it assumes only poor families are anti-daughters(Srinivasan, Sharada and Bedi, Arjun Singh, 2008)

The **"Cradle Baby Scheme"** was introduced in the year 1992 in the Salem district of Tamilnadu. The objective of the scheme is to eradicate the female infanticide. Children received at the cradle points are handed over to reception centers for rehabilitation. The babies received through this scheme in the reception centers are rehabilitated and handed over to the licensed adoption agencies to be taken care and also to enable them to find families which are willing to adopt these children.

The **MoovalurRamamirthamAmmaiyarNinaivu Marriage assistance scheme** was launched on 3rd June 1989.This scheme focused on helping poor parents for getting their daughters married. It also promoted educational status of poor girls up to 10th standard.

The Conditional Cash Transfer based schemes being implemented by Government to improve the status of girl children have been ineffective in changing the mind-set of the community. These are due to problems in their selection of beneficiaries, structuring and scale of benefits and conditions imposed for receiving benefits (Sekher, T. V. 2010)On the other hand, in countries like Zimbabwe the direct cash transfer scheme had a positive impact on household dynamics, improving communication and joint decision-making between husbands and wives (Unicef. 2011).

Conclusion:

The falling rate of the indicators of child survival is definitely a matter of grave concern. Studies prior to 2000 showed that there was a tendency among parents to resort to infanticide to choose the family size and to have children of desired sex. But recent studies (after 2000) emphatically argue that with the advancement of technology and educational attainment, there is reduced fertility and parents resort to latest sex selection technology to have children of desired sex and family size. Hence, in a way, pre-natal sex selection and sex selective abortions have replaced post natal elimination/infanticide. This menace may slow down the efforts of Government in reducing Infant Mortality Rate and Under 5 mortality rate in Tamilnadu and in the country. But rigorous execution of legislative actions and systematic, fair implementation of conditional and unconditional programmes of gender-intervention will surely pave way for increased chance of child survival and a gender neutral society.

References:

1. Agnihotri, S. B. (2003). Survival of the girl child: tunnelling out of the Chakravyuha. *Economic and Political Weekly*, 4351-4360.
2. Arokiasamy, P. (2004). Regional patterns of sex bias and excess female child mortality in India.831-863
3. Athreya, V., &Chunkath, S. R. (1998). Gender and infant survival in rural Tamil Nadu: situation and strategy. *Economic and Political Weekly*, 2588-2594.
4. Bhattacharya, P. C., &Saxena, V. (2015). *Socio-Economic Determinants of Child and Juvenile Sex Ratios in India: A Longitudinal Analysis with District-Level Data* (No. 1503). Department of Economics, School of Management and Languages, Heriot Watt University.
5. Clark, S. (2000). Son preference and sex composition of children: Evidence from India. *Demography*, *37*(1), 95-108.
6. Echávarri, R. A. (2006). *Gender Bias in Sex Ratio at Birth: The Case of India*(No. 0605). Departamento de Economía-Universidad Pública de Navarra.
7. Guilmoto, C. (2007). Sex-ratio imbalance in Asia: Trends, consequences and policy responses. *Paris: LPED/IRD*.
8. Jain, A. K. (1985). Determinants of regional variations in infant mortality in rural India. *Population studies*, *39*(3), 407-424.
9. James, K. S. (2001). Gender Differentials in Child Mortality in Andhra Pradesh Evidence from National Family Health Survey. *Journal of Family Welfare*, *47*(2), 1-11.
10. Jayachandran, S. (2014). *Fertility decline and missing women* (No. w20272). National Bureau of Economic Research.
11. Jayachandran, S. (2014). *The roots of gender inequality in developing countries*(No. w20380). National Bureau of Economic Research.
12. John, M. E., Kaur, R., Palriwala, R., &Raju, S. (2009). Dispensing with Daughters: Technology, Society, Economy in North India. *Economic and Political Weekly*, 16-19
13. Kaur, R. (2013). Mapping the Adverse Consequences of Sex Selection and Gender Imbalance in India and China. *Economic and Political Weekly*, *48*(25), 31.

14. Krishnan, A. (2013). Gender inequity in child survival: travails of the girl child in rural north India.
15. Kumar, S., &Sathyanarayana, K. M. (2012). District-level estimates of fertility and implied sex ratio at birth in India. *Economic & Political Weekly*, *47*(33), 67.
16. Mukherjee, S. (2013). Skewed Sex Ratio and Migrant Brides in Haryana: Reflections from the Field. *Social Change*, *43*(1), 37-52.
17. Patel, T. (2004). Missing girls in India. *Economic and political weekly*, 887-889.
18. Patel, V. (2002). Adverse Juvenile Sex-Ratio in Kerala. *Economic and Political Weekly*, *37*, 2124-2125.
19. Pongou, R. (2013). Why is infant mortality higher in boys than in girls? A new hypothesis based on preconception environment and evidence from a large sample of twins. *Demography*, *50*(2), 421-444.
20. Sekher, T. V., &Hatti, N. (2010). Disappearing daughters and intensification of gender bias: Evidence from two village studies in South India. *Sociological Bulletin*, 111-133.
21. Srinivasan, Sharada and Bedi, Arjun Singh(2008)'Daughter Elimination in Tamil Nadu, India: A Tale of Two Ratios',Journal of Development Studies,44:7,961 — 990
22. Sudha, S., &Rajan, S. I. (2003). Persistent daughter disadvantage: What do estimated sex ratios at birth and sex ratios of child mortality risk reveal? *Economic and Political Weekly*, 4361-4369.
23. Thomas, B., &Adhikary, S. (2014). Gender Differentials in Sex ratio, Literacy rate and Work Participation rate: Trends, Issues and Concerns. *International Journal of Social and Economic Research*, *4*(2), 77-83.
24. Unicef. (2011). Gender influences on child survival, health and nutrition: a narrative review. *UNICEF and Liverpool School of Tropical Medicine*.
25. Unisa, S., Pujari, S., &Usha, R. (2007). Sex Selective Abortion in Haryana: Evidence from pregnancy history and antenatal care. *Economic and Political Weekly*, 60-66.
26. Visaria, L. (2012). *Demographic transition in South India*. Population Foundation of India.
27. Drèze, J., &Sen, A. (2013). *An uncertain glory: India and its contradictions*. Princeton University Press.
28. http://www.spc.tn.gov.in/TNHDR2017/chapter1.pdf

Effective practice of social work methods among the non-professional social work activist towards social change-case study presentation

JOHN PRINCE [1] & ANITHA[2]

[1] Research Scholar, Department of Social Work, Bharathidasan University, Tiruchirappalli-23

[2] Faculty, Social work Department Holy Cross College, Tiruchirappalli-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Social Action is defined as the mode of action of executing the learned social action theories, principles and process in the field. Many of the social workers are not practicing the social action as a method of social work. It needs different kinds of skills like communication skills, organizing skills, intervention skills, campaign skills, mobility skills, educating skills and so on. Activists in India face a lot of problems because they remained as a threat for the politicians as well as for the corporate bureaucrats. They are facing some of the fundamental problems and they are more prone to assassination, that is to say the life threatening experiences in everyday life.*

This study is dealing with the effective practice of social work methods among the non-professional social work activist-variedly manifested through social issues as an instrument for social change. The Researcher has adopted qualitative techniques and the design which was used is Explanatory Case Study. The Universe of the study consists of all the non-social work professionals who actively indulged in social action as a method of social change on particular social issues irrespective of their disciplines and hence the Researcher has adopted convenient sampling which comprised of four in-depth case studies. This study helped the professional social workers to understand about the new method of social action strategies put forward by the non-professional social workers.

Keywords: *Social Action, Non-Professional Activist, Social Change.*

INTRODUCTION:

Social action is defined as the mode of action of executing the learned social action theories, principles and process at the field for the social change .according to the professional social workers, social action theory, principles and process are still remains as learning. Most of the professional social workers were not practicising the social action as a method of social work .social action acquires some skills they are research skills, communication skills, organizing skills, intervention skills, campaign skills, mobility skills, educating skills etc.., some of these skills were attained by the professional social workers due to their social work curriculum but they are not using it when there is a need of social action. Only few of them were practicising the social action as a method of social work by executing the social action theory principle and process.

Background of the Study:

The professional social workers are inactive during there is a crisis .they would become active after the impact of crisis in the name of CSR projects and rescue projects organized by corporate and government.

Recent issues:

Hydro carbon and methane extract: in Tamil nadu .there are two companies had owned the license to extract methane, shale, hydro carbon and oil .one of them were public sector. They were using hydraulic fracturing for the extraction. Nearly 59 countries had banned this process. Because of this extraction some African countries like Somalia became very poor which they lost their agricultural fertility. Now this process has been following in TN at agricultural land but there is no professional social workers were involved in social action to stop the crisis. Some peoples who were from the non- professional social work background who is undergoing some protest in the extraction area. The professional social workers will become active after the entire extraction of natural resources from the agricultural land in the form of rehabilitation.

Kalpakaam and koodangulam issues: Many of the developed countries like japan, finland, Norway, Holland etc.., had stopped the nuclear projects because of the harmful effect to the human and environment. But this nuclear power were still successfully running at the costal areas of tamil nadu at kalpaakam and koddangulam. many of the peoples were affected by the blood cancer and sea ecology were totally affected. very few of the activist like Mugilan and Dr.Udhayakumar were still fighting against this projects and conducting so many campaign and conference overall india.

RESEARCH METHODOLOGY:

NEED OF THE STUDY:

Activists in India faces a lot of problems in because they remained as a threat for the politicians and corporate bureaucratics. The activist had faced a problem from legal, illegal arrest to assassination. The activist who are all stands for the issue were first identified and cornered and trapped. They were named as naxalites, anti-government, anti-indians etc., the government legally restricts their freedom and also holds their passports by filling false cases against them. If they approach the government legally for the unarmed protest, they won't get any reply from the authority side. If they had made a protest in the very legal way without any arms, weapons according to the Indian article 17 they were subjected to arrest and attacked. for /eg lighting candle at marina beach for the memorable of genocide in sri lanka, the world most disciplined civil protest for jallikattu, singing song against alcoholism, speaking against the hydrocarbon issues etc., the government had advised the media had not to cover them and invite for the live debates. some of them were killed eg Gowri Lankesh, Govindh etc..

SCOPE AND SIGNIFICANCE OF THE STUDY:

This study helps to find what are all the issues are faced by the activist and how the government and bureaucratic people cornering them. The study is mainly focused on their social action how they processed in the study. This study also reveals the new social action and the tools adopted by the activist in the current scenario.

AIM:

To study the effective practice of social work methods among the non-professional social work activist-variedly manifested through social issues as an instrument for social change

OBJECTIVE:

1. To identify the social activist in action till date under the process of action
2. To study the exhaustive experiential life event of individual case in handling 'social action' though being non professionals
3. To reflect the cases to promote social change as the only tool for all the social workers to practice to bring the society from remorse to resonance.

RESEARCH DESIGN:

The researcher adopted qualitative method in which explanatory case study method was adopted.

UNIVERSE AND SAMPLING DESIGN:

UNIVERSE:

Universe of the study includes all the non social work professionals who actively indulged in social action as a method of social change on particular social issues irrespective of their disciplines

SAMPLING:

Considering the above criteria in universe the researcher adopted convenient sampling method to collect 4 case studies.

Case study

Introduction:

A case study is an inquiry into an event by either an individual or an organization. It is producedthrough systematic research, analysis and reporting. They are designed to ask the questions how and why of an event, produce or phenomena.

Robert K.Yin (2003) defines the case study research method —as an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundariesbetween the phenomenon and content are not clearly evident; and in which multiple source of evidence are used.

SELECTION CRITERIA:

The researcher intend to identify social activists who is not trained or educated to be professional social worker or not affiliated to any social work organizations. Identified individuals ought to be in the current struggling movement to bring the social change either environmental or political contexts. The case study emphasis in this study will evolve an eye opener to the social work professionals who are mandatorily working in time bound and salary based cores leaving the pressing social issues behind and criticizing the same by gossiping and blaming the opponent like the country economy and social structure. Based on this

rationale the researcher selected four cases on the purpose of the researcher and presented the real values of their struggle in the current scenario.

CASE STUDY QUESTIONS:

1) Explain the issues that you are currently working for?
2) Among many issues, why you took this certain issue?
3) How you became expert in this issue?
4) When you are highlighted?
5) What are the strategies that you are using to highlighting the issue?
6) What are types of skills following for the social action?
7) How you are managing the conflicts within and outside the groups?
8) From where you got the inspiration, which makes you to take social challenges?
9) What is the view about the professional social worker?

CASE STUDY METHODOLOGY:

Case study methodology is a methodology that can take either a qualitative or a quantitative approach. To present the case studies a format described by Brian Budgel(2008),was adopted in which the scheme for case study presentation was well classified into four:

- Introduction
- Case presentation
- Outcome
- Discussion

REFLECTION, LEARNING AND CONCLUSION

ACTIVIST IN INDIA AS A NON PROFESSIONAL SOCIAL WORKER:

Activism in India is one of the challenging stands. There are many activists in India from various regions and every corner of the country.Unlike other countries India having a variety of activist, because India is the country of combination of different languages,castes,cultural tradition, ideology according to the state wise. The issues may fall on the whole of nation or on the certain people on different language, caste and occupation. So the rise of activist in India from various discipline may seen. Many of the activists remain unknown and unidentified in India because they were unaware of their work and may not highlight by anyone. When it comes to the well known activist list they might worked on the huge issues which was highlighted in all media.(eg)Anna Hazare,Jignesh

CASE-1

This activist had a life threat but he is still continuing his work towards the health issues. His family had left him alone but he remains strong in his vision and mission. His findings and statements are unaccepted by the government and pharma industry, because it makes no profit for the politicians and corporate hospitals. His method of treatment and diagnosis should be spread to everyone. Its the duty of social worker to make him popular. His statement towards the corporate lobbying should be spread to the every corner of the country which prevent people in falling in the poverty line. His crucial statements towards the vaccination is important one .Every age category of people should know the hazardous effects of vaccination towards our natural immune system which makes people to stay healthy and makes them as non-client in the corporate hospital. His vision towards the healthy food, water and air was advanced. Thepeople should get aware between the diseases and deficiency and also the functions of natural anti-biotic in our body. He should be engaged as a resources person for the solution of health related issues. A single man is fighting alone with no followers and any social work groups; he should be encouraged and need to tie up with any social work group. It's our duty to make him popular by inviting for many social events & programmes and gain the support of the peoples for him.

CASE-2

This activist is too fast in making decision and execution. The presence of mind make her to move on greater heights. The emotional speech towards the rural people would definitely have an influence. This young lady has many burning issues, determinate to work on what she wanted as result. She faces all the inhumane behaviors' and stigma thrown against her. She never let down her spirit from agitation appearing very puni in stature, she mobilizes the crowd in her voice of advocacy and convey social inquisitiveness. She has a crowd for herself beyond experiencing many illegal allegations and in&out of prison. The activist grows stronger and stronger in struggling for the cause. She is standing being a non professional social worker .she is an ideal for all the success to have one such spirit.

CASE -3

This activist is too different from all other activist working for the future based development work .he was interested in promoting smart city projects but with basic fundamental amenities. He views that the corporate based approach on self –sustainable, develops the society. Everyone should be educated with no cost, everyone should be healthily benefited with free of cost through corporate quality ,drinking water should not be charged ,it should be provided to all the individuals with a standard by the government, disaster management should be taught in all schools and college ,proper roads and bridges for safe travel, smart city for the development of the society, provide cctv at all areas to stop criminal offenses, no corruptions in government projects in the constructions ,advanced level of education should be teached in all insistuiuon.He had a idea of making the youngsters to compete in election and to win, which should make a good political system rather than critizing the political leaders and system. He is very expert in reflecting social issues through the social media by using sketches and arts. He was good in providing the accurate statistical information which the social workers needs to learn.

CASE-4:

The activist had the knowledge of resources politics and conservation techniques towards environmental. His wide view of identifying the social issues which all comes under the resources politics. He using the religious reform to gather the people to save environment because he realized all the peoples comes under in any religion by following their religious aspects and tradition. This non-professional socialworker uses the religious sentiment to gather the people to explore that the god would exist only in a good environment. this activist had started the construction of ayyappan vanam (to save forest)which makes very to come there and understand the importance of saving forest. He was expert in gathering people for the social events. He had the capacity to form massive crowd through his speech of advocacy to revolt against any environmental issues around Salem. This activist had made possible of gathering and organizing people for issues by the continuous interaction(fieldwork) with the peoples. This nonprofessional social activist were made possible of fund rising from the peole itself for the lake restoration through his interaction method.

CONCLUSION:

The researcher identified non professional activist who were working for the current issues pigmenting Tamilnadu. Being non professionals the activists knowingly or unknowingly practicing social action as a medium for their struggle and brought some effective changes. the researcher placing a main concern, that "why not the professional social worker who really systematized by such methods can practice in their own field of specializations, rather working for basic livelihood. this is the place were we can keep a point of check and a note of threatening to the body of law and order and the current political scenario that democracy can claim the rights of human and can promote the legal advocacy on any basis.

WORK CITIED

1. https://www.importantindia.org
2. https://www.ecoindia.com
3. https://www.civilserviceindia.com
4. https://www.edisciplinas.usp.br > resource >view

Good practices of INTACT in the mission of empowering Persons with intellectual disabilities

Thomas Ebenezer
Founder/Director, Intact India

Received: November 20, 2018 Accepted: December 06, 2018

Introduction:
We believe in the statement that "the disability is basically a matter of **perception**. If you can do just one thing well, you are needed by someone."
Every human I have met in my life are living with their own abilities and disabilities. They are able to do some things well and some not. Depending upon the causative factors, diagnosis and attitudes of people from different cultures and periods some conditions are over emphasised and resulting in marginalisation. Persons with intellectual disabilities who have limited or slow cognitive functioning arelabelled as out of norm. Our society is callous in rejecting people with intellectual disabilities as unworthy of inclusion.
The attitude towards people with disabilities is changing in this decade. But when it comes to social inclusion of persons with intellectual disabilities with equal rights, it looks that we have a long way to go.
The legal qualification "contractual capacity" plays a great rule in depriving legal capacity and limiting the inclusion of persons with intellectual disabilities in the society. Lack of legal capacity alienates them from rights to live. This deprives opportunities for education, training, employment,business, operatinga bank account, to lend or borrow, to make a decision and even to love or to be loved.I mention here to hint the need of correct and straight forward constitutional interpretationsto let this people have included living.
Positive thing is that in this **human rights era**, the rights based approach opens up avenues of hope for persons with intellectual disabilities to get their equal rights to live an included and independent living in the community.
INTACT (Integrated Action Trust) embarked upon this mission of empowering persons with intellectual disabilities in the year 1995 by adaptingsystematic and sequential training approach: special education, skill training, employability and independent living

Background:
In India out of the 121 Crore population, 2.68 Cr persons are with disability which is 2.21% of the total population.The Census 2011 revealed that among all disabilities 6% are Persons with Intellectual Disabilities. In the light of RPD Act of 2016 since more categories of population brought under disability these numbers can go into double.
In an era where 'inclusive development' is being emphasised as the right path towards sustainable development, focussed initiatives for the welfare of disabled persons are essential. In our society there is a deep-rooted social stigma toward impairment or disfigurement as "inauspicious," thus limiting interaction between people with disabilities and the rest of society. Among all disabilities, persons with intellectual disabilities are most unorganized group which naturally leads lack of networking and lobbying. So they are deprived of opportunities of possibilities according to their abilities. This has to be changed.

Legislations:
In the context of social inclusion of persons with intellectual disabilities I mention here some legislations and charters which have relevance at present in guaranteeing equal rights and opportunities and address the issue of **legal capacity deprivation** and lack of protective measures.

i. United Nations Convention on the Rights of Persons with Disabilities (UNCRPD):
The United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) is an international treaty which identifies the rights of persons with disabilities as well as the obligations on duty-bearers such as Parliaments and Law making bodies to promote, protect and ensure those rights.

ii. Rights of Persons with Disabilities Act (RPD Act, 2016) :

This Act replaces Persons with Disabilities (PWD) Act, 1995. Overall, it is a big advance over the 1995 Act and brings in the rights based perspective, although we were wishing for a much more UNCPRD compliant law. Not withstanding that, the battle now is for its implementation. We have a great duty in front of us all to facilitate the benefits of this new Act to the persons with disabilities.

Important features of RPWD Act 2016:

- Recognised disability conditions are increased from 7 to 21.
- Intellectual disability is included in the recognised 21 conditions.
- Reservation in Government jobs has gone up from 3% to 4%.
- Free education for every child with disability from the age of 6 to 18 years.
- Special courts to handle cases pertaining to the violation of the rights of Persons with intellectual disabilities.
- Intentional insults or intimidation of persons with disabilities is punishable.

iii. The National Trust Act, 1999:

The National Trust is a statutory body of the Ministry of Social Justice and Empowerment, Government of India, set up under the" National Trust for the welfare of Persons with Autism, Cerebral palsy, Mental Retardation and Multiple Disabilities" Act(Act 44 of 1999)

iv. Rehabilitation Council of India Act:

The Rehabilitation Council of India (RCI) Act was enacted in 1992 and was amended by Parliament in 2000 to make it more broadbased. The mandate given to RCI is to regulate and monitor services given to persons with disabilities, to standardise syllabi and to maintain a Central Rehabilitation Register of all qualified professionals and personnel working in the field of Rehabilitation and Special Education. The Act also prescribes punitive action against unqualified persons delivering services to persons with disabilities.

Integrated Action Trust (INTACT):

INTACT-Integrated Action Trust was established in 1992 by a group of social workers led by Thomas Ebenezer. It is a non-profit, charity organisation working to empower -individuals with physical and intellectual disabilities, mountain tribes and poor women. The aim is to enable them to live independently and be included in society.

Vision& Mission of INTACT:

INTACT organisation strongly believes and work to achieve an egalitarian society where every human is accepted and given opportunities to develop and perform to their fullest potential without discrimination.

Intact upholds and is guided by the values of mutual respect, inclusion, equality, individual freedom & liberty, democracy &participation. Accountability and transparency are key set of values that we practice within organisation and community.

INTACT is conscious that in order to achieve seamless inclusion of persons with intellectual disabilities, systematic and simultaneous changes to be effected with the following major stake-holders:

I. Empowering persons with intellectual disabilities with education, skill training and employable status.
II. Preparing the community to be aware and accept persons with intellectual disabilities with equal rights without discrimination.
III. Working with prime duty bearers, governments to effect necessary changes in statutes to guarantee equal rights, opportunities and access to rights.

Present activities of INTACT:

Empowering activities:

- Residential Special School for children with intellectual disabilities in Trichy
- Community based rehabilitation programme in Tiruchirapalli district
- Empanelled Therapy Centre for children with Autism Spectrum Disorders with Speech, Occupational, Physio, Sensory Stimulation, behaviour modification therapies along with Swimming and Horse riding therapy.
- Vocational Training Centre for Adults with intellectual disabilities
- Home for adult girls with intellectual disabilities

- Opportunity Campus – Agricultural training centre for adult boys with intellectual disabilities
- Special training for empowerment: Self Advocacy, Supported Decision Making Training, Mentor Training
- Placement assistance for persons with intellectual disabilities
- Pre-placement and post-placement counselling and support

Preparatory Activities:

- Conducting Street Theatres in villages to create awareness on RPD Act, equal rights of persons with intellectual disabilities for included community living.
- Conducting competitions in Elocution, Posters designing, Essay writing among school students in Tiruchirapalli and Pudukottai districts to create awareness and acceptance of rightful inclusion of persons with intellectual disabilities in the society.
- "Catch them young" presentations, dialogues among young persons and students, educational institutions on equal rights and equal opportunities of persons with intellectual disabilities.
- Public meetings and conferences with stake holders to create awareness and support for inclusive living of target group.
- Publications of IEC (Information, Education and Communication) materials.
- Stake holders meetings in Tiruchirapalli

Networking Activities:

- Organising Special Parents Associations in all districts of Tamilnadu and conducting training activities
- Establishing district Advocacy clubs to help persons with intellectual disabilities to claim their rights in the appropriate forums.
- Establishing Free Legal Aid Cells with the help of District Advocacy Clubs and the District Parents Association to
- Setting up Parents Federation for effective networking and lobbying for rights.
- Organisation of district level and regional NGO network organisations.

Good Practices followed in INTACT:

Ever since the inception of the organisation in 1992 in Tamilnadu and launching of Intact Special School in Tiruchirapalli in 1995, we are in constant lookout for new and effective methods, therapies or techniques which have consistently shown positive results superior to the results achieved with existing practices or techniques. We are open for new methods to be adapted in our thematic areas of service for children/persons with intellectual disabilities such as:

- Early intervention services
- Pre-school readiness skill training
- Special education and Life skill training
- Pre-vocational and vocational skill training
- Recreational activities & Peer help training
- Remedial teaching services in Speech, Occupational, Behaviour Modification Therapies

At the same time we were quite aware that even good practice can be replaced with a better practice tomorrow due to changing lifestyles and advancement of techniques which offer a range of new challenges and solutions in this field.

In absence of standardised practices, curriculums or legislated standards we had to lean on our own good practices to achieve effectiveness and quality, basing on self-assessment and our own documented bench marks. As we all know, good practices become "promising and field-tested best practices" on basis of proven and sustained success. Actually they are ideas which are simple and easy to adapt by all of us. I would like share some of the best practices we follow in our work:

1. **Ability approach**

   From the day one in INTACT the students or adultsare being observed of their abilities. We find that everyone are able to do so many things very well and sometimes better than others. We educate the educators to **identify the segments of abilities in a child, not the disability.**

2. **Holistic approach**

   Though our first and flag ship project was Intact Special School, we always tried to look beyond special schooling. We created our own questions, why special schooling? What is after special schooling? Our

activities found the sequential answers, identifying latent prevocational skills > vocational training > gainful employment > independent living.

3. **Language of love**
We create an environment which is comfortable, creative and reassuring. Every one is being useful and productive. Corporal punishments in any form is absolutely banned. Loving each other, enquiring each other and helping each other are the best practices.

4. **Barrier free environment**
We are very particular to tear downthe barriers which persons with intellectual disabilities face in day today life. Physical, communication, emotional, language or technical barriers… the list is long. We strive to identify barriers and remove them in order to enable effective participation in the work. This process starts with a change of attitude at home**.**

5. **Employment for all:**
We recognise, believe and strive for the rights of persons with disabilities to work, on an equal basis with others, including the right to gain a living by work, freely chosen or accepted in a labour market that is open, inclusive and accessible to persons with intellectual disabilities according to their abilities.

6. **Role Models**
We look at persons with intellectual disabilities as role models to other humans in honesty, ability to be joyful and being the Mirror of othersemotions.

7. **Mutual help system**
We train persons with intellectual disabilities to help each other. Especially stronger helps the weaker and senior guides the younger ones. This Buddy system is working very successfully and effectively.

8. **Be there on the spot**
We teach and train the residential care-givers and buddies to be always available on the spot of the need to help physically or emotionally when needed.

9. **Hope for the future**
We strongly believe that persons with intellectual disabilities will achieve an equal, included living in the society. Changing statutes and changing attitudes of people is a welcome sign. This hope is the pivot point of our noble mission.

Conclusions:
Every human is unique and different and the world is diverse in nature. World has place, space and role for every human. We should stop labelling humans on basis of so called `norms`.Instead, should learn to notice, accept and value every humans.
We are people too!
Can anyone challenge this statement of persons with intellectual disabilities?
We have to notice, estimate and place values on all humans regardless of ethnicity or levels of ability. Human value comes not just from capacity to make products or amass wealth in this material world. But the connections, relationships, impressions, emotions we create between one another has value. This "**Value Model**" should serve asour best practice. We betterlet the doors open for all people to access their fundamental rights and living opportunities according to their levels of abilities. Let us facilitate identification of opportunities and modification of environments so that persons with disabilities can have access to their rightful lives.

Impact of Thermal Power Plant over the Livelihood of Fishermen Community

V. Moses Selvakumar[1] & N.S. Krishna Kumar[2]

[1]Asst Professor, PG Department of Development Management, Madras School of Social Work, Chennai-08

[2]PG Department of Development Management, Madras School of Social Work, Chennai - 08

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Thermal power plants play a major role in power generation in India; presently 54.09% of total electricity is from the coal based power plants. The Ennore region is surrounded by three main thermal power plants namely Ennore thermal power station (ETPS), North Chennai thermal power station (NCTPS), and Vallur thermal power station (VTPS). The thermal power plants require large amount of water to cool down the condensers, and the thermal power plants in the Ennore is situated along the banks of Kosasthalaiyar River. There are 5 dependant villages over the Ennore creek they are Nettukuppam, sivanpadai, kaatukuppam, kuruvimedu, and mughadhuvarakuppam. The people living in these villages are traditional fisher folks. The safety of the fishermen is also a greater question as the effluence and the hot water from the thermal power plant is directly let into the river because of which the fishermen are burnt during fishing activities.Thermal power plants produce large amount of fly ash during the power generation which affects the environment, health, and livelihood of the people. The study mainly focuses on the impact of thermal power plants over the livelihood of fishermen community in Ennore (kaatukuppam village) .A qualitative method were used to study about the effects of thermal power plant over the livelihood of the fishermen community and the environmental impact of thermal power plant in the Ennore village. The research findings are explained from the following - Livelihood, Health, and Environment.*

Keywords: *Livelihood, Health, Environment.*

Back ground: Thermal power plants play a major role in power generation in India; presently 54.09% of total electricity is from the coal based power plants. The Ennore region is surrounded by three main thermal power plants namely Ennore thermal power station (ETPS), North Chennai thermal power station (NCTPS), and Vallur thermal power station (VTPS). The thermal power plants require large amount of water to cool down the condensers, and the thermal power plants in the Ennore is situated along the banks of Kosasthalaiyar River. There are 5 dependant villages over the Ennore creek they are Nettukuppam, sivanpadai, kaatukuppam, kuruvimedu, and mughadhuvarakuppam. The study mainly focuses on the impact of thermal power plants over the livelihood of fishermen community in Ennore (kaatukuppam village)

Objectives: To study the effects of thermal power plant over the livelihood of the fishermen community and the environmental impact of thermal power plant in the Ennore village.

Methods: This research work analyses about the effects of thermal power plant over the livelihood of the fishermen community and the environmental impact of thermal power plant in the Ennore village. The qualitative data which were drawn using ***'Interview Guide*** method from the fishermen affected by the thermal power plant were analysed descriptively and the findings are enlisted based on the objectives of the study.

Findings: The findings of the research are explained from the following - Livelihood, Health, Environment.

Introduction:

The role of power plants has a greater place in development of the country. The role of power generation for sustained economic growth of a country cannot be denied. India generates about 330,000 MW of power each year. Thermal Power project generates about 218,330 MW of power. This includes power generation through Coal, Gas and Diesel. Nuclear, Hydro and other renewable sources generate about 1, 11,670 MW of power. Power generated meet the growing demand for growing Household and Industrial use in the country and contribute to economic growth. Even though the thermal power plants have a greater role in the power generation, they come with a great cost in the environment. Power plants have dangerous consequences on the environment and in the livelihood of the people. Thermal power plants use coal for the energy generation, stupendous amount of coal is taken from the mines. This leads to the exploitation of the environment as well as causes various health problems. The power plants produce waste during power generation and this affects the natural resources like the water and soil.

North Chennai thermal power station (NCTPS)

North Chennai thermal power station is one of the major power generators for Tamil Nadu; it is located which located about 25 kms from the Chennai city. The generation capacity of North Chennai Thermal Power Station is 1,830 MW's. There are 3 units in NCTPS and they are located in North Chennai, Athipattu, and Chennai each of 210 MW capacity. The NCTPS gets the coal from the Mahanadhi coal fields Limited (Talchar& IB Valley), Orissa, Eastern coal fields Limited, Ranikanj, West Bengal.

Units	capacity	Commissioned on	status
1	210	1994 October	Running
2	210	1995 March	Running
3	210	1996 February	Running
4	600	2014 March	Running
5	600	2014 May	Running

Ennore Thermal Power Station (ETPS)

Ennore thermal power station was commissioned in the year 1970 the Ennore thermal power station was established by the TANGEDCO (Tamil Nadu Generation and Distribution Corporation). The power station is currently not in use since it is the oldest power supplier for Chennai city, and a new power station in the Ennore thermal power plant is being built for purpose of serving 660 MW's of electricity. The coal for the Ennore Thermal Power Station was received from the Mahanadhi coal fields Limited (Talchar& IB Valley), Orissa, Eastern coal fields Limited, Ranikanj, West Bengal. Through the Ennore port. The Ennore thermal power station had provided about 450MW's of electricity. The generation was stopped on 16/11/2016.

Units	capacity	Commissioned on	status
1	60	31 March 1970	Not functioning
2	60	14 February 1971	Not functioning
3	110	17 May 1972	Not functioning
4	110	26 May 1973	Not functioning
5	110	2 December 1975	Not functioning
6	660	2 December 2015	Under construction

Vallur thermal power station (VTPS)

Vallur thermal power station was established in the year 2012, the Vallur Thermal Power Station receives the coal from the Orissa through the Ennore port. The vallur plant gets the water for the cooling condensers from the sea. The vallur thermal power station has a coal conveyer system which extends up to 4.4 kms and has the capacity to carry 4000 tonnes of coal and it is the world's largest conveyer pipe, the plant requires 13,400 tonnes of coal per day and the 53% of the coal need is met from the domestic coal fields and importing of coal.

Units	capacity	Commissioned on	status
1	500	29 November 2012	Running
2	500	25 August 2013	Running
3	500	28 February 2014	Running

Fishermen community near Ennore creek:

The Ennore creek is surrounded by fisher folks as it serves as the livelihood for many fishermen living near the river. The fishermen community living near the creek is fully dependant on the river as the sea water enters the river water because of the high tide the prawns and other fishes from the sea enters the river through the Mughadhuvaram. Fishermen in this community are totally dependant on the river and the creek and they do not go much into the sea for catching fishes, they are able to get different varieties of fishes. The caught fishes are normally sold in the market. Before 2001 the fishermen would earn up to 800 rupees for 1 kgs.

Industries and developmental projects

In North Chennai, specifically in the region around the Ennore Creek, the situation worsened as soon as Thermal Power Plants and other Industries were established. Until today all environmental conditions given to these industries remain neglected. Given below are the industries that are situated around the creek.

East:

- North Chennai Thermal Power Station (NCTPS) 3×210 MW; 2x 600 MW
- Kamaraj Port Limited (KPL; formerly known as Ennore Port)
- L&T Ship Building Yard

West:

- Chettinad International Coal Terminal
- NTECL's Vallur Thermal Power Plant 3×500 MW
- HPCL – Hindustan Petroleum Corporation Limited

South:

- Ennore Thermal Power Plant (Oldest operational power plant in the region) 2 x 60 MW ; 3 x 110 MW

Areas of Impact:

Environment – The encroachments mentioned above significantly changed the rivers natural flow, reducing the depth along with the water carrying capacity. This increases the risk of flooding at times of strong rains and cyclones. Navigating boats became significantly difficult, leading to an increased number of accidents among fishermen. Erosion of the mangrove forests and the pollution and contamination of the creek made entire species of fish and crab disappear along with local vegetation. The entire stretch of the creek has been reduced to an extra-large sewer.

Livelihoods – The disappearance of entire species of fish resource has severely affected the aquatic food chain, thereby reducing the amount of resources available for harvesting. Quality and Commercial viability of the fish has reduced, affecting the food security and income of the fishing community.

METHODS USED:

Research Design

Case study Research design was used study. A Case study method was used. Purpose of adopting the case study method is to study the in depth information about the problem. A structured interview guide was prepared to collect the data.

Sample Design & Size

The sample will include the fishermen community affected by the power plant. The sample size for the research is 5 and the type of sampling is **'PurposiveSampling'**.

Tools for Data Collection

The interview guide is a list of questions asked to the participants during an interview. The order of the questions and the level of degree to which the researcher diverge from the set defined list of questions will vary based on the objective of the research.

RESULTS:

Livelihood

According to the respondent their livelihoods have been affected after the installation of thermal power plants near the creek.

- The hot waters from the power plant are directly let into the river because of which the fishes in the river die.
- The fish caught in the river is affected because of the effluence of other industries due to which the fish is not sold in the market which affects the fisherman.
- Due to the effluence in the river the prawn and other fish production has reduced.
- The fishermen are not able to run the family because of the less production of prawns.
- Due to the installation of the thermal power station there were people migrated from one village to another and there were livelihood losses as the places was the shelter for traditional fishermen and farmers
- There were agricultural losses because of the installation of the thermal power plants.
- There were salt pans and salt manufacturers who has abandoned due to the encroachment of the thermal power plants.

- The depth of the river has been increased due to which the prawn production is less which affects the fishermen as most of the fishermen catch prawns for their livelihood.
- Before 2001 the fishermen used to earn up to 1000 rupees but now they are able to earn 200 rupees.

Health

According to statements made by the fishermen the health issues they face are as follows.

- To catch prawns fishermen need to get into the water, because of the hot water outlet from the thermal power plants the skins get burnt as the water is not treated before outlet.
- Due to effluence from the power station and the other companies there are skin related problems faced by the fisherman.
- Due to the fly ash from the thermal power plants people in the village have serious asthma problems, skin related issues and the immune system of people have reduced.
- The ground level water is highly polluted because of effluence from the thermal power plant and other companies and they are not to be drunk.
- The place is highly polluted as the thermal power plants emit carbon di oxide in the air.
- The fly ash from the thermal power plant would fall in their food that causes stomach related problems.
- The food causes problem for the fisherman as they consume fishes from the river.
- The fishermen have higher risk of ailments like T.B, cancer and so on.

Environment

According to the fishermen the environment is affected by the thermal power plant and the other industries as mentioned below

- The hot water from the thermal power plant has affected the fishes and the water body and has disturbed the eco culture.
- The fly ash from the thermal power plant gets mixed up with the water and become a silted sludge of fly ash and it has destroyed the natural sludge in the river which has indeed destroyed the natural algae.
- Since the fly ash from the thermal power plant affects the water bodies it has greater impact in the food cycle as it has broken the food cycle.
- Because of the destruction of mangrove forest the wild life which rely the forest are affected.
- A rare species of crab (seekanandu) has been reduced from the river.
- The soil has almost lost its nutrients because of the fly ash from the thermal power plant.
- Effluences from the industries have decreased the size of the prawn.

Effects of thermal power plant

According to the fisherman the installations of thermal power plant have impacts and the community as follows.

- The river water is polluted by the fly ash from the thermal power plants and the other companies.
- The hot water from the thermal power plant has burnt the skin of the fisherman.
- Because of the hot water the fishes in the river tend to die because of the extreme heat.
- The fly ash has caused many skin related and lung related issues.
- The conveyer belt has caused obstruction in the water flow which will lead to the flooding of the village.
- There are many health related issues and deterioration of immune system in the body.
- Environmental pollution.
- Land reclamations which have destroyed the livelihood of many people.
- Disturbance in the eco culture.
- Abundance of salt manufacturing and destroyed salt pans.

SUGGESTIONS

The government should start compensatory livelihood measures for the fishermen community. We should focus more on renewable energy sources like wind mill, solar power station. NGO's should provide awareness about the schemes relating to fishermen community.The government should provide alternative

employment opportunities to the community. The pollution control board should take actions against the companies who have been violating the rules.

CONCLUSION

This study using Qualitative method has found the Socio-economic status of the fishermen affected by the thermal power plant, the effects and the impacts of the installation of thermal power plant. The study has attempted in trying to bring out an in-depth understanding of the impact of thermal power plants and the discrimination of the fishing community.

References:

1. https://www.deccanchronicle.com/150729/nation-current-affairs/article/thermal-projects-two-packages
2. https://www.thehindu.com/news/cities/Madurai/villagers-protest-against-proposed-uppur-thermal-plant/article24247018.ece
3. https://www.omicsonline.org/open-access/environmental-impact-assessment-of-a-proposed-2640-mw-thermalpower-plant-at-sompeta-using-riam-2165-784X-1000229.php?aid=73595
4. http://www.newindianexpress.com/cities/chennai/2018/jan/25/chennai-new-ash-pond-threatens-one-of-few-places-still-available-for-fishing-in-ennore-creek-1763011.html
5. https://www.thehindu.com/news/cities/chennai/ennore-fishermen-protest-destruction-of-mangroves/article8047146.ece

Intervention measures of a client in depression – Case Study towards wellbeing of an individual

Dr. K. Ramakrishnan[1] & Mr. G. Aravindan[2]
[1]MBBS, DPM., Consultant Psychiatrist of the client,
Athma- Institute of Mental Health and Social Sciences, Trichy
[2]MSW.,M.Phil (Clinical Social Work) Social worker of the Client.
Athma- Institute of Mental Health and Social Sciences, Trichy

Received: November 20, 2018 Accepted: December 06, 2018

About us:
Athma hospital is one of the pioneer and leading psychiatric institutes in south India had a humble beginning in January 1993 to provide medical psychiatric care in a patient-friendly atmosphere and in a spirit of compassion which was previously beyond the reach of the common man. It is committed to provide a wide range of mental health services to the patients, students, trainees and the weaker section of the society through scientific treatment, diverse technical education, research, community collaboration and provides these services through Athma mind care centre, de-addiction centre, Athma Suicide Prevention Centre, Internship programmes, Academic courses, Community Out Reach programmes, Shanthivanam Home for Mentally ill, Athma Special School and occupational training unit.

Brief clinical history:
Mr. R.S, 25 years old male, Tamil speaking, Christian, nuclear family belongs to trichy urban region, D.M.E educated and was brought to **Athma hospitals and research** by his mother and cousin sister with 2 years history of complaints of sadness of mood unable to concentrate on studies, decreased sleep, anger and irritability, blames parents and recollects past events, rumination of thoughts, low self negative thought and mental status examination revealed that patient found dull and minimally kempt, shown irritability towards parents and examiner, rapport established with difficulty, sad mood, thought rumination and hopeless and feelings and insight was present, but at the same time blamed others for his condition. **Patient was diagnosed to have OCD &Depression**

Family history:
Socio demographic data of the family:
The family belongs to nuclear Christian family, middle socio economic status, resides in TRICHYurban. Patient is the only son for his non consanguineous parents. Patient resides with his father and mother. There was no family history of mental illness, suicide, mental retardation, but occasional consumption of alcohol found in father.

Family interaction
Interaction between parents:
Both couples used to have frequent inter personal conflicts. Parents have incompatible relationships. So most of the time she used to be in her mother's place which is nearby their residence. Father won't express much and won't talk to her much related to child rearing.

Interaction between the parents and patient:
Patient and parents have poor interaction pattern. Father will not share and talk much with the patient and he used to criticize patient and mother is only to talk to him and even some times she used to make him irritable by showing her negative expressions.

Family dynamics:
Family dynamics revealed that there were closed and rigid boundaries between family members and no proper interaction and communication pattern; there was lack of family subsystem and support system. There was no cohesiveness in the family except mother and patient is excluded from decision making, they

maintain a switch board communication, inadequate role performance and absence of role allocation, prescription and description.they have inadequate adaptive patterns when there is a crisis

Personal history:

Birth and development:

Patient was born of full term normal delivery at hospital, trichy. No pre natal and post natal complications were reported and no delayed birth cry was reported and the developmental miles stones were found to be normal according to his mother.

School:

Started going to school at the age of 5 years. He was regular to school and average in studies and he got through 10th grade with 69% and joined in diploma in engineering. He put 8 arrears at the last, struggled and completed the course. Now he is preparing for CSWIP entrance exam to get a foreign job.

Occupation:

Student

Pre-morbid personality:

Patient is introvert in nature and has fewer friends outside of his home; he was very much attached with his cousins and believes in god, used to go to church every week to worship and to attend the mass, occasional alcohol consumption was reported.

Social analysis:

Mr. R.S, 25 years old male, Tamil speaking, Christian, nuclear family belongs to trichy urban region, D.M.E educated and currently preparing for a entrance exam for going aboard studies, only son of his parents, staying with parents, 2 years history of depression premorbidly introvert by nature diagnosed with depression.

Social analysis revealed that there was closed and rigid boundaries between family members and no proper interaction and communication pattern, there was lack of family subsystem and support system. There was no cohesiveness in the family except mother and patient is excluded from decision making, they maintain a switch board communication, inadequate role performance and absence of role allocation, prescription and description.they have inadequate adaptive patterns when there is a crisis. Patient wasn't positively reinforced by the parents, patient holds grudges and past life repressed memories and now showing hate redness towards them and arguing and demanding parents to get his needs fulfilled. There was significant decline found in academics, social relations, self concept, and attitude towards life.

Patient fell in love with a girl (higher community girl) and got married without the knowledge of both parents which broke up 2 years back. She has gone with her parents and remarried. Patient was possessive on her because of his nature both have had frequent conflicts, and then she left him. After this patient feel very much depressed and started getting negative thoughts about his future life and believed that she and his parents were the reason for that. Since then he gets anger whenever he sees people from Brahmin community and blaming parents and cries continuously and feels hopeless and worthless.

Psycho social intervention

Individual level

- To educate the nature of illness and the need for medication in improving his quality of life.
- To bring change in his negative attitude.
- To improve his coping and problem solving skills.
- To help him in bringing acceptance and to help his build a healthy relationship with his parents.
- To improve his orientation to reality.

Family level

- To psycho educate
- To educate parents regarding the Consequences of conflicts in family in pt's psychological state.
- To counsel parents in improving their inter personal relationship
- To discuss their role as a motivator and reinforce.
- To help in developing healthy family system.

Types of the session

Individual session with the patient	:24
Individual session with the parents	:15

Conjoint session with the patient and parents :10

Intervention carried out

- Psycho education
- Brief Cognitive Behavioral Therapy
- Family counseling
- Family therapy for parents
- Exposure Response Prevention

Psycho education

Patient was educated about his illness and he was given insight about his depression and obsessions which helped the trainee easy to counsel him further. Parents were educated about the factors that involved in his current disorder.Patient and parents have been psycho educated regarding patient's psychological state and the need of regular medication and follow up. It took 4 sessions to educate patient and family members in detail.

Brief Cognitive Behavioral Therapy

Patient was introduced about the brief CBT and the purpose of the application in his case. Session was started with the orientation and the initial treatment plans and goals were formulated and then the therapy session has begun. Patient was addressed about how his thoughts, feelings, situation have been inter connected with his irrational beliefs and maladaptive behaviors.

Patient was intervened to alter his negative thoughts with rational thoughts. Patient was worked on behavioral activation module which include a set of procedure and techniques to increase patient's activity which includes enhancing coping and adoptive patterns and alleviate reduce depression, reintroducing pleasant events and problem coping skills which improves mood in many different ways

Patient was given home works and set an action plan to patient to work out effectively to enhance his quality of life and adoptive coping mechanisms.

Family counseling

The sessions were conducted for parents and patients and also for parents. Parents were not satisfied with their marital partners and so they frequently involved in interpersonal conflict which reflected in patient's life and personality which made the patient to have strong negative attitude towards parents. Both sessions were conducted subsequently and they responded positively. Parents were reunited for patient and when patients sensed that he accepted his parents and strengthened family interaction pattern and their social living.

Exposure and response prevention

The method is predicated on the idea that a therapeutic effect is achieved as subjects confront their fears and discontinue their escape response. The behavioral process is called Pavlovian extinction or respondent extinction and it is one of the effective tools in treating patients with obsessions and compulsions.

Client had repeated thoughts of his girl friend and her identities. Patient found restless and ruminative due the irresistible thoughts. He was avoiding coaching classes because the trainer belongs to the girl's community and he has to go to XY place where he could face people belongs to that community. So the trainee has planned for ERP and explained him about the session and after his acceptance he was taken to XY by bus and visited his coaching center and made him to talk with people for 1 hour. Patient was taken there three days consecutively to XY and counseled the patient. After ERP he felt relaxed and reported 75% improvement.

Outcome of the intervention

1. After discussing about patient's illness to the parents they understood it
2. Client can understand his illness and recognize his automatic negative thoughts to deal with the same
3. As the initial session progresses the client started developing adaptive defense mechanism which handles things to cope with better which includes his academics too
4. During the therapy session he made to ventilate about all his past life events and unfulfilled needs which made him to be relaxed and Patient's adjustment pattern has been increased
5. Parents also cooperated to change the family situation by working on IPR problems and started supporting the client's issues seriously

6. Patient also accepted his parents and they both exchanges gifts, love and affection
7. After ERP patient left his fear to meet and socialize with the particular community and joined in coaching center
8. Anger therapy made him to ventilate unexpressed anger and pent up feelings which helped him personally and therapeutically
9. Patient has become motivated and confident in doing his daily routines and taking decisions upon carrier and studies.

Job satisfaction-An important indicator of workers' wellbeing

Dr.K.Kavitha Maheswari[1] & R.Pavithra[2]
[1]Assistant Professor, P.G & Research Department of Social Work, Shrimati Indira Gandhi College, Tiruchirappalli-2, Tamil Nadu
[2] II MSW P.G & Research Department of Social Work, Shrimati Indira Gandhi College, Tiruchirappalli-2, Tamil Nadu

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Job satisfaction is an occupational indicator of wellbeing an important subject for researchers. Employees should be treated fairly and with dignity. Job satisfaction is a reflection of good treatment. Research design is dealing with the fundamentals of the research. In this study the researchers used descriptive research design to study the nurses' job satisfaction along with their personal, family, marital and occupational details. This study was conducted in a bedded private hospital in Trichy. There were totally 50 women nurses were working in this study. Hence censes method was employed in this study to give the complete enumeration of the universe. A self-prepared questionnaire covering the aspects of personal, family, marital and occupational details along with a standardized tool on job satisfaction developed by Paul.E. Spector(1985) was used for data collection. The findings of the study showed that more than half of the respondents perceived low job satisfaction and its dimensions.*

Keywords: *Nursing staff and job satisfaction*

Introduction

Job satisfaction is an occupational indicator of wellbeing an important subject for researchers. Employees should be treated fairly and with dignity. Job satisfaction is a reflection of good treatment. Job satisfaction is also considered as an indicator of emotional well- being. Higher authorities should give attention to job satisfaction of employees because the employees whoare not satisfied in their job are more likely to provide poor performance. Job is the source of income as well as important significant element of life. Job takes away a large part of employee's day and also contributes to one's social status. Satisfaction in job is one of the key components of the well-being of employees.

Job satisfaction is alsoused to motivate the employees to work effectively. It has often been said that "A happy employee is a productive employee." A happy employee is, the one who is satisfied with his job.

Job satisfaction has its impact on the overall conditionof life of the employees also, it is because a satisfied worker is a contented and happy human being. A worker with his high satisfaction has better physical and mental wellbeing. Though there is dilemma on to which one is the cause and which the effect is, but there are correlated to each other and complemented each other.

According to Locke1 (1976), stated that job satisfaction is a positive emotional state which resulted from the appraisal of one's job or from job experiences. Spector (1997) considers job satisfaction is about employees' attitude which reveals the extent to which individual likes his job, and is always positively related with work performance. Mullins (1999) highlights the factors influencing job satisfaction of workers are individual factors such as intelligence/ abilities, age, education, marital status, personality, orientation to work and so on., Social factors such as co-workers relationship, group cohesion and values, opportunities for interaction., Cultural factors such as attitudes, beliefs and values., Organizational factors namely size and nature, personnel policies formal structure, and procedures, employee relations, technology, nature of work, and work organization, supervision and leadership styles, management information systems and work environment., Environmental factors such as economic, social, technical and governmental influences.

Mohammad Sayed.A.,&Akhtar N. 5 (2014) studied the impact of work life balance and job satisfaction on organizational commitment among healthcare workers. It was found that work life balance enhances job satisfaction which leads to the organizational commitment in the long run. Results showed that respondents have moderate level of, job satisfaction and organizational commitment. Author stated that work life balance and job satisfaction are important for improvingand enhancing organizational commitment among healthcare employees.

Singh Rajkumar G. 6 (2013) conducted a study on job satisfaction among hospital employees. Author states that employees who are satisfied with their job employee in the job exhibited better performance. This Study also investigated the factors influencing the job satisfaction among the private hospital employees of Manipur in India and it was found that there a significant association between employees job satisfaction

and relationship behavior factors, pay and compensation factors and training and career growth factors. Pay and compensation dimensions were the most importantfactors for job satisfaction of employees.

Jethanna R., et.al.11 (2011) explored the relationship between workers' personal profile and their job satisfaction. The personal profile includes variables namely age, gender, work experience, marital status, dependent children and parents were compared with job satisfaction. Study revealed that majority of personal factors has positive impact on the job satisfaction. The study concludes that in the determinants of job satisfaction. Variables from personal profile identified from psychological and sociological perspective should be included. Facilities like insurance coverage, education of the children provided by the organization were significantly associated with job satisfaction and overall organizational commitment.

Materials and methods

Aim of the study

The aim of the study is to assess the level of job satisfaction among nurses.

Research design

Research design is dealing with the fundamentals of the research. In this study the researchers used descriptive research design to study the nurses' job satisfaction along with their personal, family, marital and occupational details.

Universe and sampling

This study was conducted is a 70 bedded private hospital in Trichy. There were totally 50 nurses were working in this study. Hence census method was employed in this study to give the complete enumeration of the universe.

Tools of data collection

A self-prepared questionnaire covering the aspects of personal, family, marital and occupational details along with a standardized tool on job satisfaction developed by Paul.E. Spector(1985) was used for data collection.

Pilot study and pre-test

The researcher went to the respective hospital for her con current field work training where in the HR manager was her agency supervisor. She suggested the trainee to take up the study, then the tool for, data collection was pretested with a sample of 5 nurses and there was no change took place in the tool and hence it was finalized for data collection. All the pre-tested respondents were included in the study.

Operational definition

Nurse:

The nursing staff holding approved degree or diploma in nursing or ANM who are working the selected hospital are called nurse.

Job satisfaction

The nursing staff's satisfaction about their job including the components of pay, promotion, supervision, fringe benefits, contingent rewards, operating condition, co-workers, nature of work, communication and overall level of job satisfaction.

Findings and discussion

Findings on personal data

A vast (92%) majority of the respondents are female only 8% of the respondents are male because the nature of the job is mostly preferred by women.A little less than 2/5th of the respondents were degree holders in nursing. A little more than 1/4th of the respondents were diploma holders.26% of them were ANM.More than half (1/2th) of the respondents are unmarried and a little less than1/2th of the respondents are married.Nearly3/4th respondents are coming from rural background and less than 2/5th of respondents are coming from urban background.

Findings on family details

1/2th of the respondents were not married and a little more than nearly 2/5th of the respondents were having children.6% of them do not have children A little more than 1/2th of the respondents have one child and a 2/5th of the respondents have two children and 5% of then have three children.A little more than 1/2th (54%) of the respondents are hailing from nuclear family and more than 2/5th (46) of the respondents are from joint family.A little less than 1/2th (48%) of the respondents have 4-5 members in

their family a little less than 1/4th (24%) of the respondents have below three members in their family and 28%of the respondents have more than 5 members in their family.

Findings on marital conditions

14%of the respondent's spouses are engaged in technical work like electrical fitter and welder.10% of the respondents spouses were clerks. 10% of the spouses of respondents were doing agriculture.6% of them were doing business. 2% of the respondent's spouses were work as drivers and coolie respectively. 28 % of the respondents'spouses' nature of occupation is temporary and a little 16% of the respondents' spouses were engaged in permanent job. Nearly 1/3rd of the respondents married with their relatives.Nearly 3/4th of (70%)of the respondents have previous work experience and less than 2/5th(30%) of the respondents don't have previous work experience.

Findings on occupational conditions

A little less than 2/5th (38%) of the respondents have below 2 years of experience and a little less than 2/5th (38%) of the respondents have 3-8 years, and 24% of them having more than 8 years of work experience. A little less than 2/5th (38%) of the respondents having below 4 years of experience and a little less than 2/5th (38%) of the respondents having 2-3 years of experience and 24% of them having above 3 years of experience in their current job. A less than 1/2th (46%) of the respondents salary ranged between and less than 1/3rd (30%) of the respondents salary is above rs.9000 and 24% of their salary is below rs.7000.A vast (92%) majority of the respondents are not satisfied with their salary and a little percent of the (8%) of the satisfied with their salary. A vast majority (88%)of the respondent family members and not working in the same jab and only 12%of the respondent family members also working in the same job which the respondents are engaged. Exactly 1/2nd (50%) of the respondents have chosen this job on own interest and a little less than 2/5th (36%) of the due to their humanitarian service made them to choose their and job.12%of the respondents opined that scope and wider job opportunity of this job made them to take it as their career. And 2% of the chosen this job due to family influence. 30% of the respondents felt that the night shift system made 14%of them disliked the existing leave provisions.8% of them opinion relationship with their college. More than 3/4th (80%) of the respondents felt that they have good rapport with then less than 1/5th (16%) of the respondents felt that they have very good rapport with their supervision and 4% of them perceived very poor rapport with their very poor. A little less than 3/4th (70%) of the respondents perceived good rapport with their co-workers and a little less than 2/5th (18%) of the respondents had very good rapports with their co-workers are 12% of the respondents felt that their rapports with their co-workers are very poor. A vast majority 94% of the respondents are satisfied in their service to patients and a little lee than 1/4th (6%) of the respondents are not satisfied their service to the patients.94% of the respondents are satisfied in their service to patients and a little less than 1/4th of the respondents are not satisfied by their service to the patients.94% of the respondents feel proud for their profession and the remaining are not feeling the same. A little less than 1/3rd of the respondents not satisfied by their care towards their children and 10% of them felt that they are satisfaction taking care of their children. More than 1/4th of the respondents receive good co-operation from their family members and 12% of the respondents are able to get very good co-operation from their family members towards their job and 4% of them have very poor co-operation from their family members.84% of the respondents are satisfied with their working environment and 16% of the respondents did not satisfy with their working environment. 3/5th of the respondents were able to manage their family while working 2/5th of the respondents were unable to manage their family and job and they felt that it is difficult to shoulder dual responsibilities.

Table-1

Distribution of the respondents according to their Job Satisfaction

S. No.	Various Dimensions of Job Satisfaction	No. of Respondents (n = 50)	Percentage
1.	**Pay**		
	Low	28	56.0
	High	22	44.0
2.	**Promotion**		
	Low	36	72.0
	High	14	28.0

3.	**Supervision**		
	Low	27	54.0
	High	23	46.0
4.	**Fringe Benefits**		
	Low	29	58.0
	High	21	42.0
5.	**Contingent Rewards**		
	Low	37	74.0
	High	13	26.0
6.	**Operating Conditions**		
	Low	33	66.0
	High	17	34.0
7.	**Coworkers**		
	Low	34	68.0
	High	16	32.0
8.	**Nature of Work**		
	Low	34	68.0
	High	16	32.0
9.	**Communication**		
	Low	33	66.0
	High	17	34.0
10.	**Overall Job Satisfaction**		
	Low	36	72.0
	High	14	28.0

It is inferred from the above table that more than half of the respondents perceived low level of pay dimension(56%), promotion(72%), supervision(54%), fringe benefits(58%), contingent rewards(74%), operating conditions(66%), relationship with co-workers(68%), communication(66%) and overall job satisfaction.

Findings on test of difference

Gender and job satisfaction:

There is significant difference between the gender of the respondents with regard to their satisfaction on their pay (z=3.042 at 0.01 level of significance), promotion (z=4.420 at 0.01 level of significance), supervision (z=3.289 at 0.01 level of significance), contingent benefits (z=2.117 at 0.05 level of significance), communication (z=2.117 at 0.05 level of significance) and overall job satisfaction (z=3.557 at 0.01 level of satisfaction)

There was also no significant difference between the gender of the respondents with regard to their satisfaction about their fringe benefits, operating conditions, co-workers and nature of work.

Domicile and job satisfaction:

There was no significant difference between the domicile of the respondents with regard to their job satisfaction and all its dimension.

Marital status and job satisfaction:

There was no significant difference between the marital status of the respondents with regard to their job satisfaction and all its dimensions

Conclusion

This descriptive research study is concluded that nursing staff perceived low level of job satisfaction along with all its dimensions. So improvement in such areas of job satisfaction is essential for the enhancement of employees' performance and their overall wellbeing. The workers spend most of their time in their job and

hence satisfaction in their job is an important influencing factor of their emotional wellbeing and over all happiness.

References

1. Mohammad, Syed, A., &Akhtar, N. (2014). The Influence of Work Life Balance and Job Satisfaction on Organizational Commitment of Healthcare Employees. International Journal of Human Resource Studies, 4(2), 18–24. http://doi.org/10.5296/ijhrs. v4i2.5667
2. Singh, RajkumarGiridhari. (2013). Factors Explaining Job Satisfaction Among Hospital Employees. OPUS: Annual HR Journal, [S.l.], p. 29-43, ISSN 0973-9866. Available at: http://www.i-scholar.in/index.php/oahj/article/view/43487
3. Jathanna, R., Melisha, R., Mary, G., &Latha, K. (2011). Determinants of Job Satisfaction among Healthcare Workers at a Tertiary Care Hospital. Online Journal of Health …, 10(3), 3–5. Retrieved from http://cogprints.org/8001/
4. Mosadeghrad, A. M., Ferlie, E., & Rosenberg, D. (2008). A Study of the Relationship between Job Satisfaction, Organizational Commitment and Turnover Intention among Hospital Employees. Health Services Management Research, 21, 211–227. http://doi.org/10.1258/hsmr.2007.007015
5. Selebi, C., &Minnaar, A. (2007). Job Satisfaction among Nurses in a Public Hospital in Gauteng.Curationis, 30(3), 53–61. Retrievedfrom http://search.ebscohost.com/login.aspx?direct= true&Auth Type= cookie, ip, shib&db= rzh& AN=2010031335 & site=ehost-live
6. Lu, H., While, A. E., &Barriball , K. L. (2007). Job Satisfaction and Its Related Factors: A Questionnaire Survey of Hospital Nurses in Mainland China. International Journal of Nursing Studies, 44(4), 574–588. http://doi.org/10.1016/j.ijnurstu.2006.07.007
7. Pietersen, C. (2005). Job Satisfaction of Hospital Nursing Staff.Journal of Human Resource Management. 3(2), 19–25. http://doi.org/10.4102/sajhrm.v3i2.66
8. Kazi, G, M., &Zadeh, Z, F. (2011). The Contribution of Individual Variables: Job Satisfaction and Job Turnover. Interdisciplinary journal of contemporary research in business. 3(5): 984-991.
9. Khalid, S. Irshad, Z. Mahmood, B. (2012). Job Satisfaction among Academic Staff: A Comparative Analysis between Public and Private Sector Universities of Punjab, Pakistan. International Journal of Business and Management. 7(1): 126-136.
10. Malik, M. E., Nawab, S., Naeem, B., Danish., & Danish, R. Q. (2010). Job satisfaction and organizational commitment of university teachers in public sector of Pakistan.
11. Mangi, R, A. Soomro, H, J.Ghumro, I. Abidi, A, R. Jalbani, A, A. (2011). A study of Job Satisfaction among Non Ph.D faculty in Universities.Australian Journal of Business and Management Research. 1(7): 83-90.

Learning Outcome of Students as perceived by Primary School Educators – A Study

Geetha G[1] & Dr. Sam Deva Asir[2]
[1]Ph.D Scholar, Social Work, PG & Research Department of Social Work,
Bishop Heber College, Tiruchirapalli – 620017
[2]Assistant Professor, Social Work, PG & Research Department of Social Work,
Bishop Heber College, Tiruchirapalli – 620017

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Each school classroom has different level of learners, but in most schools there is only oneadult (or even less) available to teach 40 (or even more) students. This ratio of 1:40 cannot practically do justice to different kind of learners. The purpose of this study is to understand the existing support systems present in schools for students to improve their learning outcome. To study this, the researcher introduced a structural learning model to school educators in Chennai and understands educators' opinion about its implementation in Chennai schools. The samples were selected using stratified random sampling. The study used mixed methodology for data collection. Questionnaire and focused group discussions were the tools used for data collection. The findings revealed that there were very less support available in schools. Each teacher has different approach towards student learning. These trainings appear to be very helpful in improving teachers' attitude towards teaching students with different needs. The reality in most government schools is that teachers struggle to keep the student attendance regular. In this battle, there is less focus given for learning outcome. There are a number of other findings that the study revealed, which is elaborated in the paper. This study also provides suggestions for the school system to adapt based on the findings from the study.*

Keywords: *Learning barriers, quality education, teachers*

BACKGROUND

The recently released Annual Status of Education Report (ASER) 2016 covers every rural district in India contains up-to-date statistics about India's quality of education.Enrolment in India's primary schools is still at an impressive 96%, and the number of schools compliant with the Right to Education (RTE) Act 2009 norms, such as providing drinking water and usable toilets, continues to rise. However much of this is undermined by a fundamental challenge faced by public and private schools alike. ASER identifies that learning levels are unacceptably low, and have been stagnant or getting worse over the past few years, especially in government schools. In basic reading and numeracy skills, the majority of our schoolchildren are falling several years behind where they should be based on their ages and the classes they attend. ASER studies show that 95.5% children go to school in Tamil Nadu but, sadly more than 50% children in Std.5 cannot read Std 2 text (Source ASER 2013). Although we have schools that are open and children that attend, many of these schools fail in their basic mission of teaching.

Media reports on ASER analysis reveals that the education departments in several states are only beginning to shift their focus to student learning outcomes. ASER in its 2016 report articulates that the thrust of policy and practice in India is beginning to shift from "schooling" to "learning" (Rukmini Banerji, Director, ASER Centre). Madhav Chavan, chief executive and president of Pratham Education Foundation says,"The problem is immediate and urgent. We have not moved forward for years. We have got students to schools but the learning outcome remains poor."While a few states are experimenting with new and innovative policies aimed at improving learning, there is very little consensus on interventions that are scalable and proven effective at improving learning in primary schools.

Also, research and analysis on the Right To Education Act clearly indicates that the country has students to school, however the system hasn't succeeded in improving learning outcomes.

IT TAKES A SYSTEM, NOT JUST A TEACHER

Research supports what most of us see as common sense: What goes on between the teacher and the student is central to high-level learning. Effective teaching is not the end goal. However, it is the means to an end: Student achievement.

Nevertheless, all teaching is more effective when effectively supported. Achieving the goal of improving instruction requires a supportive and aligned system. Stated another way, although effective teaching is essential, it is not sufficient to maximize achievement for all students. This understanding of the need for an organization-wide commitment is at the heart of the proposed research. The world of today requires a

different core of knowledge that all students need for success. The drive of global competition, elimination of unskilled jobs, advancement in technology, and the demand for maintaining better quality services has led the public, media and government to push for higher standard for all students. This is why change must happen in schools soon.

WHAT WORKS – ANALYSIS OF PAST RESEARCH

Recognizing the challenges facing schools today is easy. Identifying the most effective ways to address them is not. Education research is plentiful and comprehensive, so much so that studies are available to prove or disprove almost any decision made by education leadership. However, most of the respected research is consistent on one key school improvement issue: effective instruction really matters. No single variable has *more* impact than teaching.To make teaching more effective developed countries like the United States of America have required a legal commitment from schools to implement Response to Intervention (RTI).

STATEMENT OF PROBLEM

Over the lastcouple of years, international and national attention has begun to shift from being input focused to learningoutcome oriented. There is no question that schools need to have good infrastructure, but to keep achievementof quality on hold until all infrastructure is taken care of is quite absurd.The proposed research will study the strengths and concerns of implementing RTI in Tamil Nadu schools, understand the strategies that teachers use in class rooms to improve the learning outcome of students.

OBJECTIVES

- To study socio demographics of the respondents
- To present and help educators understand Response to Intervention Model
- To understand the strengths of implementing the model in primary schools
- To understand the concerns of implementing the model in primary schools
- To understand the existing support services in schools
- To understand collaborating opportunities in schools for teacher to discuss student concerns

METHODOLOGYANDAPPROACH

The proposed study draws support from Bandura's Social Learning Theory. Bandura's Social Learning Theory posits that people learn through observing others' behavior, attitudes, and outcomes of those behaviors. "Most human behavior is learned observationally through modeling: from observing others, one forms an idea of how new behaviors are performed, and on later occasions this coded information serves as a guide for action." (Bandura). This theory explains human behavior in terms of continuous reciprocal interaction between cognitive, behavioral and environmental influences.

The proposed study also draws foundation from the Response to Intervention model (commonly abbreviated RTI or RtI). RTI is a method of academic intervention used in the United States to provide early, systematic assistance to children who are having difficulty learning. RTI seeks to prevent academic failure through early intervention, frequent progress measurement, and increasingly intensive research-based instructional interventions for children who continue to have difficulty. RTI is a multileveled approach for aiding students that is adjusted and modified as needed.

The proposed study is expected to apply qualitative and quantitative approach to ensure better outcomes.

METHODOLOGY AND TOOLS FOR DATA COLLECTION

The researcher has planned to use mixed methodology for the proposed study. Sequential method is adopted with the following tools:

1. Questionnaire
2. Scale (teachers' attitude towards teaching)
3. Focused Group Discussion – 5 groups

SAMPLING

Sample is a group of elements selected from a large, well-defined pool of elements. A sample is a subset of population (McBurney, 2001).

The proposed study plans to deploy **Multi-stage Sampling**.

Multi-stage sampling (also known as multi-stage cluster sampling) is a more complex form of cluster sampling that contains two or more stages in sample selection. In simple terms, in multi-stage sampling large clusters of population are divided into smaller clusters in several stages in order to make primary data collection more manageable.

Sampling Frame Work:
The proposed study is divided into four stages.

Stage 1 – Zones
Sarva Siksha Abhiyan (SSA) has divided Chennai into **10 Zones**.
5random zones are considered for the study.

Stage 2 - Types of school
Each zone has **4 types** of schools. (Corporation , Aided, Private and Management schools)
Census Method is adopted at this stage. All 4 types of schools are considered for the study.

> ***Census method:***
> *Census method refers to the complete enumeration of a universe. A universe may be a place, a group of people or a specific locality through which we collect the data.*

Stage 3 - Number of schools
Stratified Disproportionate Random Sampling is adopted at this stage. **1 school** from all 4 types of schools are selected for the study. Therefore, 4 schools from each zone becomes part of the study making a total of 20 schools.

Stage 4 - Respondents
Stratified Disproportionate Random Sampling is adopted at this stage. **5 teachers** teaching primary classes from the selected schools and their **HMs** become respondents of the study.

Stratified Disproportionate Random Sampling:
Disproportionate stratification is a type of stratified sampling. With disproportionate stratification, the sample size of each stratum does not have to be proportionate to the population size of the stratum. This means that two or more strata will have different sampling fractions.The size of the sample selected from each subgroup is disproportional to the size of that subgroup in the population.

Subjects
The subjects in this study are primary class educators from 20 schools in Chennai. 5 Teachers from these 20 schools will be part of this study. A total of 100 surveys are completed.
(5 Zones x 4 schools = 20 schools;
20 schools x 5 teachers = 100 teachers;
Response to intervention model was explained and presented to the teachers. At the end of the session, a questionnaire was distributed for data collection.

Significance of the proposed study
It is important to study RTI's acceptance and to study the different strategies that teachers use in classrooms to implement the process the right way and to help students to be successful in general education classes. In countries were these kind of interventions are successfully implemented, historically before the implementation of RTI students who were not being successful were thought of having a learning disability and are placed into special education classes before any type of intervention.

Universe
Primary schools in Chennai has been taken into study.

Tools for Data collection
1. A questionnaire to study Socio – demographic variables.
2. Aquestionnaire developed to study the strengths and concerns of the model.
3. Focused Group Discussion will be used to study the existing support services in schools and collaborating opportunities.

Main findings from the study:
1. The study revealed that government and corporation schools had one teacher teaching all 5 subjects, English, Tamil, Maths, EVS, and Social Science; where as teachers teaching in private

schools did not teach more than three subjects in any given classrooms. This shows that private school teachers have more opportunity to excel in their subjects and provide focused subject specific attention compared to government and corporation schools.

2. The Study revealed that 54% teachers had a post-graduation degree, 100% teachers had B.Ed.
3. The study revealed that 46% of teachers were between the age group of 40-50 years, 30% of teachers were between the age group of 30-40 years, 12% teachers were between the age group of 50-58 years, and 12 % were below 30 years.
4. Most Corporation and government-aided schools had teachers in their school who are not on the payroll of the government. There are NGOs who send their teachers to government-aided and corporation schools to teach. These teachers act as regular teachers in these schools. There are various health and hygiene lessons that are taught by these teachers.
5. According to Corporation and government-aided school teachers, over 82% of teachers from NGO are present in their schools to improve English skills of the students.
6. A majority of 98% teachers agree that RTI model can be helpful in improving the learning outcome of students. However, it is evident that there are not many special educators in schools to cater to the needs of students with learning difficulties. 3% of schools had special educators in their schools. These schools, which have special educators, have students with severe learning needs. The special educators are not government staff; School grant is used to employ such staff.
7. A majority of 98% teachers who have Activity Based Learning (ABL) classrooms agree that RTI model can be implemented in their classrooms. ABL classrooms are set up in groups, which will help teachers to give differentiated instruction to different groups.
8. Over 70% teachers agree that this model will demand more work from teachers.
9. A majority of 82% teachers agreed that they have students who struggle to learn in their classrooms.
10. None of the government or corporation schools have a defined system in their school to identitystudents with learning needs. 12% of private schools had special educators in their school that will help children with learning needs.
11. 72% of teachers have received training on handing children with learning needs. They have received training to identify children with learning disabilities. But since the study revealed that only 3% of schools had special educators it will be difficult of teachers to bring about any change in the children with learning needs.
12. Over 70% teachers discuss with their peers, senior teachers, and HM to get ideas and strategies to help children who struggle to learn.
13. The study revealed that Corporation and government-aided schools had 40% more programs on health and hygiene in schools compared to private schools.
14. 68% of Corporation and government-aided schools teachers said that parents do not support the children in their education. Rest 32% teachers felt that there are some parent who are interested to know about their children progress.
15. Corporation and government-aided schools teachers struggle to get students come to school regularly. There are different reasons like family problems, parent's sickness, student's sickness, parent separation, etc which disturbs the student in coming to school regularly.
16. Private school teachers did not find student attendance as a challenge. However Private school teacher expressed difficulty in handling parents. Private school teachers felt that the parents are very demanding, and hence the school management is pressurizing the teachers.

Recommendation:

- The study clearly indicates that schools have a number of children with poor learning skills. Teachers agreed that RTI model would help students in their classrooms. However, the resources required to set up this model is limited. There are only 3% of schools, which have special educators. Hence providing capacity building programs for teachers on handling students with learning needs will benefit the children to improve their learning outcome.
- Teachers sharing strategies among them and their peers is a helpful.
- It is recommended that schools document such incidents where teachers consult with peer teachers for new strategies. Documenting the result of an intervention will also be helpful for future references.

REFERENCES

1. Annual Status Education Report – 2013, released by Pratham Education Foundation, New Delhi.
2. The Next Frontier: Inclusion inInternational Schools - A Practical Guide for School Leaders by Pelletier, Kristen; Bartlett, Kevin; Powell, William; Powell, and Kusuma Ochan 2011.
3. Social Work Theories, General Learning Corporation, Bandura, Albert, 1971 - Social Learning Theory
4. The Daggett System for Effective Instruction: Where Research and Best Practices Meet Willard R. Daggett, Ed.D., Founder and Chairman, International Center for Leadership in Education.
5. International Journal of Current Research and Academic Review ISSN: 2347-3215 Volume 2 Number 9 (September-2014) pp. 204-213www.ijcrar.com
6. Leadership Practices for School Improvement: Gender Disparities
7. Naseer Ahmad Salfi, Ashiq Hussain and Muhammad Nasarullah Virk

Manifestation of Abuses Experienced by the Street Children in Vellore

Dr. M.Mathew Arumai[1], Dr. S.D.Sumathi[2] & Mr. Arulraj Louis [3]
[1]MSW, PhD, DCHM, Community Medicine Department,
SRM Medical College Hospital and Research Centre, Chennai, Tamilnadu
[2]MA, PhD, Asst. Professor, Department of Tamil, Quaid-E-Millath
Government Arts College for Women, 74, Binny Road, Anna Salai, Chennai 600 002
[3]M.A, Chief Executive Officer, International Alliance, Chennai, Tamil Nadu

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT

Background:*Street children in India significantly constitute one tenth of world's children. Abject poverty and peer pressure are the main causes for them to wallow in the streets. Their marginalizationhas made them acutely vulnerable to all forms of abuses and exploitation.Considering these facts and with the aim to fill the gaps in the research studies, the study was undertaken among the street children in Vellore.*

Materials and Methods:*Cross sectional study design was employed to examine the socio-economic and health status and to observe various forms of abuses among the street children in Vellore, Tamilnadu, South India. Purposive sampling technique was adopted to select 80 street children.*

Results: *The result showed that diverse forms of abuses like verbal, physical, emotional, and sexual and substance abuses were highly prevalent among the street children in Vellore. As per their education, 57.5% have studied up to 5th grade and occupationally 66.2% have engaged themselves in rage picking works. 93.8% of the children have been physically abused by their parents, goons, adults, business establishment people, police, and fellow children. 90% of them have been addicted to substances like inhalants (correction fluids), ganja, alcohol, chewing hans and panparag, and beedi & cigrates. Similarly, 88.8% of them experienced verbal abuses, 87.5% have been sexually abused and 77.5% have encountered emotional abuses.*

Conclusion: *It is evident from the study that different forms of abuses are prevalent among the street children. A robust and comprehensive programme is the need to enhance their educational, health, social, economical status and bring them into the national mainstream*

Keywords: *Street Children, Verbal abuse, Physical abuse, Emotional abuse, substance abuse and Sexual Abuses.*

Introduction

Street children in India significantly constitute one tenth of world's children. It is estimated that in developing countries 300 million children live on the streets without adequate access food, shelter and health services. In Asia, there are 25 million children living on streets, in which India occupies an outstanding place in the world(Bal, Mitra, Mallik, Chakraborti, &Sarkar, 2010).There are 2 million children currently living on streets in India(Kanti, 2018). The main causes that drive them to the streets as runaways and abandoned children are poverty and peer pressure influences (Narayanan & Joshi, 2014). The street children fall into two categories; situational and justifiable. The situational children do not have reasons for being exploited, but for the justifiable ones, there ought to be concrete reasons for being exploited(Aptekar & Stoechlin, 2014). Most of these children are deprived of love, protection and warmth of parental care. In their childhood, they lost their right to education, right to protection and right to development. They mighteven suffer serious and often permanent physical and personality disorders, which further exacerbates their vulnerability in the adult period.

Children of the street who do not join their parents at night, miss much more. Street is the area of their work, recreation, rest and shelter. They may sleep under the open sky, under a bridge, in a drainage pipe, in an unclaimed shelter or in unused railway compartment. They use news papers as their mattresses and gunny bags as quilt to fight the cold(Sethi, 2004).

UNICEF report showed that 40000 street children die every day in developing countries, of whom 25% are in India. More than 90% of the street children living metropolitan cities in India (such as Delhi, Kolkata, Bangalore, Chennai,) do not have access to toilet facilities(Nigam, 1994).In a study conducted in Mumbai, Gaidhane, et al (2008) showed that out of 163 street children, 81% are under substance abuse, 52% have been physically abused and 32% have been sexually abused. Ministry of Women and Child Development (2007)in its research report indicated that out of the total children interviewed in 13 states, 69% have been physically abused, 53% sexually abused and every second child is emotionally abused. It was estimated that there were 3 million prostitutes in India, of which 40% were children.The street children reported experiences of verbal, psychological, health, sexual and substance abuse. 61.8% fell in the moderate

category while 36.6% in severe category. Gender differences were significant in health and overall abuse, indicating boys to be significantly more abused than girls(Mathure, Rathore, & Mathure, 2009).

Substance use is prevalent among the adolescent street children in Delhi. More than 50% of them consume diverse forms of substance that include tobacco, alcohol, inhalants, and ganja. This habit is strongly associated with family problems, education, work, domestic problems in families, and history of physical abuse and substance use by parents(Gupta, Khandekar, & Gupta, 2013). It is indicated that economic poverty is found to be the main cause for the children to move to street(Alexandrescu, 1996). Khatun and Jamil (2013) argued that children move out of the household as a direct coping strategy, to diversify the household's portfolio of income generating activities, and that, at the same time, economic poverty leads to stresses and tensions within the household, that become an indirect cause of migration to the streets.Humanium (2014) disclosed that more than 60 million children are forced to work in India, more than 12 million of whom work in a state of servitude. These children grow up and live in inhumane conditions.

The street children who experienced sexual abuse undergo severe emotional and behavioral trauma. The perpetrators of abuse are normally business people, gondas, neighbours, relatives, peers, adults, pimps, etc(Dhawan, Gupta, & Kumar, 2010). The street children work for long periods of time in dirty environments, but their income is considerably very low. In fact, street children are deprived every kind of child rights. This is a sordid state of affairs and a blot in our collective consciences.Today's children are the future of tomorrow. Since they create the world of tomorrow, they are at the heart of social development, so all the stakeholders, including the government, should take necessary steps so that they can enjoy their legal rights(Subarna, Biswas, Md, & Hassan, 2014). The studies related to abuses of street children in local context, are very limited and many incidents of perpetration of violence against them are under reported due to the various reasons. Thus, it is very difficult to identify and estimate the prevalence of abuse the street children face in their everyday lives. Considering these facts and with the aim to fill the gaps in the research studies, the study was undertaken among the street children in Vellore.

Objective of the Study

This study examines the various forms of abuses and the socio-economic and health profiles the street children in Vellore.

Materials and Methods:

Cross sectional study design was espoused to study the prevalence of various abuses among the street children in Vellore, which is a district head quarter of Vellore District in Tamilnadu state and a place where there are very famous for international educational institutions. Purposive random sampling technique was adopted in the recruitment of 80 street children in the age group between 10 years and 18 years. Self constructed semi structured Interview schedule was administered to obtain primary data. The schedule was divided into two domains namely socio economic status and forms of abuses. The five areas focused to obtain data from the respondents were verbal abuse, physical abuse, emotional abuse, sexual abuse, and substance abuse.Local NGO facilitated in the process of identification of street children. The children were located in different places such as Vellore Port, fish market, Sarathi Manson, S.S.K Manyam and Thideer Nagar. They were primarily diffident to respond, but after having assured of confidentiality in concealing their identity, they responded to all the questions administered to them. After the data collection, each schedule was reviewedto ensure authenticity of information and they were codified with numbers. Then they were entered into the excel sheet for analysis. Statistical test like chi-square was used to find out the association between socio economic status and different types of abuse. The P-value is less than 0.05.

Results

The study included 80 street children, all of whom were males. Age wise 47.5% were in the age group of 16-18 years, 36.3% in the age group of 13-15 years and 16.3% in the age group of 10-12 years. In regard to their religions, 88.2% professed Hinduism, 7% Islam and 4.8% Christianity, respectively. As for their education, more than half of them (57.5%) have studied up to primary grade, 27.6% have studied high school, 10.1% studied up to Higher Secondary. and 5.1% had no formal education. Occupationally, 66.2% were involved in rag picking, 16.3% were engaged in petty business, 12.5% worked as assistances in scrap shops and5% were involved in beggary. The income analysis showed that 52.5% of the children earned up to 199 per day, where as 33.8% of them earned above Rs. 200 a day. On an average the entire children would engage themselves for 20days in a month.In relation to utilization of their daily income, 53.7% used

major portion of their income for purchasing substances like inhalants, *panprag, hans, beedi*& cigarettes and alcohol, and 27.6% handed over them to their families, and l8.7% used them for purchasing food items.

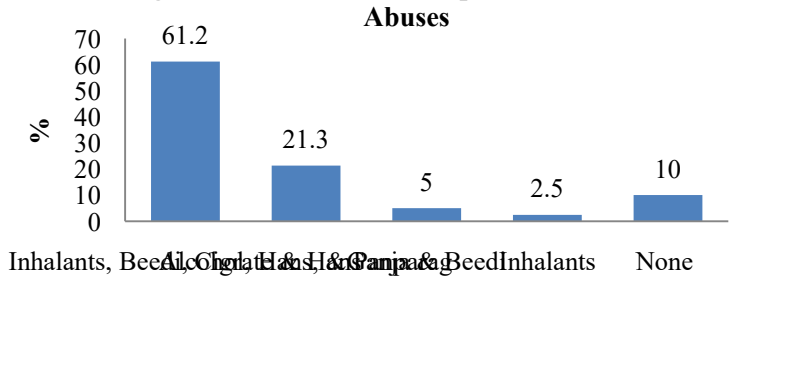
As regards to whom they lived with, 35 % were living with their parents, 28.7% are living with friends, 24.7 %were living with their mothers and 11.7 % were living alone. With regard to the reasons for being on street, 70% said poverty and atrocity of their parents were the core reasons. The other reasons given by them were absence of fathers (13.7%), alcoholic parents (9%) and peer pressure and migration of parents (9%). Regarding their sleeping places, 78.5 % were sleeping on the pavements, playground, in front of shopping complexes, at the Port and in front of fish market. Only 21.5% of them were sleeping in their houses. As for their period of life on street, 60% of them lived on the streets for more than a year.

When asked about their illness in the last month, 75%have suffered from head ache, cough, stomach pain and fever and 14%from skin diseases and sexually transmitted infections.Regarding utilization of services of hospitals for their illnesses, 76.25% have not utilized services of any hospitals.

With regard to verbal abuses, 88.8 % faced more than one form of abuses from others. Among the children who encountered types of verbal abuses, 63% have been abused with words like threatening, criticizing, trivializing and judgment, putting down victim with abusive words, insulting in front of others about victims' behaviours.

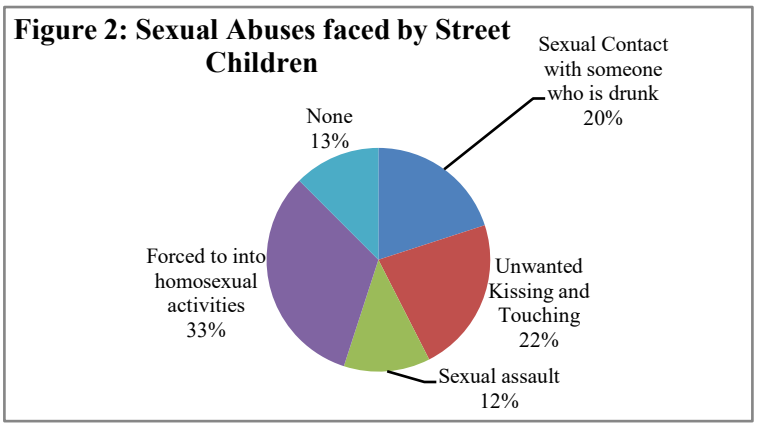
It was observed that 94% received one or multiple forms of physical abuse from their family members, friends, *gondas,* business people, adults, etc. Among the children received physical abuse, 72.8% have been physically abused with beating, slapping and using weapons, dragging, pinching, punching, scratching and shoving.In regard to emotional abuse, 77.5% have encountered one or multiple forms of emotional abuses.Among the children experienced emotional abuses, 71.3% experienced abuses in forms of exploiting, rejecting, ignoring, isolating, corrupting and teasing with inabilities.

Figure 1 Street Children Exposed to Substance Abuses



As for the frequency of use of substances, 53.7% have used them very often, 27.3% occasionally and 19% seldom. In respect of reasons for using substances, 42.6% have gained extra energy which facilitated them to work extra time. 33.4% have got heightened feelings, 12.4% have used to forget worries and 11.6% used for enjoyment. It was observed that 68.6% of them were not aware of what would happen to them if they continued to use substances. 92.9 %(N=39) of the children whose income were between Rs.100-199 had a habit of substance abuse followed by 88.9 %(N=24) children whose income were above Rs. 200 and 81.8 %(N=9) of the children whose income were less than Rs.100 respectively. On the whole 90% of the children irrespective of their income,were in the habit of substance use. There was no statistical significant association between their income and substance use (P=0.7443).

Figure 2: Sexual Abuses faced by Street Children



92.9% (N=39) of the children earning Rs.100-199 a day have been sexually abused. In the same way 85.2% (N=23) children earning above Rs.200 a day and 72.7% (N=8) of the children earning less than Rs.100 a day have been abused. In common, 87.5% of the children have been sexually abused at one point of time, in their street life. However, a statistical significant association was not found between children's income and their sexual

abuse (0.3300).

Discussion:

The study results revealed that 94% of the children have experienced one or multiple forms of physical abuses from their fellow children, adults, *gondas* and police, parents, etc. According to Dutta, (2018) a majority of the children in the study in Mumbai and Kolkata have been exposed to physical abuse for being naughty by their parents and other adults. 61.8% of street children in Jaipur encountered moderate level of physical abuses from their parents and other people(Mathur, Rathore, & Mathur, 2009). It is apparently visible from the above facts that the street children are morevulnerable to physical abuses by fellow and elder children, parents, police*, gondas*, people at market places and general public. There were correlations between studies that most of the children irrespective of places are victims of physical abuses.

In respect of substance abuse, 90% were substance users, among whom 76.3%were in the age group between 13 and 18 years. 61% of them commonly used more than one substance like Inhalants (Correction Fluids), cigarettes, *Beedi* and chewing *hans.*There were two such studies conducted in Bangalore and Gauwati showed that the street children aged between12-and 15 were addicted to correction fluids and other substances like *Gutka,* cigarettes *Ganja* and alcohol. (Murali MohanYadukul &Sathish, 2018, Islam, Kar, Debroy & Sarma, 2014). There were similitude between three studies that correction fluids, *hans & Gutka*, cigarettes and *Ganja*were widely used among the children living on streets. However, it is worth to note that the children whose shelters were on footpath for more than 6 months are two times susceptible to substance abuse than other children.

87% of the children irrespective of their ages have been sexually abused at least once in their street life. Among them, 33% have been forced to have sexual activities with elder street children and other adults of same gender, 22% have been abused by kissing and touching their private parts and 20% had sexual activities with the persons who were drunk. A study carried out in 2007 by Government of India stated that 54% of the street children claimed to having been sexually abused by others(Dutta, 2018). It has been found in another study in Katmandu that 51.4% had sexual intercourse with others, of whom, 66.3% had without condoms(Kakchapati, Shrestha, Li, Rajbhandari, & Poudel, 2018). Similarly in yet another study conducted in Addis Ababa, 28.6% of the street children reported to have experienced different types of sexual abuses(Tadele, 2009). It is obvious from the above examples that many street children are subjected to sexual abuses, it is commonly seen that they themselves get engaged in sexual activities and force other younger children to have sex with them. In the present study the victims of sexual abuse are comparatively higher than other studies conducted in India and abroad.

Table: 1 Educational Status and Diverse forms of Abuses

Types of Abuse	Response	Education								Total		(P) Value
		Illiterate (N=4)		Primary (N=46)		High School (N=22)		Higher Secondary (N=8)				
		No	%	No	%	No	%	No	%	No	%	
Verbal Abuse	Yes	3	75	40	87.0	21	95.5	7	87.5	71	88.8	0.591
	No	1	25	6	13.0	1	4.5	1	12.5	9	11.2	
Physical Abuse	Yes	3	75	45	97.8	20	90.9	7	87.5	75	93.8	0.197
	No	1	25	1	2.2	2	9.1	1	12.5	5	6.2	
Emotional Abuse	Yes	2	50	38	82.6	17	77.3	5	62.5	62	77.5	0.326
	No	2	50	8	17.4	5	22.7	3	37.5	18	22.5	
Substance Abuse	Yes	2	50	45	97.8	19	86.4	6	75.0	72	90.0	0.005
	No	2	50	1	2.2	3	13.6	2	25.0	8	10.0	
Sexual Abuse	Yes	3	75	39	84.8	21	95.5	7	87.5	70	87.5	0.000
	No	1	25	7	15.2	1	4.5	1	12.5	10	12.5	

Table: 2 Age group and Diverse forms of Abuses of Street Children

Types of Abuse	Response	Age Group						Total		(P) Value
		10-12 Years (N=13)		13-15 Years (N=29)		16-18 Years (N=38)				
		No	%	No	%	No	%	No	%	
Verbal Abuse	Yes	11	84.6	26	89.7	34	89.5	71	88.8	0.000
	No	2	15.4	3	10.3	4	10.5	9	11.3	
Physical Abuse	Yes	12	92.3	27	93.1	36	94.7	75	93.8	0.988
	No	1	7.7	2	6.9	2	5.3	5	6.3	
Emotional Abuse	Yes	9	69.2	22	75.9	31	81.6	62	77.5	0.821
	No	4	30.8	7	24.1	7	18.4	18	22.5	
Substance Abuse	Yes	11	84.6	27	93.1	34	89.5	72	90.0	0.863
	No	2	15.4	2	6.9	4	10.5	8	10.0	
Sexual Abuse	Yes	9	69.2	26	89.7	35	92.1	70	87.5	0.184
	No	4	30.8	3	10.3	3	7.9	10	12.5	

Conclusion

It is evident that diverse forms of abuses are commonly perpetrated and prevalent among the street children in Vellore.Physical,sexual and substance abuses are far higher than other forms of abuses. Thus a concrete and comprehensive programme has to be developed to enhance the children's educational, health, social, and economical status to bring them into the national mainstream. Efficacious substance abuse prevention programs might be formulated and implemented for the street children.

Bibliography

1. Alexandrescu, G. (1996). Programme Note: Street Children in Bucharest. *Global Journal of Child Research, 3*(2), 267-270.
2. Aptekar, L., & Stoechlin, D. (2014). In Street Children and Homeless Youth. In *Children in Street Situations: Street Children and Homeless Youth* (pp. 5-61). Springer Netherlands.
3. Bal, B., Mitra, R., Mallik, A. H., Chakraborti, S., &Sarkar, K. (2010). Nontobacco Substance Use, Sexual Abuse, HIV, and Sexually Transmitted Infection Among Street Children in Kolkata, India. *informa health care, 45*(10), 1668-1682.
4. Dhawan, J., Gupta, S., & Kumar, B. (2010). Sexually tranmitted diseases in children in India. *Indian Journal of Dermatorlogy, Venereology, and Leprology, 76*(5), 489.
5. Gaidhane, A. M., Zahiruddin, Q. S., Waghmare, L., Shanbhag, S., Zodpey, S., R, S., & Joharapurkar. (2008). Substane abuse among the Street Children in Mumbai. *Vulnerable Children and Youth Studies: An International Interdisciplinary Journal for Research, Policy and Care, 3*(1), 42-51.
6. Gupta, S., Khandekar, J., & Gupta, N. (2013). Substance Use: Risk Factors among Male Street Children in Delhi. *Indian Journal of Public Health Research and Development, 4*(1), 163-166.
7. Humanium. (2014). *Children of India*. Retrieved September 22, 2018(F, S, A, & R, 2014), from Humanium: http://www.humanium.org/en/india/
8. Khatun, T., & Jamil, H. (2013, September-October). Life style of the street children in Khulna City. *Bangladesh Research Publications Journal, 9*(1), 50-56.
9. Mathure, M., Rathore, P., & Mathure, M. (2009). Incidence, type and intensity of abuse in street children in India. *Child abuse & neglect, 33*(12), 907-913.
10. Ministry of Women and Child Development Government of India. (2007). *Study on Child Abuse: India 2007.* Retrieved September 21, 2014, from http://www.wcd.nic.in/childabuse.pdf
11. Narayanan, S., & Joshi, S. (2014). Preventing – substance abuse among street children in India: a literature review. *Health Science Journal,* 7(2), 137-148.
12. Nigam, S. (1994). Street children of India--a glimpse. *Journal of Health Management, 7*(1), 63-67.
13. Sethi, G. (2004, March). Street Children - A Window to the Reality! *Indian Pediatrics, 41*(3), 219-220.
14. Subarna, N. F., Biswas, A. K., M. K., & Hassan, A. (2014). The Social Life of Street Children in Khulna City of Bangladesh: A Socio-Psychological Analysis. *Asian Journal of Social Sciences & Humanities, 3*(1), 63-73.

15. Dutta, N. (2018). The street children in India: A study on their access to health and education. *International Journal of Child, Youth and Family Studies, 9*(1), 69-82. doi:http://dx.doi.org/10.18357/ijcyfs91201818120
16. Islam, F., Kar, S., Debroy, A., Sarma, R.(2014). Substance abuse among the street children in Guwati city, Assam. *Annals of Medical and Health Sciences Research, 4*(3), 233-238.
17. Murali Mohan, M.C., Yadukul, S., Satish, K. V. (2018). Socio-demographic profile of pattern of Solvent Abuse among Street Children in Bengaluru. *Indian Journal of Forensic Medicine & Toxicology, 12*(2), 1-5.
18. Kakchapati, S., Shrestha, B., Dan, Y., Li., Rajbhandari, R., & Poudel, T. (2018). Drug use, injecting behaviors, and survival sex among street children andyouths in Kathmandu valley, Nepal. *International Journal of STD & AIDS, 29*(6), 588-597. doi:10.1177/0956462417746532
19. Tadele, G. (2009). "Unrecognized victims": Sexual abuse against male street children in Merkato area, Addis Ababa. *Ethiopian Journal of Health Development, 23*(3), 174-182.
20. Mathur, M., Rathore, P., & Mathur, M. (2009). Incidence, type and intensity of abuse in street children in India. *Child Abuse & Neglect, 33*(12), 907-913.
21. Kanti, A. (2018, January 18). Interview with CEO of Save the Childen-India. *BW Business World*, pp. 7-8. Retrieved October 24, 2018, from http://www.businessworld.in/article/There-Are-Over-2-Million-Children-Living-On-The-Street-In-India-Thomas-Chandy-CEO-Save-The-Children/02-01-2018-136112/

SEXUAL REPRODUCTIVE HEALTH, ATTITUDE AND PRACTICES OF ADOLSECENT GIRLS IN RURAL AREAS

Mr. S. ANANDARAJ & Dr. S.MARGARET DIANA

Received: November 20, 2018 Accepted: December 06, 2018

INTRODUCTION

Adolescents and youth are the hope of the future human society. Adolescence as the period of human growth and development that occurs post-childhood and before adulthood, from ages 10 to 19. The period has seen many changes over the past few decades, namely, the earlier onset of puberty, later marriage, urbanization, globalization, and changing sexual attitudes and behavior. Adolescents are not quite capable of understanding complex concepts, or the relationship between behaviors and consequences, or the extent of control they have or can have over health decisions making including that related to sexual and reproductive behavior. Their right knowledge, positive attitude, rational vision and plan actions will shape the future life of the population of the world. Unfortunately, in general knowledge about population, sexuality and reproductive health issues is very poor among adolescent's students, youth and young people in India on one side on the other side adolescents and youths are known as risky group in respect of sex, RCH, RTI, STD, and HIV/ AIDS and other health problems.

REVIEW OF LITERATURE

MalleshappaKShivaram Krishna, Nandini C(2011)suggest that adolescents in rural areas may face troubles due to lack of right kind of information regarding their own physical and or sexual developments. The need to address this problem through health education by health professionals needs to be ascertained. The objective is to determine the effectiveness of a reproductive health education intervention programme in improving the knowledge of adolescent girls aged between 14-19 years in Kuppammandal, chittoordt, Andhra Pradesh. The study was carried out over a period of 8 months. A total of 656 girls in the age group of 14-19 years were randomly selected from 3 high schools (class X) & 3 intermediate colleges(class XI &XII) in kuppammandal, chittoordt, Andhra Pradesh. The reproductive health education package developed in consultation with parents, teachers and adolescents was used to educate the girls. A 50 item structured questionnaire was used to test the knowledge of all the participants about the reproductive health before and after the education session. The data was tabulated and analyzed using SPSS version 11.0 for windows .Findings were described in terms of proportions and percentages, chi square test was used to test the effect of intervention. Reproductive health Knowledge score improved significantly after intervention. A significant increase in overall knowledge re-garding menstrual cycle, ovulation, fertilization & pregnancy by 44.5% was noted (95%CI=42.5,46.5;P<0.001); knowledge regarding contraception improved remarkably from 33.7% to 97.4%(P<0.0001); A significant improvement in the knowledge about trans-mission & prevention of STDs was noted after intervention (P<0.0001). A reproductive health education intervention programme improves the knowledge & attitude among rural adolescent girls regarding reproductive health.
Kotecha P V e tal., from their study that adolescence and their readiness to avail services like Adolescent Friendly Clinic (AFC) among rural school going children.A quantitative survey was carried out using a self-administered structured questionnaire among 768 (428 boys and 340 girls) students from 15 schools by systematic random sampling from schools (3 schools from 5 talukas). Focus group discussions, 5 each with adolescent boys and girls and teachers were held.Only 31% of the boys and 33% of the girls mentioned that they had heard about contraception. More than half of the adolescent boys and girls knew correctly about various modes of transmission of HIV/AIDS. A large proportion of boys and girls have mentioned changes in the opposite sex such as increase in height, change in voice, breast development, and growth of facial hair, growth of hair in private parts, onset of menstruation in girls, etc. Nearly 70% of adolescents were ready to use AFC. Teachers perceived that adolescents become curious about the changes taking place in them, but they lack information and opportunities for open-discussions to get answers to their queries related to reproductive health. They are willing to take help from teachers but teachers are not equipped with knowledge nor are they comfortable discussing these issues with their students.

RESEARCH METHODOLOGY

Aims and Objectives of the Study

To find out the reproductive health of attitude and practices among adolescent girls in rural areas

Research Design

The researcher adopted descriptive research for the present study.

Universe and Sampling Procedures

The universe of the study includes 948 adolescent girls from one to the reputed government school in Perambalur district. The researcher collected data for 8th standard to 10th standard of adolescent girls by using simple random sampling. This data was collected by using lottery method. Thus, the sample size was taken as 50 respondents for this present study.

RESULTS AND DISCUSSIONS

Table: 1
Distribution of Respondents by their Socio-demographic details

S. No	Variables	Number of respondents (n=169)	Percentage
1	**Age**		
	i) 13-14	04	08
	ii)15-16	11	22
	iii)17-18	23	46
	iv)19 years	12	24
	Total	50	100.0

The above table explains that nearly majority of the respondents (46%) were in the age group of 17-18 years and 24% of the respondents were in the age group 19 years. Very few of the respondents (8%) come under in the age group of 13-14 years.

Table: 2
Distribution of Respondents by their Restrictions during Menstruation and Type of Absorbents

S. No	Variables	Number of respondents (n=169)	Percentage
1	**Restrictions during Menstruation**		
	i) Full Restrictions	12	24
	ii)No Restrictions	21	42
	iii)Partial Restrictions (during religious occasion ,schooling etc)	17	34
	Total	**50**	**100.0**
2	**Type of Absorbents**		
	i)Sanitary Napkins	16	32
	ii)Old Cloth pieces	23	46
	iii)New Cloth pieces	11	22
	Total	**50**	**100.0**

The above table shows that nearly half of the respondents (42%) not faced any restrictions during menstruation, more than one-fourth of the respondents (34%) have partial restrictions at religious occasions and more than one-fourth of the respondents (24%) have full restrictions during menstruation. Menstrual Hygiene and its management is an issue that is insufficiently acknowledged and has not received adequate attention in the Reproductive Health in developing countries.

Above table shows more than half of the respondents (46%) usedold cloth pieces as an absorbent during menstruation due to poor hygienic practice, nearly one-third of the respondents (32%) used sanitary padsduring menstruation and meager percentage of the respondents (22%) frequency of changing new cloths varied from once per day to 3 times per day depending upon the day of menstrual period used new cloth pieces as an absorbent during menstruation. This shows that awareness about the possible hazards of

reusing pads was poor which emphasizes the risk leading to high prevalence of Reproductive Tract Infection.

Table: 3
Distribution of respondents by Menstrual Hygiene practices

S. No	Variables	Number of respondents (n=169)	Percentage
1	**Menstrual Hygiene practices**		
	i)Takes both daily with soap	04	8
	ii)Cleans external Genitalia with soap	02	4
	iii)Use of sanitary napkins as absorbent material	15	30
	iv)Store the unused absorbent materials correctly in cup board	11	22
	v)Do not reuse the absorbent materials	08	16
	vi)Proper disposal of Napkins	10	20
	Total	**50**	**100.0**

The above table reveals the details regarding respondent's knowledge and practice of menstruation and menstrual hygiene. Nearly 30% of the respondents use sanitary napkins as absorbent material during menstruation, 22% of the respondentsstore the unused absorbent materials correctly in cupboard, 20 % of the respondents properly disposed the used napkins, 16.5% of the respondents do not reuse the absorbent material, 8 % of the respondents takes bath daily with soap and 4% of the respondents cleans external genitalia with soap.Frequently of changing sanitary pad or clothe varied from once per day to 3 times per day depending upon the day of menstrual period and type of absorbent material used.

Table: 4
Distribution of respondents by their Common Menstrual Problems

Sl. No	Common Menstrual Problems	Number of respondents (n=169)	Percentage
1	Absence of normal menstrual flow	06	12
2	Abnormally infrequent menstruation	11	22
3	Menorrhagia (Profuse Bleeding)	04	08
4	Metrorrhagia (Break through Bleeding)	03	06
5	Hypomenorrhea (scanty Bleeding)	07	14
6	Painful Menstruation	17	34
7	Premenstrual syndrome	02	04
	Total	**50**	**100.0**

The above table reveals that nearly one-third of the respondents (34%) had painful menstruation, nearly one-fourth of the respondents (22%) had abnormally infrequent menstruation, 14% of the respondents had problem of hypomenorrhea (scanty Bleeding), 8% of the respondents had problem of Menorrhagia (Profuse Bleeding),6% of the respondents had problem of Metrorrhagia (Break through Bleeding),4% of the respondents had premenstruation syndrome and remaining 12% of the respondents had absence of normal menstrual flow. In spite of this, health care seeking for common menstrual problems is very low. Most of the adolescent rural girsl remain silent without seeking health care. If these are not treated early, they could lead to various reproductive disabilities. Thus, low level of blood hemoglobin concentration and nutritional status is often associated with irregularities of menstrual and reproductive problems among the adolescent in reproductive age groups. Due to geographical distribution, poor environment factors and treatment seeking behaviour about common menstrual problems has been sought the treatment from physician.

Table: 5
Distribution of the Respondents by their Awareness and Sources of Awareness about STI/STD

S. No	Variables	Number Respondents (n=169)	Percentage
1	**Knowledge about STI/STD**		
	i)Yes	38	76
	ii)No	12	24
	Total	**50**	**100.0**
2	**Source of Information regarding**		
	i)Television and Radio	12	24
	ii)Reading Materials	08	16
	iii)Relatives	05	10
	iv)Health Personnel	04	08
	v)Not Having Knowledge from anyone	21	42
	Total	**50**	**100.0**

It is also observed from the first part of the above table more than half of the respondents (76%) had knowledge about STD and nearly half of the respondents (24%) where not having knowledge about STD.
The second part of the above table reveals that out of 50 respondents those who have knowledge about STD, more than one-third of the respondents source of information regarding STI/STD was gathered from television and radio, 24 % of the respondents source of information regarding STI/STD was gathered from reading materials, 10% of the respondents source of information regarding STI/STD was gathered from relatives and remaining 8% of the respondents source of information regarding STI/STD was gathered from health personnel. Reproductive programme also gives importance to the healthy sexual life of couples. Thus it gives importance in identifying and managing the reproductive tract infections, sexually transmitted infections and HIV/AIDS. Government and many NGO's are working to educate people about the knowledge, mode of transmission and curability HIV/AIDS.

Table :6
Distribution of the Respondents by their Knowledge about HIV/AIDS and its Mode of transmission

S. No	Variables	Number of Respondents (n=169)	Percentage
1	**Knowledge about HIV/AIDS**		
	i)Yes	42	84
	ii)No	08	16
	Total	**50**	**100.0**
2	**Mode of Transmission of HIV/AIDS**		
	i)Sex with multiple partners	09	18
	ii)Blood Transfusion	07	14
	iii)Un Sterilized Needles	03	6
	iv)Mother to child transmission	11	22
	v)Sexually Transmitted Disease	15	30
	vi)Not Having Knowledge	05	10
	Total	**50**	**100.0**

The first part of the above table shows that vast majority of the respondents (84%) were aware of the mode of transmission of HIV/AIDS and remaining very few (16%) of the respondents were not aware of mode of transmission of HIV/AIDS. This is because intervention done by the local NGOs, health workers and received knowledge through mass media.
Thissecond part of table reveals that the respondents those who have knowledge about HIV/AIDS, more than half of the respondents (30%) have knowledge about sexually transmitted disease, 18% of the respondents have knowledge about sex with multiple partners with protection, 22% of the respondents have knowledge about the transmission of mother to child and then comes very least percentage (6%) of the respondents have knowledge about unsterilized needles and blood transfusion. Remaining 10% of the

respondents not were having knowledge about the mode of transmission HIV/AIDS. This table shows that slum women were aware of mode of transmission and have knowledge regarding HIV/AIDS.

SUGGESTIONS

1. Adolescent family life education is an effective adolescent health promotion strategy. It provides knowledge on physical, mental, social, moral, behavioural and mood changes and developments during puberty.
2. Community conversation is also one the key strategies that should be used to raise the community's awareness and to bring about positive behaviours among adolescents and young people.
3. Mothers should instruct their daughters to follow health seeking behaviours.
4. Health promotion programme, life skills education can be conducted for the adolescents.

CONCLUSION

The studyoriginates that the Sexual Reproductive Health knowledge of rural adolescents in rural areas was pale but some misconceptions exist. However, Sexual Reproductive Health service use remains low largely due to lack of awareness. Further, internal and external barriers has been exists. It is, therefore, important to design interventions that enhance awareness of SRH issues; correct misconceptions about fertility, physical changes of adolescence, contraception, STIs and HIV/AIDS; and to display case available RSH services. Many facilities that provide SRH services need to be made existing while providers need to progress the quality of existing.

This study suggests that reproductive health education by health professionals can improve the knowledge and perceptions of adolescent girls especially in rural areas. Such educational intervention programs must be given due importance, which will help the adolescent girls to take care of their own health and protect themselves from the risk of STDs etc.

REFERENCES

1. Adolescence: development and obstacles. Adolescence, research and reference centre, psychological aspects of AIDS CMC Vellore. Health dialogue 2002; 28:1-3.
2. Bhan NB, Mahajan P, Sondhi M. Awareness regarding sex knowledge among adolescent girls (16-20 years). Anthropologist 2004; 6 (2) : 101-103
3. Bhatia BD, Chandra K .Adolescent mother and an un-prepared child. Indian J Mat Child Health 1993;4:67- 70.
4. Benson M.D, Perlman C, Sciarra JJ. Sex education in the inner setting learning & retention. J Amer Med as-sociation 1986;225:43-47.
5. Dicenso A, Guyatt G, Griffith WL. Interventions to reduce unintended pregnancies among adolescents : Systematic review of randomized controlled trials. Br Med Journal 2002; 324; 1426-1450
6. Gupta RB, Khan ME. Teenage fertility – some results from a baseline survey in Uttar Pradesh . J Fam welfare 1996;42:14-20
7. Sharma V, Sharma A. the letter box approach – A model for sex education in an orthodox society. J Fam welfare 1995;41:31-33.
8. World health organization. School Health Education to prevent AIDS and sexually transmitted diseases. Ge-neva, WHO, 1992

Mental Wellbeing of Family Caregivers of Chronic Psychiatric patients with special reference to a particular Mental Health Centre at Madurai

S. Joyce Jeyarani[1] & Dr. A Umesh Samuel Jebaseelan[2]
[1]Ph.d., Scholar, Bishop Heber College, Trichy
[2]Associate Professor, Bishop Heber College, Trichy

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *In the present context, persons with chronic mental illness are given care by their family members at home in spite of various challenges. Families often are a primary source of home care and support for the persons with mental illness and the role can be stressful and burdensome. Caregivers are a critical national health care resource. The main aim of the study was to measure the level of mental wellbeing of caregivers. The researcher studied the level of mental well being of the family care givers of the persons with mental illness at a particular mental health centre in Madurai using descriptive research design. 30 samples were selected through simple random sampling technique. Warwick Edinburg Mental Well being scale with good validity was adopted for the study. The study findings revealed that majority (60%) of the family care givers had low level of mental well being. There is an association between occupation and the mental well being of the respondents and it is statistically significant. There is no significant difference between the level of mental well being of the male and female respondents. The findings show that the family caregivers need support from mental health and social work professionals in the community.*

Keywords: *Mental Well being, Caregivers*

Introduction

Mental Wellbeing is the state of well being in which the individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his community.Mental well-being includes cognitive, emotional and behavioral responses at a personal level. Mental wellbeing includes the capacity to make health and happiness enhancing relationships with others.Family Care givers of the chronic psychiatric patients are their spouses or parent or sibling who resides under one roof rather than by a professional who is reimbursed for services. Dr. Bruce Finke states that "Caregiving is a critical issue for the Indian Health System". In India, caregivers are taken for granted because it is culturally expected that the family will look after the chronically ill patients, regardless of what changes it means.Care givers are the critical national health care resource. Families are often a primary source of home care and support for the persons with mental illness. The persons with chronic mental illness were identified and the caregivers of such patients were selected for the study at a particular mental health centre in Madurai.

Review of Literature

Evercare (2006) revealed that fifteen percent of the caregivers say their health has got a lot worse because of providing care, and four in ten say it has got moderately worse (44%). The remaining 41% say their health is a little worse as a result of their caregiving. The survey also indicated that the most common aspects of their health that have worsened as a result of caregiving are: energy and sleep (87%), stress and/or panic attacks (70%), pain (60%), depression (52%), headaches (41%), and weight gain or loss (38%).

Stengad E& K.R. Salokangas (2009) in their research examined the well-being of the caregivers in accordance with living arrangements and kinship relations. The subjects were 198 members of 3 self-help groups for relatives of the mentally ill. The well-being of the caregivers was measured with the General Health Questionnaire (GHQ-12), Objective Burden Scale (OBS), and Life Satisfaction Scale (LSS). Caregivers living with the patient expressed more psychological distress and objective burden and lower satisfaction with life than caregivers living apart from the patient. The distressed group of caregivers was spouses living with the patient.

Sahoo, Brahma and Mohapatra (2010) found in their study that stress burden has been found significantly high in the caregivers of both, patients of mental illness and diabetic patients. But it is higher in case of caregivers of mental illness.

Aim of the study

The aim of the study is to measure the level of mental well being of the Family care givers of the chronic psychiatric patients at a particular mental health centre in Madurai.

Objectives of the study

1. To understand the socio demographic factors of the family care givers of the chronic psychiatric patients.
2. To study the level of Mental Well being of the family care givers of the chronic psychiatric patients.
3. To measure the association or difference if any between socio demographic variable and the level of mental well being family care givers of the chronic psychiatric patients.
4. To suggest suitable measures to take care of the mental well being family care givers of the chronic psychiatric patients.

Hypotheses

Hypothesis 1:

There is no difference between gender and level of mental wellbeing family care givers of the chronic psychiatric patients.

Hypothesis 2:

There is no difference between type of family and the level of mental wellbeing family care givers of the chronic psychiatric patients.

Hypothesis 3:

There is no association between occupation and the level of mental well being of family care givers of the chronic psychiatric patients.

Hypothesis 4:

There is no association between the income and the level of mental wellbeing of family care givers of the chronic psychiatric patients.

Pilot study

The researcher visited the mental health centre and met the family caregivers. It was found that the study could be carried out. Thus the possibility and feasibility of the study was found.

Research design

The researcher used 'Descriptive Research Design' to describe the level of mental well being of the family care givers of the chronic psychiatric patients.

Universe

All the Family care givers of the chronic psychiatric patients at that particular mental health centre were identified to be the universe. There were about 100 family care givers coming for follow up every month to that mental health centre.

Sampling and sample size

Simple random sampling was adopted to randomly identify and collect data from 30 family care givers of the chronic psychiatric patients.

Pretest

The interview schedule prepared was administered to 6 of the respondents and found that the same interview schedule could be adopted for the research.

Tool for data collection

The researcher used Warwick-Edinburgh Mental Wellbeing Scale (2007) which is a 14 item scale with 5 response categories, summed to provide a single score ranging from 14-70. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing. The reliability score is 0.83.

Method of data collection

By adopting Interview Schedule, the data was collected from 30 family care givers by the researcher.

Findings

i. **Findings related to socio demographic variables:**

- 33 percent of the respondents were of age between 30 and 39 years. And 27 percent of the respondents were 50 and 59 years.
- More than half (57%) of the family care givers were female and only 43 percent of the family care givers were male
- Half of the family care givers (50%) had schooling and had education upto 12thstd only.
- 33 percent of the family care givers were at home as home makers or unemployed. 27 percent of the family caregivers were employed in govt. sectors.
- Majority (90%) of them were in nuclear family
- Half of the respondents (50%) were only 4 in numbers in their family
- Majority (87%) of the respondents were belonging to Hindu religion
- Majority (73%) of the respondents had siblings
- Half of the family care givers (50%) were first born in their ordinal position.
- Majority (90%) of the family care givers were giving care for the chronic psychiatric patients for more than 9 years to 15 years.

ii. Findings related to the level of mental wellbeing of the respondents

Majority (60%) of the family care givers had low level of mental well being

iii. Findings related to Hypotheses

Hypothesis 1:

There is no difference between genderand the level of mental wellbeing family care givers of the chronic psychiatric patients.

't' test was applied and it was found that there is no significant difference between gender and level of mental well being. (Mean value for male = 1.61, female = 1.50,'t'value = 0.568 , $p>0.05$). Hence, null hypothesis is accepted.

Hypothesis 2:

There is no difference between type of family and the level of mental wellbeing family care givers of the chronic psychiatric patients.

't' test was applied and it was found that there is no significant difference between gender and level of mental well being. (Mean value for joint family = 1.94, nuclear family = 1.83, t value =0.388 , $p>0.05$). Hence, null hypothesis is accepted.

Hypothesis 3:

There is no association between occupation and the level of mental well being of family care givers of the chronic psychiatric patients.

'Chi Square'was applied and it was found that there was an association between occupation and the level of mental well being of the family care givers of the chronic psychiatric patients and it is statistically significant. (χ^2= 0.007, $p<0.05$). Hence, null hypothesis is accepted.

Hypothesis 4:

There is no association between the income and the level of mental wellbeing of family care givers of the chronic psychiatric patients.

'Chi Square' was applied and it was found that there was an association between income and the level of mental well being of the family care givers of the chronic psychiatric patients. (χ^2= 0.195 , $p>0.05$)

Suggestion

- The mental well being of the family care givers should also be considered and appropriate intervention programmes at the time of follow up should be given to them by social work professionals.
- Periodical intervention to help family care givers to take care of their mental health is the need of the hour.
- The study findings will convince policy makers that mental wellbeing of family care givers is a major public health issue and professional social workers should be instrumental in raising awareness about this issue.

Conclusion

The mental wellbeing of the family care givers was low for majority (60%) of the respondents. The findings show that the mental well being of the caregivers need to be considered for intervention while the treatment is given only for chronic psychiatric patients. The researcher emphasizes the need for intervention to be given to the care givers so that another half of the population can be prevented from becoming mentally ill at some point of time in their life. The family members need support from mental health and social work professionals in the community.

Reference

1. EijaStengad, Raimo K. R. Salokangas, (1997), Well-being of the caregivers of the mentally ill,*Nordic Journal of Psychiatry*, 51 (3), 159-164
2. Evercare (2006),Caregivers in Decline: A Close-up Look at the Health Risks of Caring for a Loved One. Retrieved from http://www.EvercareHealthPlans.com/Caregiver
3. Garima Singh, AnubhutiDubey (2016), Mental health and Well being of Caregivers: A review of the literature,*The International Journal of Indian Psychology,* 3(4), 98-105
4. Richard Schulz, Paula R Sherwood (2008),Physical and Mental Health effects of Family caregiving,*Journal of Social Work Education*, 44 (3), 105-113
5. Sahoo, S., Brahma, P.K., Mohapatra, P.K. (2010). Burden of caregiver's among the mentally ill and diabetic patients: A comparative study. *The Orissa Journal of Psychiatry,* 39-47.

A STUDY ON QUALITY OF WORK LIFE AMONG MIGRATED CONSTURCTION WORKERS IN VADALUR, CUDDALORE DISTRICT

Ms.R.Kasthuri[1] & Ms. V.Daisy Rani[2]
[1]II MSW, Dept of Social work, Holy Cross College, Trichy-2
[2]Assistant professor, Dept of Social work, Holy Cross College, Trichy-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Construction sector plays a major role in the development of the economy. The major problems of them are working for more number of hours and earning less salary which is not even enough to run their day-to-day life in this society nowadays. The present study is based on quality of work life among migrated construction workers in vadalur, cuddalore district. The migrated workers are from different places like Bihar, Maharashtra, Assam & Gujarat to our state especially to cuddalore district, for recovering their family economy .The objectives of the study is to analyse the socio-demographic conditions of the respondent, to assess economic status of the respondents by analysing factors like income, assets, expenditure pattern and saving and to study the awareness about the social security measures available in the area for the benefit of workers. The Universe of the study is 200 migrated construction workers in vadalur, Cuddalore district. From the universe the researcher is going to take 50 respondents as a sample size for her study. The researcher is going to collect data through self-prepared questions by using interview schedule method. The result of the study will be discussed in the future study.*

Keywords: *Migrants, construction workers, quality of work life.*

INTRODUCTION:

In an investigation of quality of work life depend on a range of apparently relevant factors including work involvement, intrinsic job motivation, higher order need strength, perceived intrinsic job characteristics ,job satisfaction ,life satisfaction, happiness and self-related anxiety and the psychological growth needs as relevant need such as skill variety, task identity, significance , etc. Construction workers assist craft workers, such as electricians and carpenters with a variety of 7 basic task and there are 7 different types of construction jobs are there, such as electricity, plumber, mason, welder, glazier and plaster, the construction workers are faced with a wide and some widening range of employees

There are several reasons why it is difficult to organise construction workers are: Diverse nature of employees, rural employment and migration, difference among workers, Wage labour laws. Here the researcher concentrated on migration of construction workers and their quality of work life.

REVIEW OF LITERATURE:

Gourida Siham (2015) had found that the deprivation of various rights of rural-urban migrant from policy perspective in different aspects, such as employment, low wages the problem of wage arrears, the lack of written contracts, the long working hours, the short weekly rest periods, the low social security coverage, the poor housing conditions, and the difficulties they face in assessing public service.

Dr. Dileep Kumar(2012) constantly exposed to accidents, ill health, extreme level, level of harassmentand the poor quality of work life. A study was conducted in pune city of Maharashtra during 2010-2011 periods. The researcher and associate met with construction industry labours in 82 constructions types in the vicinity around 70 Kms of pune city.The study started with the case study of male worker on a construction site and in order to get appropriate support to qualitative research. A structure question are also was implemented, especially, in an informal way. The findings of the case study of the survey questionnaire exactly show replicated biz,exposed the deplorable conditions of workers in the constructions industry.

RESEARCH METHODOLOGY:

AIM:

The main aim of the researcher is to study about the quality of work life among migrated construction workers in vadalur, cuddalore district.

OBJECTIVES:

- To know the socio demographic characteristics of the respondents
- To assess economic status of the respondents by analysing factors like income, assets, expenditure pattern and saving.
- To study the awareness about the social security measures available in the area for the benefit of workers.

RESEARCH DESIGN:
The researcher adopted descriptive research design.

UNIVERSE:
The universe of this study is migrated construction workers in vadalur, cuddaloredistrict.the total population is 125.

SAMPLING:
The researcher selected 50 sample from the universe by using simple random sampling method to collect data for this study.

TOOLS:
Self prepared questionnaire were used for this study.

ANALYSIS AND INTERPRETATION:

TABLE: 1
DISTRIBUTION OF THE RESPONDENTS BY WHETHER THEY WILL GIVE MONEY LIKE HELPING THEIR FAMILY AFTER THEIR DEATH.

S.NO	WHETHER THEY WILL GIVE MONEY LIKE HELPING THEIR FAMILY AFTER THEIR DEATH	NO. OF ESPONDENTS NO=50	PERCENTAGE 100%
1.	Yes	11	22
2.	No	39	78
	Total	**50**	**100**

INTERPRETATION:
This above table explain about whether they will give money like helping their family after their death, majority 78% of the workers were not helped.

Table 2:
DITRIBUTION OF THE RESPONDENTS BY THEIR PURPOSE OF MIGRATED.

S.NO	THE PURPOSE OF THEIR MIGRATION	NO OF RESPONDENTS NO=50	PERCENTAGE 100%
1.	Bond	4	8
2.	Contract	41	82
3.	Economic growth	5	10
	Total	**50**	**100**

INTERPRETATION:
This above table explains about their purpose they have migrated, Majority 82% of the respondents migrated for the purpose of contract.

MAJOR FINDINGS:
1. 78% of the workers were not helped.
2. 82% of the respondents migrated for the purpose of contract.

SUGGESTION:
Researcher observed that the work life for migrated workers is very difficult, adjustment is needed as become strong. Without knowing the basic culture, the working is difficult for the migrated workers. Learning the languages, culture, systems were help easily to survive in the workplace. Some irritating moments may happen, tolerance, adjustment is need to work as the migrated workers.

CONCLUSION:
This research concludes that the Study on the quality of work life among migrated construction workers, saying about how the life were going, problems they were faced, how they were tackle the situations. Migrating somewhere and working as workers is very tough job, less salary, over time working, ill-treating are the major problems faced by the migrated workers.

REFERENCES:

1. http://www.researchgate.net/publication/259296460_Inimitable_Issues_of_Constraction_Workers_Case_Study.
2. http://shodhganga.inflibnet.ac.in/handle/10603/29169.
3. http://www.goole.co.in/search?q=abstract+on+quality+work+life+amoung+migrated+constraction+workers&oq=abstract+on+quality+of+work+life+among+migrated+constraction+workers&aqs=chrome..69i57j0j7&client=ms-android-xiaomi&sourceid=chrome-moblie&ie=UTF-8

OPTIMAL UTILISATION OF ENERGY AND RESOURCES DURING ROAD LAYING OPERATIONS IN INDIA - A CASE STUDY OF SOUTH TAMILNADU

Dr. P. Oliver Jayaprakash[1], Mr.S.RameshBabu[2], Dr.G.Balamurugan[3] & Mr.C.Mathan[4]
[1]Professor/Civil, Mepco Schlenk Engineering College Sivakasi
[2]Assist. Prof./MBA, Mepco Schlenk Engineering College Sivakasi
[3]Director/MBA, Mepco Schlenk Engineering College Sivakasi
[4]Part Time Research Scholar/MBA, Mepco Schlenk Engineering College Sivakasi

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Currently our India has more than 56,00,000 KM of Road network, which plays the vital role in land transportation of Goods and People. Adding or maintaining roads consume large quantum of natural resources periodically. Existing Surfaced Roads act as a blackbody and radiate more heat than a land also block the rain water percolation. Deforestation for the purpose of the new and additional road infrastructure adds to more woes. While maintaining the existing roads other than national highways, government authorities lay new layers on the existing roads. Repeated layers of such maintenance raise the height of the road surface and go against the topography of the land. These kinds of practices lead to disturb the runoff water flow during rainy season and involve higher maintenance cost for the residents abutting the roads. Laying layers consume more natural resources instead while laying new layers the existing level of the road need to be maintained as practiced in National Highways. State Governments policy in maintaining our existing road network may be revisited to save the level of energy and resources spent during this exerciseof maintenance.*

Keywords: *Climatic Change, Roads as Black body, Social cost of Roads*

Research methodology

Roads in Tirunelveli, South Tamilnadu were selected for this case study on analyzing the optimal utilization of energy and resources during road laying operations. Particularly Bitumen layering on existing and new roads were analyzed. In India road networks carry almost 90% of our passenger traffic. This conceptual study may support the government in making policy level decision regarding road infrastructure. During the study four types of issues were focused, which leads to climatic change viz. underutilized roads, roads act as a blackbody, increasing the social cost and changing the topography which leads to clogging off rainwater.

Current scenario of road infrastructure

India has the second largest road network in the world with a length of 55,00,000 kilometers[1]. Six categories of roads are there in India namely National Highways, Expressways, State Highways, Major District Roads, Other District Roads and Village Roads[2]. After globalization Indian government planned to improve the road infrastructure, which has a supporting role in economic development.

Tamilnadu being the second richest state[3] in contributing to our GDP, has a better road network than many other States in India. The total length of roads in Tamil Nadu is 1,93,918 Km, of which around 62,000 Km length of roads are maintained by Highways Department and the balance length of roads are maintained by local bodies and other Departments.

Fig. 1 View of Roads at Tirunelveli (case study)

Fig. 2 Level difference made by continuous making of roadembankments

Table 1: Data on Road network developed and maintained by the TN state

Category wise	Single	Intermediate	Double	Multi Lane	Total(Km)
National Highways	13	34	2785	2142	4974
State Highways	32	289	9354	1089	10764
Major District Roads	1698	6263	3128	158	11247
Other District Roads	31285	2837	862	48	35032
Total	33028	9423	16129	3437	62017

Source: TN Highways.

Hence, this conceptual study may support the second richest state especially in road network creation and maintaining the existing network.

Fig. 3 Current pathetic conditions of Road and existing topography

Roads act as a black body:

Asphalt based as well as Bitumen based roads act as a blackbody by absorbing the sun light and increases the surface temperature. During the daytime road surface temperature is almost double[5] the atmosphere temperature (AT). The following picture depicts the measurement study on road surface temperature of asphalt based road (PoAs) by H. Higashiyama et al. Having nearly 2,00,000 km length of road in Tamilnadu one can think about the effect of temperature increase by these roads.

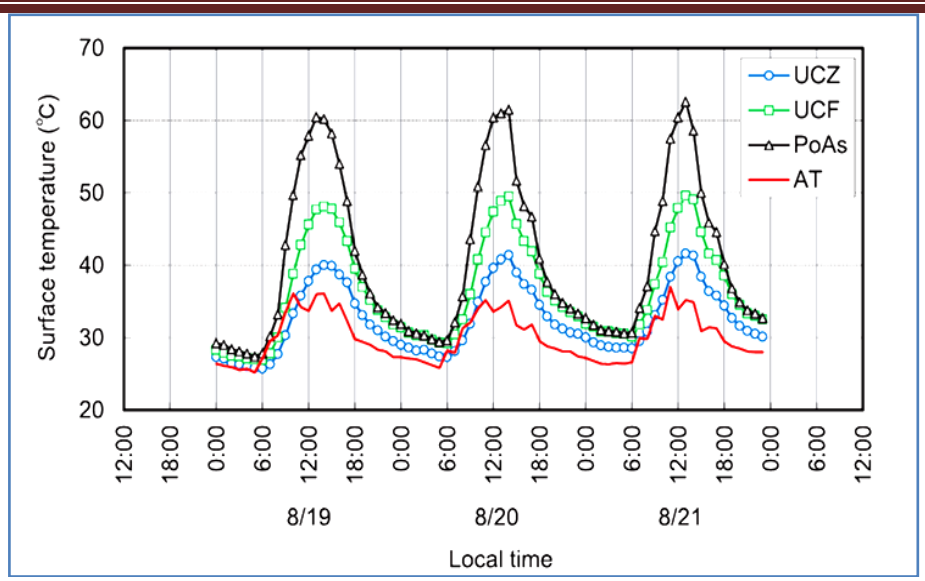


Fig.4 Surface Temperature of Road

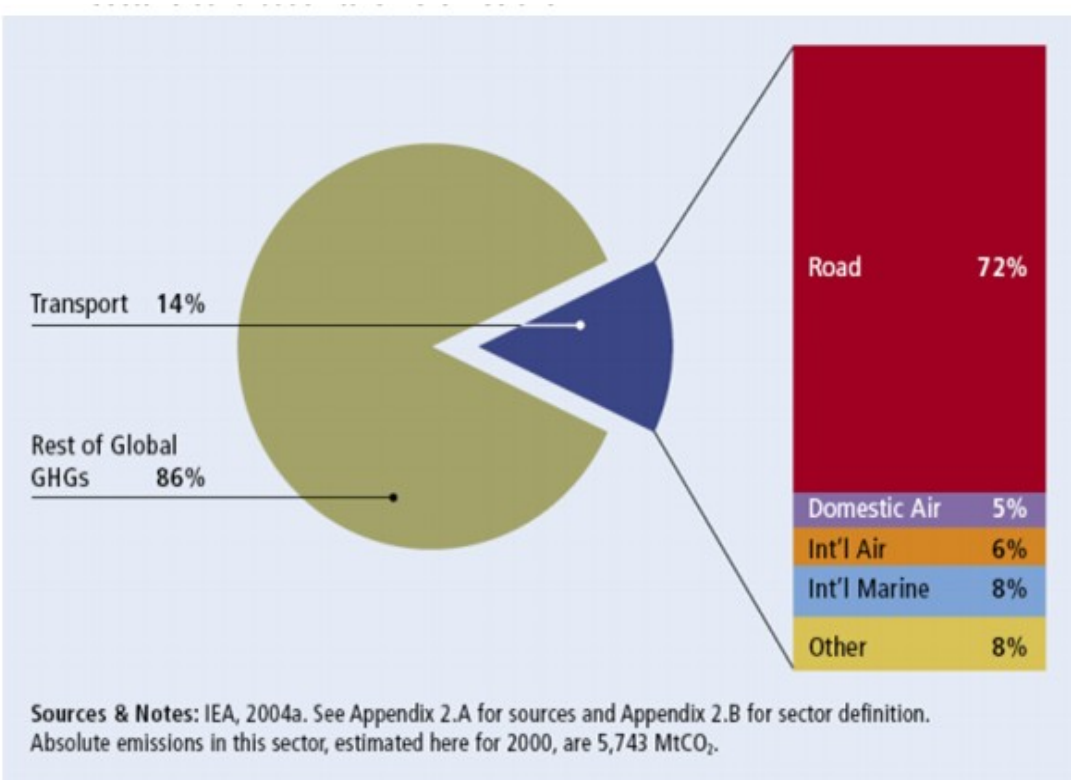


Fig. 5 Emission level of Transport compared to other sources

Increasing the social cost

While adding new layers over the existing roads by the government, increases the social cost to the households next to the roads. The house owner need to spend Rs.150 per square feet also few times this leads to uninhabitable house due to the heightened road without proper drainage facility. Cost of making the home habitable is around Rs.50 to 150 per square feet. Government can think of suitable methods and machineries to maintain the road without increasing the height.

Fig. 6 Road reflecting as black surface

Resource wastage due to Underutilization of Infrastructure:

Fig. 1 - Fig. 8 show the roads in Tirunelveli, where the traffic is less and the road is ultimately underutilized. Underutilized roads lead to wastage of natural resources. For constructing open graded premix surface of 10 m^2 the quantities of materials[6] required are detailed below;

Table 2: Datapertaining to Road construction

Aggregates Stone		
	a. Nominal Stone 13.2mm	0.18m^3
	b. Nominal Stone 11.2mm	0.09m^3
Binder – Bitumen per m^3		
	a. for 0.18m^3 mm nominal size stone	9.5Kg
	b. for 0.09m^3 mm nominal size stone	5.1Kg

Source: TN Highways

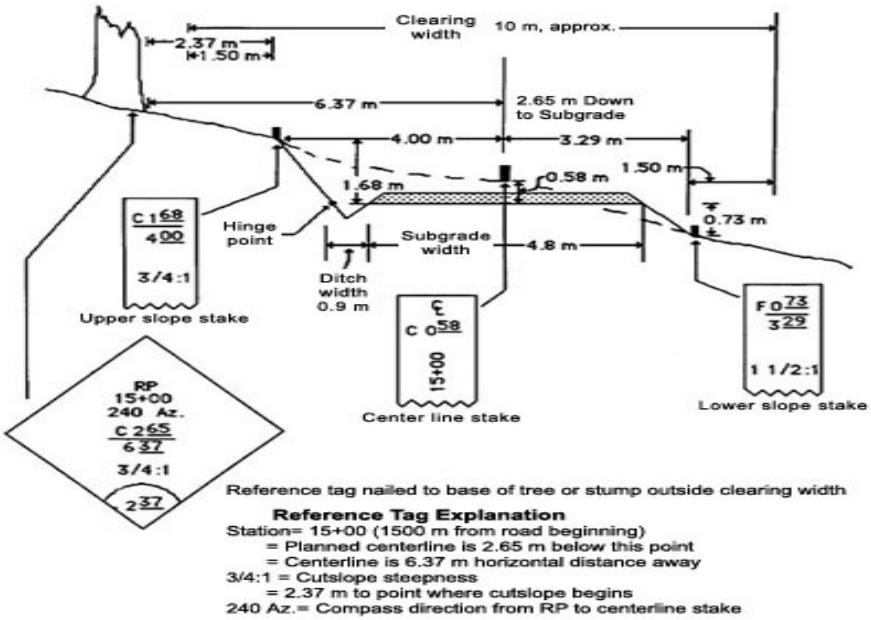


Fig. 7 CROSS SECTION OF A NEW ROAD CONSTRUCTION
Source: http://www.fao.org/docrep/006/t0099e/T0099e06.htm

While constructing new roads the government needs to make the decision scientifically.

Changing in the Topography

Government should not affect the existing topography of the land on which they lay the road. If it affects, then there need to be suitable arrangements to nullify the same. The main issue arises due to the

disturbance of the topography, the clogging of rain water which leads to breeding of mosquitoes which spreads malaria, Dengue and other Virus fevers.

Fig. 8 Modifications made in the Topography due to the Road Construction

Conclusion:

While maintaining the existing roads other than national highways, government authorities lay repeated layers of such maintenance raise the height of the road surface and go against the topography of the land. Deforestation for the purpose of the new and additional road infrastructure adds to more woes. The resource efficiency is paramount important to the success of these kind of road projects.Through cutting-edge projects focusing on sustainable solutions to road construction and maintenance have been identified. These projects use plant based bitumen alternatives, radical energy and cost reductions by implementing new technologies, road bases that reuse previous pavement layers as a resource material rather than virgin quarries and road surfaces constructed using scrap tyres and plastic bags may be used as durable road surfaces.

References

1. Chris Hendrickson & Tung Au, Project Management for Construction, Prentice Hall, ver.2.2, 2008, ISBN 0-13-731266-0,
2. MatejLufčić,Marina Maras, Mario Vukelić,Energy Saving Design and Materials in Road Transport,
3. World Bank report on Greenhouse Gas Emissions Mitigation in Road Construction and Rehabilitation
4. https://www.cmu.edu/cee/projects/PMbook/04_Labor,_Material,_And_Equipment_Utilization.html
5. https://www.ibef.org/industry/roads-india.aspx
6. http://www.makeinindia.com/article/-/v/connecting-the-country-road-infrastructure
7. ttps://www.financialexpress.com/economy/tamil-nadu-industrial-hub-or-bane/1152719/
8. https://www.tnhighways.gov.in/index.php/en/
9. https://www.sciencedirect.com/science/article/pii/S2214509516300043
10. https://www.civil.iitb.ac.in/~kvkrao/uploads/5/9/3/7/59372049/ce742lec_25_26.pdf

Prevalence of depression among women with polycystic ovary syndrome

Dr.K.Kavitha Maheswari[1] & E.Rajeswari[2]
[1]Assistant Professor, P.G & Research Department of Social Work,
Shrimati Indira Gandhi College, Tiruchirappalli-2, Tamil Nadu
[2]M. Phil Scholar, P.G & Research Department of Social Work,
Shrimati Indira Gandhi College, Tiruchirappalli-2, Tamil Nadu

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Polycystic ovary syndrome (PCOS) is a set of symptoms due to high and elevated androgens (male hormones) in women. Signs and symptoms of PCOS include irregular or no menstrual periods, heavy periods, excessive body and facial hair, pimple and acne, pelvic pain, difficulty in getting pregnant and thick patches, darker, velvety skin. Also associated conditions include type 2 diabetes, obesity, obstructive and disturbed sleep, apnea, heart disease, mood disorders, and endometrial cancer.This study focused the physical and psychological problems faced by women with polycystic ovarian syndrome. By using convenient sampling method 100 respondents were selected. This study is conducted in a private medical college hospital in Perambalur. A self prepared questionnaire along with standardized tool on depression were used to collect the data, from the analysis it was revealed that more than half of the respondents have high level of depression. Based on the findings it was recommended to the respondents to take regular proper treatment, medication, practice of yoga and physical exercises, diet, control can give effective results.*

Keywords: *PCOS, women, depression and menstrual health.*

Introduction

Polycystic ovary syndrome (PCOS) is a set of symptoms due to high and elevated androgens (male hormones) in women. Signs and symptoms of PCOS include irregular or no menstrual periods, heavy periods, excessive body and facial hair, pimple and acne, pelvic pain, difficulty in getting pregnant, and thick patches, darker, velvety skin. Also associated conditions include type 2 diabetes, obesity, obstructive and disturbed sleep, apnea, heart disease, mood disorders, and endometrial cancer. PCOS is the condition mainly due to a combination of genetic and environmental factors. The important risk factors include obesity, lack of enough physical exercises, and a family history of someone with the same condition. Diagnosis is based on two of the three findings which are no ovulation, high androgen levels, and ovarian cysts. Cysts may be detectable by ultrasound scanning.

PCOS has no complete cure. Treatment involves lifestyle changes such as weight loss and regular exercises. Birth control pills may help with improving the regularity of periods, excessive hair growth, and acne. A study by Bhattacharya and Jha 2010 assessed the impact of symptoms like obesity, acne, and acanthuses on depression and found no significant influence of the selected variables on each other.

Depression (major depressive disorder) is a common and serious mental causes feelings of sadness and/or a loss of interest in activities once enjoyed and in life. It can lead to a variety of emotional and physical problems and can decrease a person‘s ability to function at work and at home both active and effective roles. The symptoms of depression may vary from mild to severe and can include; Feeling sad or having a depressed mood, Loss of interest or pleasure in activities once enjoyed, Changes in appetite — weight loss or gain unrelated to dieting, Trouble sleeping or sleeping too much, Loss of energy or increased fatigue, Increase in purposeless physical activity (e.g., hand-wringing or pacing) or slowed movements and speech (actions observable by others), Feeling worthless or guilty, Difficulty thinking, concentrating or making decisions, Thoughts of death or suicide.

Women having polycystic ovarian syndrome also experience higher rates of depression and anxiety than women in the general population(Mannson et al., 2008). Therefore international(Fauser BC., 2012) as well as Indian guidelines(Malik et al., 2014) recommend that the psychological and psychosocial factors have to e considered in women suffering polycystic ovarian syndrome and they must be undergo anxiety and depression assessment.

Cooney LG, et al., 2017,conducted a systematic review and meta analysis on high prevalence of moderate and severe depressive and anxiety symptoms in polycystic ovary syndrome and found that women had the problem of polycystic ovary syndrome have significantly increased odds of severe and moderate depressive symptoms. Also the symptoms of polycystic ovary syndrome are weakly associated with age, body mass index and hirsutism.

Blay SL, et al., 2016, in their systematic review and exploratory meta- analysis on polycystic ovary syndrome and mental disorders explored that there exists association between depression and polycystic ovary syndrome. The authors included original reports related to women with polycystic ovary syndrome and mental/psychiatric disorders, six studies qualified for this analysis and all the six studies reported that there is significant association between depression and polycystic ovary syndrome. Thus their paper concluded that depression is more prevalent among patients with polycystic ovary syndrome.

Aim of the study
The main aim of the study is to know the perceived level of depression among women with polycystic ovarian syndrome.

Objectives:
- To know the respondents' socio – demographic conditions
- To study the menstrual health condition of the respondents
- To measure the respondents' level of depression.

Research hypothesis:
Prevalence of depression level is high among women with polycystic ovary syndrome.

Research design
Descriptive research design been used in this study . It is concerned with describing the social demographic characters along the marital, economic, menstrual health, conditions physical and psychological problems associated with polycystic ovarian syndrome and also the respondents' perceived level of depression.

Universe
The universe of the study constituted the married women who are having the problem of polycystic ovarian syndrome and taking treatment at a private Medical College and Hospital, Perambalur, during the period of April to June 2018. Hence the universe of the study is infinite in nature.

Sampling
The researcher selected 100 married women with PCOS from the above universe by the convenience of the respondents to give the details and participate in the research. Due to infinite universe the researcher used non random convenience sampling technique.

Inclusive Criteria
The women respondents those who are married and having the problem of PCOS also under treatment for the PCOS private Medical College and Hospital from April to June 2018 were included in the study .

Conceptual definitions
(PCOS) Polycystic ovary syndrome (PCOS) is a condition that affects a women's hormone levels women with PCOS produce higher than normal amounts of male hormones this hormone imbalance causes then to skip menstrual periods and must border for them to get pregnant PCOS also causes hair growth on the face and body, and boldness and it can contribute to long term health problems like diabetes.
Depression is a common and serious medical illness that negatively less affects how you feel the way you think and how you act. Depression causes feeling of sadness and loss of interest in activities or having a depressed mood.

Operational definition
PCOS: PCOS polycystic ovary syndrome in this study it refer to women respondents those who are married and having the problem of PCOS also under treatment for PCOS

Depression: depression is inverted hostility against the self.

Tools of data collection
The research used self prepared questionnaire along with standardized tool on depression for data collection. The self prepared questionnaire included the details like Socio demographic condition, Economic status, marital condition,menstrual health condition, Physical and psychological problems associate with PCOS and Treatment for PCOS

Beck depression inventory created by Aaron Beck in 1961

Reliability and validity: This instrument that has been validated against information from a clinical interview by a trained clinician in his respect, the beck depression inventory is positively corrected with the Hamilton depression rating scale with a Pearson of 0.71 showing good agreement. The test was also Shown to have a high one work test retest reliability person r =0.93 suggesting that it was not overly sensitive to variations in modal the test also has high internal consistency

Pilot study

The researcher conducted a pilot study to have some preliminary information about the hospital and for the feasibility of conducting such a study in the hospital Pilot study is the rehearsal of the study in the selected topic was discussed with hospital head and got permission to conduct research over there.

Pre test

Pretest is defined as a study which is done in the initial stage of the project in order to find the reliability of the questions based on the respondents. The researcher has conducted a pre –test by considering 5 respondents from the hospital to know the applicability of the questionnaire. After pre- test there was no change taken place in the questionnaire, hence the pre tested respondents were included in the study.

Findings on socio demographic conditions

All the respondents are in the reproductive age. A little more than ¾ of the respondents are marriage at below 24 years. ¼th of the respondents have more than 10 years of marital span. ¼th of the respondents have above 6 years age difference between themselves and their spouse. 100% of the respondents are educated and more than half of the respondents are graduates. Exactly ¾ of the respondents earn below 25000 as their total family monthly income. Almost respondents from nuclear and joint family are equally distributed. 45% of the respondents are from urban and 55% of them are from rural areas.

More than 3/5 of the respondents underwent arranged marriage and 32% of them underwent love marriage. Majority of the respondents undergone non – consanguineous marriage and 29% of the respondents married their relatives. A high percent of the respondents have children and the remaining do not have children. Majority of the respondents have one or two children. A significant percent of the respondents undergone fertility treatment.

Findings on menstrual health conditions

Half of the respondents are employed and the remaining half is home makers. More than half of the respondents had menstrual problem. Exactly half of the respondents have over bleeding problem during menstruation and the remaining half did not have that problem.Nearly half of the respondents took treatment for menstrual problem. 30% of the respondents took allopathic medicines for over bleeding during menstruation. 14% of the respondents take treatment for menstrual problem for more than 4 year. More than half of the respondents have abdominal pain during menstruation. More than half of the respondents have blood pressure problem. Nearly half of the respondents have breast pain dune menstruation. Exactly half of the respondents experiences premenstrual symptoms. Nearly half of the respondents were obese. Exactly 2/5 of the respondents have the problem of acne. A fairly significant percent (39)% of the respondents had hirsutism due to PCOS. More than half of the respondents have the psychological problem like anger anxiety and adjustment problem nearly half of the respondents have stock sadness fear numbness and feeling of weakness. More than 3/5 of the respondents .were able to get family support for their treatment. Majority of the respondents felt that they were able to receive support from their spouses for treatment. More than 3/5 of the respondents have high level of depression

Findings on test of hypothesis

Research hypothesis - 1

Prevalence of depression level is high among women with polycystic ovary syndrome.

Table-1

Distribution of the respondents by their perceived level of depression

S. No.	Overall level of Depression	No. of Respondents (n = 100)	Percentage
1	Low	39	39.0
2	High	61	61.0

It is shown in the above frequency table that perceived level of depression is high among the respondents.

Inference Simple frequency analysis was used and it was found that more than 3/5th of the respondents perceived high level of depression. Also all the respondents have the problem of depression at high and low level. Hence research hypothesis 1 is accepted and the null hypothesis is rejected.

Suggestion

In the past polycystic ovary syndrome has been looked at primarily as an endocrine disorder Studies now show that polycystic ovary syndrome is a metabolic hormonal and psychosocial disorder that impacts a patients quality of life .It is extremely important to holistically treat these patients early on to help them deal with the emotional stress that is often overlooked with polycystic ovary syndrome. Early diagnosis and long term management can help control polycystic ovary syndrome so that women can still live a healthy active life and avoid long –term complications such as metabolic syndrome and cardiovascular diseases. The longer proper treatment is delayed chances are increased of the patient developing other health issues such as metabolic syndrome and cardiovascular disease. Treating the patients holistically seems like a very simple answer to a large problem this will only happen if health care professionals are committed to increasing patient education and helping patients find the proper treatment for all aspects of this disease. Among non- obese PCOS women their subjective body image was strongly associated with the severity of their depression symptoms. So they should be given proper awareness on importance of medication to reduce the side effects of PCOS. Preventive measure should be educated to all adolescent and adult women.

Conclusion

This study focused the physical and psychological problems faced by women with polycystic ovarian syndrome. By using convenient sampling method 100 respondents were selected. This study is conducted in a private medical college hospital in Perambalur. A self prepared questionnaire along with standardized tool on depression were used to collect the data, from the analysis it was revealed that more than half of the respondents have high level of depression. Based on the findings it was recommended to the respondents to take regular proper treatment, medication, practice of yoga and physical exercises, diet, control can give effective results. Thus social work methods are used to provide psycho-social intervention, awareness on prevention ,early detection and treatment modalilities are of greater use.

References

1. Blay , S.L., Agiar, J.V.A. and passos , i.c., 201. Polycystic ovary syndrome and mental disorders: a systematic review and exploratory meta- analysis . Neuropsychiatric Disease and Treatment 12, p.2895
2. Malik S, jain K, Talwar p, Prasad s, Dhorepatil ,Gouri Devi. Management of polycystic ovary syndrome in India. FertilSci Res. 2014; 1:2343.
3. Mansson M, Holte, J, Landin- Wilhelmsen k, Dahlgren E, Johansson A, Landen , M, et al.women with polycystic ovary syndrome are often depressed or anxious - A case control study. Psychoneuroendocrinology. 2008;33:11328. (pubmed)
4. Fauser BC. Amsterdam ESHRE/ASRM – sponsored 3rd PCOS consensus on women's health aspects of polycystic ovary syndrome (PCOS)HuReprod. 2012;27:14-24 (pubmed)
5. Bhattacharya SM, JhaA..prevalence and risk of depressive disorders in women with polycystic ovary syndrome (PCOS) FertilSteril . 2010; 94:37-9 (pubmed)
6. Cooney LG, et al. High prevalence of moderate and severe depressive and anxiety symptoms in polycystic ovary syndrome : a systematic review and meta – analysis Hum reprod. 2017, May 1,32 (5): 1075-1091.Doi: 10.1093/humrep/dex044.

Psycho-social conditions of alcoholics and drug addicts

Dr.K.Kavitha Maheswari[1] & R.Praveena[2]
[1]Assistant Professor, P.G & Research Department of Social Work,
Shrimati Indira Gandhi College, Tiruchirappalli-2, Tamil Nadu
[2]M. Phil Scholar, P.G & Research Department of Social Work,
Shrimati Indira Gandhi College, Tiruchirappalli-2, Tamil Nadu

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Alcohol and other drug abuse, as defined by the DSM-IV, is a maladaptive pattern of substance use marked by recurrent and significant negative consequences related to the repeated use of substances. The aim of the study is to know the socio-demographic and drug addiction conditions of the respondents and also to assess their psycho-social conditions and problems. The study was conducted at a voluntary de-addiction centre located in Madurai. The universe of this study was the alcohol and drug users. They universe of this study are both inpatients and out patients which is infinite in nature. The study was conducted between April 2018 to June 2018. The researcher used convenient sampling to select the respondents from the infinite universe. Totally 60 respondents were selected by convenient non random sampling method from the universe. All the male patients addicted to drugs of any kind and alcohol and undergoing de addiction treatment at the Madurai based voluntary organization working for de addiction management. The researcher used a self prepare interview schedule on personal data, addiction details, problems caused and faced by the respondents along with standardized tool on life satisfaction developed by Bavigharst and Tobin and quality of life scale by Flanogon.S. The detailed findings of the study are discussed in the full paper.*

Keywords: *Alcoholism, drug addiction, psycho-social conditions and problems.*

Introduction

Alcohol and other drug abuse, as defined by the DSM-IV, is a maladaptive pattern of substance use marked by recurrent and significant negative consequences related to the repeated use of substances (CSAT, 2005). "Alcohol and other drugs" includes alcohol, illicit drugs, prescription drugs, and tobacco products. "Alcohol and other drug problems" describes a wide range of problems, including unhealthy or hazardous drinking and drug use, abuse, and dependence. Alcohol and other drug problems may also be referred to as substance abuse, substance use disorders, alcohol use disorders, and/or drug use disorders. The definition of binge drinking varies based on age and gender. For men between age 18 and 65, bingeing is drinking 5 or more drinks in one occasion; while for women and people over 65, bingeing is drinking 4 or more drinks in one occasion (Saitz, 2005). For adolescents, the Institute of Medicine report Reducing Underage Drinking: A Collective Responsibility used the term "heavy drinking" to refer to consumption of five or more drinks on the same occasion in the past 30 days (National Research Council and IOM, 2004). Alcohol and other drug dependence, as defined by the DSM-IV, is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual is continuing use of the substance despite adverse consequences (CSAT, 2005).
The effects of consuming alcohol and drugs include behavioral signs like obsessive thoughts and actions, disregard of harm causes, loss of control, denial of addiction or hiding drug use. The physical signs include enlarged or small pupils, sudden weight loss or gain,bloodshot eyes, insomnia, unusual body odors, poor physical coordination, looking unkempt, slurred speech. The signs of overuse include drowsiness or trouble walking, agitation, aggression or violent behavior, difficulty breathing, nausea and vomiting, hallucinations, delusions, loss of consciousness. The withdrawal symptoms may include (according to the national council on alcoholism and drug dependence) shakiness, trembling, and jumpiness, loss of appetite,nausea and vomiting, depression, insomnia and fatigue, headaches and fever, confusion and hallucinations, seizures, drug abuse also impacts the person's psychological state. They are anxiousness, inattentiveness, lack of motivation, irritability or angry outbursts, changes in personality or attitude, emotional and mental withdrawing from people, sudden mood swings, unexplained paranoia.Long-Term Consequences includes mouth, esophageal, throat, liver, and breast cancer, raised risk of heart problems, such as cardio-myopathy, brain damage, weakened immune system, liver disease, pancreatitis, ulcers, thiamine deficiency, violence or self-harm and accidents, such as vehicle collisions.
Family members and significant others of addicts are have to play they key roles in getting someone into de-addiction and detoxification treatment. Although there may be hindrances to providing help, such as denying the existence of the problem as a coping mechanism, seeing and experiencing the signs and symptoms of drug abuse will useful to motivate a concerned person to action.

De addiction treatment is designed to help individuals who are addicted or who abuse alcohol and other drugs in a number of ways. Typically, treatment centers need and require an individual to stay at the center for a specific period of time. Many centers offer both long- and short-term treatment options based on the need of the individuals.Itinvolves psycho social treatment and detoxification. Outpatient treatment centers are designed to provide recovering drug addiction of all kinds of drugs and alcoholism with a place to explore their destructive behavior. Many outpatient treatment centers provide alcoholic anonymous group meetings, as well as other kinds of treatment interventions to helpthe recovering individuals to overcome their issues.

Materials and methods

Objectives

To know the socio-demographic and drug addiction conditions of the respondents.
To assess their psycho-social conditions and problems.

Universe

The study was conducted at a voluntary de-addiction centre located in Madurai. The universe of this study was the alcohol and drug users. They universe of this study are both inpatients and out patients which is infinite in nature. The study was conducted between April 2018 to June 2018.

Sampling technique

The researcher used convenient sampling to select the respondents from the infinite universe. Totally 60 respondents were selected by convenient non random sampling method from the universe.

Inclusive criteria

All the male patients addicted to drugs of any kind and alcohol and undergoing de addiction treatment at the Madurai based voluntary organization working for de addiction management.

Operational Definitions

Drug addiction

It refers to the people who are dependent on alcohol and drugs like marijuana, heroin, pethadin and morphin.

Life satisfaction

It means the respondents' happiness and satisfaction in their personal, social, economic and psychological life.

Quality of life

It refers to the respondents' qualitative assessment of their overall life.

Tools of data collection

The researcher used a self prepare interview schedule on personal data, addiction details, problems caused and faced by the respondents along with standardized tool on life satisfaction developed by Bavigharst and Tobinand quality of life scale by Flanogon.S

Pilot study and pre test

In order to find out the possibility of carrying out the study the research has visited the voluntary organisation in Madurai district. The researcher met the managing director of the organization and explained the aim of the research and got permission for data collection. The pilot study helped the researcher to know the feasibility of conducting the research in the selected de addiction centre.
The researcher conducted pretest with 5 respondents, there was no specific changes taken place in the questionnaire, hence the pre tested respondents were included in the sample.

Findings and discussion

Findings on personal data

The study findings show that all the respondents are in the physically and economically productive age. 83.3% of the respondents are belonged to Hinduism which goes along with the majority religion of India. 48.3% of the respondents belonged to backward community. 100% of the respondents were educated and among them 52% of them were graduates. 80% of the respondents are employed and 20% of them are students. 51.7% of the respondents were unmarried, 40% are married,6.6%of the respondents were divorcees and 1.7& of the respondents were married but separated. 6.6% of the respondents have extra

marital affair. 10% of the respondents had marital discard due to their problem of addiction. 36.6% of the respondents expressed that they expressed suspicious attitude towards their partners. 95% of the respondents live with their family and the remaining live away from their family due to job.

Findings related to drug addiction

31.7% of the respondents started consuming drugs/alcohol before 17 years of age, all the respondents became addicts to drugs/alcohol before 23 years of age.71.6% of the respondents consuming drugs/alcohol for more than 6 years. Regarding the excessive consumption, 45% of the respondents excessively consume drugs for about 3 years, 25% consume drugs/alcohol excessively for more than 5 years.

With respect to the types of addiction, it is revealed from the study than 61.7% of the respondents are alcoholics, 23.3% of the respondents are addicted to marijuana, pethadin and morphin and 15% of them are addicted to both alcohol and drugs.

60% of the respondents consume substance orally, 25% sneeze and 15% of the respondents use both the ways to consume drugs. The frequency of consumption per day ranges between two to many times a day, 61.7% of the respondents consume 3-5times a day, 10% of the respondents are severe addicts who consume drugs/alcohol for more than 5 times a day. This frequency of consumption is assessed for the last 3 months.

Findings on de-addiction and detoxification history

Among the respondents, 58.3% have already undergone treatment for addiction and had relapse. 41.7% of the respondents undergoing treatment for addiction for the first time.

Findings on psychological problems faced by the respondents due to their addiction

A vast majority of the respondents experienced psychological problems due to drug addiction. Among them 30% of the respondents had suicidal thoughts and taken even suicide attempts. 21.3% have confused state of mind always. 70% of them experienced aggressive outburst, 40% had hallucination and 55% of them have paranoid symptoms.

Findings on problems caused by the respondents

70% of the respondents accepted that they were physically violent when they consume alcohol/drugs. 76.7% of the respondents agreed that they caused physical household damages, 93.3% of the respondents use abusive language and 51.7% of the respondents quarreled with their neighbors. They all were of the opinion that they created and caused the above problems when they consume and drugs and they were able to be normal without causing any negative effects when they do not consume drugs and alcohol.

Findings on problems faced by the respondents

76.75 of the respondents perceived poor happiness in life, 90% of them have poor interpersonal relationship. 98.3% of the respondents perceived good will damage due to drug addiction. 35% of the respondents felt guilty due to their incompetency to deal with their personal communication due to drug addiction. Almost all the respondents have financial crises. 93.4% of them opined that they have worse companionship due to addiction. 81.7% of the respondents opined that they were not able to give proper attention to their families. 86.7% of the respondents felt that they have increased craving to drugs/alcohol in particular time which they could not control.

A vast majority of the respondents had disturbed sleep, 83.5% felt that their work performance is affected by their addiction, 91.2% of the respondents accepted that they consume drugs/alcohol to escape from their responsibilities. 58.3% of the respondents consume drugs and alcohol alone and the remaining consume along with their friends and colleague circle/group created exclusively for consuming drugs/alcohol. 85% of the respondents believed that consuming drugs/alcohol enhance their self confidence. 85% of the respondents also experienced loss of memory due to their prolongs consumption of drugs and alcohol.

Findings on respondents' life satisfaction

Table-1

Distribution of respondents by their life satisfaction

S.No.	Life satisfaction	No. of respondents(n=60)	Percentage
1.	Low	44	73.3
2.	High	16	26.7

It is revealed from the above table that nearly 3/4th of the respondents perceived low level of life satisfaction because of their uncontrollable addiction, inability to carry out their personal, educational, familial, employment and economical demand of life.

Findings on respondents' quality of life

Table-2
Distribution of respondents by their quality of life

S.No.	Quality of life	No. of respondents(n=60)	Percentage
1.	Low	41	68.3
2.	High	19	31.7

It is inferred from the above table that more than 3/5th of the respondents were of the opinion that they had low quality of life due to their inability to lead economically productive life, poor physical health, unmet needs and poor life satisfaction.

Conclusion

The respondents should be prepared well before going for de-addiction and detoxification process to get their full cooperation and to avoid relapse. They may be informed about the loses due to addiction in their life satisfaction and quality of life. Proper psychological counseling, advice and clarification may be of greater use. Health and nutrition education is essential to maintain their physical health, timely sleep, rest, useful recreation. Motivation and change experiences may be given through social gathering and family events. The respondents shall be given suggestion to spend quality time with their significant others especially with their family members. They may be counseled to be away from their addicted companions. Regular practice of yoga is useful in treatment of addiction.

References

1. https://www.advancedrecoverysystems.com/process-addiction/signs-of-addiction/dated 16.11.18
2. http://plndp.org/resource_guide/files/PLNDP_resource_guide.pdf
3. https://drugabuse.com/library/alcohol-abuse/
4. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
5. National Institute on Alcohol Abuse and Alcoholism. (n.d.). ***Overview of Alcohol Consumption***.
6. National Institute on Alcohol Abuse and Alcoholism. (n.d.). *Alcohol's Effects on the Body.*
7. Alberta Health Services. (n.d.). *Alcohol and Health: Alcohol Hangover.*
8. National Institute on Alcohol Abuse and Alcoholism. (n.d.). ***The Role of Thiamine Deficiency in Alcoholic Brain Disease.***
9. A Public Health and Public Safety Priority: A Resource Guide for the Justice System on Evidence-Based Approaches Physicians and Lawyers for National Drug Policy in partnership with The National Judicial CollegePhysicians and Lawyers for National Drug Policy PLNDP National Project Office Brown University Center for Alcohol and Addiction Studies, 2008

PSYCHOSOCIAL STUDY ON INTERNALISED STIGMA AND SELF ESTEEM AMONG PATIENTS WITH MENTAL ILLNESS

Mrs. N. Shanmugapriya[1] & Dr. K. Ramakrishnan[2]
[1]MSW.,M.Phil, Psychiatric Counsellor, Athma Institute of Mental Health and Social Sciences, Trichy
[2]MBBS.,DPM., FIPS., Consultant Psychiatrist & Managing Director,
Athma Institute of Mental Health and Social Sciences, Trichy

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT ***Introduction:****People with serious mental illness struggle with the symptoms and disabilities that result from the disease, on the other they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. They assume they will be rejected socially and so believe they are not valued. This can increase isolation from society and reinforce feelings of exclusion and social withdrawal.* ***Method:*** *The study was descriptive research design to describe the various characters of the respondents and the self stigma and self esteem and the Data was collected using structured questionnaire, stigma scale by Michael king et.al., and The Rosenberg Self-Esteem Scale.* ***Results:*** *60% of the respondents were in 31-45 years and 58% were from urban area and 49% are taking 0-5 years of regular medication and 73% of the respondents have good insight and knowledge about mental illness.****Conclusion:*** *Stigma associated with mental illness harms the self-esteem of many people who have serious mental illnesses. An important consequence of reducing stigma would be to improve the self-esteem of people who have mental illnesses.*

Keywords: *Self Stigma, Self esteem, Mental illness, depression, misconception, discrimination*

INTRODUCTION

Many People with serious mental illness are challenged doubly. On one hand, they struggle with the symptoms and disabilities that result from the disease. On the other, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life: good jobs, safe housing, satisfactory health care, and affiliation with a diverse group of people. Mainly Self-discrimination or internalized discrimination is the process in which people with mental health problems turn the stereotypes about mental illness adopted by the public, towards themselves. They assume they will be rejected socially and so believe they are not valued. This can increase isolation from society and reinforce feelings of exclusion and social withdrawal. Studies observed that people with mental health problems are "frequently the object of ridicule or derision and are depicted within the media as being violent, impulsive and incompetent".

Studies within India have not been many giving a very patchy picture of internalized stigma and self esteem. Most of the studies are concentrated on stigma and caregiver stigma. It is important to understand internalized stigma in India because people are still keeping mental health stigma and discriminating persons with mental illness and it is under studied. The present study therefore attempts to understand the internalized stigma and self esteem faced by people with mental illness.

REVIEWS

Magdalena Kuleszainvestigated the gender associated with depression and internalized stigma whereas majority of women reported more internalized stigma towards mental illness.

Surg R Adm A.A. Pawar, VSM in their study majority of the patients admitted to experiencing stigma and discrimination. Females experienced more discrimination than males.

Ganesh K (2009) revealed that the knowledge of mental illness among the general public was quite poor and suggests the need for strong emphasis on public education to increase mental health literacy among general public to increase awareness and positive attitude of people towards mental illness.

ShantnaKumari*et.al 's* study revealed that self-stigma of people with mental illness is a major obstacle to recovery, limiting opportunities and undermining self-esteem.

METHODOLOGY

Aims of the Study

- To describe the self stigma of the patients with mental illness
- To identify the level of self esteem in patients with mental illness associated with the self stigma.

Objectives of the Study

- To ascertain the socio economic background of the patients.
- To study the level of self stigma of the patients with mental illness.
- To find out the association between the socio-demographic variables with self stigma and self esteem of the patients with mental illness.

Hypothesis

- There is a significant association between age of the respondents and the overall level of internalized stigma and self esteem.
- There is a significant difference between sex of the respondents and the overall level of internalized stigma and self esteem.
- There is a significant association between duration of illness the respondents and the lesser internalized stigma and good self esteem.
- There is a significant variance among educational qualification of the respondents and overall level of stigma and self esteem
- There is a significant variance among types of Mental illness of the respondents and overall level of Stigma

Methods and Design of the Study

- The present study was conducted in Athma Hospitals and Research, Trichy. The study was descriptive research design to describe the various characters of the respondents and the self stigma and self esteem.
- The population of the study is comprised of 100 respondents with mental illness who have been taking regular medication in Athma Hospitals and Research.
- The researcher adopted non probability method using convenient to select the sample of the study.
- Data was collected using structured questionnaire which consisted of socio demographic profile, stigma scale by Michael king *et.al., and* The Rosenberg Self-Esteem Scale. Primary Data collected through Open and closed questions and the questionnaire were classified, tabulated and Analyzed with the help of SPSS.

Ethical Concern

Before conducting the study ethical clearance and permission obtained from Athma Hospitals and Research, Trichy and Informed written consent was received from the patients. Patients were given the freedom to withdraw from the study at any stage. They were interviewed on one to one basis by providing privacy.

RESULTS

Table 1
Distribution of General Information of the Respondents

Particulars (n=100)	Frequency	Percentage
Age		
Below 30 years	15	15.0
30-45 years	60	60.0
Above 45 years	25	25.0
Gender		
Male	48	48.0
Female	52	52.0
Education		
Illiterate	12	12.0
Primary Education	16	16.0
Up to secondary education	43	43
Degree	24	24
Others	5	5
Income		
Below Rs. 10,000	61	61.0
Rs. 10,001-20,000	23	23.0

Above Rs. 20,000	16	16.0
Marital Status		
Married Unmarried Separated	61 26 13	61.0 26.0 13.0
Domicile		
Rural Urban	41 59	41.0 59.0

Table 2
Distribution of Clinical Details of Respondents

Diagnosis	Frequency	Percent
Schizophrenia BPAD OCD Anxiety disorder Depression	37 31 12 10 10	37.0 31.0 12.0 10.0 10.0
Duration of illness		
3-5 years 6-8 years 9 and more years Total	30 41 29 100	30.0 41.0 29.0 100.0
Duration of treatment		
0-5 years 6-10 years 11 and more years	49 28 23	49.0 28.0 23.0
Reoccurrence of illness		
Yes No	18 82	18.0 82.0
Knowledge of mental illness		
Yes No	73 27	73.0 27.0

Table 3
Association between the Age of the respondents and Overall level of Stigma and self esteem

S. No	Age	Overall level of Stigma			Statistical Inference
		Direction of greater stigma	Direction of agreement	Direction of disagreement	
		n=26	n= 31	n=43	X^2 = 9.042 df = 4 P<0.05 Significant
1	Below 30 years	3	7	5	
2	30-45 years	16	17	27	
3	Above 45 years	7	7	11	
S. No	**Age**	**Overall level of Self-Esteem**			**Statistical Inference**
		LOW		**HIGH**	
		n=59		**n= 41**	X^2 = 6.130 df = 2 P<0.05 Significant
1	Below 30 years	7		8	
2	30-45 years	37		23	
3	Above 45 years	15		10	

Table 4
't' Test between the gender of the respondents and perception towards various Overall level of Stigma and self esteem

Gender	Sample size (n=100)	$\bar{X}$	S.D.	Statistical Inference
Male Female	48 52	20.6875 22.2885	6.58223 6.52397	Z = 2.221 P<0.05 Significant
Male Female	48 52	17.5625 18.3269	5.88871 5.53322	Z = 1.969 P<0.05 Significant

Table 5
Association between the Duration of treatment of the respondents and Overall level of Stigma and Self esteem

S. No	Duration of treatment	Overall level of Stigma			Statistical Inference
		Direction of greater stigma	Direction of agreement	Direction of disagreement	
		n=26	n= 31	n=43	X2 = 10.399 df = 4 P<0.05 Significant
1	0-5 years	11	15	23	
2	6-10 years	8	7	13	
3	11 years and above	7	9	7	

Table 6
One way Analysis of Variance among Educational Qualification of the respondents and Overall level of Stigma and Self esteem

Stigma	Df	SS	MS	$\bar{X}$		Statistical Inference
Between Groups	4	56.823	14.206	G1=	20.8333	F= 3.320 P<0.05 Significant
Within Groups	95	4214.137	44.359	G2=	21.0000	
				G3=	21.8140	
				G4=	22.2083	
				G5=	19.0000	
				G6=	20.8333	

Self esteem	Df	SS	MS	$\bar{X}$		Statistical Inference
Between Groups	4	153.785	38.446	G1=	18.2500	F= 2.597 P<0.05 Significant
Within Groups	95	3052.055	32.127	G2=	19.5000	
				G3=	16.6279	
				G4=	18.7083	
				G5=	20.2000	
				G6=	18.2500	

G1= Illiterate, G2= Primary Education, G3= Primary Education, G4= Up to Secondary Education, G5= Degree G6= Others

Table 7
One way Analysis of Variance among Types of Mental illness of the respondents and Overall level of Stigma

Source	Df	SS	MS	$\bar{X}$		Statistical Inference
Between Groups	4	255.080	63.770	G1=	22.7838	F= 2.509 P<0.05 Significant
Within Groups	95	4015.880	42.272	G2=	21.8387	
				G3=	21.9167	
				G4=	18.8000	
				G5=	18.1000	

G1= Schizophrenia, G2 BPAD, G3= OCD, G4= Anxiety disorder, G5= Depression

RESULTS

- 60% of the respondents were in 31-45 years of the age and 25 % of the respondents were in the age group of 46 and above and 48% of the respondents were male and 52% of the respondents female were participated in the current study.
- 43% of the respondents have completed up to higher secondary level and 38% of the respondents were unemployed and 61% of the respondents' family income was below 10000,
- 61% of the respondents are married and 13% of the respondents were separated from their spouse due to mental illness
- 73% of the respondents have 2-4 family members and 89% of the respondents are living with family and 58% of the respondents are represented from urban area.
- According to the clinical profile of the respondents; 37% of the respondents are diagnosed with Schizophrenia which is a severe state of psychosis and 31% of the respondents are diagnosed with Bipolar Affective Disorder (BPAD). 15% of the respondents are represented with anxiety spectrum disorders and 17% depressive patients participated in this study.
- 49% of the respondents are taking 0-5 years of regular medication and 73% of the respondents were had good insight and knowledge about mental illness.

FINDINGS RELATED TO RESEARCH HYPOTHESIS

RESEARCH HYPOTHESIS-I

There is a significant association between age of the respondents and the overall level of internalized stigma and self esteem.

Null hypothesis-I

There is no significant association between age of the respondents and the overall level of internalized stigma and self esteem.

Findings of the research

There is a significant association between age of the respondents and the overall level of internalized stigma and self esteem (P<0.05). Hence, the research hypothesis has been accepted and the *null hypothesis has been rejected.*

RESEARCH HYPOTHESIS-II

There is a significant difference between sex of the respondents and the overall level of internalized stigma and self esteem.

Null hypothesis-II

There is no significant difference between sex of the respondents and the overall level of internalized stigma and self esteem.

Findings of the research

There is a significant difference between sex of the respondents and the overall level of internalized stigma and self esteem (P<0.05). Hence, the research hypothesis has been accepted and the *null hypothesis has been rejected.*

RESEARCH HYPOTHESIS-III

There is a significant association between duration of illness the respondents and the lesser internalized stigma and good self esteem.

Null hypothesis-III

There is no significant association between duration of illness the respondents and the low internalized stigma and good self esteem.

Findings of the research

There is a significant association between duration of illness the respondents and low internalized stigma and good self esteem(P<0.05). Hence, the research hypothesis has been accepted and the *null hypothesis has been rejected.*

RESEARCH HYPOTHESIS-IV

There is a significant variance among educational qualification of the respondents and overall level of stigma and self esteem

Null hypothesis-IV

There is no significant variance among educational qualification of the respondents and overall level of stigma and self esteem

Findings of the research

There is a significant variance among educational qualification of the respondents and overall level of stigma and self esteem(P<0.05). Hence, the research hypothesis has been accepted and the *null hypothesis has been rejected.*

RESEARCH HYPOTHESIS-V

There is a significant variance among types of Mental illness of the respondents and overall level of Stigma

Null hypothesis-VI

There is no significant variance among types of Mental illness of the respondents and overall level of Stigma

Findings of the research

There is a significant variance among types of Mental illness of the respondents and overall level of Stigma (P<0.05). Hence, the research hypothesis has been accepted and the *null hypothesis has been rejected.*

RECOMMENDATIONS

- The results reveals that participants who are taking long term medicines and having knowledge of mental illness have lesser degree of self stigma and positive level of self esteem. Instead of assessing the severity of internalized stigma and self esteem, researchers should concentrate into the therapeutic aspects of eradicating self stigma and the keys to enhance positive self esteem.
- Family therapy may help relatives understand psychiatric conditions and how they can help/support the afflicted individual.
- Anti-stigma programmes must extend to all places and incorporate self-stigma as a matter of priority.
- If social workers are able to support an individual's support system (family), it may help improve treatment seeking and treatment engagement for that person.
- On a macro level, social workers can also be instrumental in leading larger targeted educational efforts aimed at reducing stigma. Targeted programs have shown effectiveness in challenging misconceptions, improving attitudes, and reducing stigma.
- Social workers, as social scientists, are in position to develop research programs that seek to understand and influence stigma.
- Internalized stigma is statistically significant in reduction as a result of cognitive therapy.

Recommendations for future research

There are very few studies on stigma from developing countries like India. However, the little available data suggest that mental illness is highly stigmatizing in India too. There is a need for further research on stigma to have better understanding and identification of determinants which might suggest ways to reduce stigma and help to prevent its adverse consequences.

CONCLUSION

Stigma associated with mental illness harms the self-esteem of many people who have serious mental illnesses. An important consequence of reducing stigma would be to improve the self-esteem of people who have mental illnesses. Internalized-stigma is a common phenomenon in this environment. The study findings provide useful insights into the mechanisms of the harmful effects of stigma on people with mental illness. In addition, significant gains in quality of life may result if all patients with mental illness routinely receive information about stigma and are taught to use simple strategies to increase resilience, adverse and stigmatizing environments.

REFERENCES

1. Stigma on Mental Illness –A call for Awakening, International Journal of Management and Social Sciences Research (IJMSSR)
2. Surg R Adm A.A. Pawar, VSM, Stigma of mental illness: A study in the Indian Armed Forces
3. Ganesh K M.Sc. (Nursing), All India Institute of Medical Sciences, knowledge and attitude of mental illness among general public, J Psychiatry 2000; 177: 4-7.
4. Shalini, and Savitha, (2014) *A Correlative Study to Assess the Self-esteem and Internalized Stigma among Adult Children of Mentally ill Parents in Kasturba Hospital, Manipal of Udupi District.* I-manager's Journal on Nursing, 4 (4). Pp. 23-26.
5. Singh DK, Ajinkya S. Stigma and psychiatric disorders. Med J DY 2012;5:83-4

Study on the Extent of a City Safety for Its Women with Special Reference from Tiruchirappalli District

Ms.P.Anitha[1] & Ms.Mythili[2]
[1]Asst Prof, Social Work Department, Holy Cross College (Autonomous), Trichy-2
[2]Student,MSW. Social Work Department, Holy Cross College (Autonomous), Trichy-2

Received: November 20, 2018 Accepted: December 06, 2018

Background of the study

Even today, many women in the world don't feel safe, welcome or comfortable being in the public realm. In many places women are still relegated to the confines of their homes with no place in public for them. In places like Saudi Arabia, India, Afghanistan, Iran, Pakistan and other countries, a woman is considered unvirtuous (and a target for harassment or worse) if she even dares to appear in public by herself.

Women in developed countries deal with threats to their safety as well. A 2012 poll conducted in London found that 43 percent of young women had experienced street harassment in the past year. In France, a 2013 study revealed that 1 in 4 women experienced fear when in public spaces and that 1 in 5 was verbally harassed while walking on the street in the past year according to Susan Blumenthal in her article for The Huffington Post, Creating Safe Spaces in Cities for Women: A Resolution for International Women's Day 2014. And women's fear of going out alone after dark means that, in northern Europe, they confine themselves indoors from 4pm onwards during the winter months, says the Gender and the Built Environment Database. This has a huge impact on women's ability to engage in employment, adult education, civic and community participation and social and leisure activities.The number of women that appear in the public realm, during the day and and especially at night, is an indicator of the health of a society and the safety and livability of a city. The more that the built environment is designed with women in mind, the more women will feel safe, welcome and comfortable using public space and the more livable a city will be for everyone.

Below are six key issues that affect women in the built environment:

1. Safety First

Safety is the first and foremost priority in designing built environments with women in mind. A Making Places Safer study set in three neighborhoods in London showed that the following made women feel safer:

1. Good lighting
2. Maintaining clear sight lines to public spaces by cutting back shrubs
3. Giving pedestrians' priority
4. Clear signage
5. Public places that are occupied by a wide range of people. "The factor that contributed most highly to women's sense of safety was 'a variety of/ lots of other people about'; often they would add 'smiling people', 'happy people', 'the sound of children laughing'…Designers and decision-makers need to think more about how to attract a wide range of different people to come and enjoy themselves in the public spaces of towns and cities. One way of achieving this is simply through making such places beautiful – a concept rarely discussed in the context of safety," the study found.
6. General maintenance. Public places that were run down and not well maintained made women feel unsafe.

REVIEW OF LITERATURE:

Safer Cities free from violence against women and girls initiative In the year 2009, Jagori in partnership with UN Women and Department of Women and Child Development launched the 'Safe City Free of Violence against Women and Girls Initiative'. The goal of the initiative is: " Cities where women and girls are able to move around freely without the fear of harassment and violence at all times and enjoys what the city has to offer". The research has also brought to the fore a number of factors that play a role in creating safer spaces for women and girls. These include better planning and design of public spaces such as roads, bus stops,

parks and public toilets. Some recommendations included lighting, design of pavements, presence of vendors and designated spaces and better design of male and female public toilets. The glaring lack of public toilets for women is a strong indictment of the state of services. A second important factor is way that public spaces are used. The presence of a multitude of users made a space more amenable to inclusion and safety. Thus parks that had a range of users including older people, young, children etcwere safer.

RESEARCH METHODOLOGY

SIGNIFICANCE OF THE STUDY:

Thestudy gains its importance after learning the needed effort to put a genre of population at ease from risk and threat. Amidst many weary news of women been treated as commodity she's not safe in her home space and street is a space of her easy mobility. Why not her familiar place can be a safe paradise if not a new city. This study after been inspired by the Delhi survey and learning trichy as a safer city for worm found more curious to make a convenient survey on the women moving in peak hours morning and evening to read the lines between their responses about how they were comfort with their mobility in public spaces and police attitudes and their attitudes towards their police and how string they are in dealing with their traumas if any in the last year.

AIM AND OBJECTIVES:

The aim of the study is to know about the safety ofwomen in Trichy district.

1. To study about their social life and what are the problems they are facing in the public place
2. To suggest measures to enhances confidence and desire to use public spaces in the city quite confidentially

Research Design:

The research design descriptive research design to describe the characteristics of a particular individual or group members. The researcher uses this design because of describing the woman's safety in the trichy district.

Universe and Sample

All the woman who encounters the researcher during the time of data collection were considered to be the sample. All the women in peak hours of morning and evening time moving to school colleges and work were included in the study.

Tools: The researcher adopted a self-prepared questionnaire for collecting the data

Analysis and Interpretation:

Table: 1

Distribution of Respondents based on their experience of sexual harassment because they are woman

S.No	Options	No.Of.Respondents N=50	Percentage
1	Lewd comments/song from a group of men	39	78%
2	Groping	09	18%
3	Stalking	01	02%
4	molestation	01	02%
	TOTAL	**50**	**100%**

The tabulation explains that city limit were the study took place sensed to have the above mentioned activities like lewd comments, groping, stalking, and molestation. Though in an interview to **Times of India, on Feb, 2015, Ms.Gayathri Swaminathan** a local resident in Tiruchirappalli-Dt a city in Tamilnadu, expresses *"Chennai is something that every other state people do know most when it comes to Tamilnadu. Statistically it is said that Chennai is a very safe city for women comparing to other metros like Delhi, Bengaluru, and Kolkata etc. Going with this scale of Chennai's safety….. I would say trichy is even safer than Chennai!"* the current study also provides us an information that no state or city can totally be free from such pernicious act unless or until the boundary system is strengthened.

Table: 2

Distribution of respondents by various modes of harassment/ assault in public places near to the area they hail from.

S.NO	OPTIONS	NO.OF.RESPONDENTS N=50	PERCENTAGE
1	Abusive verbal comments	27	54%
2	Physical contact (touching, rubbing, spitting and kissing)	16	32%
3	Violent physical attack	07	14%
	TOTAL	**50**	**100%**

This table explains various patternof sexual harassment /assault respondents have faced in public places in their familiar area for past 1 year. Out of 50 respondents 54% of respondent experience and traumatized by verbal comments, 32% of the respondent expresses their traumatized feeling of being indulged in compulsive physical contacts, while a 14% of them experiences violent attacks from their familiar locality were they were living for employment and education purposes.

Table: 3

Distribution of respondent based on the harassment they experienced last year

S.N0	Options	No.Of.Respondents N=50	Percentage
1	2-5 times	43	86%
2	More than 5 times	07	14%
	TOTAL	**50**	**100%**

Continuing from their traumatized experience the respondents of this study were experiencing sexual harassment that prevents them from taking their regular routes to jobs and colleges, because of them frequently in exposure with us malicious activities by various sources of guys group who were not into nay job and those who were dropped out from education and involves themselves in daily wages. From the above table its estimated that majority of 86% underwent harassing activities 2 to 5 times in an year while 14% of them quite frequently more than 5 times. Though the city has been declared to be safer for women still it has its stain of being hurting its own citizen. As the causes of sexual harassment in work place has some evidential proof of male superiorityand woman taking low position jobs, harassment in streets and bus stands and temple regions might be different and causes has to be studied empirically.

Table: 4

Distribution of Respondents by their reaction to the harassment in public

S.NO	OPTIONS	NO.OF. RESPONDENTS N=50	PERCENTAGE
1	Nothing	34	68%
2	Asked bystanders for help	16	32%
	TOTAL	**50**	**100%**

According to this table majority of the responders say a 68% does nothing while they hear and see and feel any malicious behavior handles by the guys passerby while some studious respondents do seek neighbors help.as many media awareness and you tube flunging with many tubes saying woman to shout out their trauma and never keep with them to be an abuse, woman hesitate to share and sort out their problems and so things are yet to be not under control to totally declare a safer city for woman.

Table: 5

Distribution of Respondents based on police responses to such complaints

S.No	Options	No. of. Respondents N=50	Percentage
1	Police judge the woman who brings in complaint	32	64
2	No, they still see sexual crimes as not worth investigating	18	36
	TOTAL	**50**	**100%**

This table interprets that majority of the respondents perceive that they never seek police station for help for they being judged for what made their opponent to be instigate to do such act. Again they question the respondents for being dressed and walked improperly and conveying negative signal to keep guys following

them. Yet a group of respondents says that (34%) its utter waste to move to a police station as no action or worthy full effort could be taken against such harassing individual

Table: 6

Distribution of the respondents based on the crime rate in Trichy Dt:

S.No	Options	No.Of.Respondents N=50	Percentage
1	Increases	47	94%
2	Decreases	03	06%
	TOTAL	**50**	**100%**

This table explains that do they feel that crimes against women are in the prescribed study area. Out of 50 respondents 84% of respondent belongs to increases, 06% of respondent belong to decreases and 10% of respondent belong to same.

Table: 7

Distribution of Respondents by," What Should Bethe Punishment for Rape?"

S.No	Options	No.Of.Respondents N=50	Percentage
1	Death penalty	26	52%
2	Life terms	14	28%
3	Chemical castration	10	20%
	TOTAL	**50**	**100%**

This table explains that what should be punishment for rape in the prescribed the study area. Out of 50 respondents 52% of respondent belong to death penalty, 28% of respondent belong to life terms and 20 % of respondent belong to chemical castration.

SUGGESTIONS

Many of us stay quiet when we see street harassment because we don't know how to help. Here are some practical ways to fight harassment that you see.

1. Show that you are listening

If you notice a girl being bothered in any way, even if you are afraid to intervene directly, you can show that you are listening. Ask loudly if she is all right, if she needs any help. Many harassers will shut up if they see that their behaviour is not invisible. Bullies thrive on people's silence.

2. Talk to the boys

Boys (and men) who harass rarely expect to be spoken to directly, in my experience. An older adult questioning them directly, saying, "Yes? What's the problem here?" can discomfit and scare them. Of course, not every group will pipe down quietly, and you may find yourself being spoken back to abusively. But, there is also the chance that when you speak up loudly, you may have a few other people joining in.

3. Teachers, speak up!

Too many schools treat the problem of harassment as something to be confronted by asking girls to layer up with more clothes! An extra jacket, a dupatta, covering your legs up…schools reflect the social mentality that girls 'ask for it' by not covering up enough. If you are a teacher, you could help students by bringing in more awareness in your school. If you teach in a boys (or co-ed) school, you could create groups where boys learn more positive models of what masculinity is – that being masculine doesn't depend on being a bully.

4. Help in reporting

When it comes to reporting a crime, I believe that it depends on the girl or woman in question – we have to encourage women to report, but there is no doubt that reporting crime in the Indian context is not easy. So, I would not like to make women feel guilty about not reporting. Instead, if a victim of harassment wants to report, help her in any way you can – accompany her to the police station, help her find a lawyer if she needs one, or simply be there for moral support if that's what she needs. Do what she needs – not what you think needs to be done.

5. Tell girls it's not their fault

Even today, girls are raised to believe that they invited harassment in some way. Whether its your daughter, niece, young friend, a girl you see on the bus or any other girl who has faced such an incident, tell her that she deserves her place in public – it is her right, and in no way is she responsible for the bad behaviour of another person. This will not stop harassment, but it will make girls feel more secure about reporting harassment, if they know that people will support them

The seven areas (Jagori's commission report) that have been identified for planning interventions are:

- Urban planning and design of public spaces ,Provision and maintenance of public infrastructure and services
- Public transport
- Policing
- Legislation, justice and support to victims
- Education
- Civic awareness and participation, The strategic framework draft explicates in some detail how and why these seven areas need to be addressed, as also the range of stakeholders who need to be involved in creating a safer and more inclusive city for women and girls.

Conclusion:

Women safety is a big social issue which needs to be solved urgently by the effort of all. It is inhabiting the growth and development of the country and most importantly hurting the half population of the country in all the aspects (physically, mentally and socially). Changing mindsets and spaces is necessary if a more rounded goal of positive as well as negative liberty is to be aimed for India's women. Technology can provide a certain degree of negative liberty and perhaps some feeling of safety. While this sense of safety can be seen as a part of empowerment, it should not be mistaken for empowerment itself.

Work Cited:

1. https://www.womensweb.in/2015/05/practical-ways-to-fight-harassment/
2. www.Flinttowenshippolice.org/default.aspx/,enultemID/301/MenuGroup/Home.htm?AspxAutoDetectcookie.Support=1
3. https://www.iaspaper.net/essay-women-safety-india-students/
4. Safe cities for women and girls recent developments, credit by Jagori, UN women, safetipin, Jagori partner- ICRW, YP foundations, Action India, FFAR, SANGAT and others (5-11).
5. https://news,gallup.com/poll/1555402/women-feel-less-safe-men-developed-countries-asp
6. https://www.orfonline.org/research/womens-safety -in-indias-cities/
7. https://www.preventionweb.net/files/133380_7380832assesmentfinal.pdf
8. https://femmesetvilles.org/downloadable/tools%20for%20gathering%20information%20en.pdf
9. crime and women, edited by Ruchi Gosh Dastidar, concept of publishing companypvt.ltd, New Delhi-110059 (31-34).

Social cognition, cognitive flexibility and social functioning in patients with schizophrenia

Ravi K.[1] & Jai Prakash[2]
[1]Ph.D., Research Scholar
[2]Guide, Additional Professor, & H.O.D. Dep. of Clinical Psychology, RINPAS, Ranchi, Jharkhand, India

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT ***Background:*** *Patients withSchizophrenia show impairments in social cognition, social functioning and some points of cognitive flexibility.There are very few studies in the area of Schizophrenia regarding the variables together which included in the present study, but there was no study conducted with special reference to patients with schizophrenia in India.* ***Aim and objectives:*** *The present study has been undertaken with the aim of assessing social cognition, cognitive flexibility and social functioning in patients with Schizophrenia.* ***Method:*** *This was a hospital based cross- sectional study, using purposive sampling technique, with 60 patients having schizophrenia, was obtained from inpatient and outpatient unit of RINPAS. The participants were assessed on Positive and Negative Syndrome Scale, Trail Making Task, Social Occupational Functioning Scale and Social Cognition Rating Tools in Indian Settings.The collected data were subjected to relevant statistical analysis. The correlation among the variables was carried out using Pearson correlation analysis.* ***Results:*** *Results indicated that there were significant negative correlations among social cognition in first order theory of mind (ToM-FOT) with cognitive flexibility. There were significant positive correlations among theory of mind (ToM) as evidenced by high Faux pas composite index, (FPCI), and patients also scored significantly high in tasks of social perception abstract index (SPIA) and high emotional intensity social perception (SPIAH) with social functioning. There were significant negative correlations among family income with and number of hospitalization with negative symptoms and also general psychopathology. There was significant positive correlation among cognitive flexibility with age of onset and also negative correlation between family incomes with second order of theory of mind. There were significant positive correlations between educations, with SPIAH inpatients with schizophrenia.* ***Conclusion:*** *Findings of the current study shows that certain domains of ability to judge in serial situation using higher order, high emotional intensity social perception and also social functioning are found to be better performance with higher order theory of mind (Faux pas) and social perception.*

Keywords: *Social Cognition, Cognitive flexibility, social functioning and Schizophrenia*

Introduction

Schizophrenia is a serious mental illness characterized by psychotic symptoms such as positive symptoms, negative symptoms and impaired cognitive functioning (Heaton et al., 1994). A core feature of schizophrenia has been found to be impaired psychosocial functioning, including self-care and independent living skills, social relationships, and the capacity to work. Schizophrenia causes changes in cognition, emotion, perception, and other aspects of behavior.

Social cognition refers to the ability to use social information in order to act wisely and appropriately in social situations (Hogarty & Flesher, 1999). Social cognition describes the ways in which people interpret and understand the behaviors and intentions of other people. The process of social cognition is multiphase and the process of social cognition is multiphase and, or the ability to accurately sense, perceive and respond to the intentions and actions of others. Social cognition relies on several critical abilities that combine to inform the perceiver that others have their own goals, perceptions, intentions, and attention (Tomasello& Carpenter, 2005). The consensus building workshop sponsored by NIMH to integrate and guide research in social cognition has suggested five domains of social cognition. (Green et al., 2008).Emotional processing, Social perception, Social knowledge, Attributional bias and Theory of mind.

Cognitive flexibility is important for creativity, for learning and redirecting our attention. It is intimately related to social cognition and interpersonal relationship. As social cognition includes functions such as ability to understand other peoples´ beliefs and intentions, social perception, emotional processing, and working memory (Burns, 2006; Green et al., 2005), any change in cognitive flexibility might reflect upon changes in social cognition. Schizophrenia can lead to significant impairment of psychosocial functioning, including poor social interaction, particularly difficulty maintaining relationships with family and friends or function in the workplace.

Aim and Objectives

Aim: The present study has been undertaken with the aim of assessing social cognition, cognitive flexibility and social functioning in patients with Schizophrenia.

Objectives:

- To find the relationship between social cognition with cognitive flexibility among patients with schizophrenia
- To find the relationship between social cognition with social functioning among patients with schizophrenia
- To find the relationship between cognitive flexibility with social functioning among patients with schizophrenia
- To find the relationship between socio-demographic and clinical variables with social cognition, cognitive flexibility and social functioning in patients with schizophrenia.

Hypotheses:

- There will be no significant relationship between social cognition with cognitive flexibility among patients with schizophrenia
- There will be no significant relationship between social cognition with social functioning among patients with schizophrenia
- There will be no significant relationship between cognitive flexibility with social functioning among patients with schizophrenia
- There will be no significant relationship between socio-demographic and clinical variables with social cognition, cognitive flexibility and social functioning in patients with schizophrenia.

Method:

This was a hospital based cross- sectional study, using purposive sampling technique with 60 patients having schizophrenia, was obtained from inpatient and outpatient unit of RINPAS. The criteria for the diagnosis and remission were considered as per ICD-10 DCR (WHO, 1992). All subjects were administered thePositive and Negative Syndrome Scale (PANSS, 1987), Trail Making Test - purpose of cognitive flexibility assess (TMT-B)(Reitan et al, 1958), Social Occupational Functioning Scale (SOFS) Goldman, H. H., et al, 1992) and Social cognition Rating Tools in Indian setting-(SOCRATIS, Mehta, U.M.,et al, 2011)

Sample: The present study was conducted on subjects were conducted on 60 patients of schizophrenia and sample was taken from RINPAS, Ranchi, India.

Inclusion criteria patients with schizophrenia	**Exclusion criteria** patients with schizophrenia
• Patients diagnosed as schizophrenia according to ICD-10, DCR (W.H.O, 1992). • Patients in the age range of 18 - 45 years. • Education range: 6grade and above. • Patients with right hand preference. • Patients who are able to understand Hindi / English language • Patients who are ready to give informed consent.	• Patients with any other co-morbid psychiatry condition • History suggestive of mental retardation • Patient with neurological disorder or significant head injury. • Family history of psychiatric illness

Procedure:

After having informed consent patients fulfilling the inclusion and exclusion criteria will be selected by using purposive sampling technique. After that Positive and Negative Syndrome Scale (PANSS), Trail Making Test (TMT, has taken TMT-B part only), Social Occupational Functioning Scale (SOFS) and Social cognition Rating Tools in Indian setting-(SOCRATIS) will be administered to both the patients group

Statistical Analysis:

Hypothesis proposed was tested by using version of SSPS 23.0 for Windows. The correlation among the variables was carried out using Pearson correlation analysis with socio-demographic variables and clinical variables was used in the study.

Result and Discussion:

Table-1: Correlation between social cognition with cognitive flexibility among patients with schizophrenia

Variable		Social cognition							
		ToM			Attribution		Social perception		
		FOT	SOT	FPCI	EB	PB	SPIA	SPIAL	SPIAH
TMT	TMT-B error	**-.291***	-.063	-.178	-.121	.251	-.134	-.012	-.195
	TMT-B time(in sec)	.048	-.087	-.144	-.051	-.028	.084	.118	.029

*p≤0 .05,

This table shows correlation between social cognition, with cognitive flexibility among schizophrenia. There were significant negative correlations among social cognition in first order theory of mind (ToM-FOT) with cognitive flexibility (TMT-B errors).

Table–2: Correlation between social cognition with social functioning among patients with schizophrenia

Variable	Social cognition							
	ToM			Attribution		Social perception		
	FOT	SOT	FPCI	EB	PB	SPIA	SPIAL	SPIAH
SOFAS	.144	-.128	**.322***	.124	-.031	**.260***	.135	**.284***

*p≤0 .05; **p≤0.01

This table shows correlation between social cognition, with social functioning among schizophrenia. There were significant positive correlations among social cognition – ToM (FPCI), and social perception in social perception abstract(SPIA) and high emotional intensity social perception (SPIAH) with social functioning.

Table–3: Correlation between cognitive flexibility with social functioning among patients with schizophrenia

variable	cognitive flexibility (TMT)			
	TMT-A error	TMT-A time(in sec	TMT-B error	TMT-B time(in sec)
SOFAS	-.092	.018	-.063	-.087

This table shows correlation between cognitive flexibility with social functioning among patients with schizophrenia.There was no significant correlation between the cognitive flexibility with social functioning (SOFAS) in patients with schizophrenia; because of that patient have done better performance with ability, planning and mental balance and cognitive flexibility.

Table–4: Correlation between socio-demographic with social cognition, cognitive flexibility and social functioning among patients with schizophrenia

Variables			**Age**	**Education (in years)**	**Family Income (Rupe/ monthly)**	**Age of onset**	**Duration of illness**	**Number of Hospitalization**
PANSS	**PANSSP**		.249	.129	-.036	.188	.016	.137
	PANSSN		-.046	-.042	**-.264***	-.011	-.109	**-.286***
	PANSSGP		.149	.040	-.153	.154	-.072	**-.381***
	PANSS total		.112	.077	-.179	.059	.025	-.198
SOFAS			.076	.063	.128	.023	.103	.103
TMT	**TMT-B error**		.199	**-.298***	-.179	**.266***	.002	**-254***
	TMT-Btime(in sec)		**.358***	-.145	.137	**.363****	.116	-.180
Social cognition	**ToM**	**FOT**	.007	.115	.106	-.150	.187	.117
		SOT	-.080	-.034	**-.311***	-.154	.038	-.058
		FPCI	.041	.161	-.115	-.081	.126	.128
	attribution	**EB**	-.084	.032	.183	-.118	-.026	.131
		PB	.037	-.099	.002	.065	-.079	-.114
	Social perception	**SPIA**	.204	.096	-.115	.142	.060	.177
		SPIAL	.213	-.117	-.019	.178	.042	.046
		SPIAH	.154	**.264***	-.039	.084	.061	.244

*p≤0 .05; **p≤0.01

This table shows correlation socio-demographic and clinical variables with social cognition, cognitive flexibility and social functioning in patient with schizophrenia.

There were significant negative correlations among family income with and number of hospitalization with negative symptoms(PANSSN), and also general psychopathology (PANSSGP). There were significant negative correlations among cognitive flexibility (TMT-B error) with education and number of hospitalization. There was significant positive correlationamong TMT-B error with age of onset and also TMT-B time with age and age of onset and also negative correlation between family incomes with second order of theory of mind (ToM - SOT). There were significantpositive correlations between educations, with **SPIAH.**

Table – 4.1: Correlation between clinical variables with social cognition, cognitive flexibility and social functioning among patients with schizophrenia

Variables			PANSSP	PANSSN	PANSSGP	PANSS total
SOFAS			-.157	-.109	-.168	-.146
TMT	**TMT-B error**		.150	.069	.226	.187
	TMT-B time(in sec)		**.364****	**.348****	**.323***	**.420****
Social cognition	**ToM**	**FOT**	.162	-.051	-.171	-.026
		SOT	-.025	.027	.067	.029
		FPCI	.073	.001	.039	.056
	Attribution	**EB**	.094	-.175	-.074	-.105
		PB	-.028	.115	.044	.053
	Social perception	**SPIA**	.123	-.059	.015	.037
		SPIAL	.072	-.170	-.030	-.048
		SPIAH	.137	.058	.059	.107

*p≤0 .05; **p≤0.1

This table shows correlation between clinical variables with social cognition, cognitive flexibility and social functioning in patient with schizophrenia.There were significant positive correlations among cognitive flexibility (TMT-B time) with PANSS – Positive, Negative, General Psychopathology and PANSS total.

Discussion

The present study showed that significant there were significant negative correlations among social cognition in first order theory of mind (ToM-FOT) with cognitive flexibility (TMT-B errors). Which suggest patient have poor performance in first order theory of mind with cognitive flexibility in terms of set shifting, planning and mental balance. Previous studies (Lavau. M.C., et al., 2012) suggesting that cognitive flexibility has an impact on ToM performances in schizophrenia.

The present study showed that there were significant positive correlations among social cognition theory of mind (ToM in FPCI), and social perception in social perception abstract (SPIA) and high emotional intensity social perception (SPIAH) with social functioning. Result was better performance of high in higher order theory of mind and patients also scored significantly high in tasks of social perception abstract and high emotional intensity social perception (SPIAH) with social functioning.

The present study showed that there was no significant correlation between the cognitive flexibility with social functioning in patients with schizophrenia; because of that patient have done better performance with planning and mental balance and cognitive flexibility.

The present study showed that there were significant negative correlations among family income with and number of hospitalization with negative symptoms and also general psychopathology. There were significant negative correlations among cognitive flexibility with education and number of hospitalization. There was significant positive correlation among cognitive flexibility with age of onset and also negative correlation between family incom with second order of theory of mind (ToM - SOT). There were significant positive correlations between educations, with SPIAH. Which suggest that patient have poor family income, poor education and less hospitalization which impact in sever level of psychiatry symptoms and might have poorer performance with cognitive flexibility. There also increasing age factor and late age of onset might have better performance with cognitive flexibility.Previous studies (Herold. C.J. et al., 2017)demonstrated that cognitive flexibility, age effects were more pronounced in the patients.

The present study showed that there were significant positive correlations among cognitive flexibility (TMT-B time) with PANSS. Which indicate patient might have less psychiatry symptoms, because of that they have done better performance with cognitive flexibility.

Suggestions

- Future studies should increase the sample size so that results could be better generalized.
- Patient group should be compared with normal controls by matching as much demographic variables as possible.
- Patients before and after treatment to examine the social cognation and social functioning changes and could be considered for rehabilitation strategies towards compensation for deficits in the areas of social cognition and social functions in their day to day life. It may also prove useful for clinical decision-making and the choice of the most appropriate treatment.

Conclusion:

Findings of the current study shows that certain domains of ability to judge in serial situation using higher order, high emotional intensity social perception and also social functioning are found to be better performance with higher order theory of mind (Faux pas) and social perception.

Reference:

1. Bryson G, Bell MD.(2003. Initial and final work performance in schizophrenia: cognitive and symptom predictors. Journal of Neuro Mental Disorder, 191:87–92.
2. Burns J. (2006). The social brain hypothesis of schizophrenia. World Psychiatry, 5:77-81
3. Goldman, H. H., SkodoL A. E., Lave, T. R. (1992). Revising Axis V for DSM-IV, A Review of Measures of Social Functioning, American *Journal of Psychiatry,* 149,1148-115.
4. Green MF, Kern RS, Braff DL, Mintz J. (2000). Neuro-cognitive deficits and functional outcome in schizophrenia: are we measuring the ''right stuff''? Schizophrenia Bulletin, 26:119– 136.
5. Green MF, Olivier B, Crawley JN, Penn DL, Silverstein S.(2005). Social cognition in schizophrenia: recommendations from the measurement and treatment research to improve cognition in schizophrenia new approaches conference. *Schizophrenia Bulletin*, 31:882-887.
6. Green, M.F., Penn, D.L., Bentall, R., Carpenter, W.T., Gaebel, W., Gur, R. C., et al. (2008). Social cognition in schizophrenia: An NIMH workshop on definitions, assessment, and research opportunities. *Schizophrenia Bulletin,* 34(6), 1211–1220.
7. Herold C.J., Schmid. L.A., Lässer. M.M., Seidl. U., andSchröder. J. (2017) Cognitive Performance in Patients with Chronic Schizophrenia the Lifespan Cognitive Performance in Patients with Chronic Schizophrenia Across the Lifespan . The Journal of Geronto psychology and Geriatric Psychiatry,Vol 30, No 1
8. Hogarty, G. and Flesher, S. (1999). Developmental theory for a cognitive enhancement therapy of schizophrenia. *Schizophrenia Bulletin*, 25, 677-692.
9. Kasckow JW, Twamley E, Mulchahey JJ et al. (2001). Health-related quality of well-being in chronically hospitalized patients with schizophrenia: comparison with matched outpatients. Psychiatry Research, 103:69–78.
10. Kay S.R., Opler, L.A., and Lindenmayer, J.P. (1987). The Positive and Negative Syndrome Scale (PANSS) for schizophrenia, *Schizophrenia Bulletin*, 13, 261-276.
11. Lavau. M.C., Charest.A.,Anselmo.K., Rodriguez.J.P., Blouin.G. (2012). Theory of mind and context processing in schizophrenia:The role of cognitive flexibility, journal of psychiatry research, Vol: 200, 184–192.
12. Lehman A, Ward N, Ninn L.(1982). Chronic mental patients: the quality of life issue. *American Journal of Psychiatry*, 139:1271–1276.
13. Mehta, U.M., Thirthalli, J., Kumar, N., Mahadevaiah, M., Rao, K., Subbakrishna, D.K.,Gangadhar, B.N, and Keshavan, M.S. (2011). Validation of social cognition. *Asian Journal of psychiatry*, 4, 203-209.
14. Reitan, R.M. (1958) Validity of the Trail Making Test as an indicator of organic brain damage. *Perceptual Motor Skills*, 8: 271-276.
15. Tomasello, M. and Carpenter, M.(2005). The emergence of social cognition in three young chimpanzees: II. The emergence of social cognition: A longitudinal study, *Monographs of the Society for Research in Child Development*, 70(1), vii-132.
16. World Health Organization. (1992) The International Classification of Mental and Behavioural disorders, 10th revision. Geneva: WHO.

Socio-economic Status of Slow learners in Government Aided Higher Secondary Schools in Tiruchirappalli City

Dr.S.Vidhya
Assistant Professor, Department of social work, Cauvery College for Women,
Tiruchirappalli -620018

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Socioeconomic status refers to the economic status based on the income which in turn is determined by the education.Socio economic status may be one of the reasons for slow learning. In Low socio economic groups the children are deprived of the elementary form of general knowledge and experiences. The children do not get the opportunities to acquire experiences in the form of varied social contacts, outgoings and excursions. Consequently the child faces difficulty in grasping ideas related to these experiences and becomes educationally subnormal (Aruna Mohan., 2005). This study aims to find out the socioeconomic status of the slow learners. There are Ten Aided Hr.Sec.School in Tiruchirappalli City (Source: Education Department).Among ten aided higher secondary schools in Tiruchirapalli city theresearcher selected 4 schools using simple random sampling- Lottery method. From these schools slow learners were identified from VIII, IX and XIstandard were considered to be the universe for the present study which constituted of 320. Hence the universe is 320. Census Method was used to collect Data from the respondents.*

Keywords: *children, socio-economic status, slow learner*

INTRODUCTION

The socio economic status of the parents influences their attitude towards on the importance of education of their children. Middle class parents regard their children with pride and hope. They closely supervise the children. Education is given more importance in middle class families than in lower class families. The children in lower class families are given more freedom and the child from lower class often feels unloved, unwanted, and rejected at home. (C.L Kudus and D.N.Tutoo, 1988) In case of Poor homes the children are expected to carry out some kind of physical work at home or outside home. For e.g. Girls are engaged in household activities like cooking, cleaning utensils, washing clothes, etc. Whereas boys work outside home in shops, bakeries or in any other place for part time after school in order to improve the socio economic status of family. So the children lack study habit as they are busy in their work after school which directly affect their academic performance.

In classroom and in whole of school set up. We hold a system that yields a one-size-fits-all type model for the education of all children irrespective of their individual differences widely observable in terms of their rate of learning and educational achievements.(S.K.Mangal.,2007).

In India, we make use of the term 'Slow learners' as an umbrella term covering fairly large group of students whose rate of learning is slowed down by one or more factors of which, limited ability may be the one. The common factor with all pupils seen was some measure of educational retardation. Slow learners are described by their specific academic weakness.(Panda,2000 pp.232-33). Retardation or backwardness in terms of the rate of learning and academic performance of a child in comparison to that of his/her classmates may be said as the main criteria or a common trait for labelling a child as slow learner. (S.K.Mangal.,2009)

A normal child who does not have any physical factors or intellectual factors that contribute to slow learning like mental retardation, learning disabilities, speech and language disorders, brain damage etc can be helped to overcome the problem of slow learning by identifying the causes of slow learning. The children from privileged homes and well-to-do families are provided the best amenities of life and good education whereas children belonging to poor families on the other hand, are denied even the basic necessities of life. This impairs their capacity for learning and they become backward.(Aruna Mohan., 2005)

REVIEW OF LITERATURE

BISHT, G. S., (1972). A Study of the level of Educational Aspirations in relation to Socio – economic Conditions and Educational Attainment.

The aim of the study was to compare the educational aspirations of urban and rural school adolescents in relation to socio – economic status and educational attainment. The sample consisted of 100 students (50

urban and 50 rural) selected from 20 schools (12 urban and 8 rural). The tools administered were Kuppuswamy's Socio – Economic Status Scale and a questionnaire was developed for the purpose.

Sophia (2003) Education and socio economic conditions at Archampatti Village, karur

The researcher adopted census method to study 75 families in Archampatti village and it was found that 13% of the respondents were dropout. 70% of the respondents stated poverty as the reason for dropout and 30% have stated lack of interest in studies.

Malathi.O (2003) A study on school drop out

The study was conducted in Government high school in Nerur village in karur District. There were 75 dropout in the school from 6th -9thstd in the academic years from 1999-2002.The researcher selected 50 students using simple random sampling –lottery method. The reason for dropout stated by the children was 52% lack of interest in studies 18% stated economic related problem and 6% due to failure in exam.The study revealed that the size of family, educational facilities and recreational facilities were found to be influencing educational aspirations. Parent's choice influenced their children's selection of job. Parental education and income had a significant influence on educational aspiration. Attainment and level of educational aspiration were positively related. Urban boys had higher educational aspirations than rural boys.

AIM & OBJECTIVES

1. To study the socio economic status of the respondents
2. To find out the socio demographic profile of the respondents
3. To identify the Nature of Occupation of the respondents' Parents.
4. To analyse the family income.

RESEARCH METHODOLOGY

The researcher used Descriptive research Design as the study describes the socio economic status of the respondents

Universe and Sampling

There are ten aided higher secondary schools in Tiruchirapalli city the researcher selected 4 schools using simple random sampling- Lottery method.. From these schools slow learners were identified from VIII, IX and XI standard were considered to be the universe for the present study which constituted of 320. Hence the universe is 320.

Sampling procedure and sampling size

From each selected schools the researcher used census method to select slow learners from VIII std, IX std and XI std .The children were selected based on academic performance during the academic year 2012-2013.Students who have failed in 3 or more subjects throughout the academic year were considered for the study. Hence the sample size for the present study is 320.

S.no	Name of the School	VIII	IX	XI	Total
1	KAP Hr.sec School	42	26	17	**85**
2	CSI Methodist girls Hr.sec school	38	24	14	**76**
3	Bishop Heber boys Hr.sec school	30	19	23	**72**
4	Little flower girls Hr.sec school	46	21	20	**87**
	Total	**156**	**90**	**74**	**320**

Tools for data collection

Self prepared Questionnaire was used by the researcher to collect socio demographic data and Socioeconomic status inventory developed by Kapoor and Singh (1998) was used.The reliability coefficient is found to be 0.833 using split half method.

ANALYSIS AND INTERPRETATION

TABLE -1
SOCIO-DEMOGRAPHIC PROFILE OF THE RESPONDENTS

S.no	Variables	No of respondents (n:320)	Percentage
1	**Age**		
	13 yrs	122	38
	14 yrs	76	24
	15 yrs	43	13
	16 yrs	45	14
	17 yrs	28	9
	18 yrs	6	2
2	**Class**		
	8th std	156	49
	9th std	90	28
	11th std	74	23
3	**Gender**		
	Male	157	49
	Female	163	51

Regarding the Age of the respondents more than 1/3rd(38percent) of the respondents belong to the age group of 13 years while less than 1/4th (24percent) of the respondents belong to the age group of 14 years.14percent of the respondents belong to the age group of 16 years.13percent of the respondents belong to the age group of 15 years. Meager (9percent) of the respondents belong to the age group of 17 years and very few percent (2percent) of the respondents belong to the age group of 18 years.

It was found that less than half of the respondents (49percent) are studying in 8thstd while more than ¼ th (28percent) of the respondents are studying in 9th std and less than ¼ th (23percent) of the respondents are studying in 11th std at the time of data collection.

While observing the gender of the respondents it was found that less than half of the respondents (49percent) are males and more than half of the respondents (51percent) are females.

TABLE-2
EDUCATIONAL QUALIFICATION AND OCCUPATION OF THE RESPONDENTS' PARENTS

S.no	Particulars	No.of respondents (n = 320)	Percentage
1	**Nature of job (n=314)**		
	Professor	2	1
	Govt.Job	17	5
	Self-employment	33	11
	Daily wages	103	32
	Servant maid	5	2
	Home maker	154	49
2	**Father's Occupation (n=291)**		
	Teacher	7	2
	Doctor	4	1
	Govt. Employee	15	5
	Self Employment	70	24
	Coolie	194	67
	Unemployed	1	0.3
3	**Family Income**		
	Above Rs.10000	30	9
	Rs.8000 –Rs.10,000	16	5
	Rs.6000 - Rs.8000	53	17
	Rs.4000- Rs.6000	62	19
	Rs.2000- Rs.4000	126	39
	Below Rs.2000	33	10

The occupation of the respondents' mothers indicates that less than 1/3 rd (32percent) of the respondents' mothers are working for daily wages.11percent of the respondents' mothers are engaged in self-employment .very few (5percent) of the respondents' mothers are in government jobs and (2percent) of the respondents' mothers are working as servant maids and (1percent) of the respondents' mother are working as professors.

It was found that majority (67percent) of the respondents' fathers are coolies. less than 1/4th (24percent) of the respondents' fathers are engaged in self employment. Very few (5percent) of the respondents' fathers are government employees and (2percent) of the respondents' fathers are Teachers and 1percent of the respondents' fathers are Doctors. One of the respondents' fathers was unemployed.

Regarding the family income more than 1/3rd (39percent) of the respondent's family income was between Rs.2000-Rs.4000. Less than 1/5th (19percent) of the respondent's family income was between Rs.4000-Rs.6000 and 17percent of the respondent's family income was between Rs.6000-Rs.8000.very few (10percent) of the respondents' family income was Rs.2000 and below and 9percent of the respondent's family income was above 10000 and 5percent of the respondent's family income was between Rs.8000-Rs.10000.

Table-3
Distribution of the respondents based on their Socio- economic status

S.no	Particulars	No. of respondents (n=320)	Percentage
1	upperlower	128	40.0
2	lower middle	172	53.8
3	upper middle	18	5.6
4	upper strata	2	0.6
	Total	320	100

It is evident from the above table that more than half of the respondents (53.8percent) belong to lower middle strata. Less than half of the respondents (40.0percent) belong to upper lower strata and few percent of the respondents (5.6percent) are from upper middle strata and least percent of the respondent (0.6percent) are from upper strata.

MAJOR FINDINGS

- More than 1/3rd (38percent) of the respondents belong to the age group of 13 years.
- Less than half of the respondents (49percent) were studying in 8th STD.
- More than half (51percent) of the respondents were females.
- Majority the respondents (73percent) were Hindus.
- Vast Majority of the respondents (83percent) belong to urban area
- More than half of the respondent's mothers (51percent) were working
- Less than 1/3 rd (32percent) of the respondent's mothers was working for daily wages.
- Nearly 1/3 rd (33percent) of the respondent's mothers were illiterate
- Less than half (40 percent) of the respondent's fathers have studied up to middle school level
- majority (67percent) of the respondent's fathers were coolies.
- More than 1/3rd (39percent) of the respondent's family income were between Rs.2000-Rs
- 4000.
- More than half of the respondents (53.8percent) belong to lower middle strata.

SUGGESTIONS

- A positive environment should be created for the children in schools.
- Schools and teacher should not isolate the children based on their socio-economic status.
- Children should be motivated to think beyond their socio-economic status.
- Children backward in studies should not b labeled as slow learners

CONCLUSION

Children are shaped by the environment in which they live. The environment like school, home and society shape the attitude and behaviour of the children. The attitude of the children paves way for their further development. So it is essential to inculcate positive attitude within the children by the parents and teachers.

The positive attitude motivates the children for achievement throughout their life. Hence the study states that socio economic status does not affect the learning process of the children.

REFERENCES

1. Kundu,C.L. Tutoo,D.N. (1988). Educational Psychology. Sterling publishers private limited: New Delhi.
2. Mangal,S.K. (2009). Educating Exceptional Children- An Introduction to Special Education. PHI Learning Private Ltd : New Delhi.
3. Mangal,S.K. (2007). Essentials of educational Psychology. PHI Learning Private Ltd: New Delhi.
4. KarChintamani, (1994). Exceptional Children; Their Psychology And Education. Sterling Publication: New Delhi
5. Malathi.O (2003) MSW thesis on A study on school drop out
6. Dr. Mohan Aruna, G. (2005). Psychological Foundations of Education. Neelkamal Publication: Hyderabad.
7. Sophia (2003) MSW thesis on Education and socio economic conditions at Archampatti Village, karur

Study on Organisational culture on teaching staff towards quality education

G.Denish Dhivyan[1] & Dr.D.Fennala Agnes Lylin[2]

[1]Research Scholar PG and Research Department of commerce, Bishop Heber College, Trichy-17

[2]Associate Professor, PG and Research Department of commerce, Bishop Heber College, Trichy-17

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Organisational culture is a widely used term but one that seems to give rise to a degree of ambiguity. Watson (2006) emphasises that the concept of culture originally derived from a metaphor of the organisation as 'something cultivated'. For the past number of decades, most academics and practitioners studying organisations suggest the concept of culture is the climate and practices that organisations develop around their handling of people, or to the promoted values and statement of beliefs of an organisation (Schein, 2004). Schein (2004) highlights that 'the only thing of real importance that leaders do is to create and manage culture; that the unique talent of leaders is their ability to understand and work with culture; and that it is an ultimate act of leadership to destroy culture when it is viewed as dysfunctional'Culture therefore gives organisations a sense of identity and determines, through the organisation's legends, rituals, beliefs, meanings, values, norms and language, the way in which 'things are done around here'. An organisations' culture encapsulates what it has been good at and what has worked in the past. These practices can often be accepted without question by long-serving members of an organisation. One of the first things a new employee learns is some of the organisation's legends. This study aims at expressing the organisation culture of the self-financing staff who are temporarily placed in an esteemed institution. The results are discussed in detail.*

Keywords: *organisational culture, college teachers, quality education*

Introduction:

The organizational culture concept help understanding and analyzing the triggers that make an educational organization such a university to get structured, develop, and perform. The analysis on organizational culture results into various models that may be identified. A series of studies have built upon that and contributed to the development of a matrix of organizational cultures, more and more detailed and sophisticated, acknowledged under the name of Competing Values Framework. The Competing Values Framework (CVF) is a matrix of four quadrants resulting from crossing the essential dimensions that any organization may display. The horizontal dimension goes from cultures with internal emphasis, short- term orientation, and smoothing activities to cultures with an emphasis on external positioning, long-term orientation, and achievement-oriented activities; while the vertical dimension refers to cultures characterized by flexibility, individuality, and spontaneity at one end and cultures characterized by stability, control, and predictability at the other end (Beytekin, 2010).

Ian McNay (1995) developed a model meant to describe organizational culture of higher education institutions on two particular dimensions: the form and intensity of control and the focus on policy and strategy. McNay's model displays four quadrants corresponding to as many types of university organizational culture: enterprise, consisting of firm policy and loose operational control, focus on market, external opportunities, and relationships with stakeholders; corporate, consisting of tight policy and operational control, dominance of senior management, executive authority; collegiate, consisting of loose policy and loose operational control, decentralization, focus on individual freedom; bureaucratic, consisting of loose policy and tight operational control, focus on rules, regulations, and precedents. Organizational culture can be found in shared relationships among colleagues, norms within the school environment, student and teacher relations, and sharing experiences (Haberman, 2013).

A school's organizational culture provides a sense of identity, promotes achievement orientation, helps shape standards and patterns of behavior, creates distinct ways of doing things, and determines direction.Researchers across various disciplines began examining the role of culture within organizational life and then connected it to effectiveness and central processes of the organization in the last decades of 20th century (Kezar&Eckel, 2002). Organizational culture can be used to increase organizational effectiveness cause it controls the way members make decisions, the way they interpret and manage the organization's environment. Organizational culture can be treated as one of the main subject which shapes the relations, working processes, and decision making and problem solving processes in a university.

Thus, culture has a notable impact on the organization's performance, effectiveness and competitive position in its environment. It can be suggested that there is no one best type of culture, rather, different culture types are related to higher levels of performance on different effectiveness dimensions (Cameron & Freeman, 1991).Researchers have been studying organizational culture to create an effective and efficient organizations in today's competitive

environment. There is empirical evidence that culture of an organization has an impact on establishing ties among stakeholders.

Cultural Typology in Competing Values Framework The Competing Values Framework came out from empirical studies on the concept of organizational effectiveness (Quinn &Rohrbaugh, 1983). The name of The Competing Values Framework was given cause at first it seemed like the models carry conflicting meanings. Quinn & Rohrbaugh observed two dimensions of effectiveness in their studies. The first one is associated with the organizational focus, from an internal emphasis on people in the organization to an external focus of the organization itself. The second dimension symbolizes the contrast between stability and control and flexibility and change. The Competing Values Framework is possible to be used in organizational context. Moreover, it can also be used to determine the existing and desired cultures of organizations. Besides that it can also be used to examine organizational gaps in a change process of an organization. It assists to understand and realize different kinds of organizational functions and processes. It also provides better understanding of an organization in all levels to lead more effectively. Concerning the Competing Values Framework as a basis (Cameron & Quinn 1999), organizational culture is classified based on the flexibility of the relationship pattern inside the organization, and focus in conducting efforts toward goals. These cultures formed certain characteristic on their dimensions, including dominant character, leadership, management, organizational bonding, strategic emphasis and success criteria.

Review of literature:

Mohammed and Bardai (2012) did a study to investigate the relationship of organizational culture and organizational innovation in higher education institutions in Libya. 3 universities and 390 employees were the sample data, which covered executives, administrators and faculty members of the university. Study found that all four types of culture were significant predictors for organizational innovation types. Among them, market and hierarchy culture had the highest impact on technical and administrative innovation respectively in the universities.

Onasch (2013), organizational culture was compared among arts and sciences faculties at Ohio public universities based on Denison Organizational Culture Survey (DOCS) and the Denison model was considered as one of appropriate models for evaluating organizational culture of faculty members at university. Research concluded that the non-tenured, lower status and least experienced faculty reported more positive perceptions of organizational culture than their co-workers in all the five universities.

Ponnuswamy and Manohar (2014) took place in very scant area on perception of academic staff on learning organizational culture and found positive relationship between learning organizational culture, knowledge performance and research performance. Study also tried to fill the gap of quantitative study in such area, because according to researcher all previous work was more with qualitative research.

Methodology:

This study aims to understand the organisational culture of the employees working in teaching profession in college.

The objectives are:

1. To study the socio demographic characteristics of the respondents
2. To understand the organisational cultural pattern of their institution
3. To suggest measures to cope up with the reputed or incompetent culture to make a quality education

Research design:

A descriptive study was adopted by the researcher. And the researcher set the college's teaching faculty as the universe and a sample of 48 is extracted from the universe and studied

Analysis and interpretation:

Table:1

Distribution of respondents based on gender

Sno	Gender	No:of:respondents N=48	Percentage 100%
1	Male	9	19
2	Female	39	81
	Total	48	100%

The above tabulation explains that majority of the respondents are female and the organisational culture pattern could be of their manifestation. And very meagre amount of them were male respondents included in the study

Table:2

Distribution of respondents based on marital status:

S.no	Marital status	No:of:respondents	Percentage
1	married	27	56
2	single	21	44
	Total	48	100

The tabulation gives us a scenario that little more than half of th respondents were marries and they were between the age group 25-35 which the researcher not mentioned in the analysis. This is the core area of the ladder were each and every one of the employee strive for settling their life and also competing high for racing their self-esteem. Whereas less than half of the respondents were single may be in near far they too might be married. It's also has indirect effect upon the economic status and their competing framework.

Table:3

Distribution of respondents based on organisational culture:

sno	Level of organisational culture	No:of:respondents N=48	Percentage 100%
1	Feeling Worse Org Culture	27	56
2	Effective Org Culture	21	44
	Total	48	100

Organisational culture of the institution say universities or colleges can be emphasises more in order to challenge the employees either compete themselves by modelling their personalities along with the posh culture or the sophisticated work environment. Any culture if unique might keep the person in that environment in the same way. Om this regard the above tabulation says there is little differences reading the worst and best culture from the same organisation. It might be the years of experience or the leadership they are destines to work with. Any organisation cannot affirm the same effective culture all through the environment it might be in various shade of colours depending upon our competency level knowledge aspect level.

SUGGESTION:

Having a culture that isn't open to feedback is definitely counter-productive.The best indicator of a problematic culture is when your exemplary employees leave your company to go work somewhere better.

1. Transparency is the Key

Employees, especially the top-performers, don't work for you only because they need the money. They choose to work for your company because they trust you. And trust is the foundation of a great company culture. Staff definitely cannot trust a company that always leaves them in the dark when it comes to the direction of the business. Similarly, a company that doesn't trust its employees is also not helpful for establishing a great culture.

2. Reward in Public, Coach in Private

Another key to improving company culture is to recognize and reward top performers. These rewards and recognition programs don't have to be extravagant. A simple certificate of recognition or an award would do – of course, bonuses wouldn't hurt either.

3. Make Collaboration the Work Standard

One of the best steps to take when improving company culture is to make everyone comfortable with collaborative work. And when it comes to improving corporate culture, teamwork, having strong relationships at work is one way to make a big impact on employee motivation.

4. Establish Channels for Employee Feedback

No one wants to be a passenger in a ship that is commandeered by complete strangers. This is the reason why in cruise ships, for example, the officers and staff are always visible, approachable, and open to feedback. Same should go for your business.

Your staff wants to know that they matter in the company. They want to have a say and they want their voices heard. Engaged employees are motivated by having a voice on how the company is run and how they are managed.

5. Stick to Your Core Values

The most reliable way to judge a person's disposition is to see if words and actions go together. Integrity is a great measure of a person's character, and it is what should define your company too.

'Tangibles' like business results and 'intangibles' like company culture don't have to exist on separate planes. Even if both are on the opposite ends of the spectrum, you can still come up with processes that can address both.Always remember, though, that the ultimate goal is to fulfill the organization's mission and vision, but also keeping your employees happy in a 'safe', positive environment.

Conclusion

Organisational culture is an important concept and a pervasive one in terms of its impact on organisational change programmes. The literature suggests an ambiguity in terms of the link with organisational performance as strong cultures have been shown to hinder performance (unadaptive) and there is also a problem of isolating the impact of corporate culture on performance. The problems associated with the culture/performance linkage include validation concerns in terms of measurement, as the effect of a particular cultural variable may not affect all performance-related organisational processes in the same way. Researchers also view it as a socially constructed norm and not just a managerial control strategy -'caught not taught'

References:

1. Bartell, M. (2003). Internationalization of universities: A university culture-based framework. Higher Education, 45, 43-70.
2. Cameron, K. S., Ettington D. R. (1988). The conceptual foundation of organizational culture. Division of Research School of Business Administration.University of Michigan, Michigan. Cameron, K.S., & Freeman, S.J. (1991). Cultural congruence, strength and type: relationships to effectiveness. Research in Organizational Change and Development, 5, 23-58.
3. Cameron, K.S., & Quinn, R.E., (1999). Diagnosing and changing organizational culture based on the competing values framework. Addison-Wesley Publishing Company Inc., New York. Cohen, D. W. (1997). Understanding the globalization of scholarship, in Peterson, M. W., Dill, D. D, Mets, L.A. and Associates (eds.), Planning and Management for a Changing Environment: A
4. Kezar, A., &Eckel, P. D. (2002). The effect of institutional culture on change strategies in higher education. The Journal of Higher Education, 73(4), 435-460.
5. Organizational Culture in Higher Education: Defining the Essentials
6. William G. Tierney.,The Journal of Higher Education.,Vol. 59, No. 1 (Jan. - Feb., 1988), pp. 2-21
7. Quinn, R.E. &Rohrbaugh, J. (1983). A spatial model of effectiveness criteria: Towards a competing values approach to organizational analysis. Management Science, 29, 363-377.
8. https://www.efrontlearning.com/blog/2017/12/ways-improving-corporate-culture.html

STUDY ON THE EFFECTS OF WORKING MOTHERS ON THE PSYCHO-SOCIAL DEVELOPMENT OF CHILDREN IN KAIKATTI, MUSIRI

Ms. A.Divya[1] & Ms. V.Daisy Rani[2]
[1]II MSW, Dept of Social work, Holy Cross College, Trichy-2
[2]Assistant professor, Dept of Social work, Holy Cross College, Trichy-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *In current trends working women are increasing nowadays so women are known to lot of problems and in special reference with working women they face lot of problems both at the workplace and also in their family. So as mothers working women also need to take care of the children in psychosocial development of the children. As they are working women many mother fail to take care of the children in the psychosocial development as they faced a lot of stress in workplace and also in their family. They find it difficult to play their dual role in the workplace and also as a mother at family in taking care of the children and their supervision. To this research the researcher aims to know about the demographic details of the respondents, to identify the factors affecting the working women leading to the development of psychosocial problems among the children. Universe is to be 150 working women in the research area and 50 respondents are proposed to be the sample size. The researcher is proposed to use self prepare questionnaire. Through this research paper the researcher aims to find out some findings and suggestions that help the working women to help in the reduction of psychosocial problems of the children.*

Keywords: *psycho-social development, children, working mothers.*

INTRODUCTION

Working women are those who go for work or employed anywhere to earn an income. Women have much more opportunities and prospects for the assertion of their individuality and talents. Working women are to tackle the problems which they have in work place. Every working women were facing the work stress in the work place. Egoism, harassment, gossips, deadlineworks, fatigue and so on are makes the women weak. Being in everyone's good book is utterly impossible, but women trying to be in that. Household chores, taking care of their family are very important in their life. Working women is hardly trying to satisfy by maintaining their family in better way. They lack in time allocation, because of that; working women are not spending much more time with their children.More travelling time, nuclear family, no rest also makes them weak. Household chores, workplace stress were makes them fatigue.

Working women can't fully concentrate in children health, children are also starts to hide some issues, they were totally change in behaviour, the loneliness makes them do some malpractices, lack of attention to the mental wellbeing of children leads to psychosocial problems. The children were experiencing variety of biological and emotional changes in their lifestyle, women have there to lead a correct pathway to the children, but working women is lack in that. Depression, anxiety, delinquency, aggression were the problems faced by the children.

REVIEW OF LITERATURE:

1. **Dr. Abdul Sattar Almani et.al (2012),** he did research on working mothers in his study he got the conclusion that with the increasing trend of mothers' employment there is no significant difference between the children of working and non working mothers although the attachment between employed mothers and children is decreasing.
2. **SoumitaRajan in (2013)** through her study on "Effect of mothers working status on the behavioral problems of primary school children", shares that the children belonging to primary school are facing many effects through behavioral problems. The study also resulted that children of working mothers face more behavioral problems when compared to children of non working mothers.

RESERACH METHODOLOGY:

SIGNIFICANCE:

Psychosocial development of children as working mother is so tough; equalling both family and workplace is the great problem. But playing the dual role is the challenges for every working women. Working mothers were developing their children in best way is not a easy task. So the researcher planned to study about effects of working mothers on psychosocial development of children.

AIM:
The main aim of the study is to know the effect of working mothers on the psycho social development of children in kaikatti, musiri.

OBJECTIVE:
1. To study about demographic details of the respondents
2. To know about the problmes faced by the working women.
3. To acquire knowledge about psychosocial of development children among working women

RESEARCH DESIGN:
In this research the researcher used descriptive research design. Research described about working mothers problems and psycho social development of children.

UNIVERSE:
The universe of the study is working women in all categories of kaikatti, musiri. The total population is 300.

SAMPLING:
From the universe the researcher selected 50 respondents through convenient sampling method.

TOOLS:
Self prepared questionnaire were used by the researcher for her data collection.

ANALYSIS AND INTERPRETATION:

TABLE: 1
DISTRIBUTION OF THE RESPONDENTS BY THEIR WORK STRESS

S. No	WORK STRESS	No. Of Respondents N=50	Percentage %
1	less	12	24
2	more	38	76

INTERPRETATION:
This table explains the work stress of the respondents in the study area. Out of 50 respondents, 76% of the respondents have more work stress and 24% of the respondents have less work stress.

TABLE: 2
DISTRIBUTION OF THE RESPONDENTS BY THEIR ATTENDING OF PARENT TEACHERS MEETING

S. No	ATTENDING OF MEETING	No. Of Respondents N=50	Percentage %
1	Yes	22	44
2	No	28	56

INTERPRETATION:
This table explains the attending of parent teachers meeting by the respondents in the study area. Out of 50 respondents, 56% of the respondents have not attended parents meeting of their children and 44% of the respondents attend parent'steachers meeting of their children.

TABLE: 3
DISTRIBUTION OF THE RESPONDENTS BY HELPING THEIR CHILDREN IN STUDIES

S.NO	HELPING CHILDREN IN STUDIES	NO.OF RESPONDENTS N=50	PERCENTAGE %
1	Yes	10	20
2	No	4	8
3	During exam time	22	44
4	Only on weekend	14	28

INTERPRETATION:
This table explains the helping in children studies of the respondents in the study area. Out of 50 respondents,44 %of the respondents help their children in studies during exam timeand 28% of the

respondents help their children in studying only on weekend,20% of the respondents help their children in studying and 8 % of the respondents do not help in their children studies.

TABLE: 4
DISTRIBUTION OF THE RESPONDENTS BY PERSON WITH WHOM TIME IS SPENT IN ABSENCE OF MOTHER

S.NO	PERSON WITH WHOM TIME IS SPENT IN ABSENCE OF MOTHER	NO.OF RESPONDENTS N=50	PERCENTAGE %
1	Friends	32	64
2	Neighbours	4	8
3	Father	8	16
4	Others	6	12

INTERPRETATION:
This table explains with whom time is spent by children of the respondents in the study area. Out of 50 respondents, 64% of the respondent's children spend with friends in absence of their mother,16% of the respondent's children spend with father in absence of their mother, 12%of the respondent's children spend with others in absence of their mother and 8% of the respondent's children spend with neighbour in absence of their mother.

TABLE:5
DISTRIBUTION OF THE RESPONDENTS BY THEIR CHILDREN MINGLING WITH COMMUNITY WHEN THEY ARE GOING OUT

S. No	MINGLING WITH COMMUNITY WHEN OUT	No. Of Respondents N=50	Percentage %
1	Yes	12	24
2	No	38	76

INTERPRETATION:
This table explains the childrenmingling with community when out of the respondents in the study area. Out of 50 respondents,76% of the respondent's children do not mingle with community when they are going out and 24% of the respondent's children mingle with community when they are going out.

MAJOR FINDINGS:
1. 76% of the respondents have more work stress.
2. 56% of the respondents have not attended parents meeting of their children.
3. 44 %of the respondents help their children in studies during exam time.
4. 64% of the respondent's children spend with friends in absence of their mother.
5. 76% of the respondent's children do not mingle with community when they are going out.

SUGGESTION:
1. Working women can practice yoga to make them mentally and physically healthy person.
2. The working women should spend time with their children to make them happy.
3. During their infant period the emotional development and attachment is very important. So the working women must be with the children.
4. The women must look after their children often, by asking them what they were doing, through phone. To encourage the children, get rid of loneliness, mother would take care of the children.
5. Working women should take the children for outing at least in the month

CONCLUSION
The researcher concludes that the all working women must take care of their children. Spending lot of time, encouraging the children, annoying what the children were doing are important to develop the children. The psychosocial development of children were very important in the infant period, mothers should support for the well being of children and should show more care makes the children positive. Women are very strong in handling both the workplace and family.So working women also look after the children to bringing up them with full of happiness..

REFERENCE:

1. https://www.google.co.in/url?sa=t&source=web&rct=j&url=http://shodh.inflibnet.ac.in/bitstream/123456789/3638/3/03_literature%2520review.pdf&ved=2ahUKEwiAg_3K2NjeAhXLso8KHRTUCMgQFjAAegQIBRAB&usg=AOvVaw0kS8qVJ-dTZ6KKx3I2ItS9
2. https://www.researchgate.net
3. https://www.google.co.in/url?sa=t&source=web&rct=j&url=http://www.ijhssnet.com/journals/Vol_2_No_11_June_2012/18.pdf&ved=2ahUKEwjd55GJjdneAhVKPo8KHYc0Do4QFjAAegQIARAB&usg=AOvVaw13ONIthYHavP8NaB2zZq4l

Study on the Influence of 'interest' in job on work life balance

Dr.K.Kavitha Maheswari[1] & N.Usha[2]

[1]Assistant Professor, P.G & Research Department of Social Work, Shrimati Indira Gandhi College, Tiruchirappalli-2, Tamil Nadu

[2] II MSW P.G & Research Department of Social Work, Shrimati Indira Gandhi College, Tiruchirappalli-2, Tamil Nadu

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Work–life balance is the maintenance of a balance between responsibilities at work and at home. Work and family are equally important sphere of life which equally need quality time, clear cut understanding of the roles and sincere commitment. The descriptive study on influence of interest in job on the work life balance was conducted with nursing staff of a private hospital in Trichy. This study was conducted in a 70 bedded private hospital in Trichy. There were totally 50 nurses were working in the hospital who constituted the universe of this study. Census method was employed in this study to give the complete enumeration of the universe. The researcher used a self prepared questionnaire on socio-demographic details, work related details and a standardized tool on work life balance developed by Fisher-McAuley, Stanton, Jolton and Garvin (2003), assessed by Jeremy Hayman. The findings of the study revealed that there is significant association between the respondents' in their present job and their work life balance.*

Keywords: *Job, Interest and Work life balance.*

Introduction

Work life balance is the interaction between the work and the other activities that includes family, community, leisure and personal development. It is about the right or the balanced combination of the individual's participation in the work and other aspects of their life and this combination doesn't remain the same it can be changed over the time. Work life balance is where the tensions between the work life and personal life is minimized by having a proper policies, systems, supportive management and provisions at work place and a good relations in personal life. Performance and the job satisfaction of the employees are said to be affected by the work life balance. Work life balance of the employees helps in reducing the stress level at work and increases the job satisfaction.

Work–life balance is the maintenance of a proper balance between work and personal life. Work and family are important spheres in every one's life which requires equal energy, quality time and sincere commitment where there is a possibility of conflict also. These conflicts are intensified by the demanding careers, job satisfaction, family burden, income, family commitments, work pressure, job stress and so on. Work pressures on personal life and personal life interferences on work are inevitable components which should be dealt properly and handled in a balanced manner.

Workplace characteristics may also contribute to higher levels of work and family interferences. Researchers have found that the working hours per week, over time pressures, the amount and frequency of overtime requirements, an inflexible strict work schedule, unsupportive management and supervisors, and an inhospitable organizational work environment, condition and culture increase the experience conflict between their work commitment and family roles and responsibilities.Baruch and Barnett(1987) found that women who had to perform multiple life roles (e.g., mother, wife, employee) perceived low depression and had high self-esteem than women who were more satisfied in their personal and marital lifealso in their work responsibilities compared to women and men who were unmarried, unemployed, or childless. However, authors argued quality of their performance rather than the quantity of roles and responsibilities in that matters. That is, there is a significant association between multiple roles and good mental health when a person likes her job and likes her home life were able to balance their work and life.

Family–work conflict (FWC) is also a type of role conflict in which family life and work responsibilities are not effectively managed and compatible. Research suggests that family and work conflicthave its negative influences in the personal life domain, resulting in poor life satisfaction and the possibility ofgreater internal conflict within the family unit.

R Baral and S Bhargava (2011) in their research study on "HR interventions for Work life balance" quotes that work life balance is the important factors of concern for both researchers and the business people with the view of technological advancement, demographic climate and organizational changes related to it. They also have explained about the challenges that the HR managers face in work life balance of employees while effectively implementing the policy in their organization. They suggested that the organizations must plan

and implement Work life balance related policies and incorporate them in the organizational practices that enhance employee commitment and productivity.

Sarah Holly and AlwineMohnen (2012) studied the "Impact of working hours on Work Life balance" their main objective was to assess the influence of the working hours of the employees on their work life balance and job satisfaction. They found that the all the employees wanted to reduce their working hours which is also influenced significantly by the overtime compensation. The results of their study shows that the long working hours of the employees did not affect their job satisfaction, but long hours of work without any rest or relaxation have a positive significant impact on the workers' life.

Materials and methods

Aim of the study

The main aim of the study is to find out the impact of interest in job on work life balance among nursing staff.

Hypothesis

There is significant association between interest in job and work life balance.

Universe and sampling

This study was conducted is a 70 bedded private hospital in Trichy. There were totally 50 nurses were working in the hospital who constituted the universe of this study. Census method was employed in this study to give the complete enumeration of the universe.

Tools of data collection

The researcher used a self prepared questionnaire on socio-demographic details, work related details and a standardized tool on work life balance developed by Fisher-McAuley, Stanton, Jolton and Garvin (2003), assessed by Jeremy Hayman.

Findings and discussion

Findings on personal details

Regarding the educational qualification of the respondents revealed that 56% of the respondents completed B.Sc, degree in nursing and the remaining are diploma holders and ancillary nursing midwives. More than 3/4th of the respondents were married(64%). 74% of the respondents are from rural areas and the remaining are from urban areas. 34% of the respondents have children.

With regard to their type of family 72% of the respondents hail from nuclear family and the remaining 2.8% of them are from joint family. 48% of the respondents have 4-5 members in their families. Almost all the married respondents' spouses are working.

Findings on work related data

All the respondents are having below 5 years of experience in their present job. Regarding overall work experience, 42% of the respondents have below 3 years of experience, 40% of the respondents have 3-8 years experience and the remaining respondents have more than 8 years of overall experience. 100% respondents get below Rs. 10000 as their monthly income. 84% of them are not satisfied with their monthly income.

Table-1
Distribution of the respondents by their interest in their nursing job

S . No.	Interest in their present job	No. of respondents (n=50)	Percentage
1.	Low	19	38.0
2.	High	31	62.0

It is revealed from the above table that nearly 2/5th of the respondentsperceived low level of interest in their present job and the remaining respondents have low level of boredom and they have high interest in their job. The respondents who have less interest in their job are due to their less quality time spent for their family, job stress, family burden, poor family support for their work, lack of personal care, long working hours, insufficient leave provision and strict formalities in leave procedure and importantly low monthly income. Sometimes they also had the idea of quitting their job.

Table-2
Distribution of the respondents by their work life balance

S . No.	Work life balance	No. of respondents (n=50)	Percentage
1.	**Work interference in personal life**		
	Low	30	60.0
	High	20	40.0
2.	**Personal life interference in work**		
	Low	36	72.0
	High	14	28.0
3.	**Work and personal life enhancement**		
	Low	38	76.0
	High	12	24.0
	Overall work life balance		
4.	Low	34	68.0
	High	16	32.0

It is revealed from the above table that exactly 3/5th of the respondents perceived low work interference in personal life. Nearly 3/4th of the respondents had low level of personal life interference in their work. More than 3/4th of the respondents perceived low level of work and personal life enhancement. More than 3/4th of the respondents experienced low level of work life balance due to the personal and work life interferences on each other.

Table-3
Association between the respondents' interest in their present job and their work life balance

S . No.	Work life balance	Interest in their present job		Statistical inference
		Low	High	
1.	**Work interference in personal life**			X^2=6.057
	Low	11	19	P<0.05
	High	8	12	Significant
2.	**Personal life interference in work**			
	Low	13	23	X^2=3.195
	High	6	8	P>0.05
3.	**Work and personal life enhancement**			Not significant
	Low	15	23	
	High	4	8	X^2=0.146
	Overall work life balance			P>0.05
4.	Low	13	21	Not significant
	High	6	10	
				X^2= 5.002
				P<0.05
				Significant

It is inferred from the above table that there is significant association between the respondents' interest in their present job and their work life balance (x^2 value is 5.002 at 0.05 level of significance). While analyzing the dimensions of work life balance, it is revealed from the above chi square table that there is significant association between the respondents' interest in their present job and their work interference in their personal life.. Baruch and Barnett(1987) found that there is a significant association between multiple roles and good mental health when a person likes her job and likes her home life. The cross tabulation values in the above table shows that 26% of the respondents who felt high level of boredom or low level of interest in their present job have low level of work life balance.

Also there is no significant association between the respondents'interest in their nursing job and their personal life interference in their work life and their work and personal life enhancement.

Hypothesis

There is significant association between interest in job and work life balance.

Chi square test was applied to test the above hypothesis and it was revealed in this study that there is significant association between the respondents' interest in their job and their work life balance. The respondents having low interest in their job and feeling boredom in their present job has significant impact in their work life balance.

Conclusion

The descriptive study on influence of interest in job on the work life balance was conducted with nursing staff of a private hospital in Trichy revealed that there is significant association between the respondents' in their present job and their work life balance. The study is concluded that interest in job can be enhanced by proving nominal pay scale, working hours, hectic tight work schedules without any relaxation may lead to create boredom in their job. The management may consider their mental health and emotional well being for the productivity and make arrangement for counseling, stress management and relaxation which in turn improve and enhance their work life balance and work commitment without any disturbances. This is also useful to reduce the staff turn-over which affects the morale and overall organizational development. The respondents should also be able to differentiate work and personal life, they should be able to draw the limitations of their work and personal life and also have the control over both the variables to check that they should not interfere on each other. It is easy but proper practice of work life balance will be of greater use to achieve it. The respondents may try to practice it for the well balanced management of work and personal life. This in turn will improve their well being, job satisfaction and productivity

References

1. R Baral and S Bhargava . HR interventions for work life balance, international journal of business, management and social sciences, 2011, 2(1)
2. Sarah Holly and AlwineMohnen, Impact of working hours on work life balance, SOEP papers on multidisciplinary panel data research, DIW ,Berlin (2012).
3. Greenhaus JH, Beutell NJ. Sources conflict between work and family roles. Acad Manage Rev. 1985;10:76–88.
4. Netemeyer RG, Boles JS, McMurrian R. Development and validation of work-family conflict and family-work conflict scales. J Appl Psychol. 1996;81:400–10.
5. Galinsky E, Bond JT, Friedman DE. The role of employers in addressing the needs of employed parents. J Socl Issues. 1996;52:111–36.
6. Frone MR, Yardley JK, Markel KS. Developing and testing an integrative model of the work–family interface. J VocatBehav. 1997b;50:145–67.
7. Baruch GK, Barnett RC. Role quality, multiple role involvement, and psychological well-being in midlife women. J PersSoc Psychol. 1987;51:578–85.

STUDY ON THE INFLUENCE OF MEDIA AND THE CAPACITY OF BUYING PRODUCTS IN TRICHY DT.

Ms. M.Kaviya[1] & Ms. P. Anitha[2]
[1]II MSW P.G & Research Dept. of Social Work, Holy Cross College, Trichy-2
[2]Assistant Professor, P.G & Research Dept. of Social Work, Holy Cross College, Trichy-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Social media is used as a tool for collecting and sharing information, conservation based on their need and interest. The statistic shows the number of social network users in India from 2015 to 2022.In 2019,it is estimated that there will be around 258.27 million social network users in India,up to close to 168 million in 2016.The most popular social network in India were YouTube and Facebook, followed by social app whatsapp.Facebook is projected to reach close to 319 million users is in India by 2021. This study is related to the impact of social media that influence the consumers for the capacity of buying products. Primary data is used as the methodology for the research.The tools of data collection is questionnairemethod. The universe and the target group of the study is consumers in trichy district.*

Keywords: *Social media, Consumers buying behaviour, Products, Marketing.*

INTRODUCTION:

Social networking sites have become the new age of the Internet of which the power of its impact on the network life and real life cannot be ignored. However, the profit model of social networking sites has been questioned since the profits based advertising revenue model for social networking sites is not a stable and sustained profit mode. However, online shopping sites developed in India is more mature and profitable. In this environment, social networking sites will be e-commercialized to motivate consumers shopping through social networking sites directly or indirectly. This model will become effective tools of social networking sites quest for profit. In view of this, the operators of social networking sites should be a better understanding of consumer motivators and constraints of the online shopping, based on these characteristics make strategic decisions, technology decisions and marketing decisions.

Although with the rapid development of SNS the number of users is increasing, and a lot of investors are attracted, the profit model of SNS has been doubted by some researchers (Calburn, 2006). Based on the findings from McKinsey (2011), it has revealed that when companies go about their business and interact with individuals, they are generating a tremendous amount of digital "exhaust data," i.e., data that are created as a by product of other activities. Social media sites, smartphones, and other consumer devices have allowed billions of individuals around the world to contribute to the amount of big data available. (McKinsey 2011.) Traditional advertising via mass media is on decline; Sergio Zyman (1999), former Chief Marketing Officer, Coca Cola, believes, "The era of marketing as we have known it is over, dead, kaput and most marketers don't realize it..." he further clarifies that technology has given people many more options than they had in the past and has created a consumer democracy in which people around the world constantly use social media platforms to seek and share information from discussing consumer products to organizing political movements (see Chui and Manyika 2012).

LITERATURE REVIEW:

Glock and Nicos (1963) defined consumer behaviour as the concept to describe or explain the choice and buying behaviours of consumers in a specific time or some time taken.

(S.Taylor 1995). Attitude intention behaviour theory has been widely used in the field of network consumer research. Attitude intentional behaviour theory is important results of the study of consumer behaviour. The consumer attitude behavioural intention will lead the actual behaviour (Hung, 2003; Tung, 2004; Nysveen, 2005).

Consumers attitude directly affect the network consumption which is depended on the characteristics of online shopping (Davis, 1993).

The attitude will raised the level of behavioural intention than subjective norm, more positive consumer attitude is relatively less affected by the subjective norm or the views of others （Fusilier and Durlabhji, 2005).

Won Kima, k-Ran Jeong and SangWon Lee (2010) suggested that SNS is an online community where users can share their original content in the community.

RESEARCH METHODOLOGY:

AIM:

Study on the influence of media and the capacity of buying products in Trichy Dt.

OBJECTIVES:

- To study the demographic details of the respondents.
- To know the level of media influencing the buying capacity of the consumers.
- To understand the perspectives of the consumer's buying choices.
- To suggest means to keep media a sustainable source of knowledge rather than a commodity.

SIGNIFICANCE OF THE STUDY:

1. The results of this study cannot be generalized to all the social networking sites.
2. Since the responses were collected from the respondents through online mode, the responses may not be as accurate as one collect from personal interview.
3. While filling the questionnaire the subjects might have imagined different advertisements and eWOM for different brands which may not be fit for other brands

RESEARCH DESIGN:

The researcher adopted descriptive research design. The universe of this study consist the consumers in the city in Trichy district. Simple random method was used to collect the data for this study. The sample size of this study is 50.

TOOLS:

A self-prepared questionnaire and a semi structured interview schedule were administered by the researcher to perceive the SNS and its influences

TABLES AND INTERPRETATIONS:

Table: 1

DISTRIBUTION OF RESPONDENT BASED ON DEMOGRAPHIC DETAILS

S.NO	DEMOGRAPHIC DETAILS	NO.OF.RESPONDENTS N=50	PERCENTAGE 100%
I	**AGE**		
1.	Below 25 years	25	50
2.	26-35 years	20	40
3.	36-45 years	5	10
	TOTAL	**50**	**100**
II	**GENDER**		
1.	Male	28	56
2.	Female	22	44
	TOTAL	**50**	**100**
III	**EDUCATION**		
1.	School level	5	10
2.	Undergraduate	25	50
3.	Postgraduate	14	28
4.	Professional	6	12
	TOTAL	**50**	**100**
IV	**OCCUPATION**		
1.	Student	20	40
2.	Government employee	2	4
3.	Private employee	13	26
4.	Professional	6	12
5.	Job seeker	1	2
6.	House wife	8	16
	TOTAL	**50**	**100**
V	**FAMILY INCOME**		
1.	Less than 50,000	35	70
2.	50,000-1,00,000	10	20

3.	1,00,000-1,50,000	5	10
	TOTAL	**50**	**100**

INTERPRETATION:

The above table explains about the demographic details of the respondents, Majority (50%) of the respondents are below 25 years, and less than half of the respondents (40) are between the ages of 26-35 years, and the rest were between the ages of 36-45 years. Of which majority of them were male and the rest were female. Majority of the respondents educated up to graduate level, specifically speaking majority were students, others working in private concern and in involving in any of the professional and the little were unemployed majority of the respondent's family income are less than 50,000, 20% of the respondent family income between 50,000-1,00,000, 10% of the respondents family income between 1,00,000-1,50,000.

TABLE: 2

DISTRIBUTION OF RESPONDENTS BASED ON THE APPLICATION OF SNS FOR BUYING PURPOSES.

SNO	VARIABLES	NO OF RESPONDENTS N=50	PERCENTAGE 100%
I	**ACCUSTOM TO SNS**		
1.	Facebook, insta and messenger	30	60
2.	Whatsapp	11	22
3.	Facebook &whatsapp	9	18
	TOTAL	**50**	**100**
II	**CONTACTS ESTABLISHED IN SNS**		
1.	Upto 50	7	14
2.	51-100	12	24
3.	More than 100	31	62
	TOTAL	**50**	**100**
III	**TOTAL TIME SPEND FOR THIS SNS IN A DAY**		
1.	Less than 16 min	3	6
2.	16-30 min	22	44
3.	31-60 min	11	22
4.	61-120 min	7	14
5.	More than 120 min	7	14
	TOTAL	**50**	**100**

INTERPRETATION:

The above table explains about the application used by respondents for buying things in SNS, Majority (46%) of the respondents are used Facebook, Half of the (22%) of the respondents are used whatsapp, the rest half of the respondents (14%) are used Instagram, less than half of the respondents (18%) are used both Facebook and Instagram. Majority (14%) of the respondents have contact upto 50 members, Half of the respondents (24%) have contact between 51-100 members, 62% of the respondents have contacts more than 100 member. Majority of the respondents (6%) are less than 16 minutes spend their time in SNS, rest of the respondents (44%) are 16-30 minutes spend their time is SNS, 22% of the respondents are 31-60 minutes spend their time in SNS, 14% of the respondents are 61-120 minutes spend their time in SNS, 14% of the respondents more than 120 minutes spend their time in SNS.

TABLE: 3

DISTRIBUTION OF RESPONDESNTS BASED ON THE BUYIMG BEHAVIOR OF THE CONSUMERS WHO USED TO SNS

SNO	VARIABLES	NO OF RESPONDENTS N=50	PERCENTAGE 100%
I	**CATEGORY OF BUYING**		
1.	Techno gadgets	10	20
2.	Clothing and accessories	40	80
	TOTAL	**50**	**100**

II	**HOW MANY YEARS SINCE YOUR BUYING IN SNS**		
1.	Less than 13 months	20	40
2.	13-24 month	15	30
3.	25 to 36 month	8	16
4.	37 -48 month	7	14
	TOTAL	**50**	**100**
III	**AMOUNT SPENDING ON YOUR EXPENSES IN SNS**		
1.	Less than 5000	20	40
2.	5001-10,000	11	22
3.	10,001-15,000	10	20
4.	15,001-20,000	8	16
	TOTAL	**50**	**100**
IV	**MODE OF PAYMENT**		
1.	Cash on Delivery	25	50
2.	Credit Card	8	16
3.	Debit Card	10	20
4.	Online Banking	7	14
	TOTAL	**50**	**100**

INTERPRETATION:

The above table explains about the buying behaviour of the consumers who used SNS, Majority of the respondents are interested in clothing and accessories. While a little reporting of them intend to buy techno gadgets, majority of the respondents are buying the products in SNS for more than a year, and 30% of the respondents are 13-24 months used SNS for buying the products, 16% of the respondents are 25-48 months used SNS for buying the products in SNS. On this regard majority of the respondents are spending less than 5,001 expenses of their products in SNS, 22% of the respondents are spending 5,001-10,000 expenses of their products in SNS, 20% of the respondents are spending 10,001-15,000 expenses of their products in SNS, 16% of the respondents are spending 15,001-20,000 expenses of their products in SNS. Majority of the respondents are safe in using cash on delivery for buying products, 20% of the respondents are used debit card for buying their products, 16% of the respondents are used credit card for their buying products, 14% of the respondents are used online banking for buying their products in SNS.

TABLE: 4

DISTRIBUTION OF RESPONDENTS BASED ON THE SOURCE TAKEN TO BUY A PRODUCT

S.NO	VARIABLES	NO OF RESPONDENTS N=50	PERCENTAGE 100%
1.	ADVERTISEMNTS	22	44
2.	Ewom	18	36
3.	WEB PAGES FOR SHOPPING	10	20
	TOTAL	**50**	**100**

INTERPRETATION:

The above table explains about the source taken to buy a product, 44% of the respondents are taken source from advertisement to buy a product, 36% of the respondents are taken source from eWOM to buy a product, 20% of the respondents are taken source from web pages for shopping to buy a product in SNS.

TABLE: 5
DISTRIBUTRION OF RESPONDENST BASED ON THE PROBLEM ANTICIAPETD AND EXPERIENCED IN SNS

SNO	VARIABLES	NO OF RESPONDENTS N=50	PERCENTAGE 100%
1.	Internet fraud	17	34
2.	Leaking private information	8	16
3.	Cyber bullying	10	20
4.	Affecting communication skills	5	10
5.	Anti-social behaviour	10	20
	Total	**50**	**100**

INTERPRETATION:
The above table explains about the problem anticipated and experienced in SNS, 34% of the respondents anticipated and experienced internet fraud in SNS, 16% of the respondents anticipated and experienced leaking private information in SNS, 20% of the respondents anticipated and experienced cyber bullying in SNS, 10% of the respondents anticipated and experienced affecting communication skills in SNS, 20% of the respondents anticipated and experienced anti-social behaviour in SNS. Though many are toward a new shopping wizard, it has its own prorogations.

Table: 6
DISTRIBUTION OF RESPONDENTS BASED ON THE SHOPPING ATTITUDE IN SNS

S.NO	Level of attitude towards shopping in SNS	NO OF RESPONDENTS N=50	PERCENTAGE 100%
1.	High attitude on shopping in SNS	29	48
2.	Lower attitude on shopping in SNS	21	42
	Total	**50**	**100**

INTERPRETATION:
The above table explains about the level of attitude towards shopping in SNS, 48% of the respondents shown high level of attitude on shopping in SNS, 42% of the respondents shown low level of attitude towards shopping in SNS. Beyond saying many difficulties, people prefer to buy things staying at home rather travelling from place to place. Mostly students and working and house wives were into such composed shopping experiences shows positive attitudes towards such shopping arena in SNS.

TABLE: 7
DISTRIBUTION OF RESPONDENTS BASED ON THE ATTITUDE TOWARDS ADVESRTISEMENTS

S.NO	LEVEL OF ATTITUDE TOWARDS ADVERTISEMNTS IN SNS	NO OF RESPONDENTS N=50	PERCENTAGE 100%
1	Positive attitude towards advertisements	26	52
2	Negative attitude towards advertisements	24	48
	TOTAL	**50**	**100**

INTERPRETATION:
The above table explains about the attitude towards advertisements, 52% of the respondents shown positive attitude towards the advertisement, 48% of the respondents shown negative attitude towards the advertisement. The table blindly interprets that majority fall by the advertisements broadcasted rather checking its reality and loyalty.

SUGGESTIONS:
The research findings provided some important evidences for the online advertisers on SNS. Those findings have to be taken into consideration by the marketers while they are promoting or need to interact with the consumers. They have to think about the consumers in the age group of below 25 years who have high degree of attitude towards advertisements and eWOM. Advertisers on SNSs have to consider about the effect of the personal characteristics on interaction with their advertisements, as identified by the present research that different age group, education level and profession affect the empirical findings can help the advertisers on SNSs to have a better understanding of the effect of different aspects of SNS like frequency of checking personal SNS account, duration of time spend on SNS, longevity of purchasing the products through SNS, 240 amount spend per year for

purchasing through SNS and worrying about privacy problem when using SNS towards the study variabes taken for this research. Though the quality of argument is considered as significant along with the deemed to be the assets of the company, and encourage them to spread positive product information. Having regard for the nature of SNSs, eWOM on these platforms can propagate fast, because when a user finds interesting and useful information on their network page they could very well adopt it and also pass it to everyone on their network. However, negative aspects can also easily reach a large group of people. Managers should therefore be aware of both the benefits and the disadvantages of using SNSs as marketing tools. This study points out the lack of research on business practices on Facebook in particular, and SNS in general. Facebook provides demographic information that business can use in order to target their customers effectively and efficiently. Nevertheless, it is a challenge for the managers who decide to fully commit their marketing strategies on not be 100 percent reliable. Still it is worthy experimenting with Facebook to engage with potential consumers. Managers who decide to incorporate Facebook in their marketing plan should hire a marketing professional with social media skills. With the aim or exploring brand attitude on Facebook, this study evaluated the application of brand attitude as a tool for shopping behavior. Marketers might find it useful to develop unique brand identity and employ them through eWOM. This would help them to gain advantage over other brands which typically use only basic features offered by Facebook. The findings of impulse buying intention significantly influence shopping attitude of consumers. Hence, marketers should therefore consider the emotional behavior of consumers, and device diverse strategies for different categories of consumers.

In summary, social network marketers need to consider the socio-economic attitude towards advertisement, eWOM, brand and impulse buying. This would help them in bringing the customers for shopping, which is the ultimate success of any marketer.

CONCLUSION:

Social networking sites are most popular nowadays and several activities are being performed through this medium like business, politics and networking. This study contemplated on the business aspects in social networking sites in general. After performing a range of analysis, several conclusions have been drawn from this study. Results show that youngsters, undergraduates, government employees and students show greater interest on SNS and tend to perceive positively towards advertisement, eWOM, brand, impulse buying, shopping and also they are loyal on social media. In addition to this, frequency of checking, longevity of purchase and amount spend for purchase, are the key aspects in SNS that determine the effectiveness of key variables considered for this study. The study findings showed good evidence that the argument quality and source credibility are the important factors in eWOM that determine shopping behaviour. The result also indicated that when the information is useful people be inclined to adopt the information and go for shopping. The outcome of this study could also show clearly that the consumers who purchase through SNS are satisfied with their purchase and also they have a propensity to commune others through eWOM. It is therefore strongly recommended that the companies should satisfy their customers during purchase which may result in addition of other customers. Finally, the engaged customers are highly important for successful marketing as they are more likely to influence other existing and prospect customers by providing referrals and recommendation, which in turn will help businesses to achieve new and affirmative attitude towards advertisement, eWOM, brand and impulse buying will lead to an enhanced shopping attitude. Trust, informative and entertaining aspects of advertisement receive importance while determining the shopping attitude of consumers. Further, brand image and excitement in impulse buying also have strong association in determining shopping attitude. If companies adopt this shopping model, they will be succeeding in their business through online media and build a prospective customer base over years in future.

REFERENCE:

1. Michael E. Porter, “Strategy and the Internet”, *Harvard business review*, March, 2001, vol: 79 iss: 3, pp: 62-97.
2. T. Kautonen, H. Karjaluoto, “Trust and new technologies: marketing and management on the Internet and mobile media”, *Edward Elgar*, 2008. pp: 265-378.
3. Jackson, Matthew O. and Brian W. Rogers. “Meeting Strangers and Friends of Friends: How Random are Social Networks?” *American Economic Review*, March 2007, vol: 97 iss: 3 pp: 890-915.
4. Barbara Lyons, Kenneth Henderson, “Opinion leadership in a computer-mediated environment”, *Journal of Consumer Behavior*, September 2005, vol: 4, Iss: 5, pp: 319-329.
5. Sha Yang, AnindyaGhose, “Analyzing the Relationship Between Organic and Sponsored
6. Search Advertising: Positive, Negative, or Zero Interdependence?” *Marketing Science*, JulyAugust 2010, vol: 29 iss: 4 pp: 602-651.

Welfare measures in an industry and community's sustainable development-case study Analysis

Ms. C. Renuka Devi[1] & Ms. P. Anitha[2]

[1]Scholar, Social Work Department Holy Cross College (Autonomous), Trichy-2

[2]Assistant Professor, Social Work Department Holy Cross College (Autonomous), Trichy-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *In recent years the discussion about sustainability has increased above average and there are various terms have been established. Corporate Social Responsibility is a business approach that contributes to sustainable development by delivering social and environmental benefits for all stakeholders. Corporate Social Responsibility has been discussed with the objective of improving the understanding of the performance of organizations in the content of sustainable development. The aim of this paper is to find out the effectiveness of the CSR activities by the industry and the impact of the effectiveness of the CSR activities as received by the stakeholders. The methodology of the paper is primary data. The tools used for data collection is case study analysis. The universe of the study is Eraiyur Sugar factory in Perambalur (Dt). The target group of the study is stakeholders of Eraiyur CSR project and labour welfare of the industry. The various measures to implement CSR activities with sustainability in development for suggestion.*

Keywords: *Sustainability development, Corporate social responsibility, welfare measures.*

INTRODUCTION

Labour welfare contains various facilities & services provided for the employees to improving their health, efficiency, economic status and social status.Welfare facilities enable the employees to live a rich and more satisfactory life. The different welfare activities that can be provided to the employees like provision of loans, free medical facilities, retirement benefits, education facilities, housing benefits for the employee's and their families.

"Welfare is comfortable living and working conditions". The employees need welfare activities to bring out their social responsibility to raise the employees discipline for the work force to make effective and to reduce function with workers and to avoid welfare facilities and besides for removing dissatisfaction helps to develop loyalty in workers towards the organization.

Sustainability is often defined as that the meeting the needs of the present generation without compromising the ability of the future generation. The economic, environmental and social are the main pillars for the sustainability.The economic, environment and social were meet challenges through integrated solutions rather than through fragmented approaches that meet one of these goals at the expense of the others.The community sustainable is tend to focus on environmental and economic sustainability, urban infrastructure, social equity and municipal government.

Industry has been traditionally consider that the main contributor to environmental pollution and therefore it was among the first sectors to draw government intervention. The damages to the environment as the result of industrial process decrease in raw materials, damage to human health and climate change make clear that industrial development and it is practiced today but it is not sustainable. Further development and the ability of future generations to supply their own needs are being undermined by misuse of air and natural resources.

The central concept behind the sustainable development to enable the biosphere to supply "environmental services" to the population by the means of the renewable processes, without the investment of non-renewable resources industrial ecology is seeks to replicate this state by reducing the waste and increasing the cycling material and energy. Reuse and recycling are become more prevalent both within the boundary of industrial processes and as industries in their own right.

Agency Profile

A specific industry which is located at Perambalur district. It is 20km away from the main city. The factory is surrounded by Nammaiyur village sugar mill township, SLR colony, Zipsy village. The village has facilities such as IOB Bank, ATM, Post office, Transport provided by the sugar mill management.

Perambalur sugar mill is a subsidiary unit of Tamil Nadu sugar corporation limited. It is situated on Trichy – Chennai national highway in an extent of 133 acres of land. This is an agro – based industry sugarcane being the raw material crushing process which goes on for six months every year and the remaining period will be utilized for over heeling of the machinery. The factory had its maiden crushing during 1977-1978 season with an installed capacity of 1250 tonnes of can per day. The installed capacity of the mill was expanded during 1980-1990 from 1250 TCD to 3000 TCD and crushing at expanded capacity was started on 06.11.1990. The loan received from the financial institution for expansion have been fully repaid.

The mill is being administrated by the board of directors of Perambalur sugar mills. The departments are 1) Administration 2) Accounts 3) Engineering 4) Manufacturing. Work is done through shifts. The 1st shift is from 6 AM to 2 PM, General shift time is from 8 AM to 5 PM, Third shift 10 PM to 6 PM.
The welfare activities for the employee are housing board, Canteen, Free Antenna, Subsidary electricity, Water supply, Funeral expenses, educational schools, road facilities, Post office, Bank, ATM etc.

Review of Literature
Manufacturing industries and their related services sectors can absorb large numbers of worker provide them with stable jobs and increase the prosperity of their families and communities. An efficient agro-industry enhances economic stability for rural households, increase food security and help achieve economic transformation. Committing to sustainable production patterns makes business sense. It reduces the wastage of costly resources and contributes to increased competitiveness. Similarly since energy inputs represent an important cost of production for industries, clean energy and energy efficiency have progressively become core determinants of economic competitiveness and sustained growth.
In the mapping on corporate sustainability conducted by the authors **Montiel & Delgado (2014)** topics like CSR the results shows that Corporate sustainability is still in development and different objects to study may emerge for depending knowledge.
Jacobs and Snijders (2008) but in this case for differences in organization type. They distinguish two groups where the first has a significant design, R&D or innovation department. Although not the same this is similar to the division between product versus service innovation. Their findings are first of all that the organization with the R&D department pay considerable more attention to structure while organizations without pay more attention to intuition during the innovation process. Another finding is that while all organizations fulfilled the routines differently.

RESEARCH METHODOLOGY
TOPIC:
A study on welfare measures In an industry towards community's sustainable development.

SIGNIFICANCE OF THE STUDY
The researcher decide this study as the need of the sustainable development in industry. Sustainable development is viewed as the mutual beneficial of community and industry. This development focus on social, economic, environmental and institutional. The social sustainability encompasses human rights, labour rights and corporate governance. In common with environmental sustainability, social sustainability is the idea. That future generations should have the same or greater access to social resources as the current generation.

AIM
The main aim of the study is to understand and observe the welfare measures in an industry and towards community's sustainable development in Perambalur sugar mill.

OBJECTIVES
- To study the basic demographic details of the respondents.
- To study the effectiveness of the community's sustainable development by industry.
- To bring out the impact of the effective welfare measures in industry and sustainable development of industry.
- To suggest various measures to implement CSR activities with sustainability in development.

RESEARCH DESIGN
Qualitative study was adopted by the researcher in order to bring the quality empowerment they incur because of the industry's welfare measures.

UNIVERSE
A specific sugar mill in Perambalur district and their community surroundings were chosen as universe.

SAMPLE
Two case study is administered by the researcher, employees working in permanent post conveniently were selected as case study samples.

Case Study

Introduction

A case study is an enquiry into an event by either an individual or an organization. It is produced through systematic research, analysis and reporting. They are designed to ask the questions how and why of an event produce or phenomena.

Robert k. Yin (2003) defines the case study research method as an empirical inquiry that investigates a contemporary within its real-life context; when the boundaries between the phenomenon and content are not clearly evident; and in which multiple source of evidence is used.

According to Greece (2003) in the field of social sciences, a case study is a descriptive, explanatory or exploratory analysis of a person, group or event. Case study research can mean single and multiple sources of evidence and benefits from the prior development of theoretical propositions. Case studies should not from the prior development of theoretical propositions. Case studies should not be confused with being subjected to only qualitative research and they can be based on may mix of qualitative evidence. Single subject research provides the statistical framework for making inferences from quantitative case-study data.

Case studies in quantitative research:

Case studies are research that focus on and gather in depth information about a specific person, group, community, or event. They have numerous advantages and disadvantages. Case studies are best suited in considering the how and why questions, or when the investigator has little control events. Through case study methods, a researcher is able to go beyond the quantitative statistical results and understand how and why conditions through the respondents point of view. By including both qualitative data, case studies help in explaining both the process and outcome of a phenomenon through complete observation, reconstruction and analysis of the cases under investigation **(ZaidahZaina,2007)**

Case studies when used to explain the quantitative research enables a researcher enables a researcher to closely examine the data within a specific context while trying to interpret causative factors that led to the findings. It enables the researcher to understand why the phenomena occurred.

Case study design

The explanatory case study method was adopted, it is a method used to explore causation pertaining to the phenomena. In this case what made the respondents have a low perspectives and outcome pertaining to the overall emotional maturity, overall social maturity, overall achievement motivation.

Hendry Harder (2010) describes this method by the process of using both quantitative and qualitative research methods to explore and describe the phenomena.

ROBERT K.Yin(2010) highlights the explanatory case study as a method, which is used when the reseacher is seeking to answer a question that sought to explain the presumed casual links in the real-life interventions that are too complex for surveys or a questionnaire to answer.

Selection criteria

The researcher intend to identify social activists who is not trained or educated to be professional social worker or not affiliated to any social work organisations. Identified individuals ought to be in the current struggling movement to bring the social change either environmental or political contexts. The case study emphasis in this study will evolve a eye opener to the social worker professionals who are mandatorily working in time bound and salary based cores leaving the pressing social issues behind and criticizing the same by gossiping and blaming the opponent like the country economy and social structure. Based on this rationale the researcher selected two cases on the purpose of the researcher and presented the real values of their struggle in the current scenario.

Case study Questions

- How secure you are as a permanent employee in this factory?
- What is your rate of satisfaction working as a government employee, compare the same with the similar government company in our state?
- How healthy your industry in contributing to the wellbeing of its immediate environment?
- What is your opinion towards the trade union and its contribution in a company?
- What is a role of the HR executive in your company?
- By the existence of this company can you tell that it contributes positively any benefits to your family?
- What are all the benefits schemes you can avail from the company?
- How beneficial is your company towards sustainable development?
- What is be the company's future?
- Do you have any suggestion or remarks on your company?

Case study methodology

Case study methodology is a methodology that can take either a qualitative or a quantitative approach. To present the case studies a format described by Brian Budget (2008), was adopted in which the scheme for case study presentation was well classified into four:

- Introduction
- Case presentation
- Outcome
- Discussion

a) **Introduction** – describes the content of the case
b) **Case presentation** – why the case study was undertaken and what were the research questions?
c) **Outcome** – the reason behind the occurrence of the phenomenon that was to be studied.
d) **Discussion** – summarization of the presented case study.

Case study techniques

Interview was the technique used by the researcher to bring about meaningful inferences pertaining to the questions that were proposed. The researcher spent 2 to 3 hours with each of the respondents. Appointments have to be made with the respondents and the sessions, which carried out. The case study has three sessions, which was conducted on alternate day in the same week. Prior appoints has to be made by the researcher to ensure the free time of the respondents to put the discussion at easy phase to answer the questions.

Precinsts of case studies

Case study methodology adopted has been confined to the case studies designs and methodologies. The explanatory case study design put forth by Robert K. Yin (2003), was adopted and the methodology as stated by Brian Budget (2010), was used. Though the concept remained the same, the researcher brought in the implementations from the field of medical and psychiatric pertaining to the discipline of social case study report. This was effectively implemented based on the guidance and consultation with research advisors and experts in the reflection.

Case Study – 1

Introduction

The present case study is with Mr. E revealed that he is an employee in Perambalur sugar mill. He is been employed in the institution for a past four years. The study further proved and highlighted how Mr. E feels secure about his job in the factory and his rate of satisfaction towards working as a government employee.

The study further revealed that all the benefit schemes available in the company for the employee and how beneficial the company is towards sustainable development.

The case study revealed that Mr. E had some suggestions for the industry towards further development and the ability of future generations to supply their needs.

CASE PRESENTATION

With the reference to the current case study the researcher began to prove into the reasons for neligible rating of Mr. E pertaining to the overall welfare activities promoted by the organization. The questions that the researcher clarified were relating to whether the welfare activities were useful for the employee.

Further clarity was that a permanent employee in this factory feels unsecure about his job because after his working period there is no benefit avail from the factory to my family and himself. He stated that,"I was in the confusion mode when I rate the satisfaction with my company comparing with other company in our state I am confused"

There are respiratory ailments that affect total wellbeing and the work of the company is not loyal to repay the amount to agro farmers who supply the sugarcane for the factory." I can say my industry is also responsible for the plight of current farmers."

I don't know what is trade union and how it is useful to me only seasonal workers come in and go. Less permanent employees only are available in the company. There is no HR executive in my company only political parties were playing in the union role of the company.

The company can contribute positive benefits like skill based classes like computer class, technical class for me and my family members and the benefit schemes that my company can avail for me is they can offer some benefits after my retirements to my family like hospital facility, insurance facility.

The beneficial of my company towards the sustainable development in somewhat poor they should improve some level for the sustainable development. The company's future will is to achieve the profit which they yielded before.

The suggestion from my side for my company is to improve the canteen facility and to provide quality food for the workers. The NMR rate should be reduced in future.

OUTCOME

The case study revealed that Mr. E was a permanent employee but still he was not secure about his job because there is no benefit for his family members after his retirement.

The company is not loyal to repay the amount of the agro farmers there was still amount was in balance for sugarcane purchase and Mr. E said that his company was responsible for the current situation of the farmers.

The employees in the factory were not aware of the trade union and how it is useful for them and there is no HR executive in the factory only labour welfare officer were taking over the settlement of the employee.

The company was mostly dominated by the political parties and there is no proper administration taking place in the company. The canteen is very poorly maintained with improper food. The permanent employees are very less in number in the company and many NMR are working in the company.

DISCUSSION

From the presented case study it is evident that increased industrial responsibility for "clean" production processes and for environment friendly products and comprehensive supervision and treatment of all industrial plants not only individual plants. Increase investments in pollution prevention and waste treatment in the first stage and the introduction of changes in production processes and in material use in the second stage.

Case study – 2

Introduction

The present case study of Mr. G reveals that he is an employee of the Perambalur sugar mill. He has been employed with this company for the past twenty four years. The study further proves and highlights that Mr. G has availed the benefits schemes from the company.

The study further reveals how the industry is contributing to the total well-being of its immediate environment and towards a sustainable development of its employees.

The case study has revealed that Mr. G has some suggestions towards sustainable development for the company.

Case Presentation

With reference to the current case study, the researcher began to look into the suggestions provided by Mr. G pertaining to the overall welfare activities promoted by the organization. The questions that the researcher sought clarity on was whether the welfare activities were useful for the employees.

Further clarity "I was a permanent employee in this industry at present I was secured about my job but after my days I don't feel that my industry will take care of my family.

As I am a Government employee, I was little bit happy with my company but while comparing it to other companies in our state, I was not satisfied. They are not paying the agricultural farmers who supply sugarcane to the company, which shows that in this company the official or workers take money from the agriculture farmers and train them. The real motive is the government is not accountable in repaying the money for the sugarcane's which they take for the processing of sugar.

The industry is not health friendly, there are some really bad health issues like chronic asthma, chronic bronchitis etc. and the company does not contribute to the well-being of it workers.

I have no idea about the trade union and it is not effectively followed in the company, there is no proper recruitment process has been evolved so for strict and layout has no say in my industry and there is no HR executive for this industry and all the employee grievance were handed only by the labor welfare officer. There is a need for HR executive to solve these issues. The union's role was played by the political parties inside the company.

At present the company contributes some common insurance for the employees, from that I can claim insurance for me and my family members. The company has given quarters, water facility, current facility inside the campus with less money, it is very useful for me and my family. But after my retirement or demise I can't say that my family will continue to get these benefits.

The benefits schemes that I can avail from the company are some technical classes about how to handle the new types of machinery and some job opportunities for their family members after the retirement.

The company is not involved much in the sustainable development of the employees but it is very necessary. They can arrange skill based classes like computer class, typewriting, tailoring class etc.

At present the company's condition is getting poor but in future I don't know properly how it will be the future. But they will be the future it may have profit or loss. But they will maintain the common level of economic status of company.

The suggestion for my company is that they can improve canteen facilities, there should be proper restrooms for the female employees, they should appoint HR executive, sustainable development program should be evolved and if the government is not able to run this company with a profit they could hand it over to private sector for the better benefit of industry."

Outcome

The case study revealed that Mr. G was a permanent employee at present, he is happy about his job now, but he fears after his days there will not be any benefits for his family members which they are getting now.

The company is not maintaining a proper healthy environment and it causes certain diseases for the people who are living nearby industry. And there is balance money that the company should give to agricultural farmers for purchasing sugarcane in the past few years.

The company needs HR executives for their development all the work relating to employee were taken care by labor welfare officer and that should be divided equally for the HR executive and there is no proper recruitment process handle over here and the political parties are taking major role in the industry.

The company is not contributing any activities related to sustainable development. If the government cannot able to take over the industry it can change into private sector for the betterment of industry.

Reflection

The employee's working in the factory was permanent employee's but even though they were not satisfied with their job because there is no any benefits for the employee and his family members after he came out from his job. Past few years the amount for the sugarcane purchased was still in balance for the agriculture farmers from the industry. The political parties were ruling the sector and there is no proper recruitment process taken place in the industry. Many NMR (temporary) employees were working in the industry. There is no proper canteen facilities and restroom facilities for the workers in the industry.

There is no HR executive in the industry all the HR roles were played by the labour welfare officer of the industry. The industry is not handling any CSR activity for the past few years and there is no any proper sustainable development for the employee to develop them in the society. The employees say that "Sustainability is the key to our survival on this planet and will also determine success on all levels". The employee's want the industry to be privatize for the betterment of industry and for the employees.

CONCLUSION

The researcher through this qualities study came to know about the other side of welfare measures in an industry towards community's sustainable development more details made deep analyses were done on this topic. Through the researcher has come to a conclusion that the awareness of the concept of CSR and sustainable development is found out to be at a lower level among the employees. The sustainable industrial development strategy should aim to achieve the integration of environmental concerns and sustainable development in economic, environmental and social. At present scenario the corporate is ruling the world the industry should be privatize for increasing the scope of the industry and for employee.

BIBLIOGRAPHY

1. https://www.europeanpharmaceuticalreview.com/article/1261/siemens-innovation-industry-and-implementation/
2. https://www.unido.org/news/role-industrialization-sustainable-development-and-poverty-eradication-highlighted-hlpf-review-sdg-9 - start
3. http://www.scielo.br/scielo.php?pid=S0104-530X2018000100056&script=sci_arttext&tlng=en
4. http://www.mfa.gov.il/mfa/pressroom/1996/pages/sustainable industrial development.aspx
5. https://www.unido.org/sites/default/files/2014-03/ISID_Brochure_web_singlesided_12_03_0.pdf
6. http://www.bhel.com/index.php/environment
7. http://www.ril.com/Sustainability/CorporateSustainability.aspx
8. http://www.larsentoubro.com/corporate/sustainability/
9. https://www.cognizant.com/about-cognizant/sustainability
10. https://sustainabledevelopment.un.org/topics/industry
11. https://www.researchgate.net/publication/227409922_Corporate_Social_Responsibility_and_Sustainable_Development
12. https://www.researchgate.net/publication/265422944_Innovation_management_a_literature_review_of_innovation_process_models_and_their_implications

Role of Civil Society Organizations in SDG engagement

Dr. R. Gayathri[1] & Rev. Fr. Albert Thambi Durai[2]
[1]Research Officer
[2]Director, Social Service Society, Trichy, Tamil Nadu

Received: November 20, 2018 Accepted: December 06, 2018

An Overview:

The potential contribution of Civil Society Organisations (CSOs) to the realisation of Agenda 2030 plays a vital role. There are more than 66000 international non-governmental organizations[1]. Estimates of the total number of CSOs vary widely, in part reflecting differences in definition, but there are certainly several million such organizations in the world. India alone, for example, is widely cited as having over 3 million[2]. As research from Johns Hopkins University notes, CSOs command substantial amounts of resources: 4.36% of the workforce across 36 countries, with volunteering and giving amounting to 2-5% of GDP in many developed countries studied[3]. CSOs are widely held to have grown in the last thirty years, and the relationship between the UN and Civil society organizations has become closer over the process and development of SDGs[4]. The SDGs and their negotiation process are significant in this context, they are the result of the largest consultation process ever held within the history of the United Nations. More than a million people and an 'expert group' of over 3000 participants from over a hundred countries and six continents helped to establish the SDGs on behalf of humanity. In this connection this paper explores the contribution of the Wada Na To-do Abhiyan (a National Campaign) at the National level and TASOSS initiated Wada Na To-do Abhiyan - Post MDG 2015 Development Agenda –Tamil Nadu Joint Committee at the State level in the development of the Post-2015 Development Agenda. It also discusses in detail about the role and engagement of CSOs, the challenges ahead and strongly advocates for the meaningful engagement of CSOs in the implementation process of the 2030 Agenda, an ambitious and holistic agenda covering a wide set of objectives across social, economic and environmental dimensions of sustainable development.

Experience of India in Post-2015 Development Agenda

Wada Na To-do Abhiyan is a national campaign to hold the government accountable to its promise to end Poverty, Social Exclusion & Discrimination. It emerged from the consensus among human rights activists and social action groups who were part of the World Social Forum 2004 (Mumbai) on the need for a forceful, focused and concerted effort to make a difference to the fact that one-fourth of the world's poor live in India, and continue to experience intense deprivation from opportunities to learn, live and work in dignity. It aims to do this by monitoring the promises made by the government to meet the objectives set in the UN Millennium Declaration (2000), the National Development Goals and the National Common Minimum Program (2004-09) with a special focus on the Right to Livelihood, Health & Education. Being part of this initiative, TASOSS[5] has evolved **Wada Na To-do Abhiyan - Post MDG 2015 Development Agenda – Tamil Nadu Joint Committee (WNTA - Post MDG 2015 DA –TNJC)** in Tamil Nadu**.** It comprises of Civil

[1] *The Yearbook of International Organisations* https://uia.org/yearbook
[2] Michael Edwards *Civil Society: Third Edition* (Cambridge: Polity, 2014) p22.
[3] Johns Hopkins Center for Civil Society Studies 'Comparative Data Tables' drawn from *Global Civil Society, Dimensions of the non-profit sector* http://ccss.jhu.edu/wp-content/uploads/downloads/2013/02/Comparative-data-Tables_2004_FORMATTED_2.2013.pdf
[4] Tony Hill 'Three Generations of UN-Civil Society Relations' https://www.globalpolicy.org/un-reform/31824-three-generations-of-un-civil-society-relations.html
[5] Tamil Nadu Social Service Society **(**TASOSS**)** is the official organization of the Tamil Nadu Bishop Conference (TNBC). TASOSS has a long history of involvement with the lives and aspirations of the marginalized people and communities - especially of women across all these communities. More than 300 women and men across 26 Diocesan Social Service Society (DSSSs) have toiled long and hard to mobilize more than 3.5 lakhs women and men from the Dalit, tribal, fishing, subsistence agriculture and artisanal communities and to organize them into more than 21000 self-help groups.

Society Organizations of diverse ethnic, cultural, religious, political, caste and class backgrounds, and different age groups and with sexual orientation.

CSO engagement in the development of SDGs

WNTA - Post MDG 2015 DA –TNJC respect 'diversity' and listen to 'Voices' carefully and derived this Post MDG 2015 DA – Tamil Nadu People's Charter for Humanity. It was evolved through the participatory community consultations with grassroots representation from 200 civil society organizations across 22 Districts of Tamil Nadu. It is an opportunity for the spectrum of stakeholders, including prominent contribution from civil society had discussions at global, regional, national and local levels. It helped them to capture the aspirations of specific groups viz youth, women, industry etc, created varied communication platforms – expert consultations, online dialogues, new social media platforms and dedicated thematic and sectoral consultations as well as integrated discussions.

Box 1: Post MDG 2015 DA – Tamil Nadu People's Charter for Humanity

Post MDG 2015 DA – Tamil Nadu People's Charter for Humanity is based on the values of equality, justice and peace. The **Post MDG 2015 DA – TNJC** views the present State as the system of 'Capital Accumulation Agency' that enables a minority to exploit the vast majority of women, men, Children, Dalits, Adivasis, Old-Aged, Transgender, Physically Challenged, Minorities, Workers (unorganized and migrant labourers), Peasant, Artisans, fishing tribes and other excluded and oppressed people. 'Capital Accumulation' ameliorates poverty and social exclusion by violating the rights of human beings; particularly, the marginalized and oppressed, and jeopardizes humanity and the earth. This charter condemn and oppose the exclusive quest for profit to the detriment of social value, and the private accumulation of the means of capital, production, wealth, land, and decision-making power by a few groups and individuals (Multi-National Corporations- (MNCs / Trans National Companies- TNCs / Capitalist groups and companies in the State). WNTA - Post MDG 2015 DA –TNJC envisaged six assertions viz (1.Poverty and social exclusion, 2.Budget and good governance, 3. Women, Dalit, Children, Transgender, migrants and Minorities, 4.Education, Health and sanitation and 5. Labour Rights) for grassroots community consultations that are accommodating 12 goals reflected for Post MDGs 2015 – DA.

2030 Agenda for Sustainable Development

The post-2015 development agenda, with negotiations on a set of 17 Sustainable Development Goals (SDGs) and associated targets, the UN Sustainable Development Summit on 25 September 2015 adopted "Transforming Our World: The 2030 Agenda for Sustainable Development". The 2030 Agenda is a historic political statement by world leaders committing to "an inclusive, long term and people-centred set of universal and transformative Goals and targets". The concept of sustainable development embraces three dimensions – economic, social and environmental – in a balanced and integrated manner. The SDGs evolved from an extensive consultation process at the United Nations involving member countries, civil society organizations, the business community and other actors. The SDGs comprise 17 goals which in turn have been broken up into 169 targets.

Special features of the SDGs Framework

- **The SDGs are universal** – accepted by all, and applicable to all. Universality extends the relevance of the SDGs to CSOs beyond development CSOs in developing countries, and environmental CSOs in developed ones.
- **The indivisibility and interdependence of the goals -** The emphasis on inter-linkages invite an assessment of the wider impacts of actions and policies taken to further the agenda, demands policy coherence.
- **The focus on poorest and most marginalized groups** - Leave no one behind has implications for how policies are designed, what data is collected, and where the review is concentrated.
- **The focus on the participation of stakeholders** - is important because it reinforces both a participatory approach to (sustainable) development projects and the wider importance of civil society organizations retaining and strengthening their links with wider civil society.

Besides, Human rights are further reflected throughout the Sustainable Development Goals (SDGs) and targets. Concretely, 156 of the 169 targets have substantial linkages to human rights and labour standards

(The Danish Institute of Human Rights, 2016). Approximately 49 % of the indicators are expected to yield **data that are directly relevant for monitoring of specific human rights and labour standards**, while another 10% will have more **indirect human rights relevance**. Approximately 40 % of the indicators do not have a specific human rights reference, but may still provide data that may be relevant for a broad contextual analysis.

Role of CSOs in SDG Engagement: Scope and opportunities

Globalization, liberalization, privatization and economic colonization in the wake of neo liberalization have widened the gap between haves and have not's and it is evident that with evidence of growing inequality within and across countries, and the increasing voice of civil society to address this widening gap between the handful of wealthy and the increasing majority of the most marginalized. In this context, the new development agenda will need to focus most of all on the ambition to spotlight the concerns of the most excluded, the most marginalized.

People are at the epicenter and ultimately the effectiveness of implementing SDGs depends on how well they are integrated into a decentralized governance framework. In this context, CSOs in India, particularly in the southern part of India have been demonstrating its experience and engagement with the marginalized and for their empowerment. The empowerment of the disadvantaged people combined with improving accountability mechanisms and reforming democratic institutions is enabling civil societies vibrant by demanding their rights and entitlements.

First of all, one should agree that it is essential that to ensure the meaningful involvement of civil society, who played a critical role in the development of the 2030 Agenda. The CSO also firmly called for an agenda grounded in human rights principles and aspiring to improve outcomes for all people, including marginalized population groups. It is thus an agenda addressing many of the shortcomings of the Millennium Development Goals (MDGs) and also taking forward the positive changes/outcomes through the process and efforts taken to actualize the MDGs.

It is important to take the responsibility and ownership of achieving the SDGs to the States, local bodies and the civil society including the corporate sector. Even though it is a joint responsibility and accountability of the different stakeholders, CSOs play a key role in achieving SDGs with its spirit. The responsibility between governments and civil society is remarkable since the goal is no one behind highlighting the importance of reaching people who are vulnerable, un-reached and marginalized. The State should engage the CSOs and make them accountable not only in the process of achieving ambitious and aspirational SDGs, but also in the gaps and failures. To promote such accountability, the SDGs must be linked to the working design of the CSOs which will entail frequent consultations with the concerned person/groups/federations from the grassroots to the international levels.

The 2030 Agenda calls for regular and inclusive reviews of progress that draw on contributions from stakeholder groups. CSOs emerge as a crucial link between the different levels to address the identified gaps in the areas of capacity for integrated planning, information and knowledge of policies, understanding ground realities and drawing multiple perspectives and aspirations of the people. CSO now takes forward the success of the consultative and participatory process followed (adequately demonstrated its ability to work across sectors, engage with a complex and multi-thematic political process) for the development of the SDGs even in its implementation, monitoring and follow ups also. But, it requires systematic partnerships, capacity building and advocacy. Civil society organizations can also directly support implementation through the role they often play in service delivery, and can have an important role in supporting data collection efforts, including on marginalized groups.

Civil society stakeholders can take on a variety of functions in the implementation process. They can impel government action through persistent advocacy and act as Campaigners, Watch groups, resource organizations and people's organizations holding governments accountable to their commitments. Being a CSO having experience on the ground, often working with marginalized communities can be a pressure group for the government to take concrete implementation measures.

Though CSO engagement at the local and national levels are most important to successfully achieve sustainable development, it is needed to be noted that the importance of indigenous people to identify, support, and have ownership of their own solutions. Besides, it is equally important to engage global forums like HLPF at the UN allow civil society to make sure their concerns are heard. **MGoS CM** at international

level[6] is a platform helping civil society access information, increase their participation in decision-making processes, and facilitate collaboration across major stakeholder groups including indigenous peoples, women, and persons with disabilities. Such platform should be promoted by the State with a Steering Group (SG) guided by mutually agreed Terms of Reference (ToR), which will be responsible for facilitating the participation of CSOs in the implementation of SDGs at Different levels. The roles and responsibilities could be localized to a particular context, which would be beneficial to CSOs operating in different areas. CSOs bring agendas, principles, interests in decision-making processes, and circulate information outwards, enhancing public awareness and engagement. Both of these aspects contribute to legitimating the SDGs in the eyes of citizens and spreading a wide sense of ownership[7].

Box 2 :About Major Groups and other Stakeholders (MGoS CM)
As per the revised Terms of Reference (ToR) (as amended 6 January 2017), there is a Steering Group (SG) for **Major Groups and other Stakeholders (MGoS CM)** which will be responsible for facilitating the participation of MGoS at High-Level Political Forum (HLPF) related activities. SG has representatives from major groups as Identified in Agenda 21 as follows i. Women; ii. Children and Youth; iii. Indigenous Peoples; iv. NGOs; v. Local Authorities; vi. Workers and Trade Unions; vii. Business and Industry; viii. Scientific and Technological Community; ix. Farmers will be in a steering group. It also encourages other stakeholders, such as private philanthropic organizations, educational and academic entities, persons with disabilities, volunteer groups and other stakeholders active in areas related to sustainable development. It is to autonomously establish and maintain effective coordination mechanisms for participation in the High-Level Political Forum and for actions derived from that participation at the global, regional and national levels. This process ensures effective, broad and balanced participation by region and by type of organization.

Challenges and Way forward

Understanding the global indicators and statistics: The 2030 Agenda is explicitly grounded in international human rights treaties. The success of the SDGs implementation framework depends on aligning targets with existing international treaties and agreements, and reinforcing to revisit the national and regional policies and programmes and reform the same if required. Apart from this, the political will and commitment of the State are very important in the actualization of the SDGs, in accordance with its special features.

Shrinking space for CSOs: According to the sharing of a Steering Group of the Coordination Mechanism of Major Groups and other Stakeholders (MGoS) to Inter Press Service News Agency (IPS), States often exclude indigenous groups in development processes because it is too political otherwise. It highlighted the shrinking space for civil society around the world. CIVICUS[8] has found that civic space is severely constrained in 106 countries, over half of the UN's members, through practices such as forced closure of CSOs, violence, and detentions. On the other side, more than 200 environmental defenders, including indigenous leaders, were killed trying to protect their land in 2016, more than double the number five years ago (Global Witness). Civil society activists are imprisoned most when they criticize the government and its policies or call attention to human rights abuses.

The diversified nature of the CSOs: The diversified nature of the CSOs in terms of resources, languages, infrastructure and scale of development need to be recognized that require state-specific or rather region-specific plans and policies which again demand greater autonomy at lower levels. NGOs directly focused on SDG realization are also very limited. Some NGOs have gone further and already mapped their activities against the SDGs, either in general terms – for example, WWF's (World Wide Fund for Nature) infographic

[6] **Major Groups and other Stakeholders (MGoS CM)** HLPF Coordination Mechanism is a newly created platform at international level. It was evolved due to the concern about the slow progress of the Governments in their commitment, implementation and monitoring of sustainable development goals after two years. It led the Civil Society Organisations (CSOs) across the world have decended upon the global meeting to make their voices heard as well as demand engagement in order to achieve the ambitious agenda.

[7] The prominence given to the common claim that the SDGs were arrived at through unprecedented engagement with stakeholders, and the necessity of public awareness noted in the 2017 HLPG ministerial declaration.

[8] CIVICUS State of Civil Society Report, 2017, https://civicus.org/index.php/state-of-civil-society-report-2017

on its work and how that covers the SDGs[9], or more specifically, against the content of particular targets -for example, World Vision's approach[10].

The diversity of CSOs and the breadth of the SDGs both complicates its role to be played – definitely one framework is very unlikely to fit all. Nevertheless, the theorists and practitioners in CSOs have to be at a broad characterization of three core ways in which CSOs contribute to implementation of the SDGs – their roles in the realization, representation and regulation.

Box 3: Broad characterization of three core ways in which CSOs contribute to implementation of the SDGs

Realization - This contribution of CSOs to *realization* stresses their role in service delivery, but also their expertise in designing and employing the means of implementation. CSOs can contribute to the achievement of the targets under each SDG *directly* and also *indirectly.*

Representation - inclusive, responsive and participatory with respect to disadvantaged, vulnerable and marginalized groups in both implementations of goals and targets and in follow up and review – representing voiceless groups. Civil society groups make an undeniable – if varied and complex – contribution to a pluralist understanding of participatory democracy[11], in representing people and their interests, then - and especially the interests of the marginalized.

Regulation – *CSO's* their distinctive contribution to *regulation* via monitoring and review - holding states and other actors to their commitments and highlighting poor practice. CSOs' ability, albeit imperfect, to keep a 'critical distance' from states and private sector allows them a unique 'watchdog' role (Multi stakeholder reviews, presenting shadow reports spotlighting the gap between government promises and policies

Localization: According to the policy brief on the role of CSO in localizing SDG by Global Public Policy Institute[12] (GPPI) indicates that less attention has been paid to discussing the roles and responsibilities that different stakeholders should take in achieving these goals – in particular, how to best implement this universal framework at the local level. Given the scope and ambition of the SDGs, it is clearly highlighting that governments alone cannot achieve the agenda. The State must also facilitate participation of all sectors of society, including civil society organizations (CSOs), the private sector and the general public at the local level.

Aligning the framework of CSO's (their) program: CSOs should assess their alignment with the SDG goals and targets, in a continuation of the exercise in the mapping of SDG targets against organizational objectives, assessment processes, and core functions. In some ways, mapping of SDG objectives against a CSO's activities are relatively simple to undertake. Programmes and policies of the interventions of the CSOs should be aligned with the SDGs, to estimate the additional finance required and gaps to achieve the SDGs.

Adopting the aligned framework associated to SDGs: While aligning their work design to SDGs framework and adopt the same, will create space for CSOs to participate in debates on global development, which have local level impacts, and can effectively create an argument for forming partnerships with government. This will open up possibilities for CSOs to engage with Government on resource allocation.

Data Collection: The 2030 Agenda specifies that the **data should be disaggregated** by sex, age, race, ethnicity, migration status, disability and geographic location and other characteristics relevant in national contexts. Linkage of goals with specific and measurable indicators is a prerequisite for regular review, monitoring and evaluation. In this connection, a critical role must be assigned to the Ministry of Statistics and Programme Implementation (MoSPI) on the development of a national indicator framework for measuring SDG targets and sensitizing the same to the CSOs engaged in the areas of poverty, health, education, gender and governance with a potential for data disaggregation. Diversity of data and information need to be collected from a wide range of actors, including civil society organizations to effectively use the data for measuring progress. (Current experience - consolidated reporting using the MDG

[9]http://assets.wwf.org.uk/downloads/annex_c2___communications_piece_uk_example_1.pdf?_ga=2.40433835.823890794.1521812726-1138033760.1521812726

[10] https://www.wvi.org/sites/default/files/WASH%20in%20schools%20learning%20brief_FINAL.pdf

[11] Jan Aart Scholte 'Civil Society and Democracy in Global Governance' CSGR Working Paper (2001) https://warwick.ac.uk/fac/soc/pais/research/researchcentres/csgr/papers/workingpapers/2001/wp6501.pdf

[12] https://www.gppi.net/2016/03/07/the-roles-of-civil-society-in-localizing-the-sustainable-development-goals

framework indicates that either data on indicators are not available and/or they are not being assessed appropriately by various agencies).

Supplementing data with qualitative information: It is very important to understand that SDGs cannot be achieved only through statistical data on each Goal, but requires a consultative process, that requires the process of empowering the transformational, marginalized groups need to be in the position to make their claims heard. Simple communication of status, scenarios (as reports and indicators) helps communities appreciate and thereby respond better to the challenges of sustainable development – civil society needs to be enabled with such simple tools. Statistical data should be supplemented with qualitative information and context-specific analysis from gender sensitive and human rights monitoring mechanisms. Qualitative data can produce information about sensitive issues that could not be captured through statistics, for example,discrimination based on religious beliefs, ethnic identity.

Optimal deployment of the knowledge, resource and experience of CSOs working on specific themes/issues: New modalities are also needed to give civil society groups working on thematic issues (Children, Gender, Caste, Human Rights etc), adequate resources and capacity strengthening support to facilitate their representation in policy dialogues. According to Voluntary National Review (VNR) Report by India to HLPF, data collected by a private agency under the 'Fundamental Principles of Official Statistics' and the Survey Guidelines notified by MoSPI may be considered for SDG monitoring purposes, following validation by a government Ministry. Data producers and users need to be capacitated by MoSPI on the guidelines and principles of official statistics, methods to provide updates, identify gaps in data and statistical methods.The identification and strategic alignment are necessary to optimally deploy the available knowledge, resources and expertise of the CSOs working on specific themes and issues.

Formal engagement and enabling environment for CSOs: As explained earlier, ensuring the formal participation (not be of a merely informal nature) and enabling environment for CSOs on the following is very important in the implementation of SDGs. It should have formal roles on the Government's implementation plan and measures. Understanding of SDGs by the State, integration of SDGs in its programmes and policies, development of national indicators, sensitizing the stakeholders on the agreed framework of national indicators, enabling multi-stakeholder engagement, regular review and follow up processes can be expected to be **iterative cycles** of review, planning, implementation, reporting, review, etc. The process may vary country to country and, in some cases, also from sector to sector. Broad participation must be ensured through the involvement of the nine major groups recognized in the 2030 Agenda, particular groups of rights-holders, local communities, vulnerable groups and other stakeholders.

Inclusion of Corporate, CSOs in the sustainability agenda : The State should ensure the availability of long term finance for CSOs actively engaged in the actualization of SDGs. (Adequate funding which has not been a strong case so far). There is a need to reassess financial requirements from a perspective of bottom up approach to address the core needs in a synchronized and systemic manner. Specific and predictable guidelines should be made available under the newly enacted Corporate Social Responsibility (CSR) law to ensure part of the proceeds from the revenue collections should be earmarked to support SDG implementation at local levels.

Strengthening democratic institutions: At the local level, strengthening democratic institutions is necessary, particularly Efforts to improve governance through strengthening Panchayati Raj Institutions (PRIs) and developing inter-linkages between complementary institutions is indispensable. Women's participation in local institutions governing natural resources is critical. CSOs need to actively engage with their communities so that they are aware of the local issues. This engagement would include understanding the relevance of different issues and providing feedback about what is going on in the community's local context, so that communities, thus informed, have the knowledge and confidence to become more involved.

CSOs need to work in coordination with each other – CSOs need to work in coordination with each other for example, by forming a coalition of CSOs to organize civil society engagement with the SDGs and to enhance their interactions with governments (DDP roundtable talk, 2015[13]). Furthermore, local actors could emerge from these coalitions, which could further enhance and drive the local implementation of the SDGs

[13] Democracy Development Programme (DDP) roundtable talk (2015). Sustainable Development Goals Roundtable Talk, 16 July 2015. DDP Offices, Durban

(ACSC meeting, 2015[14]). The Multi-stakeholder forum has to be initiated where civil society is seen as a trustworthy counterpart in implementing and monitoring the SDG agenda. There should be a stakeholder analysis exploring 'Who does what?' and work out clear and concrete annual plans, specifying actions and resources and disseminate them for information and better coordination to avoid duplication/overlapping of efforts and identify aid gaps.

Box 4: SDGs Tamil Nadu, So far

SDG Watch Tamil Nadu initiated by Human Rights Advocacy and Research Foundation (HRF) is a State level initiative of the marginalized and excluded sections of the society in Tamil Nadu is to ensure the inclusion of the excluded communities into the SDGs in Tamil Nadu. These excluded, marginalized and vulnerable communities range from the Dalits, Adivasis, fisheries and other coastal communities with special attention to LGBTQIA+, People with Disabilities. It is a joint initiative of 53 CSOs, had several rounds of discussions, evolved seven thematic groups and published situation report 2018. Thematic Status reports are also published for the Status of Children in Tamil Nadu and the implementation of SC and ST (Prevention of Atrocities) Act. Status report for women (SDGs and Women: Draft Tamil Ndu Score Card 2018) and labour (SDGs and Labour: A Compendium) is under construction.

CSOs need to forge new partnerships: CSOs need to forge new partnerships with other CSOs as well as with governments, the private sector and other international bodies. Within these partnerships, best practices and other information should be shared and translated into meaningful vehicles for the implementation of the SDGs.

Review, Monitoring and Reporting: The adequate design of the follow-up and review process for the Agenda will be crucial to ensure the participation of civil society as well as to ensure that the process can benefit from their perspectives. Reviews should be organized at the grassroots (local) level with a focus on peer learning and exchange of best practices, should be documented properly, incorporated at National level. Further, public authorities should regularly make data and reports for tracking progress available, and maintain and broaden dialogue forums, be they thematic or established at local, sub-national and national levels.

Evaluation: Emphasis should be laid on evaluation of various schemes and the role played by the government as well as Non-Government and Civil Society Organizations in development partnerships. An evaluation agency should comprise members representing government, civil society members, and members from local communities. Civil society can produce shadow reports, particularly when it believes that a country report is inadequate and does not highlight the plight of the poorest and most marginalized citizens.

Conclusion

The SDGs are the broad agreement among the human family, brings certain legitimacy and grounding in participation. It is time to turn that agreement into commitment and action on the ground, community by community and thus co-create a better world for all. In this process, it is essential to assimilate the potential roles of CSOs in the effective implementation of the SDGs as well as to enhance their engagement, impact and effectiveness in global development processes. It is an appropriate time to review the scope and opportunities for role of CSOs in SDG engagement to organize CSOs for the required alignment, adoption and potential engagement. Finally, it calls for the State and existing coordination organizations like SDG Watch Tamil Nadu to strengthen concrete mechanisms for coordination, communication, and inclusion of civil society organizations.

References:

1. Beyond 2015 global campaign website: www.beyond2015.org
2. Beyond 2015 'From Policy to Action' toolkit
3. CAFOD: www.cafod.org.uk
4. The Global Goals for Sustainable Development': www.globalgoals.org
5. UN Sustainable Development Knowledge Platform: https://sustainabledevelopment.un.org
6. Civil Society Report on Sustainable Development Goals: Agenda 2030 by Wada Na To-do abhiyan, 6th July 2017., https://sustainabledevelopment.un.org/.../18445CSOreporting...

[14] African Civil Society Circle (ACSC) meeting (2015). African Civil Society Circle – Third Meeting, 12–13 October 2015, Johannesburg.

7. Barclay H, Daettler R, Lau K et al.*Sustainable Development Goals.A SRHR CSO guide for national implementation.* London: IPPF, 2015.
8. Human Rights In Follow –up and Review of the 2030 Agenda for Sustainable Development by the Danish Institute for Human Rights, May 2016
9. India and Sustainable Development Goals: The Way Forward, Research and Information System for developing countries, 2016 Available at: www.ris.org.in/india-and-sustainable-development-goals-way.
10. Position Paper on The Roles of Civil Society in Localizing the Sustainable Development Goals by African Civil Society Circle, March 2016 Available at: https://www.africaportal.org/.../the-roles-of-civil-society-in-lo...
11. Report of National Consultation on Sustainable Development Goal 1 (No Poverty) on 14 March, 2018 at Gulmohar Hall, India Habitat Centre, New Delhi

Marital Quality among Wives of Alcoholics

Dr. N.Sherrin Sophia[1] & S.Pragathi[2]

[1]Head, PG and Research Department of Social Work, Shrimati Indira Gandhi College, Tiruchirappalli-2

[2]Research Scholar, PG and Research Department of Social Work, Shrimati Indira Gandhi College, Tiruchirappalli-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *The present study was conducted among the wives of alcoholics at Iyengaran Faith Care Center, Maduari. The study was conducted among 75 wives of alcoholics who were undergoing treatment in the deaddiction center in the month of July 2018.Census method was applied for the present study.A self-prepared interview schedule and Marital Quality inventory constructed by SHAH, (1995) was used to collect the relevant data form the respondents. The findings revealed that 55 per cent of the respondent's marital quality was found to be low. Professional counselling, coping strategies could improve their quality of martial life.*

Keywords: *Marital quality, alcoholics, wives.*

Introduction

In the present scenario alcoholism has become a social status among the youth leading to various social, psychological and family issues. In Tamil Nadu the number has increased to a greater extent which includes both married and unmarried men. Family violence, criminal offences, illegal affairs, poor work life, marital disharmony, marital conflicts, divorce, broken family, poor family interaction and psychiatric issueshave increased to a dangerous extent bringing down the quality of marital life among the wives and children of alcoholics.Kahler et al., (2003) investigated the sources of psychological and relationship distress among 90 non-alcoholic women with alcoholic male partners seeking outpatient, conjointalcohol treatment. The study indicated that greater psychological distress among these womenwas most strongly associated with lower satisfaction with the marital relationship.Vijayan (2010) studied the marital quality of wives of person with alcohol dependence and to understand the relationship between social support and marital quality of wives of person with alcohol dependence. Total 40 wives of persons with alcohol dependence, who were admitted in the De-addiction centre at the National Institute of Mental Health and Neuro Sciences, Bangaluru, were selected as sample. Data was collected by administrating the Personal and Socio-Demographic information schedule developed by the researcher, Social Support Appraisal (SS -A) scale (Vaux and others, 1986) and Marital Quality Scale (Shah, 1995).The study revealed that higher level of social support are associate with better quality of marital life. Prakash and Suvuta .S (2015). conducted a descriptive study on the "Quality of Marital Life among the wives of alcoholic dependents at selected deaddiction center, Puducherry" to assess the equality of marital life of the wives of alcoholic dependents. The sample size for the present study consists of 40 wives of alcoholic dependents. The findings revealed that 62%were with moderate quality,20% with low quality and 18% with high quality.RuchiSoni et al., (2016) conducted a study on "Psychiatric morbidity, quality of life and marital satisfaction among spouse of men with alcohol dependence syndrome": marital satisfaction scale (MSS) was applied, it was observed that highly significant difference existed between cases and controls in terms of marital satisfaction and quality of life indicating low marital satisfaction and poor quality of life in spouses of alcohol dependent individuals.Deepa P.S (2017) conducted a study on "Marital Quality and Social Functioning in spouses of individuals with and without Alcohol Dependence". Total sample size of the study was sixty. The result indicates that spouses of alcohol dependent individuals have lower marital quality as well as social functioningin comparison to spouses of individuals not dependent on alcohol.

Objectives

- To assess the socio-economic background of the respondents.
- To assess the level of marital quality among the wives of alcoholics.
- To propose measures to improve their marital quality among the respondents.

Hypothesis

- There is a statistically significant differences between the respondents age, education, occupation, monthly income, geographical residence, type of house, number of years of marital life, age of

husbands, period of excessive consumption of alcohol, amount spent for alcohol per day in the mean score of marital quality.

Methods and Materials

The present study was conducted among the wives of alcoholics who were under treatment at Iyengaran Faith Care Center, Maduari. There were 75 inmates at the time of study. The data was collected during the month of July 2018. The researcher selected all the respondents (75 wives of alcoholics) through census method.A self-prepared interview schedule along with Marital Quality inventory constructed by SHAH, (1995) was used to collect the relevant data.

Results

The findings reveal that 37 per cent of the respondents were in the age group of 29-38 years of age, majority 49 per cent were christians,37 per cent have studied up to higher secondary level of education,more than half (55 per cent) were non earners, vast majority (81 per cent) belong to rural area, majority (63 per cent) live in own house, vast majority (83 per cent) were married within their caste,majority were from nuclear family, 28 per cent were married for two years or less, 39 per cent have two children. With regard to their spouse it could be observed that 45.3 per cent of the respondents husband were up to 35 years of age,41.3 per cent have studied up to higher secondary level of education, 41.3 per cent were private employees,41.3 per cent of the respondents belong to the income bracket of Rs.6001 to 15000.

Level of marital quality among the respondents

The above table indicates that more than half (54.7 per cent) of the respondents marital quality were found to be low.

Findings related to the mean scores of marital quality across respondents socio demographic characteristics

The respondents who belong to the age group of 39 years and above, those who belong to Islam, respondents who have studied up to higher secondary level of education, coolies, respondents with monthly income below Rs.6000,those who were residing in rural area, respondents who were living in own houses, scored high in the mean scores of marital quality.

Findings related to the means scores of marital quality across spouse related aspects

Respondents husbands who were up to 35 years of age, those who were under graduates, government employees, those monthly income ranging between 15001 and above scored high in the mean scores of marital quality.

Findings related to the means scores of marital quality across alcohol related aspects

The respondents husbands who started consuming alcohol at the age of 18, those who were consuming alcohol for the past three years and those who were spending Rs.260-350 per day scored high in the mean scores of marital quality.

Suggestions

- The findings revealed that 54 per cent of the wives of alcoholic's marital quality was found to be low. This indicates that counselling is the ultimate need which can help them to cope with marital issues and bring harmony in the family.
- Government should bring strong legislation to stop the distribution of alcohol among the adolescent and youth. This should be monitored by the government and volunteers to bring to notice any illegal distribution of alcohol in the society.
- The concern here is society as a major responsibility in tackling this issues, instead of expecting government intervention, society can work as volunteers involving school and college students and other volunteers to create awareness about the ill effects and family burden among the society through street plays, posters presentations, rally, radio talks etc.Though the above awareness is already prevailing in the society, volunteers can spread the impact and prevention methods with the use of current technologies.

- Curriculum based on the ill effects of alcohol should be introduced in schools and colleges for thorough understanding about alcohol which could be a strong base to prevent alcoholism in initial stages.
- The study also proposes classroom discussion, in-depth interview (IDIs) and Focus Group Discussion (FGDs) along with the spouses living with individual with alcohol addiction which could help students to understand the marital and family issues through the affected individual themselves.
- Family therapy and relationship counseling have long been considered important components of treating addicted adults. Women of alcohol dependents experience poor quality of marital life. So counselling centers should be established in deaddiction centers, hospitals and also in rural areas.
- Health risk behaviours that have been examined empirically include alcohol consumption, lack of exercise or inactivity, illicit drug use, tobacco use, eating disorders, sexual activity with numerous partners, sexual intercourse early in a relationship, failure to use contraceptives, and sexual activity while under the influence of alcohol or drugs. Research suggests that unless these traumatic events are addressed, prevention and treatment efforts are likely to fail.
- The present study also proposes for future research to study the extent to which the marital dynamics influence alcohol consumption patterns and the progress of alcoholism.
- A study could be done with educated and employed wives of alcoholics and with the illiterate and unemployed wives of alcoholics to know the coping strategy, emotional issues, family management and attitude towards to their alcoholic partner.

Conclusion

Though alcoholism is considered as a medical problem effecting a large spectrum of psychosocial difficulties for the family members of alcoholics, specially their spouses. While dealing with the marital aspects of the wives of alcoholics it was clearly evident that the marital quality was found to be low among the respondents in the present study. Though several steps were taken to prevent the impact of alcoholism ,the number of persons consuming alcohol has increased creating more pressure in the family and society.Several suggestions have been drawn by the researcher such as introducing curriculum based on the ill effects of alcoholism, establishing counselling centers to help wives of alcoholics and future research which would bring positive changes among the wives and their alcoholic partner.

References

1. Deepa P S, Khess.CRJ., Dipanjan Bhattachargee and Narendra Kumar Singh(2017). Marital Quality and Social Functioning in spouses of individuals with and without Alcohol Dependence,*Indian Journal of Psychiatric Social Work* 8(2).
2. Kahler, W.C.,McCrady., Barbara S., Elizabeth, M.E., Epstein. (2003). Sources of Distress among Women in Treatment with Their Alcoholic Partners. *Journal of Substance Abuse*.24(3), 257-265.
3. Prakash.,& Suvitha,S., (2015). The quality of marital life among the wives of alcoholic dependents at selected de-addiction center, Puducherry. *International Journal of Recent Research in Interdisciplinary Sciences (IJRRIS):* 2(2), 57-60.
4. Shah A.(1995) Clinical validity of Marital Quality Scale. Nimhans J. 13(1): 23-31.
5. RuchiSoni., (2016). Psychiatric Morbidity, Quality of Life and Marital Satisfaction Among Spouse of Men with Alcohol Dependence Syndrome. *Journal of Dental and Medical Sciences* 15(11), 2279-0853.
6. Vijayan (2010) Social Support and Marital Quality Among Wives of Persons with Alcohol Dependence, *The Indian journal of social work* 71(3):329-350 ·

A STUDY ON DEPRESSION, ANXIETY AND STRESS AMONG COLLEGE STUDENTS

Dr. D NIRMALA
Assistant Professor, Dept. of Social Work, Bharathidasan University, Trichy

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *The twenty first century, which is considered to be a world of competence, is also a world of stress and anxiety (Arul et al., 2012). One finds anxiety and stress all over the place, whether it is within the home,school, college or any other social, economical, cultural activity or in the virtual field. Anxiety and stress is a theme, which is hard to avoid (Shincy and Nirmala, 2017). Stress is as conflicting as troubles, strains, anxiety traits, uncertainties, and depression.The present study aims to describe the sociodemographic characters, depression, anxiety and stress among college students.Descriptive research design was adopted. The universe of the present study was the students from a college at Manikandam Block, Tiruchirappalli. From the universe of the study by adopting disproportionate stratified radom sampling method data, was collected from 91 students. The researcher adopted questionnaire which consisted of personal data and to measure depression, anxiety and stress, DAS scale was used. The findings of the present study revealed that More than one forth (28.6%) have high level of overall depression, anxiety and stress. Nearly one forth (24.2%) moderate level and nearly half(47.3%) have high level of overall depression, anxiety and stress. With regard to the findings suitable suggestions were made.*

Keywords: *Depression, Anxiety, Stress, college students*

INTRODUCTION

Mental health is a major concern worldwide and India is not far behind in sharing this. If we assess progresses in the field of mental health, the dive appears to be slow. Dr. Brock Chisholm, the first Director-General of the World Health Organization (WHO), in 1954, had presciently declared that "without mental health there can be no true physical health." More than 60 years later, the scenario has not changed considerably. About 14% of the global burden of disease is attributed to neuropsychiatric disorders. The burden of mental disorders is likely to have been underestimated because of inadequate appreciation of the inter-play between mental illness and other health disorders. There remain considerable issues of priority-setting based on the burden of health problems and of addressing inequalities in relation to determinants and solutions for health problems.

REVIEW OF LITERATURE

Pengilly and Dowd (2000)studied the moderating effects of social support, hardiness, and components of hardiness scale of commitment, challenge, and control on the relationship between stress and depression. As a result the Stress was found to be a significant predictor of depression.

Mahajan and Sharma (2008) studied the anxiety level among adolescent boys and girls .A significant difference was observed between overall emotional anxiety among boys and girls. Girls were found more emotionally unstable than boys, whereas, anxiety and mental tension, because of unknown reasons, was found more in boys.

METHODOLOGY

Aim and Objectives

The present study aims to describe the socio demographic characteristics and depression anxiety and stress among the college students.

Hypotheses

a) There is a significant correlation between the age and depression, anxiety and stress of the respondents.
b) There is a significant difference between the gender and depression, anxiety and stress of the respondents.
c) There is a significant difference between the year of study and depression, anxiety and stress of the respondents.
d) There is a significant difference between the subject and depression, anxiety and stress of the respondents.

Research design

Descriptive research design was adopted.

Method of data collection

The universe of the present study was one of the college students at Manikandam Block, Tiruchirapalli district. By adopting disproportionate stratified random sampling method data was collected from 91 students.

Tools of data collection

The researcher adopted interview schedule which consists of personal data and to measure depression, anxiety and stress DAS scale developed by Lovibond, S.H &Lovibond (1955) was used.

ANALYSIS AND INTERPRETATION:

Socio demographic characteristics of the respondents:

A significant majority (72.5%) of the respondents were in the age group of 18 to 19 years, less than one fifth (16.5%) were in the age group of 16 to 17 years and more than one tenth (11%)were in the age group of 20 to 21 years old.

With regard to gender more than majority (65.5%) were females and more than one third (34.1%) were males.

A significant majority (90.1%) belonged to Hindu religion and one tenth (9.9%) were Christians.

With regard to the subjects of the respondents, more than one third (34.1%) were from the department of English, nearly one fifth 9(18.7%) were from the Department of Commerce, more than one tenth (13.2%) from the department of computer science, another one tenth (12.1%) from the department of Tamil, one tenth were from mthe department of mathematics, less than one tenth (7.7%) from the department of economics and 4.4% were from the department of public administration.

Nearly vast majority (85.7%) of the respondents parents income is below Rs.10,000.00, 7.7% of the respondents parents income is above Rs.30,001.00 and 6.6% of the respondents parents income is Rs. 10,001.00 to 30,000.00

More than majority of the respondents father's (69.2%) completed their elementary education, more than one fifth (26.4%) of the respondents father's completed their high school education and 4.4% of the respondents father's completed their higher secondary education

Significant majority of the respondents Mother's (84.6 %) completed their elementary education, more than one tenth (14.3%) of the respondents mother's completed their high school education and 1.1% of the respondents mother's completed their higher secondary education

With regard to the type of family, nearly majority (57.1%) of the respondents belonged to nuclear family and less than half (42.9%) belonged to joint family.

Less than half (41.8%) of the respondents have two siblings, one third (33%) of the respondents have more than two siblings, one fifth (20.9%) of the respondents have one sibling.

Distribution of the respondents by their level of depression, anxiety and stress:

Less than half (40.5%) of the respondents perceived high level of depression, anxiety and stress, more than one forth (28.6%) perceived low level of depression, anxiety and stress and nearly one third (31%) perceived moderate level of depression, anxiety and stress,

Table 1

KARL PEARSON'S CO-EFFICIENT OF CORRELATION BETWEEN RESPONDENTS' AGE AND DASS

S. No	Age VsDASS	Correlation value	Statistical Inference
1.	Age and DASS	(-)0.143	P > 0.05 Not Significant

The above table shows the result of Karl Pearson's coefficient of correlation to test the difference between the age and depression, anxiety and stress of the respondents.

It is inferred that there is statistically no significant correlation between the age and depression, anxiety and stress of the respondentsat 5% level of significance.

Table 2
't' TEST BETWEEN RESPONDENTS' GENDER AND DASS

S. No	DASS	$\bar{X}$	S.D	Statistical Inference
	Gender			
1.	Male (**N:31**)	20.5161	9.36259	**t =3.097**
2.	Female (**N:60**)	26.4833	8.36152	$p < 0.05$ **Significant**

In the above table, t-test was applied to test the difference between gender and depression, anxiety and stress of the respondents.
t-test results in the above table shows that there is a significant difference between gender and depression, anxiety and stress of the respondents. Since the calculated value (**3.097**) is more than the table value at 5% level of significance, it is inferred that there is a significant difference between gender and depression, anxiety and stress of the respondents.

Table 3
't' TEST BETWEEN
RESPONDENTS' YEAR OF STUDYAND DASS

S. No	Year of study	$\bar{X}$	SD	SI
1.	Overall DAS			
	First year (**N:59**)	26.5424	8.52041	**t =3.112** $p < 0.05$ **Significant**
	Second year (**N:32**)	20.5938	9.04776	

G1= First Year G2= Second Year

One-way analysis of variance was applied to find out the difference between the year of study and depression, anxiety and stress of the respondents.
It can be understood from the above table that there is a significant difference in the depression, anxiety and stress of the respondents and the year of study. Since the calculated *t*-value (3.112) is greater than the table value at 5% level of significance, it is inferred that there is a significant difference in the depressionanxiety and stress of the respondents and the year of study.It can be inferred that there is a statistically significant difference in the depressionanxiety and stress and the year of study.

Table 4
ONE WAY ANALYSIS OF VARIANCE AMONG THE RESPONDENTS' SUBJECT WITH REGARD TO DASS

S. No	Domicile	Df	SS	MS	$\bar{X}$	Statistical Inference
1.	**DASS**					
	Between Groups	6	731.104	121.851	G1=26.0323	F=1.516
	Within Groups	84	6751.424	80.374	G2=26.8333	P > 0.05
					G3=16.5000	
					G4=23.7059	Not Significant
					G5=22.6667	
					G6=28.4286	
					G7=20.3636	

G1= English
G2= Computer Science

G3= Public Administration
G4= Commerce
G5= Mathematics
G6= Economics
G7= Tamil

The above table shows the result of one way analysis of variance to test the difference among the subject and depression, anxiety and stress of the respondents. It is inferred that there is statistically no significant difference between the subject and overall depression, anxiety and stress of the respondents.

MAJOR FINDINGS:

A significant majority (72.5%) of the respondents were in the age group of 18 to 19 years, with regard to gender more than majority (65.5%) were females, a significant majority (90.1%) belonged to Hindu religion, with regard to the subjects of the respondents, more than one third (34.1%) were from the Department of English, nearly vast majority (85.7%) of the respondents parents income is below Rs.10,000.00, more than majority of the respondents father's (69.2%) completed their elementary education, significant majority of the respondents mother's (84.6 %) completed their elementary education, with regard to the type of family, nearly majority (57.1%) of the respondents belonged to nuclear family,less than half (41.8%) of the respondents have two siblings, less than half (40.5%) of the respondents perceived high level of depression, anxiety and stress, more than one forth (28.6%) perceived low level of depression, anxiety and stress and nearly one third (31%) perceived moderate level of depression, anxiety and stress.

FINDINGS RELATED TO HYPOTHESES:

a) There is no significant correlation between the age and depression, anxiety and stress of the respondents.
b) There is a significant difference between the gender and depression, anxiety and stress of the respondents.
c) There is a significant difference between the year of study and depression, anxiety and stress of the respondents.
d) There is no significant difference between the subject and depression, anxiety and stress of the respondents.

SOCIAL WORK INTERVENTIONS

It is suggested that appropriate social work methods such as case work, and social work research to be practiced to reduce the level of depression, anxiety and stress.

The intervention techniques such as cognitive behavior therapy, stress management therapy, and crisis intervention will be beneficial to the students having depression, anxiety and stress .

Psycho education should be provided by social workers to educate the students having depression, anxiety and stress to take care of themselves when it is needed.

Individual and group counseling can be rendered.

CONCLUSION

The present descriptive study was taken with a view to understand the socio-demographic characteristics and depression, anxiety and stressof the students. To prevent depression, anxiety and stressof the students Social workers, Social work trainees, Social work faculty members and Schools of Social work should create awareness on the signs and symptoms ofdepression, anxiety and stressof the students .

REFERENCES:

1. A.S.Arul Lawrence & A. Vimala. (2012).School environment and academic achievement of standard IX students.Journal of Educational and Instructional Studies in the World .22.2 (3). 210-215.
2. Mahajan and Sharma (2008), retrieved from http;//shodganga.inflibnet.ac.in/bitstreamon 20/5/2017.
3. Pengilly and Dowd (2000), retrieved from http;//shodganga.inflibnet.ac.in/bitstream on 17/2/2017.
4. Santhosh et al. (2011), retrieved from http://jstore.inflibnet.ac.in/bitstream on 10/06/2016.
5. Shincy Francis M and D.Nirmala (2017). A study on stress among the children. Multidisciplinary International journal of research directions, 5(3).85-90.

DEPRESSION AMONG THE SUICIDE ATTEMPTERS IN A GENERAL HOSPITAL – A STUDY

Dr. A. ZUNATHA BANU[1] & Dr. D NIRMALA[2]
[1]Social scientist, Dept of Preventive and Social Medicine, JIPMER, Puducherry-605 006
[2]Assistant Professor, Dept. of Social Work, Bharathidasan University, Tiruchirappalli - 23

Received: November 20, 2018 Accepted: December 06, 2018

INTRODUCTION

Suicide is a major public health challenge at global level. The World Health Organisation (WHO, 2017) stated that approximately one million people commit suicide every year, which represents a global mortality rate of 16 per 100,000 population. Currently one die from suicide for every 40 seconds and by 2010, it will increase as one die for every 20 seconds. Nearly 30% of all suicides worldwide occur in India and China. Suicide attempts are up to 20 times more frequent than completed suicides.In developing countries like India, Suicide is considered as medico legal problem than psycho social problem. More than one lakh (1,33,623) Indians committed suicide in 2015 and 34.4% suicide victims were in the productive age group of 15-29 years (National Crime record Bureau, 2016).The report of NCRB shows that state of Maharashtra, Tamil Nadu, West Bengal and Karnataka have registered a consistently higher number of suicidal deaths during the last few years.Suicide is associated with diverse risk factors and depression is one of the important modifiable risk factors for suicide (Indu PS et al., 2017). Depression and substance abuse are associated with more than 90% of all cases of suicide.

Reviews

Singh, Singh, and Singh (2014) evaluated prevalence of depression in individuals who attempted suicide and attended Regional Institute of Medical Sciences Hospital, Imphal. The study was cross-sectional in which 50 patients who attempted suicide and attended RIMS Hospital and fulfilled the inclusion criteria were included in the study which was conducted from November 2005 to October 2006. A semi-structured interview schedule was used to find out the socio-demographic profile. Present State Examination was used for symptom elicitation and ICD-10 was used for confirming the diagnosis. It was found that males (64%) outnumbered females. Sixty-four percent had psychiatric illness, depressive episode (28%) being the most common diagnosis. Depressive episode was found to be the commonest psychiatric illness in patients who had attempted suicide.

Trivedi et al (2014) studied the relationship between the suicidal ideation, hopelessness and impulsivity in depressed and non-depressed patients. It was cross-sectional study among 60 patients (30 cases and 30 controls). Beck Hopelessness scale &Barrat's Impulsiveness Scale were used. Hopelessness was a better predictor of suicidal ideations than impulsivity among depressed patients.

Kumar et al. (2013) assessed psychological well-being, depression, anxiety and suicidal ideation in school-going tribal and nontribal adolescents. A total of 259 students of Classes X, XI, and XII of three Schools of Ranchi, who fulfilled inclusion and exclusion criteria, were screened for suicidal ideation by Suicidal Ideation Questionnaire (SIQ) and psychological well-being by General Health Questionnaire-12 (GHQ-12). The level of anxiety and depression was assessed by Hospital Anxiety Depression Scale (HADS). It was found that overall 33.2% of the adolescents had suicidal ideation out of which 34.2% were tribal-students and 32.8% nontribal-students with no significant intergroup difference. Psychological discomfort (GHQ-12 Score ≥3) was noticed in 59.1% of adolescents and depression score was significantly higher among tribal adolescents. Hence, the study concluded that tribal adolescents had more depression than their nontribal counterparts. Suicidal ideation was positively correlated with psychological discomfort, anxiety, and depression.

Pandy et al. (2013) determined axis I and II psychiatric disorders in suicide attempters. A hospital based cross-sectional study was conducted to intervene 80 patients who were admitted as attempted suicide cases in Medical University at Lucknow. It was found that psychiatric morbidity was present in 60% of cases. Most commonly, Major Depressive disorder (18.8%), Adjustment Disorder (10%) and substance use disorder (5.0%). Personality disorder was observed in 31.3%. Most commonly Borderline personality disorder

(15.0%), Histrionic personality disorder (3.8%) Passive Aggressive personality disorder and Anti-social personality disorder (1.3% each). Hence the study concluded that significant number of suicide attempters had psychiatric morbidity at the time of suicidal attempt.

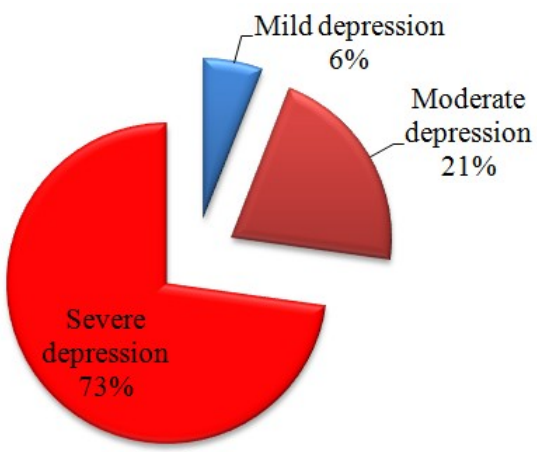
Materials and Methods

The present study aims to describe the socio demographic characteristics and depression among the suicide attempters. The hypotheses are(i) Higherthe age, lower will be the depression (ii) There is a significant difference between the gender and depression. (iii)There is a significant difference among the marital status and depression.(iv) There is a significant difference among the domicile and depression. (v) There is a significant difference among state of mind before suicide attempts and depression.Descriptive research design was adopted. The universe of the present study was the medical and psychiatric department of a general hospital. Those who were hospitalized due to their suicidal attempt were the respondents of this study. By census method, data was collected from the 272 suicide attempters. To measure the level of depression among the suicide attempters, the researcher adopted interview schedule which consists of personal data and Beck's Depression Inventory (BDI II) developed by Beck, Steer, and Brown (1996).

Analysis and Interpretation

Majority (66.2%) of the respondents were in the age group of 21 to 40 years and there was an equal distribution between male (51.1%) and female (48.9%). Nearly one third (30.9%) of the respondents studied up to high school level, half (50.4%) of the respondent's family income (per month) were between Rs.5001 to 10000. Majority (64.3%) of the respondents belong to nuclear family and more than one third (34.9%) of the respondents were first born.

Figure 1
DISTRIBUTION OF THE RESPONDENTS BY THEIR LEVEL OF DEPRESSION



The figure 1 reveals that majority (73%) of the respondents had severe depression, more than one-fifth (21%) had moderate depression and remaining 6% of the respondents had low depression.

Table 1
KARL PEARSON'S CO-EFFICIENT OF CORRELATION BETWEEN THE RESPONDENTS' AGE AND DEPRESSION

S. No	Age Vs Depression	Correlation value	Statistical Inference
1.	Age and Depression	**0.232****	**P < 0.01 Significant**

Significant level ****P< 0.01**

The table 1 depicts the Karl Pearson's coefficient of correlation between age and depression of the respondents.

It is evident (Table 1) that there is a significant correlation between the age and depression at 5% level of significance. It indicates that age increases, depression also increases.The value (0.232) shows that there is a significant positive correlation between the age and depression of the respondents.

Table 2
'z' TEST BETWEEN THE RESPONDENTS' GENDER AND DEPRESSION

S. No	Depression	$\bar{X}$	S.D	Statistical Inference
	Gender			
1.	Male (**n:139**)	39.2446	10.82726	z =0.317
2.	Female (**n:133**)	38.8271	10.91879	P > 0.05 Not Significant

In the above table, z-test was applied to test the association between gender and depression of the respondents.

Z-test results in the above table shows that there is no significant association between gender and depression of the respondents. Since the calculated value (0.317) is less than the table value at 5% level of significance, it is inferred that there is no significant association between gender and depression of the respondents. The mean value reveals that male and female respondents in the present study experienced equal level of depression. It is the same as Lancet Journal of Public health (2018) which states that the suicide among men and women are equal number in Karnataka, TamilNadu, Andhra Pradesh, Telangana, West Bengal and Tripura states of Tamil Nadu.

Table 3
ONE WAY ANALYSIS OF VARIANCE AMONG THE RESPONDENTS' MARITAL STATUS WITH REGARD TO DEPRESSION

S. No	Marital Status	Df	SS	MS	$\bar{X}$	Statistical Inference
1.	**Depression**					
					G1=41.0828	**F=5.941**
	Between Groups	3	1990.805	663.602	G2=35.4646	P < 0.01
	Within Groups	268	29935.750	111.701	G3=41.0000	**Significant**
					G4=41.4000	

G1= Married G2= Single G3= Widow/Widower G4= Divorcee

One-way analysis of variance was applied to find out the difference among the marital status and depression of the respondents.

It can be understood from the above table that there is no significant difference in the level of depression between the four marital status groups. Since the calculated *F*-value (5.941) is greater than the table value at 5% level of significance, it is inferred that there is a significant in the level of depression between the four marital status groups.

It can be inferred that there is a statistically significant difference in the level of depression between the four marital status groups. It is evident from the mean value that the married respondents especially divorcee attempted suicide than the widow and unmarried respondents.

Table 4
ONE WAY ANALYSIS OF VARIANCE AMONG THE RESPONDENTS' DOMICILE WITH REGARD TO DEPRESSION

S. No	Domicile	Df	SS	MS	$\bar{X}$	Statistical Inference
1.	**Depression**					
					G1=38.5212	F=0.641
	Between Groups	2	151.455	75.727	G2=40.0638	P > 0.05
	Within Groups	269	31775.100	118.123	G3=38.2308	Not Significant

G1= Rural G2= Urban G3= Semi urban

In the above table, one-way analysis of variance was applied to find out the difference in the level of depression between the three domicile groups.

Since the calculated *F*-value (0.641) is less than the table value at 5% level of significance, it is inferred that there is no significant difference in the level of depression between the three domicile groups. The mean value reveals that the respondents from urban area experienced depression than the respondents of rural and semi urban area.

Table 5

ONE WAY ANALYSIS OF VARIANCE AMONG THE RESPONDENTS' STATE OF MIND BEFORE SUICIDAL ATTEMPTS WITH REGARD TO DEPRESSION

S. No	State of mind before suicidal attempts	Df	SS	MS	$\bar{X}$	Statistical Inference
1.	**Depression**					
					G1=32.6625	**F=22.456**
	Between Groups	3	6413.257	2137.752	G2=43.7077	P < 0.001
	Within Groups	268	25513.298	95.199	G3=36.0000	**Significant**
					G4=39.4074	

G1= Emotional outbursts G2= Ideation G3= Threat G4= Alcohol harmful use

One-way analysis of variance was applied to find out the difference among the state of mind before suicide attempts and depression of the respondents and the results are shown in the above table. From the above table, it is evident that there is a statistically significant difference among the state of mind before suicide attempts and depression of the respondents, since the calculated F-value (22.456) is greater than the table value at 1% level of significance.

DISCUSSIONS

Major findings of the study are majority (66.2%) of the suicide attempters belong to the age group of 21 to 40 years, more or less equal number of the suicide attempters were male and female, more than half (57.7 percent) of the suicide attempters were married. Half (50.4 percent) of the suicide attempter's family income per month was between Rs. 5001 to 10000 and majority (64.3 percent) of the suicide attempters belong to nuclear family.

The findings of the present study observed that majority (72.8%) of the suicide attempters had severe level of depression. The feeling of hopelessness, helplessness and worthlessness lead to depression. Depression is significantly correlated with attempted suicide in the similar studies conducted by Chakraborty and Chatterjee (2006); Srivastava (2013); Singh et al. (2015); Singh and Joshi (2008); Vishnuvardhan and Saddichha (2012); Kodali and Kilaru (2013); Kumar et al. (2013); Singh et al. (2014).

It was found that there is a significant positive correlation between the age and depression of the respondents. Hence higher the age, higher will be the depression. It is similar to the study published by Dandona, R et al.,(2018) in the Lancet Journal of Public Health stated that the 63% of the population aged between 15 to 39 years committed suicide due to personal, health and economic problems and elderly committed suicide due to isolation, depression and physical inability and burden to family.

It was also found that there is a significant difference between marital status and depression of the respondents. It is the same as Dandona, R et al.,(2018) in the Lancet Journal of Public health which states that the married population committed suicide than unmarried population especially married women due to early marriage, domestic violence and economic dependency.

SUGGESTIONS AND SOCIAL WORK INTERVENTIONS

Social workers need to enlarge their role to include additional support and education of suicide attempters and family members to prevent future attempts.

It is suggested that appropriate social work methods such as case work, and social work research to be practiced to the suicide attempters with a psychosocial approach.

The intervention techniques such as psychotherapy, individual therapy, family therapy and crisis intervention will be beneficial to the suicide attempters.

Psycho education should be provided by social workers to educate the suicide attempters to take care of themselves when it is needed.

Individual and group counseling can be rendered.
Life skill education must be incorporated in the school curriculum. School and college students must be educated to cope with examination fear and anxiety through relaxation and problem solving technique.
Suicide attempters must be encouraged to involve in sport and club activities in order to integrate themselves socially.
School counselors, psychologists and school social worker can be appointed in all schools and colleges to prevent, detect and secure assistance for the students.

CONCLUSION

The present descriptive study was taken with a view to understand the socio-demographic characteristics and depression of the suicide attempters. Social workers, Social work trainees, Social work faculty members and Schools of Social work should create awareness on suicide prevention to reduce the burden of suicide in the society.The outcome of the study will help the family, society, mental health practitioners, psychiatrists, psychologists, social workers and policy makers who work in prevention of suicide to understand the association between socio demographic factors and depression of the suicide attempters.

REFERENCES

1. Armstrong, G.,Vijayakumar, L., (2018). Suicide in India: a complex public health tragedy in need of a plan. The Lancet Public Health. Retrieved from https://doi.org/10.1016/S2468-2667(18)30142-7 on September 14, 2018.
2. Befrienders worldwide.(2012 – 2108).Suicide statistics.https://www.befrienders.org/suicide-statistics on September 14, 2018.
3. Chatterjee, A., & Chakraborty, R. (2006). Predictors of Suicide Attempt Among those with Depression in an Indian Sample: A Brief Report. The Internet Journal of Mental Health, 4(2).Retrieved from www.ispub.com on 10th March, 2016.
4. Dandona, R et al.,(2018).Gender differentials and state variations in suicide deaths in India: the Global Burden of Disease Study 1990–2016.The Lancet Public Health. Retrieved from https://doi.org/10.1016/S2468-2667(18)30138-5 on September 14, 2018.
5. Indu PS et al., 2017. Prevalence of depression and past suicide attempt in adult outpatients in primary care.Asian Journal of Psychiatry.Retrieved from http://dx.doi.org/10.1016/j.ajp.2017.02.008 on September 14, 2108.
6. Kodali, M., &Kilaru, K. (2013). Psychiatric Morbidity of Attempted Suicide Patients admitted to a General Hospital in Rural Area Of South India. IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), 4(3). 46-50. Retrieved from www.iosrjournals.org. on 7th May, 2016.
7. Kumar, P.N.S., Rajmohan, V., &Sushil, K. (2013). An Exploratory Analysis of Personality Factors Contributed to Suicide Attempts. Indian Journal of Psychological Medicine,35(4), 378–384. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3868090/ accessed on 26th Aug, 2014.
8. National Crime Record Bureau.(2015). Accident Deaths and Suicide in India. New Delhi: Ministry of Home Affairs. Retrieved from http://ncrb.nic.in/adsi2014/suicides14.pdf on July 23, 2015
9. Pandy, AK., Singh, H., Dalal, PK., Tripathi, A., Dutt, K., & Sinha, PK. (2013). Psychiatric Morbidity in Suicide Attempters attending University Hospital of North India. Delhi Psychiatry Jouranl, 16(1), 128 – 133. Retrieved from http://medind.nic.in/daa/t13/i1/daat13i1p128.pdf.on 10th March, 2016.
10. Trivedi, SC., Shetty, NK.,Raut, NB., Subramanyam, AA., Shah, HR., Pinto, C., (2014). Study of suicidal ideations, hopelessness and impulsivity in elderly. Journal of Geriatric Mental Health, 1(1), 38-44. Retrieved from http://www.jgmh.org on May 07, 2016.
11. Singh, R., & Joshi, H.L. (2008).Suicidal Ideation in relation to depression, life stress and personality among College Students. Journal of the Indian Academy of Applied Psychology, 34 (2), 259-265. Retrieved from http://medind.nic.in/jak/t08/i2/jakt08i2p259.pdf on 10th March 2015.
12. Singh.R., (2014).Suicidal Ideation in Relation to Depression and Social Support among College Students.Indian Journal of Health and Wellbeing, 5(12), 1492 - 1495. Retrieved from http://www.i-scholar.in/index.php/ijhw/article/view/88676 on August 13, 2016.
13. Srivastava, A. (2013). Psychological attributes and socio-demographic profile of hundred completed suicide victims in the state of Goa, India.Indian Journal of Psychiatry, 55, 268-72.Retrieved from http://www.indianjpsychiatry.org on Thursday, March 10, 2016.
14. Vishnuvardhan, G., Saddichha, S., 2012.Psychiatric comorbidity and gender differences among suicide attempters in Bangalore, India. General Hospital Psychiatry, 34, 410–414. Retrieved from http://10.1016/j.genhosppsych.2012.03.017 on 7th May, 2016.
15. World Health Organisation.(2017). Suicide data.Retrieved from WHO Website: http://www.who.int/mental_health/prevention/suicide/suicideprevent/en/ on August 23, 2015.

Domestic Violence and its impact on Women

S.Vijayalakshmi[1] & Dr.J.O.Jeryda Gnanajane Eljo[2]
[1]Senior Research Fellow, Department of Social Work, Bharathidasan University, Tiruchirapalli
[2]Assistant Professor, Department of Social Work, Bharathidasan University,Tiruchirapalli

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Women, the Backbone of the family is prone to Domestic Violence because of their innocence and vulnerable position in society. The vulnerable position in society is due to the biological make up of women and various social epicenters like Dowry, Sati, and Child Marriages etc. The socialization pattern in India inflicts differences in roles and responsibilities of women and men. It also increases Women's vulnerable position in the society. Family a social institution which protects women has become a place of danger. Domestic Violence is occurrence of violence within families and is said to be increasing day by day. It impairs women physically, psychologically and sociologically and puts them in a subordinate position in society. Psychosocial rehabilitation would help these women who experience Domestic violence in the process of healing, recovery, rehabilitation and re-integration. The primary objective of the study is a) To know the Socio-Economic status of Women who come across Domestic Violence, b)To understand the cause for Domestic Violence in Indian Families, c) To know the Problemsand the impact of Domestic Violence in Women and d)To provide suggestion to overcome theproblems of Domestic Violence in women. For the purpose of this study, women working for daily wages in an organized sector were selected and convenient sampling method was adopted to collect data. The findings of the paper will be discussed in the full length paper.*

Keywords: *Domestic violence, Psycho-social Rehabilitation, Women*

Introduction

Violence against women

The Declaration on the Elimination of Violence Against Women,adopted by the UN General Assembly in 1993, defines ViolenceAgainst women as "any act of gender-based violence that results in, oris likely to result in, physical, sexual or psychological harm, or suffering to women including threats of such acts, coercion or arbitrarydeprivation of liberty; whether occurring in public or private life".

Paragraph 117 of the Beijing Platform for Action quotes: "The fear ofviolence, including harassment is a permanent constraint on themobility of women and limits their access to resources and basicactivities. High social, health and economic costs to the individual andsociety are associated with violence against women. Violence againstwomen is one of the crucial social mechanisms by which women areforced into a subordinate position compared with men".

Domestic Violence

Violence occurring within the family, which is referred as Domesticviolence, cuts across lines of race, nationality, language, culture,economics, sexual orientation, physical ability and religion to affectpeople from all walks of life. The most prevalent form of violence against females worldwide is domesticviolence. (Sarkar 2009)

Women, the Backbone of the family is prone to Domestic Violence because of their innocence and vulnerable position in society. The vulnerable position in society is due to various social epicenters like Dowry, Sati, and Child Marriages etc. The socialization pattern in India inflicts differences in roles and responsibilities of women and men. It also increases Women's vulnerable position in the society. Family a social institution which protects women has become a place of danger. Domestic Violence is occurrence of violence within families and is said to be increasing day by day. It impairs women physically, psychologically and sociologically and puts them in a subordinate position in society. Psychosocial rehabilitation would help these women who experience Domestic violence in the process of healing, recovery, rehabilitation and re-integration.

Forms of Domestic Violence

a) Physical Abuse

Physical violence comprises many types of Physical attack and injury that starts with a single slap or blow followed by kicking, punching, being stabbed being hit against walls etc. It can be life threatening , resulting in injuries, disabilities or death. It is a common kind of method used to sub-ordinate a woman in the family.

b) Psychological/ Emotional Abuse

Psychological abuse which is categorized as verbal abuse, includes making sarcastic remarks in the

presence of outsiders,imposing severe restrictions on freedom of movement, name calling and insults especially with regard to not having a child or a male child, totallyignoring the wife in decision-making processes, makingfrequent complaints against her to her parents, friends,neighbors, and kin much to the embarrassment of the wife.

c) Sexual Abuse

The Protection of women from Domestic Violence Act, 2005 explains sexual abuse includes any conduct of a sexual nature that abuses ,humiliates, degrades or otherwise violates the dignity of women. The ultimate form of sexual Violence is the murder and sexual mutilation of girls and women by men.

d) Economic Abuse

Economic abuse is a deprivation of the basic need of a person to sustain him in a social set up.Economic deprivation gives insecurities to a woman as she is in the mercy of those who are providing her and this attitude makes her economically dependent even if she earns money to supplement the family income.

e)Tolerance of Abuse

Tolerance of abuse is inbuilt in the socialization pattern of Indian Woman where she adjusts and compromises and tolerates all family abuses for the sake of children and family welfare. Many Indian women feel shame to speak out their problems to others.

Factors responsible for Domestic Violence

According to Heise's(1994) research the following factors areresponsible for increasing the domestic violence in present society.

Cultural Factors

The cultural factors that are responsible for increasing Domestic Violence are i) Gender-specific socialization, ii. Culturaldefinitions of appropriate sex roles, iii. Expectations of roleswithin relationships, iv. Belief in the inherent superiority ofmales, v Values that give men proprietary rights over womenand girls, vi Notion of the family as the private sphere and under male control, vii. Customs of marriage (bride price/dowry), viiiAcceptability of violence as a means to resolve conflict

Economic Factors

The economic factors that are responsible for increasing Domestic Violence arei. Women's economic dependence on men, ii.Limited access to cash and credit, iii. Discriminatory lawsregarding inheritance &property rights iv. Communallands, and maintenance after divorce or widowhood, v. Limitedaccess to employment in formal and informal sectors, vi.Limited access to education and training for women

Legal Factors

The legal factors that are responsible for increasing Domestic Violence arei. Lesser legal status of women either by written lawand/or by practice, ii. Laws regarding divorce, child custody,maintenance and inheritance, iii. Legal definitions of rape anddomestic abuse, iv. Low levels of legal literacy among women, v.Insensitive treatment of women and girls by police and judiciary.

Political factors

Political Factors responsible for increasing Domestic Violence arei. Under-representation of women in power, politics, the media and in the legal and medical professions, ii. Domesticviolence not taken seriously, iii. Notions of family being privateand beyond control of the state, iv. Risk of challenge to statusquo/religious laws, v. Limited organization of women as apolitical force, vi. Limited participation of women in organizedpolitical system.

Effects of Domestic Violence against Women :

Physical effects include injury, loss of speech, aches and pain, burns ,substance abuse, gynecological issues, sexually transmitted diseases, unintended pregnancy resulting in abortion, and the physical abuse may result in serious injury or death if the victim does not leave the relationship

Mental and emotional health problems are Withdrawal, unsocial behavior, multiple sexual partners,insomnia, depression , anxiety attacks, low self esteem, lack of trust in others, feeling of abandonment, anger, sensitivity to rejection, chronic health problems , inability to work, poor, substance abuse. When the knowledge of abuse reaches others in thecommunity, abused women are often shunned

and forced to livein isolation.

Review of Literature

Chandrasekaran V et al. (2007) did a cross-sectional study on women between age group 15-45 years found that younger women were more likely to report domestic violence as compared to older age, women with lowest income, living in the nuclear family, women having employment, husbands' education were associated with domestic violence, no association was found between women educational level and domestic violence.

Harihar Sahoo &Manas Ranjan Pradhan (2007)conducted a study upon 90,303 ever married women and discovered widespread prevalence of domestic violence (21 percent, since age 15) in India but alsothe acceptance of majority of ever-married women (57 percent) to at least one reason for justifying a husbandbeating his wife.(*Sahoo et al.,* 2007)

Sandeep Kaur, Anurag Bhai Patidar, Meenakshi, Sarit Sharma, Navneet (2014) did a study to assess prevalence and contributory factors of domestic violence among married women of selected slums of Ludhiana. A total 323 married women were selected by simple random sampling technique. Results found that 198 (61.3%) of married women experienced domestic violence within last 12 months in slums. Majority (75.8%) of married women who experienced domestic violence were illiterate and were housewives(56.0%). Maximum number of (95.9%) women experienced domestic violence committed by their husband and 7 (3.5%) of married women experienced domestic violence committed by mother in law. The most occurring contributory factor of domestic violence present in 95.9% of women was "Woman not earning" and the least occurring contributory factor (07.07%) was woman's infertility. The study concludes that domestic violence is highly prevalent among married women. Economical unproductive housewives and illiteracy are the main contributing factors for the same.

Research Methodology

Objectives

- To know the Socio-Economic status of Women who come across Domestic Violence.
- To understand the cause for Domestic Violence in Indian Families.
- To know the problem of Domestic Violence in Women
- To provide psychosocial rehabilitation for survivors of domestic violence.

Results and Discussion

Socio-Economic Profile

Majority of the respondents (40%) in the study were between 26-30 years of age. More than three-fourth of the respondents(80%) in the study are Hindus and the remaining 20% of the respondents are Christians. Majority of the respondents of the study (60%) belong to OBC and the remaining 40% of the respondents belong to SC/SC Category.

Regarding the educational qualification of the respondents,More than one fourth of the respondents (30%) are illiterates.10% of the respondents have studied upto primary level and 30% of the respondents have completed secondary level of education and Undergraduation respectively.

When we come to the type of family, 60% of the respondents live as Nuclear family, 30% of the respondents live as joint family and 10% of the respondents are separated. Regarding the years of Marriage, half of the Respondents are married within 11-20 years of age. In majority of homes (40%), bread winner of the family is wife since the husband is separated or died. 30 % of homes depend only on husband for income and the other 30% of the homes depend both on husband and wife for income.

Half of the respondents have 2 children. 30% of the respondents had no children for more than 5 to 10 years. This is one of the major causes for Domestic Violence in few families.For vast majority of respondents (70%) dowry was given for marriage to the respondents and 40% of the respondent's families were not satisfied with the dowry given to the respondents. These also emerge as another cause for Domestic Violence in the families.

In half of the families, husband takes control of family affairs of the Respondents, and in 20% of the families in-laws take control of the family affairs. 30% of the Respondent's husband is addicted to alcohol and drugs and this is also one of the major causes for Domestic Violence at home. Half of the Respondents depend on their husband for their money.

Table 1
Distribution of Respondents based on the Experience of Domestic Violence on them:

S.No	Options	Frequency	Percent
1.	Yes	18	60
2.	No	12	40
	Total	30	100

From the above table, we can infer that More than half of the respondents(60%) have experienced Domestic Violence in one form or other in their life time. Most of the Respondents replied that no house is without these problems. All these have become a part of life for them. Everyone tolerates this for the sake of their family welfare.

Table No: 2
Distribution of Respondents by the Cause for Domestic Violence:

S.No	Cause for Domestic Violence	Frequency	Percent
1.	Addiction	6	20.0
2.	Financial Struggle	9	30.0
3.	Dowry	3	10.0
4.	Sterility of either Spouse	6	20.0
5.	Extra-Marital Affairs	3	10.0
6.	Not looking after in-laws	3	10.0
	Total	30	100.0

Table 2 shows the cause for domestic violence.The major cause for Domestic Violence is Financial Struggle in majority of families.(30%).Next major causes for Domestic Violence (20%)are Addiction, &sterility of either spouse respectively.The other causes for domestic violence (10%) are Dowry, Extra-Marital affairs and Not looking after in-laws respectively.

Table No: 3
Distribution of Respondents by the Persons Inflicting Violence on them.

S.No	Person inflicting Violence on the Respondent	Frequency	Percent
1.	Husband	6	20
2.	In-Laws	12	40
3.	None	12	40
	Total	100	100

Table 3 shows that , in more than one third of the respondents families(40%) domestic violence are inflicted by in-laws and they do not have domestic violence respectively. 20% of the respondents says that domestic violence are inflicted by Husband.

Table No :4
Distribution of Respondents by the Physical attack on them.

S.No	Options	Frequency	Percent
1.	Yes	12	40
2.	No	18	60
	Total	30	100

The above table shows the distribution of Respondents by the Physical attack on them.Majority of the respondents (60%) responded that there was no physical attacks on them.More than one fourth of the respondents (40%) were attacked physically because of Domestic Violence.With regard to the type of physical attacks,20% of them were slapped and 10% were beaten and kicked off respectively. One of them replied that, family life is not without Slaps and beats and it has become a part of her life. Most of them tolerate Violence and women never wanted to reveal her problem even to their parents. This is because,

women think that this may worry their parents and accepts violence as her fate.

Table No :5
Distribution of Respondents by the Psychological Attacks

S.No	Respone	Frequency	Percent
1.	Yes	15	50.0
2.	No	15	50.0
	Total	30	100.0

The above table shows that Exactly half of the Respondents(50%)were Psychologically affected because of Domestic Violence.The other half of the respondents said that they were not affected psychologically because of domestic violence.

Table No :6
Distribution of Respondents by relationship affected in the family due to Domestic Violence

S.No	Respone	Frequency	Percent
1.	Yes	12	40
2.	No	18	60
	Total	30	100.0

From the above table,it is shown that the relationship with family memebers was not affected because of domestic violence.More than one third of the Respondent's (40%) relationship with their family members was affected because of Domestic Violence.

Table No:7
Distribution of respondents by the Respondent's Reaction after Violence

S.No	Respondent's Reaction after Violence	Frequency	Percent
1.	Go to my own House	3	10.0
2.	Use abuse words	3	10.0
3.	Neglect Household Chores	9	30.0
4.	Do not convey to others	15	50.0
	Total	30	100.0

From the above table, it is inferred that majority of the respondents (50%) do not convey to others and do nothing other than sitting and crying thinking of the fate to be born as women. More than one fourth of the respondents (30%)Respondents Neglect Household Chores, 10% of the Respondents use abuse words and go to their Mother's Home respectively after Violence. From the Conversation, The Researcher could feel the kind of struggle underwent by the Respondents.

Table No:8
Distribution of respondents by the Decision to end life.

S.No	Response	Frequency	Percent
1.	Not at all	12	40.0
2.	Rarely	9	30.0
3.	Occasionally	3	10.0
4.	Always	6	20.0
	Total	30	100.0

Nearly 60% of the Respondents replied that they thought of ending their life because of Domestic Violence. 20% of them replied that they always think of ending their life and 30% of the Respondents replied that they rarely had this kind of thought.

Table No:9
Distribution of Respondents by the person taking Initiative to solve Problem at Home.

S.No	Person taking Initiative to Solve Problem	Frequency	Percent
1.	Husband	3	10.0
2.	Wife	21	70.0
3.	in-laws	6	20.0
	Total	30	100.0

Table 10 shows the Distribution of Respondents by the person taking Initiative to solve Problem at Home after Domestic Violence. After the Domestic Violence it is the Victim (Wife), who takes the initiative to solve the problem at home in majority of families (70%) It is the plight of many Indian Women.

When women were asked about the measures to reduce Domestic Violence, Most of them replied that Husband and Wife should be Patient enough to tolerate each other mistakes and cope with the family condition. All Women wanted their husband to earn well, but at the same time, they don't want to depend on them for money, hence they go for Work and this reduces financial problem at home. Most of them were not aware of the social support available for them to safeguard them and many times they don't even reveal the problem to anyone and the cycle of violence continues.

Social Work Intervention

Psycho-Social Rehabilitation can be provided for the women who were the victims of Domestic violence. It will provide holistic care for women encompassing emotional care and support and also interventions at individual, family and community level. Individual level interventions include enabling her to share feelings and fear, individual counselling, crisis intervention, emotional first aid, externalization of interest, relaxation, spirituality, pursuing her interests and Mental Health Services.

Family level intervention includes enhancing family and social support, managing family conflicts and family re-integration. Community level intervention includes rehabilitation and re-integration, vocational rehabilitation, referral services, life skill education, enhancing social support and networking.
Enhancing Social support by teaching her the skill to be aware of and access help available can provide women with self-confidence and reduce her vulnerability.

Conclusion

In the name of patience and adjustment, many women are not revealing their problems to anyone. They should be sensitized to reveal their problems to someone else and go for help to come out of their problem. From these findings, we can realize that many women were prone to be affected psychologically and socially. As Social workers it is important to address the issues of Domestic Violence and help these Victims of Domestic Violence to be sensitized to access the existing social support system available for them. Psychosocial rehabilitation would help these women who experience Domestic violence in the process of healing, recovery, rehabilitation and re-integration. Men should be sensitized to understand the problem of women and treat her equally.

References

1. Sarkar, M. .(2010).A study on Domestic Violence Against Adult and Adolescent Female in a Rural Area of west Bengal. Indian Journal of community Medicine;35 (2):311-15
2. Chandrasekaran, V., Krupp, K., George, R., &Madhivanan, P. (2007).Determinants of domestic violence among women attending an Human Immunodeficiency Virus voluntary counseling and testing center in Bangalore, India. Indian J Med Sci,61:253-62.
3. Sahoo , H., & Pradhan ,M. R.(2007). Domestic Violence in India: An Empirical Analysis,Paper presented in National Seminar on Gender Issue and Empowerment of Women, Indian Social Institute, Kolkata, February
4. Heise, P.,& Germain. (1994). Violence against Women:The Hidden Health Burden World Bank discussion Paper.Washington. D.C. The World Bank
5. Kaur,S., Patidar, A.B.,Meenakshi., Sharma,S.,& Navneet. (2014) .Domestic Violence and Its Contributory Factors among Married Women in selected slums of Ludhiana, Punjab.Nursing and Midwifery Research Journal*, Vol-10, No.1*
6. United Nations Declaration on the Elimination of Violence against Women (1993). General Assembly Resolution48/104 of 20 December 1993.
7. United Nation Office on Drugs and Crime. (2011).Psychosocial care for Women in shelter homes

Evaluating the antimicrobial potentials of lupeol isolated from *Elephantopus scaber* leaves against UTI pathogens

Priya V[1] & Rajalakshmi M[2]
[1,2]PG & Research Department of Biotechnology & Bioinformatics,
Holy Cross College (Autonomous), Tiruchirappalli-620002, Tamil Nadu, India

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Phytotherapeutic medicine develops a basic platform for the recent drug discovery and development of new drugs from different plant sources. Elephantopus scaber (E.scaber), a traditional medicinal plant analysed for its phytochemicals that has the ability to act as an antibacterial agent against pathogenic bacteria. For the evaluation of this ability oflupeol isolated from E. scaber,Disc diffusion method, Minimum Inhibitory Concentration (MIC), Minimum Bactericidal Concentration (MBC), Time Kill Assay, protein estimation was done. In disc diffusion method, various concentration of compound showed good range of inhibitory zone. The MIC and MBC value of the compound for Staphylococcus aureus(S. aureus), Escherichia coli (E. coli) and Klebsiella pneumoniae (K. pneumoniae)were found very low i.e 250 µM and growth curve pattern also showed the better result of inhibition. Likewise, a significant change was found in protein profile of the culture treated with the compound. Finally it was concluded witha confirmation of a very good bacteriostatic and bactericidal activity of the compound.*

Keywords: *E.scaber, lupeol, Antibacterial activity, SDS-PAGE electrophoresis.*

Introduction

Nature has been a source of medicinal agents for thousands of years and an impressive number of modern drugs have been isolated from natural sources. Medicinal plants are widely used in the ancient system of medicines such as Ayurveda, Siddha, Unani and Tibetan medicine. Recently they have been extensively investigated as a source of curative agent [1]for the treatment of chronic as well as infectious diseases [2]. According to WHO, medicinal plants are the best source to obtain a variety of newer drugs. About 80% of individuals from developed countries use traditional medicine, which has compounds derived from medicinal plants [3]. Humans continue to be affected by several diseases, mainly due to natural forces such as drug-resistant microbes. Pathogenic bacteria have always been considered as a major cause of morbidity and mortality in Humans. Consequently an imperative need exists to connect the ethnopharmacological information with the newest drug-discovery technologies and scientific efforts, in order to discover new active natural metabolites.Even though pharmaceutical companies have produced a number of new antibacterials in the last years, resistance to these drugs has increased and has now become global concern [4]. The increasing failure and side effects of popularity used chemotherapeutic and appearance of multiple drug resistance phenotypes in pathogenic bacteria led to the search of new compounds with antimicrobial activity[5].

Elephantopus scaber (E.scaber), belonging to the family of Asteraceae and commonly known as prickly leaved elephant's foot [6], a common wild weed that forms undergrowth in shady places. It can be widely found in neotropical Europe, India, Nepal, Pakistan, Sri Lanka and China. The phytochemical constituents of *E.scaber* include flavonoids, triterpenoids, flavonoid esters and sesquiterpene lactones, elephantopin, triterpenes, stigmasterolepifriedelinol and lupeol[7].The use of plant extracts and phytochemicals both with known antimicrobial properties, can be of great significance in therapeutic treatments. One such agent which has gained wide attention of medical professionals, pharmaceutical marketers and researchers all around the world, is dietary triterpene knownas lupeol. The quantification oflupeol in fruits and medicinal plants has been performed [8].It is reported to exhibit a spectrum of pharmacological activities against various disease conditions such as inflammation, ulcers, arthritis, diabetes, cardiovascular ailments, renal disorders, hepatic toxicity, microbial infections and cancer. The available literature suggests that lupeol is a nontoxic agent[9]. Lupeol exhibits a broad spectrum of biological activities and can be used as chemopreventive to avoid several diseases [10].Lupeol and its linoleats ester derivatives were repeated in ameliorating the lipidemic-oxidative abnormalities in the early stage of hypercholesterolemicatherosclerosis [11].Although the literature reports several methods for the quantification of lupeol, no studies of the isolation and quantification of lupeol on the plantspecies have been reported [12].

Materials and methods

Source of the compound - lupeol

The compound, lupeol isolated from the petroleum ether extract of *E. scaber* leaves [13] and stored in the Department of Biotechnology, Holy Cross College, Trichy was used for the present antimicrobial study on the compound.

Sample preparation

The stock solution was prepared with 0.46mM oflupeol and dissolved in 1mL of DMSO.From the stock solution different concentration of samples(100, 150, 200, 250µM) were prepared with different concentrations.

Preparation of bacterial culture

The mother culture of*Staphylococcus aureus*(*S. aureus*)*(*ATCC 25923)*, Escherichia coli*(*E. coli*)(ATCC 25922)*, Klebsiella pneumoniae* (*K. pneumoniae*)(ATCC 25921) were obtained from the Department of Microbiology, K.A.P Vishwanathan Government Medical College, Trichy, Tamil Nadu, India.2mL Mueller Hinton broth (MHB) was inoculated with 2-3 colonies of each organism separately taken from the mother culture and incubated overnight at 35ºC with shaking. Each inoculumwas prepared by diluting overnight cultures in saline to approximately10^8 CFU/mL for bacteria.

Disc diffusion assay

The antimicrobial activity of the compound was tested using disc diffusion method. A small aliquot (100µL) of bacterial culture *(E.coli, S.aureus* and *K.pneumoniae*) was transferred and spread to the Muller Hinton Agar (MHA) plates aseptically [14]. The required sterile discs were placed on the agar. Pipetting out the different concentration of 150, 200, 250µMlupeol on the discs. Then the plates were incubated at 37ºC for 24 h. After incubation the plates were examined for zone of clearance around each well. The diameters of each zone of clearance were noted as the zone of inhibition.

Determination of MIC

The cultures were with equivalent turbidity. The concentration (250µM) of the compound and (20µg/mL) of streptomycin were differently prepared by serial dilutions in MHB medium. Each tube was then inoculated with 150µL of each of the bacterial strain and the final volume was made up to1400µL with sterile MHB. Two blank MHB tubes, with and without bacterial inoculation, were used as the growth and sterility controls[15]. The bacterial containing tubes were incubated aerobically at 37ºC for 24h. After the incubation period, the tubes were observed for the MIC by checking the concentration of the first tube in the series that showed the lowest concentration of the compound permitting no visible growth (no turbidity) when compared with the control tubes. Thus the first series of the tubes could be taken as MIC.

Determination of MBC

The samples were allowed to be absorbed into the agar until the plate surface appeared dry (about 30min). The aliquot was then spread over the plate by lawning technique. The growth and sterility controls were sampled in the same manner. The MBC lawned plates were incubated for 24 h at 37ºC. After the incubation period, the lowest concentrations of lupeol that did not produce any bacterial growth on the solid medium were regarded as MBC values for this extract. This observation was matched with the MIC test tube that did not show any evidence of growth after 48 h of incubation. After checking for MIC, the tubes were gently mixed by flushing them with a sterile pipette, and a small aliquot (100µL) was removed. Each aliquot was placed on a single antibiotic-free nutrient agar plate in a single streak down the centre of the plate [16].

Determination of Killing Curve

An assay for the rate of killing bacteria by lupeol was carried out using a modified plating technique [17]. Lupeol was incorporated into 10mL MHB in sterile50mL conical flask at ½ MIC, MIC and 2×MIC. Two controls, one MHB without extract inoculated with test organism and MHB incorporated with lupeol at the test concentrations without the test organisms were included. The tubes were incubated at 37ºC on an orbital shaker at 120rpm. An aliquot of 100µL was removed from the culture medium at 0, 3 and 6 h interval for the determination of plate counting technique by plating out 25µL of each of the dilutions.After incubating at 37ºC for 24h, the total number of bacterial colonies were counted and compared with the count of the control without compound.

Isolation and estimation of protein content

5mL of Luria Broth (LB) broth was taken and inoculated with bacterial culture for 24 h at 37ºC.Then 250µM of lupeol was mixed with the culture. This mixture was incubated at 37ºC for 24 h. 1mL of 24 h treated compound and non treated culture taken as control all these tubes were centrifuged at 10000

rpm for 5 min and the supernatant and pellet was collected separately. The protein concentration of pellet and supernatant was assesed by Lowry's method [18].Aliquots (25,50,75 and100µL) of working standard were pipetted into a series of test tubes with bovine serum albumin [19]. The blue color developed was read at 720nm in a spectrometer. A standard graph was drawn by plotting concentration of protein on X-axis and optical density on Y-axis. The amount of protein present in the sample was estimated from the standard graph.The quantified proteins wereloaded into SDS-PAGE and their patterns were analyzed.

Statistical analysis

All data were expressed as mean ± SEM for control and experimental groups. The data were analyzed using one way Analysis of Variance (ANOVA) on Statistical Package for Social Sciences (SPSS) (Version 17.0) and the group means were compared by Duncan's Multiple Range Test [20]. The results were considered statistically significant if the calculated 'p' value was less than 0.05.

Results

Antibacterial activity of lupeol- zone of inhibition test

When compared with a a standard antibiotic drug Streptomycin (20mg/mL), 250µM concentration of lupeol showed a larger zone [Fig.2] by inhibiting the growth of bacteria (*S. aureus* and *K. pneumoniae)* and their diameters were ranged [Table.1] from 1.10cm to 1.32cm and from 0.04cm to 1.12cm for *S. aureus* and *K. pneumoniae* respectively while there was no significant zone of inhibition was observed on *E. coli* growth.

MIC values of lupeol

It was observed that of all the concentrations studied, 250µM oflupeol was identified as the MIC [Fig.3]for both *S. aureus* and *K. pneumoniae*, as the significant inhibition in growth of bacteria. This indicated the effective antibacterial effect of lupeol [Table.2] and it showed very fewer change in the growth rate of lupeol treated*E. coli* culture.

MBC value of lupeol

With the results of MIC, 250µM of lupeol showed the MBC value on *S. aureus* and *K. pneumoniae* that representing a very good bactericidal activity of lupeol[Fig.4 and 5].

Time kill assay analysis

The results of time-kill assay [Fig.6 and 7] showed the reduction in cell density with 250µM oflupeolwhere the bacterial colonies were almost wiped out after incubating for3h. Thus, the compound exhibits its bactericidal activity on bacterial growth. The values of $\log_{10}$ colony forming units (CFU) per millilitre, depicted the increase of bacterial growth at each of the sampling times.

Protein isolation and estimation

The protein content isolated from lupeol treated cultures of both *S. aureus* and *K. pneumoniae*and expression patterns were showedwas comparatively lesser than that of the positive control and the decreased concentration is also concurrent to the decrease in the antibiotic treated negative control group [Fig. 8 and 9].This indicates the efficacy and mode of action of lupeol in inducing inhibition in the protein synthesis.

Discussion

From this study, lupeol isolated from ether petroleum extract of *E. scaber* leaves inhibited the growth of the pathogens (*S. aureus* and*K. Pneumonia*)known to cause burn wound infections, septicaemia, skin infections and mainly in the urinary tract infections [21]. In disc diffusion assay, all the tested concentrations of lupeol showed zones of inhibition devoid of bacterial growth, this bactericidal effect could be due to damage of cell wall and entrance into the periplasmic space and finally causing death of the bacteria.However 250µM concentration of lupeol was effective in controlling the bacterial growth as that of streptomycin [22].MIC was considered to be a good predictor of bactericidal effects of the concentration dependent compound. TheMIC and MBC value showed that dilutes of 250µM concentration of lupeol decreased the bacterial growth in proportional way [23].The rate of time kill demonstrated a decreased the growth of bacteria with an increased time period for250µM concentration of lupeol. Protein content was reduced due to the action of 250µM lupeol that blocks bacterial translation by binding reversibly to the 30S subunit and distorting it in such a way that the anticodons of the changed tRNAs cannot align properly with the codons of the mRNA and thus inhibits the protein synthesis [24].

Conclusion

Our results suggested that the further investigation into the activity of lupeol is warranted, the investigation of the lupeol which could minimize the pharmaceutical drug load and risk of resistance among

patients, as well as reducing treatment costs, might also provide attractive therapeutic alternatives for treating secondary urinary tract infections to diabetes.

Conflict of Interest

We have no conflict of interest to assert**.**

Acknowledgement

Declared None.

Reference

1. Subramanian A, Santhosh Kumar S, Suja SK, Sudarshan M, Chakraborty A (2014) Antioxidant and free radical scavenging activity of annular and seasonal ayurvedic medicinal plants *Elephantopus scaber* L and Biophytum sensitivum DC. Int J Pharm Biol and Chem 3(1):6-17
2. Alam MT, Karim MM, Shakila N Khan (2009) Antibacterial activity of different organic extracts of*Achyranthes aspera*and*Cassia alata*. J Sci Res1(2):393-398
3. Kuldip SD, Sandeep C, Jeewan SJ (2015) Assessment of indian medicinal plants for the treatment of asthma. J Medicinal Plants Res *9*(32):851-862
4. Prestinaci F, Pezzotti P, Pantosti A (2015) Antimicrobial resistance: a global multifaceted phenomenon. Pathogens and Global Health 109(7):309-318
5. Fair RJ, Tor Y (2014) Antibiotics and Bacterial Resistance in the 21st Century. Persp Med Chem 6
6. Sudip KM, Haraprasad P, Ishan P, Sankhadip B(2018) Biological potential of *Elephantopus scaber Linn*. Int. J. Pharm. Sci. Rev. Res 50(2):130-134
7. Mohan VR, Chenthurapandy P, Kalidass C (2010) Pharmacognostic and phytochemical investigation of *Elephantopus scaber* Linn (Asteraceae). J Pharm Sci Tech2(3):191-197
8. Patil P, Biradar PU, Bhagawathi A, Iranna SH (2018) A review on leaf area index of horticulture crops and its importance. Int J Curr Microbiol Appl Sci 7(4):505-513
9. Saratha V, Iyyam PS, Subramanian S (2011) Isolation and characterization of Lupeol, a triterpenoid from *Calotropisgigantea*latex.Int JPharm Sci 10(2):0976-044
10. Margareth BCG, Miranda JS (2009) Biological activities of Lupeol. International Journal of Biomedical and Pharmaceutical Sciences3(1):46-66
11. Chakraborty AK, RangariVD (2011) Semisynthetic modification and immunomodulatory activity studies of 19α-H Lupeol esters. Der Pharmacia Sinica*2*(2):198-211
12. Sarpate RV, TupkariSV (2012) Quantification of Lupeol isolated from*Strobilanthus callosus*nees using validated high performance thin layer chromatography method. IntJ PharmTech Res*4*(3): 963-969
13. Lilly V (2011) Herbal lupeol as potent antidiabetic active principle on Streptozotoin induced diabetic Wistar rats. 227.
14. Nabil QMA, Hong XW, Chaoyang M, Zaixiang L, Mohanad B, Riyadh T (2014) Antimicrobial and antioxidant activities of the essential oils of some aromatic medicinal plants (*Pulicaria inuloides*-Asteraceae and Ocimum *forskolei*-Lamiaceae). J Pharm Res 13(8):1288
15. NCCLS update (2002)Clinical Microbiology Newsletter 24(24):188
16. Shanholtzer CJ, Peterson LR, Mohn ML (1984) MBCs for *Staphylococcus aureus* asdetermined by macrodilution and microdilution techniques. Antimicrobial Agents and Chemotherapy 26(2):214–219
17. Ojo SKS, Ejims EO, Esumeh FI (2013) In-vitro antibacterial time-kill assay of *Phyllanthus amarus* and *Diodia scandens* crude extracts on staphylococci isolated from wounds and burns patients. Int J Pharm Sci Inv 2(8):9-13
18. Lowy FD (1998) Is *Staphylococcus aureus* an intercellular pathogen. Trends Microbiology 8:341-344
19. Lowry OH, Rosenbrough NJ, Farr AL, Randall RJ (1951) Protein measurement with the Folin Phenol Reagent. J Biol Chem 193:265-275
20. Duncan AJ (1957) Charts of the 10. Journal of the American Statistical Association 52(279):345
21. Aiyegoro OA, Afolayan AJ, Okoh AI (2009) *In-vitro* antibacterial activities of crude extracts of the leaves of *Helichrysum longifolium* in combination with selected antibioticcs. Afr J Pharm Pharmacol 3(6):293-300
22. Dagmar C, Simona D, Iva B, Petr M, Branislav RN, Matej S, et al., (2014) Effect of ampicillin, streptomycin, penicillin and tetracycline on metal resistant and non-metal *Staphylococcus aureus*. Int J Environ Res Public Health 11:3233-3255
23. Edro Urul OT (2002) Antibacterial activities of some plant extracts used in folk medicine. Pharm Biol 40:269-273
24. Vazquez D (1974) Inhibitors of protein synthesis. FEBS Letters 40:1-22

Figure Captions

Fig.1 Structure of lupeol

Fig.2 Growth inhibition of UTI pathogens by lupeol. A) Effect of the compound on *E. coli* B) Effect of the compound on *S. aureus* C) Effect of the compound on*K. pneumoniae* a) 0µM lupeol b) 100µM lupeol c) 150µM lupeol d) 250µM lupeole) streptomycin (20µg/mL)

Fig.3 Bacterial susceptibility to different concentrations of lupeol. Each value represents mean ± SD of triplicates. Significance at: $p<0.05$.

Fig.4 Determination of MBC of lupeol on *S.aureus*. A) Control B) 250µM lupeolC) 250µM ($x10^{-1}$) lupeolD) 250µM ($x10^{-2}$)lupeolE) 250µM($x10^{-3}$)lupeolF) 250 µM($x10^{-4}$)lupeol

Fig.5 Determination of MBC of lupeol on*K. pneumonia* A) Control B) 250µM lupeolC) 250µM ($x10^{-1}$) lupeolD) 250µM ($x10^{-2}$) lupeolE) 250µM($x10^{-3}$)lupeolF) 250 µM($x10^{-4}$)lupeol

Fig.6 Time kill assay on *S. aureus.*Each value represents mean± SD of triplicates. Significance at: $p<0.05$

Fig.7 Time kill assay on*K. Pneumoniae*. Each value represents mean± SD of triplicates. Significance at: $p<0.05$

Fig.8 Protein content of lupeol-treated, positive and negative control cultures of *S.aureus* and *K. pneumoniae*. Each value represents mean ± SD of triplicates. Significance at: $p<0.05$

Fig.9 Effect of lupeol on the total protein profile. L1- Protein marker; L2- *S. aureus* control; L3-*S. aureus*+250µM lupeol; L4-*S. aureus*+streptomycin (20µg/mL); L5-*K. pneumoniae*control; L6- *K. pneumoniae* +250µM lupeol; L7- *K. pneumoniae* +streptomycin (20µg/mL)

Table Captions

Table.1 Antibacterial activity of lupeol on UTI pathogens by disc diffusion assay. Each value represents triplicates.

Table.2 MICconcentrations of lupeol on bacteria test organism. Each value represents mean ± SD of triplicates. Significance at: $p<0.05$

Fig.1

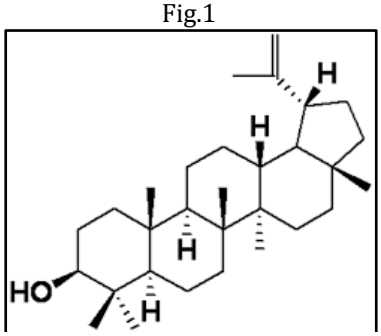


Fig.2

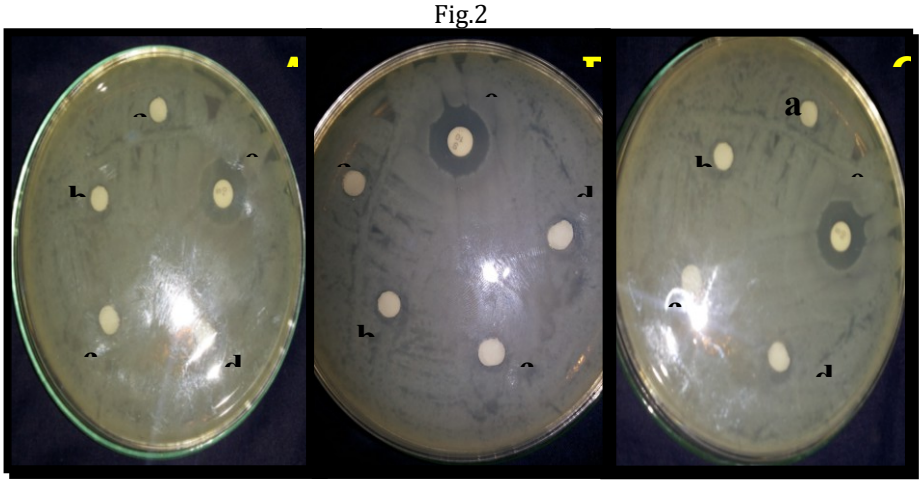


Fig.3

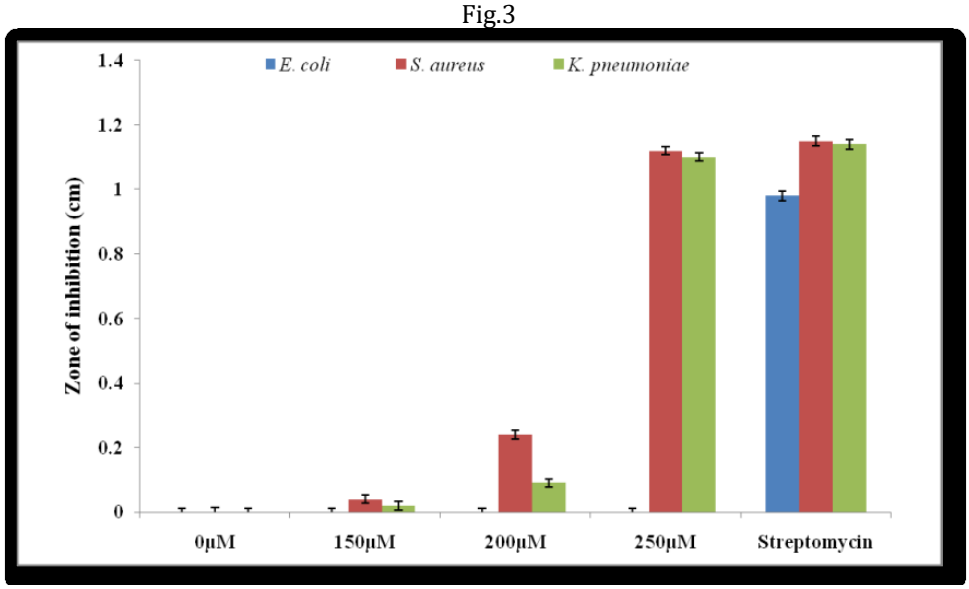


Fig.4

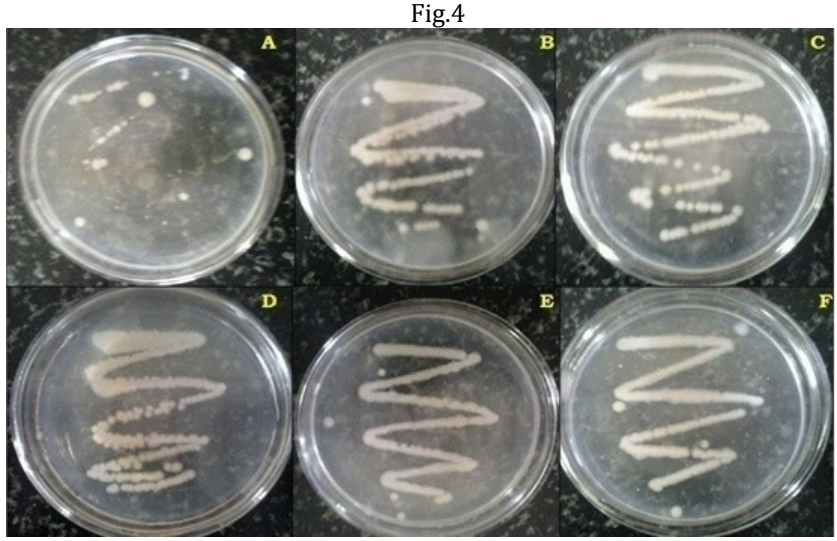


Fig.5

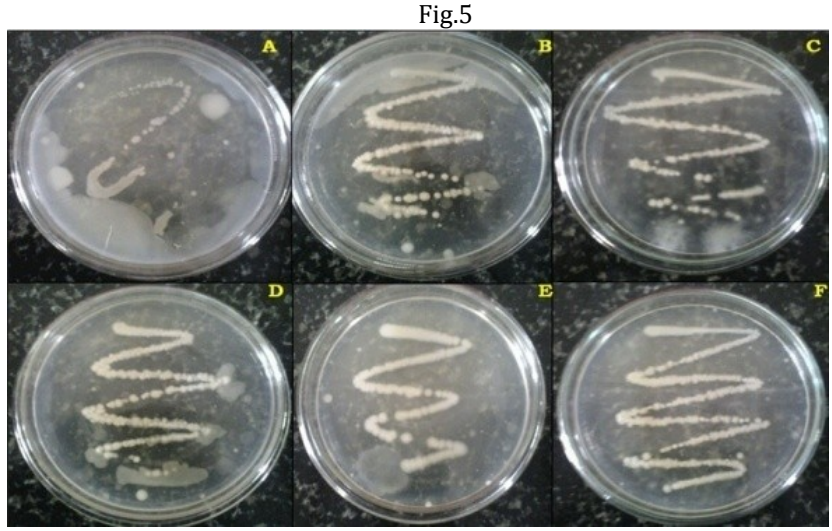


Fig.6

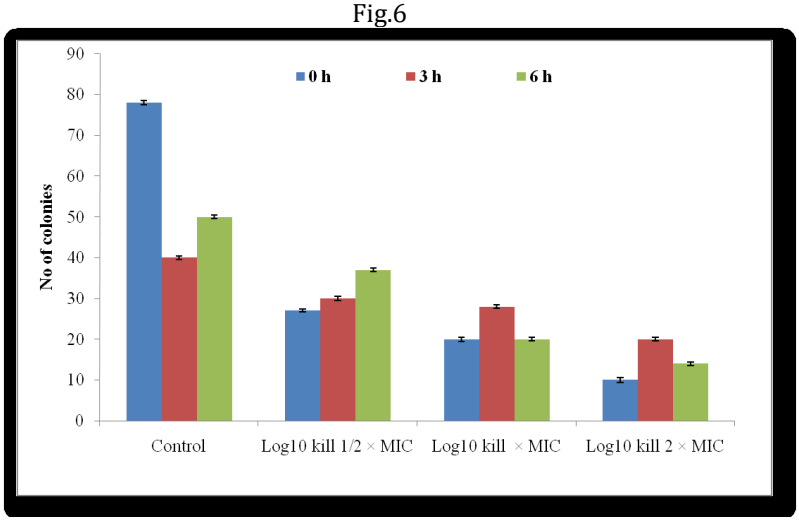


Fig.7

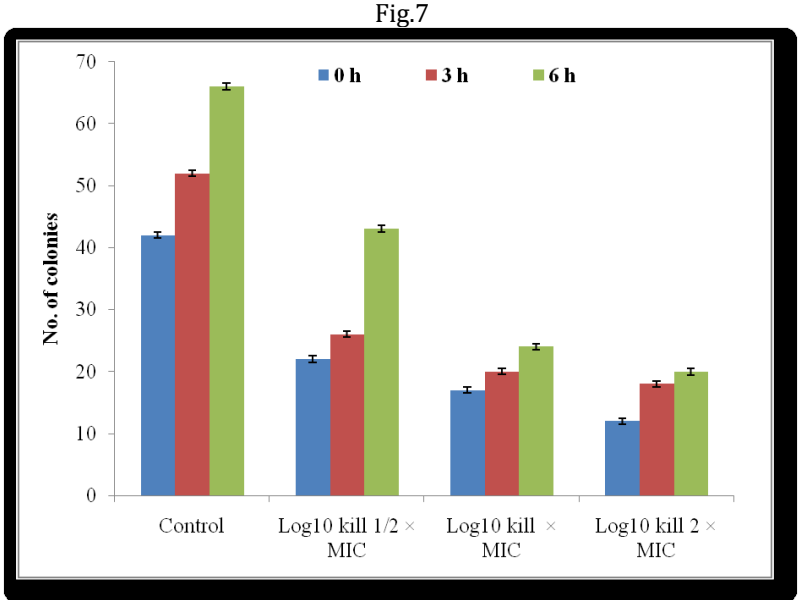


Fig.8

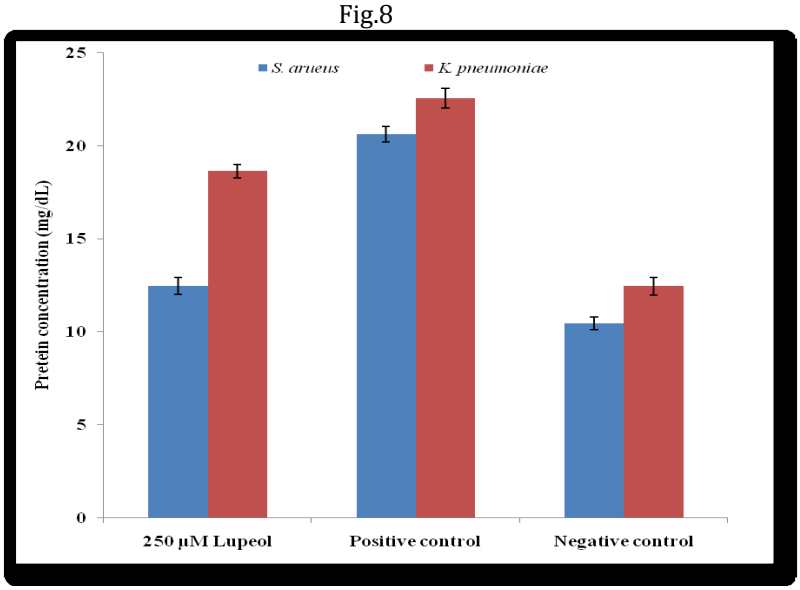


Fig.9

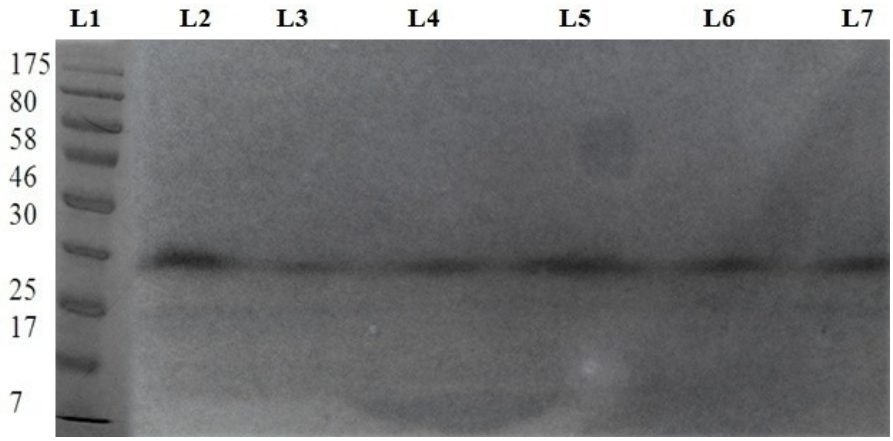


Table.1

Microorganisms	Lupeol mediated of zone of inhibition in cm				
	Concentration of Lupeol				Streptomycin
	0µM	100µM	150µM	250µM	(20µg/mL)
E. coli	-	-	-	-	1.098 ± 0.52
S. aureus	-	0.04 ± 0.51	0.24 ± 0.49	1.12 ± 0.47	1.15 ± 0.54
K. pneumoniae	-	0.02 ± 0.50	0.09 ± 0.48	1.09 ± 0.45	1.14 ± 0.51

Table.2

Concentrationof lupeol on the strains		lupeol	Streptomycin (20mg/mL)
E.coli	Control	1.25 ± 0.051	0.012 ± 0.049
	250 µM	0.59 ± 0.04	
	250 µM (× 10^{-1})	0.86 ± 0.052	
	250 µM (× 10^{-2})	0.93 ± 0.045	
	250 µM (× 10^{-3})	0.99 ± 0.051	
	250 µM (× 10^{-4})	0.042 ± 0.054	
S.aureus	Control	0.98 ± 0.052	0.011 ± 0.052
	250 µM	0.58 ± 0.049	
	250 µM (× 10^{-1})	0.67 ± 0.047	
	250 µM (× 10^{-2})	0.72 ± 0.052	
	250 µM (× 10^{-3})	0.86± 0.053	
	250 µM (× 10^{-4})	0.97± 0.051	
K.pneumoniae	Control	0.96 ± 0.047	0.08 ± 0.053
	250 µM	0.57 ± 0.049	
	250 µM (× 10^{-1})	0.69 ± 0.051	
	250 µM (× 10^{-2})	0.76 ± 0.052	
	250 µM (× 10^{-3})	0.84 ± 0.050	
	250 µM (× 10^{-4})	0.89± 0.048	

A Study on the Awareness level of Civil & Political and Socio-Economic Rights of women with special reference to Women Colleges in Tiruchirappalli

Dr.J.Theresa Rosetti
Assistant Professor, Dept. of History, Holy Cross (Autonomous) College, Tiruchirappalli

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Every human being posses certain basic rights, commonly known as human rights which is a birth right of all human beings not on the basis of their religion, caste, creed, sex and nationality. Human rights are also considered as fundamental rights. In India, women constitute nearly 50% of the total population. To attain the goals of improving status of women and economic development is to be taken into priority. The Constitution of India confers equal rights and opportunity to all citizens irrespective of sex. But in reality women suffer in all spheres of Socio and Economic life because of the ignorance of their legal rights, lack of legal aid & facilities and absence of strong women's force. The researcher finds the lack of awareness leads to violations of women. The empirical data on awareness of Civil & Political Rights and also Socio-Economic Rights among the Women Colleges in Tiruchirappalli also provide the suggestions for improvements of safe and supportive environment for girl students in the society.*

Keywords: *Individual rights, Natural rights, legal rights, Civil & Political rights, Socio-economic rights.*

Introduction

Human right is a general term, which includes Civil Rights, Social, Economic & Cultural Rights. The human rights is totally covered with the human dignity. Thus all those rights, which are essential for the maintenance of human dignity are termed human rights. The Universal human rights also comprise the Rights of Women and its important role. The active and effective participation of women in civil, political, social, economic& cultural life are the priority objectives to eradicate all forms of discrimination based on gender. Violence based on gender like exploitation, sexual harassment, international trafficking and cultural bias are to be eradicated to uphold the dignity and worth of the human values.

Problem of the Study

All persons by virtue of their common humanity live a life of freedom and dignity. The recognition of right is one of the most remarkable manifestations of this struggle of individuals against injustice. Though mankind is born and nurtured with equal abilities, still we are trying to strike a balance between both the genders throughout the globe. According to Indian Social System women are considered as weaker section, in cognitive and not having the decision making ability. Even they are not counted as human beings. They are killed at birth & burnt to death for dowry. Despite the recognition of women's equal status & women's contribution for development, still women experience discrimination with regard to right to food, education and health. Literacy of women is an important key to improve health, nutrition and education of the family.
Therefore, the present study is directed towards measuring the present level of awareness about human rights among the college students in Tiruchirappalli. This study covers individual and group rights in the following domains such as

(i) Civil & Political Rights
Under this head, rights to life, liberty, personal security, equality before law, religious freedom & practice, speech & expression, participation in politics & administration have been analyzed.

(ii) Socio & Economic Rights
Under this head, rights within family, education, work**,** health and social security have been analyzed.

Objectives

- To study the awareness among the female students on basic Human Rights.
- To study the awareness among the female students on Civil, Political and Socio-Economic Rights of Women.
- To compare the awareness among the female students belonging to rural and urban backgrounds.

Research Method

This study was conducted on 100 students from Women's Colleges in Tiruchirappalli. For data collection, the researcher has used Descriptive, explanatory and analytical methods.

Sample

For the present study the data was collected from women colleges in Tiruchirappalli. From each college 10 samples were taken from both rural and urban students.

Tool

The Chi-square test was used for data collection by the investigator. The questionnaire covers awareness level of the Civil, Political Rights and Socio-Economic Rights of Women.

Data Analysis and Findings

The aim and object of the present study is to get information regarding human rights awareness. The objectives of the study is to analyze the data which has given the following findings:

1. According to the survey, out of the 100 respondents, the general awareness on human rights differs with rural & urban students. Nearly 78% Students from rural background and 96% from urban background are aware of human rights.
2. The survey infers that awareness of fundamental rights in Indian Constitution among the rural girls is only 45% & for urban students its 76%.
3. The survey also showed that the percentage of the awareness on Right to life among urban students is 82% and rural students only 56%. This shows that the awareness is less among the rural students due to the lack of exposure to rights.
4. The percentage of awareness on Right to freedom and equality is indicated at67% on the urban side and 32% on the rural side indicating the preference for birth of male child still exists in India.
5. The study for 33% of Reservation Policy for Women to participate in Municipalities and town panchayats show that the awareness percentage of urban students is 78% and rural students is 62% which infers that there is a lack of awareness on political participation of women from the rural students.
6. Awareness on the need of education for women empowerment is agreed by 96% of urban students and 72% of rural students which shows that there is almost 100% awareness on Right to Education in both sides.
7. Awareness on the Right to work is the important tool for the empowerment of women in economy is agreed by 100% from urban side and 46% from rural side which proves that there is less awareness in rural side and also the difference of cost of living in city and rural areas.
8. Awareness on the Right to Social Security from urban side is 85% and in rural side is 32% which shows that social security right is not that much known by rural girls.
9. Awareness on the Right to Speech and Expression is 43% from rural side and 86% from urban side which proves that there's a lack of awareness on right to Expression among rural students

The results of this survey will enable policy makers and educators of the survey region to guide their interventions based on current level of awareness and issues regarding human rights education at the College level. It will enable necessary intervention of the relevant policy makers to improve the status of students, practices in the schools/colleges in exercising human rights, nature of inclusion of human rights in the curriculum, evaluation system, especially on our Indian Constitution, Social security& political rights of women. Therefore, this study in general will help human rights education in the State.

Suggestions

- The curriculum should be reviewed to restructure the human rights in colleges.
- Human rights teaching is not focused in primary schools and is not continued in higher secondary education. Teaching human rights is the effective measure to create awareness among the girls in both primary and in higher education level.
- The UN Centre for Human Rights stipulated in 1989 has given formulated guidelines for the method of human rights teaching which can be adopted by every institution
- Human rights should be included to the prevailing Social Studies with History Syllabus.

- Teachers training institutions need to focus on Civil, Political, Economic, Social and Cultural Rights.
- More concentration should be given on Contemporary issues such as the falling female birth rate and aging society, a vision of a gender-equal society, violence against women, commercialization of sex, and women's human rights in India.
- Making arrangements for human rights activists' speeches or lectures in Institutions.
- Teaching materials such as text books, journals, related articles, law books, Reports and materials of UDHR, ICCPR and CEDAW should be made available for access of the general public.
- Teachers should give students topics related to human rights awareness like bonded labour, unemployment, girl's education, etc.
- Graduate students should be encouraged to conduct case studies on dropouts, domestic violence, dowry and female infanticide.

Conclusion

Therefore, the need that every human should be aware of his/her basic rights and also the rights of fellow beings is emphasized in this study. Everyone needs to exercise his rights as well as pave way to exercise others' rights also. To realize this, the basic awareness of one's rights and duties is a must. Education is universally considered as one of the powerful instruments to inculcate human rights and values. According to The Universal Declaration of Human Rights, educating the importance of rights is also human rights and also emphasize the human rights of every individual in the society.

References

1. Altakar, A.S, 1959, The Position of Women in Hindu Civilization, New Delhi, II, Ed.
2. Bajawa, G.S., human rights in India: implementation and violations, New Delhi, 1995.
3. Barik B.C., P.M. Katav.,2002,Development Deprivation and Human Rights Violation, Ramah Publications, New Delhi.
4. Bunch .C. (1995), Transforming Human Rights from a Feminist Perspective, Routledge, London.
5. Kriti Matiwala,(2016): "Human Rights Awareness amongB.EdStudents" ,Veer Narmad South Gujarat University, Surat.
6. Matthews,S.K (2005), Human Rights in India ,Kottayam, Kerala.
7. Swain S.K,(2004), " Human Rights Education, The significant role of Teachers,Journal of Educational Researchand Extension, New Delhi (Vol 41-44).

A Study on the Awareness level of Civil & Political and Socio-Economic Rights of women with special reference to Women Colleges in Tiruchirappalli.

Data Analysis

Distribution of the respondents and their age

Particulars	No.of respondents	Percentage
17yrs	19	19.0
18yrs	13	13.0
19yrs	24	24.0
20yrs	26	26.0
21yrs	18	18.0
Total	100	100.0

Distribution of the respondents and their nativity

Particulars	No.of respondents	Percentage
Urban	44	44.0
Rural	56	56.0
Total	100	100.0

1.Are you aware of Human Rights?

Particulars	No.of respondents	Percentage
Yes	8	8.0
No	92	92.0
Total	100	100.0

2.I am happy to be born as a female?

Particulars	No.of respondents	Percentage
Yes	13	13.0
No	87	87.0
Total	100	100.0

3.Is your parents treat you equal as your brother?

Particulars	No.of respondents	Percentage
Yes	24	24.0
No	76	76.0
Total	100	100.0

4.Do you know the Fundamental Rights in our Constitution?

Particulars	No.of respondents	Percentage
Yes	27	27.0
No	73	73.0
Total	100	100.0

Distribution of the respondents and their age

Particulars	No.of respondents	Percentage
17yrs	19	19.0
18yrs	13	13.0
19yrs	24	24.0
20yrs	26	26.0
21yrs	18	18.0
Total	100	100.0

Distribution of the respondents and their nativity

Particulars	No.of respondents	Percentage
Urban	44	44.0
Rural	56	56.0
Total	100	100.0

1.Are you aware of Human Rights?

Particulars	No.of respondents	Percentage
Yes	8	8.0
No	92	92.0
Total	100	100.0

2.I am happy to be born as a female?

Particulars	No.of respondents	Percentage
Yes	13	13.0
No	87	87.0
Total	100	100.0

3.Is your parents treat you equal as your brother?

Particulars	No.of respondents	Percentage
Yes	24	24.0
No	76	76.0
Total	100	100.0

4.Do you know the Fundamental Rights in our Constitution?

Particulars	No.of respondents	Percentage
Yes	27	27.0
No	73	73.0
Total	100	100.0

Association between age of the respondents and their opinion about aware of Right to Social Security

Age	Aware of Right to Social Security						Statistical inference
	Yes		No		Total		
	n	%	*n*	%	*n*	%	
17yrs	7	31.8%	12	15.4%	19	19.0%	X^2=4.555 Df=4 0.336>0.05 Not Significant
18yrs	2	9.1%	11	14.1%	13	13.0%	
19yrs	6	27.3%	18	23.1%	24	24.0%	
20yrs	3	13.6%	23	29.5%	26	26.0%	
21yrs	4	18.2%	14	17.9%	18	18.0%	
Total	**22**	**100.0%**	**78**	**100.0%**	**100**	**100.0%**	

Statistical test: Chi-Square test was used the above table

Research Hypothesis: There is no significant association between age of the respondents and their opinion about aware of Right to Social Security

The above chi-square test reveals that there is no significant association between age of the respondents and their opinion about aware of Right to Social Security. The calculated value is greater than table value (0.081>0.05). So the research hypothesis is accepted.

Association between nativity of the respondents and their opinion about aware of Right to Social Security

Nativity	Aware of Right to Social Security						Statistical inference
	Yes		No		Total		
	n	%	*n*	%	*n*	%	
Urban	10	45.5%	34	43.6%	44	44.0%	X^2=0.024 Df=1 0.876>0.05 Not Significant
Rural	12	54.5%	44	56.4%	56	56.0%	
Total	**22**	**100.0%**	**78**	**100.0%**	**100**	**100.0%**	

Statistical test: Chi-Square test was used the above table

Research Hypothesis: There is no significant association between nativity of the respondents and their opinion about aware of Right to Social Security

The above chi-square test reveals that there is no significant association between nativity of the respondents and their opinion about aware of Right to Social Security. The calculated value is greater than table value (0.876>0.05). So the research hypothesis is accepted.

Women Public Administrators in India

S.Vijayalakshmi[1] & Dr.J.O.Jeryda Gnanajane Eljo[2]
[1]Senior Research Fellow, Department of Social Work, Bharathidasan University, Tiruchirapalli
[2]Assistant Professor, Department of Social Work, Bharathidasan University, Tiruchirapalli

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Women as Potential Human Resources in Administrative activities were recognized only in the last few decades with the need to represent and address Women's issues in both Public and Private Sectors. Women's participation in Employment is not a new phenomenon in India, but the type of employment occupied by them has undergone a change after the Industrialization and the changes brought out by these processes. Booming up of MNC's after Globalization, availability of educational and employment opportunities, influence from the west, slow change in the Patriarchal Structure of Indian Society to accept women as potential labour force, Initiatives taken by International and National Institutions to improve Women's Status, Individual motive to be Independent have paid way for Women to enter into the Organized Employment Sector. Though Women's participation in Labour force is increasing, ascending up the career ladder is a great Challenge for Women in both Public and Private sectors. Despite, Gender diversity in IT sector is considerably increasing because of their attractive salary and Financial Independence, Foreign opportunities, Gender friendly policies etc, very few women move up to Boards. The Public sector, which is said to be the largest employer of women has also very few women in the administrative and decision making positions. The paper tries to bring out the Status of Women Public Administrators in India and also tries to analyze the causes for low representation of Women in administrative positions in Public sector through literature review and tries to list out possible solutions for the same.*

Keywords: *Women, Administration, public Sector*

Introduction:

Women starting to work as a earning Workforce is a recent Phenomenon. Women in the past were looked upon as Secondary Workers and Housewives. Cultural norms continue to dictate that the role of Women at the workplace is secondary to her role at home as a nurturer and home maker. Moreover the patriarchal attitude of Indian Society is carried over to other Organizations like Education and Employment. This creates a Socio-Psychological barrier- Lack of motivation due to lack of Social and Family support, Role conflict, Gender Bias in Organization, Unsupportive work culture etc. Not only these barriers prevent women to enter, but also to move up and take up administrative and decision making positions.

Women as Potential Human Resources in Administrative activities were recognized only in the last few decades with the need to represent and address Women's issues in both Public and Private Sectors. Women's participation in Employment is not a new phenomenon in India, but the type of employment occupied by them has undergone a change after the Industrialization and the changes brought out by these Processes. Booming up of MNC's after Globalization, Availability of Educational and Employment Opportunities, Influence from the West, Slow Change in the Patriarchal Structure of Indian Society to accept Women as Potential Labour force, Initiatives taken by International and National to improve Women's Status, Individual motive to be Independent have paid way for Women to enter into the Organized Employment Sector. Women have entered and proved their efficiencies in multiple fields like Medicine, Law, Business, Higher Education, Media, IT, Police, Indian Administrative Services etc.

Though Women's participation in Labour force is increasing, ascending up the career ladder is a great Challenge for Women in both Public and Private sectors. Despite, Gender diversity in IT sector is considerably increasing because of their attractive salary and Financial Independence, Foreign opportunities, Gender friendly policies etc, very few women move up to Boards. Though women add up to the labour force, accepting them in Administrative positions is a very slow phenomenon in Indian sector. The Public sector, which is said to be the largest employer of women has also very few women in the administrative and decision making positions. The paper through Review of Literature tries to bring out the Status of Women Public Administrators in India and also tries to analyze the causes for low representation of Women in administrative positions in Public sector through literature review and tries to list out possible solutions for the same.

Status of Indian Women in Public Administration

Women Labour Participation rate which was 19.7% in 1981 rose to 25.7% in 2001. But this is still low compared to Male Work Participation rate, which was 52.6% in 1981 and 51.9% in 2001. The number of re-organized sectors was 4.95 million on 31st March, 2001of whom 2.86 million were in the Private sector. The number rose to 5.120 million on 31.03.2006, and of these Women, 3.003 million were in the Public sector and 2.118 million were in the Private sector. (Statistics of Women in India, 2010))

Dr. Reena Ramachandran(2003) pointed out that globally speaking 40 percent womenare in the workforce; of them 20 percent are in managerial and 2-3 percent in the topleadership positions. There is a wide variation among the countries, with India havingonly 2.3 percent women in the administrative and managerial jobs.

Figure 1: Representation of Women in the Central Council of Ministers,2009.

Table 160: Representation of Women in the Central Council of Ministers, 2009

S.No.	Ministerial Rank	Central Council of Ministers							
		Female		Male		Total		Percentage Female to Total	
		2006	2009$	2006	2009$	2006	2009$	2006	2009$
1.	Cabinet Minister	1	3	28	30	29	33	3.45	9.09
2.	MOS	6	5	33	40	39	45	15.38	11.1
	Total	**7**	**8**	**61**	**70**	**68**	**78**	**10.29**	**10.25**

Note: MOS - Minister of State
Source: 1. www.parliamentofindia.nic.in
2. India, Ministry of Statistics and Programme Implementation, Central Statistical Organisation. (2007). Women and Men in India 2006. New Delhi. p.104.
3. $ www.cabsec.nic.in/women.htm

The above table No 1 taken from Statistics of women in India, 2010 clearly shows that representation of Women in important Policy making Position is very low compared to Men.Only 10.25% of Women hold Position as Cabinet Ministers and Minister of States.

Even after plenty of Educational Opportunities and Policies for Women Empowerment, Very few women are represented in All India and other Central Civil Services.(Figure No: 2, taken fromStatistics of women in India, 2010). None of them hold position as a Supreme court Judge and only 8.25% of women are appointed as High court judges. In the Indian Administrative services only 11.92% of women are in postings. In the Indian Foreign Service only 4.3% of them are women officials and only 4.69% of women were IPS Officers in the year 2006. When we consider Parliament, only 10.8% of seats are held by Women in the year 2009.

Figure 2: Personnel by Sex in All India and Central Services and Other positions, 2005-2009.

Statistics on Women in India 2010

The representation of women in All India and Central Services, and selected other positions is given in Table 164.

Table 164: Personnel by Sex in All India and Central Services, and Other Positions, 2005-2009

S. No.	Service	Female	Male	Total	Female to Total Percentage
1	Supreme Court Judges 2009	0	27	27	0.0
2	High Court Judges 2009	52	578	630	8.25
3	Indian Administrative Service 2002	535	4624	5159	10.42
	2006*	571	4219	4790	11.92
4	Indian Audit and Account Service 1997	129	519	647	19.94
	2005	149	434	583	25.55
5	Indian Customs and Central Excise Service 1995	117	1520	1637	7.5
	1996	130	1531	1661	7.83
6	Indian Economic Service 1996	64	330	394	16.24
	2006	94	282	376	25.00
7	Indian Foreign Service 2005	85	536	621	13.68
	2006*	114	2534	2648	4.31
8	Indian Forest Service 1995	73	2390	2463	2.96
	1996	78	2387	2465	3.16
9	Indian Information Service 1995	76	417	493	5.42
	2004	74	296	370	20.00
10	Indian Police Service 2005	142	3056	3198	4.44
	2006*	150	3059	3209	4.69
11	Indian Postal Service 1995	70	256	326	21.47
	2005	94	339	433	21.70

Contd.

Statistics on Women in India 2010

Table 164: (Contd.)

S. No.	Service	Female	Male	Total	Female to Total Percentage
12	Indian Revenue Service 1994	246	2022	2268	10.85
	1995	276	1980	2256	12.23
13	Indian Statistical Service 1997	38	492	530	7.17
	2006	86	469	555	15.49
14	Central Secretariat Service				
	1995	NA	NA	678	-
	1996	51	657	708	7.20
15	Central Cabinet Minister 1997	0	20	20	0.00
	2002	2	30	32	6.25
	2004	1	28	29	3.44
16	Minister of State 1997	5	19	24	20.83
	2002	6	35	41	14.63
	2004	6	33	39	15.38
17	Chartered Accountants 1996[3]				5.8
18	Registered Medical Practioners (Doctors) 1995[4]				20.8

Notes: Ministry of Home Affairs
Ministry of External Affairs
[1].As on 01.11.98 (Includes 1998 Batch)
[2].As on 31.12. 98 (Includes 1999 Batch)
[3] Institute of Chartered Accountants of India
[4] Medical Council of India

Source:
1. India, Ministry of Statistics and Programme Implementation, Central Statistical Organisation. (2007). Women and Men in India 2006. New Delhi. p.104-106.
2. India, Ministry of Human Resource Development, Department of Women and Child Development. (2004). Government of India, II & IIIrd Periodic Report on the Convention on the Elimination of All Forms of Discrimination against Women: CEDAW Periodic Report. New Delhi. p. 90.
3. Website: www.parliamentofindia.nic.in
* India, Ministry of Women and Child Development. (2009). Gendering Human Development Indices: Recasting the Gender Development Index and Gender Empowerment Measure for India 2009. New Delhi. p.155.

Even these women in the posting complain of gender bias and denial of equal opportunity. 'All that we are asking for is to do away with this Gender Role Stereotype. The Bias is apparent as Women IAS officials in Mantralaya are being rotated around in some select posts. How come key posts like municipal Commissioner of Mumbai or Thane are never assigned to Women IAS officer'?

'Most ministers are reluctant to have a woman as secretary of his department, for their own reasons. We cannot impose a lady officer against the will of the minister"…
The Times of India News Network, Mumbai, Tuesday, 2 May2006 cited by Basu,S.(2008).

The main reason attributed to the Skewed representation of Women in Decision Making positions are patriarchal attitude of Men Carried over to other Institutions of Society, Gender Stereotype, Prejudice towards Women's Job, Work-life imbalance, Child birth, Unsupportive Organization culture, Old boy's network and lack of Female role models.

The Gender Inequality Index (GII) that measures gender disparity was introduced in the year 2010 Human DevelopmentReport by the United Nations Development Programme (UNDP). Accordingto the UNDP, this index is a composite measure which captures the loss ofachievement, within a country, due to gender inequality, and uses threedimensions to do so: reproductive health, empowerment, and labour marketparticipation. As per the United Nations Development Programme's HumanDevelopment Report 2017:India's rank is 127 among 159 countries on the gender inequality index, One of the leastperformer in South Asian Countries and BRICS Nations. (http:// hdr.undp.org/ sites/ default/ files/ 2016_human_development_report.pdf)

The Other Measurement ,The Global Gender Gap Index introduced by the World EconomicForum in 2006, is a framework for capturing the magnitude and scope ofgender-based disparities and tracking their progress. The rankings are based on four of sub-indicesthat measure economic participation and opportunity, educationalattainment, health and survival and political empowerment.The World Economic Forum has placed India in the 108th positionamong 144 countries in the year 2017. It's only in Political Empowerment that India was ranked high 15 ,139 interms of economic participation and equality, 112 for educational attainmentand 141 for health and survival.This is given in the Figure 3.

Figure 3: India's scores on specific indicators within each dimension.

COUNTRY SCORE CARD

	rank	score	avg	female	male	f/m
Economic participation and opportunity	**139**	**0.376**	**0.585**			
Labour force participation	136	0.347	0.667	28.5	82.0	0.35
Wage equality for similar work (survey)	80	0.620	0.634			0.62
Estimated earned income (PPP, US$)	137	0.232	0.509	2,424	10,428	0.23
Legislators, senior officials and managers	114	0.148	0.320	12.9	87.1	0.15
Professional and technical workers	118	0.338	0.758	25.3	74.7	0.34
Educational attainment	**112**	**0.952**	**0.953**			
Literacy rate	118	0.752	0.883	59.3	78.9	0.75
Enrolment in primary education	1	1.000	0.979	92.9	91.7	1.01
Enrolment in secondary education	1	1.000	0.971	62.2	61.4	1.01
Enrolment in tertiary education	95	0.990	0.938	26.7	27.0	0.99
Health and survival	**141**	**0.942**	**0.956**			
Sex ratio at birth	141	0.904	0.920			0.90
Healthy life expectancy	117	1.028	1.037	60.4	58.8	1.03
Political empowerment	**15**	**0.407**	**0.227**			
Women in parliament	118	0.134	0.279	11.8	88.2	0.13
Women in ministerial positions	76	0.227	0.209	18.5	81.5	0.23
Years with female head of state (last 50)	3	0.697	0.200	20.5	29.5	0.70

Source: Global Gender Gap Report

India has scored 148 in the dimension of women in Legislators, Senior officials and Managers which is very less than the global average of .320 and also in the dimension of Estimated earned income, India has a low score of .232 which is less than the Global average of .509. All this reflects the fact that India has a long way to meet with Gender Parity in the dimension of Economic participation.

Need for Gender Diversity in Public Administation

Policy decisions regarding taxes, increase in prices of various commodities, child care, welfare reforms, and various other issues that touch Women directly. Hence Strong Women Representation is the need of hour in these areas in Policy Formulation and decision making so that Women's perspective are also included in the Framing of Policies which are Women friendly. Only these kinds of policies can address the need of Women, Hence there is a dire need for representation of Women in decision making positions.This can also impart transparency in postings, transfers and other work related factors. Women should be looked as a part of Policy Formulation and not as an object of Policy Formulation and they should be closely involved in policy decisions regarding taxes, increasein prices of various commodities, child care, welfare reforms, and various other issuesthat touch them directly.

Participation of women in the public service, and in public administration leadership improves service delivery for all (including men), and promotes better governance and inclusive development. In short, gender diversity in leadership affects the quality and integrity of work in the public sector. Leveraging women's talents and leadership while harnessing the diversity of perspectives will generate better and more inclusive outcomes and more equitable access to economic and social opportunities. Closing the gender gap in public administration will also support increased attention to gender equality and women's empowerment issues.Lateef S,(2014)

Suggestions

- Change in the mindset of Media in addressing Women only in household chores in the ads and to portray her as a potential Human Being and Key Decision Makers who can also contribute outside Home.
- Important aspect in the Patriarchal Indian Families is the Support from the Spouse and in-laws.
- As suggested by Basu,S(2008), quality interaction and contact between male and female students at educational level would help break Gender stereotype.
- Mentoring by Successful Women Officers and Higher Authorities can motivate young women.
- Work life balance is a key aspect that should be looked upon to make women work peacefully at work. Vijayalakshmi, Gnanajane Eljo,2014 have given few suggestions to tackle role conflict and promote work life balance in Women. Few important Suggestions are "Male members should be sensitized towards the problems of the female colleague.Creating more supportive work environment by working with the employees to identify and implement the types of support they need and better inform them about the policies that may beavailable to them. Provision of part time work, work from home and other flexible measure to opt out and opt back after career interruptions would help women to sustain their career. Giving employees the explicit rights to refuse overtime work. providing employees this facility appears to be quite effective in reducing high role overload. This may reflect in increased ability of employees to schedule their time with family and work.· Provision of Parental leave beyond the legal provisions like family service/maternity and paternity service. Provision of crèche facilities, sick child care programs, referral services for child care, tie-up with schools, sick leave options with full benefits and job protection, medical insurance policy etc.· Implemention of online services to take care of some of the personal day-todayactivities of women employees like dropping cheques, drawing cash, paying electricity bills and school fees of children".
- Reservation for Women in Key Positions may help women to be represented in the Key Decision making positions.
- Change in the Socialization pattern of Indian Families to make girls and boys equally competent and to take responsibilities both at Home and at Workplace.

Conclusion

There are Many National and International Institutions working in the interest of Women and mild and steady changes are coming up in the Status of Women. Entering Work outside home is itself a great challenge for Indian Women born in a Patriarchal Society.To Break the Ceiling and entering the decision making positions would take strong determination from the part of Women, Change in attitude of Men to look them as secondary Workers, Change in the Socialization Pattern of Men and women in Society and a supportive atmosphere created at Family, Work and Women friendly Policies. Gender Diversity in Public Administation is the need of the Hour to bringforth Women's ideas and issues in Policy Formulation. Let's

look out for changes by creating more Educational,Employment& training opportunities for Women and providing enabling environment for Women in Society.

References

1. Basu,S.(2008).Gender Stereotypes in Corporate India:A Glimpse: New Delhi, India:Respose Books
2. Lateef,S (2014), "Where are the women leaders in public administration?",Asian Development Blog Retreived from http://blogs.adb.org/blog/where-are-women-leaders-public-administration (31-08-2016)
3. Ramachandran, R(2003)." Background Paper On Women In Public Sector Enterprises Including Banking & Insurance Sector", published in National Consultation on Women in Governance Organized by The National Commission for Women, New Delhi.
4. Statistics on Women in India, 2010 Published by National Institute of Public Co-Operation and Child Development, New Delhi. (P 347, 354)
5. Vijayalakshmi,S., & Jeryda Gnanajane Eljo, J.O(2014),"A Study on Role Conflict in Women",.. *Indian Journal of Current Research(Quarterly International Journal) Special Issue II*, *1*(3), 127–130.Issn : 2347 – 9213
6. The Times of India News Network,(2006).Mumbai,2 May.
7. The Global Gender Gap Report 2017
8. http://hdr.undp.org/en/content/why-has-gender-inequality-index-replaced-genderdevelopment- index-and-gender-empowerment
9. http://en.wikipedia.org/wiki/Gender_Inequality_Index
10. http://currentaffairs.gktoday.in/india-132nd-on-the-gender-inequality-index-indiaeven-behind-pakistan-0320135483.html

MENTAL HEALTH AMONG THE COLLEGE STUDENTS –A STUDY

K. ARUN KUMAR[1], P. GOWRI[2], M. KANNAN[3], A. SATHISH KUMAR[4], Dr. D NIRMALA[5] & SEMICHEN JOSEPH[6]
[1,2,3,4]I MSW Students, Dept. of Social Work, Bharathidasan University, Tiruchirappalli – 620 023
[5]Assistant Professor, Dept. of Social Work, Bharathidasan University, Tiruchirappalli – 620 023
[6]Ph.D Scholar, Dept. of Social Work, Bharathidasan University, Tiruchirappalli – 620 023

Received: November 20, 2018 Accepted: December 06, 2018

Introduction:
Mental health includes our emotional psychological and social well-being. It effects how we think, feel and act. It also helps to determine how we handle stress, relate to others and make choices. The World Health Organization defines mental health as 'a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make contribution to his or her community. This is a study conducted by the first year Master of Social Wok students for their group project component. The study was carriedout in a college at Tiruchirappalli. It is an attempt to study the level of mental health of the students.Researchershave suggested suitable strategies and measures for the welfare and better care of the students.

Significance of the study:
Mental health of student population can significantly impair their scholastic performance. The trainees tried to understand the level of mental health of college students. The specific knowledge acquired through this study will contribute to the existing body of knowledge and will be helpful for social work practitioners, psychologist, counsellors, medical practitioners, policy makers and general public.

Review of literature:
Deepa (2014)stated that mental health includes emotional, mental, and social well-being. Positive mental health improves the quality of life, educational achievement; relationship and psychological resilience. The present study attempts to determine the mental health of the tribal and non-tribal college students of Tripura. Further it aims to investigate the effect of gender upon mental health. It also aims to compare the mental health of tribal hostellian and non hostellians. The sample was randomly selected from three government degree colleges. The sample comprises of 190 subjects aged from 19-24 years. Among them 96 was tribal students (M=49, F=47) and 94 was non-tribal students (M=44, F=50). Mental Health Inventory (M.H.I) was used as an instrument for this research. The data were analysed by using t-test. Findings reveal significant differences between mental health of tribal and non-tribal college students, male and female college students, tribal hostellians and non hostellians. Results further reveal that, the college students from both the community possess poor mental health. The results of the present study can be used retrospectively for ensuring psychological intervention to improve the mental health of the college students
R. SaraswathiNandhini& K. Sathyamurthy (2015)noted that Adolescence (12 to 19 years) is a period from the onset of puberty to the age of maturity. It is a period of rapid physical and biological changes which may lead to confusion, tension, frustration, and feeling of insecurity. Adolescence is said to be a period of " stress and strain " , " storm and strife " because of restlessness and disturbances due to nature of development that takes place during the period. It is a period of transition where the changes in attitude and behaviour are most rapid. The major problem of adolescence is to develop an identity and to learn numerous social skills to become an adult. The stress of learning process during adolescence is more acute and repetitive. This study strives to predict the presence of a psychiatric disorder with good specificity and moderate sensitivity adolescents in schools and colleges at Chennai using Strength and Difficulty Questionnaire
K.Vivekanandan and K.Parthasarathy(2016) mentioned thatusage of social networking by college students has significantly increased and it has certainly farreaching impacts on the academic and other activities of the students. The present study was conducted to deal with the usage of social networking and how it affects the mental health of college students in Tiruchirappalli, Tamilnadu, India. Hence, this study is

mainly aimed at presenting usage pattern of social networking and the mental health among selected college students. For the said purpose a study has been conducted among 100 students in various colleges in Tiruchirappalli. The findings of this study revealed that there was a significant negative relationship between social networking and mental health among the respondents. The findings of the study will be useful in assisting educators, researchers, etc., to develop strategies to enhance student psychological well-being.

PaolaPedrelli (2015) Attending college can be a stressful time for many students. In addition to coping with academic pressure, some students have to deal with the stressful tasks of separation and individuation from their family of origin while some may have to attend to numerous work and family responsibilities. In this context, many college students experience the first onset of mental health and substance use problems or an exacerbation of their symptoms. Given the uniqueness of college students, there is a need to outline critical issues to consider when working with this population. In this commentary, first, the prevalence of psychiatric and substance use problems in college students and the significance of assessing age of onset of current psychopathology are described. Then, the concerning persistent nature of mental health problems among college students and its implications are summarized. Finally, important aspects of treatment to consider when treating college students with mental health problems are outlined, such as the importance of including parents in the treatment, communicating with other providers, and employing of technology to increase adherence.

Materials and methods:

The objectives of the study was a. to know the socio-demographic characteristics of the college students. b.to study the level of depression, anxiety and stress among the college students.c.to suggest suitable measures to reduce the depression, anxiety and stress among the college students.Descriptive research design was adopted.Universe of the study comprises of 120 students from BSW of UrumuDhanalakshmi College in kattur, Tiruchirappalli.The researchers choosed forty students by adopting simple random sampling method.A self prepared questionnaire was developed to collect personal data and to measure the level of mental health, mental health inventory developed by Jagdish and Srivastava (1983) was used.The reliability value of the scale is 0.75.

Pilot study and Pre test:

In the preliminary stage of the study, the researcher conducted pilot study in order to find out the possibilities of carrying out the study for 10 students.A pre-test was conducted to test the applicability of the tools of data collection under the study. The researcher visited Urumu Dhanalakshmi College, Tiruchirappalli. Based on pre-testing, few modification, deletion and additions were made in the questionnaire related to socio-demographic characteristics and general questions.

Analysis and interpretation:

TABLE-1
GENDER OF THE RESPONDENTS

s.no	Gender	Frequency	Percentage
1	Male	19	47.5
2	Female	21	52.5
	Total	40	100.0

The above table reveals that more than half [52.5%] of the respondents are females and less than half of the respondents [47.5%] are males.

TABLE-2
YEAR OF STUDY OF THE RESPONDENTS

s.n	Year of study	Frequency	Percentage
1	First year	34	85.0
2	Second year	6	15.0
	Total	40	100.0

The above table reveals that majority [85%] of the respondents are from first year and more than one tenth of the respondents [15%] are from second year.

TABLE-3
TYPE OF FAMILY OF THE RESPONDENTS

s.no	Types of family	Frequency	Percentage
1	Joint family	14	35.0
2	Nuclear family	26	65.0
	Total	40	100.0

TABLE -4
TYPE OF DAILY EXERCISES PRACTICED BY THE RESPONDENTS

S.No	Daily exercise	Frequency	Percentage
1	Yoga	4	10.0
2	Games	17	42.5
3	No	19	47.5
	Total	40	100.0

The table mentionsthat nearly half [47.5%] of the respondents are not doingany daily exercises, less than half [42.5%] of the respondents involve in games and [10%]one tenth of the respondents do yoga .

TABLE -5
TYPE OF PHYSICAL PROBLEMS OF THE RESPONDENTS

S.NO	Physical Problems	Frequency	Percentage
1	No problem	33	82.5
2	Eye	3	7.5
3	Headache	1	2.5
4	Stomach	3	7.5
	Total	40	100.0

The above table states that vast majority [82.5%] of the respondents are not facing any physical problem. 7.5% of the respondents have eye and stomach problem and 2.5% of the respondents have headache.

TABLE-6
PURPOSE OF SMARTPHONE USAGE OF THE RESPONDENTS

S.NO	Purpose of smartphone usage	Frequency	Percentage
1	Study	13	32.5
2	Chatting	6	15.0
3	Watching movie	8	20.0
4	NA	13	32.5
	Total	40	100.0

The above table states that nearly one third [32.5%] of the respondents use smartphone for study purpose. One fifth [20%] of the respondents use smartphone for watching movies, more than one tenth [15%] of the respondents use smartphone for chatting and nearly one third 32.5 % are not using mobile phone.

TABLE-7
DISTRIBUTION OF THE RESPONDENTS BY THEIR LEVEL OF MENTAL HEALTH

S.NO	Level of mental health	Frequency	Percent
1	Low	20	50.0
2	Moderate	18	45.0
3	High	2	5.0
	Total	40	100.0

The above table shows that half (50%) of respondents 'mental health was low and less than half (45%) have moderate level of mental health while very few (5%) of respondents have high level of mental health.

TABLE -8
GENDER WISE COMPARISON OF LEVEL OF MENTAL HEALTH

S.NO	Gender of the respondents	Level of mental health			Total
		Low	Moderate	High	
1	Boys	10	7	2	19
2	Girls	10	11	0	21
	Total	20	18	2	40

It is clear from the above cross table that compared to boys, girls mental health is low.

Major findings related to socio demographic characteristics of the respondents:

- Half of respondents level of mental health was low
- Nearly half (45%) has moderate level of mental health.
- Few (5%) of respondents had high level of mental health.
- More than half [52.5%] of the respondents are females
- Majority [85%] of the respondents are from first year
- Majority [65%] of the respondents are from nuclear family
- Nearly half [47.5%] of the respondents are not doing any daily exercise
- Vast majority [82.5%] of the respondents are not facing any physical problems in life
- 32.5% of the respondents are to use smartphone for study purposeand another32.5 % stated that they are not using mobile phone.

Social work interventions

The intervention techniques such as psychotherapy, individual therapy, family therapy and crisis intervention will be beneficial to the students with low level of mental health.
Individual and group counselling rendered to the students with low and moderate level of mental health .
Training on coping strategies is provided in order to assist the students to attain positive mental health.
Personality development / life skills trainings can begiven.

conclusion

The present descriptive study on mental health of college students was taken with a view to understand the socio-demographic profile and overall mental health of the respondents. It was found that almost half of the Students are at low level of mental health.

References

1. Fares J et al. World development report 2007: development and the next generation. Washington, D.C., The World Bank, 2006.
2. IRACST- International Journal of Research in Management & Technology (IJRMT), ISSN: 2249-9563 Vol.6, No.1, Jan-Feb 2016-Influence of social networking and mental health of students in higher education
3. International Journal of Social Science & Interdisciplinary Research- ISSN 2277-3630 IJSSIR, Vol. 3 (12), December (2014), pp. 108-119-Mental health of the college students with respect to gender, community and domicile
4. Lim SS et al. A comparative risk assessment of burden of disease and injury attributable to 67 risk factors and risk factor clusters in 21 regions, 1990–2010: a systematic analysis for the Global Burden of Disease Study 2010. The Lancet, 2012, 380:2224–2260.
5. NoveA et al. Maternal mortality in adolescents compared with women of other ages: evidence from 144 countries. The Lancet, 2014, 2(3):e155-e164.
6. Patton GC et al. Global patterns of mortality in young people: a systematic analysis of population health data. The Lancet, 2009, 374: 881–892.
7. The global burden of disease: 2004 update. Geneva, World Health Organization, 2008. (http://www.who.int/healthinfo/global_burden_disease/GBD_report_2004update_full. pdf?ua=1, accessed 6 February 2014). Gore FM et al. Global burden of disease in young people aged 10-24 years: a systematic analysis. The Lancet, 2011, 377:2093–2102.

8. Rosen JE. Adolescent health and development (AHD): a resource guide for World Bank operations staff and government counterparts. Washington, D.C., The World Bank, 2004.
9. United Nations General Assembly. Convention on the rights of the child, Treaty Series, 1577:3. New York, United Nations, 1989.
10. http://www.sde.ct.gov/sde/lib/sde/PDF/DEPS/Special/counseling.pdf
11. https://www.researchgate.net/publication/306478371_Mental_Health_status_of_Adolescents_in_Madurai_and_Chennai_urban_cities_of_Tamil_Nadu_-A_comparative_study

Nutrition Knowledge, Attitude and Practices of Irular Population at Tiruvallur District of Tamil Nadu -India

R.VIJAYA PRABHA[1], Dr. D.NIRMAL[2] & A. ZUNATHA BANU[3]
[1]Technical Assistant, ICMR-NIE, Chennai – 77
[2]Assistant Professor, Department of Social Work, Bharathidasan University, Tiruchirappalli – 23
[3]Social Scientist, Dept of Preventive and Social Medicine, JIPMER, Puducherry – 6

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *India has one of the largest tribal concentrations in the world. India's poor tribal people have far worse health indicators than the general population. Most tribal people live in remote rural hamlets in hilly, forested or desert areas where illiteracy, trying physical environments, malnutrition, inadequate access to potable water, and lack of personal hygiene and sanitation make them more vulnerable to disease. Irulas are a scheduled tribe of India. Irulas are present in various parts of India, but are mainly located in the Thiruvallur district of Tamil Nadu. Their population in this region is estimated to be between 1000 to 2000.*

Objective: *To study the nutrition knowledge, attitude and practices of Irular population.*

Design: *Descriptive research built on primary data.*

Setting: *Interview method to interview the reproductive age group women.*

Results: *Through study knowledge, attitude and practices of Irular population from the percentage value it was observed that knowledge on nutrient rich food intake during pregnancy ,varieties of cereals and millets and pulses consumption is more than 80% and the knowledge on fiber rich food items , vitamin and minerals rich vegetables and fruits are moderate that is 50-60 % whereas there is poor knowledge on balanced diet , vitamin A, and use of varieties of oil which is only thirty percentage and also the knowledge about deficiency disorders observed to be low. When the comparison was made with nutritional knowledge and educational status it was observed that significant difference was observed p>than 0.005.*

Conclusion: *The result helps the researcher to identify knowledge gap, plan nutrition education to improve the knowledge, recommend ideal food which is locally available and to create awareness on healthy food intake in different physiological status*

Introduction

According to 2011 census, tribal population in India was 104.5 million. Tribal population in Tamil Nadu was around 72 million. Studies pointed out that tribal areas encompass around 15 percent of the geographical area[1] India has one of the largest tribal concentrations in the world. India's poor tribal people have far worse health indicators than the general population. Most tribal people live in remote rural hamlets in hilly, forested or desert areas where illiteracy, trying physical environments, malnutrition, inadequate access to potable water, and lack of personal hygiene and sanitation make them more vulnerable to disease. Irulas are a scheduled tribe of India. Irulas are present in various parts of India, but are mainly located in the Thiruvallur district of Tamil Nadu. Their population in this region is estimated to be between 1000 to 2000. [2].The World Health Organization has stated that nutrition is an input to and foundation for health and development. Proper nutrition intake makes people stronger and more productive [3]. Healthy eating habits lead to a stronger immune system, less illness, and better health. Proper and healthy nutrition is a key to a better quality of life [4-8]. Poor infant feeding and weaning practices [7,9,10] (food shortages and imbalances) can lead to stunted growth, delayed motor and mental development, immune incompetence, frequent attacks of Diarrhoeal disease, macro- and micronutrient deficiencies and, most importantly, interference with the realization of full human potential .According to UNICEF/WHO/World Bank Group joint child malnutrition estimate stunting affects an estimated 22.2% and wasting threaten the life of estimated 7.5% of the under 5 children globally and more than half of all wasted under-5 children lived in south Asia 15.9% [15]. Nearly every third children in India is undernourished and underweight and 21% of children under-five years are wasted as per NFHS-4 [16]. Among the undernourished children in India, 8.1 million children were estimated to suffer from severe acute malnutrition (SAM), i.e. severe wasting according to WHO growth standards [15]. The disease burden attributable to stunting and severe wasting is one of the highest in south central Asia, where India alone had 0.6 million deaths and 24.6 million DALYs (disability adjusted life years) attributable to these conditions, [18] so there is an urgency to preventing and/or treating SAM or undernourished children

Objective:

a. To study the nutrition knowledge, attitude and practices of Irular population.
b. To study the socio economic status and health care utilization of Irular tribe.

Material Methods

This survey was a cross-sectional study conducted between December 2018 on 72women in ramakrishnapuram village. Many Irular people live in the village.

Research Tool

An interview schedule was developed after the discussion with the women about the knowledge ,attitude and practice about nutrition, food fad and beliefs were also studied through qualitative methods. The interview schedule consists of the question related to socio Economic status, infrastructure facility of the household, integrated child development scheme and its uses, nutrition knowledge and practices, physical activity, T.V. Viewing habits. After completion of the pilot study question were modified in the necessary areas. Then main study was completed (N=72) in the selected ramakrishnapuram villages under5 years age group children" s mothers were included in this study.

Results

Socio-Economic Details of the Respondents

These can be interpreted that the mean income of the respondents is 72 and the mean age was 31. And 97.4% respondents were Hindus and 2.2% were Christians and 0.4% was no Muslims only irulars are in the village . The educational status of women respondents 7% were educated were others are illiterate. On the other hand 30.8% male were educated up to middle school, 2.2% up to higher secondary and 1% got higher education and 33% were illiterate.

In terms of occupational status of the women respondents 44.5% were housewife, 19.7% were daily wage earners, 4.7% were involved in agriculture activities, 21.3% were involved in other work and 9.8% were involved in other occupations. Among male 40.4% were daily wage earners, 29.1% were involved in agriculture activities, 12.8% in others and 10.2 % and 14.9 in other activities whereas 2.6% were unemployed.

Housing Infrastructure Availability

Out of the respondents 91.9% were living in katcha houses and 9.1% were in Pucca houses. And 89.4% had kitchen outside the house and 10.6% had kitchen inside the house. In case of cooking fuel use 83% were using LPG and 5% were using other source of fuel and 60.9% had electricity in their houses others are using kerosene lamp. Also 9% had toilet facility in their household and 91% were using open defecation.

ICDS Service Utilization

Out of the selected respondents 86.8% had registered in ICDS and rest 13.2% had not registered in ICDS. 87.1% were using ICDS for immunization service and rest 12.9% were not using the services. In case of supplementary food 79% were availing supplementary food from ICDS for their children and 78.5% of the respondent's children were availing mid-day meal. One of the routine activities in ICDS being used the service of anthropometric measurement of children (84.1%) even pregnant women too using this services and the respondents and their children. 22.6% had availed nutrition education on ante-natal and child care from ICDS but 77.4% not received nutrition education which is of great importance to manage the healthy cooking practices.

Health Care Facility Usage

District Headquarters hospital that consists of all health infrastructure facilities is located at Tirutanni Town, 81.3% seems to have being using PHC which could be due to the nearness of PHC and only severe cases being referred by the PHC MO to the District Headquarters hospital. Also, for general illnesses like fever, cold, diarrhoea and skin disease the respondents prefer to use Government hospital services rather than private hospital.

Knowledge on Infant and Child Feeding Practices

Among the respondents 82.2% of the were having knowledge on initiation of colostrum within one hour of child birth. 64.5% of mothers were aware about the harmfulness of pre-lacteal feed and 21.6% were not aware and 13.9% did not even know about this. 87.5% were aware about feeding colostrum for the baby immediately after birth and 78.4% of mothers had the knowledge about the immunity that the baby will

gain from colostrum. Also 73.6% on the respondents had knowledge on exclusive breast feeding and 26% were not aware.

Nutrition Knowledge among the respondents

Nutrition knowledge is essential in healthy food consumption practices of the population in this study 89.8% of the respondents had the knowledge on extra nutrition intake during pregnancy and 87.2% had knowledge on varieties of pulses intake during pregnancy. Even though 86.8% respondents knew the importance of non-vegetarian diet during pregnancy 23.8% considered it to be not necessary. Likewise, the 84.3% of the women were aware about variety of food intake during pregnancy. In terms of knowledge on vitamin rich food intake 49.8% did not consider intake of vitamin rich food during pregnancy and only 31.5% were aware of this knowledge. 81.3% of the respondents were aware of the importance of cereal and small millet intake and 75.7% knew that cereals and millets are rich energy sources but 23.4% were unaware of this knowledge. 60.9% respondents knew millets and legumes are rich in fibre while 35.7% were unaware. 69.8% knew pulses are rich in protein and 29.3% were did not have this knowledge. 79.2% respondents knew that GLV is rich in iron while 20.4% were unaware and 64.3% had knowledge on vegetables and fruits being rich source of vitamins and minerals but 35.3% were unaware and around 57% knew vitamins and minerals provide immunity. Knowledge on variety of oil use was poor among the respondents i.e. only 32.8% knew its importance 39.1% considered using single oil is good and 28.1% were unaware of this knowledge. And even 66.4% did not consider vitamin A rich food to be good for eye vision and 62.6% did not know the importance of calcium in bone health and 67.7% respondents were unaware of balanced diet for child growth. As well 79.5% were does not understand the concept of balanced diet and the different food group involved in that.

Conclusion

This empirical data it can be concluded mainly on the personal hygiene infrastructure at house hold level observed to be in a lower economic status, similarly the use of ICDS(integrated child development scheme) services at the villages has been providing knowledge on health , immunization , supplementary feeding , measuring the nutritional status of the child and the mother , provide the midday meal to the children , were covered efficiently, whereas on nutrition knowledge information only 22% of them were receiving the related information which need more attention and plan to improve the overall health status of the population , likewise using the primary health care more than 81%of the respondents are unknown .when we measure the child feeding practices, they have sound knowledge, whereas on nutrition knowledge they were poor in some portion , one is about vitamin and minerals and the another is on using of varieties of is good or not, importance of calcium and mainly the concept of balanced diet only 31% of them given correct answer. and also in cooking oil usage 55 % were using only one oil instead of varieties of oil and 71% using iodised salt. It was reported on the physical activity that 98.7% doing the household work on their own and time spent more than 4 hours a day 21.5 % and women involved in agriculture work was 27.2%..This study results indicates that women need additional knowledge on balanced diet, vitamin and minerals, importance of calcium and varieties of oil to manage the good health suitable educational strategies should be planned according to local availability of food item and food practices of the population .

REFERENCE

1. K. Balamurali and N. Prathiba, "Assessment of Socio-Educational status of Irula Tribe school Students in Coimbatore, Tamil Nadu," The International Journal of Indian Psychology, vol. 4, no. 82, Dec. 2016
2. https://en.wikipedia.org/wiki/Irula_people
3. Diet, nutrition and the prevention of chronic diseases: report of a joint WHO/FAO expert consultation, 2003.
4. Kamran A, Azad bakht L, Sharifirad G, Mahaki B, Sharghi A. Sodium intake, dietary knowledge, and illness perceptions of controlled and uncontrolled rural hypertensive patients. *Int J Hypertens* 2014;2014:245480.
5. Bano R AE, Fatima SB, Al-Shammari NA. A comparative study of Knowledge, Attitude, Practice of nutrition and non-nutrition student towards a balanced diet in Hail University. *IOSR Journal of Nursing and Health Science* 2013;2:29-36.
6. Alaunyte I, Perry JL, Aubrey T. Nutritional knowledge and eating habits of professional rugby league players: does knowledge translate into practice? *J Int Soc Sports Nutr* 2015; 12:18.
7. Naeeni MM, Jafari S, Fouladgar M, et al. Nutritional Knowledge, Practice, and Dietary Habits among school Children and Adolescents. *Int J Prev Med* 2014;5:171-178.
8. Bonaccio M, Di Castelnuovo A, Costanzo S, et al, Moli-sani Project I. Nutrition knowledge is associated with higher adherence to Mediterranean diet and lower prevalence of obesity. Results from the Moli-sani study. Appetite 2013;68:139-146.
9. Patel DN, Pettifor JM. Malnutrition in South Africa. S. Afr. J.Food Sci. Nutr. 1992; 4(2): 22–3.2

10. Ocloo E. Chronic undernutrition and the young. Proc. Nutr.Soc. 1993; 52: 11–7.
11. Steyn NP, Badenhorst CJ, Nel JH, Ladzani R. Breastfeeding and weaning practices of Pedi mothers and the dietary intakes of their preschool children. S. Afr. J. Food Sci. Nutr.1993; 5(1): 10–3.
12. Ng'andu NH, Watts TEE. Child growth and duration of breastfeeding in urban Zambia. J. Epidemiol. Community Health 1990; 44: 281–5.
13. Kibel MA, Wagstaff LA, eds. Child Health for All. A Manual for Southern Africa, 2nd ed. Cape Town: Oxford University Press, 1995.
14. Hendricks KM, Badruddin SH. Weaning recommendations: the scientific basis. Nutr. Rev. 1992; 50(5): 125–33.
15. LEVELS AND TRENDS IN CHILD MALNUTRITION, Unicef/WHO/World Bank group joint child malnutrition. Estimates key findings of the 2018 edition, site view and accessed on 03/10/2018, https://data.unicef.org/resources/jme/
16. National Family Health Survey-4(NFHS-4)-2015-2016,Siteview on 04/10/2018 http://rchiips.org/nfhs/NFHS-4Reports/India.pdf
17. Sachdev HPS, Kapil U, Vir S. Consensus statement: national consensus workshop on management of SAM children through medical nutrition therapy. Indian Pediatr 2010; 47:661e5
18. Kapil U, Sachdev HPS. Management of children with severe acute malnutrition: a national priority. Indian Pediatr 2010;47:651e3.

PROFESSIONAL CHALLENGES FACED BY SCHOOL COUNSELLORS IN KERALA

Semichan Joseph[1] & Dr. D NIRMALA[2]
[1]Ph.D Scholar,Dept. of Social Work, Bharathidasan University, Tiruchirappalli – 620 023
[2]Assistant Professor, Dept. of Social Work, Bharathidasan University, Tiruchirappalli – 620 023

Received: November 20, 2018 Accepted: December 06, 2018

INTRODUCTION

Student counsellor is an essential part of any school management team in the changing scenario. They are acting as promoters of positive change in the life of students. They provide guidance of both their personal and school life. Counsellors make regular assessments of the students' performance and improvement. This allows them to measure their individual necessities. High school counsellors are often accessing with students regarding their future career path. So their role is a vital part of influential the individuality of the children. Job duties vary depending on the education level they are in. Generally, they are student advocates. A counsellor will give details and information about their individual skills and academic performances. They develop programs to educate students on the risks and health hazards of substance abuse. Apart from creating a foreground to a student's future career, a counsellor is their guide to making sound decisions in their academic, social and individual lives. The state of Kerala has been going through a series of educational reforms over the last decade with a view to make student life more comfortable. As part of these initiatives government of Kerala introduced school counsellors to the educational system. When guidance and counselling is conceptualized, organized, and implemented as a program, it places school counsellors conceptually and structurally in the centre of education and makes it possible for them to be active and involved. As a result, guidance and counselling becomes an integral and transformative program, not a marginal and supplemental activity. In order to full fill these expectations counsellors need to address certain challenges as well. This study will try to explore the professional challenges faced by the school counsellors in Kerala context

REVIEW OF LITERATURE

Bain (2012), studied about the current issues of school counsellors in America, stated that school counsellors face problems related to job descriptions, mental health issues, families and communities, student success, leadership and issues in technology and so on.

Anagbogu .etal (2013) in their study of professional challengers faced by primary school counsellors in Nigeria, found that lack of a counselling clinic, lack of computer for data storage, unavailability of internet facilities, lack of equipment like tape recorder, low counsellor- client ratio, lack of dedicated time for counselling in the school time table were the topmost problems faced by the school counsellors.

Arowolo (2013) found out that secondary school counsellors in Nigeria face the following problems: wrong ideas about counselling by principals and other members of staff, assigning counsellors to duties other than counselling, lack of counselling office, lack of funds to purchase materials for counselling and non-exposure to in service training.

Agrawal (2015) stated that psychologists (including counsellors) face several challengers like poor salaries, lack of job opportunities, lack of licensing, lack of awareness about psychological issues and so on.

Maxim Pereira and Surya Rekha (2017) in their study they discussed about the various problems, difficulties and challenges of counselling professionals in India.Lack of awareness of counselling among people, inadequate pay, job insecurity, absence of a professional body to regulate counselling, lack of network of counsellors and mental health professionals for seeking supervision and consultation are the major findings .

METHODOLOGY

Objective of the study

To study the professional challenges faced by the school counsellors of Kerala.

Research Design

Qualitative exploratory design was used to explore the professional problems experienced by the school counsellors.

Measures

Data was collected through focus group discussion through the support of Focus Group Discussion guide, prepared based on the extensive review of literature. Five school counsellors from south, centre and north has been selected purposefully (N15). In order to get the state level picture of the phenomena.

FINDING OF THE STUDY

The following are the major finding of the study. For the easy understanding the results were presented in different sub headings.

Findings related to school environment

Lack of support from the school authorities

Many teachers were not aware about counselling and its value

Demand by institutions and high expectations is another challenge whereby sometimes management expects too much from counsellors and set unrealistic goals

In some schools, authorities are forcing the counsellors to do activities other than counselling

In some schools students were sent for counselling as a way of disciplinary measure.

Inadequate facilities for counselling department

Findings related to training and development

Lack of on the job training

Practical training was not sufficient during postgraduate studies

Findings related to Pay and salary

School counsellors are under paid

Compared to their teacher colleagues they don't have many other benefits

Findings related to Counselling process

Inappropriate student counsellor ratio in some schools

Time factor is an important challenge faced by the school counsellors.

RECOMMENDATIONS

Based on the above suggestions ,the study proposed the following recommendations ;

1. Stakeholders such as teachers, parents and students should be educated on counselling and its process.
2. There should be a counselling room which should provide privacy, comfort, security and reasonably good furniture; if possible the room should be sound proof to guarantee privacy of information.
3. The set-up of counselling room should be different from that of the classroom or teachers offices. A security locked side board can be part of the furniture for keeping the client's case records.
4. A student should not be sent for counselling as a way of disciplinary measure. Instead all students' disciplinary cases should be dealt with separately. Follow ups in counselling can be done after disciplinary measures have been implemented. Counselling is not an alternative of disciplinary, it is for preventive purpose.
5. It is recommended that a school counsellor does not spend more than 20 hours per week in one on one counselling sessions.

CONCLUSION

This study gives a cross-sectional view of the problems faced by counsellors in schools. It also emphasizes the point that society need to be more responsive of what counselling is, the necessity to seek counselling, that there should be a national level body to lay down guidelines about the training and practice of counselling to administrate the counselling practice.Future studies can also be intended at designing interventions to address the difficulties faced by counsellors.

REFERENCE

1. Agrawal, G. (2015). Psychology in India: A career with uncertain opportunities. Online Journal of Multidisciplinary Research, 1(2), 1-7, www.ojmr.in.
2. Anagbogu, M. A., Nwokolo, C. N., Anyamene, A. N., Anyachebelu, F. E. &Umezulike R. Q. (2013). Professional challenges to counselling practice in primary schools in AnambraState, Nigeria: The way forward, International Journal of Psychology and Counselling. 5(5), 97-103, www.academicjournals.org.
3. Arowolo, D.O. (2013). Counsellors' perception of problems facing guidance and counselling services in Nigerian schools. Journal of Education and Practice 4(24), 115-118. http://iiste.org.

4. Bain, S. (2012). School counsellors: a review of contemporary issues. Research in Higher Education Journal. 18. 1-7, http://www.aabri.com.
5. Pereira, M. &Rekha, S. (2017). Problems, difficulties and challenges faced by counsellors. International Journal of Indian Psychology, Volume 4, (3), DIP:18.01.127/20170403, DOI:10.25215/0403.127
6. MasoumehAlavi et al. (2012) the challenges of high school counselors in work place. Procedia - Social and Behavioural Sciences 46 4786 – 4792
7. https://www.kenyaplex.com/resources/6242-challenges-you-may-encounter-as-a-teacher-counselor.aspx

IMPORTANCE OF LIFE SKILLS IN DEVELOPMENT OF SELF ESTEEM, ADJUSTMENT AND ACHIEVEMENT AMONG SECONDARY SCHOOL STUDENTS

Bridget[1] & S.Suganya[2]
[1]Asst.Professor, Dept.of Psychology, Holy Cross College (Autonomous), Trichy-2
[2] Asst.Professor, Dept.of Psychology, Holy Cross College (Autonomous), Trichy-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *A life skill is important component for individual development. There are ten core life skills: decision making skill, problem solving, assertiveness, creative thinking, critical thinking, effective communication, interpersonal relationship skill, self-awareness, empathy& coping. Self esteem is certainty in one's own competence. Adjustment is any kind of alteration made to meet the demands positively and obtain a positive outcome. Achievement is attainment of desired goal with an individual skill, effort or ability. These three components are important part of life skill that helps individuals to meet the demands of everyday life effectively. Adolescents are a transition period that brings lot of physical, social, emotional and cognitive changes in a person. Hence there is a need for life skill training for adolescents well being, self esteem, adjustment, achievement and social relationship.*

Keywords: *life skills, self esteem, adjustment, achievement and adolescents*

Background

Adolescence is the period from the beginning of sexual maturity to completion of physical growth, which is also a period of disturbance and interruption of peaceful growth (Stanley Hall, 1904). During this period biological, psychological and social factors influence the development. Hence, adolescents face many psychological problems like conflict with parents, substance abuse, violence, risky behaviour. These issues have to be resolved, while failing in this will result in role confusion, distorted thinking, irrational belief system, negative identity, low self-esteem, and disinterest in activities. In turn serious havoc on their well-being, mental health, adjustment will be on the rise. Psychosocial competence supports health in terms of physical, social and mental well-being. Advancement in psychosocial competence enhances the person's coping resources, and personal and social competencies. This can be taught through life skills in schools for children and adolescents. The present situation of adolescents clearly shows that the condition of our youth has significantly worsened. Recent studies show that "there was a substantial elevating growth in the problems faced by the adolescents for example, increased emotional disturbances, sexual commotion in schools"(WHO, 2001).

Life Skills

UNICEF defines life skills as "a behaviour change/behaviour development approach designed to address, balance of three areas knowledge, attitude and skills." Psychosocial competence is to deal effectively with the demands and challenges of everyday life. It influences mental health thus enhancing their physical, emotional, social well-being. Adolescents are under severe stress and strain in the present technology world hence to promote psychosocial competence in them they need to be given life-skills intervention to enhance personal competencies. There are innumerable life skills but core set of life skills include Decision making skill- It leads to deal constructively with making decisions about life. Problem solving- helps to deal constructively with the problems in life as unresolved problems can lead to stress. Creative thinking directs the individual to think on various alternatives for problems either implemented upon or not. This skill also helps to be flexible in everyday life. Critical thinking helps to analyze information in objectively. Effective communication is appropriately expressing oneself verbally and non-verbally according to their culture. Interpersonal relationship skill is relating in a positive way with others which leads to good social relationship. Self-awareness includes our recognition of ourselves, of our character, of our strengths and weaknesses, desires and dislikes. It helps in effective communication and interpersonal relations. Empathy is an ability to understand others in their life circumstances. Coping with emotions helps to recognize emotions in ourselves and others, being aware of how emotions influence behaviour, and to respond to emotions appropriately and Coping with stress is recognising the sources of stress in our lives, its impact and control of stress.

The goal of life skills is to provide individuals with appropriate knowledge on risk taking behaviors and improve skills such as communication, assertiveness, self-awareness, decision-making, problem solving, critical and creative thinking to protect them from abuse and exploitation (UNICEF, 2015). Life skills programs are conducted with a focus on specific life skills, depending on the setting. A major component of life skills is self esteem which influences adolescent's well-being, achievement, interpersonal relations, thinking skills and creativity. Life skills are very much suited for adolescents because they help in expressing conflicting emotions. Life skills are vital because they help prepare for their puberty and adolescent stage.

Self-esteem

Self-esteem refers to an "overall evaluation about oneself" (Rosenberg, 1965). It is "a person's overall sense of his or her value or worth. It can be considered a sort of measure of how much a person values, approves of, appreciates, prizes or likes him or herself" (Adler & Stewart, 2004).According to self-esteem expert Morris Rosenberg, self-esteem is quite simply one's attitude toward oneself (1965). He described it as a "favourable or unfavourable attitude toward the self". Self-efficacy refers to the belief in one's ability to succeed at certain tasks (Neil, 2005). High self-esteem leads to career maturity and career development (Migunde Quinter, Othuon Lucas, Catherine 2016).Self esteem is both a direct and a moderator variable for young people's self reported happiness. It is also associated with life satisfaction (Parmar,2014).

Adjustment

Adjustment can be defined as a process of modifying one's behavior to reach a harmonious relationship with their environment. This is typically a response brought about by some type of change that has taken place. The stress of this change causes one to try to reach a new type of balance or homeostasis between the individual and the environment. Adjustment can be understood as both process and the outcome of the process in the form of some achievements. When a poor child studies in the corner of a playground because at home he has no proper place to study, he is said to be in the process of adjustment. As a result of that adjustment he achieves good grades in examination.

Adjustment may be defined as a process of altering behavior to reach a harmonious relationship with the environment. The term "adjustment period" typically means a process of change and searching for some level of balance or acceptance with the environment. According to James Drever adjustment is the modification to compensate for or meet special condition. Adjustment is the process by which living organism maintains a balance between his needs and the circumstances that influence the satisfactions of these needs (Shaffer). In the words of Coleman, James C., "Adjustment is the outcome of the individual's attempts to deal with the stress and meet his needs: also his efforts to maintain harmonious relationships with the environment. Carter V Good describes "adjustment is the process of finding and adopting modes of behavior suitable to the environment or the change in the environment". In general, the adjustment process involves four parts: (1) a need or motive in the form of a strong persistent stimulus (2) the thwarting or non-fulfillment of this need (3) varied activity, or exploratory behaviour accompanied by problem solving, and (4) some response that removes or at least reduces the initiating stimulus and completes the adjustment. Marcial Mameta on Prezi defines adjustment mechanisms as "any habitual method of overcoming blocks, reaching goals, satisfying motives, relieving frustrations and maintains equilibrium". Adjustment mechanism is a device by which an individual reduces his tensions or anxiety in order to adjust himself properly with the environment.

Achievement

Individual's need to meet realistic goals, receive feedback and experience a sense of accomplishment is achievement motivation. (David McClelland). The key to achievement is to set goals, short, medium and long term objectives. Goals need to be measurable, achievable and challenging enough to keep engaged, but not too difficult that they are not achievable. Hence to bring confidence and positive values life skills are needed. Life skills education always merges with science education to support 21st century skills (National Science Teachers Association 2004). Life skills education prepares the learners for developing their own skills and practical knowledge to sustain their academic achievement. Life skills are the essential need to transform the learners' knowledge across the boundary.

Discussion:

Above the results witnessed that life skills training had a greater influence on school students. Self-

esteem is considered to be one of the gateways for self-confidence, ability to adjust problem and goal achievement. Under the life skills training there are ten life skills planned by WHO. The ten core life skills are Self-awareness, Empathy, Critical thinking, Creative thinking, Decision making, Problem solving, Effective communication, Interpersonal relationship, Coping with stress and Coping with emotion. Individuals who are good in our domain of life skills would tend to succeed in different aspect of life such as Academic, Career, Interpersonal relationship between oneself, family and society. A relevant and proper execution of life skills education is a need of the hour for present society. Instructing life skills education to the students should be mandatory as it specifically addresses the needs of children which helps in motivating, providing practical, cognitive, emotional, and social skills for life adjustments. The research undertaken by Muthulakshmi (2016) revealed that the students who were in experimental group have scored higher level of achievement in academic achievement than the students who were in control group which agreed with the result of Balasundari and Benjamin (2014) who found that "the students who had received life skills and Academic training had significantly higher scores in life skills and academic achievement.

In a life skills intervention study by Arti & Radhakrishnan (2016) found that "life skills program promotes mental health, the study recommended for life skills intervention to enhance mental health of adolescent school students. Another study indicated that life skills training showed a positive impact on self-esteem, adjustment and empathy.

This study by Pooja & Naved (2009) based on the result study recommended for life skills training for promoting mental health of adolescent students. Life Skills Training improved self-esteem and anger control among adolescent students. Life skills training program improved mental health of secondary students. The study emphasized strongly for training in life skills to improve mental health. According to Errecart et al.,(1991) and Caplan et al., (1992) life skills education proves to be an effective approach in primary prevention education, as its more interactive, it uses problem solving approach and is activity based. Hence it is understood from the previous studies that to provide a proper life skills training to the individuals at school level will enhance the development of self-esteem, academic achievement and personal social adjustment.

Conclusion

The present article shows that life skills training are needed for adolescents which includes various activities which makes active learning, enthusiastic participation and meta cognitive ability among the learners for their academic performance and achievement. Life skills and academic achievement are interdependent and inter-related. Hence it is necessary to make possible changes in the curriculum and teaching and learning methodology to bring holistic achievement among the learners. Efforts should be made to enable the education of learner in a more inclusive manner by providing the right content on life skills Education through the most sustainable usage of strategies for the teenage group. This in turn makes our young minds to act in par with the demands of the society. Hence, it is conclude that there is a vital need for life skills training among adolescents at student level which help them to develop positive self-esteem, self-image, decision making and problem solving skills and social adaptation.

References:

1. Aarti Bardhan, (2016) Life Skills Education: A Strategy for Handling Adolescents' Risk Behavior, IOSR *Journal Of Humanities And Social Science* (IOSR-JHSS) Volume 21, Issue 7, Ver. V PP 92-99.
2. Amiria K. (2012) Effect of life skills education on academic achievement of first year high school male students, *European Psychiatry*.; 27(1):834.
3. Anuradha.K, (2014). Assessment of life skills among adolescents, *International journal of scientific research* Vol: 3 | Issue: 2 | ISSN No 2277 – 8179
4. Balasundari KR, Benjamin., (2014). Correlation of Life Skills and Academic Achievement of High School Students, *Indian Journal of Applied research*.; 4(4):147-148.
5. Bardhan Aarti, (2016) Life skills education: A strategy for handling adolescent risk behaviour, *IOSR Journal of Humanities and Social Science* ,Vol. 21, Issue 7, Ver. V,PP 92-99.
6. Chaudhary, S., & Mehta, B. (2012). Life Skills Education for the Economically Backward Adolescent Boys and Girls: An Intervention Programme. *International Journal of Social Sciences*, *1*(5), 63-73.
7. Errecart, M.T., Walberg, H.J., Ross, J.G., Gold, R.S., Fiedler, J.L., & Kolbe, L.J. (1991).
8. Effectiveness of teenage health teaching modules. *Journal of School Health*, 61, PP 26– 30.
9. National Science Teachers Association (NSTA).(2004) NSTA Position Statement: Scientific Inquiry.

10. Muthulakshmi R, Alma Juliet Pamela.,(2016) Life skills in relation to achievement in genetics among eleventh standard students, *International Journal of Applied Research*; 2(9): 103-106.
11. Parmar SD (2014) Gender and economic status effect on self-esteem among college students.
12. *The International Journal of Indian Psychology* 2(1): 168-172.
13. Quinter Migunde, Lucas Othuon and Catherine Mbagaya (2016), Adolescents self esteem and its effect on career development,*International Journal of Vocational and Technical Education* Research Vol.2, No.2, pp.36-44.
14. *Review of the life programme: Maldives skills education*.WHO, 1993WHO. (1993). *Life skills education in schools. WHO/MNH/PSF/93.7A.Rev.2*.
15. Savoji, A. P., & Ganji, K. (2013). Increasing mental health of university students through Life Skills Training (LST). *Procedia- Social and Behavioral Sciences*, *84*, 1255-1259.
16. Sreehari.R, Nair Radhakrishnan, (2015). Measuring life skills of school going adolescents, *Global journal of research analysis* Volume-4, Issue-7, July-2015 • ISSN No 2277 – 8160
17. Vatankhah, H., Daryabari, D., Ghadami, V., & KhanjanShoeibi, E. (2014). Teaching how life skills (anger control) affect the happiness and self-esteem of Tonekabon female students. *Procedia-Social and Behavioral Sciences*, *116*, 123-126.
18. Yadav Pooja, Iqbal Naved, (2009). Impact of Life Skill Training on Self-esteem, Adjustment and Empathy among Adolescents, *Journal of the Indian Academy of Applied Psychology*October .Vol. 35, Special Issue, 61-70.
19. Robinson, N. M., King, R. A., & Morgan, C. T. (1979). *Introduction to psychology*.
20. McGraw-Hill.
21. https://www.unicef.org/adolescence/files/SOWC_2011_Main_Report_EN_02092011.pdf
22. http://www.orientamentoirreer.it/sites/default/files/materiali/1994%20OMS%20lifeskills%20edizione%201994.pdf
23. Retrieved from https://research-education-edu.blogspot.com/2012/04/adjustment.html
24. Retrieved from https://www.alleydog.com/glossary/definition.php?term=Achievement+Motivation
25. Retrieved from https://hivhealthclearinghouse.unesco.org/library/documents/review-life-skills-education-programme-maldives
26. Retrieved from https://positivepsychologyprogram.com/self-esteem/
27. Retrieved from https://www.britannica.com/science/adjustment-psychology

Maternal Mental Health

Dr.S.Sasikala
Assistant Professor, Department of Social Work,
Srimad Andavan Arts and Science College(Autonomous), Trichy

Received: November 20, 2018 Accepted: December 06, 2018

Introduction

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity(WHO) which clearly showsthe psycho social aspects of health. Health is an important factor in determining the well being and growth of a country.

In any community, mothers and children constitute a priority group. They not only constitute a large group,but they are also a 'Vulnerable" or risk group. Women's health in India is an issue that needs attention since they face many health issues**.**They lack maternal health, victims for the diseases like AIDS, breast cancer, domestic violence and many more.They give birth to low birth weight babies, malnourished infants and less likely to provide adequate food and care to their children.

The period of pregnancy may be a serious problem for many women.They experience dramatic physical changes and delivering a baby is assumed as a second birth for the mother. During such circumstances they needmore care and support from family and society in terms of medical as well as psychological.

From 1990 to 2015, the global maternal mortality ratio declined by 44 per cent – from 385 deaths to 216 deaths per 100,000 live births, according to UN inter-agency estimates. Maternal mortality refers to deaths due to complications from pregnancy or childbirth.The WHO has commended India's progress in reducing the maternal mortality ratio (MMR) by 77 per cent, from 556 per 1,00,000 live births in 1990 to 130 per 1,00,000 live births in 2016. It said this progress puts the country on track towards achieving the Sustainable Development Goal (SDG) target of an MMR below 70 by 2030 (The Indian Express,2018).Various initiatives were taken by the Government to improve the health status of women especially reproductive health of the women for which facilities have been strengthened through Primary health care system.

Due to lack of awareness theassociated psychological problems were ignored which should be taken care. This article focus on these unobserved areas to give little input on maternal mental health

Maternal Mental Health

Maternal Healthrefers to health of women during pregnancy, childbirth and parenthood. While motherhood is often a positive and fulfilling experience. To many women, it is associated with suffering, ill-**health** and even death.Perinatal mental health refers to a woman's mental health during pregnancy and the postpartum period. Major issues faced by women in this period are infertility, Birth Trauma, Pregnancy loss, Post partum Depression, anxiety and OCD.

A recent meta-analysis showed that about 20 % of mothers in developing countries experience clinical depression after childbirth.Worldwide about 10% of pregnant women and 13% of women who have just given birth experience a mental disorder, primarily depression. In developing countries this is even higher, i.e. 15.6% during pregnancy and 19.8% after child birth (WHO). This is much higher than the prevalence in high income countries (WHO).

Maternal Mental Health Issues

Pregnancy for woman not only brings reward to them but also brings changes and challenges. Just like physical health problems, mental health issues can happen to anyone. Anxiety and depression are the most common type of mental illness. Public awareness about the associated mental health problems is poor. Early identification,diagnose and treatment of such mental health problems is very important.Inadequate screening and referral systems often result in women with perinatal mental health issues goes undiagnosed and untreated. As a society we rightly spend large amount of time and money ensuring the physical health of mothers and their babies.

Postpartum psychiatric illness is typically divided into three categories: (1) postpartum blues (2) postpartum depression and (3) postpartum psychosis. It may be useful to conceptualize these disorders as existing along a continuum, where postpartum blues is the mildest and postpartum psychosis the most severe form of postpartum psychiatric illness.

Postpartum Blues

Rather than feeling of sadness, women with the blues more commonly report mood lability, tearfulness, anxiety or irritability. These symptoms typically peak on the fourth or fifth day after delivery and may last for a few hours or a few days, remitting spontaneously within two weeks of delivery. While these symptoms are unpredictable and often unsettling, they do not interfere with a woman's ability to function. No specific treatment is required.

Post Partum Depression

Depression during pregnancy, or antepartum depression, is a mood disorder just like clinical depression. Mood disorders are biological illnesses that involve changes in brain chemistry.

During pregnancy, hormone changes can affect the chemicals in the mother's brain, which are directly related to depression and anxiety. These can be exacerbated by difficult life situations, which can result in depression during pregnancy.

Symptoms includes Persistent sadness, Difficulty concentrating, Sleeping too little or too much, Loss of interest in activities that they usually enjoy, Recurring thoughts of death, suicide, or hopelessness, Anxiety, Feelings of guilt or worthlessness, Change in eating habits.

Triggers of depression may include Relationship problems, family or personal history of depression, Infertility treatments, previous pregnancy loss, Stressful life events,Complications in pregnancy, History of abuse or trauma.

Post Partum Psychosis

Postpartum psychosis is the most severe form of postpartum psychiatric illness. It is a rare event that occurs in approximately 1 to 2 per 1000 women after childbirth. Its presentation is often dramatic, with onset of symptoms as early as the first 48 to 72 hours after delivery. The majority of women with puerperal psychosis develop symptoms within the first two postpartum weeks.

It appears that in most cases, postpartum psychosis represents an episode of bipolar illness; the symptoms of puerperal psychosis most closely resemble those of a rapidly evolving manic (or mixed) episode. The earliest signs are restlessness, irritability, and insomnia. Women with this disorder exhibit a rapidly shifting depressed or elated mood, disorientation or confusion, and erratic or disorganized behavior. Delusional beliefs are common and often center on the infant. Auditory hallucinations that instruct the mother to harm herself or her infant may also occur. Risk for infanticide, as well as suicide, is significant in this population.

OCD

Recent studies show pregnancy and childbirth are frequently associated with the onset of the Obsessive Compulsive Disorder (OCD), one type of anxiety disorder. Some women do not have OCD but are bothered by obsessive-compulsive symptoms.

Risk Factors of maternal disorder

Virtually all women can develop mental disorders during pregnancy and in the first year after delivery, but poverty, migration, extreme stress, exposure to violence (domestic, sexual and gender-based), emergency and conflict situations, natural disasters, and low social support generally increase risks for specific disorders(WHO). Women, especially those living in developing countries are more exposed to risk factors, which increase their susceptibility to develop mental health problems.

Role of Mental Health Professionals

Maternal Mental Health is a major public health apprehension, since it is associated with maternal mortality and morbidity. All health care professionals who come in contact with women in the perinatal period should address both their mental and physical health.There are various policies and programmes at national and state level.At the national level, there are two major divisions within the Ministry of Health and Family Welfare: the Department of Family Welfare (DFW) and the Department of Health (DH). MCH,

reproductive health, rural health, primary healthcare, and family planning come under the DFW while Medical colleges, National institutes, and disease-control programmes come under the DH.

To strengthen all these, there is a need of Maternal Mental Health counselor in the department of Obstetrics and Gynecology for the early assessment of mental health problems during motherhood. They play a vital role in educating and preparing the woman psychologically to face the changes and challenges.
Apart from institutional services, more of community based programmes should be organized to address the community at large. They need to be educated about misconceptions through which the fear of stigma can be eradicated which can also prevent women from seeking care.

Maternal mental health is not only the responsibility of the health care professionals but also is the responsibility of the entire family.A Healthy child needs a Healthy Mother. Ahealthy mother needs a supportive family. Family members are the primary support to the woman throughout the process of conception to perinatal period. Their support can lower the likelihood of illness. People with high levels of social support have fewer complications during pregnancy and child birth (Collins,1993).It can involve Tangible assistance, provide informal support, and emotional support.More of group activities can be conducted to the primary care giver regarding maternal mental health to enrich the process of motherhood.

Reference

1. Key Issues in Perinatal Mental Health(2017) *Sarah Hodin, Project Coordinator II, Women and Health Initiative, Harvard T.H. Chan School of Public Health*
2. Maternal health Situation in India :A Case Study(2009) Kranti S. Vora, Dileep V. Mavalankar, K.V. Ramani, Mudita Upadhyaya, Bharati Sharma,Sharad Iyengar, Vikram Gupta, Kirti Iyengar J Health Popul Nutr. 2009 Apr; 27(2): 184–201.
3. Miller ES, Hoxha D, Wisner KL, Gossett DR.The impact of perinatal depression on the evolution of anxiety and obsessive-compulsive symptoms. *Arch Womens Ment Health*. 2015
4. Shelley.F.Taylor (2016)'Health Psychology,7th Edition,McGraw Hill Education (India) private limited,New Delhi.
5. World Health Organization, UNICEF, United Nations Population Fund and The World Bank, *Trends in Maternal Mortality: 1990 to 2015,* WHO, Geneva, 2015

MENTAL HEALTH OF ADOLESCENCE IN INDIA- A REVIEW

KALAIYARASAN. M[1] & Dr. DANIEL SOLOMO.M[2]
[1]Doctoral Research Scholar, Department of Social work, Bishop Heber College
[2]Associate Professor, Department of social work, Bishop Heber College

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *The main purpose of the review paper is to understand the mental health condition of adolescence of all societies (Urban, Rural and Tribal) in India through published articles in the context of mental health of adolescent's across the nation, in order to achieve the overall purpose of this paper. The following objectives were framed, which is to search out the uniqueness of mental health problems among urban, rural and tribal adolescents through published articles; to identify the causative factors of mental health problems of adolescents; to understand how the poor mental health condition affects the quality of life of adolescence population and to understand the existing interventions for promotion of mental health of adolescents. This paper is intended to describe the mental health condition of urban, rural and tribal Indian adolescents, the uniqueness of mental health problems, the causative factors of mental health problems, existing interventions for promoting mental health and how poor mental health condition affects the quality of life of adolescents. The published articles were collected from various sources including Internet, conference proceedings, journals, journals back volumes and Edited books. The collected articles were segregated them three categories such as studies related to mental health of urban, rural and tribal adolescents. The article findings were critically analyzed thematically and are described based on the above framed objectives.*

INTRODUCTION

Good mental health is vital to maintain the good health of human beings. However, mental health of adolescents is a global-public challenge, an article written by eminent mental health professionals Patel et al, 2007. They have highlighted that poor mental health condition is strongly related to other health and development concerns in young population, notably lower educational achievements, substance abuse, violence, poor reproductive and sexual health. One of the international organizations UNICEF report estimated that there are about twenty percent of the world adolescents having mental health and behavioral problems. The mental health professionals and children and adolescent welfare organizations point out that mental health problems begin at early adolescence stage. Adolescents are in the period of transition. They are moving from childhood to adulthood. In between they fall into many mental health problems due to peer pressure and their vulnerable age. This review article is indented to describe the mental health condition of urban, rural and tribal Indian adolescence through published article across the nation, uniqueness of mental health problems of urban, rural, tribal adolescents, causative factors of mental problems and how poor mental health condition affects the quality of life of adolescents and existing interventions for promotion of mental health of adolescents by critical analysis of published article in the context of mental health of adolescents across the nation.

ADOLESCENCE POPULATION IN INDIA

India has one of the highest growing adolescence populations in the world. According to census India 2011 estimates that, there are about 253 million adolescents in India, which is more than the total population of 18 Western Asian countries. The growth of adolescent population has increased from 85 million in 1961 to 253 million in 2011. It has been increased in the duration of five decades. About 36 percent of the world's adolescents reside in China and India. The proportion of adolescent population is higher in India than China (Kumar, 2014).

Source:census India 2011, UN world population prospects 12th Revision.

MENTAL HEALTH CONDITIONAND UNIQUENESS OF PROBMES IN INDIAN URBAN ADOLESCENTS.

Many studies were conducted in context of mental health of urban Indian adolescent. The findings of the collected articles are presented under this headline. A study on mental health status of orphan adolescents was conducted by Anita & Eljo 2013. They found that majority of the adolescents have medium and low level of mental health status. There is a significant positive relationship between mental health of adolescents and intelligence. Highly intelligent students have better mental health than lower intelligent students was found by Anwar, 2013. There is a positive significant relationship between mental health of adolescents and social intelligence was found by Bartwal 2014. Deb et al 2017 found that school going adolescents in younger stage at age of 14-15 years old group reported significantly better global mental health than students in older

stage at 16-17 years old. Adolescents living in urban and high income family have better mental health when compared to adolescents who are living in rural and semi-urban area. Archna 2013 found a significant positive relationship between moral judgment, intelligence and extraversion dimension of personality with adolescents who have high level of mental health.

Ganie & Bhat 2012 found that normal students have possessed better mental health and academic achievement when compared to physically challenged students. A cross sectional study was conducted by Gnanaselvam & Joseph 2018 who found that more than half 59.8 percent of the adolescent employees, nearly three fourth 63.6 percent of past adolescent employees and more than one fourth 32.7 percent of never been employed girls adolescents had mental health and behavioral problem. Adolescent girls who are current employees reported that family debt and a history of abuse was significantly likely to have more mental health and behavior problem. There is a positive significant relationship between parental encouragement and mental health of secondary school students found by Gupta 2014. Kansal & ChanchalBala 2015 found that there is a significant (negative) relationship between emotional maturity and mental health. Adolescents who have high emotional intelligence had high mental health problems when compared to adolescents with low emotional intelligence was found by Krishnakar & Chengti 2012, Kumar 2015 found that there is significant difference between gender of the respondents and Autonomy, Security-Insecurity and self-concept in component of mental health and there is no significant difference between gender of the respondent and emotional stability, overall adjustment and intelligence in the component of mental health and adolescent girls have possessed better mental health in all the component of mental health than that of adolescent boys.

Kumari 2012 found that mental health of school students have been highly influenced by peer relation, school environment and parent child relation. Manisha 2012 found a significantly positive association between birth order of the school going adolescents and mental health. Most common mental disorder diagnosed in adolescents were anxiety, depression, behavioral disorder and attention-deficit hyperactive disorder was found by Pillai et al 2008.Sathyabama & Eljio 2014 found that more than half 52.1 percent of the adolescent girls have low levels of general well-being (positive mental health). Significant positive relationship was found between family environment and general well-being (positive mental health) of adolescents. While estimating the prevalence of mental health problems among adolescents, it was observed that conduct problems were the highest among school going adolescents, followed by peer-group problem, pro-social behavior and emotional problems, as found by Seenivasan & Kumar 2014. Sharma & Lata 2014 found that statistically significant positive relationship between school environment and mental health of adolescents, there is a significant difference in mental health of male and female of students, where male adolescents have better mental health than female adolescents and there is a significant positive relationship between mental health and social adjustment, as found by Shokeen 2017. Singh 2015 found that high academic achiever students were mentally healthier than low academic achiever students and there is a significant positive relationship between academic achievement and mental health of adolescents.

Arun & Chavan 2009 andSharma et al 2008 found that there is a considerable number of adolescents reported to have suicidal intention in which few of them said that they had attempted suicide. Suicide attempts were more in females than in males and prevalence of suicide-risk behavior was found to be quite high among adolescent students. Johal & Sharma 2016 found that female adolescent students have more suicide thoughts than that of males students and significant relationship (negative) between suicide ideationand different component of life satisfaction such as family friends, self, living environment and overall life satisfaction Athanimath & Yenagi 2012. Bansal, Goyal & Srivastava 2009 found that considerable number of adolescents have high levels of depression and distress. There are about six percent of adolescent girls who were identified as severely depressed, twelve percent as moderately depressed and twenty seven percent as mildly depressed, as found by Jotika 2011. More than half of adolescents are corresponded to some degree of depression and nearly one in seven adolescents are suffering from moderate to severe depression, as found by Malik et al 2015. Dubat et al 2007 found that majority of the school going adolescents have experienced moderate level life stress, followed by high levels of life stress in the dimensions of family stress, ego, threat, personal set back and health of others. There was a high prevalence of stress observed in academic area among secondary school students, as found by Kumari 2014,

Rahman & Tripathi 2016 found that there is a considerable number of male adolescents who are substance abusers and there was an increase in prevalence of substance abuse with the increase in age and high prevalence of alcohol users in street adolescents was found by Reddy et all 2014. It was noted that early adolescents are high in pro-social behavior, whereas late adolescents have scored high on difficulties

questionnaire. Adolescents residing in rural areas differed from the ones residing in urban areas on pro-social behavior and anxiety. The government school students differed from private school students on pro-social behavior, stress, anxiety and negative perception of self-concept leading to higher difficulties score in strength and difficulties questionnaire and lower pro-social behavior score. The school going adolescents differed from school dropout adolescents on stress, depression, anxiety, which were found by Sing et al 2015.

The above study's authors have identified the following uniqueness of the mental health problems in Indian urban adolescents which were stress, anxiety disorder, depressive disorder, distress, attention deficit/hyperactive disorder, behavioral disorder, contact problem, emotional problem, suicidal thoughts, suicidal-risk behaviors, peer-group problem, substance abuse (alcohol, smoking and tobacco usage) and pro-social behavior problem.

MENTAL HEALTH CONDITION AND UNIQUENESS OF PROBLEMS IN INDIAN RURAL ADOLESCENTS

Few studies were identified in Indian rural adolescents in the context of mental health of adolescents as some of the studies were conducted in a comparative nature between urban and rural, and there were few findings of the studies which are mentioned under this head line. Ali & Eqbal 2016 say that rural community adolescents have emotional symptoms, contact problems, hyperactivity and peer-group problems. Kharod & Kumar 2015 found that rural adolescents have high level of strength and difficulties questionnaire abnormal score in peer problems and abnormal strength and difficulties questionnaire score were statistically more among adolescent girls and those with problematic families.Deb et al 2017 has found that rural adolescents are significantly more anxious and depression than that of urban and semi urban adolescents.

In the above studies, authors have identified the following uniqueness of the mental health problems of Indian rural adolescents which were anxiety, depression, contact problem; emotional problem, peer-group problem, hyperactivities. Rural adolescents have high level of strength and difficulties questionnaire abnormal score in peer problems.

MENTAL HEALTH CONDITION AND UNIQUENESS OF PROBLEMS IN INDIAN TRIBAL ADOLESCENCE

There are a considerable number of studies conducted in context of mental health of Indian tribal adolescents. The finding of the studies has been mentioned under this head line by Kalaiyarasan & Solomon 2014 and Mathew & Eljio 2010 found that more than half (57.1 & 55.4 percent) of tribal adolescents have low level of mental health. Tribal adolescent girls who have low neurotics, have significantly better mental health than that of high neurotic adolescents who did not take part in any sports activity was found by Agashe 2012. Mansingbhai 2014 found Tribal students statistically differ as compared to non-tribal students on emotional stability, overall adjustment, autonomy and security-insecurity of students. Significantly poor mental health was observed in students who belong to scheduled tribes and significant relationship was noticed between mental health and adjustment problems of adolescents was found by Srividhya 2007. Pancholi 2017 found that mental health is significantly affectsby frustration of the tribal adolescents. There is a significant difference between tribal and non-tribal students with regard to mental health were found by Shivane 2011. Talawar & Das 2014 found that there is a significant positive relationship between academic achievement of secondary school tribal adolescents and mental health and there is a Significant differences between gender of the tribal students and mental health and tribal boys have greater mental health than that of tribal girls.

Ahmed & Haque 2007 found that tribal adolescents reported significantly higher rate of aggression. Tribal adolescents have possessed high anxiety and adjustment related problems was found by Akhtar 2012. Khan et al 2015 found that nearly half of the trial students at age 16 to 20 years involved in substance use and vast majority of the students have started substance use in their teen age and meager numbers of the female students were addicted in substance use. Tribal adolescents have high level of depression and there is a significant relationship between one among them at self-esteem, academic achievement need and depression was found by Ghosh 2013. Parihar & Jha 2015 found that emotional intelligence had emerged as the contributing factors of depression in dimension of clarity of experience to feeling and mood repair which is explained that significant relationship between emotional intelligence and depression. Tribal females were slightly more into tobacco chewing when compared to males and smoking is high in males. The mean age of initiation of smoking among males was 16.7 years was found by Tomar et al 2016. Zahiruddin et al 2011 found that prevalence of tobacco use was high in tribal late and earning adolescents. High prevalence of anxiety/depressed, somatic, withdrawn/depressed, thought problems, attention problem and rule breaking behavior were found by Gopal & Ashok 2012.

In the above mentioned studies, authors have identified the following uniqueness of mental health problems in Indian tribal adolescents which were aggression, frustration, anxiety, depression, withdrawn/depressed, thought problem, attention problems, adjustment problems, substance abuse (Smoking, tobacco usage) and rule breaking behavior.

CAUSATIVE FACTORS OF MENTAL HEALTH PROBLEMS IN INDIAN ADOLESCENCTS

There are about many causative factors of mental health problems of adolescents found in published articles in the context of mental health of Indian adolescents. They are mentioned under this head line that Arun & chavan 2009 identified that feeling of life is a burden and suicidal ideation was the cause of mental health problem of adolescents. Kumari 2012 found that peer relation, school environment and Parental child relation has highly influenced the mental health of school students.Agashe 2012 found that participants in neuroticism of personality play a major role in influencing positive mental health of adolescents. Pancholi 2017 found that mental health is significantly affected by frustration of tribal adolescents. Ganie & Bhat 2012 found physically challenged students have low mental health than that of normal students. Manisha 2012 found that mental health of school going adolescents who are belong to the first and second birth order in their family have better mental health when compared to those who belong to third and fourth birth order in their family. Pillai et al 2008 found that a non-traditional lifestyle was significantly associated with an increased prevalence of mental health disorder. Seenivasan & Kumar 2014 found that mental health problems were significantly higher among those adolescents whose both parents were working, than that of those whose mothers who were home makers.

Bansal, Goyal & Srivastava 2009 found that there is a significant association between emotional difficulty, physical punishment, teasing at school, parental fights and depression. Gnanaselvam & Joseph 2018 found significant association between a history of abuse and depression. Jotika 2011 identified the causes of depression among girl adolescents, which was lack of wholesome nurturing home environment, gender bias and ignorance which stems from illiteracy and poverty. Kharod & Kumar 2015 found that adolescents living in problematic families have statistically more score in difficulties questionnaire. Kumari 2014 found high prevalence of stress in academic area. Reddy et al 2014 and Khan et al 2015 found that influence of peer pressure acted as the major factors for drug abuse and substance use. Sharma et al 2008 found that statistically significant association was observed between ages of the students, living status of parents, working status of mother with suicide-risk behavior.

INTERVENTIONS FOR PROMOTING MENTAL HEALTH OF INDIAN ADOLESCENCE

There are few experimental studies conducted for the purpose of promoting mental health of Indian adolescents. The intervention and the result of out-come variable have been mentioned under this head line. Arulsubila & Subasree 2014, Mekal, et al 2015; Nejad 2010; Srikala & Kishor 2010 Yadav & Iqbal 2009 found that respectively life skills intervention have empowered in resilience, improvement in mental health, self-esteem, assertiveness, pro-social behavior, adjustment with school, teacher, coping and empathy quotient and reduced the suicide ideation of adolescents. Agarwal & Kumar 2014 found that significant effects of psycho-yogic intervention (behavioral therapy along with yoga postures- breathing and relaxation techniques) have reduced the symptoms of attention deficit-hyperactive disorder of adolescents. Participants who have received vocal music training had reported better improvement in stress management and self-awareness was found Sarkar et al 2017. Nahid 2013 found that Rational emotive behavior therapy has reduced the conduct disorder and also decreased the symptoms of emotional and behavioral problem comorbid with conduct disorder.

DISCUSSION & CONCLUSION

This review paper has understood that there are many studies that were conducted in urban Indian adolescents, when compared to rural and tribal Indian adolescents. The uniqueness of the mental health problems of Indian urban, rural and tribal adolescents was observed that urban and tribal Indian adolescents have been affected by many mental health problems than rural Indian adolescents. Many causative factors of mental health problems of adolescents have been identified by Indian authors in different scientific approaches and it was understood that life skills training (educational) intervention is predominantly used for promotion of mental health of Indian adolescents and while analyzing how the poor mental health condition affects quality of life of India adolescents, it was observed that Indian adolescents are associated with many mental health problems such as prevalence of stress in academic area, anxiety,

depression, emotional problem, contact problem, attention problem, attention deficit-hyperactive, peer-group problem, adjustment problem with school and home, neurotic personality, rule breaking problem, substance abuse, (smoking, tobacco usage). When adolescents have been affected by those above mentioned mental health problems the quality of the life of adolescents can be affected, it may be understood that mental health problems affect the quality of life of Indian adolescents. However, mentally healthy children and adolescents enjoy a positive quality of life, function well at home, school and in their community and are free of disabling symptoms of psychopathology (Hoagwood et al, 1996 as cited in Gururani, 2006). Finally this review paper suggests to state government that a team of mental health professionals along with psychiatric doctors sit and work together to design mental health promotion modules for promotion of mental health of Indian adolescents in all societies (Urban, Rural and Tribal). It can be applied as early intervention on regular basis in schools, colleges, orphanages and juvenile observation homes by trained social workers.

BIBLIOGRAPHY

Urban studies

1. Anita, R., & Eljo, J. G. J. O. (2013). Mental Health Status among Orphan Adolescents Reared in Orphanages at Tiruchirappalli District. *International Journal of Scentific Research, 2*(12), 540-541.
2. Anwar, E. (2013). Mental Health and Intelligence: A correlational study. *Excellence International Journal of Education and Research,* 1(1), 30-35.
3. Arun, P., & Chavan, B. (2009). Stress and suicidal ideas in adolescent students in Chandigarh. *Indian journal of medical sciences,* 63(7), 281-288.
4. Archna. (2013). A Study of Mental helath of adolescents in relation to moral judgment, intelligence and Personality. *Ph.D Thesis, Department of Education, University of Punjabi*, Retrieved from http://shodhganga.inflibnet.ac.in/handle/10603/13752.
5. Athanimath, J. S., & Yenagi, G. (2012). Social maturity and depression levels among II PUC science students. *Karnataka Journal of Agricultural Sciences*, *24*(4), 510-512.
6. Bansal, V., Goyal, S., & Srivastava, K. (2009). Study of prevalence of depression in adolescent students of a public school. *Industrial psychiatry journal*, *18*(1), 43-46.
7. Bartwal, R. S. (2014). To study the mental health of Senior Secondary Students in relation to their social intelligence. *Journal of Humanities and Social Science, IOSR*, *19*(2), 6-10.
8. Deb, S., Sathyanarayanan, P., Machiraju, R., Thomas, S., & McGirr, K. (2017). Are there differences in the mental health status of adolescents in Puducherry?. *Asian journal of psychiatry*, *27*, 32-39.
9. Dubat, K., Punia, S., & Goyal, R. (2007). A study of life stress and coping styles among adolescent girls. *Journal of Social Sciences*, *14*(2), 191-194
10. Ganie, M. Y., & Bhat, A. S. (2012). A Study Of Mental Health And Academic Achievement Of Physically Challenged And Normal Adolescent Students In District Srinagar. *Researcher*, *4*(12), 40-45.
11. Gaur, K., & Ram, U. (2016). Mental health problems among youth in India and its correlates. *International Journal of Human Rights in Healthcare*, *9*(2), 95-108.
12. Gnanaselvam, N. A., & Joseph, B. (2018). Depression and Behavioral Problems Among Adolescent Girls and Young Women Employees of the Textile Industry in India. *Workplace health & safety*, 66(1), 24-33.
13. Gupta, R. P. (2013). A Study of Academic Achievement in Relation to Emotional Intelligence and Mental Health of Adolescents. *Asian Resonance*, *2(3)*, 223-241.
14. Gupta, R. P. (2014). Study of parental encouragement in relation to mental health of secondary school students. *International Journal of Behavioral Social and Movement Sciences*, *3*(2), 8-15.
15. Johal, D. S., & Sharma, M. M. (2016). Suicide Ideation and Life Satisfaction among Adolescents: A Correlational Study. *Journal of Humanities and Social Science; IOSR,* 21(1), 23-28.
16. Jyotika, G. (2011). A study of depression among adolescent girls in relation to their emotional intelligence, intelligence and some selected personality variables. Ph.D., Thesis, Department of Education & Community Service, University of Punjabi. Retrieved from http://shodhganga.inflibnet.ac.in/handle/10603/4495.
17. Kansal, A. K., & ChanchalBala. (2015). Relationship among Mental Health and Emotional Maturity of Tenth class adolescents I. *Indian Journal of Applied Research, 5*(8), 165-167.
18. Kansal, A. K., & ChanchalBala. (2015). Relationship among Mental Health and Emotional Maturity of Tenth class adolescents I. *Indian Journal of Applied Research, 5*(8), 165-167.
19. Krishnakar, M. H., & Chengti, S. S. (2012). Emotional Intelligence and Mental health in Adolescents. *Golden Research Thoughts, 2*(5), 1-4.
20. Kumar, S. (2015). A Study on Mental Health of Adolescents. *International Journal of Education and Psychological Research, 4*(1), 28-30.
21. Kumari, C., Sharma, P., & Bansal, R. (2014). Level of stress and coping strategies among adolescents. *International Journal of Multidisciplinary Research in Social and Management Sciences*, *2*(2), 21-26.
22. Kumari, P. L. (2012). Influencing factors of mental health of adolescents at school level. *IOSR Journal of Humanities and Social Science (JHSS)*, 5(4), 48-76.

23. Malik, M., Khanna, P., Rohilla, R., Mehta, B., & Goyal, A. (2015). Prevalence of depression among school going adolescents in an urban area of Haryana, India. International Journal Of Community Medicine And Public Health, 2(4), 624-626.
24. Manisha, A. D. (2012). A Study on Mental Health of Higher Secondary students with respect to Birth order in their family . *International Indexed & Referred Research Journal , 4*(37), 38-39.
25. Patel, V., Flisher, A. J., Hetrick, S., & McGorry, P. (2007). Mental health of young people: a global public-health challenge. *The Lancet*, *369*(9569), 1302-1313.
26. Pillai, A., Patel, V., Cardozo, P., Goodman, R., Weiss, H. A., & Andrew, G. (2008). Non-traditional lifestyles and prevalence of mental disorders in adolescents in Goa, India. *The British Journal of Psychiatry*, *192*(1), 45-51.
27. Rahman, F., & Tripathi, V. N. (2016). Substance abuse among male adolescents in northern India. *International Journal of Contemporary Pediatrics*, *3*(2), 495-497.
28. Reddy, A. P., Kumar, D. P., & Raju, A. B. (2014). A study on prevalence and pattern of substance abuse among street children and adolescents in the state of Andhra Pradesh, India. *Indian journal of fundamental and applied life sciences*, *4*(3), 1-14.
29. Samuel, P., & Premraj, C. F. (2014). Mental Helath and Social Work. *International Journal of Applied Research, 4*(12), 125-127.
30. Sathyabama, B., & Eljo, J. J. G. (2014). Family Environment and Mental Health of Adolescent Girls. *International Journal of Humanities and Social Science Invention*, 3(9), 46-49.
31. Seenivasan, P., & Kumar, C. P. (2014). A Comparison of Mental Health of Urban Indian Adolescents among Working and Non working mothers. *Annals of community health*, *2*(2), 39-43.
32. Sharma, R., Grover, V. L., & Chaturvedi, S. (2008). Suicidal behavior amongst adolescent students in south Delhi. *Indian journal of psychiatry*, *50*(1), 30-37.
33. Sharma, S. K., & Lata, S. (2014). Mental Health of adolescents in relation to Type of School and School Environment. *International Journal of Education and Psychological Research*, *3*(1), 123-127.
34. Shastri, P. C. (2009). Promotion and prevention in child mental health. *Indian journal of psychiatry*, *51*(2), 88-95.
35. Shokeen, A. (2017). A Study of Mental Health and Social Adjustment of Senior Secondary Students. *Educational Quest: An International Journal of Education and Applied Social Sciences*, *8*(1), 33-36.
36. Singh, S. K. (2015). Mental health and academic achievement of college students. *The International Journal of Indian Psychology*, *2*(4), 112-119.
37. Singh, T. (2014). Role of Spiritual Intelligence, Altruism and Mental Health in predicting Academic Achievement. *International Journal of Education,* 3, 1-8.
38. Singh, K., Junnarkar, M., & Sharma, S. (2015). Anxiety, stress, depression, and psychosocial functioning of Indian adolescents. *Indian journal of psychiatry*, *57*(4), 367-374.
39. UNICEF. (2011). The state of the World's children 2011: adolescence-an age of opportunity. Unicef.

Rural studies

1. Ali, A., & Eqbal, S. (2016). Mental health status of tribal school going adolescents: a study from rural community of Ranchi, Jharkhand. *Telangana Journal of Psychiatry*, 2(1), 38-41.
2. Kharod, N., & Kumar, D. (2015). Mental health status of school going adolescents in rural areas of Gujarat. *Indian Journal of Youth and Adolescent. Health*, *2*(3).17-21.
3. Gururani, G. D. (Ed.). (2006). *Textbook of Mental Health and Hygiene.* New Delhi: Akansha Publishing House.

Tribal studies

1. Agashe, C. D. (2012). Effect of Participation in Sports and Helath status of tribal and non-tribal adolescent on positive mental helath. *Shodh Sangam-An International Journal of Physical Education sports and Allied Science.*(Special issue), 244-248.
2. Ahmed, R., & Haque, M. E. (2007). A comparative study in aggression between adolescent boys and girls of tribal and non-tribal students in Chitagong Hill Tracts. *Journal of Life and Earth Science*, *2*(2), 79-84.
3. Akhtar, Z. (2012). Anxiety and adjustment pattern among tribal and non tribal students. Indian Journal of Health and Wel-being, 3(3), 723-725.
4. Kalaiyarasan, & Solomon, D. (2017). Correlates of Psycho-Social Competence Variables and Mental Health among Tribal Late Adolescents in Pachamalai Hills. Shanlax International Journal of Arts, Science and Humanities, 5(4), 83-87.
5. Khan, T. A., Saleem, M., Kumar, S., Tavrekar, S. K. R., Kondal, S., & Tajuddin, M. (2015). Substance Use among Students of Tribal Populated District of India-A Cross Sectional Questionnaire Based Study. Alcohol, 3(1), 37-40.
6. Ghosh, D. (2013). Self-esteem and depression of the tribal and non-tribal students: It's role on academic achievement need. Indian Journal of Health and Wellbeing, 4(5), 1042-1048.
7. Gopal, D. V., & Ashok, A. (2012). Prevalence of Emotional and Behavioral Problems among Tribal and Non-tribal Adolescents. Journal of the Indian Academy of Applied Psychology, 38(1), 63-67.

8. Mansingbhai, T. S. (2014). Mental Health of Tribal and Non-tribal students. Journal of Information, Knowledge and Research in Humanities and Social Science, 3(1), 123-127.
9. Mathew, J., & Eljio, G. J. O. (2010). A study on Mental Health among Tribal Adolescent boys Attending Schools. Relton, A (Eds.), Inclusive Development- A Social Work Perspectives. Thiruchirappalli: Rock City Publication.182-190.
10. Srividhya, V. (2007). Mental health and adjustment problems of students of navodhaya, central and state schools. A dissertation, University of Agricultural Science, Dharwad
11. Pancholi, D. (2017). A comparative study of mental health and frustration among Tribal and Non-tribal adolescents of Sirohi District. A Multidiciplinary International Journal of Mathav Research and Review, 3(1), 1-6.
12. Parihar, N., & Jha, M. (2015). Role of Emotional Intelligence, Gender and Culture in Depression. Journal of Humanities and Social Science, 20(2), 33-36
13. Shivane, D. (2011). To study the family environment and mental health of the tribal and urban secondary students. Indian streams research journal Psychology, 1(4), 1-13.
14. Talawar, M. S., & Das, A. (2014). A Study of Relationship between Academic Achievement and Mental Health of Secondary School Tribal Students of Assam. Paripex–Indian Journal of Research, 3(11), 55-57.
15. Tomar, S. P., Kasar, P., Tiwari, R., Rajpoot, S., & Nayak, S. (2016). Study of Tobacco Chewing and Smoking Pattern and Its Socio-Demographic Determinants in a Tribal Village in Mandla District, Madhya Pradesh. National Journal of Community Medicine, 7(3), 204-207.
16. Zahiruddin, Q. S., Gaidhane, A., Bawankule, S., Nazli, K., & Zodpey, S. (2011). Prevalence and pattern of tobacco use among tribal adolescents: Are tobacco prevention messages reaching the tribal people in India?. Annals of Tropical Medicine and Public Health, 4(2), 74-80.

Interventions studies

1. Agarwal, M & Kumar, H. (2014). Effect of Paycho-Yogic Intervention on Attention Deficit/Hyperactive Disorder among Adolescents. Indian Journal of Applied Research, 4(7), 183-185.
2. Arulsubila, M., & Subasree, R. (2014). Music-Its Influence on Self-awareness and stress among adolescents. Indian Journal of Applied Research, 4(6), 475-477.
3. Gaiha, S. M., Sunil, G. A., Kumar, R., & Menon, S. (2014). Enhancing mental health literacy in India to reduce stigma: the fountainhead to improve help-seeking behavior. Journal of Public Mental Health, 13(3), 146-158.
4. Mekala, C., Aras, R., & Devadaneson, J. M. (2015). Effectiveness of positive life skills among college students with suicide ideation. Indian journal of applied research, 5(3), 657-660.
5. Nahid, D. G. E. (2013). Impact of Rational Emotive Behavior Therapy on Conduct disorder of adolescent student. A Ph.D., Thesis, Depart of Psychology, University of Mysore, Uploaded in Sodhganga.Inflibnet. ac. in.Retrieved from http://shodhganga.inflibnet.ac.in/handle/10603/11030
6. Nejad, S. Y. M. Y. (2010). The impact of life skills training on self-esteem, mental health and assertiveness: a study among students of Booshers High School in Iran. Ph.D., Thesis, Department of Psychology, University of Kerala. Retrieved from http://shodhganga.inflibnet.ac.in/handle/10603/8471.
7. Sarkar, K., Dasgupta, A., Sinha, M., & Shahbabu, B. (2017). Effects of health empowerment intervention on resilience of adolescents in a tribal area: A study using the Solomon four-groups design. *Social Science & Medicine*, 30(1), 1-10.
8. Srikala, B., & Kishore, K. K. (2010). Empowering adolescents with life skills education in schools–School mental health program: Does it work?. *Indian Journal of psychiatry*, *52*(4), 344.
9. Yadav, P., & Iqbal, N. (2009). Impact of Life Skill Training on Self-esteem, Adjustment and Empathy among Adolescents. *Journal of the Indian Academy of Applied Psychology*, *35*, 61-70.

Resilience, Self-Esteem and Personality among Female Adolescents

Vijay M[1] & M. Arulsubila[2]
[1,2]Assistant Professors, Department of Psychology,
Holy Cross College, Tiruchirappalli-2, Tamil Nadu, India

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Resilience refers to an individuals' ability to survive in spite of different difficult situations and to maintain the progress towards positive future. Self-esteem indicates an individuals' overall self. Personality refers to an individuals' organized pattern of characteristics which determine their behavior. This article is aimed to study the association between resilience, self-esteem and big-five personality traits of female adolescents. A descriptive survey method was used. 181 female undergraduate students were considered as a sample of this study. Simple random sampling method was used. The result shows that resilience had a negative significant association with self-esteem for this sample. One of the big-five personality traits such as conscientiousness trait had a significant positive influence on overall resilience of female students. The detailed result and discussion are presented in this article.*

Keywords: *Resilience, Self-esteem and Personality*

Introduction

Resilience refers to "the ability or strength to survive despite difficult situations and to continue progress towards positive future" (Zautra, 2009). It is "an ongoing process which learned over time by the individuals" (Weststrate & Gluck, 2017). Masten (2001) described resilience "as the optimal developmental outcomes orsuccessful adaptation in spite of exposure to adversity or environmental threats after a considerable struggle". Some of the researchers have acknowledged that five interrelated components such as, self-reliance, perseverance, equanimity, meaningfulness and existential were involved in individuals' resilience. Self-reliance refers to a belief in oneself and ability to depend on oneself. Equanimity is defined as a balanced perspective in one's life and experiences, perseverance refers to the willingness to continue the struggle against adversity, meaningfulness refers to the realization that life has purpose and existential aloneness reflected the realization that each person's life path is unique" (Wagnild and Young, 1993; Shaikh and Kauppi, 2010).

Self-esteem refers to "the individual's overall evaluation about the self which include both positive and negative dimension of the self" (Rosenberg, 1990; Baron & Byrne, 1991; Joshi & Srivastava, 2009).Self-esteem plays a gateway for individuals' self-confidence and ability to achieve many obstacles. Individual with higher levels of self-esteem tend to achieve personal, academicand as well as career goals and also get positive reinforcement in terms of rewards and positive words by others. Individuals with lower level of self-esteem leads to poor academic achievement, feeling unable to overcome form the problems and so on. Many studies indicated the association between self-esteem and resilience of the individuals. Benetti & Kambouropoulos (2006) found that "self-esteem had a significant association with individuals' resilience". Oshio, Nakaya, Kaneko et al (2002) concluded that"adolescents who had displayed higher score on resilience tend to maintain higher level of self-esteem even though when they experienced painful negative events". Bashir, Shafi, Ahmed et al (2013) emphasize that "self-esteem plays as one of the intrinsic components of young people's resilience".

Personality refers to a "set of psychological traits and mechanisms within the individual that are organized and relatively enduring and which influences his or her interactions with, and adaptations to, the intra-psychic, physical, and social environments" (Allport, 1961). Costa and McCrae (1985) identified big five personality factors, which includes "agreeableness, extraversion, neuroticism, conscientiousness, and openness to experience". These factors were reflects individuals' inborn characteristics and could be more influential in many areas. Previous studies indicated that the big-five personality factors had both positive and negative association with resilience; Nakaya, Oshio and Kaneko (2006) reported that neuroticism had a negative association with individuals' resilience. Fayombo (2010) identified that conscientiousness had significant predictor of individuals' resilience. Shi, Liu, Yue Wanget al, (2015) found that "students with higher score on agreeableness, conscientiousness and openness to experience had displayed higher level of resilience than others, whereas high scores on neuroticism were associated with lower level of resilience". Eley et al (2013)reported that optimist, mature, responsible,perseverant and cooperative personality were associated with resilience.

Need for the Study

Individuals experience many obstacles in their everyday life. In the stage of adolescents, individuals are experienced many threatening events and adversity in all around the world. Especially in Indian context, females are facing more difficulties in many areas such as family, education, career, social prejudice and negative stereotype. In this context, resilience plays a coping mechanism for those threatening events. Hence, it is essential to identify female students' the resilience level and association with different psychological construct such as self-esteem and personality pattern.

Hypotheses

1. There will be a significant relationship between resilience and self-esteem of adolescents.
2. There will be a significant influence of big-five personality traits and self-esteem on resilience of adolescents.

Research Method

A descriptive survey method was used in this study. 181 female undergraduate students from in and around Tiruchirappalli city participated this study. Simple random sampling method was used. The data was collected with the help of "The Self-esteem Scale" by Rosenberg (1965), "The Big-five Locator" developed and standardized by Howard, Medina & Howard (1996) and "14-Item Resilience Scale (RS-14)" by Wagnild, G. (2009). The scoring was done with the help of manual key and the analysis was done by using SPSS.V-17.

Result and Discussion

Table-1: Resilience Levels of Female Adolescents

Resilience Level	Frequency	Valid Percent	Cumulative Percent
Very Low	7	3.9 %	3.9 %
Low	13	7.2 %	11.0 %
Moderately Low	42	23.2 %	34.3 %
Moderate	67	37.0 %	71.3 %
Moderately High	46	25.4 %	96.7 %
High	6	3.3 %	100.0 %
Total	181	100.0 %	

N=181

Table-2: Relationship Between Resilience and Self-Esteem of Female Adolescents

Resilience Dimensions	Self-Esteem
Perseverance	-0.103
Equanimity	-0.253*
Existential	-0.044
Meaningfulness	-0.219*
Self-reliance	-0.204*
Overall Resilience	-0.258*

*-Significant at 0.05 level (2-tailed)

Table-3: Influence of Personality and Self-esteem on Resilience of Female Adolescences: Regression Analysis

Independent Variable		Dependent Variable	Un-standardized Coefficients		Beta	"t" Value	Model Summary
			B	S.E			
Self-esteem		Overall Resilience	-0.700	0.210	-0.241	-3.336*	F=3.861 R=0.343 R^2= 0.117 P<0.05
Big-Five Personality Traits	Conscientiousness		0.666	0.322	0.1873	2.071*	

N=181

From the table-1 it was observed that students had displayed their resilience in different levels. From above the table it is noticed that around sixty five percent of the sample had displayed moderate and below moderate level. Lower level of resilience involve poor self-esteem, difficult to cope with adverse situations and unable to challenge in many aspects of the individuals life. It is the indication of poor psycho-social wellbeing of the individuals.Table-2 indicates the significant negative relationship between resilience and self-esteem. It is interesting to note down from the table that some of the dimensions of resilience such as equanimity, meaningfulness and self-reliance had a significant negative relationship with self-esteem of this sample. Hence, the hypothesis-1 is partially accepted. Generally, Individuals with higher level of resilience have shown positive self-esteem. Self-esteem is considered to be one of the gateways for self-confidence and ability to meet many challenges in individuals' life. Due to lack of self-esteem and resilience individuals were unable to compete with their problems. Due to moderate and below moderate level of resilience and poor self-esteem students have the higher chance in unable to compete with difficulties, and other challenges and adverse situations. Hence the negative association between resilience and self-esteem is quite logical.

To find out the significant influence between independent and dependent variable the regression analysis had used in this study. From table-3 it is observed that, self-esteem had a negative influence and one of the big-five personality traits such as conscientiousness had a positive influence on students' resilience. Hence, the hypothesis-2 is partially accepted. This finding is inline with the findings of Fayombo (2010) reported that conscientiousness had significant predictor of individuals' resilience.Conscientiousness trait includes higher thoughtfulness with good impulse control and goal-directed behaviours (Judge, Higgins, Thoresen & Barrick, 1999). Due to parental support female students may have the higher chance to regulate their impulse control and try to enhance their self-confidence and target achievement behavior for their optimistic future. Hence the significant influence of self-esteem and one of the big-five personality traits such as conscientiousness on resilience of female students is quiet understandable.

Conclusion

From above the result and discussion it is witnessed that most of students hadbelow moderately high level of resilience.Conscientiousness plays a mediator role of female students' resilience. To understand various available resources would be helpful to the female studentsto cope up with their challenges. Students needed to be more aware about their self, care giving and various opportunities and it will beutilizedby them in appropriate adversity situation. The proper intervention programs on self-esteem and resilience would be helpful to the female students to enhance their level of self-esteem and resilience for their optimistic future.

Reference:

1. Allport, G. W. (1961). *Pattern and growth in personality.* New York: Holt, Rinehart & Winston.
2. Baron, R. A., & Byrne, D. (1991). *Social psychology: Understanding human interactions (6th Ed)*, Boston, MA: Allyn & Bcon.
3. Benetti, C., & Kambouropoulos, N. (2006). Affect-regulated indirect effects of trait anxiety and trait resilience on self-esteem. *Personality and Individual Differences*, *41*(2), 341-352.
4. Costa, P. T., Jr & McCrae, R. R. (1985). *The NEO personality inventory manual.* Odessa, FL: Psycholoical Assessment Resources.
5. Eley, D.S., Clonninger, C.R., Walters, L., Laurence, C., Synnon, R. & Wilkinson, D., (2013). The relationship between resilience and personality traits in doctors: implications for enhancing wellbeing,
6. Fayombo, G., (2010). The relationship between personality traits and psychological resilience among the Caribbean adolescents, *International Journal of Psychological Studies*, *2*(2), 105-116.
7. Joshi, S., & Srivastava, R. (2009). Self-esteem and academic achievement of adolescents. *Journal of the Indian Academy of Applied Psychology*, *35,* 33–39.
8. Judge, T. A., Higgins, C., Thoresen, C. J., & Barrick, M. R. (1999). The big five personality traits, general mental ability, and career success across the life span. *Personnel Psychology, 52,* 621–652.
9. Howard, P. J., Medina, P. L., & Howard, J. M. (1996). The big five locator: A quick assessment tool for consultants and trainers. In J.W. Pfeiffer (Ed.), *The 1996 Annual:* Vol.1. Training. San Diego, CA: Pfeiffer and Company,
10. Masten, A. (2001). Ordinary magic: Resilience processes in development, *American Psychologist*. 56(3), 227-238.
11. Nakaya, M., Oshio, A. & Kaneko, H., (2006). Correlations for adolescent resilience scale with big five personaity traits, *Psychological Reports*, *98*(3), 927-930.

12. Oshio, A., Nakaya, M., Kaneko, H. & Nagamine, S. (2002). Development and validation of an Adolescent Resilience Scale. *Japanese Journal of Counseling Science*], *35*, 57-65.
13. Pushnik, J., & Hatfield, C. (2016). Navigating a complex world: Advancing sustainability through resilience education. *The International Journal of Sustainability Education, 12*(4), 13-24.
14. Rosenberg, M. (1965). *Society and the adolescent self-image.* Princeton: Princeton University Press.
15. Rosenberg, M. (1990). The self-concept: Social product and social force. *Social Psychology: Sociological Perspectives,* 593-624.
16. Sadguna Anasuri and Kara Anthony. (2018). "Resilience Levels Among College Students: A Comparative Study from Two Southern States in the USA." *IOSR Journal of Humanities and Social Science (IOSR-JHSS),* 23(1). 52-73.
17. Wagnild, G. (2009). A review of The Resilience Scale. *Journal of Nursing Measurement*, *17*(2), 105-113.
18. Wagnild, G. M. (2014). *The Resilience Scale user's guide*. Worden, MT: Resilience Center.
19. Wagnild, G., & Young, H. (1993). Development and psychometric evaluation of The Resilience Scale. *Journal of Nursing Measurement, 1*(2), 165–178.
20. Weststrate, N. M., & Gluck, J. (2017). Hard-earned wisdom: Exploratory processing of difficult life experience is positively associated with wisdom. *American Psychological Association, 53*(4), 800-814.
21. Zautra, A. (2009). Resilience: One part recovery, two parts sustainability, *Journal of Personality*, 77(6), 1935-1943.

QUALITY OF WORK LIFE OF SRI LANKAN REPATRIATE PLANTATION LABOURS IN TANTEA GUDALUR THE NILGIRIS DISTRICT- A STUDY

Dr. N. RAJAVEL
Assistant Professor, Department of Social work,
Bharathidasan University, Tiruchirappalli, Tamilnadu

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Agriculture has been the oldest form of activity practiced by people in the civilized world. India is also such a country, where, about 70 per cent of the labour force is employed in the agriculture sector. ThoughGross Domestic Product is coming down, still agriculture is the dominant sector of the economy and it impacts the wellbeing of the other sectors.Plantation is a part of agriculture and it directly employs more than two million people in the country. Plantation plays a very crucial role in the export of agricultural produce. About 15 per cent of the total exports earnings of agriculture products come from crops like Tea, Coffee and Rubber although plantation occupies only one per cent of the total cultivated area. The present study aims to find out the socio-economic conditions of the Sri Lankan repatriate plantation workers working in 'Tantea", Gudalurand, measure their quality of work life.Descriptive research design was used. A total of 182 families constitutethe universe.From these 182 families, 60 workers from Nelliyalam Division were extracted as sample respondents. It was found that repatriate plantation laborers' health problems or their time of returning to India had no significant impact on their perceived quality of life.*

Keywords: *Quality of Work Life, Plantation Labours, Sri Lankan Repatriates.*

Introduction

Agriculture has been the oldest form of activity practiced by people in the civilized world,wherein in India, about 70 per cent of the labour force is employed in the agriculture sector. Though theGross Domestic Product is coming down, still agriculture is the dominant sector of the economy and it impacts the wellbeing of the other sectors.Plantation is a part of agriculture and it directly employs more than two million peoplein the country. Plantation plays a very crucial role in the export of agricultural produce. About 15 per cent of the total exports earnings of agriculture products come from crops like Tea, Coffee and Rubber although these Plantation occupy only one per cent of the total cropped area.The term Plantation is informal and not precisely defined. Plantation is developed on a large scale as the crops are grown for commercial purposes, not for local consumption.The plantation section of Union Ministry of Commerce deals with Tea, Coffee, Rubber and Cardamom for which shipment figures were classified.

Peiris (1996) in his study he analyses the spatial dimensions of colonial economic change in Sri Lanka in a geographical perspective. Theagrarian policies pursued by the British in SriLanka were, both directly and indirectly, aimed at the promotion of plantation enterprise. Persistent efforts were made to maintain asteady flow of land to the plantation sector. At the same time, alarge chunk of government revenue was channeled into the development of infrastructure required by the plantations.

Hudson(1997) study on this problem. Frost causes damage of cells when temperature falls below 0 centigrade. The water between the cells freezes rapidly and form the cell diffuses out adds to cells freezes rapidly and forms ice crystals. Soon water from the cell diffuses out and adds to ice formation, resulting in the dehydration of the protoplasm and subsequently the death of the cell.

Chakraboty and acharya (1998) examined the international trade of Indian tea. They observed that average annual export of Indian tea is about 200 million kg and it reaches about80 countries in the world. The important reasons for the constraints of export are: (1) Indian tea is in compared to the teas of other countries (2) high domestic demand (3) discrimination under income tax Act towards producer exports. Inadequate shipment credit facilities and high import duty on package materials are other important problems.

Chaudhuri R N (2000) He conducted a study on Agricultural and plantation work is associated with a variety of unique occupational health hazards, such as physical (extreme weather conditions, sunrays), chemical (pesticides), biological and mechanical hazards.

OBJECTIVES

1. To find out the socio-economic condition of the respondents
2. To measure the employees quality of work life.

HYPOTHESIS

1. There is a significant difference among the year of returning to India and perceived quality of life among the repatriate plantation workers.
2. Repatriate plantation workers' health problems significantly affect their quality of life.

RESEARCH DESIGN

The Descriptive research design was used for the study.

UNIVERSE AND SAMPLING PROCEDURE

Sampling is the process of drawing a sample from a larger population. Tantea having 6 division (Devala, Cherambadi, Naadugani, Nelliyalam, Pandiyar, Pandalur) among that, the researcher chose Lottery method for selection of the study area.

Universe of the study 182 families in Nelliyalam Division, among those 182 families the researcher used simple random sampling, lottery method adopted for selection of samples. The size of sample is 60 respondents from Nelliyalam Division.

TOOLS FOR THE DATA COLLECTION

A self-prepared semi – structure interview schedule was used to collect the data which consists of the personal profile of the respondents, family details and socio economic condition. To measure the employee's quality of work life of the respondents, the self-prepared interview question was used. Its consists of Nature of work, Compensation of the employee, Safety and Healthy work condition, Work and Total life space, Constitutionalism of the Working Organization, Occupation Stress, Welfare Facilities.

ANALYSIS AND INTERPRETATION

Table 1: Distribution of respondents by age

S. No	Age Group	Frequency	Percent
1.	35-45 years	27	45
2.	46-50 years	17	28
3.	> 50 years	16	27
	Total	60	100

Table 1 shows the age distribution of the respondents.About half (45%) of the respondents belongedto the age group of 35-40 years old and 28 percent of the respondents belongedto the age group of 46-50 years and 27 percent of the respondents were above 50 years old.

Table 2: Distribution of respondents by gender

S. No	Gender	Frequency	Percent
1.	Male	32	53
2.	Female	28	47
	Total	60	100

Distribution of respondents by their gender is sown in the above table 2. More than half (53%) of the respondents weremale and the remaining 47 percent were female.

Table 3: Caste Distribution of the Respondents

S. No	Caste Distribution	Frequency	Percent
1.	BC	16	27
2.	MBC	14	23
3.	SC	30	50
	Total	60	100

Table 3 shows the caste-wise distribution of the respondents. Half(50 %)t of the respondents belonged to schedule caste (SC) category. About one-fourth (27%)belonged to backward caste (BC) and the remaining 23 percentwere of most backward caste (MBC) category.

Table 4: Distribution of respondents by educational level

S. No	Education Qualification	Frequency	Percent
1.	Primary School level	17	28
2.	High School level	34	57
3.	Higher Secondary School level	8	13
4.	Illiterate	1	2
	Total	60	100

Table 4 shows the education qualification of the respondents. About half (57%) of the respondents wereeducated up to High school level and 28 percent were educated up to primary level and 13 percent of the respondents had completed higher secondary.Only two percent of the respondent was illiterate.

Average Monthly Income of the Respondents: Majority of the respondents (88%) wereearning monthly income as below Rs. 5,000 and eight percent wereearning the monthly income in the range between Rs.5,001 and 10,000and only four percent of the respondent wereearning Rs.10,000 per month.

Type of Family: Nuclear family system was common among majority (88%) of the respondents.Only 12 percent of the respondents were in joint family. Majority of the respondents (82%) had 2 to 4 members in their family and only 18 percent had 5 to 6 members in their family.

Facilities in the home of respondent: Majority of the respondents (85%) had toilet facilities in their house, and 42 percent of the respondents had computer.The30 percent of the respondents owned vehicles.

Table 5: Return to India from Sri Lanka

S. No	Return to India	Frequency	Percent
1.	1970 – 1975	24	40
2.	1976 – 1980	21	35
3.	After 1980	15	25
	Total	60	100

Table five describe that overall 40 percent of the respondents returned India from Sri Lanka during the year 1970 – 1975 and 35 percent of the respondents returned India during the year 1976 – 1980 and 25 percent of the respondents returned to India after 1980. Twenty percent of the respondents' native district was Pudukkottai and 18 percent of the respondents' native district was Karur and Perambalur and 15 percent of the respondents' native district was Tiruchirappalli and 13 percent of the respondents' native district was Salem and 12 percent of the respondents' native district was Namakkal and 2 percent of the respondents' native district was Dindukkal and Villupuram.

Work Experience of the Respondents: Majority (68%) of the respondents had about 11 to 20 years of experience and 20 percent of the respondents more than 21 years of experience and 12 percent had less than 10 years of experience and 47 percent of the respondents had health problems. Majority (53%) of the respondent was frequently affected by various health issues, such as chest pain &ortho problem (22%), asthma (3%), and most (42%) of them were taking medicines regularly. Majority (90%) of the respondents had debts. Reasons for debts were children's education (43%), other household expenses (40%), and marriage (17%).

Table 6: Overall Quality of Work Life of the Respondents

S. No	Level	Frequency	Percent
1.	Low level	32	53
2.	High level	28	47
	Total	60	100

Table six describe that more than half of the respondents (53%) hadlow level of quality of work life and 47% of respondents hadhigh level of quality of work life.

Table:7 One Way Analysis of Variance among Return to India with regard to their Employee Quality of Work Life

S. No	Source	Df	SS	MS	$\overline{X}$	Statistical Inference
1.	**Return to India** Between groups	2	676.031	338.015	83.83	f = 8.172
	Within groups	57	2357.619	41.362	81.38 75.33	P > 0.05 Not significant

The above table shows that One way ANOVA 'f' test was used to findout the association between Return to India of the respondents and their quality of work life towards overall acquisition. The calculated value is less than table value (P>0.05).Hence, the null hypothesis is accepted.

Table 8: 't' test between the Health Problems of the Respondents with regard to their Quality of Work Life

S. No	Health Problem	Health problem and Employee Quality of Work Life		
		Mean	S.D.	Statistical Inference
1.	Yes	80.75	6.921	t = 0.100
2.	No	80.94	7.492	P > 0.05 Not Significant

The above table shows that 't' test was used to findout the difference between having health problem and the quality of work life.The calculated value is less than table value (P>0.05). Hence, the null hypothesis is accepted.

FINDINGS RELATED TO THE PERSONAL PROFILE:

In this study 45 percent of respondent's age group wasbetween 35 to 45 years.More than half of the respondents (53%) weremales.In this study half of the respondents (50%) belonged to Schedule Caste (SC) and little more than one-fourth (27%) of the respondents belongedto backward caste (BC) and nearly one-fourth (23%) of the respondents belongedto most backward caste (MBC). All the respondents belongedto Hindu religion.Vast majority of the subjects (93%) were married.More than half of the respondents (57%) were educated up to high school level.Vast majority of the respondents (88%) were earning less than Rs.5,000 per month. Most of the respondents' (82%) family had 2 to 4 members.Vast majority of the respondents (88%) werefrom nuclear family, all the respondents wereresiding in Tantea quarters and whichconsists of three rooms.Majority of the respondents (85%) hadseparate toilet facilities.Majority of the respondents (70%) did not own two wheelers.Nearly 40 percent of the respondents returned to India from Sri Lanka during the year 1970 to 1975.One-fifth (30%) of the respondents' native district was Pudukottai.More than half of the respondents (68%) had 11-20 years ofwork experience.Nearly half of the respondents (53%) reportedhealth problems.Nearly half of the respondents (42%) were taking medicine regularly.Majority of the respondents (83%) were regularly saving in cooperative society.Majority of the respondents (53%) reportedlow level quality of work life and 47 percent of respondentshigh level of quality of work life.

Results indicates that there is no significant difference in the mean scores of qualify of life between of the "year of return"and"health problems" groups (*p*> .05). This implies that the perceived qualify of life was almost same irrespective of the year they returned. Likewise, the perceived health problems had no significant effect on their quality of life.

SUGGESSION

- Government should help the plantation labours to improve their working condition.
- Government should provide new special schemes for Sri Lankan repatriates to improve their quality of life.

CONCLUSION

India is an agriculture-based country. The nationaleconomy and per capita income of the country is entirely depending on the growth of agriculture. Plantation crops are one of the segments of total agriculture. This signifies the importance of studying the quality of work life of the plantationslabours. Thisstudy explored the quality of work life of the employees in the plantations field. The study suggested some measures to improve the quality of work life and productivity, which may help the organization, workers, and also thegovernment to improve the production and quality of work life of the workers.

REFERENCES

1. Arya, O.P (2007) 'Report of Committee on Legislation: Plantation Sector', 17th September, Government of India, New Delhi.
2. Baak, Paul, E. (1992), 'Planter's Lobby in late 19th Century, Implications for Travancore,' Economic and Political Weekly, August, 15.
3. Behal, Rana,P (1985), 'Forms of Labour Protest in Assam Valley Tea Plantations, 1900-1930,' Economic and Political Weekly, Vol. 20, No. 4 (Jan. 26), pp. PE19-PE26.
4. Chiranjeevi, T. (1994), Tea Economy of India, Rawat Publications, Jaipur.
5. Chakraborthy, Ranaiit, and Acharya, Bivas (1998), 'Export Potential of Indian Tea in the New Economic Environment,' Managing Economic Liberalisation in South Asia, Directions for 21st Century, Macmillan India Limited.
6. Dubey. K, and L. S. Kot, "Agricultural Injuries in Central India: Nature, Magnitude, and Economic Impact," Journal of Agricultural Safety and Health 8, no. 1 (2002): 95–111.
7. Dudeja, Vijay (1996) 'Tea Quality - The Panacea', Tea International, TheJournal of the World Tea Trade, Vo1.3, Issue 2, No: 9.
8. Goradia, Praful (1979), Profiles of Tea, Oxford and IBH Publishing Company, New Delhi.
9. Haridas, P. (1998), 'Kenyan Tea Industry,' Tata Tea Seithingal, VolA, No:4, January
10. Hayami, Y. and Damodaran. A. (2004), 'Towards an Alternative Agrarian Reform: Tea Plantations in South India,' Economic and Political Weekly, 39 (36): 3992-3997.
11. Hudson, J.B. (1997a), 'Frost Injury to Tea,' Tata Tea SeithingalVolA, No.2, September–October.
12. International Labour Organization (ILO), Basic Problems of Plantation Labour, (Geneva: International Labour Office, 1956).
13. Karunatilake. H.N.S, (1971), Economic Development in Ceylon, Praeger Publications, USA.
14. Labour Bureau (2009), 'Socio-Economic Conditions of Women Workers in Plantations', Shimla.
15. Mani, Sunil (1992), 'Plantations in Kerala State. - An Analysis of its Role, Constraints and Labour Conditions,' Centre for Development Studies, Thiruvananthapuram.
16. Ministry of Labour& Employment (2009), 'Socio-Economic Condition of Women Workers in Plantation Industry', Government of India, Labour Bureau, Chandigarh.
17. Misra, Sib Ranjan (1986), Tea Industry in India, Ashish Publishing House, Punjabi Bagh.
18. Parthasarathy, Jakka (1995) 'Nilgiri Tribes towards Plantation Economy: The Planter's Chronicle, Vot. 90, No: 4, April.
19. Plantation Labour Act (1951), Government of India.
20. Raman, Ravi, K. (1986), 'Plantation Labour: Revisit Required,' Official Paper, Economic and Political Weekly, Vol. XXI, No. 22, May 31.
21. Reddy V.N. and Bhomik, Sharit, K. (1989), 'Small Growers and Cooperative Tea Factories in Nilgiris,' Economic and Political Weekly, Vol. XXIV, No. 39, September, 30.
22. Rege, D. V., (1946), Report on an Enquiry into Conditions of Plantation Labour in India and Ceylon, Delhi, Government of India.
23. UPASI (2003), 'Emerging Trends in the Plantation Sector: A Synoptic Perspective', Coonoor, Nilgiris, Tamil Nadu.

INSTITUTIONAL AND NON INSTITUTIONAL BASED REHABILITATION PROGRAMMES FORJUVENILE DELINQUENTS

Mrs.R.Rohini[1] & Dr.J.O.Jeryda Gnanajane Eljo[2]
[1]Assistant Professor, Department of Social Work, The American College, Madurai
[2]Assistant Professor, Department of Social Work, Bharathidasan University, Triuchirapalli

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Juvenile Justice Act aims at providing rehabilitation for neglected juveniles and delinquent juveniles. The Act provides adjudication of matters relating to rehabilitation and disposition of juvenile delinquents. The researcher aims to study the institutional and non-institutional rehabilitation programme for juvenile delinquents and descriptively explains the progammes. The article summarizes and reviews the literature on the effectiveness of rehabilitation programmes for juvenile involved in the justice system. The institutionalized rehabilitation of juveniles includes (i) Observational Homes, (ii) Special Homes and (iii) Place of Safety. Non-institutional or community based rehabilitation includes(i)Probation, (ii)Release on License, (iii)After Care Services and (iv)Guidance Bureau. Besides providing food, shelter, clothing, medical examination, treatment and occupation to the juveniles, the rehabilitation provides delinquents with facilities for the development of their character, abilities and give them necessary training for protecting themselves against moral danger or exploitation and functions to ensure all round growth and personality development.*

Keywords: *Juvenile Justice, Juvenile Delinquents, Institutional Rehabilitation, Non- Institutional Rehabilitation.*

Introduction on Juvenile Justice Act:

The Juvenile Justice Act, 1986 was enacted on 3rd December 1986 and came into force on 2nd October 1987 throughout the country. The Act contains 63 Sections and 7 Chapters. The first four chapters deals with various definitions, outlines competent authorities and institutions for juvenile and deals with neglected and delinquent juveniles respectively. The last three chapters deals with procedure of competent authorities/ appeal/ revision from orders of authorities, special offences in respect of juveniles and miscellaneous provisions respectively. The Act has replaced the Children Acts then prevailing in various states and union territories, which stand under Section 63 of Juvenile Justice Act. The new four specific features of the Act is

(i) Uniform Legislation
(ii) Separate handling of delinquent and non-delinquent children
(iii) Juvenile Welfare Board
(iv) Development of Community Based Welfare agencies

to take care of the juvenile and ensure protection and rehabilitation for the maladjusted children. The Juvenile Justice Act aims at providing care, protection, treatment, development and rehabilitation of neglected and delinquent juveniles and adjudication of certain matters relating to and disposition of juvenile delinquents.

Institutional Rehabilitation Programmes:

Institutional rehabilitation programmes to juvenile delinquents include

i. Observational Home
ii. Special Home
iii. Place of Safety

Observation Home:

Section 2 of the Juvenile Justice Act provides for the establishment and maintenance of Observation Homes for the temporary reception of juveniles during the pendency of any enquiry against them. This lies at the root of rehabilitation. Besides providing the basic facilities like food, shelter, clothing, medical examination, treatment and occupation to the juveniles, they provide an opportunity to the concerned officials to observe the children at the close quarters and properly diagnose their problem with reference to their character, psychological make-up, family background, scholastic attainments, capabilities, inclinations and other factors. Officers also make home visits, so as to understand the juvenile better.

Based on their observations, officers recommend either Repatriation or Probation with or without supervision or Institutionalization at observation home or special home or place of safety. The crucial role of

observation homes in rehabilitating children is greatly affected by the problems encountered in the management of the homes. Contravening the provisions of the Juvenile Justice Act, neglected and delinquent juvenile are often housed together in majority of the homes. Necessary amenities and facilities extended to the children sometimes do not meet the minimum standards. Some children continues to stay in the observation home for long period, where individual attention is seldom given and they even cultivate antisocial habits like smoking, drug addiction and even homo sexuality.

These homes need adequately trained and motivated staffs. Needless to state, they suffer from resource constraints. All these factors directly or indirectly have an impact on the juveniles affecting their rehabilitation.

Special Homes:

Section 9 of the Juvenile Justice Act, empowers the state government to establish and maintain Special Homes. Every neglected juvenile sent to special home under Juvenile Justice Act, shall not only provide the juvenile with accommodation, maintenance, facilities for education, vocational training and rehabilitation. This also provides delinquents with facilities for the development of their character, abilities and give them necessary training for protecting themselves against moral danger or exploitation. It also performs other functions to ensure all round growth and development of their personality. Similar provision is made under Section 10 of the Juvenile Justice Act for delinquent juveniles which aimed at their reformation and personality development. Section 15 and 21 of the Juvenile Justice Act empower the welfare boards and juvenile courts to commit the children to observation homes and special homes respectively.

In correctional institutions two types of programmes are offered to the juveniles. On one hand, basic amenities like accommodation, food, clothing, health and recreation are provided and on the other hand various types of education and vocational training are imparted through instructors. A classification system based on age, physical health, mental health, length of commitment, degree of delinquency and character is used to enhance the effectiveness of the rehabilitation of the programmes.

Besides

- Cultural meets
- Parents –inmates – staff meetings
- Community contacts
- Visits to outsides institutions
- Excursion, etc

are conducted to facilitate the socio- cultural development of the inmates. All these inputs are expected to help them reform and develop a healthy personality to lead an independent and normal life in the community after their release from the institution, which implies in rehabilitation. Contemporary correctional institutions in the country appear to be in doldrums in the state of stagnation. The quality and quantity of services and training offered to the juveniles is very often questioned and criticized.

Place of Safety:

Offences have been categorized as petty, serious and heinous offences. Children in the age group of 16-18 years may be tried as adults in cases of heinous offences after preliminary assessment by the Juvenile Justice Board.A Place of Safety will be setup for children above the age of 18 years or children of the age group of 16-18 years who are accused or convicted for committing a heinous offence. The Place of Safety will have separate arrangement and facilities for under trial children and convicted children

The preliminary assessment by the Juvenile Justice Board is to be conducted within three months before transferring the case to the Children's Court. The Act mandates that in case the child is tried as an adult by the Children's Court, it shall ensure that the final order includes an individual care plan for the rehabilitation of child, including follow up by the probation officer or the District Child Protection Unit or a social worker. The Children's Court shall ensure that the child is kept in place of safety till the individual attains the age of twenty-one years. When the person attains the age and the term is still pending, the Children's court shall evaluate whether theindividual need to be transferred to jail or if the person has undergone reformative changes and could be spared incarceration. The Act puts a complete embargo on capital punishment or life imprisonment without the possibility of release for the child offenders who come to be treated as adults by the juvenile justice administration. The decision whether the child is to be released or sent to jail after attaining the age of 21 years will be taken by the Children's Court.

Rehabilitation and Social Reintegration:

The reformation and protection of a child is the prime objective of a Observation Home, Special Home and Place of Safety. The Institution prepares Individual Care Plans for children in conflict with law, preferably through family based care. Any child leaving an institution on attaining 18 years of age may be provided with financial support based on their vocational training.

Non Institutional Rehabilitation Programmes:

Non-institutional or Community-based rehabilitation programmes for juvenile delinquents mainly include

(i) Probation
(ii) Release on License
(iii) After Care Services
(iv) Guidance Bureau

Probation:

Probation as a rehabilitation is one of the most significant approaches in community-based corrections. Section 19 and 21 of the Juvenile Justice Act deals with the subject of probation. Under these provisions, the probation officer is expected to obtain information regarding the antecedents and family history of the juvenile and other material circumstances likely to be of assistance to the juvenile court in conducting an enquiry. On the basis of enquiry, the juvenile court may admonish the child or release the child on probation of good conduct and place the child under the care of a parent, guardian or fit person or institution. The court may also order the juvenile to pay a fine if the child is over 17 years of age and is earning.

Depending upon the case, in the interest of the juvenile and the public, the court may order the juvenile to remain under the supervision of the probation officer for a period not exceeding three years. The greater responsibility and involvement of the juvenile justice functionaries, particularly the probation officers specific assignment includes, preventing long time deviant or criminal careers and assisting the child through the service to achieve their potential as a productive citizen. To perform these tasks, the probation officers have to prepare each juvenile's diagnosis and treatment plan. Probation supervision involves

i. Surveillance
ii. Service
iii. Counseling

The probation officer must maintain contact with the juvenile, their parents or guardians, their school and other persons involved and concerned about the child's adjustment. Community services may be mobilized to mitigate the problems confronting the juvenile and their family. The officer may also counsel the family and the concerned person to understand and face the personal or environmental problems leading to the juvenile's delinquent behavior, so that they may mitigate the problems facing the juvenile and facilitate juvenile's rehabilitation.

Release on License and After Care Services:

Release on license is known as statutory aftercare and sometimes as aftercare. The difference between statutory aftercare and non-statutory aftercare is that, in the former the juvenile is released on supervision on the condition that they will be returned to the institution if they violate the conditions, where as in the latter there is no such legal binding as the child is released from the institution after completing the entire period.

The philosophy underlying aftercare is that each juvenile must have a carefully planned, expertly executed and highly individualized programme to help them resettle in the open community. Once the juvenile is institutionalized the child is forced to follow the schedule of the institution in a restricted environment. Consequently, the child's reentry into the society is often made difficult both by the effects of institutional life and the attitude of the community to which they return.

Section 44 of the Juvenile Justice Act deals with the release of the juvenile on license, Section 12(a,b) of the Juvenile Justice Act empowers the state government to make rules to establish or recognize aftercare organizations for the purpose of taking care of juveniles after they have been released from the special homes and for the purpose of enabling them to lead an honest, industrious and useful life. Section 12 c of the Juvenile Justice Act empowers and provides the preparation or submission of a report by the probation officer in respect to the juvenile individually prior to their release on lecense or voluntary aftercare from special homes on their progress. The report would certainly facilitate the planning of the after care programmes for juveniles. Significant tasks were involved in the aftercare work.

- First, the juvenile's dependency ties with the institution need to be served systematically.
- Second, suitable accommodation and legitimate gainful employment have to be found.
- Finally, the juvenile should be helped to perform day-to-day activities independently and to adjust to the immediate milieu positively.

Blue Print for After Care:

The Department of Criminology and Correctional Administration of the Tata Institute of Social Sciences, Bombay, on an experimental basis, conducted an after care field action project, with the special component of professional social work intervention. The project was divided into two interconnected phases

a) Pre Release Preparation
b) Post Release Follow- Up

This after care facility was extended to 25 inmates from three institutions. Over a period of 18 months, the project revealed that 16 inmates had been rehabilitated successfully and the blueprint may be suggested for the rehabilitation of juveniles.

Preparation of aftercare starts from the moment the juvenile enters the institution. However, pre-release preparation time may vary from one juvenile to another depending upon the tasks involved. It is suggested that Pre-Release Preparation should begin six months prior to the release of the juveniles. This involves the preparation of the juvenile as well as the preparation of the community. While preparing these tasks the after care worker needs to apply the social work methods of case work, group work and community resource mobilization and work with individuals, groups, families and resourceful institutions or persons. The preparation period of six months may be profitably used fir different purposes depending upon the problems, needs and interest of the juveniles.

In the Post-Release Follow Up phase the worker terminates the case as and when the worker's assessment reveals that the juvenile is rehabilitated. There is no fixed period as if they may vary from case to case. Normally it may take between six months to one year.

Guidance Bureau:

The Guidance Bureau or Juvenile Service in a strict sense, are not meant for the rehabilitation of juvenile delinquents but for the prevention and control of potential juvenile delinquents in the community. Released inmates can always avail the benefits of the programmes offered by the bureaus, as they are based in the open community. The Children's Aid Society's Juvenile Service Bureau, Bombay was established in 1954, with financial assistance from the Central Social Welfare Board. Since 1988, the bureau has gained further impetus owing to the funds provided by the UNICEF. The objectives of the bureau are,

(i) To focus public attention on health and welfare needs of the socially and physically handicapped children.
(ii) To provide consultative services in guidance, counseling and therapy.
(iii) To provide referral and diagnostic services to schools, teachers, parents or guardians and other agencies
(iv) To maintain in cooperation with other welfare agencies, a central social exchange of all children referred to the various agencies.
(v) To cooperate with civic and education bodies and welfare agencies in evolving suitable programmes for children's physical, mental and educational growth and
(vi) To conduct and promote scientific research and collect factual data to determine the special needs of children in difficult circumstances.

The bureau aims to cover both school-going and non-chool-going children, unemployed youth, parents, women and groups with specific needs and problems like alcoholics, addicts, chronic patients and crisis families

These programmes and services seem to have positive impact on the juveniles. It is difficult to get well trained and committed personal. Resource constraints, both financial and material are almost permanent features and the centers do not have adequate space and sufficient play ground. It is reiterated that the philosophy and purpose of the juvenile service bureau hold grounds to date and in future too. The receptivity of the juveniles to the programmes and the services is quite high. This raises hopes that community-based rehabilitation and crime prevention programs will be effective both qualitatively and quantitatively in the lives of the juveniles.

Suggestions and Conclusion:

The Institutional Programmes to Rehabilitate Juvenile Delinquents reveals the importance of Observation Home, Special Home and Place of Safety. The condition prevailing in the homes are likely to affect the rehabilitation of the juveniles. Only less than ten percentages of the juveniles were institutionalized, which is used as a last resort. The Community Based Rehabilitation is gaining increased importance in the country. Although the ideology of aftercare is impressive, yet the unsatisfactory programmes and services offered there in are to be improved. The Juvenile Service Guidance Bureau is encouraging and is replicated in other communities.

Implementation of successful rehabilitation of juvenile depends upon the overall improvement in the Juvenile Justice System. The existing infrastructure, facilities and working condition has to be considered immediately with prior attention. Qualified and trained professionals can be recruited. Continuous in service training, research and evaluation can be encouraged. Innovative experiments can be carried out to reach juveniles in a humane and dignified manner. The provision of Juvenile Justice Act emphasizes the rehabilitation of juveniles successfully.

References:

1. 1956, Central Social Welfare Board, Advisory Committee of After Care Programmees, New Delhi : CSWB
2. 1986, Government of India, The Juvenile Justice Act, 1986, Delhi : Controller of Publication.
3. 1986, Baattacharyya,S.K, Probation System in India: An Appraisal, Delhi : Manas Publication.
4. 1997, N.K.Chakrabarti, Administration of Criminal Justice: The Correctional Services: Deep & Deep Publication
5. 2007, Improving the Protection of Children in Conflict with Law in South Asia.
6. 2017, March.Living Conditions in Institutions for Children in Conflict with Law.Manual
7. 2018, R.Rohini, Child Neglect & Maltreatment of Children in Conflict with Law: A Social Injustice , International Journal of Research in Humanities, Arts and Science

Effectiveness of Cognitive Behaviour Modification techniques in managing hyperactive behaviour of Intellectually Challenged children

G.SASIKALA[1] & DR. P.SWARNAKUMARI[2]
[1]Assistant Professor, [2]Associate Professor
PG & Research Department of Rehabilitation Science, Holy Cross College (Autonomous), Trichy-620002

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Excessive activity is one of the most common complaints made about young children, parents and teachers are likely to diagnose hyperactive, when a child's behaviour seems excessive in various social or other environmental contexts. These behaviours are usually first identified during early school years. It is estimated at least 5% school age children have problem in this area. Adolescence continues to be a difficult period for hyperactive children. Specific treatment strategies for hyperactivity typically involve medication, behavioural or cognitive behaviour therapy or cognitive behaviour modification.*

This study aimed to study the effectiveness of cognitive behaviour modification techniques in managing hyperactive behaviour of the intellectually challenged children in inclusive education setting.

The study is an Experimental study with entry and summative level .The hyperactive behaviour were finalised through Maladaptive Behaviour Checklist and Hyperkinesias Rating Scale .Purposively a sample of 5 children were selected who were found to have hyperactive behaviours in inclusive education settings. Obtained data were transcribed and analyzed using Descriptive and Differential analysis.

The statistical procedure showed insignificant change because the intervention period was less. The hyperactive children are exposure to the cognitive behaviour modification technique for the first time. It is felt that long periods of intervention could result in total modification of the hyperactive behaviour.

Keywords: *Hyperactivity, Cognitive behaviour modification, Inclusive Education, Children with mental retardation.*

INTRODUCTION

Hyperactivity in young children is manifested by gross motor activity, such as excessive running or climbing. The child is often described as being on the go, "running like a motor" and having difficultly sitting still. Psychiatrists refer to hyperactivity as attention deficit hyperactivity disorder" (ADHD). Hyperactivity is a much misunderstood term and widely misused. There is a difference betweenbeing impulsive and hyperactive. They do not mean the same thing, "Not all who respond impulsively are hyperactive and impulsivity does not always result in an incorrect response".

Blackman and Goldstein suggested that when the learner does not know how to respond to incoming stimuli he produces an incorrect response by either ignoring the relevant features of the task (impulsivity) or responds with excessive activity (Hyperactivity). The impulsive learner chooses the very first action he thinks will solve the problem, without taking time to analyse all the attributes of the task. This leads him to 'produce hyperactive behaviour.

Hyperactivity or Hyperkinesis mess has been considered as synonymous.Attention deficit disorder with hyperactivity is a behavioural syndrome marked by hyperactivity, impulsivity, distractibility, excitability and short attention span. Other symptoms, which occasionally occur in some children, are aggression, conceptual deficits, perceptual deficit, poor self - concept and depression. Overactivity is a major part of the syndrome in early childhood. The syndrome is more common in boys than in girls, with some estimates as high as a 9:1 ratio of boys to girls.

There is also evidence that cognitively oriented behaviour therapy can help to control excessive activity by promoting self- control. Many hyperactive children in fact lack me capacity to regulate their own behaviour and have been described as having an external locus of control (Linn & Hodge 1982) - that is, they tend to relay on other persons or agents (e. g.) drugs for control of their behaviour.

Unlike many behaviour modification studies in which the treatment outcomes remain mysterious to the child, the cognitive training programs typically specify what the objectives are, why they are important and what techniques can be employed to achieve them.

Unlike a number of intervention procedures in which the child is a passive recipient (such as in drug therapy), cognitive training focus the child into a role of greater responsibility.Although many studies are conducted on "cognitive behaviour modification only a very few studies are on the hyperactive behaviour.

All the other studies are focused on cognitive behaviour modification with learning disabled children, disruptive behaviors, depression, and anxiety.

It is also important to discriminate among different forms of hyperactive behaviors for example, hyperactive children whose behaviour is aggressive as well comprises a distinct subgroup. As a result, the researcher has selected this topic. This would help the special educator to identify the hyperactive behaviour and use cognitive behaviour modification as a behaviour modifier.

The timely identification and intervention of the hyperactive behaviour helps not only to reduce the disruption of the child's hyperactive behaviour but also diminishes the likelihood that multiple problems will evolve from the complex problem.

Cognitive behaviour modification have contributed innovative techniques of treating a range of behavioural problem including depression, anxiety, overeating and other problem of self-control and impulsive behaviour in children. This provoked the curiosity of the researcher to study on this topic.

The main Objectives of the study are

- To find out the presence of hyperactive behaviour in the intellectually disabled children.
- To find out the effectiveness of cognitive behaviour modification techniques in managing hyperactive behaviour of the intellectually disabled children.
- To observe and record the process of changes in hyperactive behaviour of intellectually disabled children before and after intervention.

METHOD

The study is an experimental study with entry and summative level, designed to examine the effectiveness of cognitive behaviour modification technique in managing hyperactive behaviour of the intellectually disabled children. This study was done at Blossoms Opportunity School for Special Children, Trichy District with a sample of 5 intellectually disabled children.

Sample selection for the present study was done in two different stages using two different methods. Initially to identify the hyperactive behaviour, random sampling was used to select 30 children who have problem behaviors like throws objects at others, makes loud noises, no eye to eye contact, talks to self etc. The hyperactive behaviour were finalised through maladaptive behaviour checklist and purposively a sample of 5 children were selected who were found to have hyperactive behaviors.

With the help of hyperkineis rating scale. The various hyperkinetic behaviour such as hyperactivity, short attention span, variability, impulsiveness, irritability, explosiveness of 5 hyperactive children were found out through an informal observation and therapy were given for behaviour modification.

The tools used for the study were:

1. Maladaptive behaviour checklist.
2. Hyperkinesis rating scale. It consists of hyperkinetic behaviors like Hyperactivity, Short attention span and powers of concentration, variability and Impulsiveness and inability to delay gratification.

The researcher visited the inclusive school and observed the intellectually disabled children with hyperactive behaviour and also enquired the regular teacher and special educator handling the child. Through observation and with the help of special educators, the researcher was able to identify the children with hyperactive behavior.

Initially an observation of the children was done to find the hyperactive behaviors that were exhibited among the intellectually disabled children. As guidance, the maladaptive behaviour checklist formulated by A.A.M.D. was used and a sample of 5 children was selected who were found to have hyperactive behaviour. The behaviour was observed and recorded. This sample consists of 5 boys irrespective of their level of retardation.

Finding out the effectiveness of cognitive behaviour modification technique managing hyperactive behaviour of the intellectually disabled children was indeed the most important and critical part of the thesis.

To collect data for this the following steps were taken. Among the 5 children who had hyperactive behaviour, the various hyperkinetic behaviour such as hyperactivity, short attention, span, variability, impulsiveness, irritability, explosiveness was observed and recorded and then the therapies such as exercises, storytelling were given to these children.

Baseline Phase

As an initial step the hyperactive children were observed for a period of 10 days for one hour. This period of

observation and recording of targetbehaviour is called entry level or Baseline Phase. During this level the researcher only counted and recorded how often or how many times the hyperkinetic behaviour occurred. To collect the baseline data, the frequency of each behaviour is recorded.

Intervention Phase

The second phase was the therapy or treatment phase called intervention phase, which was indeed the crucial part of the thesis. This phase lasted until a desirable change in the behaviour would be observed. The intervention phase continued for 30 days. The various therapies given for hyperkinetic behaviors are as follows :

Hyperactivity: Exercise, games, drawing[completing a figure]
Short attention span : Puzzles, Storytelling.
Variability: Role modelling, Action song in a group.
Impulsiveness & inability to delay gratification: Story completion, games.
Irritability: Maze, Games [Musical chair]
Explosiveness: Blowing balloons, walking exercises were given to thesechildren.

Evaluation Phase

The final phase was the evaluation phase where the researcherhad to again observe and record the frequency of occurrence of the hyperkinetic behaviour for one hour to see if the desired result was achieved. To find out whether the hyperkinetic behaviour increased ordecreased before and after intervention, the average of baseline phaseand evaluation phase were calculated separately and they werecompared to see if there was any change.

RESULTS & DISCUSSIONS

Prevalence of Hyperkinetic behaviour in the Samples selected

S. No	Samples	Age	Level of Retardation	Hyperactivity	Short attention Span	Variability	Impulsiveness	Irritability	Explosiveness
1	Sathish	8	Moderate	*	*	*	*	•	•
2	Bhuvaneswar	12	Mild	*	*	*	•	•	•
3	Varun	14	Mild	*	*	*	•	•	•
4	Deepak	13	Moderate	*	*	*	•	•	•
5	Ansari	13	Mild	*	*	*	•	•	•

*Presence of behaviour
· Absence of behavior

DESCRIPTIVE ANALYSIS

Table 5:2(b) – The Hyperkinetic Behaviours of Sample : I was analyzed

S.No.	Hyperkinetic behavior	Frequency of the behaviour	
		Before intervention (Avg)	After intervention (Avg)
1.	Hyperactivity	6.26	5.56
2.	Short attention span	9.87	7.33
3.	Variability	2.89	3.81
4.	Impulsiveness	5.04	3.04

This table indicates the hyperkinetic behaviours present in sample I though there was not a vast improvement in hyperactive behavior, yet the behavior reduced from 6.26 times to 5.56 times after intervention.

Simpson & Nelson (1974) used breathing techniques and other body controls to help hyperactive children control various motor behaviours and maintain concentration. The research findings suggested that such training can help hyperactive children develop better self-discipline and control their own actions.

The insignificant change in the child was seen, that the child was less interested in the exercises and games given as therapy.

With regard to short attention span, the rate of occurance of this behavior decreased from 9.87 times prior to intervention to 7.33 times after intervention. This signs of improvement shows that the techniques used had been effective in bringing desired change.

However variability increased on average by the times 2.89 to 3.81 times after intervention. The reason for increase, the child was not co-operative in group therapy (Action Songs).

After administrating the intervention technique, the average scores of impulsiveness has decreased from 5.04 times to 3.04 times which shows the above technique had been very effective in bringing about the desired change.

Kendal & Braswell (1982) have been successful in achieving some behavior change with disruptive / impulsive teacher referred children from regular schools. The results of self-instructional training with children meeting the criteria for attention deficit disorder with hyperactivity have been much more equal.

Table 5:3(c) – The Hyperkinetic Behaviours of Sample 2 was analyzed

S.No.	Hyperkinetic behavior	Frequency of the behavior	
		Before intervention (Avg)	After intervention (Avg)
1.	Hyperactivity	8.19	9.39
2.	Short attention span	9.94	7.07
3.	Variability	2.62	2.34

On comparing the average scores it is found that the hyperactivity showed no signs of improvement. From an average rate of occurrence of hyperactivity of 8.19 times prior to intervention, the hyperactivity increased by 9.39 times after intervention.

Hallahan & Kauffman (1975) suggest that training hyperactive children to verbalize may be one method of reducing inappropriate motonic behavior. In the early stages, it may be necessary to require the severely hyperactive child to verbalize each of the steps in the sequence of behavior before attempting each step. It may be that only after much training in this overt verbalization can be gradually come to use the language cues covertly.

The reasons attributed towards the increase in hyperactive behavior because the child has delayed language development as well as he lacked motivation to involve himself in the therapy.

Comparatively the pre and post test findings of the occurance of short attention span it is seen that it has decreased from 9.94 times to 7.07 times after intervention. Johnston & her colleague (1980) found self-instruction have been employed to teach retarded children self-control and how to pay attention as well as master more academic tasks. The decrease in the behavior short attention span is attributed towards the co-operative involvement of the child in completing the puzzles. Though there was not a vast improvement in the behaviour, variability but the behavior reduced from 2.62 times to 2.34 times after intervention. The attitude of the child towards the therapy during this short period of intervention contributed towards this, small yet positive change.

Table 5:4(d) – The Hyperkinetic Behavior of Sample 3 was analyzed

S.No.	Hyperkinetic behavior	Frequency of the behavior	
		Before intervention (Avg)	After intervention (Avg)
1.	Hyperactivity	8.47	6.82
2.	Short attention span	7.05	5.97
3.	Variability	4.91	6.59

Thus on comparing the pre and post test findings the rate of occurrence of hyperactivity has decreased from 8.47 times to 6.82 times after intervention.

Godwin & Mahoney (1975) used a technique called the circle game to train hyperactive boys to control their responses to the verbal taunts of others. Post treatment observations of the game indicated improvement in the children's ability to remain calm while exposed to the taunts of others and observations of the boys in the class room indicated a decrease in disruptive behavior.

Immense involvement of the child towards the therapy exercise and games and his motivation and co-operation in the desired activity were probable factors in bringing about a decrease in the undesirable behavior.

The results of pre and post comparisons of the child's behavior short attention has decreased from 7.05 times prior to intervention to 5.97 times after intervention.

Dunn & Howell (1982) successfully used cognitive behavioural treatment to help hyperactive children learn to shift attention less frequently and to behave reflectively rather than impulsively.On comparing the average scores it is found that the variability has increased from 4.91 times to 6.59 times after intervention.

Barley, Copeland & Sivage (1980) A package of self-control procedures including self-instruction and self-monitoring was applied to six hyperactive boys, results showed that, although misbehaviours during the large group activity didn't appear to be improved but reduced misbehaviours during individual work sessions. In addition, change in the schedules of the self-monitoring for the boys resulted in an increase in variability and some behavior deteriomation especially among those boys of lower mental age.

The reasons towards this increase in variability are that the children perform better in a individual situation, than in group situation. The child was not cooperative when the action song in a group was given.

Table 5:5(e) – The hyperkinetic behavior of Sample 4 was analysed

S.No.	Hyperkinetic behavior	Frequency of the behavior	
		Before intervention (Avg)	After intervention (Avg)
1.	Hyperactivity	8.01	6.41
2.	Short attention span	6.57	6.63
3.	Variability	5.49	4.44

The behavior hyperactivity has decreased from 8.01 times prior to intervention to 6.41 times after intervention. After administrating the intervention technique (i.e) self instruction, the behaviour has decreased which slows that the technique used proved to be effective in ensuring the desired change.

Kendal and his colleagues (1982) began to train 9 year old Jason, hyperactive boy with simple self-instructional statement, while working on matching games and other Psycho educational tasks. At the end of the intervention, ratings completed by Jasons teacher indicated improvement in self-control and a decrease in hyperactive behaviour.

With regard to short attention span the rate of occurrences of this behaviour increased from 6.57 time to 6.63 times after intervention. The reason attributed towards this increase, was that the child was more dependent on the researcher to complete the puzzle.

Comparatively the pre and post test findings of the occurance of variability, shows signs of improvement. The behavior has decreased from 5.49 times prior to intervention to 4.44 times after intervention. This decrease was due to the child involvement in the therapy. The child performs better in a group situation and he liked the action songs very much.

Kendall (1984) examined self-instruction procedures, modeling, role-playing and self-evaluation have been useful in dealing with the problems involved in hyperactivity. Hyperactive children are trained to talk to themselves in a manner that aids self-control.

Table 5:6(f) – The hyperkinetic behavior of Sample 5 was analysed

S.No.	Hyperkinetic behavior	Frequency of the behavior	
		Before Intervention (Avg)	After Intervention (Avg)
1.	Hyperactivity	10.57	12.00
2.	Short attention span	15.06	15.70

3.	Variability	07.40	07.33
4.	Impulsiveness	04.33	04.07

Thus on comparing the pre and post test findings it is evident that the hyperactive behavior has increased from an average of 10.57 times to 12 times after intervention. The reason toward the increase in hyperactivity was that the child was not all co-operative and not interested in anything. The child was too hyperactive dunning the therapy sessions and the researcher found it difficult to carry out the therapy. The child has also poor language development.

A.R. Luria (1961) has conducted some classic studies investigating the role of the child's own language in regulating his motor performance, Lurias theory posts that it is not until the child has a well developed usage of language that he can't become proficient at controlling his motor behavior. Verbal control can be an effective control over motor activity.

The short attention span has increased from 15.06 times to 15.7times after intervention. There was no change in the behavior, because the child was fully dependant on the researcher.

However variability has decreased from 7.4 times to 7.33 times after intervention. The child performs better in group situation than individual situation.

Comparatively the pre and post test findings, the occurrence of impulsiveness has decreased from 4.33 times to 4.07 times after intervention.

Kendal (1981); Meichenbaum (1977) Meichenbaum & good man (1971) have reported that impulsive behavior in children can be successfully modified by the use of cognitive behavioral technique in which rewards for desired behavior are combined with training in the use of verbal self-instruction.

Differential Analysis

Hypothesis 1:

There is no significant change in hyperactive behavior of intellectually disabled children after the use of cognitive behavior modification technique.

Table 5:7(g) – Represents the change in means of hyperactive behavior before and after intervention

S. No.	Details	Mean $\bar{X}$	S.D.	Calculated 't' value	Table value at	Remarks
1.	Before intervention	8.2	1.6	0.208	2.896	Accepted
2.	After Intervention	7.9	2.4			

Since the calculated't' value (0.208) is less than the table value (2.896) at 0.1 level of significance, the null hypothesis is accepted. Hence there is no significant change in hyperactive behavior after the use of cognitive behavior modification technique.

Hypothesis 2:

There is no significant change in short attention span ofintellectually disabled children after the use of cognitive behaviormodification technique.

Table 5:8(h) – Represents the change in means of short attention before and after intervention

S. No.	Details	Mean $\bar{X}$	S.D.	Calculated 't' value	Table value at	Remarks
1.	Before intervention	9.8	3	0.48	2.896	Accepted
2.	After Intervention	8.6	4			

From the above table it is clear that the table value (2.896) at 0.1 level of significance exceeds the calculated' value (0.48). So the null hypothesis is accepted.

This shows that the cognitive behaviour modification technique has not brought about any significant change in the behaviour.

Hypothesis 3 :
There is no significant change in variability of intellectually disabled children after the use of cognitive behaviour modification technique.

Table 5:9(i) – Represents the change in means of variability before and after intervention

S. No.	Details	Mean — X	S.D.	Calculated 't' value	Table value at	Remarks
1.	Before intervention	4.66	1.76	0.19	2.896	Accepted
2.	After Intervention	4.902	1.83			

The findings from the table reveal that the calculated value of 't' is 0.19 and this is comparatively less than the table value (2.986). So the null hypothesis is accepted, showing that there is no significant change in variability after the use of cognitive behavior modification technique self-instruction with the hyperkinetic children.

Hypothesis 4 :
There is no significant change inimpulsive behavior of intellectually disabled children after the use of cognitive behavior modification technique.

Table 5:10(j) – Represents the change in means of variability before and after intervention

S. No.	Details	Mean — X	S.D.	Calculated 't' value	Table value at	Remarks
1.	Before intervention	4.685	0.37	1.79	6.965	Accepted
2.	After Intervention	3.555	0.51			

The calculated't' value is (1.79) which is less than the table value (6.965) at 0.1 level of significance. Hence the null hypothesis is accepted, thereby providing that there is no significant change in impulsive behavior after the use of intervention technique that is cognitive behavior modification technique.

RESEARCH FINDINGS

Hyperactivity

It is found that the hyperactive behaviour has decreased in the samples 1,3 and 4 after intervention proving that the cognitive behaviour modification technique had been effective in ensuring the desired change. The active involvement of the child in the therapy is attributed towards this decrease in the hyperactive behaviour.

Short attention span

Short attention span was found in all the five intellectually disabled children. After an exposure to cognitive behaviour modification technique, there is a decrease in the occurrence of short attention span in samples 1,2 and 3. As a result of listening and participation in the therapy the behaviour was reduced. In samples 4 and 5 the short attention span has increased after intervention proving that the technique was ineffective with these children.

Variability

The rate of occurrence of variability has increased after intervention in two disabled children because the children perform better in individual intellectually situation that in the group situation but there was a reduction of variability in other children. This shows the positive effect of the technique in reducing the hyperactive behaviour.

Impulsiveness

Sample l and 5, identified with impulsive behaviour were exposed to cognitive behaviour modification technique and after the intervention period there was a decrease in the occurrence of the behaviour. The children's interest and motivation towards the technique brought about this decrease in the behaviour.

Finally the hypothetical findings revealed the following:

1. There is no significant change in hyperactive behaviour of intellectually disabled children after the use of cognitive behaviour modification technique.
2. There is no significant change in short attention span of intellectually disabled children after the use of cognitive behaviour modification technique.
3. There is no significant change in variability of intellectually disabled children after the use of cognitive behaviour modification technique.
4. There is no significant change in impulsive behaviour of intellectually disabled children after the use of cognitive behaviour modification technique.

The statistical procedure showed this insignificant change because the intervention period was less. The children are exposure to this technique for the first time. It is felt that long periods of intervention could result in total modification of the hyperactive behaviour.

CONCLUSION

Many children in the general population may be consideredhighly active, but the behaviour of those who are hyperactive appearsqualitatively different from that of the normally active child. Thishyperactive behaviour is marked by its situational inappropriateness inlearning [Connors, 1971]. It appears that one way to deal with theproblems associated with hyperactivity is to teach children to stop andthink before undertaking a behaviour so that they can guide their own'performance by deliberate self-instruction. The extent to which suchgains made in cognitive behaviour modification generalize to othersettings, such as the home and play situation. To conclude ,it is found that the cognitive behaviour modification technique hasbrought about a reduction in the occurrence of hyperkinetic behaviorsof intellectually disabled children.

BIBLIOGRAPHY

1. Allyn and Bacon (1990). Psychology.(3rd edition), USA, Simon andSchuster, Inc.
2. Bruno, Frank, J (1980) Behavior and Life. Canada : John Wileyand sons, Inc.
3. Carbon, Robert C and Butcher, James N (1992). AbnormalPsychology and Modern Life. (9th edition).USA : Harper CollinsPublishers, Inc.
4. Cruickshank, Wil1iam.M. (1980).Psychology of exceptionalchildren and youth. (4th edition), USA: Prentice - Hall, Inc.
5. Davison Neale (1994), Abnormal Psychology. (6th edition) ;Canada : John Wiley and Sons, Inc.
6. David Sue, Derald Sue and Staney Sue (1990). UnderstandingAbnormal behavior. USA : Houghton Mifflin company.
7. Dobson, Keith. S. (1988). Handbook of Cognitive behavioural therapies. USA : Guilford Publications, Inc.
8. Gibson, Janice. T. (1976).Psychology for the classroom. NewJersey, Prentice - Hall, Inc. –
9. Hallahan, Daniel. P. and Kauffman James.M. (1976).Introduction to learning disabled. New Jersey : Prentice-Hall, Inc.
10. Mckinney, James.D. and Lynne Feagans (1983). Current topicsin learning disabled. USA : Ablex Publishing Corporation.
11. MCLoughlin, James.A. and Lewis, Rena. B. (1986). Assessingspecial students (2nd edition).USA : Bell and Howell company.
12. Meyer, Robert.G. and Paul Salrnan (1984). Abnormal Psychology(2nd edition). USA. Allyn and Balon, Inc.
13. Meyer, Edward.L (1978). Exceptional Children and youth. USA :Love Publishing Company.
14. Satter, Jerome. M (1982). Assessment of children's Intelligenceand Special Abilities ; USA 1 Allyn and Bacon, Inc.
15. Sarason, Irwin.G. and Sarason, Baxbara.R. (1996). AbnormalPsychology. (9th edition). New Jersey 1 Prentile - Hall. Inc.
16. Smith Corinne Roth (1991). Learning disabilities (2nd edition).USA : Simon and Schuster, Inc.
17. Solso, Robert.L. (1998) Cognitive Psychology, (2nd edition) . USA.Allyn and Bacon, Inc.

Insight on energy conservation among future adults of 2030: an explorative study

Pavan Kumar Ramachandran[1] & Soniya V Dass[2]
[1] Senior Psychiatric Social Worker
[2]Teacher at Green Bell High school

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *The 2030 agenda for sustainable development covers various areas and goals to be achieved by next 12 years. Among them the use of renewable energy sources and the conservation of non renewable energy is a requisite. The study focuses on those adults who will be part of the segment of population addressed as adults 12 years from now. The study explores the level of preparation needed to be pondered on those adults at this point of time. The study focuses on young individuals who will have the key responsibility to uphold the 2030 agenda of sustainable development and the base of preparation that needs to be focussed in educating them of the importance of energy conservation.150 students of age group of 12-15 studying in Green Bell High School, Harohali were interviewed to obtain the results on general awareness of energy conservation. The study focussed on their attitude and precipitating factors to conserving energy.*

Keywords: *young adult education, energy conservation awareness, attitude towardsenergy conservation.*

INTRODUCTION:

ENERGY CONSERVATION: The importance of conserving energy at elementary school level has two dimensions to it. The first is the importance of educating the young generation and understanding their preparedness on conserving energy. The other dimension is to avoid the current wastage of energy in schools. It is vital for us to review the facts on availability of energy globally in all schools.

There are still many schools lacking the availability of energy at schools. A 2008 survey undertaken in 11 countries of 7,600 schools spread across Latin America, Asia and North Africa noted that in general village schools lack electricity. According to the survey's results only 27% of village schools in India has electricity compared to 76% of schools in towns and cities. (Sovacol 2014)

Looking at the other dimension of the study to understand the preparedness of student to conserve energy we need to look at the common energy saving behaviour exhibited by students . These are distinguished by the age and geographic location. In a recent study, It was found that secondary school students had a high level of awareness about renewable energy sources, energy saving and energy awareness; however they had moderate level of interest in energy.When the students energy saving behaviour and awareness were analyzed according to residential area, we found that there was a difference in energy saving and energy awareness. While the difference in the energy saving dimension was in favour of rural students, energy awareness was in favour of the urban students (Aktamis, 2011).

This brings us into more complex situation in understanding the behaviour, awareness and interest among students in saving energy. So energy saved due to lack of availability of advanced electronic instruments may be added as a variable but the awareness to know the importance of saving energy forms the important part of the study. The awareness starts at a very intrinsic level to identify the knowledge of students in the very basic exercises in day to day life like switching off the lights and fan when not in use. Their attitude in considering the importance for the same is also a measurable fact and the perspective being thought to them by institutions of education and family.

A student who is more worried about ensuring to switch off the lights and fans in his house may not exhibit the similar amount of care when he is at school or at a friend's house or a relative's house. The reason for the same being the precipitating factors involved in the persuasion of saving the energy. At home being taken to task or even scolded by parents or the concern of not increasing household expenses might not have the same effect when they are in the school or in relative's house or in friend's house. Thus it becomes very essential to understand on what precipitating factor they are persuaded to save the energy. The energy conservation should be focussed more on awareness about the importance of conserving energy. The bigger picture to be presented to them on the sustainable development of the future should we deplete all sources of non renewable energy.

Objectives:

- Preparatory level of young generation from the age group of 12-15 in the conservation of energy

- Steps they have taken now
- Level of motivation and the precipitating factors for the same

METHODOLOGY:

A pre tested questionnaire "Energy Awareness Scale" was administered to all VI, VII, VIII and IX students of Green Bell High School, Harohalli, Karnataka. Census survey method was utilised. Total numbers of respondents were 150. Out of this 82 were boys and 68 were girls. 48 of the respondents were 12 years of age, 42 of the respondents were 13 years of age, 49 of the respondents were 14 years of age and 11 of the students were 15 years of age. The co author also serves as a teacher in the school. The questionnaire was clearly explained in the class and students were encouraged to ask questions should they need any help. It was necessary to explain to the students that they will not be judged based on their answer to ensure they are not misleading.

The answers to the questionnaire was analysed using SPSS 15 and the result was carefully tabulated.

Table:1 shows whether the students are aware of the current energy crisis.

At the moment are you being presented with a picture that we are living in energy crisis?

Yes	No
102	48

Table:1

Significant difference detected: Chi-square statistic=1.4669, df=1,$p<0.05$

The question tries to explain that if students are being duly explained about the importance of energy crisis and the necessity of conserving it. 68% has responded that they are aware of the current scenario of energy crisis. 32% is not aware that we are living in an energy crisis. Out of this 83 are boys and 67 are girls.53 boys and 49 girls have awareness while 29 boys and 19 girls are unaware of the situation. Chi-square testing proved that they are both two independent variables.

Table:2 gives an idea how many of them think energy saving is important to them.

Yes	No
127	23

Table:2

84.67% think energy saving is important to them and 15.33% think its unimportant to them. 72 boys and 55 girls are aware of the importance of energysaving and 10 boys and 13 girls are unaware. Clearly, it shows that compared to girls, boys think energy saving is more important.

Table:3 shows how many of them had an opportunity to reduce energy use at home.

Yes	No
92	58

Table:3

61.33% had an opportunity to reduce energy use at home and 38.67% didnot had. 50 boys and 42 girls got this opportunity, indicates the awareness in their house and the opportunities presented to them to act upon. Even though, the percentages of girls were lower as mentioned in the previous table, this table indicates a larger percentage of girls are ready to take the opportunity.

Table:4 shows how many of them thinks monitoring energy use at home helps in awareness of energy saving.

Yes	No
84	66

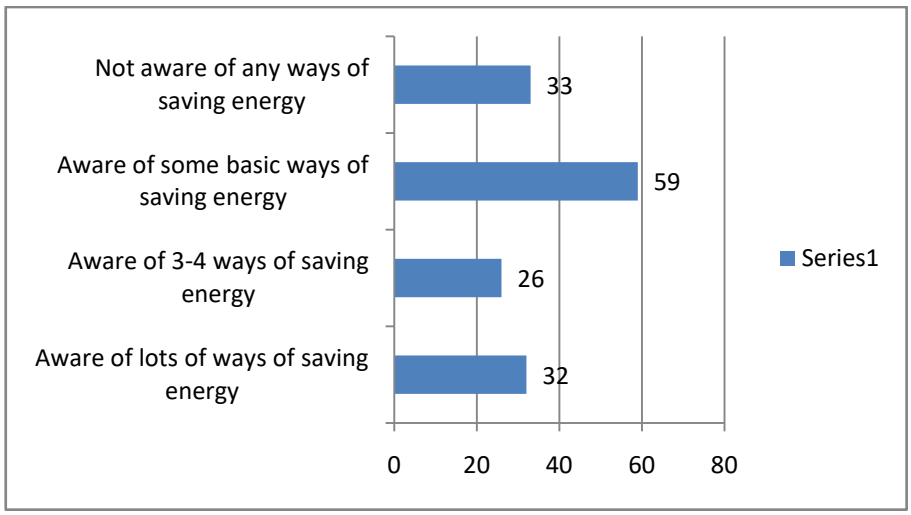
Table: 4

This question tries to elicit the interest level of students to be proactive in conserving energy. 56% supports monitoring energy use at home where as 44% is not in favour of it. 45 boys and 39 girls are in favour of monitoring energy use while 32 boys and 34 girls are not.

Table:5 shows the ways of saving energy relevant to them.

Aware of lots of ways of saving energy	Aware of 3-4 ways of saving energy	Aware of some basic ways of saving energy	Not aware of any ways of saving energy
32	26	59	33

Table:5

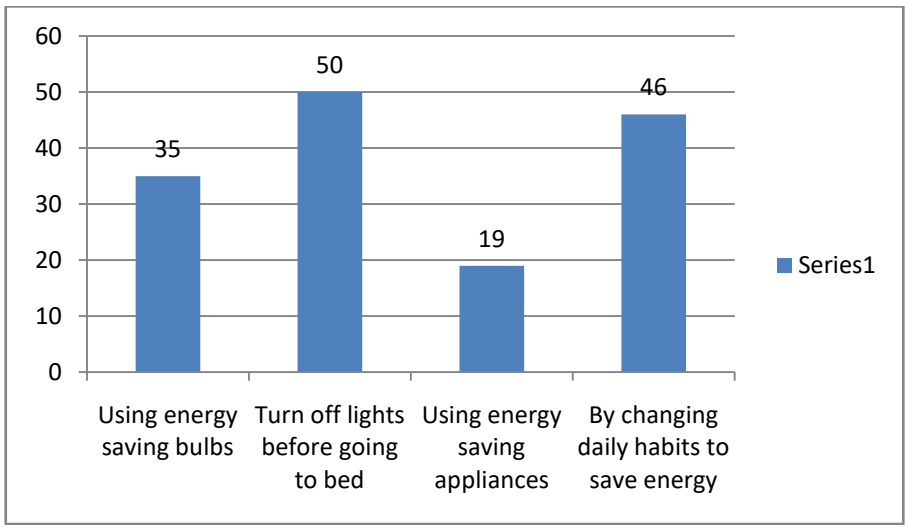


This question was focussed at understanding the awareness of saving energy and the various methods they are aware of. 21.33% are aware of lots of ways of saving energy. 17.33% is aware of 3-4 ways 39.33% are aware of some basic ways and 22% are not aware of any ways of saving energy.

Table:6 shows how to practice energy saving at home.

Using energy saving bulbs	Turn off lights before going to bed	Using energy saving appliances	By changing daily habits to save energy
35	50	19	46

Table:6



All 150 students agreed that they practice energy saving methods at home. 23.33% use energy saving bulbs at their home. 33.33% turn off lights before going to bed. 12.67% uses energy saving appliances and 30.67% tries to change their daily habits to save energy.

Table:7 shows what motivates them to change their behaviour to reduce the energy use

Still increasing cost of it	Environmental reasons	Public relations
35	86	29

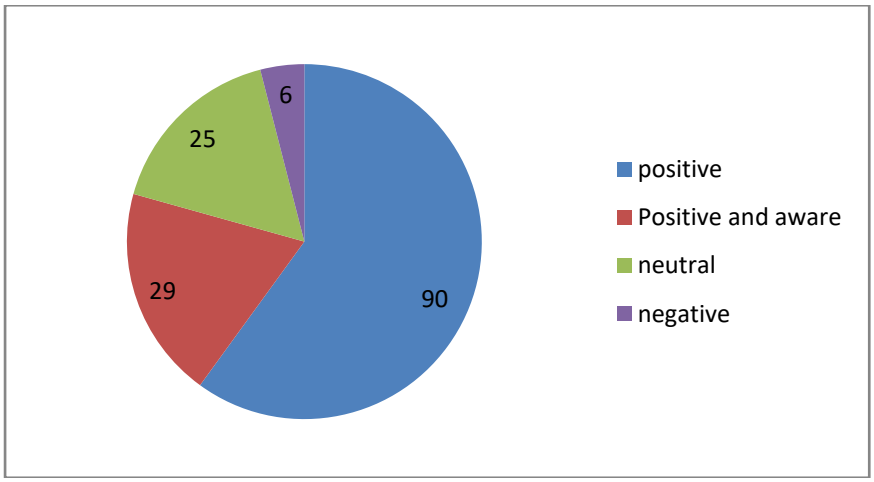
Table:7

This part of the study aims to identify the motivation level of the students in saving energy. What are the percipitating factors behind the motivation.Monetory reasons or the actual problem or the reaction from public as a reason for conserving energy.23.33% prefers increasing the cost of energy consuming devices, 57.33% are motivates by environmental reasons and remaining 19.33% is motivated by public relations.

Table:8 shows what is their general attitude to energy saving.

positive	Positive and aware	neutral	negative
90	29	25	6

Table:8



The attitude of the students towards conserving the energy becomes the important part of the study. Positive attitude refers to learning on the benefits of conserving energy. Positive and aware refers to state in which the respondednt feels both postive and aware of situation. 60% have positive attitude, 19.33% is positive as well as aware, 16.67% is neutral and still there are 4% who is having negative attitude towards energy saving.

Table:9 shows how many of them are interested in participating energy saving activities in future.

Yes	No
122	28

Table:9

81.33% ar interested in participating energy saving activities in future and 18.67% are not. 68 boys and 54 girls are interested in activities while 14 boys and 14 girls are not.

Table:10 shows how many of them are willing to participate in energy awareness campaign in future.

Yes	No
95	55

Table:10

63.33% are willing to participate in energy awareness campaign in future, and 36.67% are not . 49 boys and 46 girls are there to participate and 33 boys and 22 girls are not interested.

Table:11 shows the statistics of whether they use saving energy outside home,like in school, relative's home or friend's home.

Always	Usually	Sometimes	Rarely	Never
31	38	56	15	10

Table:11

20.67% always use ways of saving energy outside home, 25.33% usually uses, 37.33% sometimes uses, 10% rarely uses and 6% never uses.

CONCLUSION:

The results of the study bring into the fact that a mere percentage of the population still have a negative attitude on conserving energy. There is significant difference between male and female students of each category and males have scored higher mean than the females in each class. There is still a major chunk of population lacking basic awareness on conserving energy. This emphasises the importance of enhancing the education system on more practical curriculum in conserving energy. The motivating factors for conserving energy also needs to improve and more focussed towards the greater concern.

References:

1. Mehta,M.A(2013).Study of Determining Energy Saving Behaviour and Energy Awareness amongst college students*Perodic research,Volume II Issue 1*
2. Sunita(2015),Comparitive study of Environmental awareness among perspective B.Ed. Teachers in relation to their Academic streams.*Utopia of global Education*, *Volume I Issue II,*PP 60-69
3. Morgil I (2006), Developing a renewable Energy Awareness scale for Pre-service Chemistry Teachers, *Turkish Online Journal of Distance Education-TOJDE, 2006*, *Number 1 Article 6*
4. SovacoolB(2014), Electricity and Education: The benefits, barriers, and recommendations for achieving the electrification of primary and secondary schools, *Energy and Education –I*
5. Aktamis H(2011), Determining energy saving behaviour and energy awareness of secondary school students according to socio-demographic characteristics, *Educational Research and Reviews*, Vol 6(3), PP 243-250
6. Lin S, A study on the resident's awareness for the energy-saving renovation measures, *NSC*, 2006, 006-161
7. Twumasi E, Energy Efficiency Awareness and Preparedness among students, *Journal of electrical engineering*
8. TortopH(2012), Awareness and misconception of high school students about renewable energy resources and applications:Turkey case, *Energy education Science and Technology*, Vol 4(3),PP 1829-1840
9. BoylanC(2008), Exploring elementary students understanding of energy and climate change, *International electronic Journal of elementary education*, *Vol I Issue I*
10. Mahajan P(2014), A comparitive study of Environmental awareness of School Students in relation to Standard and Sex, *International Journal of Education and Information Studies*, *Vol 4(1),*pp 5-7
11. YildizO(2014), Research Perspectives on Renewable Energy cooperatives in Germany: Empirical Insight and Theoretical Lenses, *MPRA*, http://mpra.ub.uni-muenchen.de/55931

A STUDY ON MEANING IN LIFE & LIFE SATISFACTION AMONG COLLEGE STUDENTS

S.Suganya[1] & C.Bridget[2]
[1,2]Assistant Professor, Department of Psychology, Holy Cross College, Trichy-2

Received: November 20, 2018 Accepted: December 06, 2018

ABSTRACT *Exploring coherent meaning in life is been proposed to be a protective factor in adolescent development. Meaning in life is associated with people gaining knowledge about their world, contributing it to be more knowable and coherent. Which is referred as "cognitive component of sense in life, which is about making sense of once experience in life" According to Frankl (1963) when an individual obtain purpose in his or her life only then they are able to get a clear picture of meaning in their life. Based on the empirical evidences on meaning in life it is found that meaning in life is associated with mental health construct such as life satisfaction (Steger & Frazier, 2005).Life satisfaction is defined as an individual's cognitive opinion of his or her quality of life as a whole or specific realm of life. The present study aims to examine the relationship between meaning in life and life satisfaction among college students. Meaning of life questioner (MLQ) and life satisfaction scale were used to collect data from the sample. Samples size of the study was 65 college students (31 male 34 female) from the different part of Trichurapalli district Tamil Nadu. Statistical tools which used to analyze the data are t-test and regression. Result will be discussed in the full paper.*

Keywords: *college students, meaning in life, life satisfaction.*

Introduction:

Most of the physical, psychological and social changes take place within the people during adolescence. Meaning in life involves sense of unified purpose. Reker and Wong (1988) proposed a model that approaches meaning as a multidimensional consisting of three mutually related factors: a cognitive, a motivational and an affective component. The cognitive element involves perceptions of life as meaningful along with two extensions: sense of purpose and sense of coherence. A perception of purpose implies that an individual has life goals, as well as a mission and direction in life, which makes life worth living. A sense of coherence involves having a combination and persistent perspective of self, others and life. Frederickson (2002) conducted a study on association between affect and perceptions of meaning and suggested that perceiving life as meaningful controls how an individual feels, which influences how a person views once life. Extensive research has added empirical evidences to the cognitive strengthening effects of affect (Fredrickson, 1998; Frederickson, 2006; Isen, 1999).

Gaurav Thalapathy (2016) conducted a study on presence and search in meaning in life among college students. The major aim of the study is to find out meaning in life among college students. 30 male and 30 female students were selected as samples using non probability sampling technique. Data collection was done with the help of Meaning in Life Questionnaire (MLQ) to analyze the meaning in life of among male and female college students. The findings of the study revealed that there is no significant difference between male and female college students on the dimensions of presence and search meaning in life. The study concluded that there are no gender differences on meaning in life.Santos et al., (2012) conducted a study on "Meaning in life and subjective well – being: Is a satisfying life meaningful?" The aim of the study was to examine the relationship of meaning in life and subjective well-being among Filipino college students. They showed that meaning in life and subjective well-being had a significant positive relationship.

Recent research has found that gender is an important influencing factor in life satisfaction. Life experiences of both the gender are experienced differently and in this context, distinct life events have distinct resolution on each gender. Aguilar-Gaxiola, Norris, & Carter (1984) said that when women and men are given surveys they answer general questions regarding their quality of life experiences almost identically. Differences have been found when each gender was asked to answer questions regarding specific domains in their lives. It was also found that in graduate students that their quality of life did not differ significantly even though others in their lives have different influences on them.

Jie zhang et al (2014) conducted a study on life satisfaction and to test the role of social reference in determining the degree of life satisfaction, a large sample of undergraduate students in China were examined for the correlates of campus life satisfaction. It was found that freshman students tended to score higher on their life satisfaction than students in other grades and the college students' life satisfaction was positively related to female gender, self-esteem, social support, and the liberal attitudes on female gender roles, but negatively correlated with depression and suicidal ideation.

Objective

The main objective of this study is to examine the relationship between the meaning in life and life satisfaction in college students.

Hypotheses

1. There will be a significant relationship between meaning in life and life satisfaction among college students
2. College students will differ significantly in meaning in life based on their gender.
3. College students will differ significantly in life satisfaction based on their gender.

Research method

The study adopted survey method, which is descriptive in nature. The study examines the relationship between the meaning in life and life satisfaction based on their gender.

Sample

The population of the study is from Trichurapalli. Samples of 65 late adults were selected using simple random technique. Out of 65 data some of the data were incomplete, for the final analysis 50 data were considered.

Tools-used

1. Meaning in life
2. Satisfaction with Life Scale.

Tool description:

1. Meaning in life questioner was developed by Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). A 10-item questioner measure individual presence of meaning in life and the search for meaning in life. Participants can read each statements carefully and make a appropriate response that is suitable for them.
2. The satisfaction with life scale developed by Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). A 5-item scale designed to measure global cognitive judgments of one's life satisfaction. Participants indicate how much they agree or disagree with each of the 5 items using a 7-point scale that ranges from 7 strongly agree to 1 strongly disagree.

Statistical Techniques

The statistical techniques used for data analysis using SPSS 20 version in this study are correlation and t-test.

Result and Discussion

Table 1

"There will be a significant relationship between life satisfaction and meaning of life."

Life Satisfaction\Meaning of Life	Meaning of life
Life satisfaction	0.33*

*Significant at 0.05 level

This table shows that there is a relationship between meaning of life and life satisfaction Person who is satisfied in his or her life is said to have meaning in life so in the alternative hypothesisthere will be a significant relationship between life satisfaction and meaning of life is accepted.

Table 2

Hypothesis: 2 & 3

"College students will differ significantly in meaning of life and life satisfaction based on their gender".

Gender		Mean	t	P
Meaning in life	Male	39.10	-0.67	0.34^{NS}
	female	41.46		
Life satisfaction	Male	24.39	-0.15	0.75^{NS}
	female	22.06		

NS=Not Significant

From table 2 it is clear that the t score is not significant. Hence the alternative hypothesis stating "college students will differ significantly in meaning in life and life satisfaction based on their gender" is not accepted. From the result it is found that meaning of life and life satisfaction will not differ based on their gender.(GauravThalapathy 2016 &Aguilar-Gaxiola, Norris, &Carter 1984)

Conclusion

The main objective of this study is to examine the relationship between the meaning of life and life satisfaction of the college students. The study found that meaning of life and life satisfaction is correlated positively. The individual who is satisfied in life tend to have meaning of life than who is not satisfied in life. Also found that the variables gender, doesn't make any changes in meaning of life and life satisfaction.

Limitation

- One major limitation of this study was that the research is limited to only students.
- Unfortunately, due to a lack of significant numbers participants the hypothesiswas thrown out of the study.
- In regards to the survey used, life satisfaction is a subjective topic, participants maynot been completely truthful while making response to the questions.It is importantto remember that life satisfaction can fluctuate substantially over period of time, depending on thelevel of happiness that they are experiencing (Liu & Larose, 2008).

Suggestion for further research

- Since life satisfaction can fluctuate over time, infuture research it would be to administer the survey to participants twice or thrice, once at the beginning of the semester, may be once in between and once again at the end of the semester, to see when lifesatisfaction is the highest.
- Sampling size can be increased.
- Demographic influences and other factors influencing meaning in life and life satisfaction can also be incorporated in the study

Reference

1. Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of personality assessment*, *49*(1), 71-75.
2. Reker, G. T., & Wong, P. T. P. (1988). Aging as an individual process: Toward a theory of personal meaning. In J. Birren & V. Bengtson (Eds.), *Emergent theories of aging* (pp. 214-246). New York: Springer.
3. Steger, M. F., & Frazier, P. (2005). Meaning in life: One link in the chain of religion to well-being. *Journal of Counseling Psychology, 52,* 57-582.
4. Aguilar-Gaxiola, S. (1984). The Structure of Self-Perceived Quality of Life of Men and Women Graduate Students. Educational Research Association.
5. Frederickson, B. L. (2002). Positive emotions. In C. R. Snyder & S. J. Lopez (Eds.),*Handbook of Positive Psychology* (pp. 120-134). New York, NY: Oxford University Press.
6. Frederickson, B. L. (1998). What good are positive emotions? *Review of General Psychology, 2,* 300-319.
7. Fredrickson, B. L. (2006). The broaden-and-build of positive emotions. In M. C. Cskiszentmihalyi and I. S. Csikszentmihalyi (Eds.) *A Life Worth Living: Contributions to Positive Psychology* (pp. 85-103). New York: Oxford University Press.
8. Isen, A. M. (1999). On the relation between affect and creative problem solving. In S.R. Russ (Ed.), *Affect, creative experience, and psychological adjustment* (pp. 3-17). Philadelphia, PA: Taylor& Francis.
9. Gaurav Thalapathy (2016). Presence and Search for Meaning in Life in College Students The International Journal of Indian Psychology ISSN 2348-5396 (e) | ISSN: 2349-3429 (p) Volume 4, Issue 1, No. 79, DIP: 18.01.095/20160401 ISBN: 978-1-365-56745-2
10. Steger, M. F., Frazier, P., Oishi, S., & Kaler, M. (2006). The Meaning in Life Questionnaire: Assessing the presence of and search for meaning in life. *Journal of Counseling Psychology, 53,* 80-93.
11. Santos, M.C.J., Jr, C.M., Jr, F.O & Paat, J.J. (2012). "Meaning in life and subjective well–being: Is a satisfying life meaningful?". Journal of Arts, Science & Commerce, Vol.– III, Issue–4 (1).
12. Jie zhang et al (2014)Life satisfaction and its correlates among college students in China: A test of social reference theory Asian Journal of Psychiatry Volume 10, August 2014, Pages 17-20
13. Liu, X., & Larose, R. (2008). Does Using the Internet Make People More Satisfied withTheir Lives? The Effects of the Internet on College Students' School LifeSatisfaction CyberPsychology & Behavior 11(3), 310-320.
14. Baumeister, R. F. (1991). Meanings of life. New York: Guilford. Beutel, A., & Marini, M. (1995). Gender and values. American Sociological Review, 60, 436-448.