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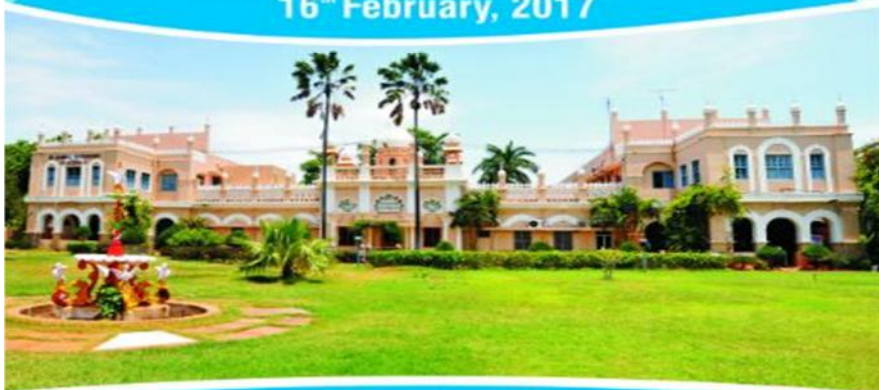
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TAMIL NADU, INDIA

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C O N T E N T S

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Editorial......

It is heartening to note that our journal is able to sustain the enthusiasm and covering various facets of knowledge. It is our hope that IJMER would continue to live up to its fullest expectations savoring the thoughts of the intellectuals associated with its functioning .Our progress is steady and we are in a position now to receive evaluate and publish as many articles as we can. The response from the academicians and scholars is excellent and we are proud to acknowledge this stimulating aspect.

The writers with their rich research experience in the academic fields are contributing excellently and making IJMER march to progress as envisaged. The interdisciplinary topics bring in a spirit of immense participation enabling us to understand the relations in the growing competitive world. Our endeavour will be to keep IJMER as a perfect tool in making all its participants to work to unity with their thoughts and action.

The Editor thanks one and all for their input towards the growth of the **Knowledge Based Society**. All of us together are making continues efforts to make our predictions true in making IJMER, a Journal of Repute

Dr.K.Victor Babu
Editor-in-Chief

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A STUDY ON THE SOCIOECONOMIC PROFILE OF FEMALE SEX WORKERS IN TIRUCHIRAPPALLI DISTRICT OF TAMIL NADU

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Abstract: This study was carried out among 76 sex workers in Tiruchirappalli. They were selected using snowball sampling technique and a self prepared interview schedule was used to collect data from the respondents on their demographic, socioeconomic, and work profile. Some previous studies have been also looked at. Based on the findings of this study and previous studies, some suggestions have been made at the end of the paper.

Key Words: HIV, Female, Prostitution, Sex workers.

Introduction:

According to UNAIDS (2005), sex work is defined as 'the exchange of money or goods for sexual services, either regularly or occasionally, involving female, male, and transgender adults, young people, and children where the sex worker may or may not consciously define such activity as income-generating.' Although the definition also mentions males engaging in sex work, primarily, women and people belonging to the transgender community are the ones who are often involved in sex work. In India, according to the Immoral Trafficking Prevention Act (1956), prostitution "means the sexual exploitation or abuse of persons for commercial purposes, and the expression "prostitute" shall be construed accordingly among many aspects." Moreover, it also states that there is "punishment for keeping a brothel or allowing premises to be used as a brothel. Any person who keeps or manages, or acts or assists in the keeping or management of, a brothel shall be punishable on first conviction with rigorous imprisonment for a

term of not less than two years and which may extend to three years and also with fine which may extend to ten thousand rupees and in the event of a second or subsequent conviction, with rigorous imprisonment for a term which shall not be less than three years and which may extend to seven years and shall also be liable to fine which may extend to two lakh rupees". In other words, the pimps who run brothels can be punished under the act but prostitution itself has not been declared as illegal. As a result, sex work as a profession in the country is still very much present. In fact, Asia's largest red light district, Sonagachi, which has around 7,000 sex workers, is located in West Bengal, India (Aljazeera, 2015). The Ministry of Women and Child Development (2008) found that there were three million sex workers in India. According to one recent estimate, there are 90,000 sex workers in the state of Tamil Nadu (The New Indian Express, 2014).

Review of Literature:

Several studies have been conducted on sex workers, some of which are as follows: Lurie et al. (1995), through a study titled "Socioeconomic status and risk of HIV-1, syphilis, and hepatitis B infection among sex workers in São Paulo State, Brazil." The researchers used a sample of 600 sex workers in three Brazilian cities and found that female sex workers with a lower social economic status were more likely to have HIV, syphilis, and hepatitis B than those who had a higher socio economic status. Pyetta and Warra (1997) carried out a study titled "Vulnerability on the streets: Female sex workers and HIV risk". The authors found that extreme social isolation and the lack of legal protection among other factors made it difficult for sex workers to demand the use of condoms making sex work a risky profession for them. Moreover among many other suggestions, the researchers state that decriminalizing prostitution will reduce some level of danger associated with sex work and will help them insist of safe sex practices. Vanwesenbeeck (2005) conducted a study titled "Burnout among Female Indoor Sex Workers" among 96 female sex workers in the Netherlands. It was found that burnout among the sex workers was an indirect result of stigma associated with sex work. Dandona et al. (2006) carried out a study titled "Demography and sex work characteristics of female sex workers in India" in the state of Andhra Pradesh. A total of 6,648 female sex workers were selected from the 13 districts for the study. Confidential interviews were carried out to

collect data from the respondents. Among the many findings of the study, it was found that majority (74.7%) of the respondents were illiterate. The researchers concluded that women struggling with illiteracy, lower social status, and less economic opportunities are vulnerable to being infected by HIV. Based on a review of previous studies, it can be said that most of the studies indicate that the social stigma, legal barriers, lack of socio economic development all negatively impact sex workers. Based on a study by the government, there were said to be three million sex workers in India as of 2004, out which West Bengal and Andhra Pradesh account for 26% of the sex workers in the country (BBC, 2009). There is a paucity of studies on the examination of the socio economic status of sex workers. Instead, there have been several studies on the sex workers and HIV. This study is an attempt to fill that gap.

Materials and Methods:

The researcher selected the city of Tiruchirappalli for carrying out the study. There is no data available on sex workers in the city as sex work is a sensitive issue. Hence, the researcher adopted snowball sampling. The researcher first identified a commercial sex worker with the help of an NGO. Using that one particular sex worker, the researcher was able to identify and collect data from 76 women sex workers. Thus, the sample size consists of 76 women sex workers. To collect data, the researcher used a self prepared interview schedule which covers areas such as, demographic, socioeconomic, and work profile of the respondents.

Results and Discussion:

Some of the important findings of the study are as follows:

Age : Out of the 76 respondents, half (50%) of them were in the age group of 26 to 35 years, while more than a quarter (27.6%) of them were between the ages of 36-45 years, and less than a quarter (22.4%) were below the age of 25. The mean age of the respondents was 31.05 years. The minimum age of the respondents was 18 years and the maximum age was 45 years. All of these facts point to the fact that most of the respondents were young.

Marital status

Most (82.9%) of the respondents were married and the rest (17.1%) were unmarried. This is surprising as a society which since ancient times is known for social control now has a large number of married women engaged in sex work. The sanctity of marriage appears to be crumbling.

Education

Most of the respondents were illiterate (31.6%). Almost a quarter (21.1%) of the respondents had studied up to middle school, a little more than half a third (18.4%) of the respondents had studied up to high school, half a third (17.1%) of them had primary education and the rest (11.8%) had studied up to higher secondary. The lack of literacy might have been a powerful influencing factor for these women to engage in sex work.

Family's ignorance regarding their occupation

Most (85%) of the respondents said that their family members including their husbands were unaware of their occupation, while the rest (14.5%) stated that they were aware. This once again indicates the lack of social control and tracking. If their own husbands were unaware of the fact that their wives were sex workers, they were at risk of becoming victims of sexually transmitted diseases including HIV.

Type of family

Almost all (90.8%) of the respondents came from nuclear families, while the rest (9.2%) came from joint families. This indicates that the lack of many family members might have aided the respondents to engage in sex work. In a joint family system, members of the family were always under the watch of other members and hence, secretly engaging in sex work was very difficult.

Total family monthly income

Almost half (42.1%) of the respondents had a family monthly income of Rs. 15,001 and above, a little more than a quarter (26.3%) had a total family monthly income of Rs.5,001 to Rs. 10,000, almost a quarter (21.1%) of the respondents had a family monthly income of Rs. 10,001 to 15,000, and the rest (10.5%) of the respondents had a family monthly income of less than Rs. 5,000. Almost a quarter (23.7%) of the respondents earned Rs. 500 per day, less than a quarter (19.7%) of the respondents earned Rs.300, less than half a third (14.5%) of the

respondents earned Rs.400 per day, and less than half a third (14.5%) of the respondents earned Rs.200. The fact that most of the respondents had a monthly family income of above 15,000 indicated the fact that poverty was not necessarily the only reason for sex workers choosing to engage in sex work.

Type of house

Almost half (48.7%) of the respondents were living in tiled houses. More opposed to less than one third (30.3%) lived in huts, while the rest (21.1%) were living in concrete houses. indicating that majority of the respondents had a decent home.

Reason for choosing this field

Although majority (69.7%) of the respondents stated that they chose to become sex workers as a result of poverty, almost one third (30.3%) of the respondents stated that they chose this field for the purpose of satisfaction or sexual gratification. It was also surprising to note that a cross tabulation analysis indicated that majority (87%) of the people were living in huts and majority (89.2%) of the people were living in tiled houses chose sex work as a result of being poor, all of the sex workers who lived in concrete houses which were better than tiled houses chose to become sex workers for satisfaction. Hence, satisfaction or sexual gratification is also a powerful motivator for sex workers.

Number of days working in a month

More than two thirds (65.8%) of the respondents stated that they worked between 11 to 21 days in a month, a little more than a quarter (26.3%) of the respondents stated that they worked for 22 days or more in a month, while the rest (7.9%) stated that they worked between 1-10 days a month. Overall, the respondents engaged in sex work for at least four days and a maximum of 28 days a month. On an average, they engaged in sex work for 20 days a month. This indicates that for most of the respondents were engaged in sex work as a full time job.

Years of experience

More than two thirds (71.1%) of the respondents said that they had been working as sex workers for five or less than five years, almost a quarter (22.4%) of the respondents stated that they had been in the field between for 6-10 years, and the rest (6.6%) have had more than 11

or more than 11 years of experience. On an average, the respondents have 5.07 years of experience working in the field. The standard deviation comes up to 3.910. While the minimum number of years of experience of the respondents is one year, the maximum is 20 years. This indicates that most of the respondents were relatively new to the field.

Sources of customers

Most (76.3%) of the respondents met their customers on an individual basis while almost a quarter (23.7%) of the respondents met their customers with a help of a middleman. It may be noted that being a middleman in the business of sex work is illegal in India. Despite it being illegal, a significant number of sex workers seem to be engaging middlemen to get customers.

Type of problems faced in the field

Almost half (42.1%) of the respondents said that they got into trouble with the police, a little more than one third (34%) of the respondents faced problems with the booker, while the rest (23.7%) faced problems with the local rowdy. The fact that majority of the respondents were harassed by the police and by local rowdies reflects the fact that sex work is not completely legal in the country but it isn't completely illegal either. The lack of clarity on the position of the country in sex work has led to sex workers often facing problems from both sides.

Place of business

Almost half (47.4%) of the respondents carry out their work in open land and forests, almost one third (28.9%) of the respondents carry out their work at home, almost a quarter (21.1%) of the respondents work on the roadside, and the rest (2.6%) carry out their work in lodges.

HIV/AIDS status

Most of the respondents (76.3%) said that they were not infected with HIV/AIDS while the rest (23.7%) said that they were infected with HIV/AIDS. That means that almost one out of four sex workers were infected with HIV/AIDS. It may be noted that there was a possibility that the actual number of sex workers could be higher as people with HIV/AIDS are reluctant to state that they suffer from this issue. A

troubling fact is that majority (26.5%) of the sex workers who said they had HIV/AIDS, also had sex with three people per day. Moreover, a little more than two thirds (33.3%) of the respondents stated that they did not use a condom while having sex with customers thereby increasing the risk of more people getting infected with HIV. Once again, it has to be stated that the actual number of customers at risk of getting infected with HIV could be higher as the actual number of sex workers with HIV/AIDS could be higher. These facts were found through a micro level cross tabulation analysis.

Conclusion

Based on the findings of the study, it can be said that illiteracy lays the foundation for women to choose sex work. Had they been educated, many of them would have not chosen sex work. Hence, the government in collaboration with NGOs must make a better effort to promote female education and set up more adult literacy programmes. Despite the fact that most of the respondents were married, they engaged in sex work. This shows a lack of social control. The rapid popularity of nuclear families from which majority of the respondents come from has resulted in the absence of social control. The promotion of social values and ethics could perhaps reestablish people's faith in the joint family system. Even though most of the respondents' family income is good, they still chose sex work as a profession. Moreover, almost half of the respondents lived in tiled houses. This indicates that a poor economic status is not the only factor that motivates women to become sex workers. The fact that almost one third of the respondents engage in sex work for satisfaction or sexual gratification is itself proof enough to suggest that family bonds and morality are not being given importance. The government with the help of NGOs could establish more marital counselling centers to ensure that couples can find solutions to their marital problems. The lack of clarity on the country's stand with regard to sex work also requires attention. Many international agencies support legalising sex work so that women and children are not trafficked and forced into sex work. It has also been suggested that by leaglising sex work, sex workers will have their own rights, and they will not be victimised or harassed by the police. By legalising sex work, sex workers will have to register and go through regular checkups for sexually transmitted diseases (STDs) including HIV. This can help reduce the spread of these diseases. This is

important because according to the United Nations, India has the third highest number of HIV infected people in the world (The Hindu, 2014) and it is also not surprising as Sonagachi, the largest red light district in Asia is also located in India (Aljazeera, 2015). The other argument is that by legalising sex work, immorality would be given legal sanction and this in turn would lead to more women choosing to become sex workers rather than realising their full potential in life. Either way, the government could take steps to ensure that either sex work is legalised or is completely prohibited so that sex workers are not harassed by the authorities for their occupation.

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THE ROLE OF PUBLIC SECTOR ENTERPRISE IN ACHIEVING SUSTAINABLE DEVELOPMENT THROUGH CORPORATE SOCIAL RESPONSIBILITY: A CASE STUDY

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Abstract: Globally, the business scenario has been changing unprecedentedly leading to evolution of innovative strategies. Organizations are realizing that their operations have a large impact not only on stakeholders like employees, shareholders, suppliers, customers but also on members of communities and environment. It is considered as a moral responsibility for an organization to take care of the people and environment whose lives are being impacted by its operations. As per the new Companies Act 2013 ,companies are obligated to spend two percent of profit in CSR activities which was set up by the Ministry of Corporate Affairs, Government of India .The activities that can be undertaken to fulfil CSR obligations includes eradicating hunger and poverty, promoting preventive healthcare, promoting education and gender equality, setting up homes for orphans and the senior citizens, measures for reducing inequalities, ensuring environmental sustainability , ecological balance and animal welfare, protection of national heritage, promotion of sports ,art and culture, training to promote employment , socio economic development ,provision of relief and welfare measures to minorities and women. While determining CSR activities to be undertaken, preference would need to be given to local areas around where the company operates. Thus in recent years Corporates have devoted considerable attention towards the strategic implications of CSR towards a sustainable future. Organizations are making robust changes in the CSR practices and initiatives taken by them to develop the society in which they operate. In this paper an attempt has been made to highlight some of the CSR initiatives undertaken by the BHEL, Trichy.

Keywords: Corporate Social Responsibility, Environment, Philanthropic, Stakeholders, Sustainability

I. INTRODUCTION

Every business enterprise must be accountable for the social and environmental effects it has in its surroundings. Emergence of CSR paved a way for businesses to return to the society from the profits earned.It is viewed as an obligation of the business to serve the interests of society CSR initiatives improves livelihood of people and preserving environment at surroundings of its operations also go a long way in gathering acceptance from local communities. Engagement of local communities is essential for long-term sustainability which ensures enhancement of triple bottom line of People-Planet-Profit, depicting the growth for an organization.

The concept of CSR originated in the USA in 1950's but it became prevalent in early 1970s where Corporate Social Responsibility became a matter of utmost importance for diverse groups demanding change in the business. All organizations through their operations, product or services, and their interactions with stakeholders -employees, customers, suppliers, investors and the local community have an impact on society and the environment. Between 1980's and 2000, corporations recognized the importance of the responsibility towards society. In present globalized industrial world, Corporate Social Responsibility is about making the community promise and business investment sustainable for the business and for the communities,its people and environment in which it operates. Thus CSR is seen as a powerful mechanism of making sustainable competitive profit and achieving lasting values for the entire stakeholder. An effort has been made to find out the initiatives taken by the BHEL,Trichy for the society at large without compromising their efficiency and profit. On the other hand, it has grown up with a positive image in the eye of local people. The social and environmental initiatives have been widely acknowledged globally. Through such initiatives thousands of people are benefitted both locally and nationally.

1.1 Review of Literature

According to Bowen (1953) CSR refers to the 'obligations of businessmen to pursue those policies to make those decisions or to follow those lines of relations which are desirable in terms of the

objectives and values of our society'.The Committee for Economic Development (1971) came up with a multilevel perspective: the inner circle consisting of a corporations economic responsibilities, the middle level of "current social and environmental concern" and the outer circle of "emerging responsibilities". Moreover, CSR is defined as "enlightened self -interest". The modern concept of CSR is four-part model of CSR by Carroll (1979). According to this model, the corporation have four types of responsibilities: first the economic responsibility, second, the legal responsibility. These two parts are the mandatory part of business responsibility. The third responsibility is ethical. The fourth area is labeled philanthropic responsibility. Freeman(1984)developed and put forwarded "stakeholders theory".Wood(1991)CSR implies some sort of commitment, through corporate policies and action. CSR is reflected in a firm's social performance, which is assessed by how a firm manages its societal relationships, its social impact and the outcomes of its CSR policies and actions. Archie Carroll (1999) took 50 years to provide an evolutionary perspective of a "definitional construct".Bajpai (2001) an ideal CSR has both ethical and philosophical dimensions, particularly in India where there exists a wide gap between sections of people in terms of income and standards as well as socio-economic status Diermeier(2006) states CSR is "used" for reputational gains.Maak (2008) in his work "Strategic Corporate Responsibility" connote the use of CSR as a strategic positioning device. Bidhu Kanti Das and P. K. Halder (2011) has recommended that business entity operates in an environment in which societal concerns have to be given priority. Apart from philanthropy public sector corporate are interested for social capacity building, through providing training and educational facilities to the weaker section of the society, developing entrepreneurial skill among the youth, and are making people self employed by providing facilities to the needy. Amit Kumar Srivastava (2012) have suggested that the business house realized that they would have to raise over and above the profitability and take care of those associated with their survival in the society directly or indirectly.Prasad S. Madan and M. A. Bansode (2013) have suggested that corporate social responsibility is about how companies manage the business processes to bring out an overall positive impact on society. According to Premlata (2013) Corporates and government must work together to bring dramatically changes in the welfare schemes of society.Salma Jahan Siddiqui (2014) states that

the company is playing a key role for the betterment of the society with cleaner and safer environment. Also the company is practicing within the framework of ethics, laws and regulations. According to Rajesh Tiwari(2015)Country's public sector enterprises and some of the private sector firms have earned praise for their efforts in the domain of health, education and welfare schemes.

1.2 Objectives

1.To gain an insight on CSR Policy and Thrust areas ofBHEL,Trichy

2.To determine the CSR Initiatives taken up by BHEL,Trichy

1.3 Research Methodology

The study is based mainly on secondary data .Secondary data are collected from company's annual reports books,reputed journals in the field of business ethics and corporate responsibility, research papers, and websites is used for the purpose of study.

II. BHEL and CSR

2.1 Policy Statement

BHEL's CSR Mission Statement is "Be a Committed Corporate Citizen, alive towards its Corporate Social Responsibility".BHEL,Trichy contributions towards Corporate Social Responsibility till date include , organizing free medical camps/supporting charitable dispensaries, adoption of villages, schools for the underprivileged children, providing aid during disasters/natural calamities, providing employment, rainwater harvesting, plantation of trees, energy saving and conservation of natural resources through environmental management.

2.2 CSR Thrust Areas

BHEL, is committed towards holistic welfare and development of the society by undertaking CSR activities within the ambit of Schedule-VII of the Companies Act, 2013, which is amended from time to time. However, thrust areas for CSR activities will be:

- **Inclusive India:** Imparting vocational Skills Mitigation of hunger and poverty through livelihood promotion.

- **Healthy India:** Promoting health care including preventive health care.

- **Clean India :** Sanitation and making availability of Safe Drinking Water, Cleaning and preserving the Rivers, Clean surroundings; toilets in schools specially for girls

- **Educated India:** Promoting education with thrust on informal education to reduce dropouts at primary school level, value education, and digital education.

- **Responsible India:** Women Empowerment, Rural Development Projects and Slum Development Projects.

- **Green India:** Ensuring environmental sustainability with emphasis on projects based on Solar Energy.

- **Heritage India:** Protection of national heritage, art and culture.

In the above thrust areas priority is given to privileged, neglected and weaker sections of the society. The company gives preference to the local areas for spending at least 75 % of the amount earmarked for CSR activities. The remaining amount may be utilized beyond local areas.

2.2.1 Inclusive India

BHEL have actively taken the cause of developing necessary skills for people to make them employable. It has given training and also donated the equipment for imparting skill-sets of varied nature. This indeed helped the trained people to generate income to support their families

Projects have been undertaken in the following areas:

- Vocational Training

- Providing technical education in Rural Areas

- Training on computers

- Imparting training to the ITIs
- Shorthand Training Centers

2.2.2 Healthy India

BHEL have contributed broadly by addressing issues like healthcare accessibility and availability, providing specialized treatments and medications. Their initiatives have benefitted people from different backgrounds who previously had no access to healthcare or specialized treatments.

Projects have been undertaken in the following areas:

- Health Camps
- Blood Donation Camps
- Organ donation Programme
- Up-gradation of Medical Equipment

2.2.3 Clean India

BHEL has aligned itself to the nation's call of "Swachh Bharat Abhiyaan" to undertake initiatives like construction of toilets, providing the villages with safe drinking water. It has been the spirit of

the organization to work in a sustainable manner and maintaining green and clean surroundings.

Projects have been undertaken in the following areas:

- Solar Lighting

- Tree Plantation

- Providing Incinerators to Schools and colleges

- Conservation of Water Resources

2.2.4 Educated India

BHEL is running schools near its manufacturing unit to deliver quality education to students of all strata of society (more than 75% being wards of Non-BHEL employees).Other initiatives like computer education/equipment to the identified schools, scholarships to deserving-needy, innovative teaching methods at govt. school.

Projects have been undertaken in the following areas:

- Scholarships to students from BPL families

- Running full-fledged schools near establishments

- Construction of Toilets and compound walls

- Construction of Classrooms and Boundary walls

2.2.5 Vision to all-A BHEL's call

BHEL has helped society in many ways and one such initiative is Eye Donation.

"Vision to all, BHEL's Call" is an initiative by BHEL for eradication of cornealblindness by pledging one's eyes. More than 92,000 eye donation pledges from BHEL employees and their family members have been given to eye banks to eradicate blindness from society. A unique attempt has been made where such a large number of pledges have been given by an organization. BHEL also supports the cause of organ donation.

2.2.6 Responsible India

BHEL has been supporting socio-economic and community development programmes to improve living Conditions and hygiene in villages, slum areas and communities located in the vicinity of its manufacturing Units by specialized agencies. BHEL has always endeavored to aid the disaster struck areas through provision of essential items, restoration work for damage, etc. BHEL employees

have always come forward and have made contribution from their salaries expressing their support for the people affected in disasters.

Projects have been undertaken in the following areas:

- Care & Support to Old-Age homes, Orphanages

- Distribution of appliances for Differently-abled

- Support to Leprosy Homes

- Distribution of Sewing Machines, Hand-carts

- Relief operations for Disaster/Calamity affected areas

2.2.7 Heritage India

It has been the culture at BHEL to support and promoting the Arts and Culture amongst the children .BHEL encourages the use of musical instruments, inculcation of folk dance forms etc.so that they are connected to the roots of Indian culture. It has been the culture at BHEL to support and promoting the Arts and Culture amongst the children and society in general. BHEL encourages the use of musical instruments, inculcation of folk dance forms etc. so that they are always connected to the roots of Indian culture.

Projects have been undertaken in the following areas:

- Supporting Arts and Culture Events

- Beautification/Renovation at sites of historic importance

- Distribution of Musical instruments to schools

2.2.8 Green India

BHEL has stood for protecting the environment and conserving energy since its inception using cutting-edge and efficient technologies. BHEL has actively planted trees, harvested rain-water and undertaken many such initiatives in vicinity of its manufacturing plants & project sites. These initiatives have been a regular practice even when CSR guidelines did not exist.

Projects have been undertaken in the following areas:

- Solar lighting
- Tree Plantation
- Animal care by Sponsoring feed cost

CSR Projects carried out during last FIVE years – Thrust Area wise

CSR Thrust Area	2011-12	2012-13	2013-14	2014-15	2015-16	Total
Clean India	13.00	9.00	9.05	42.67	57.61	131.33
Educative India	43.78	88.00	58.00	40.50	79.43	309.71
Green India	1.00	38.00	22.87	59.17	28.52	149.56
Healthy India	19.00	37.00	4.00	48.07	17.62	125.69
Heritage India			4.00	8.05	12.84	24.89
Inclusive India	12.22	28.00	9.58	42.13	27.35	119.28
Responsive India	74.00	38.00	44.00	39.41	61.45	257.66
Total	163.00	238.00	152.30	280.00	284.82	1118.12
For FIVE years - Total						1118.12

IV CONCLUSION

In today's business world Corporate Social Responsibility has become an increasingly significant phenomena. Public sector Undertaking are acting to the social problems more appropriately and consciously. Apart from Philanthropic activities they are also interested in social capacity building, byproviding training and educational facilities to the weaker section developing entrepreneurial skill among the youth. As far as the BHEL,Trichy is concerned , it has gone a long way in fulfilling its duties and responsibilities towards the society and the nation .It has played a vital role in every sphere of society including infrastructure building, creating employment ,training and education, emphasis on improving health, as well as empowering the weaker section of the people. Social involvement of business has enhanced a harmonious and healthy relationship between the society and company seeking mutual benefit for the both. It has created a better public image and goodwill for the company which has become instrumental in attracting customers, investors and talents.

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CORRELATES OF JOB INVOLVEMENT AND WORK STRESS EXPERIENCED BY THE EMPLOYEES IN PRIVATE SECTORS AT TIRUCHIRAPPALLI DISTRICT

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ABSTRACT

Stress is a reality of our everyday life. Stress is a factor that everyone has to contend with on a daily basis in the work and non work sphere of life. Employees stress is growing concern for organizations today. Job involvement is an indicator of how much an employee is involved in his/her job. When an employee encounters stress in his job, eventually he lacks involvement in performing his/her job. The main aim of the research is to study the Level of Job Stress and Job Involvement among Employees at Private Sectors in Tiruchirappalli District. In this study the researcher attempts to describe the various characteristics of job involvement and job stress and to measure its associates with the related socio-demographic variable and hence the researcher has adopted descriptive design.The researcher adopted stratified disproportionate random sampling method to collect the samples. The researcher selected 10 industries, out of which 50 samples were selected from each industry. The standardized scale by Linkers (1998) was used to measuere the level of stress and to measure the level of job involvement, the researcher used the standardized tool developed by Agarval(1972). The result reveals that more than half 51.6 percent of the respondent have low level of Job involvement and less than half 48 4 percent of the respondent have high level of Job Involvement and while analyzing the stress level it reveals that slightly more than half 50. 8 percent of the respondent have low level of stress and less than half 49.2 have high level of stress.

Key Words : Job Involvement, Job Analysis, Job Autonomy, Job Motivation, Job Commitment, Individual stress and Organizational stress

INTRODUCTION

Constructive stress inculcates encouragement among employees and helps them to tackle various job challenges. Eventually, a time comes when stress reaches its maximum saturation point that corresponds approximately to the employee's day to day performance capability. Beyond this point, stress shows no signs of improvement in job performance and this is where employees lack involvement in their job. Nearly half of all workers suffer from moderate to severe stress while on the job, according to a recent survey. And 66 percent of employees report that they have difficulty focusing on tasks at work because of stress.

Finally, if stress is too high, it turns into a damaging force. Job involvement begins to decline at the same point because excessive stress interferes with their involvement and commitment towards work which affects their performance at work. An employee lose the ability to cope, fails to make a decision and displays inconsistent behaviour. If stress continues to increase even further it reaches a breaking point. At this breaking stage, an employee is very upset and mentally devastated. Soon he/she completely breaks down. He loses his involvement in job completely, performance becomes zero, no longer feels like working for their employer, absenteeism increases, eventually resulting into quitting of a job or getting fired.

For instance, a very tight deadline is given to an office employee who has to take care of her four children at home and a sick mother at the hospital. This overwhelming mix of situations, if not managed carefully and totally, will result in lack of involvement at work, bad relationships with other members of the family, ill health, and burnout.

Employees suffering from high stress levels have lower job involvement, are less productive and have higher absenteeism levels than those not working under excessive pressure, according to research from professional services firm Towers Watson.

One of the major concerns of management is the negative impact that stress has on involvement of an employee in his job. People under high stress tend to withdraw from the contact with the stressor in the form of turnover and absenteeism. In extreme cases, it may result in sabotage. Workers sometimes create mechanical failure in order to take a break from the strain of monotonous work.

Research findings tell that the most stressful type of work is that which values excessive demands and pressures that are not matched to workers' knowledge and abilities. They will tend to have a little opportunity to exercise any choice or control, and where there is little support from others. This causes individuals to lack a sense of commitment towards his/her job.

Stress is acute for current generation middle managers whose jobs are more uncertain and who have less control over their destinies as compared with senior level managers. It is important to deal with stress at early stage. When stress is left untreated for a long time, it can develop into anxiety and depression. The performance of many task is in fact strongly affected by stress. Performance usually drops off sharply when stress rises to high levels.

Stress should not be very high nor too low. It must be within the range and limits of employee's capacity to tolerate and his performance level. A controlled stress which is within limits is always beneficial and productive than an uncontrolled one. Low level of stress encourages employees to stay focused much into work while high level of stress reduces the job involvement among employees.

REVIEW OF LITERATURE

Anitha R(2014) made a study on Job Involvement With Special Reference to Marketing Professionals in Coimbatore. The study concluded that moderate level of job involvement was found among the marketing professionals. The study also concluded that the demographic variables namely age, educational qualification, salary, experience, means of transport, extended benefits, reason for liking the job and training programs attended do influence the level of job involvement of the marketing professionals.

KrantiWalia and Sourabh Narang (2015) made a study entitled "Job Stress and Job Involvement: A Study of IT Professionals from North India". The sample for the study consisted of 117 professionals working in IT companies in three regions, that is, NCR region, Delhi, and Chandigarh. The findings highlighted that the sub variables of job stress that showed a significant negative correlation with job involvement were inter role distance, role stagnation, role overload, role isolation, and role ambiguity. In order to increase the job involvement level of employees, steps should be taken to minimize the

ill effects of job stress by adopting various measures to enhance their work-life balance.

RESEARCH METHODOLOGY

Stress is a reality of our everyday life. Stress is a factor that everyone has to contend with on a daily basis in the work and non work sphere of life. Employees stress is growing concern for organizations today. Job involvement is an indicator of how much an employee is involved in his/her job. When an employee encounters stress in his job, eventually he lacks involvement in performing his/her job. Job stress leads to lack of commitment which affects the performance of an individual, which leads to decrease in job involvement, productivity gets reduced, management pressure is increased and it makes people ill in many ways. Since employees are more prompt to work stress and their involvement in job plays a vital role in the progress of an organization, this study was made among the workers at private sector in Tiruchirappalli district. The main aim of the research is to study the Level of Job Stress and Job Involvement among Employees at Private Sectors in Tiruchirappalli District. In this study the researcher attempts to describe the various characteristics of job involvement and job stress and to measure its associates with the related socio-demographic variable and hence the researcher has adopted descriptive design.

The researcher adopted stratified disproportionate random sampling method to collect the samples. The researcher selected 10 industries, out of which 50 samples were selected from each industry. The standardized scale by Linkers (1998) was used to measuere the level of stress and to measure the level of job involvement, the researcher used the standardized tool developed by Agarval(1972). The data was processed using SPSS soft ware.

FINDINGS

It is inferred that 88.8 percent of the respondent were technical and remaining 11.2 percent of the respondent were from non technical and majority 64 percent of the respondent were working as skilled laborer, less than one fourth 19.2 percent were working as semi skilled employee and reaming were working as unskilled it is because majority 65.6 percent of the respondent completed their school education and

started working and 30.8 percent of the respondent completed their ITI and only few 3.6 percent of the respondent completed their degree.

While analyzing the dimension more than half 53.2 percent of the respondent have low level of Job Analysis and less than half 46.8 2 percent of the respondent have high level of Job Analysis. More than half 56.8 percent of the respondent have low level of Job Interest and less than half 43 2 percent of the respondent have high level of Job Interest. More than half 55.2 percent of the respondent have low level of Job Autonomy and less than half 44 8 percent of the respondent have high level of Job Autonomy. More than half 50.8 percent of the respondent have low level of Job Motivation and less than half 49 2 percent of the respondent have high level of Job Motivation. More than half 53.2 percent of the respondent have low level of Job Commitment and less than half 46 8 percent of the respondent have high level of Job Commitment and the overall Job involvement reveals more than half 51.6 percent of the respondent have low level of Job involvement and less than half 48 4 percent of the respondent have high level of Job Involvement. While analyzing the stress level more than half 55.6 percent of the respondent have low level of individual stress and remaining 44.4 percent of the respondent have high level of individual stress. Slightly more than half 50. 4 percent of the respondent have low level of organization stress and less than half 49.6 percent of the respondent have high level of organization stress. While analyzing the overall stress level it reveals that slightly more than half 50. 8 percent of the respondent have low level of stress and less than half 49.2 have high level of stress.

FINDINGS RELATED TO THE KEY VARIABLES

ONE WAY ANALYSIS OF VARIANCE AMONG THE VARIOUS DEPARTMENT OF THE EMPLOYEES AND THE JOB INVOLVEMENT

DIMENSIONS	DEPARTMENT	SUM OF SQUARES	DF	MEAN	MEAN SQUARE	STATISTICAL INFERENCE
Job Analysis	Between Groups	50.402	1	G1 = 20.7432	50.402	F = 8.718 P > 0.05 Significant
	Within	2879.23	49	G2 =	5.782	

	Groups	0	8	21.7500		
Job Involvement	Between Groups	13.795	1	G1 = 20.4910	13.795	F = 1.990 P < 0.05
	Within Groups	3452.893	498	G2 = 19.9643	6.934	Not Significant
Job Autonomy	Between Groups	2.277	1	G1 = 16.5360	2.277	F = .189 P < 0.05
	Within Groups	5984.923	498	G2 = 16.7500	12.018	Not Significant
Job Motivation	Between Groups	5.872	1	G1 = 18.9865	5.872	F = .337 P < 0.05
	Within Groups	8678.776	498	G2 = 18.6429	17.427	Not Significant
Job Commitment	Between Groups	65.207	1	G1 = 18.7477	65.207	F = 6.919 P > 0.05
	Within Groups	4693.105	498	G2 = 19.8929	9.424	Significant
Overall Job Involvement	Between Groups	111.217	1	G1 = 95.5045	111.217	F = .763 P < 0.05
	Within Groups	72594.991	498	G2 = 97.0000	145.773	Not Significant

G1 = Technical   G2 = Non-Technical

The test reveals that there is a significant variance among the departments (such as Technical and Non-Technical) and Job involvement in the dimension of job analysis and job commitments.

However there is no significant variance among the departments (such as Technical and Non-Technical) and job involvement in the dimension of job involvement, job autonomy, job motivation and overall job involvement.

ONE WAY ANALYSIS OF VARIANCE AMONG THE VARIOUS DEPARTMENT OF THE EMPLOYEES AND THE WORK STRESS

DIMENSIONS	DEPARTMENT	SUM OF SQUARES	DF	MEAN	MEAN SQUARE	STATISTICAL INFERENCE
Individual stress	Between Groups	85.612	1	G1 = 41.9550	85.612	F = 1.765
	Within Groups	24151.956	498	G2 = 40.6429	48.498	P < 0.05 Not Significant
Organizational stress	Between Groups	6.016	1	G1 = 57.4550	6.016	F = .077 P < 0.05
	Within Groups	39015.456	498	G2 = 57.1071	78.344	Not Significant
Overall Work stress	Between Groups	137.016	1	G1 = 99.4099	137.016	F = .640 P < 0.05
	Within Groups	106573.896	498	G2 = 97.7500	214.004	Not Significant

G1 = Technical   G2 = Non-Technical

The above analysis demonstrates that there is no significant variance among the departments (such as Technical and Non-Technical) and stress.

ONE WAY ANALYSIS OF VARIANCE AMONG THE VARIOUS DESIGNATION OF THE EMPLOYEES AND THE JOB INVOLVEMENT

DIMENSIONS	DESIGNATION	SUM OF SQUARES	DF	MEAN	MEAN SQUARE	STATISTICAL INFERENCE
Job Analysis	Between Groups	251.213	2	G1 = 20.3500	125.606	F = 23.307 P > 0.01
	Within	2678.41	4	G2 =	5.389	Highly

	Groups	9	9 7	21.4167		Significant
				G3 = 22.1429		
Job Involvement	Between Groups	19.581	2	G1 = 20.4938	9.791	F = 1.412 P < 0.05 Not Significant
	Within Groups	3447.107	4 9 7	G2 = 20.0417	6.936	
				G3 = 20.6429		
Job Autonomy	Between Groups	77.073	2	G1 = 16.2875	38.536	F = 3.241 P > 0.05 Significant
	Within Groups	5910.127	4 9 7	G2 = 16.8125	11.892	
				G3 = 17.3095		
Job Motivation	Between Groups	246.516	2	G1 = 18.4813	123.258	F = 7.260 P > 0.05 Significant
	Within Groups	8438.132	4 9 7	G2 = 19.2708	16.978	
				G3 = 20.3571		
Job Commitment	Between Groups	181.916	2	G1 = 18.4250	90.958	F = 9.878 P > 0.01 Highly Significant
	Within Groups	4576.396	4 9 7	G2 = 19.6042	9.208	
				G3 = 19.7619		
Overall Job Involvement	Between Groups	2796.557	2	G1 = 94.0375	1398.278	F = 9.941 P > 0.01 Highly Significant
	Within Groups	69909.651	4 9 7	G2 = 97.1458	140.663	
				G3		

				=100.2143		

G1 = Skilled   G2 = Semi – Skilled   G3 = Unskilled

It is inferred from the above table that there is a significant variation among different designation categories (such as Skilled, Semi-Skilled and Unskilled) of the respondent with regard to job involvement in the dimensions of job analysis, job autonomy, job motivation, job commitment and overall job involvement.

However there is no significant variance among different designation categories of the respondent and job involvement dimension.

ONE WAY ANALYSIS OF VARIANCE AMONG THE VARIOUS DESIGNATION OF THE EMPLOYEES AND THE WORK STRESS

DIMENSIONS	DESIGNATION	SUM OF SQUARES	DF	MEAN	MEAN SQUARE	STATISTICAL INFERENCE
Individual stress	Between Groups	659.295	2	G1 = 41.4438	329.647	F = 6.949 P > 0.05 Significant
	Within Groups	23578.273	497	G2 = 40.8333	47.441	
				G3 = 44.3095		
Organizational stress	Between Groups	1503.704	2	G1 = 56.3750	751.852	F = 9.960 P > 0.01 Highly Significant
	Within Groups	37517.768	497	G2 = 57.6458	75.488	
				G3 = 61.1190		
Overall Work Stress	Between Groups	3918.895	2	G1 = 97.8188	1959.44	F = 9.474 P > 0.01 Highly
				G2 = 98.4792		

	Within Groups	102792.017	497	G3 = 105.428	206.825	Significant

G1 = Skilled   G2 = Semi – Skilled   G3 = Unskilled

This above table analysis displays that there is a significant variance among different designation categories of the respondent with regard to stress in the dimension of Individual stress, Organizational stress and overall stress. and also the one way ANNOVA analysis shows that the mean value of overall stress is very high in the dimension of unskilled designation category. It happened because of that the unskilled workers have more workload when compare to other designation categories like Skilled and Semi-Skilled designation categories.

ONE WAY ANALYSIS OF VARIANCE AMONG THE VARIOUS EDUCATIONAL QUALIFICATION OF THE EMPLOYEES AND THE JOB INVOLVEMENT

DIMENSIONS	EDUCATIONAL QUALIFICATION	SUM OF SQUARES	DF	MEAN	MEAN SQUARE	STATISTICAL INFERENCE
Job Analysis	Between Groups	13.122	2	G1 = 20.7957	6.561	F = 1.118 P < 0.05 Not Significant
	Within Groups	2916.510	497	G2 = 21.0519	5.868	
				G3 = 20.2778		
Job Involvement	Between Groups	106.926	2	G1 = 20.6921	53.463	F = 7.909 P > 0.01 Highly Significant
	Within Groups	3359.762	497	G2 = 19.7662	6.760	
				G3 = 21.3889		

Job Autonomy	Between Groups	329.999	2	G1 = 17.0976	164.999	F = 14.496 P > 0.01 Highly Significant
	Within Groups	5657.201	497	G2 = 15.7273	11.383	
				G3 = 13.8889		
Job Motivation	Between Groups	22.296	2	G1 = 18.9878	11.148	F =.640 P > 0.05 Significant
	Within Groups	8662.352	497	G2 = 18.7532	17.429	
				G3 = 19.8889		
Job Commitment	Between Groups	175.739	2	G1 = 19.1585	87.870	F = 9.530 P > 0.01 Highly Significant
	Within Groups	4582.573	497	G2 = 18.5974	9.220	
				G3 = 16.1111		
Overall Job Involvement	Between Groups	1159.036	2	G1 = 96.7317	579.518	F = 4.026 P > 0.05 Significant
	Within Groups	71547.172	497	G2 = 93.8961	143.958	
				G3 = 91.5556		

G1 = School   G2 = ITI   G3 = Degree

It is evident from the above table there is a High significant variance among the various dimension of Job Involvement, Job Autonomy and Job Commitment, where as there is a significant variance among the

various dimension of Job Motivation and overall Job Involvement and there is no significant variance among the various dimension of Job Analysis. It is observed from the table that job involvement is found to be very high among the employees who poses lower level of educational qualification. This may due to the job insecurity.

ONE WAY ANALYSIS OF VARIANCE AMONG THE VARIOUS EDUCATIONAL QUALIFICATION OF THE EMPLOYEES AND THE WORK STRESS

DIMENSIONS	EDUCATIONAL QUALIFICATION	SUM OF SQUARES	DF	MEAN	MEAN SQUARE	STATISTICAL INFERENCE
Individual stress	Between Groups	274.669	2	G1 = 42.2866	137.334	F = 2.848 P > 0.05 Significant
	Within Groups	23962.899	497	G2 = 41.0909	48.215	
				G3 = 39.2222		
Organizational stress	Between Groups	415.027	2	G1 = 58.0122	207.514	F = 2.671 P > 0.05 Significant
	Within Groups	38606.445	497	G2 = 56.5065	77.679	
				G3 = 54.3333		
Overall stress	Between Groups	1364.709	2	G1 =100.2988	682.355	F = 3.219 P > 0.05 Significant
	Within Groups	105346.203	497	G2 = 97.5974	211.964	
				G3 = 93.5556		

G1 = School   G2 = ITI   G3 = Degree

This above table analysis displays that there is a significant variance among difference educational (such as School, ITI, Degree) qualification of the respondent and various stress level(such as Individual stress, Organizational stress, and Overall stress). And also this analysis shows that the mean value of overall stress is very high in school level education dimension when compare to other educational qualifications like ITI and Degree programme. so this one-way ANNOVA analysis clearly displays that a significant variance happened on Different educational qualification and various stress level, it happened because of that the school educational performance is highly expectable one in our society when compare to other educational qualifications like ITI and Degree programme.

SUGGESTION

➢ Stress management programmes, workshops, conferences and seminars can be conducted for the employees.

➢ Provide counseling for employees by counseling professionals to reduce their personal and professional stress.

➢ Proper wage policy and other benefits has considerable effect in reducing the level of stress.

➢ Social well – being of employees play a vital role in reducing the level of job stress among among employees. Arrange a get-together for the employees and their family members in order to develop a sense of belongingness

➢ Provide a safe and healthy working environment to staff.

➢ Provide various welfare measures that are mandatory.

➢ Arrange work properly, and improve or simplify the work process to avoid long hours of monotonous and repetitive work.

➢ Delineate the roles and responsibilities of workers clearly.

➢ Engage workers in planning and decision-making work as it create a sense of belongingness and commitment towards the organization.

➢ Give feedback to and praise the staff on their performance appropriately.

➢ Educate the staff to recognize work stress and measures for coping with stress.

➢ Employees should be educated about trade union and its activities and they should be encouraged to hold a membership in any trade unions.

➢ Senior leaders need to actively participate in the activities and engage with the employees, so that the workforce will get motivated and work with more involvement.

➢ Provide positive feedback, so the employees feel they are recognized for good performance.

➢ Performance based economic incentives will increase the level of job involvement among the employees.

➢ Give employees the freedom and power to make and follow up on decisions, which will improve their attitude towards the job.

➢ Improve employee engagement through transparency, as they tend to feel a great sense of worth.

➢ Actively promote organizational effectiveness, reputation, values and ethics.

➢ Encourage innovation and participation in decision-making process.

CONCLUSION

The present study aimed at finding the socio-demographic back ground of the respondents and the level of job involvement and job stress perceived by the employee. This study also focused on providing suggestions to reduce level of stress and increase the level of job involvement. The study revealed that more than half of the respondents perceive low level of job involvement and more than half of the respondents perceive low level of stress. It is very important that the industries understand the need of its employees and provide what is best for the employees. It is the responsibility of the management to create an environment in which people have an impact on decisions and actions that affect their jobs. It enables the employees to contribute to continuous improvement and the ongoing success of their work organization.

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INTERNET ADDICTION AND ITS IMPLICATIONS AMONG THE STUDENTS STUDYING IN HIGHER EDUCATION

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Abstract

Internet is being integrated as part of our everyday's life because the usage of internet has been growing explosively worldwide. Homes, schools, colleges, libraries and internet cafes are the places which are more accessible to internet nowadays. Internet addiction (IA) is a new disorder described in 1996 by the psychologist Kimberly Young. There are many studies about internet use and internet addiction and it is one of the things that influence our daily life. The researcher has adopted descriptive research design for the study. The universe of the present study consists of students of 12 departments in Periyar Maniammai University which constitute 50 respondents among 302 final year students. Convenient random sampling has been used to select the final sample. Internet addiction Test (IAT) was developed by Kimberly Young in 1996. This study examines the internet addiction among the students of Periyar Maniammai University. The study utilized an instrumental to measure the internet addiction developed by Kimberly Young in 1996, namely Internet Addiction Test (IAT). Demographic factors (age, gender and grade of level) were examined too. Data analysis included descriptive and inferential statistic (Chi-square and T-test). It is alarming that the result shows the levels of excessive users among the adolescents are frequent users. The students are spending too much time on internet; hence they are losing their time, money, sleeping hours, studying hours, direct contact with their friends and family.

Key words: Internet addiction

Introduction

Internet has become an essential and a basic amenity in every one's life which has started influencing people from all age groups. Homes, schools, colleges, libraries and internet cafes are the places

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which are more accessible to internet nowadays. Completing the school work, playing online games, reading and writing emails and engaging in real time chatting are the common online activities which can widely be witnessed.

According to the internet society report, internet user number reached to 3 billion peoples around the world. The internet is a very useful tool in all areas of science, business, education, culture and politics. However excessive and misuse of this useful tool can cause internet addiction. According to Shaw & Black "internet addiction is excessive or poorly controlled preoccupations, urges or behaviors regarding computer use and internet access that lead to impairment or distress". In a meta-analysis study in 2014 that includes 80 reports with 89,281 participants, from 31 nations across seven world regions, the global prevalence of internet addiction reported about 6%. Internet addiction can affect all aspect of persons life negatively includes sleep, nutrition, physical activity and social function. Internet addiction also affects persons academic and professional progress and family relationships negatively. In recent years, mobile phone plays an essential role in communications throughout the world, because of the cost of the cell-phone usage drops and the functionality of these devices expands.

Internet Addiction

The Internet is a widely recognized channel for exchange of information, academic research, entertainment, communication and commerce (Moore, 1995; Widyanto and Griffiths, 2006; Douglas et al., 2008; Byun et al., 2009). Although the positive aspects of the Internet have been readily praised, there is a growing amount of literature on the negative side of its excessive and pathological use (Chou and Hsiao, 2000; Caplan, 2003; Beard, 2005; Frangos and Frangos, 2009). Byun et al. (2009) estimate that 9 million Americans could be labeled as pathological Internet users with unpleasant consequences for their social life, their professional status and their psychological condition (Shapira et al., 2000; Shapira et al., 2003; Young, 2004;

Walker, 2006).

Internet addiction in the world

Several researches have been carried out to explore the situation of Internet addiction in different places. Chou and Hsiao explored

Internet addiction in 910 Taiwanese college students with (Brenner, 1996) and YDQ (Young, 1998a). They recognized 5.9% as Internet addicted (Chou & Hsiao, 2000). In Xuanhui and Gonggu's study, 9.6% of the Chinese college students were identified as Internet dependent (Xuanhui & Gonggu, 2001). At the same time, Wang in his Australian study found that there were 9.6% of the students defined as Internet Addictive Disorder (Wang, 2001). Morahan-Martin and Schumacher found that 8.1% of their 283 US students had four or more symptoms on Internet addiction (Morahan-Martin & Schumacher, 2000). Also, when Johansson and Gotestam applied Young's Diagnostic Questionnaire (YDQ) to tudy Internet addictive behaviors among Norwegian youth, they found out that 10.66% of the respondents had problematic Internet use (Johansson & Götestam, 2004)

We follow the definition of IA, according to Beard's holistic approach wherein "an individual is addicted when an individual's psychological state, which includes both mental and emotional states, as well as their scholastic, occupational and social interactions, is impaired by the overuse of the medium" (Beard, 2005). We use the eight-item questionnaire as an assessment tool, proposed by Young (1996a; 1998) in her first papers. Young's Diagnostic Test for Internet Addiction (YDTIA) consists of eight yes or no questions about the use of the Internet. Respondents who answered 'yes' to five or more of the eight criteria were classified as Internet Addicted, and the rest were classified as non-addicted (Young, 1998).

Review of literature

Level of Internet Addiction in Adolescent

According to Pallanti, Bernardi and Quercioli (2006), Internet addiction can be found at any age and in any social condition, but most of the research major attention has been focuses on adolescent because adolescent seem to be a critical period of addiction vulnerability. The research of Van Rooij and Van den Eijinden (2007) had reported that, using internet has become one of the most popular leisure-time activities among adolescent in Western societies. Adolescents in Netherlands of ages between 11 to 15 use the internet for leisure activities and for adolescents aged 14 and older regard internet usage as an important leisure-time activity than watching TV (as cited as Van den Eijinden, Spijkerman, Vermulst, Van Rooij and Engels, 2009).

According to Lin, Lin and Wu (2009), older adolescents appear to be more dependent on the internet than younger adolescent.

Recent studies have found that 19.8% of adolescent in the world have internet addiction and furthermore, it is associated with hostility (Ko, Yen, Liu, Huang, and Yen, 2009). The first widely "wired" generation now a day are preteens and teens and according to eMarketer (2004), the number of preteens and teens online in United State grew steadily from 26.6 million in 2000 to 34.3 million in 2003 and nearly onehalf of all youngsters were online (as cited in Lin & Yu, 2008). However a recent survey from Forrester Research (2005) had revealed that consumer between the age of 12 and 17 in North America were often online daily and average almost 11 hours per week. On the other hand, a survey by Taiwan Network Information Center (2008), should that the internet population in Taiwan has reached 15 million. Among them, internet user of the age under 20 accounted for about 2.86 million. Furthermore, the two groups with the highest rates of internet usage were 12 to 15 years old which is 98% and 16 to 20 years old that is 95.6% (as cited in Lin & Yu, 2008).

Based on Pallanti, Bernardi and Quercioli (2006) research, 5.4% of the sample was internet addiction and the sample included 275 students with the average of 16.67 ± 1.85 years and consisted of 52.4% males and 47.6% females. This research also shown that in Italy, internet usage had a slower diffusion than in other countries. However, in another research from China Internet Network Information Center (2006) had shown that 123 million people had gone online, of which 14.9% were teenagers below 18 years old and it has concluded that internet addiction is currently becoming a serious mental health problem among Chinese adolescents. Chou and Hsiao reported that the incidence rate of Internet addiction among Taiwan college students was 5.9%. Wu and Zhu indentified 10.6% of Chinese college students as addicted to Internet (as cited in Cao, Su, Liu and Gao, 2007). Based on Chen et al. (2005), the majority of online gaming crime in Taiwan is theft (73.7%) and fraud (20.2) and their research found that the age of offenders is low with is 3.3% between ages 15 to 20 years of age, 8.3% are under 15 years old Wan & Chiou, 2007).

According to Park, Kim and Cho (2008), there are more adolescent using the internet than any other age group in South Korea. Based on their research 97.3% of South Korean adolescents between

the age of 6 and 19 years used the internet in 2005. Moreover, a study have investigated the prevalence of Internet addiction among South Korean adolescents been made. In this study 903 adolescents participated and 10.7% of them scored high on the Internet Addiction Scale and these youths were considered at high risk for Internet addiction. This phenomenon occurs because South Korea is an internet-based society that provides numerous middle and high school adolescents with easy internet access and Internet addiction among South Korean is serious.

Theoretical Framework of Internet Addiction

According to Douglas, Mills, Niang, Stepchenkova, Byun, & Ruffini et. al (2008), conceptual model of internet addiction is proposed. It is concluding that overuse of internet is generally defined by the inner need and motivations of an individual or so call push factor. This model state that, the perceived attractive features of the medium or pull factor moderate the relationship between push factors and the severity of negative effects of internet overuse. Negative effects of Internet addiction disorder can include not only academic, social, financial, occupational, and physical impact, but extend to various deviant behaviors. Nevertheless, realization of the Internet addiction disorder problem by the individual may make possible consumption of control strategies in order to curb the addiction a link between the deviant behaviors and control strategies constructs is also proposed, since the reviewed studies provide evidence that subjects struggle with the compulsion to online in criminal activities online. It is also proposed that some individuals are more likely to adopt deviant online behaviors than others; therefore, a direct link is proposed between the antecedents and deviant behaviors constructs.

According to Freeman (1992), in the past cognitive theory is seldom employed but more focus on three models: the disease model, the adaptive model, and the way of life model. These three models focused on pathology, adaptive, or behavioral type. However this research is first examine internet addiction from the cognitive perspective of human motivation and aimed at exploring the differential motivations between the addicts and non-addicts. Based on Lepper, Greene, & Nisbett (1973), from cognitive perspective, psychologists frequently describe motivation as being either intrinsic or extrinsic. Intrinsic motivators comes from within ourselves, which we

are doing something because we enjoy doing it. While extrinsic motivators come from outside, which is people doing something can obtain extrinsic motivators such as praise from others (as cited in Wan & Chiou, 2007).

Research Methodology

Objectives

- To find out the socio demographic profile of the respondents

- To examine the level of Internet addiction and Interpersonal problems

- To explore the relationship between Internet addiction and Interpersonal problems

Research Design

Researcher has adopted descriptive research design for the present study. Researcher attempted to find out the socio demographic profile, level of Internet addiction and interpersonal problems and relationship between Internet addiction and interpersonal problems. Hence this is descriptive in nature.

Methods for data collection

Researcher has used survey method. The present study has used the cross-sectional design whereby all variables have been collected at the same point of time. One set of the questionnaire which is Internet Addiction Test (IAT), by Dr.Kimberly Young has been has used for this study. This is a non-experimental study that has demographic variables, that is gender.

Universe and Sampling

The universe of the present study consist students from 12 departments of Periyar Maniammai University, Thanjavur. Researcher has used simple random sampling method to collect data from 50 students among 12 departments of Periyar Maniammai University.

Tools for Data collection

For the first 20 questions, Young's Internet Addiction Test (IAT) (Young, 1998b) was adopted to evaluate the respondents' level of Internet addiction. The IAT has 20 items associated with Internet use,

including psychological dependence, compulsive use, and withdrawal, as well as related problems of school, sleep, family, and time management. For each item, a graded response can be selected (1 = "not at all" to 5 = "always"). The minimum score is 20 while the maximum is 100; the higher the score, the greater the level of Internet addiction. As suggested by

Young, cut-off scores for the IAT were used to classify Internet users based on the severity of their addictive behavior (Young, 1998b).

In current study, the same cut-off scores were used:

- Minimal users (scores 20 to 39) – average online users who have complete control over their Internet usage;

- Moderate users (scores 40 to 69) – those experiencing occasional or frequent problems due to Internet usage

- Excessive users (scores 70 to 100) – those having significant problems caused by Internet usage.

TABLE 1 Variables and frequencies

S.No	Variable	Particulars	Frequency	Per cent
1	Age	17-20	38	76
2	Gender	Female	32	64
3	Type of Family	Nuclear	40	80
4	Occupation	Private Sector	23	46
5	Stream	Non Engineering	27	54
6	Internet Access	Daily usage	46	92
7	Residence	Days Scholar	29	58
8	Knowledge of Internet	Yes	50	100

9	Age of first internet use	15 and above	33	66
10	Mode of usage	Mobile	44	88
11	Source of surfing internet	Wi-Fi	35	70
12	Internet using time	3 to 5 Hrs	29	58
13	Sleeping Hrs	>6 Hrs	30	60
14	Availability of Internet	Residence	38	76
15	Staying online	Frequently	17	34
16	Neglecting House hold work	Frequently	12	24
17	Excitement of the internet to intimacy with their partners (Friends)	Frequently	13	26
18	New Relationship	Frequently	16	32
19	Suffered their academic performance	Frequently	15	30
20	Block out disturbing thoughts about their life with soothing thoughts of the internet	Occasionally	10	20
21	Anticipating go online again	Frequently	12	24
22	Getting fear without internet as boring empty and joyless	Always	10	20
23	Loosing sleeping hrs	Frequently	8	16
24	Gets feeling depressed, moody nervous	Frequently	16	32

Findings and analysis

1. It's obvious that 76 % of the respondents were from 17 to 20

years of age. Nearly 24 % of the respondents were from the 19 years of age.

2. The majority (64 %) of the respondents are female remaining 36 % of the respondent are male.

3. The majority (80 %) of the respondents were from nuclear family remaining 20 % of the respondents were from joint family.

4. The majority (46 %) of the respondents parents were working private sector, 30 % of the respondents parents were doing business, remaining 24 % of the respondents parents were working in government sector.

5. The majority (54 %) of the respondents were from non engineering stream remaining 46 % of the respondents were from engineering stream.

6. The vast majority (92 %) of the respondents accessing internet on daily basis

7. The majority (58 %) of the respondents were day's scholar remaining 42 % of the respondents staying in hostel.

8. All the 100 % of the respondents were having knowledge about computer

9. Nearly 66 % of the respondents were from the 15 and above years of age. It's obvious that 34 % of the respondents were from 10 to 15 years of age.

10. The majority (88 %) of the respondents accessing internet through the mobile remaining 12 % of the respondents accessing internet by other sources.

11. The majority (70 %) of the respondents accessing internet through the Wi-Fi remaining 30 % of the respondents were accessing internet by other sources.

12. The majority (58 %) of the respondents were using internet for 3 to 5 hrs per day remaining 42 % of the respondent using internet 1to 3 hrs per day.

13. The majority (60 %) of the respondents were sleeping above 6 hrs remaining 40 % of the respondents are sleeping from 3 to 5

hrs only per day.

14. The majority (76 %) of the respondents having internet availability in their residence remaining 24 % of the respondents were not having internet facility in their residence.

15. More than one third 34 % of the respondents staying online longer frequently.

16. The majority (24 %) of the respondents were neglecting their households work frequently.

17. More than one fourth 26 % of the respondents prefer getting frequent excitement of the internet to intimacy with their partners (Friends).

18. More than one third 32 % of the respondents got new relationship through the internet connection

19. One third 30 % of the responds frequently suffered their academic performance

20. The least 20 % of the respondents block out disturbing thoughts about their life with soothing thoughts of the Internet.

21. Nearly one fourth 24 % of the respondents frequently anticipation go online again

22. Less than one fourth 20 % of the respondents always get fear without internet as boring empty and joyless.

23. Nearly 16 % of the respondents are frequently loss in sleep due to late nigh login

24. More than one third 32 % of the respondents rarely gets feeling depressed, moody nervous when in offline then 9 % of the respondents frequently gets feeling depressed, moody nervous when in offline.

Conclusion

The researcher concluded that Internet usage is increasing rapidly due to technological advancements day by day that unwittingly led to internet addiction also. Hence, this study is to examine the level of internet addiction and implication among the university students. It is alarming that the result shows the level of excessive users among the

adolescents are frequent users. The students are spending too much time on internet, hence they are losing their time, money, sleeping hours, studying hours, direct contact with their friends and family. At the same time these students are accessing more known and unknown friends through the internet, also they are accessing for mails and study materials. It is also found that students those having higher level of socio economic status were using and accessing internet most often, when comparing with lower level of socio economic status. Based on the analysis it can be concluded that internet is bringing more addiction among the adolescent groups that creates various psycho social problems among their families and friends. Internet is also bringing more disappointment between the students inter personal relationship and face to face interaction. However the students can use the technology in a appropriate manner and have balance in their responsibilities and utilize the facilities for progressive purposes.

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A STUDY ON DEPRESSION AMONG THE WOMEN OFFENDERS WITH SPECIAL REFERENCES IN CUDDALORE PRISON, TAMIL NADU

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Abstract

Women prisoners have more complex histories of trauma and victimization, mental and physical health issues, and substance abuse. Such contextual variables have been shown to be correlated with high-risk behaviors among women. They found to have higher rates of mental illness than women in the general population. Most women prison inmates reported a prolonged history of abuse physical, emotional and/or sexual abuse. They often struggle with depression, anxiety and post-traumatic stress. Moreover, the prison environment contributes to stigmatization, altering the prisoner's conduct and leading to temporary or even irreversible psychic sequelae. There are feelings of inadequacy, anticipated suffering in life outside of imprisonment, fear of family abandonment, losing their right to the social importance of work, identity loss, social discrimination that impairs prospects for working outside of the criminal context, and social recognition.

Key Words   : Female offenders Depression. Psychiatric disorder, guilt and insecurity

Introduction

Studies of female offenders point to yet another gender difference—the importance of relationships and the criminal involvement that often results from relationships with family members, significant others, or friends (Chesney-Lind 1997; Owen 1998; Owen and Bloom 1995; Pollock 1998) Research on women's pathways into crime indicates that gender matters. Steffensmeier and Allen (1998) note how the "profound differences" between the lives of women and men shape their patterns of criminal offending. Many women on the

social and economic margins struggle to survive outside of legitimate enterprises, engaging in a lifestyle that brings them into contact with the criminal justice system. Because of their gender, women are also at greater risk for experiencing sexual abuse, sexual assault, and domestic violence. Among women, the most common pathways to crime are characterized by issues of survival (of abuse and poverty) and substance abuse. Pollock (1998) points out those women offenders have histories of sexual and/or physical abuse that appear to be precursors to subsequent delinquency, addiction, and criminality. As noted earlier, women who have been exposed to trauma and who are also addicted to drugs or alcohol are at higher risk for other mental disorders. The rate of major depression among alcoholic women was almost three times the rate of the general female population,

Review of literature

Women are also more likely to have a coexisting psychiatric disorder and to exhibit lower self-esteem (Bloom and Covington 2000). In one study of both men and women in the general population, 23 percent of those surveyed reported a history of psychiatric disorders; of this group, 30 percent also reported having had a substance abuse problem at some time in their lives (Daley, Moss, and Campbell 1993). These co-occurring issues are more prevalent among women, with depression, anxiety, and other mood disorders more common among substance-abusing women than among men. A study by Blume (1990) found that major depression co-occurred with alcohol abuse in 19 percent of women (almost four times the rate for men); phobic disorder co-occurred with alcohol abuse in 31 percent of women (more than twice the rate for men); and panic disorder co-occurred with alcohol abuse in 7 percent of women (three and one-half times the rate for men). With regard to the issue of trauma, one of the most important developments in health care over the past several decades is the recognition that many people have a history of serious traumatic experiences that play a vital and often unrecognized role in the evolution of physical and mental health problems. According to the Bureau of Justice Statistics, nearly 8 of every 10 female offenders with a mental illness report having been physically or sexually abused (Greenfeld and Snell 1999). A 1994 study of women in U.S. jails found that approximately 22 percent had been diagnosed with posttraumatic stress disorder (PTSD) (Vesey 1997).

Sanya (2001) conducted a study of women convicts of 'Nari Bandi Niketan' in Lucknow. Twenty-five women convicts, convicted for murder were studied. He reported considerable depression among married female prisoners. He found female convicts suffering from feelings of anxiety, guilt and insecurity, low self esteem. Sanyal and Agarwal studied a sample of 69 female convicts. The study deals with the personality characteristics of the criminals. The author arrived at the conclusion that the inmates were found to be maladjusted in marital life and relations.

Research Methodology:

Statement of the Problem

Crime is an anti social behaviour. Crime occurs when someone break the law by over act. Crime rejects by the society. In the words of C. Darrow "Crime is an act prohibited by the land and for which penalty is prescribed". The concept of crime is a relative and complex one, which is viewed as a norm breaking natural phenomenon of human society at all times and has changed in accordance with the socio economic development of the society. The rate of crime has increased tremendously in the contemporary world. The rate of female crime is gradual rise around the world. And it is particularly apparent in developed countries. The rising female crime rate may be result of rapid socio-economic changes, industrialization and consequently urbanization. One of the most reported aspects of the Maoist 'people's war' in Nepalhas reveals that the involvement of women has increased. Some observers estimating that up to 40 percent of all combatant and civilian political supporters are women (Pettigrew and Shneiderman, 2003).

The infrastructural facilities available throughout the country to meet the increasing female criminals are not enough. According to NCRB only 1.4% jails throughout India are declared as women jail. Along with women jail, 2.2% special jails are providing occupancy to female criminals and the occupancy rate is 71.6%. The prison infrastructure available in India is huge but the main problem of the prisons is overcrowding due to under trial prisoners. The occupancy rate has been reported to be 128.5 percent during 2000 which demands the need for additional capacity of 60359 Persons in Indian jails.

Imprisoned persons are unable to look after their families. In the absence of the main breadwinner, many families are forced into destitution. This combined with the social stigmatisation and ostracism that they face, leads to circumstances propelling children towards delinquency and exploitation by others. It is a vicious circle. The problems become acute when they belong to the socio-economically marginalized and exploited sections of the society.

Objectives

- To study the socio-cultural, economic and psychological factors that has compelled the convicted female offenders to commit crime.

- To find out the depression level of women offenders.

Research design:

The present study is based on descriptive research design. The study has been conducted in the central prison of Cuddalore jail, the study was conducted in two phases, while, the first was the enumeration phase, and base-line survey of record available with state government department of prison, the second phase was of data collection with some sample case consisting of detailed interview schedule.

Universe and sampling:

The universe of the study consisted of all the female inmates in the female section of a central jail in Cuddalore. The target group was under trial female criminals of central jail women section. They are 450 women inmates in the central jail Cuddalore prisons. From the universe the researcher selected 50 samples in randomize manner.

Data collection, Analysis and Interpretation:

The study consists of primary and secondary source of data. Primary data was collected by a structured Interview Schedule from women prisoners. It consists of personal profile, Socio-economic background, causes and nature of crime, attitudes and expectations of the respondents and their future plan after release. The researcher analysis the data's by simple tabulation method.

Analysis and interpretation

CROSSTABS

Table 1

Association between Depression and Age of the respondents

S.No	Age of the Respondents	Depression Scoring		Statistical Inference
		Low (n=55)	High (n=45)	
1	Below 30 Years	13 (81.2%)	3 (18.8%)	$X^2 = 13.069$ df= 3 0.000<0.05 Significant
2	31-40 Years	16 (59.3%)	11 (40.7%)	
3	41-50 Years	5 (23.8%)	16 (76.2%)	
4	Above 50 Years	21 (58.3%)	15 (41.7%)	

From the above table 1, the researcher can understand the association between Depression Scale and age of the respondent's. A vast majority of the (76.2 per cent) respondents secured the higher level of depression scoring in the age group between 41-50 years and vast majority of the (81.2 per cent) of the respondents secured low level of depression scoring in the age group of below 30 years. The chi-square analysis shows that there is a statically significant association between depression and age of the respondents.

Table 2

Association between Depression and Religion of the respondents

S.No	Religion of the Respondents	Depression Scoring		Statistical Inference
		Low (n=55)	High (n=45)	
1	Hindu	43 (53.1%)	38 (46.9%)	X^2 = 2.101 df = 2 0.000 > 0.05 Not Significant
2	Muslim	10 (71.4%)	4 (28.6%)	
3	Christian	2 (40.0%)	3 (60.0%)	

From the above revels that the association between Depression Scale and gender of the respondent's. The majority of the (60.0 per cent) respondents secured the higher level of depression scoring from Christian religious group and vast majority of the (71.4 per cent) of the respondents secured low level of depression scoring from Muslim religious group. The chi-square analysis shows that there is no statically significant association between depression and religious group of the respondents.

Table 3

Association between Depression and Community of the respondents

S.No	Community of the Respondents	Depression Scoring		Statistical Inference
		Low (n=55)	High (n=45)	
1	Schedule Community	23 (59.0%)	16 (41.0%)	$X^2 =$ 14.899 df = 3 0.000<0.05 Significant
2	Backward Community	6 (24.0%)	19 (76.0%)	
3	Most Backward Community	14 (66.7%)	7 (33.3%)	
4	Other Backward Community	12 (80.0%)	3 (20.0%)	

Above the shows that the association between Depression Scale and community of the respondent's. A vast majority of the (76.0 per cent) respondents secured the higher level of depression scoring from backward community and vast majority of the (80.0 per cent) of the respondents secured low level of depression scoring from other backward community. The chi-square analysis shows that there is a statically significant association between depression and community of the respondents.

Table 4

Association between Depression and Educational Qualification of the respondents

S.No	Educational Qualification of the Respondents	Depression Scoring		Statistical Inference
		Low (n=55)	High (n=45)	
1	Illiterate	15 (53.6%)	13 (46.4%)	$X^2 = 4.711$
2	1-5 Std	14 (58.3%)	10 (41.7%)	df = 3
3	6-10 Std	24 (61.5%)	15 (38.5%)	0.000>0.05 Not Significant
4	Above 10th std	2 (22.2%)	7 (77.8%)	

Above the shows that the association between Depression Scale and educational qualification of the respondent's. A vast majority of the (77.8 per cent) respondents secured the higher level of depression scoring from above 10th standards and majority of the (61.5 per cent) of the respondents secured low level of depression scoring from respondents studying between 6-10 standards. The chi-square analysis shows that there is no statically significant association between depression and educational qualification of the respondents.

Table 5

Association between Depression and Income Group of the respondents

S.No	Income Group of the Respondents	Depression Scoring		Statistical Inference
		Low (n=55)	High (n=45)	
1	No Job	9 (100.0%)	0 (.0%)	$X^2 =$ 25.679 df = 3 0.000<0.05 Significant
2	Below Rs 3000	36 (69.2%)	16 (30.8%)	
3	Rs3001-Rs5000	8 (23.5%)	26 (76.5%)	
4	Above Rs5000	2 (40.0%)	3 (60.0%)	

Above the shows that the association between Depression Scale and Income of the respondent's. 100 percentages of the respondents secured the low level of depression scoring from respondents' not working and vast majority of the (76.5 per cent) of the respondents secured the high level of depression scoring respondents income between Rs 3001-Rs 5000. The chi-square analysis shows that there is a statically significant association between depression and income of the respondents.

Table 6

Association between Depression and Type of Family of the respondents

S.No	Type of Family of the Respondents	Depression Scoring		Statistical Inference
		Low (n=55)	High (n=45)	
1	Nuclear	9 (27.3%)	24 (72.7%)	X^2 = 21.281 df = 2 0.000<0.05 Significant
2	Joined Family	46 (71.9%)	18 (28.1%)	
3	Alone	0 (.0%)	3 (100.0%)	

Above the shows that the association between Depression Scale and type of the family of the respondent's. A vast majority (72.7 per cent) of the respondents secured the high level of depression scoring from nuclear family system and vast majority of the (71.9 per cent) of the respondents secured the low level of depression scoring respondents from joined family system. The chi-square analysis shows that there is a statically significant association between depression and type of the family of the respondents.

Table 7

Association between Depression and Number of Family Member of the respondents

.No	Number of Family Member of the Respondents	Depression Scoring		Statistical Inference
		Low (n=55)	High (n=45)	
1	Three Members	12 (100.0%)	0 (.0%)	$X^2 =$ 11.313 df = 3 0.000 < 0.05 Significant
2	Four Members	16 (50.0%)	16 (50.0%)	
3	Five Members	18 (50.0%)	18 (50.0%)	
4	Six Members	9 (45.0%)	11 (55.0%)	

Above the shows that the association between Depression Scale and number of the family members of the respondent's. more than half (55.0 per cent) of the respondents secured the high level of depression scoring from respondents having six members in their family and 100 percentage of the respondents secured the low level of depression scoring from respondents having three members in their family. The chi-square analysis shows that there is a statically significant association between depression and number of the family members of the respondents.

Table 8

Association between Depression and Expenditure per Monthly Income of the respondents

S.No	Expenditure per Monthly Income of the Respondents	Depression Scoring		Statistical Inference
		Low (n=55)	High (n=45)	
1	Below Rs 5000	0 (.0%)	7 (100.0%)	$X^2 = 9.299$
2	Rs5001-10000	30 (57.7%)	22 (42.3%)	df= 2 0.000<0.05
3	Above Rs 10000	25 (61.0%)	16 (39.0%)	Significant

Above the shows that the association between Depression Scale and monthly expenditure of the respondent's. 100 percentages of the respondents secured the high level of depression scoring from respondents spending their monthly expenditure up to Rs 5000.00 and majority (61.0 per cent) of the respondents secured the low level of depression scoring from respondents spending their monthly expenditure between Rs 5001-10,000. The chi-square analysis shows that there is a statically significant association between depression and expenditure per monthly Income of the respondents.

Table 9

Association between Depression and Indebtedness of the respondents

S.No	Indebtedness of the Respondents	Depression Scoring		Statistical Inference
		Low (n=55)	High (n=45)	
1	No Savings	29 (54.7%)	24 (45.3%)	X^2 = 4.055
2	Rs.10000.00	4 (50.0%)	4 (50.0%)	df = 4
3	Rs.20000.00	8 (61.5%)	5 (38.5%)	0.000>0.05
4	Rs.30000.00	3 (30.0%)	7 (70.0%)	Not Significant
5	Rs. 50000.00	11 (68.8%)	5 (31.2%)	

Above the shows that the association between Depression Scale and indebtedness of the respondent's. less than half (45.3 per cent)of the respondents secured the high level of depression scoring from respondents not having saving habits and majority (68.8 per cent) of the respondents secured the low level of depression scoring respondents from their indebtedness Rs 50000 per year. The chi-square analysis shows that there is no statically significant association between depression and indebtedness of the respondents.

Table 12

Association between Depression and Type of Marriage of the respondents

S.No	Type of Marriage of the Respondents	Depression Scoring		Statistical Inference
		Low (n=55)	High (n=45)	
1	Un Married	13 (81.2%)	3 (18.8%)	X^2 = 6.344

2	With in Relation	9 (50.0%)	9 (50.0%)	df = 4
3	Out of Relatives	10 (45.5%)	12 (54.5%)	0.000>0.05
4	Inter caste	16 (48.5%)	17 (51.5%)	Not Significant
5	Love marriage	7 (63.6%)	4 (36.4%)	

Above the shows that the association between Depression Scale and type of the marriage of the respondent's. More than half (54.5 per cent) of the respondents secured the high level of depression scoring from respondents were married in inter caste and a vast majority (81.2 per cent) of the respondents secured the low level of depression scoring from respondents were unmarried status. The chi-square analysis shows that there is no statically significant association between depression and type of the marriage of the respondents.

Findings

- More than one third (36.0 per cent) of the respondents were belonging to the age group of above 50 years.

- Majority (81.0 per cent) of the respondents were belonging from Hindu religious group.

- More than (39.0 per cent) one third of the respondents were belonging to schedule caste community.

- More than one fourth (39.0 per cent) of the respondents were studied between 6-10 standard.

- Less than one fourth (21.0 per cent) of the respondents were doing servant work.

- More than half of the respondents (52.0 per cent) were earning below Rs.3000/-per month.

- Half of the respondents (50.0 per cent) were married status.

- Majority (64.0 per cent) of the respondents belong from joint family.

- More than one fourth (36.0 per cent) of the respondents were having five members in their family.

- More than half (52.0 per cent) of the respondents were spending money for monthly between Rs.5001-10000/-.

- One fourth of the respondents (24.0) were got married in their 21age.

- Less than one fourth of the respondents (22.0) were got marriage in out of the relatives.

Cross Findings

▪ Vast majority of the (81.2 per cent) of the respondents secured low level of depression scoring in the age group of below 30 years. The chi-square analysis shows that there is a statically significant association between depression and age of the respondents.

▪ Vast majority of the (71.4 per cent) of the respondents secured low level of depression scoring from Muslim religious group. The chi-square analysis shows that there is no statically significant association between depression and gender of the respondents.

▪ Vast majority of the (80.0 per cent) of the respondents secured low level of depression scoring from other backward community. The chi-square analysis shows that there is a statically significant association between depression and community of the respondents.

▪ A vast majority of the (77.8 per cent) respondents secured the higher level of depression scoring from above 10th standards. The chi-square analysis shows that there is no statically significant association between depression and educational qualification of the respondents.

▪ Vast majority of the (76.5 per cent) of the respondents secured the high level of depression scoring respondents earning between Rs 3001-Rs 5000. The chi-square analysis shows that there is a statically significant association between depression and income of the respondents.

▪ A vast majority (72.7 per cent) of the respondents secured the high level of depression scoring from nuclear family system. The chi-square analysis shows that there is a statically

significant association between depression and type of the family of the respondents.

- 100 percentages of the respondents secured the low level of depression scoring from respondents having three members in their family. The chi-square analysis shows that there is a statically significant association between depression and number of the family members of the respondents.

- Majority (61.0 per cent) of the respondents secured the low level of depression scoring from respondents spending their monthly expenditure between Rs 5001-10,000. The chi-square analysis shows that there is a statically significant association between depression and expenditure per monthly expenditure of the respondents.

- Majority (68.8 per cent) of the respondents secured the low level of depression scoring respondents from their indebtedness Rs 50000 per year. The chi-square analysis shows that there is no statically significant association between depression and indebtedness of the respondents.

- A vast majority (81.2 per cent) of the respondents secured the low level of depression scoring from respondents were unmarried status. The chi-square analysis shows that there is no statically significant association between depression and type of the marriage of the respondents.

Conclusion

A look at the principal themes and issues affecting women in the criminal justice system reveals that women's issues are also society's issues: sexism, racism, poverty, domestic violence, sexual abuse, and substance abuse. While the impact of incarceration and reentry sets the stage and defines the individual experiences of female prisoners, their children and families, and their communities, what is required is a social response. Agencies and actions are not only about the individual; they are also, unavoidably, about family, institutions, and society.

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SOCIAL BENEFITS ON NATURAL RESOURCES: SOCIAL DEVELOPMENT BY THE USE OF COMMON PROPERTY RESOURCES

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Abstract

The term "common property" as employed here refers to a distribution of property rights on resources in which a number of owners are co-equal in their rights to use the resource. This means that their rights are not lost through non-use. It does not mean that the co-equal owners are necessarily equal with respect to the quantities (or other specification) of the each resource over a period of time. In other words, the concept as employed here refers to resources subject to the rights of common use and not to a specific use held by several owners. In the legal literature this distinction appears as "common lands" on one side and "tenancy in common" on the other (Jurgensmeyer & Wadley, 1974). At some four billion hectares, forests cover nearly 30 percent of the global land area according to official statistics (FAO 2005). However, the total area of forests continues to decline. According to the most recent Global Forest Resources Assessment 13 million hectares of forests are being lost annually. But the rate of decline has slowed in more recent years (FAO 2005, p. xii). The only major region of the world with a net gain in forest area during the period 2000-05 is Asia (ibid, p. xv). Most of the world's forests are owned by governments. But private and other forms of ownership are increasing, and governments often set aside areas for use by communities. Hence, this conceptual paper shed a light on the Forest Common Property Resources.

Keywords: Common Property, Common Lands, Tenancy in Common and Global Forest Resources

Introduction

The study of forests as common has been one of the central sources to the sanction of scholarship in large number on common property. Not only did some of the earliest contributions to the study of common focus on forests, forests yield multiple products in which diverse stakeholders assert competing claims addressing governance problems in forests can be especially instructive for social-theoretical advancement (Jessup and Peluso 1986). Of course, intellectual traffic has proceeded in both directions. If scholars of common property have gained theoretically by examining how forests can be governed effectively, they have also offered much to those interested in forest governance (Arnold and Stewart 1991; Fernandes et al. 1988; Gibson et al. 2000; Peluso 1992; Sivaramakrishnan 1999).

In consonance with much research on the other types of common-pool resources, scholars of forest-based common also focus primarily on how variations in institutional arrangements shape resource-related outcomes. Some of their signal contributions to the work on commons, and to an understanding of collective action more generally, have concerned the principles of institutional design (Ostrom 1999), the need for fit between institutions and their political-ecological context (Dietz et al. 2003; Ribot 1999), the nature of institutional mediation (Agrawal and Yadama 1997), the importance of local enforcement (Agrawal 2005; Gibson et al. 2005), possibilities of social resistance (Guha 1989; Peluso 1992), the necessity of broad-based participation in institutionalized governance (Ribot 2002), the relationship between indigenous peoples and forests (Rangan and Lane 2001), and the role of local variation in shaping resource-related outcomes (Agrawal and Chhatre 2006). Collectively, these contributions also constitute a remarkable step toward improving our understanding of how resources can be governed better.

Common Property as a Social Institution

"Property," as applied to natural resources, is a "primary" social institution because of its own importance and because several important "secondary" institutions, including taxation, credit and tenancy, are derived from it.' "Property" refers to a bundle of rights in the use and transfer (through selling, leasing, inheritance, etc.) of natural resources. Different rights (strands of the bundle) may be

distributed in various combinations among natural and legal persons, groups, and several publics, including the many units of government.

The term "common property" as employed here refers to a distribution of property rights on resources in which a number of owners are co-equal in their rights to use the resource.

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The meaning of the concept "common property" is well-established in formal institutions such as the Anglo-Saxon common law, the German land law, the Roman law, and their successors. It is also well-established in informal institutional arrangements based on custom, tradition, kinship and social mores.

Analytical Critique of the Definitions of "Common Property"

Common property resources (CPRs) have been defined in a number of alternative ways on the available literature. The element that is common to most of these definitions attributes primary importance to the nature of access in identification of CPRs. The conceptual approaches vary over a wide range. At the one extreme, there is an approach treating all that is not private property as it is concerned now. The approach at the other extreme adopts a much more stringent view to distinguish between common property and "free rider" or "free or open access" resources. The latter category is characterised by the absence of rules for resources management. The proponents of this approach hold that "a resource becomes common property only when the group of people who have right to its collective use is well defined, and the rules that govern their use are set out clearly and followed universally". In their view, common property implies existence of an institutional arrangement for resources management.

Let us now briefly analyze the recent usages of the term "common property" by Hardin's critics, a discourse that has been confusing, hardly useful, and jurally uninformed.

Berkes, Feeny, McCay, and Acheson (1989; expanded in Feeny, Berkes, McCay, and Acheson 1990) define common property resources as a class of resources for which exclusion of potential users is difficult and costly and joint use involves subtract ability in that and each user is capable of subtracting from the welfare of others.

The term common property resources is an oxymoron as resources and properties are the concepts of a different order, and, furthermore, the authors have included under this concept property modalities other than common property. Thus, their taxonomy of four basic property right modalities for common property resources includes: private property, a resource held by an individual or corporation; communal property, a resource held by an identifiable community of users; state property; and open access, a resource without well defined property rights so that access is free and open to all. Although classed as property, open access turns out not to be property at all.

Bromley and Cernea (1989) also use the oxymoron of common property resources in their analysis of the problems of managing such resources and the failure of Hardin's logic. However, Hardin, and others (e.g. McCay and Acheson 1987) have frequently confused open access with "common property" modalities. They also distinguish four possible resource regimes: state property, private property, common property, and non-property, or open access.

Bromley and Cernea differentiate private property with common property. Yet they write (1989, 14): "Common property is in essence 'private' property for the group and in that sense it is a group decision regarding who shall be excluded."

These definitions of property modalities fail not only because they are contradictory and confusing, but largely because they do not distinguish whether the rights are held by individuals, as a jural aggregate or jural collectivity or held by a corporation, or by a corporate group. And they do not distinguish the types of rights held. Yet these distinctions are critical to the ultimate goal: the understanding of

management forms and how they affect productivity and resource degradation.

Forests and Common Property

At some four billion hectares, forests cover nearly 30 percent of the global land area according to official statistics (FAO 2005). However, the total area of forests continues to decline. According to the most recent Global Forest Resources Assessment 13 million hectares of forests are being lost annually. But the rate of decline has slowed in more recent years (FAO 2005, p. xii). The only major region of the world with a net gain in forest area during the period 2000-05 is Asia (ibid, p. xv). Most of the world's forests are owned by governments. But private and other forms of ownership are increasing, and governments often set aside areas for use by communities.

The importance of forests in relation to two of the most important global environmental threats – climate change, and biodiversity loss – is hard to overstate. They have long been recognized as the reservoir and source of much of the species biodiversity on the planet (Wilson 1988). They also store more carbon with 283 gigatonnes (Gt) in biomass alone. These statistics about forests are important to convey their immense significance for the survival of humanity as species. But, it is other benefits from forests that have been of greater interest to common property scholars – the immediate relevance of forests to the livelihoods of hundred millions of rural residents.2 Forests play a significant role in the livelihoods of the rural poor in the context of competing claims from multiple parties. Institutional solutions to competing claims are always complex because of the simultaneous importance of forests for global conservation and local livelihoods. Such solutions are also provisional and subject to the ongoing revisions as a result of demographic shifts, developmental processes, changes in landscapes, and political alliances among other variables. As Dietz et al. (2003, p. 1907) remark, 'Successful commons governance requires that rules evolve'.

The fascinating institutional interplay related to socio-ecological complexity and contextual change has helped to generate a vast corpus of research on forests, both within and outside the field of common property.3 The size, variety, and depth of this body of research is a reasonable reflection of the many different ways in which forests have

been, and continue to be, central to human survival, livelihoods, and prosperity.

Importance of CPR

Traditionally, systems of community management of CPRs and forest land had existed in different forms in many parts of the country till the end of the 19th century. A very large part of the country's natural resources was common property, in that sense, a wide variety of necessary resources was freely available to the rural population. The process of extending state control over the common resources, which began with the declaration of "reserved" and "protected" forests in the closing years of the 19th century, had essentially been that of exclusion of villagers' access to common resources by law. As a result, the systems of community management gradually disintegrated and are now virtually extinct.

Today, in almost all the parts of the country, the villagers have legal right of access only on some specific categories of land like 'pasture and grazing lands' and 'village forests', which are under the jurisdiction of the village or village panchayat.

All other categories of land are not under private ownership like barren and uncultivable land, culturable waste, land put to non-agricultural uses and forests belong to State Revenue department or Forest department.

Nevertheless, the rural population, particularly the poor, depend greatly on the goods and services available from these categories of land. Besides, though only those resources are treated as CPRs on which no individual has exclusive property rights, there are systems of customary rights which support traditional practices, such as gleaning or grazing of cattle in the fields after harvest, which represent common rights on private property in certain situations.

Keeping the variety of conceptual approaches and their implications in mind, two distinctly different approaches were adopted for collection of data on CPRs in the present enquiry. First, called de jure approach was used for collection of data on the size of CPRs. In this approach, only those resources were treated as CPRs within the boundary of the village and were formally (i.e. by legal sanction or official assignment) held by the village panchayat or a community of the village. The second approach, called de facto approach, was adopted

for collecting information on use of CPRs. In this approach, the coverage of CPRs was extended to include resources like revenue land not assigned to panchayat or a community of the village, forest land, or even private land in the community use by convention. The common use of private property may be confined to particular seasons as in the cases where cultivated land are used for grazing between crops, fields submerged during monsoon are used for fishing etc.

All such lands in practice, used as common resources were treated as CPRs for data collection on benefits accruing to villagers from the CPRs even if they were located outside the boundary of the village.

Need of CPR

Access to resources through common property regimes often sustains and enhances the livelihoods of poor families and communities. Secured access can:

- Enable poor and vulnerable households to meet their basic needs, including resources for household consumption;

- Serve as a 'resource safety-net' for vulnerable households during their difficult times;

- Provide a framework for generating income beyond the subsistence level, from small-scale commercial use of resources, and contribute to a more environmentally sustainable use of natural resources.

- At the same time, there are a number of threats to common property regimes, including:

- Privatization for large-scale commercial development;

- Expansion of smallholder agriculture;

- Appropriation of common property regimes for conservation;

- Ambiguities within legal frameworks, andNon-recognition of customary law.

Characteristics of the Resource System

Characteristics of a forest resource system fall under a broad set of biophysical variables.7 They are the set of boundary conditions within humanly devised rules of the game must be situated. The

characteristics of resources relevant to effective governance of forest commons are size of the resource system, its boundaries, whether the resource is mobile, the extent to which resource units can be stored, rate and predictability of flow of benefits from the resource system, and ease of monitoring resource conditions. Institutional arrangements and technological changes may feasibly help alter some of the above features related to resource systems: size of the forest, its boundaries, and potentially, ease of monitoring. But other characteristics are likely to be either beyond human capacities to alter, or excessively costly to engineer.

Although research on deforestation and changes in forest condition has often paid close attention to the importance of biophysical variables such as soils, topography, fire, and pests (Geist and Lambin 2001, p. 14; Tole 2001), and on the other hand the scholarship on forest-based commons has been less attentive to the importance of such factors.

Even when research on forest-based commons includes variables related to the biophysical environment in explaining the resource conditions, its focus tends to remain on how property rights or socioeconomic and political variables determine outcomes (Gibson et al. 2002; Tucker 1999, but see Tucker et al. forthcoming 2007). Clearly, far more work to integrate the analysis of causal impact of biophysical, social and institutional factors remain to be done (Agrawal and Chhatre 2006). Scholars of adaptive management have made important contributions in this regard, and scholars of forest commons can find their observation in so many respects (Cumming et al. 2006; Janssen et al. 2006; Klooster 2002; Mutimukuru et al. 2006; Reed and McIlveen 2006). An interesting impact of such cross-disciplinary work is likely to be a broadening of the dimensions along with commons that scholars assess institutional outcomes.

For example, existing research on adaptive systems and complexity takes resilience and robustness of ecosystems as important dimensions which evaluate institutional effectiveness. Whereas scholars of commons more often focus on forest conditions, livelihoods, and equity related issues as measures by which to evaluate outcomes (Berkes 2004; Turner et al. 2003).

One biological aspect of forests that has received substantial attention by commons scholars is their ability to yield multiple products, which can often be harvested to yield significant economic benefits for users without having highly adverse effects on the forest itself. Scholars have discussed how non-wood forest products (NWFPs) are critical for the livelihood portfolios of households to much of the developing world. Those interested in valuation of tropical forests have similarly found that the net present value of a stream of benefits based on NWFPs is often higher than the value from clear felling the forest. A recent report from the FAO (2005) recognizes that NWFPs are one of the most important set of benefits that forests provide at a global scale, one that is grossly undervalued. In highlighting the value of multiple benefits from forests, scholars of forest-based commons have thus helped to address the concerns about equity and livelihoods, as well as sustainable forest management.8

Effectiveness of Common Property Resource Management

Common property resource management involves costs and benefits. The cost benefits affect resource management. They vary according to the temporal, spatial, tangibility and distribution of dimensions. The local institutions will be most effective in management if the benefits of Resource management accrue quickly, locally, visibly, and individually or collectively. The opposite is true if the benefits are delayed or hard to identify and do not accrue as investors took effort.

The management of the natural resources also depends upon the characteristics of resources. The less renewable resource is the more risk there and poor management will have drastic consequences.

Seasonality is another factor of great importance for resource management. Examples from Botswana, Philippines, Indonesia, and Nepal suggest that the flow of local institutional activity is generally affected by variations in the agricultural season. During the rainy days, water is abundant and it needs less co-operative efforts for water management and maintenance. As a result, local institutions are less active and united for its management. During the dry seasons, water is scarce, local user groups cannot work effectively and central government's intervention is almost inevitable.

Similarly, during the rainy season fodders are abundant in private lands and forest resources need less management attention,

while fodders are scarce during the winter resulting in efficient management and in the distribution of fodder trees among the communities (Acharya 1990).

More importantly, property arrangement is an effective mechanism of resource management. There are numerous examples of communities who preferred to keep and use common property resources jointly. For example, the Rais, Limbu, Sherpa. Chepang, Lapcha, Majhis, Tamangs, Sunuwar, and Danuwar communities of Nepal owned and controlled their natural resources, such as forests and lands jointly and they distributed in accordance with the family requirements (Regmi, 1971). Because the domestic units held individual rights to use resources but not for ownership, resource alienation was impossible. This system of property rights protected the natural resources from fragmentation resulting in degradation.

More or less the similar practice of property arrangement is reported by Acharya (1990) from the Jirel communities of Nepal. According to him. Jirel owns natural resources in different ways such as joint ownership and cooperative ownership. Their property rights depend upon the local perception of resources. Their cognitive categorization of resources, such as ground, fodder tress, non-fodder trees, renewable and non-renewable resources have made them easier to partition of forest resources. According to this arrangement, several people own different kinds of resources within the same forest areas. Thus, the ground/lands are owned jointly, but trees are owned individually by number, species, age, and size. Each individual family gets a share of forest resources. Those who do not own animals or graze lesser animals than others and they receive their proportional share of pasture rent from those who graze animals.

Those who do not have ownership on rights of forest resources due to non-providing communal obligations or patrilineal inheritance problems or late migration in the village enjoy usufruct rights. Despite, existing inequalities in ownership rights, the usufruct rights help Jirel households to meet the needs of fodders and fuel-woods. It has also protected and redistributed resources to the community.

Contributions of CPRs to Livelihood Security

The CPRs made a substantial contribution to the livelihoods of rural people, especially small and marginal farmers and landless labourers in the following ways:

a) Income-Generating Activities:

Regular activities based on CPRs include the collection and sale of firewood, leaves made into plates and cups, fruits, grass for fodder, grass for thatching, honey and fish. Grass and tree fodder may also be fed to small ruminants, which can be a significant source of income, especially for the poor.

b) Direct Inputs to Agriculture:

In India, 78.2 per cent of the total landholdings are held by marginal and small farmers. Wood from forests is used in making agricultural implements and bullock carts and in fencing off fields. From forests and non-forest land-based CPRs it is needed to feed livestock, some of are an integral part of the agricultural system. Drinking water for livestock is another pre-requisite for their maintenance that often comes from CPRs, such as rivers, village ponds and tanks.

c) Direct Inputs to the Home:

In India, the local communities have a tradition of depending on the forest resources for their living as CPRs contribute both directly as well as indirectly to rural livelihoods. Water and various fruits from CPRs are consumed by humans, while firewood is essential for cooking food. Wood and grass for thatching are used in house construction and maintenance and wood is also used for making furniture items.

d) Environmental Services:

Forests act as a sponge when it rains, regulating water flows, preventing flash floods and white. Where forests are on hillocks near to farmers' fields, they also prevent stones and poor quality soil that being washed off the hillock and deposited in farmers' fields while supplying nutrients to the fields in the form of leaf litter.

e) A Safety Net for People in Drought Years:

Since forests are relatively resilient in the face of drought, many forest-based income-generating activities can continue when crop production has failed. In addition, some communities in forest areas cut the trees in extreme drought years (but not in normal years) and sell the wood or firewood to generate income. Forests and other common lands may also be a source of emergency foods such as weeds, tubers and mammals.

Many rural households are extremely vulnerable to unanticipated hardships caused by unemployment, crop failure etc. In times of crisis, the CPRs can provide valuable subsistence inputs and income-generating opportunities. If access to these lands is restricted, there may be direct conflict between local interests and any proposal to establish strict conservation areas.

f) **Poverty Alleviation:**

As already discussed, the dependence of poorer household on CPRs is still a highly contested issue. It has been often argued that poor people extract more natural resources due to greater reliance on the natural resource base and also due to their high social discount rate. On the other hand, scholars compared to the non-poor and the poor may depend more on the commons in relative terms, but in absolute terms their dependence is lower (Dasgupta, 1993), particularly for resources with good market opportunities. Consistent with growing theoretical literature on common-property resource management, there is a large quantum of empirical research in India dealing with the dependence of the poor on the CPRs

Most of the common resources in the small–scale societies have multifunctional. It has a manifest function as well as latent function in common management. Moreover, it is quite common that the CPRs are mostly used by the dominant sections of the society and the poor people are rarely allowed to get the benefits from the CPRs.

Theory of Common Property

The extensive literature on the "theory of common property resources" accumulated over the past 20 years is summarized by the maxim "everybody's property is nobody's property." That is, when a given natural resource is physically and legally accessible to more

than one resource user, the result is said to be a free-for-all, with users competing with one another for a greater share of the resource to the detriment, the resource, and society as a whole.

At this point, this idea has been applied to an array of resources including fisheries, grazing lands, forestry, groundwater, oil, air, campgrounds, and even highways and the radio spectrum. Students of these resources maintain that the "common property condition" is largely to blame for a host of social ills including resource depletion, pollution, dissipation of economic surplus, poverty among the resource users, backwardness in technology, and misallocation of labor and capital. Proposed solutions run in two directions. One is to make the "common property" resource in question the private property of individual resource users, who, via the "invisible hand," will manage the resource in society's best interest.

Implications of Common Property Resource Management

Common property arrangements have many social and economic implications. First, it has guaranteed the continuous supplies of natural resources that are essential for economical growth of rural people. Second, it has constituted a mechanism of social control to protect common resource. Individual exploitation is kept in check and local resources are protected from destruction by individual beneficiaries. It is not only equitable but it is based upon a number of considerations, such as family needs, communal responsibility, respect and welfare (Shrestha 1990). Under this common property arrangement, each individual family can meet their basic needs of timbers, fodders and fuel-woods without destroying or degenerating their resource bases.

Joint ownership checks and balances to prevent over harvestings by illegal means, such as stealing. It also provides incentives and motivates people to protect their forest resources. Common property arrangement contributes directly to the profitability and sustainability of both agricultural and non-agricultural enterprises. Poor management can have detrimental consequences for rural infrastructure of economic development and health (Uphoff 1986).

Common property arrangement has policy implication as well. The diversified and differentiated property arrangements practiced by the local people have several positive effects in managing the use patterns- availability, distribution, and conflicts associated with forest

and pasture resources that should be supported and strengthened rather than replaced with a monolithic or exclusively private system of ownership (Acharya 1990). Local system of management should be identified and recognized by the policy makers and planners for the effective and equitable resource management. Local systems of resource management are effective, enduring and productive. They are locally preferred approaches and therefore they should be supported and strengthened.

The blueprint approach cannot fit into complex local situations. Planners and policy makers should appreciate the social reality. This is what a social scientist can tell planners and policy makers about the management and maintenance of common property resources.

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ALCOHOL POLICY AT THE GLOBAL, NATIONAL, AND STATE LEVELS: AN INDIAN PERSPECTIVE

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Abstract: This paper is targeted at stating and discussing the existing policies related to alcohol at the global, national, and state levels. Apart from that, based on an examination of the existing policies, suggestions are made for changes at the global, national, and state levels.

Keywords: Alcohol, Alcoholism, Policy.

Introduction

An alcoholic beverage is liquid that contains alcohol (ethanol) and is intended for drinking. Almost all alcoholic beverages are prepared by fermentation, followed-in the case of spirits-by distillation (WHO, 2016). According to the World Health Organisation, alcohol is one of the world's top three priority public health areas. Even though only half the global population drinks alcohol, it is the world's third leading cause of ill health and premature death after low birth weight and unsafe sex (for which alcohol is a risk factor), and greater than tobacco pressure (WHO, 2009). A policy is a set of ideas or a plan of what to do in particular situations that have been agreed to officially by a group of people, a business organisation, a government, or a political party (Cambridge Dictionary, 2016). When pursuing the alcohol literature, one tends to find a lack of overall consistency or coherence in the usage of the term alcohol policy. However, with the advent of modern medicine and the rise of the Global Temperance Movement in the nineteenth century, alcohol policy began to be viewed as a potential instrument for improving public health (WHO, 2004).

Alcohol Policy

The term 'alcohol policy' in itself had its roots in the Nordic countries and has progressively spread in use and importance since the 1960s. Looking at the history of alcohol policy, it would be unwise to simply

view alcohol policies from the narrow perspective of prohibition – one should not forget that a great part of policy formation during the past century has been incremental, deliberate, and accepting of adults drinking in moderation (Babor et al., 2003). According to WHO (2007) "Alcohol policy", as a collective noun, refers to 'the set of measures in a jurisdiction or society aimed at minimising the health and social harms from alcohol consumption'. Alcohol policy was referred to as 'an organised set of values, principles, and objectives for reducing the burden attributable to alcohol in a population.' The publication of a seminal monograph entitled Alcohol Control Policies in Public Health Perspective highlighted the fact that alcohol problems could be prevented and that national governments and international agencies and organisations should take a firm role in shaping effective and rational alcohol policies (Bruun et al., 1975). Alcoholism or the addiction to alcohol is a problem that the world is facing and just like most health problems, policies are required to tackle alcoholism. The good news is that there are already several policies placed at the global, national, and state levels. This paper will examine those policies, comment on their effectiveness, and indicate the existing gaps.

Resolutions at the Global Level

At the global level, international organisations play a vital role in making important decisions regarding issues that plaque all of humanity. They have done the same with regard to alcoholism. In 1983, the World Health Assembly declared that problems related to alcohol consumption were among the world's major public health concerns and constituted serious hazards for human health, welfare, and life. The major problem faced by the international community back then was the lack of strong political will and inadequate resources. Countries had to work alone to deal with alcoholism (Jernigan et al., 2000). Bruun (1971, 1972, and 1972a) put forward alcohol policies such as general social control measures rather than to target selected subgroups of the population which often, on very flimsy grounds, are labeled alcoholics. He argues in favour of price policy, reductions in availability, restrictions in advertising, and abolishment of tax-free alcohol. He also supported to downplay the importance of policy measures directed at individual drinkers, and alcoholics or abusers. He opposed coercive manipulation of alcoholics, special regulations for surveillance of those 18–25 year olds, compulsory treatment exceeding two weeks, as well as

police control and surveillance in general. According to him, the only alternative was to learn to live with this diverse and diversely defined group called alcoholics. It is a question of "acknowledging that the alcoholic has ordinary civil rights" and "avoiding measures that are in conflict with the individual's right to freedom"

As early as 1979, the World Health Assembly called on WHO Member States to develop "intensive preventive programmes" and "appropriate legislation and other measures enabling effective action to be taken" to reduce the harmful use of alcohol (WHO, 1979). In 1983, the World Health Assembly recommended that Member States "formulate comprehensive national alcohol policies, with preventive measures as a priority" (WHO, 1983). Edwards, et al. (1994) suggest the alcohol policy such as alcohol taxation, legislative control on alcohol availability, age restrictions on purchase of alcohol, media information campaigns, and school based education, measures affecting drinking within specific contexts and measures targeted at specific alcohol-related problems like drink driving. In 1996, WHO started developing the world's largest single source that documents global patterns of alcoholic beverage use, health consequences, and national policy responses by country. The Global Status Report on Alcohol in 1999 suggested that the World Health Organisation member states also need to adopt comprehensive national programmes to prevent alcohol-related problems (WHO, 1999 and 2004). Among the several suggestions provided by the Global Status Report on Alcohol and Young People in 2001, one was directly aimed at national governments. It was suggested that national governments ought to employ a culturally appropriate mix of policies to support the above, including restrictions on the content and placement of alcohol advertising and marketing materials, the promotion and implementation of health oriented taxation policies, and limits on the availability of alcohol to young people such as minimum age drinking laws (Jernigan, 2001). In 2005, the World Health Assembly again called on Member States to "develop, implement, and evaluate effective strategies and programmes for reducing the negative health and social consequences of harmful use of alcohol" (WHO, 2005).

In May 2008, as part of the Resolution (WHA61.4) of the Sixty-First World Health Assembly, it was indicated that member states ought to collaborate with the WHO in developing a draft of global

'strategies to reduce the harmful use of alcohol' based on all evidence and best practices, in order to support and complement public health policies in Member States, with special emphasis on an integrated approach to protect at-risk populations, young people and those affected by harmful drinking of others (WHO, 2010). In May 2010, the World Health Assembly endorsed a global strategy on the harmful use of alcohol. The strategy has five objectives and ten recommendations. The objectives were: (a) raise global awareness of the magnitude and nature of the health, social and economic problems caused by the harmful use of alcohol, and increased government commitment to act to address the harmful use of alcohol; (b) strengthen knowledge base on the magnitude and determinants of alcohol-related harm and on effective interventions to reduce and prevent such harm; (c) increase technical support to, and enhanced capacity of, Member States to prevent the harmful use of alcohol and manage disorders caused by the use of alcohol and associated health conditions; (d) strengthen partnerships and better coordination among stakeholders and increased mobilisation of resources required for appropriate and concerted action to prevent the harmful use of alcohol; (e) improve systems for monitoring and surveillance at different levels, and more effective dissemination and application of information for advocacy, policy development and evaluation purposes. The recommended target areas for action: (i) leadership, awareness and commitment, (ii) health service response, (iii) community action (iv) drink–driving policies and countermeasures, (v) availability of alcohol, vi) marketing of alcoholic beverages (vii) pricing policies (viii) reducing the negative consequences of intoxication (ix) reducing the public health impact of unrecorded alcohol and (v) monitoring and surveillance.

Although these resolutions at the global level based on international reports take alcoholism to the center stage of health concerns, it is obviously up to individual countries to either adopt the provided suggestions or to reject them. In several cases, they are at complete freedom to do as they please as there are only international bodies that suggest and recommend policies and practices, but no supreme authority to overlook their implementation.

Efforts to Tackle Alcoholism in India

Article 47 of the Constitution of India states that "the State shall regard the raising of the level of nutrition and the standard of

living of its people and the improvement of public health as among its primary duties and, in particular, the State shall endeavour to bring about prohibition of the consumption except for medicinal purposes of intoxicating drinks and of drugs which are injurious to health" (Constitution Society, n.d.).

Despite all the efforts, it has to be acknowledged that the country lacks a nationwide policy with regard to alcohol. Only recently, The Union Health Ministry decided to develop a national alcohol policy so as to minimise the negative impact of alcohol. Overall, it is hoped that the policy will bring down alcohol consumption by 5% by the year 2020 and by 10% by the year 2025 compared to the present rate of consumption (Deccan Herald, 2013). Hence, it can be said that despite the progress, the sale and consumption of alcohol is very much a reality in majority of the states in the country. A national policy could perhaps reduce the rate and volume of consumption but as of now that remains a distant dream. Among the several states in India, Tamil Nadu is arguably the hardest hit as a result of alcoholism.

Tamil Nadu's Battle against Alcoholism

The history of alcohol prohibition and control in Tamil Nadu is a long one. In the year 1937, out of the 25 districts in the undivided state of Madras (erstwhile Madras Presidency) , the then Chief Minister, Rajaji, for the first time in the history of the state prohibited the sale of liquor in four districts, namely, Salem, Chitoor, Kadapar and North Arcot. However, in the remaining 21 districts, no such prohibition was in effect and the policy of the British with regard to alcohol was in place (Murasuli, 2005). In 1948, after the country got independence, Omandur Ramasamy Reddy became the Premiere of the erstwhile Madras Presidency and he extended the prohibition to the rest of the erstwhile Madras Presidency. In the year 1971, the prohibition was suspended in Tamil Nadu and the sale of arrack, toddy, and Indian Made Foreign Liquor (IMFL) were permitted. During this decade there were several flip flops with regard to the prohibition of alcohol. In 1973, toddy shops were closed. This was followed by the shutting down of arrack and IMFL shops in 1974 and only permit holders were allowed to purchase IMFL from a few places (Government of Tamil Nadu, 2016.).

In the year 1981, the sale of Toddy and Arrack was reintroduced along with several other rules such as the Tamil Nadu Liquor (License & Permit) Rules, 1981, the Tamil Nadu IMFS (Manufacture) Rules, 1981, the Tamil Nadu Arrack Manufacture Rules, 1981, the Tamil Nadu Toddy Rules, 1981, and so on. Later, with the slow rise of the private sector in India, in 1982-83, private companies were allowed to manufacture IMFS products. The entry of the state in the business of alcohol began in the year 1983 when The Tamil Nadu State Marketing Corporation Limited (TASMAC) came into existence and took over the whole sale trade of arrack and IMFS in Tamil Nadu. The only significant change from then on took place in the year 1991 when the sale of country liquor was brought to an end. Finally, in the year 2003, IMFL retail vending was entrusted to TASMAC and it was granted exclusive privilege of retail vending (Government of Tamil Nadu, 2016). As far as governmental structures with regard to alcohol are concerned, the Department of Prohibition and Exercise has been established. It is in fact a part of the Administrative control of Home, Prohibition & Excise Department (Government of Tamil Nadu, 2016.). The issue of prohibition of alcohol in the state gained attention once again in the year 2015 with the opposition party in the state promising to prohibit the sale of alcohol if elected to power in 2016. The ruling party which promised to also close down TASMAC shops in a step by step manner, retained power after the elections in 2016. As per its promise, it has begun closing TASMAC shops across the state, with 500 shops being shut down on the 19th of June, 2016 (The Hindu, 2016)

Conclusion

Based on an examination of the existing approach towards the issue of alcoholism at the global level, it can be said that although several organisations have provided several recommendations to member nations, the lack of a strong political will at the national level and the absence of an enforcing authority at the international level has prevented suggestions from being transformed into reality. The lack of a nationwide policy on alcohol is apparent. Despite that, six states have attempted to ban or reduce the sale of alcohol in their respective states. A nationwide policy would certainly be helpful in reducing the consumption of alcohol and save lives. It is in fact the duty of the nation to ensure that its citizens are able to live a life free from the clutches of addiction. In Tamil Nadu, based on the history of alcoholism

in the state, it can be said that the state has had an on-again off-again relationship with the sale of alcohol. Once again in 2015, the issue of prohibiting the sale of alcohol has re-emerged. The ups and downs are however a positive sign as they indicate a possibility in the near future that the prohibition of alcohol in the state could become a reality. The international community ought to work on creating a new enforcing authority to overlook the implementation of suggestions. There is an urgent need to globally establish a legal drinking age. As of now every country has its own age limit. Secondly, the sale of alcohol must be limited. It must be sold only in drug stores and only when prescribed by a physician. Finally, the role of NGOs and other pressure groups in this regard is vital at the global, national, and state levels.

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WORK LIFE BALANCE OF ROAD SIDE VENDORS: A STUDY CONDUCTED IN TIRUCHIRAPPALLI CITY

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Abstract

This research is an effort to study the work life balance of the road side vendors. It attempts to understand their means of livelihood with the available resources. It also tries to identify their problems in changing socio economic scenario by using factors such as age, income, time and number of dependants along with its associated factors like economic reforms, governance and its existing policies. The researcher had broadly understood the issues, concerns of road side vendors and defined the objectives based on which the whole research was carried out. The researcher had taken 60 samples within the Tiruchirapalli city Corporation limits for the study and proposed the recommendations for improving the work life balance of road side vendors.

Keywords: Work Life Balance, Livelihood, Governance.

Introduction

Fundamentally the resource of a human being means his or her ability to see, hear, smell, taste and to sense. The skill or knowledge a human develops by using all these resources are called human resources. Based on the level of execution of these resources we classify a person as highly skilled, semi-skilled or unskilled. Besides, whenever we use the term "human resource" we have a tendency to think only about those employees who use their resources for an organised set up like large scale industries and multinational companies. But this research aims to study those people who use their resources for their day to day living and they are absolutely unorganised either formally or informally by any law.

Work life balance refers to a state of equilibrium achieved between primary priorities of one's employment and their private life- family, hobbies, friends, leisure and other interests. In nutshell the demands of the work life should not overwhelm the demands of the private life style and vice versa. In work life balance, one has to allocate the required

time for every aspect of life and not to reflect the problems in one part of life to another, it means that it has been able to achieve work-family balance. Life as a whole is composed of many other aspects along with work. Those who have achieved a balance among these aspects are sure to achieve the life balance, which does away with any imbalance. (Delecta 2011)

In an attempt to test the work life balance, it is important for engaging and retaining employees in the context of other aspects of organizational climate suggested that proponents of work life balance should cease pursuing the business case and instead persuade organization to consider personal and social needs, to the extent that employees and their families are key stakeholders of corporation. Work life balance may be considered a key performance indicator of ethical corporate behavior. The study also recommends that work life balance be understood in terms of constructing and managing work in a socially sustainable way. (Louise P Parkers and Peter H Langford 2008)

The articles highlight the work life balance challenges posed by new organizational practices and strongly gendered organizational and national cultures. At the same time they give us some pointers for improving employee's work–life balance. Most importantly perhaps, they demonstrate the limitations of adaptive strategies for achieving work–life balance and the need for collective rights to back up individual choice, as in the case of parental leave in the Nordic context. Giving fathers specific leave entitlements and framing rights to, for example, working-time reduction in a gender-neutral way can both represent a way forward for men and for women and help to rebalance the gender division of labour (Abigail Gregory and Susan Milner 2009)

The study opined that females perceive higher interference of work with personal life as compared to males. The reason probably being the dual role being played by the females who are both home-makers as well as earners. The results suggest that employers need to provide some flexibility especially to female employees in order to make it possible for them to attend to their household responsibilities alongside their work without feeling any burden/ imbalance. The results further indicate that work-life balance may not be age related and employees of any age, depending upon their life circumstances may perceive work-life balance/ imbalance. (PK Tulsi and Parminder Walia 2015)

Road side vendors are people who sell variety of goods and services at affordable cost along the sides of the busy roads. Their place of business is not static in nature. They often change their place of business or keeps moving all the day for their vending. They often try to set up small stalls at outdoors in open air by making a temporary roof or carts in the busy road sides; they do so because the success of their business primarily depends upon the location they choose for selling their goods and services. Road side vendors are those people who begin their day early in the morning to purchase their capital goods and services in order to commence their vending at peak hours of the day. They all most work for 8-12hours a day for their daily bread.

"A Study on Roadside Food Stalls in Tiruchirappalli Corporation with special reference to Food Industry and Hotel Industry" found that more number of industrial employees and daily wage earners preferred to eat from roadside stalls. The study based on 537 customers of roadside food stalls found that 47.11% of them felt roadside foods were not good for health and 47.71% were dissatisfied with the credit facilities offered to loyal customers and 29.42% were dissatisfied with the services of roadside stalls. Mohan Raj (2012)

Significance of the study

Road side vendors are people who stand along the road side all the day irrespective of hot sun or rain to make their business. Mostly these sought of vending is done by the individuals with help of their family members. For example we could see in a corner, a food centre or tea shop either the husband or wife will be preparing food stuffs and the other would be supplying it to the customers and their children will be cleaning the utensils and shop area. Therefore it involves the labour of the family members also in some businesses. All certain times their business and private life becomes inseparable and they struggle for the fulfilment of their lower order needs like food, clothing, shelter, safety and security, failure to which they are led by stress and its evil effects like unhealthy habits like smoking and consuming liquors. Therefore there arises the need for proper work life balance of road side vendors

Objectives of the study

❖ To identify the socio economic status of the roadside vendors

❖ To study the issues and problems they face in a day to day living

❖ To provide necessary suggestions to improve their well being

Hypothesis of the study

❖ There is a significant difference between the income and socio economic status of the respondents

❖ There is no significant difference between gender and social status of the respondents

❖ There is no significant association between age and hours of work of the respondents

Methods and Methodology

The researcher had carried out a descriptive study to identify the problems faced by the target group and to provide necessary suggestions for improvement. Since the universe of the target group is the road side vendors within Tiruchirappalli city corporation limit, which happens to be infinite and therefore, the researcher had stratified them into eleven groups comprehensively based on the nature of goods and services they sell which includes Fruits vendors, Vegetable vendors, Accessories vendors, Food and snacks vendors, Utilities vendors, Toys vendors, Flowers, Books and stationeries vendors, Apparels vendors, Repairing services and Other vendors like ironing services. From among this eleven group the researcher has adopted stratified disproportionate random sampling and selected three to six respondents from each group which amounts to sixty respondents.(Sample respondents)

The researcher had collected the data through interview schedule method. This method had helped the researcher to understand the life of road side vendors in depth therefore the researcher was able to record the responses of the respondent more precisely without any bias.

Table:1 Difference between income and socio economic status of the respondents

S.no	Particulars	Mean	S.D	SS	Df	MS	Statistical Inference
1	Between			1017.24	3	339.08	F=6.865

	Groups			2		1	0.01>0.05
	>100	2	.000				Highly Significant
	100-500	38	6.968				
	500-1000	18	7.552				
	<1000	2	.000				
2	Within Groups		8.008	2765.904	56	49.391	

H_1:There is a significant difference between income and socio economic status of the   respondents

H_0: There is no significant difference between income and socio economic status of the respondents

One way ANOVA 'f' test was used to test the hypothesis. The calculated value(0.01) is lesser than the table value (p>0.05). Hence the research hypothesis is accepted and null hypothesis is rejected. Therefore, there is a significant difference between income and socio economic status of the respondents

Table:2 Difference between gender and social status of the respondents

S. no	Particulars	Mean	S.D	Statistical Inference
1	Male(n=44)	2.45	1.210	T=0.879 Df =24.903
2	Female(n= 16)	2.13	1.310	0.388<005 Not Significant

H_2: There is significant difference between Gender of the respondents and social status of the respondents

$H_{0:}$ There is no significant difference between Gender of the respondents and social status of the respondents

T- test was used to test the hypothesis. The calculated value (0.388) is greater than the table value (p<0.05) thus the research hypothesis is rejected and null hypothesis is accepted. Therefore, there is a no significant difference between Gender of the respondents and Social status of the respondents

Table:3 Association between age and hours of work of the respondents

$H_{3:}$ There is a significant association between age of the respondents

Test	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	10.696^a	12	0.555

and hours of work of the respondents

$H_{0:}$ There is no a significant association between age of the respondents and hours of work of the respondents

Chi-square test was used to test the hypothesis. The calculated value (0.555) is greater than the table value (p<0.05) thus the research hypothesis is rejected and null hypothesis is accepted. Therefore, there is a no association between age of the respondents and their working hours.

Inference and Findings

Mostly married men (73.3%) carry out this form of business. These vendors are mostly school drop outs or they had studied less than X Std (50%) but they cater the needs of their family which consists of more than four person (36.7%) with income earned only out of this business (50%). On an average they work for 8 to 12 hours a day (50%) and 5to 7 days in a week (73.3%) to consume three square meals a day. These road side vendors earn Rs.100 to Rs.500 per day (63.3%) for their livelihood. Road side vendors are even deprived of their physiological needs like house, dress, vehicles etc. Furthermore their place of business is highly unstable as they have to pay maximum of Rs.100 per day as bribe to government officials (60%) to bring stability to their place of business. They do not have high level of job stress (36.7%) and they spent adequate time with the family members (50%). From their

economic perspective, majority of the road side vendors expressed that they do not have reasonable savings for future (90%) and they also feel that they are being highly discriminated in society based on caste, creed, culture and religion (53.3%) and thus they do not enjoy proper social status (60%). Therefore they do not encourage their children to carry out this business in future(96.6%). They are also adversely affected by changes in government policies like demonetisation and increase in minimum balance requirement in savings bank account (96.7%) because they save very much less than what is demanded as minimum balance by banks and they do not possess adequate knowledge to operate their bank accounts digitally and in particular they do not know how to operate an ATM (53.4%). Consequently they feel that the government does not take care of their well being (96.6%) and they do not feel happy for what they are today (66.7%) leading to failure in their work life balance.

Conclusion

In order to improve the work life balance of road side vendors government must instruct the Corporation officials to provide a space for road side vendors in their city master plan to avoid the fear of eviction, Regional development authorities must frame policies to improve the economic conditions of the road side vendors and authorities like road traffic officers must not exploit the vendors by demanding bribes or by grabbing a portion of goods they sell. Road side vendors also must organise themselves into a proper registered association to represent their problems to the government and they should be ethical in their business

Banks and other financial institutions must come forward to provide hiked interest rate for their savings and should also make efforts to educate the vendors in operating their accounts digitally.In this corporate era, purchasing of goods and services from multinationals or big retail and wholesale outlets is not possible for all the people in the society especially such purchases are seen as a luxury factor by the lower class and middle class people who are high in populace in our country. Therefore they prefer to purchase from the petty shop owners and vendors along the road side for their affordable price tags. Therefore road side vendors are the people who cater the needs of low income group of the country and so the requirements of these vendors

must be met by the government and if these vendors are properly regulated they may contribute to nation's GDP to great extent.

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FACTORS INFLUENCING PHYSICAL MOBILITY AND PARTCIPATION IN DECISION MAKING OF KUDUMBASHREE MEMBERS IN KERALA STATE

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Abstract

Social mobility is the movement of individuals, families or other categories of people within or between social strata in a society. Physical mobility refers to the ability of humans to move around their environment. Physical mobility plays a vital role in the development of an individual. But men and women get different types of opportunities for physical mobility. For women it is bounded by socio-cultural norms, restrictions from the family members and other social and religious tensions. The existence of these restrictions reflects the overall development of women.

Every human being has the right to participate in decisions that define her or his life. This right is the foundation of the ideal of equal participation in decision-making among women and men. This right argues that since women know their situation best, they should participate equally with men to have their perspective effectively incorporated at all levels of decision-making, from the private to the public spheres of their lives, from the local to the global. Hence physical mobility and participation in decision making are the important factors of social mobility of women. The main aim of the study is to find the factors which are influencing the upward mobility of kudumbashree women.

Kudumbashree Mission in Kerala is one of the largest women empowering project in the country. Around 41 lakh women members are the backbone of this mission. It provides ample of opportunities to women to earn income, become self reliant and to create their own space in the society. Kudumbashree focuses its programs in three

domains, Economic empowerment, Social empowerment and Women empowerment. Women empowerment is a holistic term in itself that Kudumbashree Mission provides opportunities to gather, develop social network that extend beyond their families, discuss problems, find solutions. The researcher was interested in studying the physical mobility of women and the role of participation of women in labour market. The Researcher tried only to describe the influencing factors of social mobility. Researcher has adopted descriptive research design. The inclusive criteria used to collect data from the kudumbashree members were those having ten years of membership in kudumbashree Neighborhood Group (NHG). A semi structured questionnaire has been administered to collect data from the respondents. The findings of the study reflected the factors which affects the upward social mobility of Kudumbasree members in the Kudumbasree Neighborhood Group (NHG).

Keywords: Kudumbashree, Neighborhood Group, Social Mobility, Physical mobility, Participation and Decision making.

Introduction

Mobility means the shift, change or a movement. The change may be of place or from one position to another. The change is value free which means it cannot be said that change is good or bad. Social mobility is the movement of individuals, families or other categories of people within or between social strata in a society

Women and transport : Daily mobility of women

Physical mobility refers to the ability of humans to move around their environment. Physical mobility plays a vital role in the development of an individual. But men and women get different types of opportunities for physical mobility. For women it is bounded by socio-cultural norms, restrictions from the family members and other social and religious tensions. The existence of these restrictions reflects the overall development of women. A recap of the development interventions undertaken in the developing countries to impact gender Equality, women's empowerment and poverty reduction highlight their limited success. Despite extensive discourse and resources that have focused on women as key actors for development, their situation has not changed considerably (Cunha,2006).

Uteng, Tanu Priya (2011) In the world development report on gender and mobility in the developing world aims to elaborat the theme of 'women and transport'. They did so by gleaning the nexus between 'gender and daily mobility', and the ways in which this nexus coalesces to further embellish the existing power-asymmetries in the production and control of time, spaces, roles, individual agencies and structural barriers in the developing countries.

Roles in decision making

Every human being has the right to participate in decisions that define her or his life. This right is the foundation of the ideal of equal participation in decision-making among women and men. This right argues that since women know their situation best, they should participate equally with men to have their perspective effectively incorporated at all levels of decision-making, from the private to the public spheres of their lives, from the local to the global.

The UN Fourth World Conference on Women in 1995, recognizing this key condition for women's empowerment, which in turn is required for democratic governance, identified as one of twelve critical areas of concern in its Beijing Platform for Action (BPA), Women in Power and Decision-making. For this concern, the platform recommends two strategies: First, "Take measures to ensure women's equal access to and full participation in power structures and decision-making" and second, "Increase women's capacity to participate in decision-making and leadership." Both strategies are proposed to be addressed by "Governments, national bodies, the private sector, political parties, trade unions, employers' organizations, research and academic institutions, sub-regional and regional bodies, and non-governmental and international organizations."

Social Mobility of Women and Kudumbashree

Kudumbashree Mission in kerala is one of the largest women empowering project in the country with 41 lakh women members are the backbone of the mission. The mission provide ample opportunities to women to earn income, become self reliant and to create their own space in the society. Kudumbashree focuses its programs in three domains, Economic empowerment, Social empowerment and women empowerment. Women empowerment is a holistict term in itself Kudumbashree Mission provide opportunities to gather, develop social

network that extend beyond their families, discuss problems,find solutions. Through Financial activities women doing banking activities, investing in the education of their children and could mould the future of their family. Through Income generation activities created women self reliant and become smartest, innovative entrepreneurs .And through women empowerment programmes they could create their own space in the family and community life. Through the process of women empowerment the women could achieve greater control over resources and achieved social mobility and dignity. The improvements in women's mobility and interactions to the outside worlds doubled their burden. The empowerment activities have not brought change in their gender roles and their participation in decision making , participation in labour , gender inequality in the acquisition of knowledge and the power relations within the household and society.

Review of literature

Venkat Narayan S (2006) conducted a study on women oriented poverty alleviation programme in kerala .His findings was the mobility of Kudumbashree participants from private to public sphere has given them more confidence and self-esteem. The interviewees were very confident and clear in expressing their views to a stranger, which they said would never have been possible before they came out of their houses. But the improvements in women's mobility and increased interaction with the outside world have only doubled their burden. These have not brought about any major change in the gender roles; women still have to fulfill both productive and reproductive roles, sacrificing a major part of their leisure time. Most of the working women who were interviewed have sacrificed their leisure time for their economic gain. They sleep only five to six hours a day. In addition, working women are also under the obligation to be at home before their husbands come back from work.

Venugopalan K (2014) conducted a study on influence of Kudumbashree on women empowerment and his major findings was factors like acquisition of personal skills, self confidence, knowledge and awareness has not achieved as a contributing factor for women empowerment.

Beena C A and Sari T C (2010) conducted a study on "Socio economic changes of women through kudumbashree-A study from

Thirssur Corporation" which was a unique attempt to evaluate the performance of kudumbashree unit in Thrissur district,Kerala State and measured how far beneficiaries belongs to BPL families were benefited and empowered through their functioning. The study used both primary and secondary data.The study reveals that kudumbashree units succeeded in empowering women and improving their status to some extent,their basic objective of eradicating poverty is yet to be realized.

Uteng, Tanu Priya (2011) Prepared world development report .The report on gender and mobility in the developing world aims elaborated the theme of 'women and transport'. They did so by gleaning the nexus between 'gender and daily mobility', and the ways in which this nexus coalesces to further embellish the existing power-asymmetries in the production and control of time, spaces, roles, individual agencies and structural barriers in the developing countries.

Methods

The main aim of the study is to find the factors which influencing the upward mobility of kudumbashree women. The researcher studied the physical mobility of women and the role of participation of women in labour market. Researcher tried only to describe the influencing factors of social mobility. The study is considered to be in descriptive in nature. The data were collected from the kudumbashree members those who have ten years membership in kudumbashree Neighbourhood Group(NHG).A semi structured questionnaire questionnaire has been used to collect data from the respondents.

Results and Discussion

FINDINGS

Socio-Demographic profile

- ❖ Nearly 39.2 per cent of the respondents fall between the age of 40-45 years and the participation of young women in Kudumbashree is very low.

- ❖ Majority of the respondents (63.5%) do not have any job that revels that they still depend on others in their family .

❖ Nearly one fourth (21.6 %) of respondents were educated only up to primary level As a result, they couldn't achieve a good social status so that they still occupy a lower position in the Social hierarchy.

Kudumbashree Profile

❖ Nearly half of the respondents (48.6%) have membership of 10 years to 13 years .

❖ More than two third (75.7 %) of the respondents are NHG members

❖ Majority (68.9 %) of the respondents were actively participating in kudumbashree.

❖ A vast majority (81.1 %) of the respondents were not engaged in any income generation activities.

Women and Transport

❖ Around 68.9 per cent of the respondents have faced restrictions on physical mobility. Physical mobility is one factor of the major reflections of women's status on society.

❖ Out of 31.1 per cent of the respondents those who are travelling everyday 27 per cent of the respondents travelling for the purpose of work and 4.1 per cent of the respondents travelling for some social services activities

❖ Nearly 70 per cent of the respondents were not travelling every day because of lack of opportunities.

❖ Nearly 40 per cent of the respondents didn't get an opportunity to visit their favourite place in their life.

❖ Only 25.7 per cent of the respondents couldn't visit places outside their native district.

❖ An absolute 29.1 per cent went to the places outside district for visiting relatives and 23 per cent were being part of leisure trips

Role of women in Decision Making

❖ Majority (66.2 %) of the respondent's husband takes decision on managing the family income.

- ❖ Nearly Half of the respondent's husband (48.6%) takes decision in the things related to purchase of household items.

- ❖ Around 33.8 per cent of the respondent's husband takes decision in the matter of education of girl children. Only 2.7 per cent of the respondent's girl children take decision in the matter of education.

❖ Lack of awareness is the major reason of respondents (16.9per cent) couldn't achieve good educational status in accord to their decision. The reason of 13.5 per cent of respondents is lack of time due to household works. The reason of 12.2 per cent of respondents is lack of interest .The reason of 10.8 per cent of respondents is fear of norms. The reason of 9.5 per cent of respondents is due to lack of access of educational institutions. The reason of 5.4 per cent of respondents is lack of money. The 5.4 per cent of respondents couldn't achieve a good educational status as they getting married at early ages. The reason of 2.7 per cent of respondents is the resistance from family members and another 2.7 per cent of respondents couldn't achieve a good educational status as they need to take care of their children.

SUGGESTIONS:

- ❖ The neighborhood groups should also be classified on the basis age and social status like Youth women NHG, Old age NHG, ST NHG etc. so that government can plan programmes based on the nature of the groups.

- ❖ Government can create more job opportunities among young women and NGOs can also concentrate on self employment programmes.

- ❖ Continuous awareness programmes among women regarding the importance of education and employment can be promoted.

- ❖ Create awareness among the family members regarding the education of girl children.

- ❖ Conducting gender sensitization workshop among family members and men can bring a significant change.

- ❖ Starting of programmes to target the age group of 18 to 36, which is the least participated group in NHGs.

❖ Conducting community awareness programmes to eradicate the women unfriendly practices followed by the communities.

❖ Create more women friendly facilities in the schools and Girl friendly toilets, Napkin retreat centre etc

❖ Conducting community education programme for the dissemination of information technology to local women can be established.

CONCLUSION:

Social mobility is the change in status of women from one position to another in the social hierarchy.Through this research the researcher wants to know the factors which affect the mobility of women. The findings of the study reflected the factors which affecting the upward social mobility of Kudumbasree members those who have ten years of membership in the Kudumbasree Neighbourhood Group (NHG).By considering the above factors, we can conclude that women empowerment has not achieved to the fullest extent. Kudumbashree mission should give more focus to eliminate the social evils which inhibit social mobility of women, bring change in the attitude of NHG members, And Inclusion of all NHG members in the income generation activities. Each NHG of Kudumbasree must give attention to the above factors for the upward social mobility of members.

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THE IMPACT OF PERFORMING ARTS AMONG THE COLLEGE STUDENTS – A QUALITATIVE ANALYSIS

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The Impact of Performing Arts

Performing Arts is a terrific medium for keeping the person active and healthy. The Indian Arts, significant with its rich heritage has therefore amalgamated the richness of literature, mime, dance, music, painting, architecture and sculpture to carve a niche for itself in the arena of entertainment. These entertainment arts can play a major role in developing the personality of human. It is a platform of learning the skills such as effective communication, leadership quality, critical thinking and ability to think creatively. Through the stage, students can learn excellence by acting, improvisations by delivering dialogue, scripting and they can improve teamwork and interpersonal relationships, self-management and self-awareness skills. Their ability to cope with stress and time-management are well developed. Thus, performing arts creates an everlasting impact in the mind of youths and helps in creating knowledgeable, responsible and quality citizens. Study of textbooks helps the students only to gain academic knowledge, but extra-curricular activities such as dance, music, opera and theatre help them to develop their total personality (Iliger B.I., Senior Theatre Director and Activist). Hence, performing arts as a powerful tool to develop a well-rounded personality and it helps the students to realize what they are and what they want to be, giving them opportunities to explore their own talents and make themselves very potential.

Performing Arts as an Alternative Tool of Learning for Students

A discussion of the arts focuses on how people communicate their perceptions, responses, and understanding of the world in them and to others. Since their first appearance thousands of years ago, the arts have been evolving continually, exhibiting the ability of human beings to intuit, symbolize, think, and express themselves through dance, music, theatre, and the visual arts. Each of the arts contains a

distinct body of knowledge and skills that characterize the power of each to expand the perceptual, intellectual, cultural, and spiritual dimensions of human experience.

This capacity of human beings to create and appreciate the arts is just one of many reasons to teach the arts in the schools and college. Study and practice in the arts refine students' abilities to perceive aesthetically, make connections between works of art and the everyday lives of people, and to discuss visual, kinesthetic, and auditory relationships. Students are taught to locate works of art in time and place, make reasoned judgments about them, and to investigate how works of art create meaning. The following table show clear picture on different types of learning through performing arts:

Performing Arts	Skills Acquired	Personal Learning	Social Learning
Music	Self-Expression, Vocal Skills, Musical Skills, Understanding of Rhythm, Beats, Patterns, Timbre, and Texture	Self-Confidence, Self-Esteem, Focus, Motivation, Memorization	Cooperation, Collaboration, Taking Turns, Sharing
Theatre	Stage Presence, Voice Projection, Awareness of Self and Space, Awareness of Audience, Expression, Characterization.	Focus, Motivation, Engagement, Memorization, Ownership of Work, Confidence, Self-Esteem, Understanding Alternate Perspectives.	Cooperation, Building Friendships, Teamwork, Partner and Small Group Work
Dance	Self-Expression; Understanding of Patterns, Betas, Sequence, and Rhythms; Choreography,	Co-ordination, Balance, Self-Awareness, Focus, Motivation.	Cooperation, Collaboration, Awareness of Space.

	Improvisation		
Musical Theatre	Performance, Being on Stage, Utilizing Costumes and Makeup, Interacting with Props and Scenery, Technical Aspects of Production	Motivation, Focus, Individual Artistic Skills (in Music, Theatre, Dance), Developing a Character, Self-Confidence, Professionalism	Collaboration, Support, Teamwork, Ensemble

By performing the art form, the artist can using a variety of techniques, dramatic forms and theatrical conventions to engage the audiences and to make them feel better. It builds self-esteem and confidence to banish their stage fear and, even their shyness in them. Thus is, the study is intended to shed light on the following research questions:

1. What are the various factors that mould up the personality?

2. How far performing arts help the students to learn skills?

The researcher has undertaken the study by focussing the above said statements.

Review of Related Literature

Most of the research works were done to study the personality, perception related to academic achievements of the college students. So far, No significant and authentic research on role of performing arts in making students society cultured had been carried out.

A study published in Champions of Change (1999) cites theatre arts, including performance, classes, and participation in a drama club, as a source for *"gains in reading proficiency, gains in self-concept and motivation, and higher levels of empathy and tolerance towards others"* among the youth of low socio-economic status. The study results in good that *drama activities are motivating and welcoming one for one's individual talent and to improve all the skills of students* with learning and remedial readers and improvisational drama contributes to improve reading achievement and attitude even poor in students .

Adam (2011) presented a report on Drama Improves Lisbon Key Competencies in Education (DICE) at international EU-supported project. In the DICE project, several dozen educational theatre and drama practitioners from twelve countries, with their widest theoritical and professional background, have allied forces with academics (psychologists and sociologists), to measure the impact of theatre and drama. The objective is to demonstrate with cross-cultural quantitative and qualitative research that educational theatre and drama is a powerful key to improve the progressive Competencies. The research was conducted with almost five thousand young people and a hypothesis was framed that educational theatre and drama has an impact in five out of eight "Lisbon Key Competencies." They examined the following five out of the eight Key Competencies: *Communication in mother-tongue, Learning to learn, Interpersonal, Intercultural and Social Competencies, civic competency, Entrepreneurship, Cultural expression.* The datas were collected from 4,475 students' altogether, from 12 different countries, who have participated in 111 different types of educational theatre and drama programmes. The datas are gathered from the students, their teachers, master of theatre and stage drama and fine arts, independent observers, external assessors and key theatre and drama experts as well. The study tells us the answer to the question of those students who regularly participate in educational theatre and drama activities are found with flying colours like *creativity, self-confidence, self-control, building self-esteem and total leadership quality* when compared with peers who had not been participating in any educational theatre and drama programmes.

Laura and Johnny (2011) presented a study of Lifelong Impact: Adult Perceptions of their Theatre Participation. The purpose of the "Lifelong Impact" study was to determine how participation at high school theatre/speech classes and/or related to extra-curricular activities (e.g., play productions, speech tournaments) positively influenced and inspired adults after graduation. The datas were collected through e-mail surveys sent directly to potential participants and forwarded to contacts for purposive and referral sampling with 234 respondents. Participants responded to survey prompts that asked them to quantitatively rate and qualitatively reflect on: *their high school theatre/speech teachers, their theatre/speech participation, challenges they faced, favorite memories, major learning's/outcomes, and speculation on how participation at high school level, like giving*

speech and/or theatre may have influenced and inspired the adults to achieve as they wish. The key assertion of this study is: *Quality high school theatre and speech experiences not only influence but also accelerate adolescent development and provide residual, positive, lifelong impacts throughout adulthood.* Speech and theatre, teachers who maintained high standards for expectations of quality work, and who nurtured their students personally and artistically with an ethic of care and encouragement in safe environments, were regarded by survey respondents as those who made a lifelong impact on their adulthoods.

Significance of the Study

The students' communities are richest resource of a country. They form a significant proportion of our country's population. Today's learners are leaders of tomorrow. The dynamic role of students' community in the growth and prosperity of any society is extremely vital. A constructive culture of the students lends nation to its integrity and character. They are an asset and invaluable emerging society for economic and social development; If the students are allowed to develop their skills for life: innovative and open minded thinking, social adaptability, cultural awareness and inter-personal skills that will determine their future and their creativity in every aspect of their lives. Thus, there is a need for student's involvement and participation in the socio-economic, cultural, and political environment of a country and its development programmes, as well as in activities based on their specific needs, desires and aspiration. Numerous studies have demonstrated a correlation between performing arts and its impact among the students in the colleges. Hence, this study is an attempt to portray the impact of performing arts in shaping the personality of the college students.

Methodology

Aim of the Study

It aims at bringing out their personality development among the college through participating in performing arts and to highlights their thoughts and opinions towards on it.

Objective of the Study

To analyze the impact of performing arts in developing overall personality

Research Design

In order to gain insight; explore the depth, richness, and complexity inherent in the phenomenon about real impact of the subject matter the researcher chooses the qualitative research design. It helps to provide complex textual descriptions of how the college students experience in a given research issue. The research conducted Focus groups discussion to obtain detailed information about personal and group feelings, perceptions and opinions of the participants.

Area of the Study

The proposed study was carried out among the fine arts students from various arts and science colleges affiliated to Bharathidasan University, Tirchirappalli District. The city is known for its temple architecture, educational institutions, industries, cigars and cheroots. The Tiruchirapalli (also known as Trichy) district lies at the heart of Tamil Nadu. It is famous for its rich cultural and wonderful architectural heritage and the town represents a fine blend of tradition and modernity. It is an important educational hub for students.

Focused Group Discussion

A focus group discussion is organized by the investigator to discuss and comment on their personal experience of the participants of performing arts and fine arts club students. The discussion is concern with purposively selected a set of participants with a rapid assessment of specific area like their enrollment in performing club of the selected college, numbers event performed, their participation in performing arts while schooling and special character performed in the play. Further, the artists, those who are with different skills like script writer's, play makers, mimers, dramatic artist and special skill performers, folk and western dance team members, instrumental players, drawing artists were taken into account for discussion. The participants were selected from various arts and science colleges affiliated to Bharathidasan University, Tirchirappalli District. There are totally 25 Arts and Science colleges in which 09 colleges for women and 16 colleges for men, including 13 aided colleges and 12 unaided colleges. For the purposes of this discussion six colleges had been identified, (i.e three male and three women's college) into certain groups and they were asked questions pertaining to their subject

matter of the study. From each college five cultural ambassadors has been identified (i.e. 5 x 6 colleges = 30 participants) and the group was divided into two sub-group which consists of 15 participants in each group. From the point of view and experience shared by the students, it is very clear that it is a finest platform for a person who wants to achieve really in life. They express passionately that, we are fortunately lucky to have taken part and have travelled in the rich field. This focus group discussion has been very useful to the principal investigator to obtain insights into target audience perceptions, beliefs and reasons for certain practices. Further, it helps to gather the experience which the members face in their day to day college life and the way they meet their daily requirements and the consequences that arise out that were explained in detail by the participants of group discussions.

Areas of Examination

- ✓ Reasons for Joining the Fine Arts
- ✓ Impact of Performing Arts
- ✓ Skills Developed through Performing Arts

Pre-Preparation Stage: Selection Procedure Adopted for Focused Group Discussion

The researcher selected 2 groups (one group from each gender), comprising 12 members each, for carrying out Focused Group Discussion all the participants were on voluntary basis. The researcher provided opportunities to meet the participants before the formal discussion began. It helped the researcher to make introduce himself and the participants they get know each other and interact informally. In the session participants were seated in a circle to maximize face to face contact and the session starts to discuss. The framed Questions for FGD were based on the objectives of the study on the impact of the performing arts among the college students in shaping their personality.

Preparation Stage: The Role Played by the Facilitator in Focused Group Discussion

Before the commencement of focus group discussion, the facilitator should obtain the background information of the students such as their age, fathers income, year of study, ambitions, area of

interest, course of study and other pertinent information. Once this is done, the following five sequences of steps are carried out:

1. After a brief introduction, the purpose and scope of the discussion are explained.

2. Participants are asked to give their names and family background information about themselves.

3. The discussion is structured around the key themes using the probe questions prepared in advance.

4. During the discussion, all the participants are given an opportunity to participate.

5. Using a variety of moderating tactics, the facilitator i.e. the researcher smoothly begun discussion in the group.

Further, the investigator played and processed the following activities:

✓ Familiarity with the discussion topic

✓ Ability to speak in the language spoken by people at their own area

✓ Cultural sensitivity, including not acting as a judge, a teacher, does not looking down on respondents, not agreeing or disagreeing with what is said, and not putting words in the participants' mouths.

✓ Genuine interest in participation

✓ Sensitivity to men and women

✓ Respect for participants

Execution Stage: Results of the Focused Group Discussions

The following question has been framed and discussed in the focused group discussion and the results are:

• **How did you all get into the performing arts?**

✗ Got into the performing arts by my own interest

✗ While studying in school participated in school annual days and inter-school competitions

✗ In college my friends took me to this club

- ✄ With the plan of enjoyment cum education enrolled in this fine arts club

- ✄ The actors, trainers and the events like western dance, theatrical events were admired to take part in this club

- ✄ Parents, teachers and my friends encouraged me highly.

- **What inspired you to get into performing?**

- ✄ My College Cultural Team inspired lot when they were securing prizes

- ✄ The time event when our friends are acting and receive appreciations will inspire me

- ✄ The way to equip the talents of Public – Speaking ability and Creative Thoughts

- **What have you all gained from these performing arts?**

- ✄ Many of them specified that they developed themselves in the areas of developing self-esteem, the assertiveness, Listening skills, Time Management, the power of creation, the art of Human interactions.

- ✄ Some replied, they Identified themselves as Cultural Co-ordinator, Leader, Leading college team which gives a platform to learn the skills like team player, organizer and mingling in group

- ✄ Learnt the performing arts as it should be through various professional trainers and masters.

- ✄ Had opportunity to visit various universities and college in and around Tamil Nadu for taking part in competition which gave them opportunity to learn the other cultures especially adaptability and acceptability.

- ✄ Learnt the trick of performing various kinds of dances, playing of traditional instruments, using properties in the play, writing of scripts, making of plays, stage mannerism, custom designing, uses of voice.

- ✄ Further, they revealed that they learnt the techniques of Performing Skills like Making Stories, Reactions to Events, Willingness to Participate, Narrating an Event, Eye Contact, Mime

a Situation, Identifying with Characters, Use of Body and Facial Expressions, Use of Space and Developing a Story.

- **What would you be doing if you weren't in these performing arts?**

- It might be more stress with any entertainment

- No happiness, enjoyment and relax.

- Always engaged with pen and pencil & talk and chalk

- It gives enthusiastic when people called me and identified me as a performing artist and cultural ambassador in the colleges

- **Did you feel it helps to mould your personality?**

- Yes, of course it helps to know who I am.

- In spite of getting into the performing arts I found the uniqueness of my character.

- In addition to that participant said that they developed a positive attitude, synergizing the ability.

- This art provides to be fun and see the humorous side of life.

- Besides this art changes my behavior and provides me chance to know my personal and social strengths.

- Moreover, this art helps to frame the personal success, how to be the best performer on the stage and in life, self education while working and acting with same gender and with opposite gender and the law of attracting others.

- **In what way performing arts developed your talents?**

- By performing or while acting or engage in painting we learnt to determine alternative solution to the problems through the art which develops our critical thinking capacity.

- While drafting and directing the awareness street plays, skit and contemporary dances we get it for self – evaluation and mange feelings including anger.

- When I got into the performing arts I didn't know about the cultural. Later, I gained lot of talents through cultural. Particularly I learnt how a street play artist behaves in the public places, what

kinds of postures he used, how he gave importance to his tone of voice.

- It helps to develop the ability to think, directed the painting and scene making into creativity one, increase the self-confidence level while facing huge crowd of audience.

• **What kind of reflection you got through performing arts?**

- As a performing artist I became a notable person in my college and among our friends group.

- I see my Joy in designing curriculum and training children on all elements of theatre like Puppetry, Shadow theatre, Story telling, play creation etc.

- Through this art I received many award and recognition from well-wishers, best-performer in a large number of stages as a student in college days.

- One of the theatre artists expresses the new concept named "Happy Cow" in which he is working on to expand this art into education system for children that is fully theatrical activities based.

• **What changes have you seen in you?**

- I know how to behave with others, I became more ambitious.

- The creativity skill has been developed.

- I was very shy in nature, after joining the performing arts I became a courageous student.

• **Do you think that your future will be changed due to fine arts?**

- Yes, of course because if I did not enrolled myself in these club I failed to understand my hidden talents.

- Now I earned fame in my college. So in the future it will help me to get a good reputation.

• **As a performing artist you easily face the problems?**

- I know how to handle the problem in the smoother way.

- As a theatre artist I must work with the public.

✍ At that point I happen to face a lot of oppositions from them. I have developed my courage to face the problems.

Conclusion and way forward

As the creation of god, everyone has possessed his own potential skill. But, he needs a platform and opportunity to expose and to prove their hidden skill for creating self-identity in our society. So, it would be better to motivate the students to take part and participate in performing arts in order to find out the possessed skill in them. On the other hand, performing arts is a double-edged weapon, with which students can show their true identity and also they can be a good role model for up-coming generation. Though, most of the colleges implemented such a skill-based performing arts, as per the norms of government and university grant commission, it is not functioned successfully due to students' unawareness, lack of understating and because of students misunderstanding that subject knowledge alone is sufficient for their development and prosperity of life. In turn, due to this concern, a large number of students fail to reach their goal as they expected. So, it is very important that creating awareness of performing arts and the benefit of participation in performing arts among the students, when we want to produce qualified society and good leaders for national development.

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A STUDY ON TREATMENT STATUS OF MDR-TB/PLWHA IN DISTRICT TB CENTRE THANJAVUR

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Abstract

Tuberculosis (TB) is one of the earliest opportunistic infectious diseases to develop amongst Person Living With HIV/AIDS (PLWHA). And Multi Drug Resistant-TB (MDR-TB) is a marginal stage of casual Tuberculosis patient and who taken irregular treatment in their well structured drugs schedules. The relationship between HIV infection and Multi Drug Resistant-TB (MDR-TB) is not well understood, but there is no evidence supporting an association between MDR-TB and HIV outside of the institutional outbreaks of MDR TB. However, the high number of deaths from MDR-TB and HIV can have devastating and demoralizing effects on communities, and this has already been seen in South Africa. From 2009 District TB Centre, Thanjavur (Tamilnadu) was started there successive race on MDR-TB treatment with guidance of World Health Organization by the way of Revised National Tuberculosis Control Programme(RNTCP).The present study is a report of the treatment status of integrated intervention for MDR-TB/PLWHA in the particular district from 2009 to 2015.These is an empirical research for the object to discuss the definition, case management,case finding criteria,to refer this kind of MDR-TB/PLWHA.This present study finds the major co-infected cases are expired on the time treatment.

Key Words   : Multi Drug Resistant-Tuberculosis, HIV/AIDS, RNTCP, District TB Centre.

INTRODUCTION

The emergence of resistance to drugs used to treat tuberculosis (TB), and particularly Multi Drug-Resistant TB (MDR-TB), has become a significant public health problem in anumber of countries and an obstacle to effective TB control. In India, the availableinformation from the several drug resistance surveillance studies conducted in the pastsuggest that the rate of MDR-TB is relatively low in India.

However this translates into alarge absolute number of cases and as yet the management of patients with MDR-TB isinadequate. Specific measures are being taken within the Revised National Tuberculosis

Control Programme (RNTCP) to address the MDR-TB problem through appropriatemanagement of patients and strategies to prevent the propagation and dissemination of MDRTB.The Revised National Tuberculosis Control Programme (RNTCP), based on the DOTS strategy, began as a pilot in 1993 and was launched as a national programme in 1997. Every day in India, under the RNTCP, more than 15,000 suspects are being examined for TB, free of charge. TB and HIV co-infection is when people have both HIV infection, and also either latent or active TB disease. When someone has both HIV and TB each disease speeds up the progress of the other. In addition to HIV infection speeding up the progression from latent to active TB, TB bacteria also accelerate the progress of HIV infection.Thanjavur is a city in the south Indian state of Tamil Nadu. Thanjavur is an important center of South Indian religion, art, and architecture and the TB patients are mostly depending upon agriculture and the agrarian allied duties for their daily living.

LITERATURE REVIEW

Researcher reviewed the secondary sources to study on treatment status of MDR-TB/PLWHA in District TBCentre Thanjavurand the same is listed

Training Modular, Revised National Tuberculosis Control Programme, Guidelines on Programmatic Management of Drug Resistant TB (PMDT) in India. Central TB Division, Directorate General of Health Services, Ministry of Health & Family Welfare, NirmanBhavan, New Delhi 2012. MDR-TB with HIV co-infection The presentation of MDR-TB in the HIV-infected patient does not differ from that of drug sensitive tuberculosis in the HIV-infected patient. However the diagnosis of TB in HIV positive persons can be more difficult and may be confused with other pulmonary or systemic infections. As the HIV disease progresses and the individual become more immune compromised, the clinical presentation is proportionately more likely to be extra-pulmonary or smear-negative than in HIV-uninfected TB patients. This can result in misdiagnosis or delays in diagnosis, and in turn, higher morbidity and mortality. With the nation wide scale up of

Intensified TB HIV Package, it is expected that more and more numbers of TB patients have know HIV status and if found to be HIV positive, they must be linked to ART Centres and provided Co-trimoxazole preventive therapy (CPT). The treatment of HIV positive individual with MDR-TB is the same as for HIV negative patients. However treatment is more difficult and adverse events more common. Deaths during treatment, partly due to TB itself and partly due to other HIV-related diseases, are more frequent in HIV-infected patients, particularly in the advanced stages of immunodeficiency. Due to the increased frequency of adverse drug events, rigorous monitoring in this particular group of patients is required in order to ensure adherence to treatment, early identification and treatment of adverse events and reduce default.

Annual Statue Report, TB INDIA 2011, RNTCP, Central TB Division March 2011. TB/HIV Co-infection the tuberculosis situation in the country is further affected by the emergence and spread of HIV among the population. India, the third highest HIV burden country, had an estimated 2.39 million (translating to a prevalence of 0.31%) people living with HIV/AIDS (PLHAs), about 1.2 lakh new HIV infections and 1.72 lakh deaths due to AIDS related causes in 2009. The worst affected states are Andhra Pradesh, Karnataka, Manipur, Maharashtra, Nagaland and Tamil Nadu. These six states account for about 57% of PLHA in India and are classified as High Prevalence States. Another three states namely Gujarat, Goa and Puducherry have been classified as Moderate HIV prevalence states. This is the first time HIV incidence estimates have been calculated and the 6 high prevalence states accounts for only 39% of these infections indicating new pockets of transmission in low prevalence states, emphasizing the enormous challenge ahead. The HIV epidemic pattern in the country shows great variance but 2009 estimates indicate an overall decline in HIV prevalence and incidence. Tuberculosis is one of the earliest opportunistic diseases to develop amongst persons infected with HIV. HIV infection is the most powerful risk factor for the progression of TB infection to TB disease. An HIV positive person has many times higher risk of developing TB disease in those infected with TB bacilli, as compared to an HIV negative person. Although the TB epidemic in the country is predominantly driven by the non-HIV positive TB cases, TB mortality could well be influenced by the TB/HIV co-infection at least in certain districts in the country with high prevalence of HIV in TB

patients. It has been estimated that in 2007, about 4.85% of the incident TB cases in India were HIV-positive

RNTCP Statue Report, TB INDIA 2007, Central TB Division March 2007 Tuberculosis and HIV The burden of HIV infection in India is estimated to be 5.22 million, which equates to approximately 0.9% of the adult population of the country. Tuberculosis is one of the earliest opportunistic diseases to develop amongst persons infected with HIV. HIV debilitates the immune system, increasing the vulnerability to TB and increasing the risk of progression from TB infection to TB disease. An HIV positive person is six times (50–60% lifetime risk) more likely to develop TB disease once infected with TB bacilli, as compared to an HIV negative person, who has a 10% lifetime risk. Based on mathematical modeling, WHO has estimated a prevalence of 5.2% of HIV in adult TB patients in India. TB epidemiology in India is however being primarily driven by the TB-infected non-HIV infected pool. Effective implementation of quality DOTS services in the states over the next few years is expected to markedly change the number of new TB cases occurring at any level of HIV prevalence in the country. Besides, the emergence of TB-HIV co-infection and MDR-TB has increased the severity and magnitude of TB epidemic globally and poses an important challenge to the TB control efforts in India. Unless the national programme, partners and all healthcare providers proactively address these challenges, the goal of TB control may not be realised in this generation's lifetime.

SCOPE of study

The scope of the present study is to analysis the treatment status of co-infected MDR-TB cases People Living with HIV/AIDS.

AIM AND OBJECTIVES

The aim of the is to assess the treatment status of MDR-TB/PLWHA treatment management in Thanjavur district.

OBJECTIVES

- To study the disease classification of theMDR-TB/PLWHA .
- To study the risk factors for HIV cases.
- To study the treatment for ART regimen,
- To study the baseline CD-4 counts.

- To study the treatment outcomes of co-infected cases in MDR/TB.

- To study the cause of death to the MDR-TB/PLWHA.

METHODOLOGY

The study people consisted of HIV/TB co-infection patients particularly Multi Drug Resistant-TB registered in Thanjavur District during 2009 to 2015. Records of TB patients who registered in 14 out 125 (cases) and records of co-infection patients who are all age groups and did complete, ongoing treatment were reviewed. Researcher calculated the sample size based on the assumption that death is a higher outcome on the study and Standardized data collection forms were developed and pre-tested. Data collection was conducted by District DOTS Plus Supervisor (DPS) of DTC-Thanjavur. Information was obtained primarily from reviewing TB- patient treatment cards (the standard WHO TB patient treatment card) and patient files kept at the District TB Centre's. When required, clarification was requested and obtained from TB Unit Medical Officers and ART Medical Officers who had been the treating physicians.

Research Design

The researcher for the present study adopted the design is Descriptive research design because this study helps to study the characteristic and describes the study on treatment status of MDR-TB/PLWHA in District TBCentre Thanjavur. In the study, the researcher has attempt the Characteristic and the Type of patients (Relapse, Failure, Treatment After Default, Others) especially with regards to the various dimensions of Level of CD-4 count, ART drug regimen, outcome of treatment, Risk factor for HIV and etc.

Research Hypothesis

- There is a significant difference between male and female with regards to the various subject variables.

- There is a significant difference between locations with regards to the various subject variables.

- There is a significant difference between marital status with regards to the various subject variables.

Sampling Design

- **Universe**

  The universe for the present study comprises of all MDR-TB/HIV cases that are registered with PHI's and DTC, TB-CELL which is functioning in Thanjavur District. The universe of the present study consists of MDR-TB/HIV Patients from Thanjavur District.

- **Sampling Method**

  Sample is a group of elements selected from a large, well-defined pool of elements. A sample is a subset of population. In this study, irrespective of the number of people registered with the 58 Primary Health Centers and 309 Health Sub-centers and DTC, TB-CELL, a sample of 14 respondents from the above sectors was selected using the Simple Random Sample Method by using certain inclusion criteria viz.,All age groups are included for the study, Both male and female respondents, Respondents both under Sputum Positive and Negative are included for the study, and Respondents both non-working & working patients included for the study and exclusion criteria transfer out patients are excluded from the study, Patient who are taking private ATT are excluded from the study

- **Sources of the data**

  The present study use the primary sources of the information acquired through administration of the self prepared interview schedule and standardized rating by scale by the researcher himself.

- **Tools for the data collection**

  Semi structured interview schedule was used to collect the primary data from the patients. The data sources used were MDR-TB treatment cards and HIV/TB co-infected line list. Retrospective data collection was limited to information available on routine records, including basic clinical and demographic information, DOT provider type, and history of previous treatment, treatment adherence, adverse reactions, CD-4 level, sputum and culture test results and retrieval actions. Treatment adherence was assessed from routine recording of missed doses on treatment cards. Data was abstracted from RNTCP MDR-TB registers and ATR centre

HIV/TB treatment cards by programme staff into Microsoft Excel, and then analyzed with SPSS 11.0 (SPSS Inc, Chicago, USA).

DATA ANALYSIS

The researcher analysis and interpretation of the collected data which includes respondent sex, age, location, occupation, classification of disease, type of patient, risk factor for HIV, ART regimens, CD-4 counts, treatment outcomes, availability of District TB Centre and ART centre co-infection case register.

Table-1

Distribution of respondents by their Sex

S.NO	SEX	NO.OF RESPONDENTS	PERCENTAGE
1	FEMALE	2	14.3
2	MALE	12	85.7
	Total	14	100

Above the table revels those majorities (85.7 per cent) of the respondent were male and less than one fourth (14.3 per cent) of the respondents were female.

Table-2

Distribution of respondents by their Employment Status

S.NO	Employment Status	NO.OF RESPONDENTS	PERCENTAGE
1	WORKING	5	35.8
2	UNEMPLOYED	9	64.2
	Total	14	100

Above the table revels those majorities (64.2 per cent) of the respondent were unemployed status   and more than one fourth (35.8 per cent) of the respondents were working

Table-3

Distribution of respondents by their Disease Classification

S.NO	Disease Classification	NO.OF RESPONDENTS	PERCENTAGE
1	PULMONARY	8	57.1
2	EXTRA-PULMONARY	6	42.9
	Total	14	100

Above the table revels those more than half (57.1 per cent) of the respondent were affected by pulmonary disease and less than half (42.9 per cent) of the respondents were affected by extra pulmonary disease.

Table-4

Distribution of respondents by their Types of Patients

S.NO	Types of Patients	NO.OF RESPONDENTS	PERCENTAGE
1	TREATMENT AFTER DEFAULT	5	35.7
2	RELAPSE	5	35.7
3	FAILURE	2	14.3
4	OTHER	2	14.3
	Total	14	100

Above the table revels those more than one third (35.7 per cent) of the respondent were after their treatment defaulter andmore than one third (35.7 per cent) of the respondent were relapse. Less than one fifth (14.3 per cent) respondents were failure in treatment and Less than one fifth (14.3 per cent) respondents were others.

Table-5

Distribution of respondents by their CD-4 Count

S.NO	CD-4 Count	NO.OF RESPONDENTS	PERCENTAGE
1	CD4 count < 200	6	42.8
2	CD4 count >200	4	28.6
3	Median CD4 count	4	28.6
	Total	14	100

Above the table revels those more than one third (42.8per cent) of the respondent CD4 count <200 and less than one third (28.6 per cent) of the respondent CD4 count > 200. Remaining less than one third (28.6 per cent) of the respondent median CD4 count.

Table-6

Distribution of respondents by their Treatment Level

S.NO	Treatment Level	NO.OF RESPONDENTS	PERCENTAGE
1	CURED	4	28.6
2	TREATMENT AFTER DEFAULT	2	14.3
3	DIED	6	42.8
4	ON TREATMENT	2	14.3
	Total	14	100

Above the table revels that less than one third (28.6 per cent) of the respondent were cured their Tuberculosis diseases andless than one fifth (14.3 per cent) of the respondent were getting treatment but defaulter. Less than half (42.8 per cent) respondents were died due to lack of proper treatment and less than one fifth (14.3 per cent) respondents going to other treatment.

Table-7

Distribution of respondents by their Cause of Death

S.NO	Cause of Death	NO.OF RESPONDENTS	PERCENTAGE
1	Renal Failure (RF)	1	16.7
2	Myocardial Infarction (MI)	1	16.7
3	Cirrhosis of Liver (CL)	2	33.3
4	Pneumonia	1	16.7
5	Acute Pulmonary Edema	1	16.7
	Total	6	100

Above the table revels that more than one third (33.3 per cent) of the respondent were died due to cirrhosis of liver problem and less than one fifth (16.7 per cent) of the respondent were died due to of renal failure. Less than one fifth (16.7 per cent) of the respondent were died due to cirrhosis of myocardial Infarction.

MAJOR FINDINGS & SUGGESTIONS

- The respondents (85.7%) are male patients. And the remaining (14.3%) are female patients.

- The majority of the respondents (57.2%) are living in rural area. The remaining (42.8%) are in urban.

- The majority of the respondents (64.2%) are non-working in the district. The remaining (35.7%) are working various low level employments.

- The majority of the respondents (57.1%) are pulmonary cases in the study. The remaining (42.9%) are extra-pulmonary cases.

- The respondents (35.7%) are treatment after defaulttypes of patients. And the remaining (35.7%) types of patients are

relapse. And the remaining (14.3%) types of patients are failure. And the remaining (14.3%) types of patients are others

- The respondents (42.8%) are CD4 count less than 200 HIV cases. And the remaining (28.5%) are CD4 count greater than 200 HIV cases. And the remaining (28.5%) are Median CD4 countHIV cases.

- The respondents (85.7%) are taken first line drugs of ART. And the remaining (14.2%) are taken second line drugs of ART.

- The respondents (42.8%) are expired during the treatment. And the remaining (28.5%) are cured during the treatment. And the remaining (14.2%) are defaulted during the treatment. And the remaining (14.2%) are ongoing treatment.

- The respondents (16.7%) are expired associated with Renal Failure (RF). And the remaining (16.7%) are expired associated withMyocardial Infarction (MI). And the remaining (33.3%) are expired associated withCirrhosis of Liver (CL). And the remaining (16.7%) are expired associated with Pneumonia.And the remaining (16.7%) are expired associated with Acute Pulmonary Edema.

SUGGESTIONS

In 2015 400,000 people who had both TB and HIV are estimated to have died, in addition to the 1.4 million people who died from TB alone.Those people who have HIV and TB co-infection when they die, are internationally reported as having died of HIV infection. In total an estimated 1.2 million people died of HIV infection in 2014.This particular study finds major one third of the MDR-TB-HIV cases are died and 14.2 % are defaulted there treatment. Also this study find 64.2% are unable to work and are bedded. There was a 42.8% are CD4 count less than 200. When the patient taken uninterrupted drugs either Anti-TB Treatment (ATT) or Anti-Retroviral Treatment (ART) is only for a long living of Multi Drug Resistant-TB/People living with HIV/AIDS. This low level CD4 patients already has some sudden death associated diseases namely Renal Failure,Myocardial

Infarction,Cirrhosis of Liver ,Pneumonia,Acute Pulmonary Edema. 42.8% patients are previously dropthereAnti-TB Treatment and the types are Treatment After Default,Relapse.HIV/AIDS is only treatable disease but Tuberculosis is curable one. When people have a damaged immune system, such as people with HIV who are not receiving antiretroviral treatment, the natural history of TB is altered. Instead of there being a long latency phase between infection and development of disease, people with HIV can become ill with active TB disease within weeks to months, rather than the normal years to decades.

DISCUSSION AND CONCLUSION

The present study "the study on treatment status of MDR-TB/PLWHA in District TB Centre Thanjavur"has been conducted with the aims to study the treatment status of co-infected patient groups particularly in Thanjavur District. The family belong the poor economic background and urban and rural poor's are most infect to this disease. Treatment after Defaulted (TAD) and Relapse (R) is the common infection class of this particular study. Only four patients are cured of the entire study.When the patient taken uninterrupted drugs either Anti-TB Treatment (ATT) or Anti-Retroviral Treatment (ART) is only for a long living of Multi Drug Resistant-TB/People living with HIV/AIDS.But the majority of the patients are died during the treatment and they are previously irregular observing manner both ATT and ART. And there baseline CD4 count is also very low. this form of patients need extra care and support from our Govt.Health institutions, NGO's working especially for MDR-TB/PLWHA in Thanjavur district.

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SUSTAINABILITY OF THE FIREWORKS INDUSTRY IN TAMIL NADU: ENVIRONMENT VS LABOUR

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Abstract

This paper examines the impact of fireworks on the environment, the challenges posed by the entry of Chinese manufacturers and the sustainability of the livelihood of the rather large segment of the poorer masses that are entirely dependent on employment in the fireworks industries. The fireworks industry in India employs a huge chunk of the population in many parts of Tamil Nadu. Many families are dependent on the income they derive from the fireworks industry. This has created a dilemma. One the one side, the fireworks industry is a source of livelihood but on the other side, it poses a threat to the health and safety of everyone including those who work in the industry itself. Apart from the health and safety risks, the fireworks industry also contributes to the destruction of the environment. There are also other complications such as the entry of fireworks from China into the Indian market which threatens the sustainability of the industry with insurmountable challenges for the livelihood of a large population. Apart from intensifying the damage already caused to the environment by fireworks produced in India, they also pose a threat to the livelihoods of the labourers working in the Indian fireworks industry. Finally, some suggestions have been provided to reduce the damage caused by the fireworks industry to the environment and also to protect the Indian workers working in the industry.

Keywords: Fireworks, Industry, Environment, Health

Introduction

Fireworks are very popular in our country. These are extensively used during celebration of various festivals. Fireworks provide a grand finale to most of the functions. Fireworks industry is labour intensive and it

involves a degree of skill and specialization. Fireworks industry is well known to be a hazardous industry. Right from the initial phase of manufacturing till the transportation and storage of fireworks in the stores, risk to life and property is high. The manufacturing process, type of storage and handling are some of the important factors which bear the likeliness of an explosive event taking place.

 90 percent of Indian fireworks industries are situated in Sivakasi, Tamil Nadu and hence the workers there are the most susceptible to injuries. Sivakasi is known throughout the world for fireworks production. It was given the nickname **"Kutty Japan"** by **Jawaharlal Nehru** as it possesses multifarious industries like Fireworks, Match Factories, Off-set litho presses which provide employment opportunities to a large mass of people in and around the city. Sivakasi experiences dry and pretty hot weather throughout the year. The town gets scanty rainfall during the monsoon. As low rain fall and a dry climate prevailing in this area contribute to unabated fireworks production, Sivakasi is more suitable for fireworks production. There are around 700 fireworks industries producing fireworks products in Sivakasi. Sivakasi supplies firecrackers and sparkers for all over India for Diwali, Christmas, Ramzan and other important ceremonies. This industry has huge turnover of around 1000 crores (around 200 million dollars) per year with exports from Sivakasi accounting for .5 crores. Sivakasi contributes to 90% of India's total fireworks production and ranks as one of the highest Tax payer towns in India. The Fireworks industries in Sivakasi contribute 35 crores and 15 crores as central excise and state excise duties, respectively.

But most of us are not aware of the environmental impact of burning fireworks. For the color effect of fireworks, toxic heavy metals like barium, aluminum, lead, mercury salts, antimony, copper, and strontium can be used in firework compositions. Outdated heavy metals that have been used in the past include rubidium and cadmium. The smoke from fireworks consists mainly of fine toxic dusts (particulate matter) that can easily enter the lungs. This represents a real threat for people with asthma or multiple chemical sensitivity (MCS). Smoke from fireworks combustion may contain a mixture of sulfur-coal compounds, traces of heavy metals, and other toxic chemicals or gases. Fireworks fallout can contaminate water supplies and residue on the ground can be carried away by rain and end up in our lakes, rivers, or oceans.

Usually noise at 85 decibels or above can damage hearing. The noise from fireworks exceeds 140 decibels that scares pets and wildlife like birds, animals etc. Accidents can occur if fireworks are handled carelessly during sale and use. They are more harmful to the society as they pollute our environment which affects the infants, children, pregnant women, patients and senior citizens. The flashing displays can harm the environment and pose risks to human health. For a long time, the consequences of this were not considered.

There are around 700 factories and 80000 workers are employed in them. The manufacturing process of assembly is a critical phase where workers come in direct contact with hazardous substances leading to greater like risk. Lead poisoning, ulcers, damage to the central nervous system is some major problems facing these people. Besides unhygienic conditions, improper training lead to greater danger to lives of people. Child labour is a predominant form of employment and leads to loss of lives at an early age. Our paper reviews the hazards faced by workers working in the fireworks industry and provides some mitigation strategies through which these hazards could be reduced.

Market Potential

Corresponding with the present economic development and increase in social activities the demand for fireworks items e.g. crackers, sparklers, coloured matches, magnesium pencil, pin wheels, etc. is continuously growing. Except a few such units in and around Barpeta there is no such manufacturing units existing the North East Region. The required fireworks supply for the region mostly comes from Sivakasi in Tamil Nadu. However, Sivakasi being located at a large distance, the supply of fireworks involves additional burden transport costs which resulted in increase of price of fireworks in the region. Besides, too often the supply of fireworks to the region remains irregular. Therefore, a few fireworks manufacturing units can come up particularly in the states of Assam & Tripura in the region.

Impact of China Fireworks in Indian Fire work Industry

For, Sivakasi, the most important centre of fireworks industry in India, has been virtually throttled by illegal imports from China. Its fireworks are certainly not as qualitatively good as those made in Sivakasi, which has over many decades achieved a high standard of safety, and established a brand value based on trust. Parents are confident that

Sivakasi products are safe to be handled by their children. However, in these days of financial hardship, faced across continents, Chinese goods — often produced with cheap labour in their sweat factories — have begun to have an edge over Indian fireworks. An important reason is the killing pricing, which Sivakasi factories are unable to match. The Chinese prices are so low that they are naturally tempting for a consumer — and this "unhealthy competition", as some aver, is smoking out the livelihood of thousands in Sivakasi — a town that virtually survives on the fireworks industry.

The 750-odd fireworks units in Sivakasi have had to cut their output by a third — and this means that this commercial enterprise cannot run on the fifth gear during the festival season, as has been the case traditionally. Workers are not being asked to do overtime, which means less income for them. Additional overtime wages are an annual bonanza they have been enjoying all these years. Worse, the factories have been operating only four days a week since August 25. Normally, they ought to have been functioning seven days a week, with many more hours of overtime thrown in. The Chinese fireworks have just about destroyed all this. Chinese goods began their unlawful journey into India in 2013. That year, says **G. Abiruben**, president of the Tamil Nadu Fireworks Manufacturers' Association, only ten kinds of fireworks came into India from across the Himalayas. This year, the number is a whopping 215 — the increase is incredible, but painfully true.

The best part of this whole clandestine business is that these Chinese products are smuggled along with other legal imports — which may be toys or electronics. And most of these fireworks are sold in small unauthorised shops and even by pavement vendors.Some estimates place the figure of smuggled Chinese stuff at Rs 5,000 million (US$76 million), and given the low pricing, the actual quantity of fireworks sold may well be huge. Some 200 containers of illegal Chinese fireworks, worth Rs 4,000 million (US$60 million), were smuggled into India in 2014 leading to a dip in production; most of it is normally undertaken on the basis of firm orders placed months in advance. A hundred units at Sivakasi had to pull their shutters down that year. And who bothers about quality as long as prices are low. One, the money spent is as good as ash, and two, safety is still not a pressing issue in India.

Most people tend to let their children take risks playing with fireworks that may be awfully dangerous. But safety has been a key issue with the Rs 6,000 million (US$91 million) Sivakasi fireworks industry. "Since 1920, the Sivakasi units have been producing user-friendly stuff. But the Chinese goods are made with potassium chlorate, which is a high-end explosive and a banned chemical. Who will be answerable in case accidents occur when children use Chinese products," asks Abiruben. Sivakasi uses only aluminium powder and nitrate of salts — which are safe. Although there is an India-government ban on the use of potassium chlorate, and goods made out of this are confiscated, implementation has been tardy. There are not enough men to inspect fireworks en masse to weed out the spurious and the lethal.Things can get worse in the next couple of years when China will be able to make fireworks with aluminium powder and nitrate of salts. Plans are now afoot. Sivakasi may well be completely crippled by fiery Chinese fireworks if illegal imports are allowed to rule the market.

Problems in firework Industry

Production Injuries

 Manual mixing of chemicals such as fuels, oxidizers, igniters, and sand and special effect chemicals on wooden trays takes place. Here the major causes of accidents are impact, friction, static electricity charges and human errors. Drying of products is done by placing them on specially prepared platforms where accumulation of dust and overheating may cause accidents. After manufacturing of products, they are stored locally where push carts and trucks are used for transportations. During this phase Careless handling, impact loading, over loading and dragging of materials may lead to accidents. **(N.Rajathilingam, A.Azhagurajan, Accident analysis in fireworks industries for the past decade in sivakasi)**

Table 1: Causes of Hazards during manufacturing problems.

Production Phase	Cause
Manual Mixing of Chemicals	Impact, Friction, Static electricity charges, Human errors
Drying on Heating Platforms	Dust accumulation, overheating
Transportation	Careless Handling, Impact loading

	Over loading, Dragging of materials

Explosion Injuries

Deep wound Impact Injury

The fireworks-related injury caused by gunpowder explosion following work-related accidents is always a compound injury. Due to the high environmental temperature greater than 1000 ∘C resulting from explosions, the thermal injuries are always severe, with large deep wounds. **(Xu-Lin Chen & et al)**

Inhalation Injury

Breathing of hot smoke during burning of material would lead to increase inhalation of carbon monoxide. On entering into the blood stream, increase of carboxyhemoglobin would take place. Continuous increase in carboxyhemoglobin levels would lead to headaches, damage to the central nervous system and eventually death 3.3.3 Intra ocular foreign body-IOFB is any material that penetrates the ocular tissue. On explosion of fireworks, metallic objects like iron, copper enter into the anterior segment of the cornea. This may lead to retinal trauma, cataract formation, glaucoma **(Elham R. Al-Tamimi, 2013)**

Effects of Chemicals

Potassium Nitrate-

When inhaled, it causes nose and throat irritation. Higher levels of Potassium Nitrate interfere with the ability of bloody to carry oxygen leading to headaches, methemoglobinemia and kidney problems. **(Potassium Nitrate, Hazardous Substance Fact sheet, New Jersey Department of Health and Senior Services)**

Potassium Per chlorate- It causes irritation to skin and eyes. Prolong exposure may affect kidney, white blood cells and thyroid. **(Potassium Per chlorate, Hazardous Substance Fact sheet, New Jersey Department of Health and Senior Services)**

Aluminum compounds- It causes irritation to eyes and skin. It also causes metal fume fever which is a flu-like illness with symptoms of metallic taste in the mouth, headache, fever and chills, aches, chest tightness and cough. Exposure to fine dust cause scarring of the lungs

with symptoms of cough and shortness of breath.**(Aluminium, Hazardous Substance Fact sheet, New Jersey Department of Health and Senior Services)**

Barium Nitrate- It irritates the nose, throat and lungs. Very high exposure to barium nitrate can cause diarrhea, irregular heartbeat, muscle weakness, tremors, paralysis and even death. It damages the kidney and repeated exposure results in abnormal chest X-ray. (**Barium Nitrate, Hazardous Substance Fact sheet, New Jersey Department of Health and Senior Services)**

Copper chloride- it irritates the stomach causing salivation, nausea, vomiting, stomach pain and diarrhea. Repeated exposure can cause shrinking of the inner lining of the nose and may cause ulcers and a hole in the bone dividing the inner nose. (**Copper Chloride, Hazardous Substance Fact sheet, New Jersey Department of Health and Senior Services)**

Safety measures

Now-a-days modern developments in pyrotechnics are aimed at the use of nitrogen-rich compounds, i.e. eco-friendly fireworks that are perchlorate-free and contain about one-tenth the amount of barium in traditional fireworks. Researchers recently developed new pyrotechnic formulas that replace perchlorate with nitrogen-rich materials or nitrocellulose that burn cleaner and produce less smoke. At the same time, these nitrogen-rich formulas also use fewer color producing chemicals, dramatically cutting down on the amount of heavy metals used and lowering their potentially toxic effects. Some of these fireworks are already being used at circuses, rock concerts, and other events. These environmentally friendly fireworks could also offer better color quality and intensity than traditional fireworks. Keep in mind the responsibility towards the society, the fireworks manufacturers would adopt their production strategy towards eco-friendly fireworks.

The impact of burning fireworks is most harmful to the society as they affect our environment. It results in water pollution, air pollution and noise pollution. Accidents can occur if the fireworks are carelessly handled during their sales and uses. Keep in mind these adverse impacts, the fireworks manufacturers would shift their production strategy from conventional fireworks to eco-friendly fireworks. This

paper mainly emphasis the awareness, acceptability and adoptability of fireworks manufacturers towards eco-friendly fireworks.

Strategies for Eliminate ill effects of Fire works

The main variable to control noise level is the particle size of the chemicals. With nano sized aluminium (nAl) particles, the specific surface area increases creating easier ignition and increased burn rates. This will lead to burst the cracker with lesser amount of chemicals with high reactivity. This will also lead to reduce the emission of pollutants during the celebrations.

1) The main causative fireworks were whistles these fireworks should not be carried close to the body. Fuses are highly combustible since they are coated with gunpowder. As a consequence, required whistles should be equipped with safety fuses. They are covered with plastic, thereby allowing ignition only from the tip. **(N. Selvakumar & et al)**

2) The compression of chlorate compositions is in fact hazardous and must be performed in a protected zone.

3) The sensitivity and behavior of the products implemented must be well understood;

4) To the greatest extent possible, it is necessary to substitute hazardous compositions with less sensitive ones;

5) The execution of various activities on the same premises must not be undertaken without first adopting special measures;

6) An individual apparatus must be used to complement the technician's protective gear;

7) Technicians must be made aware on a regular basis of the risks they incur through a well-designed training program.

Though government's rules and regulations regarding the good environment condition for the workers of fireworks industry is a very essential aspect in minimizing the occupational hazards of firework industries still a lot depends on the alertness of the workers regarding their work and they should avoid any kind of carelessness. As carelessness turns to be a sin for the employers in this industry.

Conclusion

Conventional fireworks are not friendly to the environment or our health. The burning of the metal salts in fireworks releases ultraviolet light which increases ozone pollution, **according to a study by the Jawaharlal Nehru University in India.** When fireworks are set off, they release heavy metals like lead, chromium, carbon monoxide, and sulfur oxides. Pyrotechnics might be beautiful to watch, but their environmental- and human-health implications are far from pleasant. When a firework or other pyrotechnic is set off, it releases a whole cocktail of poisons damaging to humans and the environment: heavy metals like lead, barium and chromium, chlorates, dioxins, smoke and particulates, carbon monoxide, and nitrogen and sulfur oxides. Traditional fireworks are normally made using charcoal and sulphur fuel, a perchlorate oxidiser to help with burning, plus binders, colourants and propellants. When ignited, the pyrotechnics are spectacular, but they emit large amounts of smoke, unused perchlorates and metal byproducts from the colourants, all of which are contaminates.

Perchlorate, is an environmental pollutant with potential adverse effects on people and wildlife. Perchlorate has been identified as a potential human health hazard causing thyroid damage. Perchlorate, accumulated in the soil, air and water, will cause thyroid damage. Pyrotechnics also contain color-producing heavy metals, such as barium and copper, which have also been linked to toxic effects. Fireworks produce a lot of smoke, when they are burnt. Apart from being a source of toxic fumes, the smoke also causes great discomfort. People suffering from asthma and other respiratory conditions have no other choice but to stay indoors during Diwali. They are unable to go outside for fear of any of the smoke getting into their lungs and triggering an attack.

Fireworks also bring with them a lot of noise. Diwali favorites like the 'Laxmi bomb' produce a sound of 100 decibels when they are burst. In comparison, any sound beyond 50 decibels is classified as being noise. The noise produced by crackers is extremely hazardous to health. Sudden noise can cause temporary hearing loss. Extended exposure could lead to permanent hearing loss. Crackers burst indiscriminately cause disturbances in sleep. This can be especially upsetting to people who require undisturbed rest like babies and elderly people. Noise also

frightens children and household pets, causing them to experience anxiety.

Most fireworks are made by factories which employ children as labourers. These young children are forced to handle the toxic substances that go into these crackers. As a result, they contract diseases associated with these substances. Due to lack of medical aid, many of these children do not live beyond their teenage years. Asthma attacks have been known to increase in communities following fireworks displays due to thick, particulate-heavy smoke. Many chemicals, like barium and antimony, have been shown to have dangerous effects on the lungs, heart, and stomach. Perchlorate, oxygen-rich molecules that allow the fuel in fireworks to burn, disrupts thyroid endocrine systems and reproduction in wildlife and is listed as a drinking water contaminant by the US Environmental Protection Agency.

 The formulation of oxidizers, propellants, fuels and colouring agents in fireworks leaves behind smoky combustion products those fall from the air into nearby soil and water. Some of the metals that make fireworks colourful may also be poisonous when heated. Fireworks contain toxic heavy metals that are linked, not only to air and water pollution, but also to cancer and respiratory problems. In order to overcome the problems of conventional fireworks, it is necessary to create awareness about the significance of eco-friendly environment.

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A STUDY ON HOPELESSNESS AMONG THE WOMEN OFFENDERS WITH SPECIAL REFERENCES IN CUDDALORE PRISON, TAMIL NADU

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Abstract

Most of the offenders born as a result of sudden emotional disequilibrium or a provocation. The sudden emotional disequilibrium may occurs due to seeking pleasure, rape, attempt of rape, trafficking, disturbance from thief and some related issues. The uncontrolled attraction towards jewel, being a member of sex racket or conspiracy, robbery, property robbery, blackmailing and related issues stand as a reason for provocation. This kind of behavior and activities purely related to everyone's childhood experience, child rearing pattern, parent-child relationship, early experience of imprisonment, homosexuality or lesbian, sibling rivalry, personality disorders, especially antisocial personality disorder, episode of neurosis or psychosis and uncontrolled emotion and its burn out.

Key Words : Female offenders Mental health. Psychiatric disorder, guilt and insecurity

INTRODUCTION:

The fact that prisoners have higher rates of psychological distress and mental health problems when compared to the general population are well established (Fazel & Danesh, 2002). Needless to say, the rates are much higher in the case of women in custody. Although women still constitute a small minority of the prison population across the world, the number of incarcerated women is increasing (Slotboom et al., 2007). In addition to the common kinds of distress both men and women experience in prison, women are more vulnerable for gender discrimination, neglect, violence, physical and sexual abuse. Studies have documented that relative to their male counterparts, women incarcerated in state prisons are more likely to

have mental disorders and a history of physical and sexual abuse (Blitz et al., 2006; Brown et al., 1999; Hartwell, 2001). Despite the magnitude of problems, little attention has been given to the unique health concerns of women prisoners. Mental health care and attention to the psychological distress that occurs because of imprisonment of women, is almost non-existent.

Review of literature

In another study by Kumari (2009), women prisoners perceived that they would face problems in all spheres of life in future because of their imprisonment. They were also worried about economic and family problems. There is hope about the redemption of the prisoners through counseling and rehabilitation (Saxena R 1994). The majority of offences for which women are imprisoned are non-violent such as property, dowry-harassment, drug-related offences, prostitution, bar dancing and so forth

A study supported by the National Commission for Women evaluated mental health problems among women in the Central Prison, Bangalore (Murthy et al 1998). Among both women under trials and convicts, common emotional responses were unhappiness, feelings of worthlessness, worry, and somatic symptoms. All these were aggravated during crises points in prison (entry into prison, court hearing, around the time of pronouncement of judgment, victimization, release of a fellow prisoner, death of a fellow prisoner, illness or death of a family member and imminent release). Murthy 1998

Mental health problems and substance use among women as well as their needs in prison were assessed as part of the Bangalore Prison Mental Health Study (Math et al 2011). Most of the women in prison were housewives, unskilled and semi-skilled workers. The mean educational status in years is 3.9 years and 49.7% were illiterate. Both these factors have strong bearings in vocational rehabilitation and integration into the community. Regarding the nutritional status of women in prison, one in four was underweight, but a greater number were overweight or obese (26.3%) compared to males (10.9%)Math et all 2011

In a study done on the women convicts lodged in Jaipur Central Prison in Rajasthan it was found that the prison has highly unsatisfactory conditions. Basic facilities are lacking for the women and their children;

also the prisoners are visibly scared of the prison staff. The study recommended for improvement, on all levels, particularly in the attitude of the prison staff who need to learn to respect the human rights of women prisoners

Imprisonment of a mother with dependent child/children is a problematic issue and it needs to be addressed immediately (Pandy and Singh, 2006). The effects of incarceration can be particularly catastrophic on the children and costly to the state in terms of providing for their care, and because of the social problems arising from early separation (Pandit Govind Ballabh Pant Institute of Studies in Rural Development, 2004).

The shocking survey on children of women prisoners, conducted by the National Institute of Criminology and Forensic Sciences, Delhi, during 1997-2000, documents the conditions of deprivation and criminality in which they are forced to grow up, lack of proper nutrition, inadequate medical care, and little opportunity for education. Indian Council of Legal Aid and Advice also filed public interest litigation in the Supreme Court, asking that state governments to formulate proper guidelines for the protection and welfare of children of women prisoners (Upadhyay Vs State of A.P., 2006). The jail authorities said that they were doing what they could within their limited resources to give children the best possible facilities.

Objectives

> To analyse the problem of hopelessness among women offenders.

> To tabulate the socio-economic factors are indirectly affect the women offenders' life.

> To enquire the women offenders present condition in mental health

Research design:

The present study is based on descriptive research design. The study has been conducted in the central prison of Cuddalore jail, the study was conducted in two phases, while, the first was the enumeration phase, and base-line survey of record available with state government department of prison, the second phase was of data collection with some sample case consisting of detailed interview schedule.

Universe and sampling:

The universe of the study consisted of all the female inmates in the female section of a central jail in Cuddalore. The target group was under trial female criminals of central jail women section. They are 450 women inmates in the central jail Cuddalore prisons. From the universe the researcher selected 50 samples in randomize manner.

Data collection, Analysis and Interpretation:

The study consists of primary and secondary source of data. Primary data was collected by a structured Interview Schedule from women prisoners. It consists of personal profile, Socio-economic background, causes and nature of crime, attitudes and expectations of the respondents and their future plan after release. The researcher analysis the data's by simple tabulation method.

Analysis and interpretation

CROSSTABS

Table 1

Association between Hopelessness and Age of the respondents

S.No	Age of the Respondents	Hopelessness Scoring		Statistical Inference
		Low (n=46)	High (n=54)	
1	Below 30 Years	3(18.8%)	13 (81.2%)	$X^2 = 14.789$
2	31-40 Years	20 (74.1%)	7(25.9%)	df = 3
3	41-50 Years	10 (47.6%)	11 (52.4%)	0.000<0.05
4	Above 50 Years	13 (36.1%)	23 (63.9%)	Significant

From the above table, the researcher can understand the association between Hopelessness Scale and age of the respondent's. A vast majority of the (81.2 per cent) respondents secured the higher level of Hopelessness scoring in the age group below 30 years and vast majority of the (74.1 per cent) of the respondents secured low level of Hopelessness scoring in the age group between 31-40 years. The chi-square analysis shows that there is a statically significant association between Hopelessness and age of the respondents.

Table 2

Association between Hopelessness and Religion of the respondents

S.No	Religion of the Respondents	Hopelessness Scoring		Statistical Inference
		Low (n=46)	High (n=54)	
1	Hindu	38 (46.9%)	43 (53.1%)	X^2 = 1.018 df= 2 0.000>0.05 Not Significant
2	Muslim	5 (35.7%)	9 (64.3%)	
3	Christian	3 (60.0%)	2 (40.0%)	

From the above revels that the association between Hopelessness Scale and religious of the respondent's. More than half of the (53.1 per cent) respondents secured the higher level of Hopelessness scoring from Hindu religious group and vast majority of the (60.0 per cent) of the respondents secured low level of Hopelessness scoring from Christian religious group. The chi-square analysis shows that there is no statically significant association between Hopelessness and religious of the respondents.

Table 3

Association between Hopelessness and Community of the respondents

S.No	Community of the Respondents	Hopelessness Scoring		Statistical Inference
		Low (n=46)	High (n=54)	
1	Schedule Community	14 (35.9%)	25 (64.1%)	X2 = 3.017 df= 3 0.000>0.05 Not Significant
2	Backward Community	12 (48.0%)	13 (52.0%)	
3	Most Backward Community	12 (57.1%)	9 (42.9%)	
4	Other Backward Community	8 (53.3%)	7 (46.7%)	

Above the shows that the association between Hopelessness Scale and community of the respondent's. A vast majority of the (64.1 per cent) respondents secured the higher level of Hopelessness scoring from Schedule community and More than half of the (53.3 per cent) of the respondents secured low level of Hopelessness scoring from other backward community. The chi-square analysis shows that there is a statically significant association between Hopelessness and community of the respondents.

Table 4

**Association between Hopelessness and
Educational Qualification of the respondents**

S.No	Educational Qualification of the Respondents	Hopelessness Scoring		Statistical Inference
		Low (n=46)	High (n=54)	
1	Illiterate	18 (64.3%)	10 (35.7%)	X2 = 13.936 df= 3 0.000<0.05 Significant
2	1-5 Std	5 (20.8%)	19 (79.2%)	
3	6-10 Std	16 (41.0%)	23 (59.0%)	
4	Above 10th std	7 (77.8%)	2 (22.2%)	

Above the shows that the association between Hopelessness Scale and educational qualification of the respondent's. a vast majority of the (79.2 per cent) respondents secured the higher level of Hopelessness scoring from between 1-5 standard and majority of the (64.3 per cent) of the respondents secured low level of Hopelessness scoring from illiterate status. The chi-square analysis shows that there is no statically significant association between Hopelessness and educational qualification of the respondents.

Table 5

Association between Hopelessness and Income Group of the respondents

S.No	Income Group of the Respondents	Hopelessness Scoring		Statistical Inference
		Low (n=46)	High (n=54)	
1	No Job	0 (.0%)	9 (100.0%)	X2 = 11.748 df = 3 0.000<0.05 Significant
2	Below Rs 3000	30 (57.7%)	22 (42.3%)	
3	Rs3001-Rs5000	13 (38.2%)	21 (61.8%)	
4	Above Rs5000	3 (60.0%)	2 (40.0%)	

Above the shows that the association between Hopelessness Scale and Income of the respondent's. 100 percentages of the respondents secured the low level of Hopelessness scoring from respondents' not working and vast majority of the (60.0 per cent) of the respondents secured the low level of Hopelessness scoring respondents earning between Rs 3001-Rs 5000. The chi-square analysis shows that there is a statically significant association between Hopelessness and income of the respondents.

Table 7

Association between Hopelessness and Type of Family of the respondents

S.No	Type of Family of the Respondents	Hopelessness Scoring		Statistical Inference
		Low (n=46)	High (n=54)	
1	Nuclear	17 (51.5%)	16 (48.5%)	X2 = 4.670
2	Joined Family	26 (40.6%)	38 (59.4%)	df = 2 0.000>0.05
3	Alone	3 (100.0%)	0 (.0%)	Not Significant

Above the shows that the association between Hopelessness Scale and type of the family of the respondent's. More than half (59.4 per cent) of the respondents secured the high level of Hopelessness scoring from joint family system and More than half of the (51.5 per cent) of the respondents secured the low level of Hopelessness scoring respondents from nuclear family system. The chi-square analysis shows that there is a statically significant association between Hopelessness and type of the family of the respondents.

Table 8

Association between Hopelessness and Number of Family Member of the respondents

S.No	Number of Family Member of the Respondents	Hopelessness Scoring		Statistical Inference
		Low (n=46)	High (n=54)	
1	Three Members	4 (33.3%)	8 (66.7%)	X2 = 14.109 df = 3 0.000<0.05 Significant
2	Four Members	19 (59.4%)	13 (40.6%)	
3	Five Members	9 (25.0%)	27 (75.0%)	
4	Six Members	14 (70.0%)	6 (30.0%)	

Above the shows that the association between Hopelessness Scale and number of the family members of the respondent's. A vast majority (75.0 per cent) of the respondents secured the high level of Hopelessness scoring from respondents having five members in their family and More than half (59.4 per cent) of the respondents secured the low level of Hopelessness scoring from respondents having four members in their family. The chi-square analysis shows that there is a statically significant association between Hopelessness and number of the family members of the respondents.

Table 9

Association between Hopelessness and Expenditure per Month of the respondents

S.No	Expenditure per Month of the Respondents	Hopelessness Scoring		Statistical Inference
		Low (n=46)	High (n=54)	
1	Below Rs 5000	7 (100.0%)	0 (.0%)	X2 = 10.627
2	Rs5001-10000	25 (48.1%)	27 (51.9%)	df= 2 0.000<0.05
3	Above Rs 10000	14 (34.1%)	27 (65.9%)	Significant

Above the shows that the association between Hopelessness Scale and expenditure per monthly Income of the respondent's. 100 percentages of the respondents secured the low level of Hopelessness scoring from respondents spending their monthly income up to Rs 5000 and More than half (51.9 per cent) of the respondents secured the high level of Hopelessness scoring from respondents spending their monthly income between Rs 5001-10,000. The chi-square analysis shows that there is a statically significant association between Hopelessness and expenditure per monthly Income of the respondents.

Table 10

Association between Hopelessness and Indebtedness of the respondents

S.No	Indebtedness of the Respondents	Hopelessness Scoring		Statistical Inference
		Low (n=46)	High (n=54)	
1	No Savings	13 (24.5%)	40 (75.5%)	X2 = 23.345 df = 4 0.000<0.05 Significant
2	Rs.10000.00	4 (50.0%)	4 (50.0%)	
3	Rs.20000.00	11 (84.6%)	2 (15.4%)	
4	Rs.30000.00	7 (70.0%)	3 (30.0%)	
5	Rs. 50000.00	11 (68.8%)	5 (31.2%)	

Above the shows that the association between Hopelessness Scale and indebtedness of the respondent's. A vast majority (75.5 per cent)of the respondents secured the high level of Hopelessness scoring from respondents not having saving habits and majority (68.8 per cent) of the respondents secured the low level of Hopelessness scoring respondents from their indebtedness Rs 50000 per year. The chi-square analysis shows that there is no statically significant association between Hopelessness and indebtedness of the respondents.

Table 12

Association between Hopelessness and Type of Marriage of the respondents

S.No	Type of Marriage of the Respondents	Hopelessness Scoring		Statistical Inference
		Low (n=46)	High (n=54)	
1	Un Married	3 (18.8%)	13 (81.2%)	$X2 = 21.871$ df= 4 0.000>0.05 Not Significant
2	With in Relation	9 (50.0%)	9 (50.0%)	
3	Out of Relatives	5 (22.7%)	17 (77.3%)	
4	Inter caste	25 (75.8%)	8 (24.2%)	
5	Love marriage	4 (36.4%)	7 (63.6%)	

Above the shows that the association between Hopelessness Scale and type of the marriage of the respondent's. A vast majority (81.2 per cent) of the respondents secured the high level of Hopelessness scoring from respondents unmarried status and a vast majority (75.8 per cent) of the respondents secured the low level of Hopelessness scoring from respondents were married inter caste. The chi-square analysis shows that there is no statically significant association between Hopelessness and ty

Findings regarding Frequency Table

- More than one third of the respondents (36.0 per cent) were belonging to the age group of above 50 years age group.

- Majority of the respondents (81.0 per cent) were come from Hindu religious group.

- More than one third (39.0 per cent) of the respondents were belonging to schedule caste community.

- More than one fourth (39.0 per cent) of the respondents were studied between 6-10 standard.

- Less than one fourth (21.0 per cent) of the respondents were doing servant work.

- More than half of the respondents (52.0 per cent) were earning below Rs.3000/-.

- Half of the respondents (50.0 per cent) were married.

- Majority (64.0 per cent) of the respondents belong from joint family.

- More than one fourth (36.0 per cent) of the respondents were having five members in their family.

- More than half (52.0 per cent) of the respondents were spending money for monthly between Rs.5001-10000/-.

- One fourth of the respondents (24.0) were got married at 21st year.

- Less than one fourth of the respondents (22.0) were got marriage in out of the relatives.

Chi-squire Cross Table Finding

- A vast majority of the (81.2 per cent) respondents secured the higher level of Hopelessness scoring in the age group below 30 years. The chi-square analysis shows that there is a statically significant association between Hopelessness and age of the respondents.

- Vast majority of the (60.0 per cent) of the respondents secured low level of Hopelessness scoring from Christian religious group. The chi-square analysis shows that there is no statically significant association between Hopelessness and religious of the respondents.

- A vast majority of the (64.1 per cent) respondents secured the higher level of Hopelessness scoring from Schedule community. The chi-square analysis shows that there is a statically significant association between Hopelessness and community of the respondents.

- A vast majority of the (79.2 per cent) respondents secured the higher level of Hopelessness scoring from between 1-5 standards. The chi-square analysis shows that there is no statically significant association between Hopelessness and educational qualification of the respondents.

- Vast majority of the (60.0 per cent) of the respondents secured the low level of Hopelessness scoring respondents earning between Rs 3001-Rs 5000. The chi-square analysis shows that there is a statically significant association between Hopelessness and income of the respondents.

- More than half (59.4 per cent) of the respondents secured the high level of Hopelessness scoring from joint family system. The chi-square analysis shows that there is a statically significant association between Hopelessness and type of the family of the respondents.

- A vast majority (75.0 per cent) of the respondents secured the high level of Hopelessness scoring from respondents having five members in their family. The chi-square analysis shows that there is a statically significant association between Hopelessness and number of the family members of the respondents.

- More than half (51.9 per cent) of the respondents secured the high level of Hopelessness scoring from respondents spending their monthly income between Rs 5001-10,000. The chi-square analysis shows that there is a statically significant association between Hopelessness and expenditure per monthly Income of the respondents.

- A vast majority (75.5 per cent) of the respondents secured the high level of Hopelessness scoring from respondents not having saving habits and majority (68.8 per cent) of the respondents secured the low level of Hopelessness scoring respondents from their indebtedness Rs 50000 per year. The chi-square analysis shows that there is no statically significant association between Hopelessness and indebtedness of the respondents.

- A vast majority (81.2 per cent) of the respondents secured the high level of Hopelessness scoring from respondents unmarried status and a vast majority (75.8 per cent) of the respondents secured the low level of Hopelessness scoring from respondents

were married inter caste. The chi-square analysis shows that there is no statically significant association between Hopelessness and type of marriage.

Recommendations to Government

FOR WOMEN INMATES

 Principles of non discrimination

o There should not be any discrimination between male and female inmates inside the jail. They should be treated equally for all types of facility available for prisoners.

o Facilities to be upgraded/ changed to take care of the needs of the women with disability.

 Skill building

o Livelihood awareness programme should be organized for women jail inmates.

o Empowerment/skill building training for female prisoners in necessary which will help them for good future life.

o Skill building training on making of agarbati/chatua/papad/pickle as well as on tailoring, weaving to be undertaken at jail level.

o Linkage with Modular Employable Schemes at the district level should be developed.

o Basic training and raw materials could be provided through NGOs for out sourcing of job work to the women jail inmates.

o Computers should be provided in women wards so that the women can build their capacities.

 Facility :

o Counseling on age specific health (physical and mental) care

Programmes on substance abuse

o Provision for lady doctor visit

o Special facility (like separate room) for women prisoners during meeting (Mulakat) with family members/ relatives and acquaintances.

o Cleanliness inside the female ward toilets.

Conclusion

Crime has become a major area of public policy and political debate, and to politicians and public commentators it is often seen as a sign of underlying problems in society. Governments, academic researchers and other commentators ask many questions about crime. Why do women commit crime? What is their socio-economic status? How should offenders be dealt with? How can the rehabilitation process motivate the prisoners to lead a better life with values? These issues all arouse considerable discussion and debate. Enormous amount of information has been produced in the attempt to study the socio-economic profile of women prisoners.

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THE HISTORY, CONCEPT, AND THEORIES OF QUALITY OF LIFE OF YOUTH

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Abstract

The prime purpose of this paper is to state the history of the concept of quality of life, the theories associated with it, and some of the instruments that are used to measure it including instruments to measure the quality of life of youth. Finally, a suggestion is made to carry out studies focused on a particular category of youth in developing countries, especially in India.

Key Words: Quality of Life, Youth, India.

Introduction

The World Health Organization has defined quality of life as "individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns" (WHO, 1997). In recent years, the concept of quality of life has gained universal popularity. The United Nations Educational, Scientific and Cultural Organization has defined youth as "a period of transition from the dependence of childhood to adulthood's independence and awareness of our interdependence as members of a community" (UNESCO, 2016). In the social sciences, a theory is a hypothesis concerning human beings that has already been generalised several times. A concept on the other hand is an idea based on which theories are constructed. The concept of quality of life has assumed centre stage in research for examining the condition of different groups of people around the world. This paper intends to highlight the history, concept, and theories of quality of life. At the end of the paper, a particular suggestion is made with regard to youth.

Origin of the Concept of Quality of Life

The concept of quality of life has deep roots in history. Just like most technical concepts, it originated from philosophy and from ideas of great thinkers of the past. Socrates in the 5th century B.C. said "The quality of our souls determines the character of our lives, for better or for worse, much more than whether we are healthy or sick, or rich or poor" (Cooper, 1998). By this, he meant that our soul or our moral principles play a more important role in determining our quality of life than our status of health or income. Later, Aristotle, another giant Greek thinker and student of Plato (who was also a great Greek thinker) said "The quality of life is determined by its activities" (Goodreads, 2016). Hence, the concept of quality of life shifted from meaning individual principles to good activities or actions of the individual. In other words, the activities we engage in life determine our quality of life. Massam in 2002 said that it was in the 1930s that researchers began working to define, investigate, and measure the concept of quality of life (as cited in Forward, 2003). Today, the topic of quality of life has gained universal attention, not only in the clinical field but also in the field of Social Work and Community Development in particular. In South Asian nations such as India, several studies have been conducted on the quality of life of various oppressed groups. Stanley, Sethuramalingam, and Sathia (2014) for example, explored the quality of life and psychological distress of HIV-positive persons in a city in South India.

Theories of Quality of Life

The first solid theory on the quality of life dates back to a book published by Abraham Maslow in 1962 called 'Towards a Psychology of Being'. His theory was based on happiness derived out of meeting human needs Ventegodt et al., (2003a). In fact, his hierarchy of needs theory, in which he mentions the various kinds and levels of needs an individual has also been tested by Hagerty (1999) to see if it could predict the quality of life of 88 countries. It was proved to be able to significantly predict it, including the sequence of needs achievement. Ventegodt et al. (2003b) highlighted the integrative theory of quality of life which mainly comprises of eight different theories and the crux of the integrative theory of quality of life is the two dimensional nature of quality of life, namely, subjective quality of life which stresses on aspects such as happiness and well being, while objective quality of life

which encompasses aspects such as fulfillment of needs and biological order. The integrative approach has gained popularity over the years and is certainly applicable to youth as well. In fact the subjective and objective components of quality of life have been widely accepted by researchers analysing the concept of quality of life

Tools for Measuring Quality of Life

Quality of life as a concept might be a singular but the manner of measurement is different for each group. The Youth Quality of Life Instrument- Short Form can be used to measure the generic quality of life of youth who are between the ages of 11-18 years (MIDSS, n.d.). Although there are several other instruments that measure the quality of life of youth, they are mostly focused on different groups of youth which cannot be generalised such as deafness, other disabilities, and chronic diseases (Seattle Quality of Life Group, 2011). The Youth Quality of Life- Research Version (Seattle Quality of Life Group, 2011a) is another example of a tool that is meant for all youth in general. The World Health Organization came up with the WHOQOL-BREF, an instrument to measure the quality of life of individuals. It has 26 items comprising of domains such as physical health, psychological health, social relationships, and environment (WHO, 2016). Over the decades, there have been many attempts to understand the relationship between quality of life and illnesses. In that context, Ventegodt et al. (2003) based on the findings of their project on quality of life concluded that diseases such as cancer, cardiovascular issues, and allergies can be prevented by improving the quality of life in time. This finding can be used to hypothesise that youth who are living in environments such as slums and who have might be to a great extent having a poor quality of life and are also at risk of developing the mentioned illnesses unless their quality of life is improved. Izutsu et al. (2006) carried out a study to examine the quality of life, among other things, of youth living in slum and non slum areas in Dhaka, Bangladesh. The tool used by them for measuring the quality of life of the respondents was the World Health Organization Quality of Life Assessment Instrument. Hence, this particular instrument seems to have been already used specifically for examining the quality of life of underprivileged youth.

Conclusion

The history of the concept of quality of life dates back to the great Greek thinkers. Every branch of science including concepts originate from philosophy and this holds true for the concept of quality of life as well. Maslow developed the first theory of quality of life and even today, it proves to be very significant. That has not however stopped researchers from developing other alternative theories on quality of life. Quality of life began to be associated with health over the years and international organisations such as the World Health Organization have made successful attempts at developing instruments for measuring quality of life. Now, there are various instruments for measuring the quality of different categories of people. In that regard, there is a paucity of studies on measuring the quality of life of youth and specifically, youth belonging to a poor socio-economic background in developing countries. This is important as youth form a significant proportion of the population in developing countries. In India, which is home to the biggest slum in Asia and is also home to the largest youth population in the world, there is an urgent need to assess and measure the quality of life of underprivileged youth as they will constitute a significant percentage of the future citizens of the country and the world.

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NEED FOR DEPLOYMENT OF SOLAR ENERGY TECHNOLOGICAL PRACTICES IN OFF-GRID AREAS – A CASE STUDY

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Abstract

Providing alternative reliable access to electricity is a priority for all countries whether industrialized, middle income or low income. In the Indian context, the intermittent power supply situation poses a challenge to about 700 million people, roughly more than half of the population in the country who are suffering the backlash of this problem. This is especially true in the case of rural areas which still depend on expensive fossil fuels such as kerosene and candles to meet their lighting requirements. These sources are known to be energy inefficient and polluting in nature. The various small-scale, renewable energy–based technologies approaching commercial maturity in conjunction with the development of innovative service delivery models, service provision through off-grid technologies has emerged as a viable option for enhancing electricity access especially in rural areas.

Effective prioritization and planning, appropriate infrastructure and sustainable financing play key role in successful deployment and dissemination of these technologies. Solar Energy technologies needs has been growing altogether as an alternative energy source for the human population.

The study mainly focused on solar energy needs and deployment of solar energy technological practices in off-grid areas of Siruvattukadu, Oddanchatram block, Dindigul District, Tamilnadu.

The researcher has adopted qualitative method by using case studies to collect the details of the respondents and to study the socio economic implications of solar energy in the off-grid areas. The study

reveals that the status of solar energy technological practices has influences on standard of living and the socio economic development among the respondent.

Keywords: Solar energy, Renewable energy, Energy Conservation, Educational Status

INTRODUCTION

Solar is highly important which is currently underutilized energy resource in India with the potential to offer an improved power supply and increase the security of India's energy supply. On average our country has 300 sunny days per year and receives an average hourly radiation of 200 MW/Km2. The India Energy Portal estimates that around 12.5% of India's land mass, or 413,000 Km2, could be used for harnessing solar energy. This area could be further increased by the use of building-integrated Photo voltaic (PV).

India's has great potential for widespread deployment of solar technologies to supply electricity across the country. India also has the potential to significantly reduce electricity demand through increased deployment of Solar Water Heaters (SWH), which can be deployed on rooftops in the built environment. Although India already has a strong solar cell production industry, until now, there has not been a high demand for them in the domestic market. In response to the announcement of Jawaharlal Nehru National Solar Mission (JNNSM) in November 2009, substantial expansion in the domestic solar market was anticipated.

JNNSM's target of achieving at least 20,000 MW of grid-connected solar power by 2022 could make India as one of the leading solar countries in the world, not only in total installed solar capacity but also in manufacturing components and technology research and development. According to JNNSM, a further 2,000 MW of off-grid solar power capacity are to be installed by 2022. In order to achieve the goals, Ministry of New and Renewable Energy (MNRE) seeks to create an attractive environment for investors, including incentives such as feed-in tariffs.

Photo voltaic Solar Panels in India

India has installed solar power capacity of 15.2 MW at the end of June 2010 that were based entirely on Photo voltaic technology with

approximately 20% of the capacity being used for off-grid applications. India aims to install 500 MW of grid connected to solar PV power. The creation of special economic zones that has provided land, water, and power as well as financial incentives has spurred growth in the domestic manufacturing sector. International companies from all over the world are now lining up to get a share of India's solar market, which is valued at INR 3,500 billion (USD 70 billion) by the end of JNNSM in 2022.

Off-grid and decentralized solar applications have been relatively more successful due to direct subsidies and government financed pilot projects. The total decentralized installed solar capacity as of June 2010 was 2.92 MW which is 0.7%, of the total 420 MW of off-grid renewable power. These decentralized applications include solar street lights and home lighting systems, solar lanterns, solar cookers, and water pumps.

Policies, Measures, and Local Regulations in India:

JNNSM was officially launched in November 2009 one of the eight National Missions laid out in India's National Action Plan on Climate Change (NAPCC). It aims to incentivize the installation of 22,000 MW of on- and off-grid solar power using both PV and Concentrated Solar Power (CSP) technologies by 2022 as well as a large number of other solar applications such as solar lighting, heating, and water pumps.

There is an intimate connection between renewable energy technologies and economic, energy security, and environment. A society seeking sustainable development ideally must utilize only energy resources that cause no adverse environmental impact such as green-house gases causing global warming. However, since all energy resources leads to some environmental impact, some of the concerns regarding the limitations imposed on sustainable development of environmental emissions and their negative impacts can be a part in overcoming through increased energy efficiency. Clearly, a strong relation exists between energy efficiency and environmental impact for the same services or products, less resources utilization and pollution is normally associated with increased energy efficiency.

Energy conservation, that is the use of energy resources in a rational manner, represents another factor that together with energy

efficiency can lead to the stabilization of the rate of growth of energy demand, which is predicted to increase rapidly in the near future due to population growth and excessive use of various commodities. Any reduction in the energy demand of a society leads to the underutilization of its available energy resources. Besides this it also affects the long term energy security of a society or a country for that matter.

Since energy demand is linked to economic growth, the energy consumption of G-8 countries as well as the BRICS nation is of very high order. The other side of the picture is these are the nations that broadly contribute to high order of Green-house gas emissions resulting in environmental pollution and hazards of all conceivable kind. Hence, quite understandably, the contribution of energy to productivity improvement and economic growth is of paramount importance together with energy and economic linkages.

Review of Literature

UNEPc and UNCSD (2010), articulated that the concept of a 'Green Economy' is yet to be clearly defined. According to UNEP, a Green Economy is an economy that results in improved human well-being and social equity, while significantly reducing environmental risks and ecological scarcities. Its carbon output and pollution is low, and its resource use efficiency is high. In a Green Economy natural capital is valued as a critical economic asset and as a provider of benefits for the poor. The Green Economy approach 'seeks, in principle, to unite under single banner the entire suite of economies policies of relevance to sustainable development.

Lenton (2003) said that over the past two hundred years, carbon dioxide emissions have been increasing, mostly due to industrialization and rising demands for electricity and the associated fossil fuel burning.

Ibrahim (2000) pointed out that energy demands are expected to increase by a factor of 1.5 to 3 by 2050, which will lead to a continually increasing trend in carbon dioxide emissions. Because rising carbon emissions have become an increasing problem, the mitigation of carbon emissions is necessary and many governments are adopting policies that promote this.

METHODOLOGY

The respondents were the solar energy users using solar energy as primary source of energy in their houses. The respondents of the present study were selected from Siruvattukadu village in Oddanchatram block, Dindigul District, Tamilnadu. Three case studies were interviewed with in-depth questions to collect the data from the respondents.

CASE INTRODUTION

Cases were the residents of Siruvattukadu village, which is an off-grid forest area without having any basic amenities. This village is in the reserved forest range , an isolated and a remote area that do not have electric grid and roads located about 15 kilometres from Oddanchatram, Dindigul District, Tamilnadu. The Respondents were the people who have installed solar panels in their houses financially supported from the Development Fund allotted by the Member of Legislative Assembly.

Case study 1:

Murugesan (38) is a young agricultural labour living in Siruvattukadu village born in this village lives with his wife and two children. Murugesan children's usually goes to Oddanchatram municipality high school for their studies. But still Siruvattukadu doesn't have electricity facility. Everyday Murugesan used to go as an agricultural labour and also has a horticultural activity for his livelihood. He uses only kerosene lamp for his energy needs. He approached their elected panchayat president to install solar panels in his house. Through the solar energy programme financially supported by Oddanchatram constituency development fund a sum of Rs.45, 000 was sanctioned in the year 2011 to install solar panels in his home. Murugesan strongly believed that solar energy technology has improved his quality of life and standard of living. He expressed that ''because of the solar installation he got electricity which is the major contributor in the growth and improvement in the life's of villagers especially for the children's who are studying in the schools. After deployment of solar energy we got hope to improve our children's education''.   He said that they live their life always frightening especially during the night time because of sudden invasion of wild animals particularly the elephants. But now we have solar powered fencing to protect our lives and the households. He strongly agreed that

after implementation of the solar energy system their security mostly in night time is ensured. He expressed that they were always leading their life with panic because of harmful reptiles, insects and elephants encroachment particularly in night hours. But after deploying solar power in the house he feels safe. Murugesan strongly agrees that the solar energy technology were easy to operate and handle. He revels that solar energy technologies has contributed more in ensuring uninterrupted power supply for his children's while study time and also given a sense of secured felling. He strongly agrees that solar energy has been a alternative source of energy that ensured energy security in off-grid areas.

Case study 2:

Krishnan (42) works as a vegetable vendor, cultivating and selling vegetables in the Oddanchatram market for their livelihood. He has one boy and a girl child. His wife is also an agricultural labour working in various farming fields and estates owned by landlords of Oddanchatram. Most often he felt that now a day's technologies has grown but still they live without electricity in their village. He expressed that he earns sufficiently in the agriculture activities but could not solve the electricity problem. In 2011 he decided to implement solar energy panels in his house and obtained financial assistance from MLA development fund. He strongly agrees that solar energy might bring happiness and it ensures energy security to us. He expressed that after deployment of solar energy he saves energy during day time and utilize it during night time without uninterrupted power failures. He strongly mentioned that solar energy is very much helpful in their children's education during evening studies at home. He expressed that *'' Now we are feeling safe in night time because now we are having light that keeps the elephants, snakes and reptiles away from our home.* He strongly acknowledged that technologies have improved lot and was more helpful in fulfilling various human energy needs. He felt that after installing the solar panels in my house it is more helpful and has improved his standard of living. He expressed that government has to initiate new solar energy programmes with more subsidies to the beneficiaries living in the off-grid areas.

Case study 3:

Nagaraj (45) owns 5 acres of agriculture land in Siruvattukadu village. He lives with his wife and having two boys and one girl children but do not have any energy source for his electricity requirements before. Nagaraj's friend has motivated him to install the solar energy connection to his house. Since 2011 from the Constituency development fund he has solar energy in his house which full fills his family energy needs. He expressed that after implementing solar energy his socio economic status such as; energy security for his homes, children's education, standard of living and the livelihood opportunities has also improved. He strongly agreed that mainly he installed solar energy only for his children's study purposes. He expressed that his wife always use to say that our children's should have a good future and that is our ambition .He trust that *"good education will lead our children for a betterment in their life''*. He expressed that he does not burn fire woods unnecessarily and was cautious about environment pollution as h*e* has read in a newspaper that pollution create major environmental problem like global warming and climate change. He expressed that he is aware of the government taking initiative in giving awareness on protecting environment and has prohibited burning the wastes.

RESULTS AND DISCUSSIONS

The study reveals that solar energy technology has been initiated for the sustainable energy and energy security needs, ultimately it ensures in the energy security for all geographical regions. All the three respondents have implemented solar energy panels to their houses for their daily energy needs. All the three respondents expressed that solar energy has basically helped in their children's education. All the respondents said that due to solar energy installation it has ensures protection during night time and also provides lights, keeps the elephants away from their residential areas. All the respondents have agreed that solar energy is an alternative source of energy. All the respondents strongly recommended that a solar energy scheme has to be implemented in rest of the villagers who have not availed this programme. The researcher found out that the respondents were more aware about the facts of solar energy but only 50 per cent of the villagers were using solar panels for their energy requirements in the past fifteen years. This study finds that solar energy have not created any harmfulness to the lives of human nor to

the environment. Researcher found that all the respondents agreed that solar energy is easy to install in their houses, easy to handle even by the children and also it is user friendly for any households. All the respondents strongly revels that solar energy provides light for education to all the children's who are living in the Siruvattukadu village.

CONCLUSION

Renewable energy in countries like India has resulted in the contribution of increasing solar energy market growth in developing countries. It is obvious from the case studies that solar energy has contributed much in ensuring energy security of this off-grid area. Solar energy has created rural electrification to the un-electrified areas (Off-Grid). The study reveals that Siruvattukadu villagers has achieved in practicing the solar energy as an alternative for electricity. The study reveals that socio economic statuses have improved due to solar energy. The case studies revels that solar energy enhances the children's education in this area and also improves the Standards of living of the villagers. The respondents appeal that some of agricultural lands are fully fenced powered by solar energy. And if financial assistance were given they can also have solar powered electric fence to their agriculture lands for protecting them from the wild animals.

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STATUS OF MENTAL HEALTH AMONG THE SUICIDE ATTEMPTERS IN MALABAR, KERALA STATE

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Abstract

In general, the pagan world, both Roman and Greek, had a relaxed attitude towards the concept of suicide, a practice that was only outlawed with the advent of the Christians, who condemned it at the Council of Arles in 452 as the work of the Devil. There are some precursors of later Christian hostility in ancient Greek thinkers. Pythagoras, for example, was against the act, though more on mathematical than moral grounds, believing that there was only a finite number of souls for use in the world, and that the sudden and unexpected departure of one upset a delicate balance. Aristotle also condemned suicide, though for quite different, far more practical reasons, in that it robbed the community of the services of one of its members. Thus, Suicide (Latin suicidium, from sui caedere, to kill oneself) is the act of terminating one's own life. Suicide may occur for a number of reasons, including depression, shame, guilt, desperation, physical pain, pressure, anxiety, financial difficulties, or other undesirable situations. Suicide, also known as completed suicide, is the "act of taking one's own life"(Stedman's medical dictionary, 2006). Attempted suicide or non-fatal suicidal behavior is self-injury with the desire to end one's life that does not result in death. Assisted suicide is when one individual helps another bring about their own death indirectly via providing either advice or the means to the end. Hence, this study is an attempt to present the status of mental health among suicide attempters.

Keywords: Suicide, Depression, Physical Pain and Terminating One's Own Life

"The mind is its own place, and in itself can make a heaven of hell, a hell of heaven".

—*John Milton*

Introduction

Suicide is a complex phenomenon that has attracted the attention of philosophers, theologians, physicians, sociologists and artists over the centuries; according to the French philosopher Albert Camus, in *The Myth of Sisyphus*, it is the only serious philosophical problem. Thus, it is not a new phenomenon; it is centuries old. In some cultures, death by suicide was considered honorable; in others, it was considered immoral, a crime. Whether revered or reviled, suicide robs families, communities and societies around the world of thousands of its members each year.

At present, it represents a major worldwide social and public health problem with about 1 million Deaths in the world each year. Suicide is a leading cause of death for young adults. The World Health Organization noted that someone commits suicide every 40 seconds thus making it one of the leading causes of death in the world. It is among the top 3 causes of death in the population aged 15 to 34 years (WHO, 2001; Anderson & Smith, 2005) and the second leading cause of death among college students (Schwartz, 2006). It is one of the most significant problems among youth today; the risk begins to increase during adolescence (Gould MS, 1996). According to WHO estimates for the year 2020, approximately 1.53 million people will die from suicide, and 10 to 20 times more people will attempt suicide worldwide. These estimates represent on average one death every 20 seconds and one attempt every one to two seconds.

Present Scenario of Suicides

i. Suicide World Wide

In the year 2000, approximately one million people died from suicide; a "Global" mortality rate of 16 per 10,000 or one death every 40 seconds. In the last 45 years suicide rates have increased by 60% worldwide. Suicide rates, as reported to the WHO, are highest in Eastern European countries including Lithuania, Estonia, Belarus and the Russian Federation. These countries have suicide rates of the order of 45 to 75 per 100 000.Reported suicide rates are lowest in the countries of Mediterranean Europe and the predominantly Catholic countries of Latin America (Colombia, Paraguay) and Asia (such as the Philippines) and in Muslim countries (such as Pakistan). These countries have suicide rates of less than 6 per 100 000. In the developed

countries of North America, Europe and Australasia suicide rates tend to lie between these two extremes, ranging from 10-35 per 100 000. Nearly 30% of all suicides worldwide occur in India and China. Overall, suicide is the eleventh leading cause of death for all US Americans, and is the third leading cause of death for young people 15-24 years.

ii. Suicide rates in India

Suicide is a very serious problem in India. More than one lakh persons (1, 35,445) in the country lost their lives by committing suicide during the year 2012.

Incidence and Rate of Suicides during the Decade (2005–2015)

The number of suicides in the country during the decade (2005–2015) have recorded an increase of 17.3% (1,33,623 in 2015 from 1,13,914 in 2005). The increase in number of suicides was reported each year till 2011 thereafter a declining trend has been noticed till 2014 and it again increased by 1.5% in 2015 over 2014 (from 1, 31,666 suicides in 2014 to 1,33,623 suicides in 2015). The population has increased by 14.2% during the decade while the rate of suicides has slightly increased by 2.9% (from 10.3 in 2005 to 10.6 in 2015). The rate of suicides is showing a mixed trend during the decade (2005-2015), however, rate of suicides is showing declining trend since 2010.

States with Higher Percentage Share of Suicides during 2013 to 2015

Maharashtra reported the highest number of suicidal deaths in 2013, 2014 and 2015, followed by Tamil Nadu during the last three years. Delhi has reported the highest number of suicides (1,845) among UTs, followed by Puducherry (711). Seven UTs together accounted for 2.2% of total suicides in the country. A total of 19,665 suicides were reported in the 53 mega cities of the country during the 2015. The States and UTs which have reported significant percentage increase in suicides in 2015 over 2014 were Uttarakhand (129.5%), Meghalaya (73.7%), Lakshadweep (66.7%), Nagaland (61.5%) and Jammu & Kashmir (44.2%) while highest percentage decrease was reported in Jharkhand (35.8%), Bihar (28.2%), Manipur (26.0), Rajasthan (22.5%) and Himachal Pradesh (15.7%)

Review of Literature

Masango SM, has made a study on **"**Suicide and suicide risk factors: A literature review" **(2008),** defined as intentional self-inflicted death. It is a serious cause of mortality worldwide. Suicide is considered as a psychiatric emergency and the awareness of the seriousness of suicide in our society should not be overlooked. It is a significant cause of death worldwide. It accounts for about 30,000 deaths annually in the USA and more than 5,000 deaths annually in South Africa, and the prevalence of suicide in our society is on the increase. Etiological factors for suicide include social, psychological and physical factors. But suicide is multi-factorial in nature. This review focuses mainly on the associated risk factors for suicide: demographic factors, psychiatric disorders, terminal or chronic medical conditions, and recurrent unresolved psychological stressors.

Australian Institute of Suicide Research and Prevention has made a study on "Literature Review on Evidenced Based approaches to Suicide Prevention" **(6ᵗʰ December 2016).** This report provides an overview from the latest international literature on what is currently known about evidence-based approaches to community-based suicide prevention. The impact of suicide at the individual, social and economic levels is outlined, including a review of the available literature on the economic costs and returns of suicide prevention strategies. Using the LIFE model (2007) as a framework, the review outlines evidence-based strategies across each of the key categories of prevention, treatment and continuing care. The review is presented in terms of both the broader population, as well as specifically for the Aboriginal and Torres Strait Islander population. Implementation frameworks that bridge research and practice have also been explored. The literature review provides a comprehensive overview of existing research on evidence-based suicide prevention initiatives.

Research Hypothesis

✓ There is a significant association between age of the respondents and their perceived level of mental health.

✓ There is a significant difference between gender of the respondents and their perceived level of mental health.

Statement of the Problem

Suicide is not a new phenomenon: it is centuries old. In some cultures, death by suicide was considered honorable; in others it was considered immoral, a crime. Whether revered or reviled, suicide robs families, communities and societies around the world of thousands of its members each year. Suicide is a global tragedy. Suicide in India is slightly above world rate. Of the half million people reported to die of suicide worldwide every year, 20% are Indians,(Singh &Singh,2003) for 17% of world population. In the last two decades, the suicide rate has increased from 7.9 to 10.3 per 100,000, (Vijaya kumar 2007) with very high rates in some southern regions. Suicide is one of the leading causes of death in India. According to the recent report of national Crime record Bureau of India 15 suicides took place in every one hour in India and more than one lakh people (1, 35,445) in the country lost their lives by committing suicide. The report says that the real number may double or more since suicide is seriously under reported in the country. Southern states viz. Andhra Pradesh, Karnataka, Kerala, and Tamilnadu including Maharashtra have together accounted for 50.6% of total suicides reported in the country (NCRB 2012).

Need of the Study

Suicide is the tragic and untimely loss of human life, all the more devastating and perplexing because it is a conscious and volitional act. Death is a tragedy and suicide is the ultimate tragedy. There is no acceptable reason why a person commits suicide. For many it is a response to loss, separation and despair. For some it represents relief from helpless existence and hopeless future. For some it may be an impulsive act or a revenge for rejection. Suicide can be a response to disordered thinking, a toxic state or cognitive distortion. It is also difficult to explain why certain people take this decision while others in similar or even worse situations do not. Suicide is the result of biological, genetical, psychological, social, cultural and environmental factors. Over one million people commit suicide every year the world over. It is estimated that by the year 2020, 1.53 million would die by suicide every year and suicide will represent the 2.4% total burden of disease. Suicide is a significant problem in India also with a reported rate of 10.8 per 100000 populations. However it may be a considerable under estimate due to under reporting of many of these cases of suicides in India. Suicide and attempted suicide carry a huge social and

economic cost for the individual, family, friends, and society. Hence suicide is considered as the major public health problem in all countries.

Objectives of the Study

1. To find out the socio demographic details of the suicide attempters

2. To assess the mental health of the respondents

3. To suggest suitable measures to reduce suicidal rate

Research Design

The present study portrays the characteristics of a particular group. The psychosocial profile of suicide attempters are described in this study. Hence the study is descriptive in nature. In this study the researcher wants to point out the issues and pertaining problems and to describe the opinion of the given subject without influencing it in any way. It describes the suicide attempters thought and feelings through assessing by four areas with combination of psycho social aspects.

Universe and Sampling

The study population comprised a total of 367 patients admitted to the three hospitals for suicide attempts, within the 10 months from August 2012 to May 2013. These patients admitted for suicide attempts were kept in the general medical wards for treatment to enable them to recover from their medical complications, and after their complete recovery from health hazards they were referred to psychiatric department to access the services of psychologist/psychiatrist and social worker. It was during this period, that they were interviewed. Census method was used. All patients who were admitted during this period were approached to be studied. All patients aged 15 years or older, and admitted into the medical wards for suicide attempts during the study period were taken for the study. Those patients who agreed to participate were included in the study sample. Sample of this study comprise of 276 suicide attempters those who comes in the above said criteria.

Tools of Data Collection

Mental Health Inventory (2003) which was developed by Dr. C.B.Asha & Desarkar. The scale constitute of 44 statements with six

dimensions viz., Self Evaluation (1 - 8), Social Orientation (9- 14), Personal Integration (15-22), Independence (23 – 31), Environmental Mastery (32-37) and Feeling of well being (38-44) which will help to assess the mental health status of the individual. This inventory's validity is 0.84 and the Reliability is 0.85.

Analysis and Interpretation

Table - 1

Distribution of the respondents by their perceived level of mental health

S. No	Dimensions	Frequency (n=276)	Percentage
1	**Self Evaluation**		
	Low	145	52.5
	High	131	47.5
2	**Social Orientation**		
	Low	140	50.7
	High	136	49.3
3	**Personal Integration**		
	Low	151	54.7
	High	125	45.3
4	**Independence**		
	Low	135	48.9
	High	141	51.1
5	**Environmental Mastery**		
	Low	123	44.6
	High	153	55.4
6	**Feeling of well being**		

		Low	138	50.0
		High	138	50.0
7	**Overall Mental Health**			
		Low	144	52.2
		High	132	47.8

This table highlights the distribution of the respondents based on the various dimensions of mental health. It is seen that half of the respondents (52.5%) have low level of mental health. In the dimensions of self evaluation (52.5%) social orientation (50.7%) and personal integration (54.7%) more than half of the respondents have a low level of mental health. However, in the dimensions of independence (57.1%) and environmental mastery (55.4%) more than half of the respondents have high level of mental health. In the dimension of feeling of well being, equal number of respondents has low and high level of mental health.

Table – 2

Association between age of the respondents and their perceived level of mental health

Mental Health	Age					Statistical Inference
	15to25yrs (n=80)	26to35yrs (n=151)	36to45yrs (n=27)	46yrs & above (n=18)	Total (n=276)	
Self Evaluation						x^2=2.378 Df=3 0.498>0.05 Not Significant
Low	46(57.5%)	77(51%)	15(55.6%)	7(38.9%)	145(52.5%)	
High	34(42.5%)	74(49%)	12(44.4%)	11(61.1%)	131(47.5%)	
Social Orientation						x^2=5.048

Low	46(57.5%)	68(45%)	17(63%)	9(50%)	140(50.7%)	Df = 3 0.168 > 0.05 Not Significant
High	34(42.5%)	83(55%)	10(37%)	9(50%)	136(49.3%)	
Personal Integration						χ^2 = 3.441 Df = 3 0.329 > 0.05 Not Significant
Low	44(55%)	77(51%)	18(66.7%)	12(66.7%)	151(54.7%)	
High	36(45%)	74(49%)	9(33.3%)	6(33.3%)	125(45.3%)	
Independence						χ^2 = 2.053 Df = 3 0.561 > 0.05 Not Significant
Low	35(43.8%)	75(49.7%)	14(51.9%)	11(61.1%)	135(48.9%)	
High	45(56.3%)	76(50.3%)	13(48.1%)	7(38.9%)	141(51.1%)	
Environmental Mastery						χ^2 = 2.358 Df = 3 0.501 > 0.05 Not Significant
Low	35(43.8%)	69(45.7%)	9(33.3%)	10(55.6%)	123(44.6%)	
High	45(56.3%)	82(54.3%)	18(66.7%)	8(44.4%)	153(55.4%)	
Feeling of well being						χ^2 = 0.612 Df = 3 0.894 > 0.05 Not Significa
Low	41(51.3%)	75(49.7%)	12(44.4%)	10(55.6%)	138(50%)	
High	39(48.8%)	76(50.3%)	15(55.6%)	8(44.4%)	138(50%)	

					nt
Overall Mental Health					x^2=2.782 Df=3 0.426>0.05 Not Significant
Low	44(55%)	73(48.3%)	15(55.6%)	12(66.7%)	144(52.2%)
High	36(45%)	78(51.7%)	12(44.4%)	6(33.3%)	132(47.8%)

The above table reveals that there is no significant association between the age of the respondents and their perceived level of various dimensions of mental health like self-evaluation, social orientation, personal integration, independence, environmental mastery and feeling of well being.

Table – 3

Difference between gender of the respondents and their perceived level of Mental health

Gender	Mean	S.D	Statistical Inference
Self Evaluation			t=0.129 Df=274 0.897>0.05 Not Significant
Male (n=103)	29.31	3.526	
Female (n=173)	29.25	4.055	
Social Orientation			t=-2.386 Df=274 0.018<0.05 **Significant**
Male (n=103)	21.55	4.149	
Female (n=173)	22.72	3.805	
Personal Integration			t=-0.710 Df=274 0.478>0.05 Not Significant
Male (n=103)	28.93	3.439	
Female (n=173)	29.23	3.352	

Independence			t=0.216 Df=274 0.829>0.05 Not Significant
Male (n=103)	33.19	4.217	
Female (n=173)	33.08	4.202	
Environmental Mastery			t=0.097 Df=274 0.923>0.05 Not Significant
Male (n=103)	21.02	3.860	
Female (n=173)	20.98	3.288	
Feeling of well being			t=-2.615 Df=274 0.009<0.05 **Significant**
Male (n=103)	25.46	4.012	
Female (n=173)	26.73	3.846	
Overall Mental Health			t=-2.073 Df=274 0.039<0.05 **Significant**
Male (n=103)	159.47	9.639	
Female (n=173)	161.99	9.857	

The above table reveals that there is a significant difference between the gender of the respondents and their perceived level of mental health. But there is no significant difference found in the dimensions of self evaluation, personal integration, Independence and environmental mastery.

Findings

❖ More than half of the respondents (52.2%) have low level of mental health.

❖ To test the table – 2, Chi-square test was applied and it was found that there is no significant association between age of the respondents and their level of mental health. Hence, the research hypothesis is rejected and the null hypothesis is accepted.

❖ To test the table – 3, Student't' test was applied and it was found that there is a significant difference between gender of the respondents and their perceived level of mental health in the dimensions of Social Orientation, Feeling of well being and Overall Mental Health.

Suggestions

Suicide is a complex, long-term outcome that requires complex theoretical models for appropriate study and complex interventions for effective prevention. The highest likelihood of success in saving lives in the long run lies in well designed, comprehensive programs focused on prevention, identification and appropriate treatment of Mental and Addictive Disorders particularly in Primary care Michael Eddleston, 1998; Andrew A, 2001; Maris.R.W, 2003). This could be facilitated by Continuing education for health care professional to identify and treat Mental illness and by making Psychiatric consultation mandatory for all patients admitted following attempted suicide.(Galgali.R.B, 1998) At the policy and public health level, increased restrictions on access to most commonly used lethal methods of suicide especially insecticides (organophosphorus and organo-carbamate compounds) and prescription medications and improving control of facilitatory factors such as alcohol, influencing the media in their portrayal of suicide and reporting of method may contribute to a reduction in suicide rates (WHO, 1996; Andrew, 2000).

It is therefore recommended that:

❖ Measures should be put in place to ensure that patients with high risk factors for suicidal behaviour are identified promptly and managed appropriately before they attempt suicide.

❖ Early discharge of suicidal patients, especially those with high risk of repeating suicide attempt, before they are fully investigated and managed, should be discouraged.

❖ All patients admitted for suicidal behaviours should be offered access to the services of a psychologist or psychiatrist and a social worker.

Conclusion

Suicide is an important issue in the Indian context. It remains a serious cause of mortality worldwide. Not all suicides are preventable but a methodical approach to suicide risk assessment can enable healthcare providers to manage the patients who are at risk of committing suicide. Comprehensive risk assessment helps healthcare providers reduce their liabilities. Although errors of judgment are inevitable, errors of omission are preventable if healthcare providers

take time to perform a thorough risk assessment. The suicide can be triggered my many things and it is important to be able to recognize the warning signs that can lead to an attempted or successful taking of one's life. The people take their own lives for numerous reasons including feeling depressed and hopeless. There are several ways that we can help them if they feel that they are at risk attempting suicide: call the physician, remove any harmful items from the house, and talk to them openly about their problems and so on.

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A STUDY ON LONELINESS AMONG THE WOMEN OFFENDERS WITH SPECIAL REFERENCES IN CUDDALORE PRISON, TAMIL NADU

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Abstract

Loneliness among prisoners have long been identified and studied in every country including India. National and International researches have repeatedly shown a high prevalence of mental disorders among prisoners than in the general population. Common disorders include substance use disorder, psychotic disorder and psychoneurotic disorder like stress, mental health and anxiety. Many of these disorders may be present before admission to prison, and may be further exacerbated by the stress of imprisonment (WHO, 2007).

Key Words   : Female offenders Loneliness. Psychiatric disorder, guilt and insecurity

INTRODUCTION:

At present the status of women has not improved as per the expectation of feminist and Indian Constitution. The Indian judiciary still works on it. But the fundamental factor of female violence is a resistance against male domination and abuse, sexual exploitation and economic dependence. Whenever the women's value has deteriorated, the society supports the male and joins together against the female. It was practiced in the age of Mahabharata and Ramayana. The cultural background, sociological aspects, growth and development of women, the place of girl child and boy child in the family, socialization of girl child and boy child, developmental stages of girl and boy and the biological, sociological, psychological and spiritual aspect of the women shows that the female offenders are a creative one by the mal nuance of society and male domination. Based on Manu's words, there are some women still in the society who seek and get protection always from

their parents, husband and children till the end of their life. Reconciliation of Female Offenders Whatever reasons behind the imprisonment of a female offender, the police, social workers and criminologists have a vital role to uplift the quality of female offenders. The role of police and social workers in re-socialization of female offenders is very essential to give back the life what they had earlier. it is the duty of police to look after them in the prison as only an inmates. Is it effectively doing by the police officers? The truth is not favour. Because the female is experiencing the same in the prison also. What it tells? Is the male community considered the female as only for sexual needs? The reason behind this is the idiotic concept of society that the in secured females are guilty. Nobody for them and nobody is there to question who did anything on them.

REVIEW OF LITERATURE

Females were regarded as somewhat less of a problem, thus considered to entail no need for research. However, few early classical theorists such as Lombroso (1895), Davis (1961), Thomas (1907, 1923), Pollak (1950) have examined female offenders. Historically theories about omen's criminality have ranged from biological to psychological and from economic to social. However social and cultural theories have been largely applied to men, while pathological explanations have been applied to women (Worrall 1990, Horn and Evans 2000). Classical theorists studied female offenders with great emphasis on the role of biology and physiology. For example Lombroso and Ferrero's work on theorizing female offending was based on biological elements.

OBJECTIVES

- To identify the key factors–subjective, social, institutional to understand the nature of problem faced by women and their children residing in jail.

- To study the consequences of imprisonment on the imamates and their relationship with the family.

- To understand factors involving the problem of loneliness among women offenders.

Research design:

The present study is based on descriptive research design. The study has been conducted in the central prison of Cuddalore jail, the study

was conducted in two phases, while, the first was the enumeration phase, and base-line survey of record available with state government department of prison, the second phase was of data collection with some sample case consisting of detailed interview schedule.

Universe and sampling:

The universe of the study consisted of all the female inmates in the female section of a central jail in Cuddalore. The target group was under trial female criminals of central jail women section. They are 450 women inmates in the central jail Cuddalore prisons. From the universe the researcher selected 50 samples in randomize manner.

Data collection, Analysis and Interpretation:

The study consists of primary and secondary source of data. Primary data was collected by a structured Interview Schedule from women prisoners. It consists of personal profile, Socio-economic background, causes and nature of crime, attitudes and expectations of the respondents and their future plan after release. The researcher analysis the data's by simple tabulation method.

Analysis and interpretation

CROSSTABS

Table 1

Association between Loneliness and Age of the respondents

S.No	Age of the Respondents	Loneliness Scoring		Statistical Inference
		Low (n=24)	High (n=76)	
1	Below 30 Years	8 (50.0%)	8 (50.0%)	X2 = 16.806 df= 3 0.000<0.05 Significant
2	31-40 Years	0 (.0%)	27 (100.0%)	
3	41-50 Years	8 (38.1%)	13 (61.9%)	
4	Above 50 Years	8 (22.2%)	28 (77.8%)	

From the above table, we can understand the association between Loneliness Scale and age of the respondent's. A vast majority of the (77.8 per cent) respondents secured the higher level of Loneliness scoring in the age group above 50 years and more than half (81.2 per cent) of the respondents secured low level of Loneliness scoring in the age group of below 30 years. The chi-square analysis shows that there is a statically significant association between Loneliness and age of the respondents.

Table 2

Association between Loneliness Scoring and Religion of the respondents

S.No	Religion of the Respondents	Loneliness Scoring		Statistical Inference
		Low (n=24)	High (n=76)	
1	Hindu	24 (29.6%)	57 (70.4%)	X2 = 7.407 df= 2
2	Muslim	0 (.0%)	14 (100.0%)	0.000<0.05
3	Christian	0 (.0%)	5 (100.0%)	Not Significant

From the above revels that the association between Loneliness Scale and gender of the respondent's. The majority of the (70.4 per cent) respondents secured the higher level of Loneliness scoring from Hindu religious group and less than on third of the (29.6 per cent) of the respondents secured low level of Loneliness scoring from also Hindu religious group. The chi-square analysis shows that there is no statically significant association between Loneliness and Religious group of the respondents.

Table 3

Association between Loneliness Scoring and Community of the respondents

S.No	Community of the Respondents	Loneliness Scoring		Statistical Inference
		Low (n=24)	High (n=76)	
1	Schedule Community	16 (41.0%)	23 (59.0%)	X2 = 12.241 df = 3 0.000<0.05 Significant
2	Backward Community	5 (20.0%)	20 (80.0%)	
3	Most Backward Community	3 (14.3%)	18 (85.7%)	
4	Other Backward Community	0 (.0%)	15 (100.0%)	

Above the shows that the association between Loneliness Scale and community of the respondent's. a vast majority of the (80.0 per cent) respondents secured the higher level of Loneliness scoring from backward community and less than half of the (41.0 per cent) of the respondents secured low level of Loneliness scoring from backward community. The chi-square analysis shows that there is a statically significant association between Loneliness and community of the respondents.

Table 4

Association between Loneliness Scoring and Educational Qualification of the respondents

S.No	Educational Qualification of the Respondents	Loneliness Scoring		Statistical Inference
		Low (n=24)	High (n=76)	

1	Illiterate	7 (25.0%)	21 (75.0%)	X2 = 14.424a df = 3 0.000<0.05 Significant
2	1-5 Std	12 (50.0%)	12 (50.0%)	
3	6-10 Std	5 (12.8%)	34 (87.2%)	
4	Above 10th std	0 (.0%)	9 (100.0%)	

Above the shows that the association between Loneliness Scale and educational qualification of the respondent's. a vast majority of the (75.0 per cent) respondents secured the higher level of Loneliness scoring from illiterate status and half of the (50.0 per cent) of the respondents secured low level of Loneliness scoring from respondents studying between 1-5 standards. The chi-square analysis shows that there is a statically significant association between Loneliness and educational qualification of the respondents.

Table 5

Association between Loneliness Scoring and Occupation of the respondents

| S.No | Occupation of the Respondents | Loneliness Scoring | | Statistical Inference |
		Low (n=24)	High (n=76)	
1	Not Work	5 (55.6%)	4 (44.4%)	X2 = 15.403 df = 4 0.000<0.05 Significant
2	Coolly	12 (23.5%)	39 (76.5%)	
3	Servant	2 (9.5%)	19 (90.5%)	
4	Self Business	0 (.0%)	10 (100.0%)	

| 5 | Private | 5 (55.6%) | 4 (44.4%) | |

Above the shows that the association between Loneliness Scale and occupational status of the respondent's. a vast majority of the (90.5 per cent) respondents secured the higher level of Loneliness scoring from respondents working in servant and more than half of the (55.6 per cent) of the respondents secured low level of Loneliness scoring from respondents not working. The chi-square analysis shows that there is a statically significant association between Loneliness and occupational status of the respondents.

Table 6

Association between Loneliness Scoring and Income Group of the respondents

S.No	Income Group of the Respondents	Loneliness Scoring		Statistical Inference
		Low (n=24)	High (n=76)	
1	No Job	5 (55.6%)	4 (44.4%)	$X2 = 6.727$ df = 3 0.000 > 0.05 Not Significant
2	Below Rs 3000	11 (21.2%)	41 (78.8%)	
3	Rs3001-Rs5000	8 (23.5%)	26 (76.5%)	
4	Above Rs5000	0 (.0%)	5 (100.0%)	

Above the shows that the association between Loneliness Scale and Income of the respondent's. a vast majority (78.8 per cent)of the respondents secured the high level of Loneliness scoring from respondents' earning amount per month below Rs 300.00 and more than half of the (55.6 per cent) of the respondents secured the low level of Loneliness scoring respondents not earning income. The chi-square analysis shows that there is no statically significant association between Loneliness and income of the respondents.

Table 8

Association between Loneliness Scoring and Type of Family of the respondents

S.No	Type of Family of the Respondents	Loneliness Scoring		Statistical Inference
		Low (n=24)	High (n=76)	
1	Nuclear	6 (18.2%)	27 (81.8%)	X2 = 2.157
2	Joined Family	18 (28.1%)	46 (71.9%)	df = 2 0.000>0.05
3	Alone	0 (.0%)	3 (100.0%)	Not Significant

Above the shows that the association between Loneliness Scale and type of the family of the respondent's. a vast majority (71.9 per cent) of the respondents secured the high level of Loneliness scoring from joined family system and less than one third of the (28.1 per cent) of the respondents secured the low level of Loneliness scoring respondents from joined family system. The chi-square analysis shows that there is no statically significant association between Loneliness and type of the family of the respondents.

Table 7

Association between Loneliness Scoring and Marital Status of the respondents

S.No	Marital Status of the Respondents	Loneliness Scoring		Statistical Inference
		Low (n=24)	High (n=76)	
1	Married	10 (20.0%)	40 (80.0%)	X2 = 4.717
2	Unmarried	6 (37.5%)	10 (62.5%)	df = 3 0.000>0.05
3	Widow	8 (29.6%)	19	Not

			(70.4%)	Significant
4	Separate	0 (.0%)	7 (100.0%)	

Above the shows that the association between Loneliness Scale and marital status of the respondent's. A vast majority (80.0 per cent) of the respondents secured the high level of Loneliness scoring from respondents married and more than one third (37.5 per cent) of the respondents secured the low level of Loneliness scoring from respondents unmarried. The chi-square analysis shows that there is no statically significant association between Loneliness and marital status of the respondents.

Table 10

Association between Loneliness Scoring and Expenditure per Month of the respondents

S.No	Expenditure per Month of the Respondents	Loneliness Scoring		Statistical Inference
		Low (n=24)	High (n=76)	
1	Below Rs 5000	0 (.0%)	7 (100.0%)	$X2 = 3.777$ $df = 2$ $0.000 > 0.05$ Not Significant
2	Rs5001-10000	11 (21.2%)	41 (78.8%)	
3	Above Rs 10000	13 (31.7%)	28 (68.3%)	

Above the shows that the association between Loneliness Scale and expenditure per monthly Income of the respondent's. 100 percentages of the respondents secured the high level of Loneliness scoring from respondents spending their monthly income up to Rs 5000 and more than one third (31.7 per cent) of the respondents secured the low level of Loneliness scoring from respondents spending their monthly income above Rs 10,000.00. The chi-square analysis shows that there is no

statically significant association between Loneliness and expenditure per monthly Income of the respondents.

Table 11

Association between Loneliness Scoring and Indebtedness of the respondents

| S.No | Indebtedness of the Respondents | Loneliness Scoring | | Statistical Inference |
		Low (n=24)	High (n=76)	
1	No Savings	11 (20.8%)	42 (79.2%)	X2 = 9.620 df = 4 0.000<0.05 Significant
2	Rs.10000.00	0 (.0%)	8 (100.0%)	
3	Rs.20000.00	7 (53.8%)	6 (46.2%)	
4	Rs.30000.00	3 (30.0%)	7 (70.0%)	
5	Rs. 50000.00	3 (18.8%)	13 (81.2%)	

Above the shows that the association between Loneliness Scale and indebtedness of the respondent's. 100 percentages of the respondents secured the high level of Loneliness scoring from respondents having indebtedness habits Rs 10000.00 per year and more than (53.8 per cent) of the respondents secured the low level of Loneliness scoring respondents from their indebtedness Rs 20000.00 per year. The chi-square analysis shows that there is a statically significant association between Loneliness and indebtedness of the respondents.

Table 14

Association between Loneliness Scoring and Type of Marriage of the respondents

| S.No | Type of Marriage of the Respondents | Loneliness Scoring | | Statistical Inference |
		Low (n=24)	High (n=76)	

1	Un Married	6 (37.5%)	10 (62.5%)	X2 = 28.022 df= 4 0.000<0.05 Significant
2	With in Relation	0 (.0%)	18 (100.0%)	
3	Out of Relatives	13 (59.1%)	9 (40.9%)	
4	Inter caste	2 (6.1%)	31 (93.9%)	
5	Love marriage	3 (27.3%)	8 (72.7%)	

Above the shows that the association between Loneliness Scale and type of the marriage of the respondent's. A vast majority (93.9 per cent) of the respondents secured the high level of Loneliness scoring from respondents married in inter caste and more than half (59.1 per cent) of the respondents secured the low level of Loneliness scoring from respondents married out of relatives. The chi-square analysis shows that there is a statically significant association between Loneliness and type of the marriage of the respondents.

Findings regarding Frequency Table

- More than one third of the respondents (36.0 per cent) were belonging to the age group of above 50 years age group.

- Majority of the respondents (81.0 per cent) were come from Hindu religious group.

- More than one third (39.0 per cent) of the respondents were belonging to schedule caste community.

- More than one fourth (39.0 per cent) of the respondents were studied between 6-10 standard.

- Less than one fourth (21.0 per cent) of the respondents were doing servant work.

- More than half of the respondents (52.0 per cent) were earning below Rs.3000/-.

- Half of the respondents (50.0 per cent) were married.

- Majority (64.0 per cent) of the respondents belong from joint family.

- More than one fourth (36.0 per cent) of the respondents were having five members in their family.

- More than half (52.0 per cent) of the respondents were spending money for monthly between Rs.5001-10000/-.

- One fourth of the respondents (24.0) were got married at 21st year.

- Less than one fourth of the respondents (22.0) were got marriage in out of the relatives.

Chi-squire Cross Table Finding

❖ More than half (81.2 per cent) of the respondents secured low level of Loneliness scoring in the age group of below 30 years. The chi-square analysis shows that there is a statically significant association between Loneliness and age of the respondents.

❖ The majority of the (70.4 per cent) respondents secured the higher level of Loneliness scoring from Hindu religious group.The chi-square analysis shows that there is no statically significant association between Loneliness and Religious group of the respondents.

❖ A vast majority of the (80.0 per cent) respondents secured the higher level of Loneliness scoring from backward community. The chi-square analysis shows that there is a statically significant association between Loneliness and community of the respondents.

❖ A vast majority of the (75.0 per cent) respondents secured the higher level of Loneliness scoring from illiterate status.The chi-square analysis shows that there is a statically significant association between Loneliness and educational qualification of the respondents.

❖ A vast majority of the (90.5 per cent) respondents secured the higher level of Loneliness scoring from respondents working in servant. The chi-square analysis shows that there is a statically significant association between Loneliness and occupational status of the respondents.

❖ A vast majority (78.8 per cent) of the respondents secured the high level of Loneliness scoring from respondents' earning amount per month below Rs 300.00.The chi-square analysis shows that there is no statically significant association between Loneliness and income of the respondents.

❖ A vast majority (71.9 per cent) of the respondents secured the high level of Loneliness scoring from joined family system. The chi-square analysis shows that there is no statically significant association between Loneliness and type of the family of the respondents.

❖ A vast majority (80.0 per cent) of the respondents secured the high level of Loneliness scoring from respondents married. The chi-square analysis shows that there is no statically significant association between Loneliness and marital status of the respondents.

❖ 100 percentages of the respondents secured the high level of Loneliness scoring from respondents spending their monthly income up to Rs 5000.The chi-square analysis shows that there is no statically significant association between Loneliness and expenditure per monthly Income of the respondents.

❖ More than (53.8 per cent) of the respondents secured the low level of Loneliness scoring respondents from their indebtedness Rs 20000.00 per year. The chi-square analysis shows that there is a statically significant association between Loneliness and indebtedness of the respondents.

❖ A vast majority (93.9 per cent) of the respondents secured the high level of Loneliness scoring from respondents married in inter caste and more than half (59.1 per cent) of the respondents secured the low level of Loneliness scoring from respondents married out of relatives. The chi-square analysis shows that there is a statically significant association between Loneliness and type of the marriage of the respondents.

CONCLUSION

When women lost their identity, a women offender reacts. The reaction may aggressive or elf sacrifice should be end to the imprisonment. Sacrifice lead to sell women offender biologically to live

as well as cope with the dilemma. The society, family and friend never try to understand her. They labialize her. Nobody think that no lady ever selects prostitution as a permanent job. The Indian culture has to change the attitude towards the female. In the life, May the people should be act out many role. This is universal truth. But is too difficult to accept until he/ she experiences it. The society experiencing last many years that the women has no identity. They are bound to suffer everything till their end of the life. Change the prejudice of the male towards the women and give them freedom to understand the reality in the world. There the equality born and there the offenders should end.

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THEORIES CONCERNING THE ORIGIN OF HIV/AIDS – AN OVERVIEW

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Abstract:

The purpose of this paper is to highlight the prevailing theories on the origin of HIV/AIDS. Based on a close look at all the main theories concerning the origin of HIV/AIDS, two theories in particular appear to be most probable. However, the other theories of HIV cannot be completely dismissed either until or unless one theory has been proven beyond doubt.

Keywords: HIV/AIDS, Origin, History, Theories

Introduction:

Acquired immunodeficiency syndrome (AIDS) of humans is caused by two lentiviruses, human immunodeficiency viruses types 1 and 2 (HIV-1 and HIV-2) (Sharp & Hahn, 2011), which means it attacks the immune system. In a similar way, the SIV virus (simian immunodeficiency virus) attacks the immune systems of monkeys and apes (Worobey et al., 2010 as quoted in AVERT, 2016). The first cases of HIV in the United States were first reported in the year 1981. Homosexual men began dying from unknown, pneumonia-like infections (Osmond, 2003). In June 1981, the U.S. Centers for Disease Control and Prevention (CDC) first mentioned the symptoms of this unknown disease in one of their publications in detail. In September 1982, the CDC uses the term acquired immune deficiency syndrome (AIDS) for the first time when describing the unknown disease. In 1983, Scientists led by Luc Montaginer at the Pasteur Institute in France first discovered the virus that causes AIDS (Barre Sinoussi et al., 1983). They called it Lymphadenopathy associated virus (LAV). A year later, a team led by Robert Gallo of the United states confirmed the discovery of this virus (Marx, 1984), but they renamed it human T-lymphotrophic virus type III (HTLV –III). The dual discovery led to considerable scientific disagreement, and it was not until President Mitterrand of France and President Reagan of the United States met

that the major issues were resolved. In 1986, both the French and the United States names for the virus were dropped in favour of the new term, human immunodeficiency virus (HIV). Within two years, diagnostic tests became available for the detection of HIV antibody, an evidence of seroconversion (Bhatia, 2012). Over decades, the virus slowly spread across Africa and then spread all over the world. The earliest known case of infection with HIV-1 in a human was detected in a blood sample collected in 1959 from a man in Kinshasa, Democratic Republic of the Congo. The manner in which he was first infected is unknown. Through the genetic analysis of this blood sample it was found that HIV-1 may have stemmed from a single virus in the late 1940s or early 1950s. It is now known that the virus has existed in the United States since at least the mid- to late 1970s. The origin of the virus however is not well known. There are however several known theories concerning the origin of HIV. The aim of this paper is to examine the various theories concerning the origin of HIV. Each theory gives a completely different account of the origin and spread of the virus. None of the theories have been confirmed but based on a close look at them; some are clearly more probable than others.

Theories

Most people believe that the origin of HIV, the AIDS lies in some natural evolutionary event. It is now generally accepted that HIV is a descendant of a Simian Immunodeficiency Virus because certain strains of SIVs bear a very close resemblance to HIV. It is also known that certain viruses can pass between species. Some of the most common theories, which describe how the viral transfer between animals and humans takes place and how SIV became HIV in humans, are explained in detail. The Hunter Theory is the most commonly accepted theory. It is said that the virus (SIV) was transferred to humans through chimps being killed and eaten or their blood getting into cuts or wounds on the hunter. It is accepted that SIV then turned into HIV when it was inside the host (human infected with the virus). On every occasion of transmission from animal to human, the virus developed new strains of itself (Origin of AIDS.com, 2002, Sangamithra, 2014). According to the oral polio vaccine theory, the virus was transmitted via various medical experiments (iatrogenically) especially through polio vaccines. The oral polio vaccine called Chat was given to millions in Belgian Congo, Ruanda and Urundi in the late

1950s. Then it was cultivated on kidney cells taken from the chimps infected with SIV in order to reproduce the vaccine. This is said to have created HIV. However, this theory was disproved as it was revealed that only macaque monkey kidney cells, which cannot be infected with SIV or HIV were used to make Chat. Another reason as to why this theory was rejected because HIV existed in humans before the vaccine trials were carried out. As per another theory called the contaminated needle theory, African healthcare professionals were using one single syringe to inject multiple patients without any sterilization in between. This could have rapidly transferred infection from one individual to another resulting in mutation from SIV to HIV. The colonialism theory speculates on the spread of the virus. According to this theory, the colonial rule in Africa was very harsh and the locals were forced into labour camps where sanitation was poor and food was meager. SIV could easily have infiltrated the labour force and taken advantage of their weakened immune systems. Laborers were being inoculated with unsterile needles against diseases such as smallpox to keep them alive and working. Also many of the camps actively employed prostitutes to keep the workers happy. All these factors may have led to the transmission and development of AIDS as a disease. One conspiracy theory states that HIV was manufactured as part of a biological warfare programme, aimed at killing black and homosexual people. There is no evidence to disprove it but it cannot be accepted as there were no genetic engineering techniques when AIDS was first discovered (Origin of AIDS.com, 2002, Sangamithra, 2014).

Varying Opinions on the theories

The mentioned theories are only some of the main and widely recognised but not accurately proven. There are others as well. One theory for example suggests that HIV/AIDS has been around the world for thousands of years and we are simply seeing a reemergence of the scourge (Nagendra, 2008). Horowitz (2001) for example through an article titled 'Early Hepatitis B Vaccines and the "Man-Made" Origin of HIV/AIDS' has examined the HB vaccine theory and believes that it is arguably the strongest and most probable theory concerning the origin of HIV. As far as America is concerned, Cantwell (2011) also believes the same. He stated that the AIDS virus epidemic first began in the US shortly after the hepatitis B vaccine experiment from 1978 to 1981 as a part of which homosexual men were used to experiment. He further

dismisses the hunter theory according to which the virus jumped from the animal kingdom to human beings via chimpanzees. Cantwell (2011) has reasoned that the first case of AIDS were recorded in Manhattan, United States of America, in 1979 and that this was before it was first noticed in Africa in 1982. According to the HB theory, homosexual men in Manhattan, New York, were encouraged to go for a vaccine programme for Hepatitis B. The vaccine had been prepared from the plasma of 30 homosexual or gay men who were infected with Hepatitis B. The vaccine has then been tested on chimpanzees between the years 1977-78 and the first group of homosexual men was vaccinated at the New York Blood Center in 1978. Soon after, the first cases of AIDS began to appear in Manhattan. Cantwell (1988) also wrote a book titled 'AIDS and the Doctors of Death: An Inquiry into the Origin of the AIDS Epidemic' in which he has argued that AIDS is a man made disease. Cantwell also added that the African AIDS has its origin in the smallpox vaccine programs conducted in Africa in the mid-1970s. Overall, he inclines towards the idea that it AIDS has emerged as a result of vaccination plans gone wrong or in other words a result of manmade intervention. On the other hand in 2003, scientists took the hunter theory a bit further. They theorised that the virus first originated in red-capped mangabeys and spot-nosed guenons, two types of monkeys which the chimpanzees ate. This virus then mutated and turned deadly when hunters became infected with it. (New York Times, 2003). Overall, the findings added to and reignited the hunter theory.

Conclusion

From a look at the main theories concerning the origin of HIV, it is evident that two main theories stand out namely, the vaccine theory and the hunter theory. The hunter theory is arguably more accepted for the origin of AIDS in Africa while the vaccine theory is more accepted for the origin of AIDS in the United States. Chronologically, the hunter theory seems to have the advantage as it is widely accepted that the incident of the virus infecting the hunter took place sometime between 1910 and 1950 (New York Times, 2003). Overall, the hunter theory seems to be the most probable but not completely proven theory of the origin of HIV and AIDS. It is also possible that both theories are correct in some ways but the fact that the first cases of AIDS were reported in the same decade, just a few years apart, indicates that perhaps only one theory is accurate. Further

investigation into the two theories is warranted to get to the bottom of this.

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ROLE OF VOLUNTARY AGENCIES IN   ENVIRONMENTAL SUSTAINABILITY   IN TIRUCHIRAPPALLI: A DESCRIPTIVE STUDY

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Abstract

The activists and environmentalists took a step a forward to overcome the hurdles and they are actively involved in collaborating with the Government, Quasi Government, NGOs in imparting the environment education, awareness programme, infra structure, health and hygiene etc. in different parts of the world.   The present study 'Role of Non-Governmental Organizations in Environmental Sustainability in Tiruchirappalli – A Descriptive study' aims to describe how the NGOs working in the community from socio-environmental perspective, the problems faced by them in imparting their objectives, the hurdles faced for fund raising, to coordinate the resources etc. The sampling frame 1174 comprised of NGOs registered in the Sub-Registrar Office out of them only 80 NGOs were selected on the basis of inclusion and exclusion criteria using census method and data were collected with the help of a self-framed interview schedule. Findings reveal that many NGOs are organizing environmental awareness programmes at local level and their major target groups comprises of all the sections of the society. The study also reveals NGOs make weekly visit to render environmental education, it also reveals that 25 % of their total budget was spent for environmental sustainability programmes. The Government authorities can give proper guidance and suggestions to bring unity among the NGOs working in different areas, places etc. Social workers have to update themselves regularly with the available resources like newspapers, internet, government proceedings, conference etc. and they have to train the public to get their environmental concerns redressed. By adopting the suggestions and finding every one can extend their helping hands for effective implementation with the available resources in ensuring environment

sustainability. Other salient findings and suggestions pertaining to the study would be discussed in the full paper.

Keywords: Environmental Sustainability, Role of NGOs, Environmental Education

INTRODUCTION

The NGOs that work to save the environment conduct campaigns across the country to create awareness among people about the depleting natural resources. Moreover, due to the increasing number of factories, chemical waste gets mixed with clean drinking water causing health problems. NGOs works for environment cause in India have helped reduce deforestation, soil erosion, and they educate the people on the significance of segregating waste material into biodegradable waste.

If we don't realize and start acting now we will leave our future generations in rather devastated environment which cannot be regained. So many NGO's have taken some serious action and has felt it in their hands to create awareness and has focused all the environmental awareness programs for them for the betterment of society.

REVIEW OF EARLIER STUDIES

Initially the term NGO referred to international bodies associated with UN. However the term nowadays describes a range of groups and organizations working at regional, national or international levels outside this framework. It ranges from watchdog activist groups and aid agencies to development and policy organizations. Usually, NGOs are defined as organizations that pursue a public interest agenda, rather than commercial interests (Hall-Jones, 2006).

Over the past several decades, NGOs have become major players in the field of international development. Since the mid-1970s, the NGO sector in both developed and developing countries has experienced exponential growth. From 1970 to 1985 total development aid disbursed by international NGOs increased ten-fold (Malena, 1995). The 1990s witnessed a dramatic increase in the involvement of non-governmental organizations (NGOs) in global governance (Charnovitz, 1997).

Tropp, Håkan, (1956) states that NGOs' role in various aspects of development ranges from more tangible comparative advantages in the field of service provision to the poor, to an ability to independently restructure political and social life and formulate alternative pathways to development. NGOs cannot replace the state, but may perform complementary as well as supplementary role. Nonetheless, a successful Government-Corporate-NGO partnership based upon a commitment, mutual trust and respect, as well as the willingness to understand the values, objectives and concerns of all partners is a step in the right direction that would lead to a significant improvement in the environment (Namita Gupta, 2012).

On 29 April 1999, the United Nations Secretary General, Kofi Annan, while addressing the NGOs Forum on Global Issues, specifically recognized the importance and role of NGOs and said that NGOs have a long and proud history of fighting against tyranny and providing humanitarian assistance to the victims of conflict and natural disasters.

They have played a major role in highlighting the impact of national debt, structural adjustment and the unemployment of the disadvantaged sectors of society. In all these fields, much has been done by NGOs to pioneer new policies and practices and create a better public understanding and awareness of many emerging, social, economic, and environmental issues and problems. (CWF,1994: 29)

Pagaria (2006) viewed that Non-Governmental organizations play a vital role in bringing the under privileged and least-advantaged to the common stream of the society. With the passage of time, there has been a big increase in their physical as well as financial activities. Their presence has also increased from the national to the international level and the source of funds has also diversified from private donations to international funding agencies (Sambangi Mohan Rao).

NGOs perform a variety of activities and often shift the balance of the activities they pursue. The Soka Gakkai International (SGI) involves in public education with a focus on peace and disarmament, human rights, sustainable development as well as providing humanitarian assistance and promoting interfaith dialogue and cooperation. Thus NGOs have been involved in local, regional up to global governance of social, economic and environmental governance.

The declaration of 2005-2014 United Nations Decade of Education for Sustainable Development that visualizes a world where everyone has the opportunity to benefit from education and learn the values, behavior and lifestyles required for a sustainable future and societal transformation highlights the need and importance of education.

Environmental education has not only become a major component of education for sustainable development; it has become an area of high concern. The 2000 survey included several follow-up questions about possible effects of EE on school children. Common sense would indicate that adults would support the notion of preparing the next generation for a more challenging environmental future. We assumed that adults generally want children to live in a better world. But the 2000 data also show that Americans believe that an appreciation and understanding of the environment creates well rounded children who are better prepared to be part of society (NEETF & Roper, 2001).

One of the most widely accepted definitions of Environmental Education was given in the Tbilisi Declaration which was developed at the international conference of environmental educators, sponsored by UNESCO in 1977 (Mac Gregor 2003). There, environmental education was defined as "a learning process that increases people's knowledge and awareness about the environment and associated challenges, develops the necessary skills and expertise to address the challenges and fosters attitudes, motivations and commitments to make informed decisions and take responsible action" (UNESCO 1978). According to the Declaration, environmental education is seen as a life-long process that is interdisciplinary and holistic in nature and application. It concerns the interrelationship between human and natural systems and encourages the development of an environmental ethic, awareness, understanding of environmental problems, and development of critical thinking and problem-solving skills.

The main focus of environmental education programs has been to change environmental behavior through increasing environmental knowledge. However many studies had come out with shocking findings revealing problems in formal environmental education. The problems revolve around right from implementation of the study program, the structure of the program itself, untrained environmental educators and poor attitude of concerned people (Volk & McBeth, 1998, Kaplowitz & Levine 2005, Daisy, 2013).

This necessitates the concept of education through other than formal education. i.e. Non formal education about environment has become imperative. To handle a global problem, a handful of officials and professionals are just not enough; but a cooperative strong involvement of stakeholders at all levels including communityhas become imperative. This consequently underscores the roping in of NGOs into educating the various walks of life. NGOs play a vital role in imparting education to the mass by non formal means which in a way would reach the uneducated as well as reinforce the already educated (Relton Carlton et al., 2011). Screening of slide shows has helped gain environmental awareness (Daisy and Relton, 2007, Daisy et al., 2009, Relton Carlton et al., 2011) to various walk of people including school children, college students and the public.

SCOPE OF THE RESEARCH WORK

OBJECTIVES

- To explore the role of Non Governmental Organizations in sustainable development.

- To study the role of NGO's in mitigating Environment Education and Environment Awareness.

- To study the environmental issues as perceived by the NGOs.

- To explore the awareness level of NGO's on environmental problems.

- To explore the attitude of concern for the environment among the respondent NGOs.

- To study the motivation level of NGO's to participate in environment protection and environment sustainable development.

- To find out the various of environment education programs conducted by the NGOs.

- To find out the challenges met by the NGOs. To critically examine the role of NGOs in environmental sustainability as perceived by their chief functionaries

- To find out the perceived need of the NGOs.

- To suggest suitable measures based on the present study.

PILOT STUDY

In the preparatory stage of the study, the researcher visited various NGOs in Tiruchirapalli to finalize the setting of the study. The researcher discussed with Chief Functionaries and volunteers of various NGOs to get an insight about the policies and procedures they have adopted for enabling environmental sustainability. The pilot study enabled the researcher to finalize various important aspects, which was incorporated in the study.

RESEARCH DESIGN

Research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. The descriptive design helps to portray accurately the characteristics of a particular group and helps to determine whether the variables are associated.

This study intends to portray the role of NGOs in environmental sustainability in Tiruchirappalli. The various methods adopted to impart environmental awareness and education among locals have been discussed.

In the present study, the researcher has attempted to find out and describe the effect of age, gender, educational status, income, etc on the various variables studied. The associations between socio-demographic variables and the subject dimensions as well as the relationship among the subject dimensions have also been studied adopting a descriptive research design.

UNIVERSE FOR THE STUDY

The universe of the study comprises of 1174 registered organizations in Tiruchirappalli District, the sampling frame was collected from the Sub-Registrar Office, Tiruchirappalli District.

SAMPLING METHOD

Sample is a group of elements from a large, well defined pool of elements. A sample is a subset of population (Mc.Burney 2001). Organizations that are working with a societal concern for environmental issues were shortlisted using inclusion and exclusion criteria and were selected by census method.

Exclusion Criteria : Fan Clubs, Memorial Clubs, Associations and other organizations with a focus of function not on Environmental issues were excluded from this study.

Inclusion Criteria : NGOs that are working with a societal concern for Environmental Issues were included for the study through consultations with experts in the fields of Social Work, Environment Science and with expertise from Sub-Registrar's Department.

Based on the exclusion and inclusion criteria's 80 NGOs were selected for data collection.

SOURCES OF DATA COLLECTION

The researcher used a self prepared interview schedule as the tool for collecting data for the present study. Before finalizing the tools of data collection to be used, the researcher had discussions with community development workers, social workers and naturalists to decide on the relevant questions. An effort was made to collect various details of the NGOs with respect to Environmental Education, Awareness, Resources, Hygiene, and Attitude towards environment etc. Survey of the existing literatures on "Environmental Problems and Education" also helped the researcher to finalize the relevant tools of data collection.

PRE-TEST

The self-prepared interview schedule and rating scales were administered on a small sample of 5 respondents during pre-test. The respondents were called together and were explained the process of data collection. This served to detect questions that did not generate information as intended or that were misunderstood. When this occurred, questions were modified or removed. The final form of the interview schedule was thus established.

DATA COLLECTION

Data was collected from the respondents through personal interviews. Literature survey and reference of journals gave more clarity for the researcher in determining the relevant tool of data collection.

DATA ANALYSIS AND INTERPRETATION / STATISTICAL DESIGN

Analysis of the collected data after coding was subjected to both basic and advanced statistical procedures. Data was analyzed statistically by using the SPSS. Statistical tests such as mean, standard deviation, median, chi-square, 't' test, one way analysis of variance, and Karl Pearson's co-efficient of correlation were applied to interpret the data to draw meaningful inferences.

RESULTS

A. SOCIO DEMOGRAPHIC CHARACTERISTICS

- Majority (70 %) of the respondents were male

- More than half (55 %) of the respondents have completed their under graduate degree

- More than half 58.7 % of the respondents were married .

- Most (45 %) of the respondents were from urban area .

- Half of the respondents belonged to Christian religion .

- Majority (67.4 %) of the respondents have less than five years of experience in the organization

- More than half (55 %) of the respondents had not attended any training programmes

- Majority (77.5 %) of the respondents have not attended conference

B. FINDINGS RELATED TO NGO STAFF PROFILE

- More than half (51.2 %) of the organizations have less than thirty staff members in their organization

- Most (41.2 %) of the organizations have sixteen to thirty male staff members in their organization

- Majority (73.7 %) of the organizations have upto fifteen female staff members in their organization

- Majority (77.4 %) of the organizations have below five staff members involved in Environmental Projects in their

organization

- Majority (67.5 %) of the organization told that they are organizaing environmental training programmes

- Most (46.1 %) of the respondents say that they have organized training programmes at local level

- 42.4% of the organizations have not organized any environment related training for the staff

C.   FINDINGS RELATED TO ACTIVITIES OF NGOS

- Majority (66.2 %) of the respondents have stated that they are using Participatory Rural Appraisal techniques.

- Majority (71.2 %) of the respondents use Need Assessment survey for finding the basic needs

- Nearly half of the respondents (49.9%) visit the village weekly

- Less than one third 33.6 % % of the respondents confirm that women group are most supportive for them

- Less than half (46.2 %) of the respondents feel that the overall cooperation was good

D. FINDINGS OF FUNDS RELATED TO NGOS

- Vast majority (87.5 %) of the respondents feel that upto 25 % of the amount was allotted to the environmental related projects in their total budget

- Majority (73.7 %) of the respondents explained that the amount allotted for the environmental related projects for the last five years was upto 5 lakhs

- Membership due is considered as only a minor source of income by most of the respondents (41.3%)

- Vast majority of the respondents (97.5 %) declared that they had not returned the amount meant for environment project unused

- More than half of the respondents (53.7 %) feel that they did not utilize the amount for the purchase of equipment

a. FINDINGS RELATED TO ENVIRONMENTAL EDUCATION

- Less than one third of the respondents (33.6 %) feel that field visits and eco tour are the apt form of education to impart environment education

- Community people were the major target groups (34.9 %)

- Most of the respondents (44.8 %) conduct environment education once every month

- Majority (63.7 %) of the respondents state that their geographical area of imparting education is village

F. FINDINGS RELATED TO ENVIRONMENTAL AWARENESS

- Pamphlet distribution was the considered as an awareness programme by nearly one third of the respondents (31.2 %).

- Less than one third (30 %) of the respondents choose children as their target audience

- More than one third of the respondents (36.1 %) of the people conduct the awareness programme every month.

- Vast majority of the respondents (83.7 %) state that they have trained professionals in their organization.

G. FINDINGS RELATED TO FACILITATING ENVIRONMENTAL INFRASTRUCTURE

- It is evident from the table that one third (33.7%) of the respondent state that they are adopting ground water as a source of Rain water harvesting

- More than half of the respondents (56.3 %) of the respondents use the community sanitary facilities

- More than one third of the respondents (40.0 %) use water taps for safe water supply

- More than one third of the respondents (33.6 %) people use compost pit as waste management facilities

H. FINDINGS RELATED TO ENVIRONMENTAL HEALTH & HYGIENE

- More than half (58.7 %) of the respondents know the people affected by diseases related to environmental problems

- More than half (58.7%) of the respondents are aware of diseases caused by environmental pollution

- Children were mainly affected by environmental related diseases (48.7 %)

- Nearly half of the respondents (43.6 %) suggests Government Hospitals as the collaborating agency for their remedy from the environment related diseases

DISCUSSION

The following suggestions of various categories were made based on the findings of this thesis.

- Though a large number of NGOs are registered but many of them are inactive in their respective fields, hence the Government can take necessary steps to regularize the NGOs to become active and to serve the society to their maximum.

- The overall cooperation of the community to the organization was good since many NGOs are rendering their services to the community once in a week and if the NGO concentrate and increase the number of visits to render the services the community people will surely extend their support to the maximum.

- Youth are the pillars of the Nation in the coming years. So the educational institutions can impart the importance of community services through their extra-curricular activities like NSS, NCC, Nature Club, EXNORA etc..

- Social workers have to update themselves regularly with the available resources like newspapers, internet, government proceedings, conference etc. and they have to train the public to get their environmental concerns redressed.

- The funding agencies can also seek the help of the reputed institution to disburse and monitor the funds to the NGOs who

are really serving the community.

Conclusion

The study Role of Non Governmental Organizations in Environmental Sustainability in Tiruchirappalli was conducted among 80 NGO's in Tiruchirappalli District. The study reveals that the NGOs are concerned with environmental activity pertaining to environmental education, environmental awareness, facilitatory environmental infra structure, environment health and hygiene. Based on the collected information Chi-square, One way Anova, Student 't' test, Karl Pearson Coefficient test was adopted to analyse the collected information by using SPSS. Many NGOs are organizing environmental awareness programmes in local level and their major target group was all the sections of the society. The study reveals that NGOs make weekly visit to render environmental education, it also reveals that 25 % of their total budget was spent for environmental sustainability programmes.

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A STUDY ON SUICIDAL IDEATION AMONG ADOLESCENCE

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Abstract

Suicide is one of the common and preventable and treatable disorders. It is the third leading cause of death in adolescents. This could be attributed to issues relating to the developmental stage of adolescents. During this stage, adolescents face challenges and are exposed to various stressful experiences and risk factors relating to suicide. The study conducted among the higher secondary school students. Fifty five students were administered by using Beck Suicidal Ideation Questionnaire. The result shows that 16% (29.1%) of the respondents have suicidal ideation. The findings imply that teenagers should be assisted in strengthening their positive coping strategies in managing distress to reduce suicidal ideation.

Key Words: Suicide, Suicidal Ideation, Adolescents, Coping Strategies

Introduction

Suicidal ideation is characterized by the presence of intrusive and invasive thoughts and preoccupations regarding death, resulting in individual experiencing ideations about wanting to end his or her own life. The severity of such ideations can range in severity from fleeting considerations to the devising of detailed plans. While most individuals do not follow through on their ideations, the line between thoughts and actions has the potential of being crossed at any time. Keeping this in mind, it is imperative that when there is any implication that the presence of suicidal ideation is afflicting a child or adolescent, it should be immediately addressed with treatment in order to prevent potential devastating, life-threatening consequences.

While suicidal ideation can be a terrifying experience for children and adolescents, as well as for their families, it is fortunately something that can be addressed and successfully overcome through one's participating in thorough, comprehensive treatment.

Definition of Adolescence

A boy or girl who is changing into a young man or woman. The physical changes that take place at this time are known as puberty. An adolescent between the ages of 13 and 19 is called a teenager. Adolescents may need reassurance that their parents still love them.

The transitional period between puberty and adulthood in human development, extending mainly over the teen years and terminating legally when the age of majority is reached; youth. The process or state of growing to maturity. A period or stage of development, as of a society, preceding maturity.

Suicidal Ideation

An increased risk of suicidal ideation -- thoughts of harming or killing oneself -- in adolescents appears to be associated with recent victimization, such as by peers, sexual assault, and maltreatment, according to new research conducted by the University of New Hampshire Crimes Against Children Research Center.

Youth suicide is the third leading cause of death for adolescents in the United States, with 11 percent of all deaths among 12- to 19-year-olds from 1999 to 2006 due to suicide, representing more than 16,000 deaths every year, according to the UNH researchers.

Risk Factors of Suicide

- Family history of depression or other mental illnesses
- Being homosexual and having no support
- Family history of completed acts of suicide
- Family history of violence
- Suffering from physical, sexual, and/or emotional abuse and neglect
- Experiencing significant trauma
- Loss of a family member or loved one
- Disciplinary, social, or school problems (for children)
- Previous suicide attempts
- Substance abuse or addiction

Statistics about Suicide in India

Each suicide is a personal tragedy that prematurely takes the life of an individual and has a continuing ripple effect, dramatically affecting the lives of families, friends and communities. Every year, more than 1, 00,000 people commit suicide in our country. There are various causes of suicides like professional/career problems, discrimination, sense of isolation, abuse, violence, family problems, mental disorders, addiction to alcohol, financial loss, chronic pain etc. NCRB collects data on suicides from police recorded suicides cases.

Incidence and Rate of Suicides during the Decade (2005–2015)

Rate of suicides has been calculated using mid-year projected population for the non census years whereas for the census year 2011, the population of The Population Census 2011 was used.

The number of suicides in the country during the decade (2005–2015) has recorded an increase of 17.3% (1, 33,623 in 2015 from 1, and 13,914 in 2005). The increase in number of suicides was reported each year till 2011 thereafter a declining trend has been noticed till 2014 and it again increased by 1.5% in 2015 over 2014 (from 1, 31,666 suicides in 2014 to 1, 33,623 suicides in 2015). The population has increased by 14.2% during the decade while the rate of suicides has slightly increased by 2.9% (from 10.3 in 2005 to 10.6 in 2015). The rate of suicides is showing a mixed trend during the decade (2005-2015), however, rate of suicides is showing declining trend since 2010.

Review Literature

Hilda N Shilubane (2014), made a study on ―High school students‘knowledge and experience with a peer who committed or attempted suicide: a focus group study. He focused on thoughts and feelings of high school students who had a peer who committed or attempted suicide. 56 adolescent school students from the age group of 13-19 years have taken for this study. The major findings of this study are interventions should also focus on detection of mental health problems by peers. Counseling services for students with mental health problems and suicide survivors should be available and made known to students at risk and peers. They identified several risk factors for the suicide of their peers, such as poor relationship issues, teenage pregnancy, punishment, and attention seeking behavior. Resources for

students with mental health problems and survivors of suicide attempts were not perceived to be available at schools and elsewhere.

Pradeep G Dixit (2015), has made a study on "Suicide behind bars: A 10-year retrospective study". This studies conducted in several countries have found an increase in suicide rates in custody than the general population. The aim was to assess the trends of suicide in custody and to identify characteristics. They examined all available files of the death of people in custody through 2001 to 2010. Information collected included age, sex, type of custody, place of death, presence of any associated disease, history of any psychiatric illness, substance abuse, and cause of death. A total 173 autopsies was performed out of which 14 cases were of suicide. The mean age was 31.71 years. 71.42% deaths were noted in police lock-ups while 28.57% were recorded in prison. Hanging was the common method of suicide followed by poisoning. Suicide in custodial setting is preventable problem in India. Preventing suicide in custody needs cooperation and coordination from various agencies

Lingyao Hong, MD (2016), has conducted a study on the topic "Bullying, Depression, and Suicidal Ideation Among Adolescents in the Fujian Province of China". The relationship of bullying with suicidal ideation among adolescents is controversial. Although depression has been related to bullying and suicidal ideation, little is known about the combined impacts of depression and bullying on suicidal ideation. A sample of 20,509 high school students from Fujian Province was selected randomly by multistage stratified sampling. All participants completed an adolescent health status questionnaire. Three categories of bullying were assessed: perpetration, victimization, and both (victimization and perpetration). The associations of these 3 categories of bullying with depression and their interaction with suicidal ideation were examined in logistic models.

Significance of the study

Suicide ideation is considered to be an important precursor to later attempted and completed suicide and is of major public health significance. Suicide is the tragic and ultimately loss of human life, all the more devastating and perplexing because it is a conscious and volitional act. Although it is not associated with any specific illness yet it certainly affects the mind and behavior of the persons. The findings

of the study helps the social workers to develop working schedule and formulating working strategies to work with their parents and teachers of adolescents who have suicide thoughts and attempting suicide.

Objective of the study

- To find out the suicidal ideation among the adolescents.

- To find out various socio-demographic variables associated with suicidal ideation.

- To suggest suitable measures for dealing with the various suicide thoughts.

Research design

Research design is a way to systematically solve the research problem. It is the conceptual structure within which research is conducted; it constitutes the blue print for collection, measurement analysis of data. Research design is needed because it facilitates the smooth sailing of the various research operations, thereby making research as efficient as possible yielding maximal information with minimal expenditure of effort, time, and money. The researcher used the ―Descriptive" research design for conducting this study.

Universe

The universe of the research study consists of 110 students who are studying 11th standard.

Sampling

Sampling is a part of universe, which represent the universe. Sampling is the process of selecting units from a population of interest. So that by studying the sample we may fairly generalize our results back to the population from which they were chosen. For the purpose of the study the researcher has adopted simple random by adopting lottery sampling method for the data collection. The sample size of the study includes 55 students who are studying in 11th standard.

Tools of data collection

The researcher prepared demographic details about their age, gender, educational, occupational and marital status of their parents. The researcher adopts Beck Scale of Suicidal Intention. It includes 19 questions only.

Hypothesis

- There is a significant association between age of the respondents and their overall suicide intention.

- There is a significant association between type of family of the respondents and their overall suicide intention.

- There is a significant association between no. of siblings of the respondents and their overall suicide intention.

- There is a significant association between religion of the respondents and their overall suicide intention.

- There is a significant association between mother tongue of the respondents and their overall suicide intention.

Results

Overall beck's suicide intent scale

Particular	No.of respondents (n=55)	Percentage (100%)
Low	39	70.9
High	16	29.1
Mean: 7.58 / Median: 5.00 / S.D.: 6.710 / Min.: 0 / Max.: 27		

Association between age of the respondents and their overall beck's suicide intent scale

Age	Overall beck's suicide intent scale			Significant
	Low (n=39)	High (n=16)	Total (n=55)	
16	12(30.8%)	2(12.5%)	14(25.5%)	$X^2=5.657$ df=3
17	20(51.3%)	8(50%)	28(50.9%)	.130>0.05
18	6(15.4%)	3(18.8%)	9(16.4%)	Not Significant
19	1(2.6%)	3(18.8%)	4(7.3%)	

Association between type of family of the respondents and their overall beck's suicide intent scale

Family type	Overall beck's suicide intent scale			Significant inference
	Low (n=39)	*High (n=16)*	*Total (n=55)*	
Nuclear	29(74.4%)	12(75%)	41(74.5%)	X^2=.002 Df=1
Joint	10(25.6%)	4(25%)	14(25.5%)	.960>0.05 Not Significant

Association between no. of siblings of the respondents and their overall beck's suicide intent scale

No. of Siblings	*Overall beck's suicide intent scale*			*Significant inference*
	Low(n=39)	*High (n=16)*	*Total (n=55)*	
One	21(53.8%)	8(50%)	29(52.7%)	X^2=.819 Df=2
Two	13(33.3%)	7(48.8%)	20(36.4%)	.664>0.05
Three	5(12.8%)	1(6.3%)	6(10.9%)	Not Significant

Findings

- There is no significant association between age of the respondents and their overall beck's suicide intent scale.

- There is no significant association between type of family of the respondents and their overall beck's suicide intent scale

- There is no significant association between no. of siblings of the respondents and their overall beck's suicide intent scale

- There is no significant association between religion of the respondents and their overall beck's suicide intent scale

- There is no significant association between mother tongue of the respondents and their overall beck's suicide intent scale.

Suggestions

- Psycho education and regular counseling to the students with high suicidal risk. It will help to overcome the problems of the students to a certain extend which will improve their attitude in a positive way.

- The goals of assessment are to identify individual suicide risk and the protective factors in order to estimate severity risk, and help the individual gain insight into his or her motivation for suicide, to identify modifiable factors, and to target interventions to suicide risk.

- Awareness and information to parents, teacher's about suicidal ideation among the adolescents.

- A school social worker could be appointed for individual counseling to students.

- Provide counseling through hot line services.

- Hot line services must be created in each and every city.

Conclusion

The researcher selected this topic for prevention on suicidal ideation among the adolescents. Suicidal behavior is the most frequently encountered mental health emergency and it is considered one of the most successful aspects of clinical work. The importance of prevention and addressing and intervening in areas where there is a known difference, in particular access to lethal means and limited availability and access to mental health services, becomes increasingly important. Suicide due to Bankruptcy or Sudden change in Economic Status, Divorce, Failure in Examination, Family problems, Illegitimate Pregnancy, Love Affairs, Professional/Career Problem and Unemployment has shown a mixed trend during last 3 years.

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HIV INFECTED WIDOWS – A SOCIO ECONOMIC STUDY

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Abstract:

The aim of this paper is to study the socio demographic and their HIV/AIDS related aspects of people living with HIV. The participants were HIV positive female widows (N= 333), registered with Network for Positive People, a registered NGO in Tiruchirappalli district, Tamil Nadu, India. The findings of the study highlight the fact that most of the widows are young, less educated, working as agricultural labourers and also live in poor economic conditions. The respondents were enquired about the major modes of transmission of HIV, a large number of them stated that they had acquired virus had been transmitted mainly through their husbands. There are still a significant number of respondents who have not gone for Anti Retroviral Therapy.

Key words: HIV/AIDS, Magnitude, Widow, Women.

Introduction

The Acquired Immune Deficiency Syndrome (AIDS) pandemic, from the time it was first recognised, has led to the death of more than 25 million people, making it one of the most destructive diseases in recorded history. AIDS has become the most devastating disease the world has ever faced (Satpathy, 2003). UNAIDS and WHO (2003) reports that globally, an average of 40 million (34 – 46 million) people living with HIV/AIDS, of whom 37 million (31 – 43 million) are adults, and 2.5 million (2.1 – 2.9 million) are children under the age of 15 years. The global summary of the AIDS epidemic in December 2006 reported that an average of 39.5 million (34.1–47.1 million) people were living with HIV/AIDS, of which 37.2 million (32.1–44.5 million) people were adults, 17.7 million (15.1–20.9 million) people were women, and 2.3 million (1.7–3.5 million) were children under the age of 15. In 2006, 4.3 million (3.6–6.6 million) people were newly infected with HIV/AIDS

(UNAIDS & WHO, 2006). A report by UNAIDS in 2009 highlighted that an estimated average of 33.3 million (31.4 million - 35.3 million) people were living with HIV worldwide and an estimated 2.6 million [2.3 million–2.8 million] people became newly infected with HIV. Globally, 34.0 million [31.4 million–35.9 million] people were living with HIV at the end of 2011. An estimated 0.8% of adults aged 15-49 years worldwide were living with HIV, although the burden of the epidemic continues to vary considerably between countries and regions. In 2013, there were 35 million [33.2 million–37.2 million] people living with HIV. Since the start of the epidemic, around 78 million [71 million–87 million] people have become infected with HIV and 39 million [35 million–43 million] people have died of AIDS-related illnesses (WHO, 2016 & UNAIDS, 2014). In 2015, there were 36.7 million [34.0 million–39.8 million] people living with HIV. As of December 2015, 17 million people living with HIV were accessing antiretroviral therapy, up from 15.8 million in June 2015 and 7.5 million in 2010 (UNAIDS, 2016).

Review of Literature

Background profile of the sample respondents in terms of their demographic and socio-economic characteristics could influence their overall behaviour. Hence, it is very much indispensable to study the same. Bing et al. (2000) reported that HIV-positive men who are symptomatic or have CD4+ lymphocytes below 200/mm3 have worse perceived mental and physical health than seronegative men. Gielen et al. (2001) in their study among 287 HIV infected women found that the women who practiced more self-care behaviours (healthy diet and vitamins, adequate sleep and exercise, and stress management) reported better physical and mental health and overall quality of life. Luginaah et al. (2005) conducted a qualitative study among challenges faced by the widows in nyanza, Kenya. The findings of the study reveal that several challenges encountered by widows in their struggles with the possibility of contracting or transmitting the virus. A study by Agot et al. (2010), among 1,987 widows who were interviewed regarding their inheritance status and sexual behavior profile and tested for HIV. Of these widows, 56.3% were inherited. HIV prevalence, at 63%, was similar among non-inherited and inherited widows. Widows who were inherited by non-relatives for sexual rituals were significantly more likely to be infected than widows who were not inherited; widows who

were inherited by relatives for sexual ritual also had elevated odds of HIV infection. Widows who were inherited by relatives for companionship were less likely than women who were not inherited to be infected with HIV . A study by Greeff et al. (2010) among 1457 HIV-positive persons was followed for one year in a longitudinal design that examined the effects of stigma and the life satisfaction dimension of the HIV/AIDS Targeted Quality of Life Instrument (HAT-QOL). The results of the study indicated that there was a general increase in the report of life satisfaction and quality of life in all countries over the one-year period. However, as stigma scores increased over time, there was a significant decrease in life satisfaction with differing rates of change by country. A study by Nightingale et al. (2011) among 118 HIV-positive adults receiving care at the clinic, identified relations among traumatic stressors, HIV-related trauma symptoms, comorbid medical conditions, and health related quality of life (HRQL) in individuals with HIV. The findings of the study revealed that participants were predominantly black American, men and represented all sexual orientation. The average age was 45 years and on average, participants had been living with HIV for 10.4 years. Ninety two participants were prescribed ART at the time of the study and the average participant CD4 was 500 (SD-394). Stanley, Sethuramalingam, & Sathia (2013) conducted a study among HIV infected persons highlighted that female respondents and those who were 'single' showed a significant difference from male respondents and those married and scored higher on pessimism and lower on life satisfaction. Further, the life satisfaction score showed highly significant negative correlations with the overall hopelessness score and its sub-dimensions. Sathia (2014) in her paper 'Quality of Life of HIV/AIDS Infected Persons – An Overview' analysed previous studies on the quality of life of HIV/AIDS infected people and found in most of studies reported that many of the patients fight with numerous problems such as stigma, unemployment, depression, anxiety, stress, elevated levels of loneliness, daytime sleepiness, social bicot, greater fear of the future, physical abuse, physical pain, fatigue, viral load, Taking ART, CD4 count, who currently smoke, drug users, unprotected sexual episodes, lower level of satisfaction with life, more maladaptive coping strategy, hopelessness etc. were found to be common among HIV positive persons. A article by Sathia (2015) concluded that female victims of this killer disease are more prone to post traumatic stress disorder (PTSD). PTSD is a

notorious mental condition that causes painful flashbacks apart from many other symptoms that affects the normal functioning of the individual. Often, the psychological condition of the female victims is so pathetic is that they fear informing their family members about their condition and several studies have documented this fact. There is a paucity of studies on the examination of the socio economic status of widows living with HIV/AIDS. Instead, there have been several studies on the problems of HIV infected persons. This study is an attempt to fill that gap.

Methodology

The participants were HIV positive female widows (N= 333), registered with Network for Positive People, a registered NGO in Tiruchirappalli district, Tamil Nadu, India. The universe of the study is 1110, the researcher selected 333 people as a respondents using asample determinant formula by Morgan. Hence the sample constitutes 30 per cent of the total population of HIV/AIDS infected widows. The sample size was 333. The individual respondents were selected through simple random sampling technique by adopting lottery method. The study is descriptive in nature.

Results and Discussion

Table - 1

Demographic and Socio-economic Profile of the Respondents

S.N	Variables	Frequency	Percent
1	**Current Age**		
	Young	104	31.2
	Middle	220	66.1
	Old	9	2.7
	Total	333	100.0
	Minimum age - 25 Maximum age - 63 Mean age 39.86 S.D 7.503		
2	**Age at Marriage**		
	17 years or less	97	29.1

	18-20 years	171	51.4
	21 years & >	65	19.5
	Total	333	100.0
	Minimum age - 13 Maximum age - 26 Mean age - 18.77 SD 2.402		
3	**Religion**		
	Hinduism	313	94.0
	Christianity	12	3.6
	Islam	8	2.4
	Total	333	100.0
4	**Social Standing**		
	Scheduled Castes	93	27.9
	Most Backward Castes	125	37.5
	Backward Castes	102	30.6
	Forward Castes	13	3.9
	Total	333	100.0
5	**Size of Family**		
	Small (3or less members)	223	67.0
	Medium (4-5 members)	96	28.8
	Big (6+ members)	14	4.2
	Total	333	100.0
	Minimum - 1 Maximum - 8 Mean – 3.07		
6	**Type of Family**		
	Nuclear Family	239	71.8
	Joint Family	94	28.2

Total		333	100.0

Among the selected respondents, about one third (31 per cent) of the respondents belong to young age group (35 years or less), about two third of the respondents (66 per cent) belong to middle age group (36-59 years), and the remaining three per cent of them belong to old age group (60 and above). The mean current age of the respondents is 39.9 years with a minimum of 25 years to a maximum of 63 years. All the selected respondents are HIV infected female widows. Panel 2 of table 1 reveals that less than one third (29 per cent) of the respondents' age at the time of their marriage was 17 years or less, about half (51 per cent) of the respondents age at the time of marriage was 18-20 years and the remaining one fifth (20 per cent) of the respondents age at the time of their marriage was 21 years and above. The study also reveals that the marriage of 8 respondents (2.4 per cent) was held during their childhood, i.e. when they were 13-14 years old. Panel 3 of table 1 shows that, majority (94 per cent) of the respondents are Hindus and the remaining are Christians (3.6 per cent) and Muslims (2.4 per cent). Panel 4 of Table 1 reveals that about 28 per cent of the respondents are from scheduled caste, socio economically at lower strata in the study area, more than one third (38 per cent) of the respondents belong to most backward community, whereas, 31 per cent are from backward communities and the rest four per cent belong to forward community. Information provided in panel 5 of table 1 reveals that majority (67 per cent) of the respondents come from small families consisting of 3 members or less followed by medium size families (29 per cent) with 4 to 5 members and the remaining four per cent of the respondents belong to big families with 6 members and above. The average number of family members of the respondents is 3.07 with a minimum of one member to a maximum of 8 members. Panel 6 of table 1 shows that majority (72 per cent) of the respondents belong to nuclear families and the rest (28 per cent) of them belong to joint families.

2. Socio-Economic Characteristics

S.N	Variables	Frequency	Percent
1	**Education**		
	Illiterate	97	29.1
	Primary school	74	22.2

	Middle school	73	21.9
	High school and HSc	74	22.2
	Graduate and above	15	4.5
	Total	333	100.0
	Minimum -2 Maximum 17 SD. 4.36 Mean – 5.46		
2	**Occupation**		
	Not Working/Unemployed	54	16.2
	Agriculture Coolies	180	54.1
	Non-agricultural Coolies	36	10.8
	Skilled Workers	22	6.6
	Business	8	2.4
	Lower Grade Employees	25	7.5
	Higher Grade Employees	8	2.4
	Total	333	100.0
3	**Monthly Income of the respondents**		
	No Income	54	16.2
	Rs. 2500 or less	117	35.1
	Rs. 2501-5000	144	43.2
	Rs. 5001 – 7000	12	3.6
	Rs. 7501 and above	6	1.8
	Total	333	100.0
	Minimum - 1000 Maximum 18,000 Mean – 2829.58		
4	**Family Monthly Income**		
	Rs.5000 or <	242	72.7
	Rs.5001-10000	77	23.1
	Rs.10001 – 15000	7	2.1

	Rs.15001 & >	7	2.1
	Total	333	100.0
	Minimum - 1000 Maximum 24000 Mean – 4976.28		
5	**Family Monthly Expenditure**		
	Rs. 2000 or less	84	25.2
	Rs. 2001 – 4000	137	41.1
	Rs. 4001 – 6000	82	24.6
	Rs. 6001 and above	30	9.0
	Total	333	100.0
	Minimum - 600 Maximum 14000 Mean –3789.56		
6	**Savings**		
	Yes	99	29.7
	No	234	70.3
	Total	333	100.0
7	**Indebtedness**		
	Yes	107	32.1
	No	226	67.9
	Total	333	100.0

Among the selected respondents, about 29 per cent of the respondents are illiterate. The respondents have studied upto primary school level (22 per cent), middle school (22 per cent), and high school (22 per cent) including higher secondary level constitute more or less equally and the remaining 4.5 per cent were graduates. The average years of schooling is 5.5 with a minimum of 2 years to a maximum of 17 years (post graduate level). From panel 2 of Table 2, it can be seen that majority (54 per cent) of the respondents are agricultural labourers. About 16 per cent of the respondents are unemployed. The respondents engaged in construction work constitute 11 per cent followed by self employed (9 per cent). The respondents engaged in private and government sector constitute 8 per cent and two per cent respectively. Panel 3 of table 2

reveals that the respondents in the income category of Rs. 2501 – 5000 constitute a single largest majority (43 per cent), more than one third (35 per cent) of the respondents are in the monthly income category of Rs. 2500 or less, respondents in the income category of Rs. 5001 and above constitute (54 per cent). A sizable portion of the respondents are not earning any income mainly because they are not participating in any income generation activity. The average monthly income of the respondents is Rs. 2830 with a minimum of Rs. 1000 to a maximum of Rs. 18,000 per month. Further panel 4 of table 2 indicates that majority (73 per cent) of the respondents' family income was Rs. 5000 per month or less, the respondents in the income category of Rs. 5001 – 10000 constitute 23 per cent. On the other hand about 4 per cent of the respondents belong to a higher monthly income bracket of Rs. 10001 and above. Panel 5 of table 2 reveals that the respondents in the monthly expenditure category of Rs. 2001 – 4000 per month constitute a single largest majority (41 per cent). The respondents in the monthly expenditure category of Rs. 2000 or less and Rs. 4001 – 6000 constitute 25 per cent each and the remaining nine per cent of the respondents are in the monthly expenditure category of Rs. 6000 and above. The average family expenditure per month is Rs. 3790 with a minimum of Rs. 600 to a maximum of Rs. 14,000 per month. Panel 6 of table 2 indicates that, among the total respondents about 30 per cent are having the habit of savings and 32 per cent of the respondents are in debt.

3. Housing, Amenities and Related Aspects

S.N	Variables	Frequency	Percent
1	**Housing**		
	Owned	236	70.9
	Rent	82	24.6
	Free	15	4.5
	Total	333	100.0
2	**Type of house**		
	Hut	68	20.4
	Tiled	207	62.2

	Terrace building	58	17.4
	Total	333	100.0
3	**Number of rooms in the home**		
	1	118	35.4
	2	187	56.2
	3	23	6.9
	4	5	1.5
	Total	333	100.0
	Minimum -1 Maximum -4		
4	**Facilities in the home**		
I	**Drinking water supply**		
	No	193	58.0
	Yes	140	42.0
	Total	333	100.0
ii	**Electricity connection**		
	Yes	322	96.7
	No	11	3.3
	Total	333	100.0
Iii	**Toilet**		
	Yes	114	34.2
	No	219	65.8
	Total	333	100.0
iv	**Television**		
	Yes	248	74.5
	No	85	25.5

	Total	333	100.0

Housing, Amenities and Related Aspects:

While analysing the lifestyle of the respondents, it is important to take into account their living quarters. As per table 3, about 71 per cent of them are living in their houses earned by them, majority (62 per cent) of the houses were made of tiled roofs followed by huts (20 per cent), and pacca concrete building (17 per cent) with reasonable modern facilities like water supply (42 per cent), electricity (96 per cent), toilet (34 per cent), and TV (74.5 per cent). Further the findings reveal that majority (56 per cent) of the respondents were found to be living in two room houses. About one third (35 per cent) of the respondents were found to be living in a single room houses.

HIV related Aspects:

4. HIV Related Aspects: Years of living with HIV/AIDS

S.N	Variables	Frequency	Percent
1	**Years living with HIV/AIDS**		
	Upto 5 years	98	29.4
	6 - 10 years	150	45.0
	11 years and above	85	25.5
	Total	333	100.0
	Min. age - 1 Max. age - 24 Mean age 8.21		
2	**Age At HIV Infection**		
	25 yrs or less	80	24.0
	26 - 30 yrs	104	31.2
	31- 35 yrs	53	15.9
	36 yrs +	96	28.8
	Total	333	100.0
3	**Mode of Transmission**		

	Extra Marital Contact	63	18.9
	Blood Transfusion	7	2.1
	Through Husband	263	79.0
	Total	333	100.0
4	**CD4 Phases**		
	Cd4 501+ (Stage 1)	146	43.8
	Cd4 201-500 (Stage 2)	156	46.8
	Cd4 200 or less (Stage3)	31	9.3
	Total	333	100.0
	Min. age - 54 Max. age - 1800		Mean age 513.13
5	**Taking ART**		
	Yes	279	83.8
	No	54	16.2
	Total	333	100.0
6	**Years of taking ART**		
	Not applicable	54	16.2
	3 years or less	105	31.5
	3.1 – 6 years	84	25.2
	7-9 years	57	17.1
	9 years and above	33	9.9
	Total	333	100.0
	Min. age - 0 Max. age - 17		Mean age 4.30
7	Taking Regular Counselling		
	Yes	291	87.4
	No	42	12.6

Total	333	100.0

Panel 1 of table 5 reveals that 45 per cent of the respondents reported that they have been suffering with the HIV/AIDS for the past 6 - 10 years, and another little less than one third (29 per cent) of the respondents reported that they have been suffering from this disease for about 5 years or less. On the other hand about one fourth (26 per cent) of them reported that they have been suffering from HIV/AIDS for more than 11 years. The average years of having HIV/AIDS comes to about 8.21 years. When the respondents were enquired about the major modes of transmission of HIV (panel 2 of Table 5), a large per cent (79 per cent) of them mentioned that the virus had been transmitted mainly through their husbands' and another substantial per cent (19 per cent) stated that the mode of transmission of the said virus was through 'extramarital contact' and the remaining two per cent informed that the mode of transmission was through was blood transfusion. Since the study sample is HIV/AIDS infected widows, they have been enquired about such treatment and the information in this aspects is provided in panel 5 of Table 4. It is found that majority (84 percent) of the respondents are taking ART, where as the remaining (16 percent) are not taking ART. The reasons for not taking ART by a substantial percent of the respondents is the stigma attached to the HIV infected persons, distance to the ART centres, negligence besides the CD4 counts. Panel 7 of Table 5 reveals that majority (87 per cent) of the respondents use the regular counselling services mostly from ICTC centres, PHC, PPTCT and/or NGOs, whereas still a substantial per cent (13 per cent) of the respondents are not undergoing counselling at all. Among the selected respondents in panel 4 of table 4 shows that about 47 per cent of the respondents are in phase II (CD4 =201 - 500) followed by 44 per cent are in phase I (CD4 = 501 and above) and the remaining nine per cent are in phases III & IV (CD4 200 but no AIDS defining illness and less than 200), respectively.

Conclusion

It is concluded that most of the widows are young, less educated, working as agricultural labourers, and also living in poor economic condition. Moreover, 45 per cent of the respondents reported that they have been suffering from HIV/AIDS for the past 6 - 10 years, the

average years of having HIV/AIDS comes to about 8.21 years. The respondents were enquired about the major modes of transmission of HIV, a large per cent of them mentioned that the virus had been transmitted mainly through their husbands. There are still a significant number of respondents who have not gone for ART. This could be because of two reasons: either those respondents have a high CD4 count or they are too afraid of revealing to the world that they have HIV. Majority of the respondents use regular counselling services, mostly from ICTC centres, PHC, PPTCT and/or NGOs, and about 47 per cent of the respondents are in phase II (CD4 =201 – 500).

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AN EMERGING NEED FOR IMPLEMENTING STUDENTS COUNSELLING CENTRES IN THE COLLEGES

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Abstract

Counselling is the need of the hour in the present scenario in country like India. The counselling centres came in to existence in western countries during the early twentieth century. Now- a –days, we realize that the students has increasing need for counselling in higher education. Students face variety of issues personally and academically. Personal problems such as anxiety, alcohol/drug dependence, bulling, depression, adjustment problems, a lack of confidence, anger management, self harm, eating disorder and relationship issues in large. Students need a place of confidence to share their problems to overcome. The other side of the coin is that the students have variety of challenges ahead, socially, academically, economically and also to face the real world. Counselling promotes the utilization of one's own potential and it helps the onset of changes in one's personality for desirable adjustment. Perhaps implementing counselling centres at the colleges is an emerging need to establish the healthy environment in various dimensions and as a whole.

Key Words: Counselling, Counsellee, problem solving, change in attitudes.

INTRODUCTION

Counselling is not a novel institution in the Indian context. The first counsellor was Lord Krishna himself and the Bhagavad Gita embodies the finest principles of counselling for people of all lands, all ages and of all times. It depends on certain concept, value and purposes which together makes its philosophy. Without this philosophy, or a kind of theoretical frame work, counselling would be shallow. Understood in this sense, philosophy can be no more than one's 'way of life' as determine by one's sense of values, ideas of right and wrong, what is evil and good, desirable and undesirable and so on. All human beings

have a unique conception of the universe and of themselves – this is reflected in decision taken and choices made in everyday life.

In the present context the student life is getting complex day by day. Counselling is always associated with guidance most commonly used term as counselling and Guidance. Guidance is needed to help the students for optimum achievement and adequate adjustment in the varied life situations. Need analysis of the students in the colleges shows the need of counselling and Guidance services, in the education, profession, vocation, social, health, moral, personal, and marital areas.

There is an urgent need of introducing and strengthening the counselling service in the schools and colleges of our country and universities to meet the various needs of the students administrational and the educational system. Therefore counselling is a professional service renders to the students those who are under tension, unless solved the student's development is hampered or stunted. Hence counselling is more specialized service offered to the individual who is undergoing a problem and they needs professional help to overcome it.

According to Willey and Andrew Counselling involves two individuals one seeking help and other a professionally trained person helped solved problems to orient and direct him towards a goal. Counselling services are therefore required for individuals having developmental problems because of the handicap they suffer in any area of emotional either because of hereditary factors or environment conditions. Generally such cases are only about five to seven percent in a population and therefore counselling is required only for such a small number as compared to guidance. Counselling involves a lot of time for the client to unfold the problem, gain an insight in to the complex situation.
Counselling techniques involve active listening, emphatic understanding releasing the pent up a feeling confronting the client and so on counselling therefore is offered to only those individuals who are under serious problem and need professional help to overcome it.

Both guidance and counselling assist the individual to know about himself, to adjust himself, with others and the environment, and thus lead the individual to become a wholesome person.

In connecting this service within the college environment makes more sense to the students' population. Providing mental health and other

service is on the rise to cater their need such as suicidal ideation, sexual assault, become more prevalent in the college environment. Duenwald also report that use of psychiatric medication has increased almost 10% among college students since in the year 2000. May (2003) report that it has increased up to 15-20% in recent days the percentage would have increased. According to the study done by May(2008) shows the ratio is 1:600 in the colleges and a 1:1000 in university , the ratio is between the counsellor and the counsellee make us to think the need for student counselling cell is a required demand from the students. Though the service primarily target mental   health problems such as anxiety, depression, low self esteem, crisis assistance and etc. The college administration should come forward to make the comfortable and healthy environment to the students' community.

OBJECTIVES

1. Counselling is concern with bring about a voluntary change in the client. To this end, the counsellor provides facilities to help achieve the desirable change or make the suitable choice. The counsellee (student) alone is responsible for the decision or the choices he/she takes with the help of counsellor.

2. Another important objective of the counselling relationship (between the counsellor and the counsellee) is to move, modify or retard the existing problems and promote positive personality growth.

3. Main objective of the individual counselling, individuals receiving help, persons giving help, severity of the problem concerned.

4. Objective of the group counselling, we feeling among the clients (undergoing the same kind of the problem), help each other to come out of their problems.

CHARACTERISTICS OF COUNSELLING

Counselling is an individual matter: the individual students who need help are the centre of the counselling process.

Counselling is a continuous process: counselling is not a process that has a beginning and an end. Neither does it begin when a person comes for help, nor does it ends when the person leaves his satisfaction.

Counselling is a complex process: counselling is not a simple affair. The counsellor has to study problems faced by the client in more depth.

The solutions of the problems are varied and many are of varied and many are of varied complexity. Multifarious factors, which have gone in to the making of the problems, are analysed.

Counselling is an eclectic process: There is no one method on solving a problem; hence no single method is adopted. Variations of a single method or various methods are used to arrive at a solution to problem.

BASIC PRINCIPLES OF COUNSELLING

1. Is concerned with the individual as a group member.

2. Is concerned with the whole student.

3. Is for all students.

4. Individual differences should be determined and provided for as far as possible.

5. Counselling is directed towards helping the individual to become progressively more self-understanding and self-directing.

6. Does not deprive the individual of right of choice.

7. Is a continuous process.

8. To function well, counsellor need knowledge, skill, understanding that are best attained through professional education.

GOALS OF COUNSELLING

Counselling help the students to have a better self understanding and proper adjustment to self and society. Developing of proper motivation and clarification of goals and ideas to pupils in conformity with their basic potentialities and social tendencies are important. Total development of the student necessitates that individual differences among them are expected, accepted, understood, and planned for. And all types of experiences in an institution are to be so organized as to contribute to the total development of the student.

1.To help in the total development of the student.
2.To help in the proper choices of courses
3.To help in the proper choice of careers
4.To help the students in vocational development
5.To develop readiness for choices and changes to face new challenges

6.To minimize the mismatching between education and employment and help in the efficient use of manpower .

7.To motivate the youth for self employment

8.To identify and motivate the students from weaker sections of society.

9.To help the students in their period of turmoil and confusion

10.To identify and help students in need of special help.

There are such students as the gifted, the backward, the handicapped who need special   opportunities. They need special attention and opportunities.

11.To ensure the proper utilization of time spent outside the classrooms.

The manner in which students spend their non-class hours clearly affects their success in achieving both academic competence and personal development of all types of positive direction to students should be provided by influencing how they can use those non-class hours.

12.To help in tackling problems arising out of students population explosion

13.To make up for the deficiencies of home.

14.To minimize the incidence of indiscipline.

Majority of the students lack a sense of direction, a sense of purpose and a sense of fulfilment and indulge in destructive activities, which lead to social damage and loss. Adequate guidance and counselling facilities is the only answer to help and guide the youth to worthwhile and channel their views and help them realize the goals of optimum academic, personal and social development.

In Contemporary society, the problems and needs in society are nothing new, but today they seem to be proliferating at an unprecedented rate. The unique problems in the changing family, cities in upheaval, conflicts in values, attitudes, and moral, the new cynicism about politics, economic factors, the changing role of work, new pressure and demands on colleges, and problems of the youth, all points out the need for the counselling services. Counselling has a challenging role to play in every developing economy, much more so if it is a labour surplus one. Many tough challenging roles are their especially with delinquent students, personality problem students and etc.

COUNSELLOR'S SKILLS

Rapport, empathy and attentiveness are the three skills which can either facilitate or inhibit the counselling process. These skills are closely related to acceptance and understanding the counsellee.

Rapport – Shertzer and Stone(1968) defines rapport as an essential condition for a comfortable and unconditional relationship between the counsellor and counsellee. Rapport means interest, responsiveness and sensitive emotional involvement. Counsellor use rapport as an importance technique in the initial stage of the interview to put the counsellee at ease. Through rapport the counsellor understands and communicates with the counsellee from the commencemen to the end of the interview.

Considering the counselle's needs, moods and conflicts the counsellor establishes rapport. To help him discuss his feelings freely the counsellor tries to be friendly and attentive. For the establishment of good rapport there is need for the counsellor skills and abilities, such as versatility, flexibility and reliability.

Empathy- means felling into and has significant role in the counselling situation. Empathy is "the ability to feel and describe the thoughts and feelings of others (Dymond, 1949). She further describes empathy as "the imaginative transposing of oneself in to the thinking, feeling and acting of another and so structuring the world as he does".

PORTRAIT OF AN EFFECTIVE COUNSELLOR

The three aspects by which an effective counsellor can be distinguished from an ineffective one are experience, type of relationship, and non-intellective factors.

Experience- Fieldler's (1951)studies reveals that counsellors who are well trained agree with each other about their concept of an ideal therapeutic relationship. On the other hand, more experienced counsellor offer more congruence and empathy and they are more successful in communicating with their clients according to Rogers (1962).

Non- intellective factors- The effective counsellor exhibits tolerance for ambiguity, understanding (of the client), maturity and ability to establish good social relationship with clients and non clients. Wicas and Mahan (1966) found that 'high rated' counsellor were anxious,

sensitive to the expectations of others and society and non- aggressive in inter –personal relationship and showed appropriate self – control.

Types of counselling relationship- The ability to communicate and understand their students, maintain an appropriate emotional distance and divest themselves about their problem according to Fieldler.

The effective counsellor should communicate the feeling of warmth, flexibility, and exhibit responsibility, willingness to listen and help the counsellee. Then the techniques for implementing the basic principles of relationship are classified as opening, reflecting, accepting, structuring, pausing, leading, reassuring and terminating. Each has its unique value as well as limitation for creating the optimal kind of relationship necessary for the development of insight. Once the insight has development the counselle is almost read for the change and seek help for his / her betterment.

COUNSELLING THE DELINQUENT WITH CASE ILLUSTRATE.

Delinquency is a symptom of emotional immaturity leading to socially unacceptable or reprehensible behaviour of the youth. It is one of the most common problems reported among the post-puberty or early adolescent children. One of the most common symptoms of delinquency is truancy. Delinquency commits petty offences like thieving for fun, shoplifting and so on. Most delinquents are emotionally immature and their behaviour is a compensatory reaction. Sometimes it becomes an act of gangsterism. Endocrine glands accelerate the rapid physical and emotional changes in the individual. They required greater need for recognition and respect from their age group. Most adolescents limit themselves to day- dreaming. But few also resort to socially unacceptable means of expression their energies to seek attraction and recognition. They fail to adapt and adjust to social norms. Counselling to such people is not easy.

Case study illustrates – Mr.W is a 17 yr old first year degree student. He is thin built with medium height. He hails from the middle class socio economic group and belongs to the medium sized town. He is very much interested in local bike race with his peer groups. He has good social life and enjoys with his special gang. His father died before 5yr due to cardiac failure and he has 2 sisters one elder and one younger. Elder sister got married last year his relatives helped for her marriage.

His mother was greatly concerned about his future. Mr.W feels that somehow he is not given sufficient freedom at home and believes that he is treated as a child by his mother and others in the family. He felt his mother and uncles are controlling, warning and restricted many of his actives. He likes to spend with his friend till late night that is not usual at this age group. He studies well but he won't spend enough time for his studies and he did not appear to be worried about that. He has involved in street gang fight and warned by the police people. When his mother and relatives enquired about that incident he showed one vague look and went off. He was irregular to his college therefore he was not able to continue that semester (due to lack of attendance). His college principal called his mother and complained about his problem and warned him. He was referred for counselling.

Counselling sessions with him.

I – Session - Rapport was established with his mother and the client. The client showed it was a normal behaviour of his age. He demanded bike from his mother to go to college regularly. Then he started demanding some amount of money even to attend for the counselling.

II- Session- The counsellor tries to explain the purpose and need for the counselling, but his demands were not full filled by his mother. He starts complaining about everyone from his family and tries to justify his activity.

III- Session- He did not attend the session. The counsellor explained about his behaviour and how to react with him. Motivate him to attend the college and change his attitude towards his elders. But the client shows resistance towards the counsellor.

This counselling is still in the process. Unless, the client should developed insight about his behaviour the change in his attitude is not possible. Here the counsellor should facilitate and provide warmth relationship with him. The change is in the client's hand the counsellor provide help and understand him as a whole may help the client to overcome from is problem.

BARRIES IN COUNSELLING

Counselling the vulnerable sections needs special attention and care. Counselling is a dynamic, purposeful, psychological interaction and its goal is to assist the counsellee(s) adjust more effectively and

qualitatively better to environment demands. In order to be successful, the counsellor should be able to relate himself to the clients' optimally. The counsellor should be able to recognize the cultural difference affect the ability of the counsellor to relate himself to the client and to discuss the problems he may encounter in making a diagnosis of the socially and economically weak counselle. The difficulties inherent in arriving at a warm and purposeful relationship.

1. Relationship- Maintain the empathic relationship rather than sympathy. Counselling , ipso facto implies rapport. Many times rapport enables the counselee to react spontaneously, warmly and sympathetically. This emotional bridge between the counsellor and the counselle(s) is basic to and pervades all interventional relations. The relationship between them should be mutually responsive. The weaker sections differ in varied ways. There is always a suspicion in their minds regarding the dominant cultural group s. Therefore, the counsellor should not give rise to feeling that he belong to a higher or privileged section. He should not appear over-sympathetic. It is always desirable to pursue the middle -of-the –road approach rather than take extreme positions-either very critical or very sympathetic it may spoil the counselling process.

2. Structuring- the counselees have, by and large, limited experiences in dealing with professionals. They are usually not able to understand the role they need to play. In such context the counsellor should structure or define the role of counselees and help them understand what is required of them. The counsellor should indicate what, why and how he intends what he will do. It is necessary to communicate to the counsellee what is expected of him and their relationship. Therefore, the counsellor should pay more than usual attention to structuring the counselling situation.

3. Resistance- the counsellees' opposition to the goals of counselling is referred to as resistance. It manifests itself in a variety of ways such as self-devluation, intellectualization and even overt hostility. Sometimes resistance is exhibited as not coming on time for the counselling session or being irregular to sessions or even failure to keep the appointments. They show uncooperative with the counsellor, hence the counselling will result in failure.

4. Transference- An individual reaction to person in the present in a manner similar to the way he has reacted to another person in the past is called transference. In other words, transference is the repetition of an old relationship in a new situation which may appear embarrassing to the counsellor. It may be conscious or unconscious, positive or negative and it is form of resistance to the goals of counselling.

5. Counter- transference- Transference is a counsellee reaction to the counsellor in a manner he reacted to some other person in the past. In counter- transference the reverse is implied. The counsellor transfers his feeling to the counsellee. It leads to persistent, inappropriate behaviour towards the counsellee and enormous strain in the counselling relationship.

6. Language- Language is part of an individual's culture or sub-culture. Inability to comprehend language result in failure to understand the counsellee. It is more difficult to understand non-verbal communication. Individual speak not just with their voices but also with gestures. Most counselling techniques demand a good understanding of the clients feeling.

7. Psychological barriers such as self-disclosure, self-hatred, personalism, listening, and modesty are the barriers for the effective counselling.

OUT COMES OF COUNSELLING

The counselling outcomes can also be affected by counsllee characteristics, such as counsellee expectations and readiness to communicate and to respond.

1.The involvement of the counsellee and his readiness to change are related to his improvement(Cartwright and Lerner, 1963).

2. Introverted counselees with greater tolerance for ambiguity have greater promise of better results (stoler,1963)

3. The degree of dependency expressed by the counselee was found to be related to the degree of support provided by counsellor (Schuldt,1966).

4. The congruence between the counsellor and counsellee was found to have a positive relationship to "favourable outcome of therapy"(Gerler, 1958)

5. counsellor – counsellee compatibility was reported to have positive correlation of 0.45 with counselling outcomes.

The outcomes of the counselling are based on the quality of the relationship with the counsellee. The focus is mainly towards the counselle, but he/ she has to survive with his family, peers and society. In concerning these counsellor involves his/her parents, friends, teachers, spouse and children. The outcome is always related to the improvement in client change in behaviour and attitude.

LIMITATIONS

Counselling is yet to become a life career in the developing countries, as for example in country like India where there is no provision for pupil guidance and counselling. The developing countries are facing an uphill task of improving the material and providing service to lot of the people. When resources are merged it becomes impossible to attend to such things as students' guidance and personality growth programme. However, in the near future it is very likely that the India government will take genuine interest in providing counselling centres for students in the college. There is no theoretical or conceptual frame work would be useful for practioners, researchers and academicians. Counselling is a tailor - men work, so it does not have a protocol in general, perhaps every individual is unique it has to be cater according to the need of their problem.

Conclusion

Counselling as a remedial functions and emphasizes immediate goals, such as problem solution, tension reduction and decision making. counsellee may refer to the resolution of a particular conflict or problem situation. Counselling is one of the effective tools in changing the attitudes towards himself, his values and his environment, which help the students to realizing his / her potentialities optimally.

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KNOW SCIENCE / NO STIGMA

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Many people who would benefit from mental health services opt not to pursue them or fail to fully participate once they have begun. One of the reasons for this disconnect is stigma; namely, to avoid the label of mental illness and the harm it brings, people decide not to seek or fully participate in care. Stigma yields two kinds of harm that may impede treatment participation: It diminishes self-esteem and robs people of social opportunities. Given the existing literature in this area, recommendations are reviewed for ongoing research that will more comprehensively expand understanding of the stigma care seeking link. Implications for the development of anti stigma programs that might promote care seeking and participation are also reviewed.

Although the quality and effectiveness of mental health treatments and services have improved greatly over the past 50 years, many people who might benefit from these services choose not to obtain them or do not fully adhere to treatment regimens once they are begun. Stigma is one of several reasons why people make such choices; namely, social– cognitive processes motivate people to avoid the label of mental illness that results when people are associated with mental health care. A brief definition of stigma is provided, followed by a more complete description of two specific manifestations that dissuade people from treatment: the threats of diminished self-esteem and of public identification when labeled "men-tally ill." The article ends by briefly reviewing implications of these two factors for research and anti stigma programs that seek to increase consumer use of mental health services.

An important question throughout this article is whether the problem of stigma and adherence applies to the generic concept of mental illness or differs by diagnosis and/or level of disability. Research evidence on this issue is mixed. On one hand, research suggests there is a nonspecific label effect, implying that people labeled mentally ill, regardless of the specific psychiatric diagnosis or level of disability, are stigmatized more severely than those with other health conditions. On

the other hand, studies suggest the public discriminates among psychiatric groups in terms of stigma; for example, people with psychotic disorders are judged more harshly than people with depression or anxiety disorders. Moreover, treatment participation and adherence seem to be greater problems in individuals with psychotic disorders. Given the equivocal nature of stigma and diagnosis, the relevance of specific diagnoses and disabilities is highlighted where appropriate in the remainder of this article.

Mental Health Problems and Care Seeking

Most clinical and services researchers recognize several interventions as having sufficient empirical evidence to commend them for treatment of specific disorders (American Psychiatric Association, 1997, 2000; Gibbs & Gam-brill, 2002; Proctor, 2002; Torrey et al., 2001). Two task forces of the American Psychological Association (APA)— on Psychological Intervention Guidelines (1995) and on Promotion and Dissemination of Psychological Procedures (1995)— have developed standards for defining research evidence that describes empirically supported interventions. Division 12 members have summarized these proceedings and similar efforts into a continually evolving set of guidelines and recommendations (Chambless et al., 1996, 1998; Weisz, Hawley, Pilkonis, Woody, & Follette, 2000). Chambless and Hollon (1998, p. 7) posed three questions that perhaps best define evidence-based treat-ment:

(a)Has the treatment been shown to be beneficial in controlled research? (b) Is the treatment useful in applied clinical settings, and if so, with what patients and under what circumstances? (c) Is the treatment efficient in the sense of being cost-effective relative to other alternative interventions?

As a result of ongoing clinical and services research, pro-viders and policymakers have developed evidence-based guidelines that suggest specific treatments will improve the lives of people with particular problems and disorders.

Despite the plethora of evidence-based interventions, services researchers are familiar with two disconcerting trends vis-a`-vis effective treatment: (a) Many people with mental illness never pursue treatment, and (b) others begin treatment but fail to fully adhere to services as prescribed. Large-scale epidemiologic research has provided

evidence that supports the first assertion. Research from the Epide-miologic Catchment Area (ECA) Study showed that less than 30% of people with psychiatric disorders seek treat-ment (Regier et al., 1993). A subsequent large-scale study, the National Comorbidity Survey, showed similar results (Kessler et al., 2001). Less than 40% of respondents with mental illness in the past year received stable treatment. Perhaps these small ratios represent those with relatively minor adjustment disorders who choose to withstand brief psychological discomfort rather than engage mental health providers.

Additional analyses of ECA data, however, do not support this assumption. Although somewhat better, there is still concern about the number of people with serious mental illness who do not receive care. About 40% of people with such serious disorders as schizophrenia failed to obtain treatment (Regier et al., 1993), and people with serious mental illness were no more likely to participate in treatment than those with relatively minor disorders (Nar-row et al., 2000). A national survey conducted by the Substance Abuse and Mental Health Services Administra-tion found similar sobering results (Willis, Willis, Male, Henderson, & Manderscheid, 1998); fewer than 10% of people with psychiatric disabilities receive such diagnosti-cally indicated services as vocational rehabilitation, case management, or day treatment. Findings from a national survey conducted by the Schizophrenia Patient Outcome Research Team are also alarming (Lehman et al., 1998). Although more than 90% of individuals in the survey received maintenance neuroleptic treatment, participation in evidence-based psychosocial treatments was far lower. Less than half of survey participants reported participation in appropriate psychotherapies, less than a quarter were involved in family therapy, and only about 10% received intensive case management. This lag has multiple causes, including avoidance of the public labels that yield stigma

These problems are further exacerbated by the number of people who obtain mental health services but fail to fully adhere to component prescriptions. A recent review of 34 studies of compliance with psychiatric medication found, on average, that more than 40% of persons receiving anti-psychotic medication failed to fully comply with prescribed regimens (Cramer & Rosenbeck, 1998). Failure to adhere to antipsychotic regimens increased rehospitalization by three-fold, accounting for an $800 million increase in hos-pital costs world wide

(Weiden & Olfson, 1995). In addi-tion, many persons drop out of psychosocial interventions before finishing the complete regimen (Falloon, Lindley, McDonald, & Marks, 1977; Tarrier et al., 1998).

The Relevance of Stigma

The question of interest in this article is why people with mental health problems fail to engage in treatment. The stigma process is proffered as one relevant factor and is framed here as four social–cognitive processes: cues, stereotypes, prejudice, and discrimination. First, the general public seems to infer mental illness from four cues: psychiatric symptoms, social-skills deficits, physical appear-ance, and labels (Corrigan, 2000; Penn & Martin, 1998). Many of the symptoms of severe mental illnesses like psychoses—for example, inappropriate affect and bizarre behavior—are manifest indicators of psychiatric illness that produce stigmatizing reactions (Link, Cullen, Frank, & Wozniak, 1987; Penn et al., 1994; Socall & Holtgraves, 1992). Moreover, poor social skills (Bellack, Mueser, Mor-rison, Tierney, & Podell, 1990; Mueser, Bellack, Douglas,Morrison, 1991) that result from some psychiatric ill-nesses also lead to stigmatizing responses from others. Similarly, research suggests that poor personal appearance may lead to stigmatizing attitudes; for example, "that un-kempt person on the park bench must be a mental patient" (Eagly, Ashmore, Makhijani, & Longo, 1991; Penn, Mueser, & Doonan, 1997).

It is important to note, however, the potential for misattributing someone as mentally ill on the basis of these three cues. For example, eccentric behavior that is not characteristic of a psychiatric disorder could be misunder-stood as mental illness. Just as these signs may yield false positives, so may their absence lead to false negatives. Many people are able to conceal their experiences with mental illness without peers being aware. Juxtaposing con-cerns about false positives with the idea that the stigma of mental illness may be hidden begs the following question: What else, then, is the mark that leads to stigmatizing responses? Several carefully constructed studies suggest labeling as an important candidate (Jones et al., 1984; Link, 1987; Scheff, 1974). Labels lead to stigma in two ways. People can obtain labels from others (a psychiatrist can inform someone that Ms. X is mentally ill) or labels can be obtained by association (a person observed coming out of a psychologist's office may be assumed to be mentally ill).

Second, stigmas are cues that elicit stereotypes, knowledge structures that the general public learns about a marked social group (Augoustinos, Ahrens, & Innes, 1994; Esses, Haddock, & Zanna, 1994; Hilton & von Hippel, 1996; Judd & Park, 1993; Krueger, 1996; Mullen, Rozell,Johnson, 1996). Stereotypes are especially efficient means of categorizing information about social groups. Stereotypes are considered "social" because they represent collectively agreed on notions about groups of persons. They are "efficient" because people can quickly generate impressions and expectations of individuals who belong to a stereotyped group (Hamilton & Sherman, 1994). Com-monly held stereotypes about people with mental illness include violence (people with mental illness are danger-ous), incompetence (they are incapable of independent living or real work), and blame (because of weak character, they are responsible for the onset and continuation of their disorders; Brockington, Hall, Levings, & Murphy, 1993; Corrigan et al., 2000; Hamre, Dahl, & Malt, 1994; Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999).

## Public Stigma: Harm to Social Opportunities

Stigma also influences the interface between mental illness and the criminal justice system. Criminalizing men-tal illness occurs when police, rather than the mental health system, respond to mental health crises, thereby contributing to the increasing prevalence of people with serious mental illness in jail (Watson, Ottati, Corrigan, & Heyr-man, in press). Persons exhibiting symptoms and signs of serious mental illness are more likely than others to be arrested by the police (Teplin, 1984). Moreover, people with mental illness tend to spend more time incarcerated than those without mental illness (Steadman, McCarthy, & Morrissey, 1989). The growing intolerance of offenders in general has led to harsher laws and has hampered effective treatment planning for mentally ill offenders (Jemeka, Trupin, & Chiles, 1989; Lamb & Weinberger, 1998).

The negative impact of public stigma is also observed in the general health care system; people labeled mentally ill are less likely to benefit from the depth and breadth of available physical health care services than people without these illnesses. Druss and colleagues completed two studies on archival data that suggested people with mental illness receive fewer medical services than those not labeled in this manner (Desai, Rosenheck, Druss, & Perlin, 2002; Druss & Rosenheck, 1997).

Moreover, studies by this group suggest that individuals with mental illness are less likely to receive the same range of insurance benefits as people without mental illness (Druss, Allen, & Bruce, 1998; Druss & Rosenheck, 1998). An additional study seems to implicate stigma more directly. Druss, Bradford, Rosenheck, Radford, and Krumholz (2000) examined the likelihood of a range of medical procedures after myocardial infarction in a sample of 113,653 individuals. Com-pared with the remainder of the sample, Druss et al. (2000) found that people identified with comorbid psychiatric dis-order were significantly less likely to undergo percutaneous transluminal coronary angioplasty. Once again, mental illness is indicated as a barrier to receiving appropriate care.

Combined, this evidence suggests that public identi-fication as "mentally ill" can yield significant harm. Re-search has suggested that people with concealable stigmas (people who are gay, of minority faith-based communities, or with mental illness) decide to avoid this harm by hiding their stigma and staying in the closet (Corrigan & Mat-thews, 2003). Alternatively, they may opt to avoid the stigma all together by denying their group status and by not seeking the institutions that mark them (i.e., mental health care). This kind of label avoidance is perhaps the most significant way in which stigma impedes care seeking.
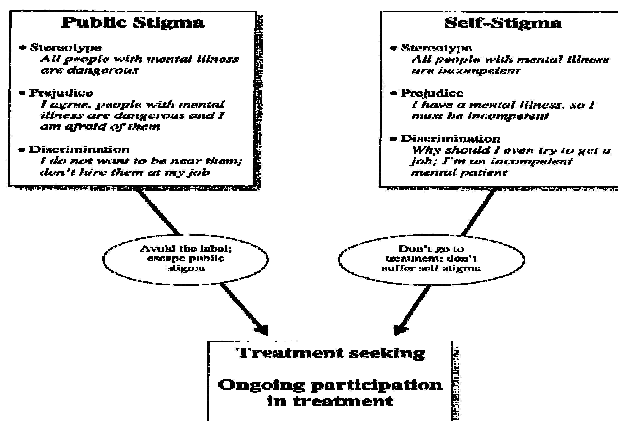
Controlled social laboratory studies have demonstrated an inverse association between public stigma and care seeking. Results of one survey showed members of the general public who blamed individuals for their mental illness and withheld help to them were less likely to

seek care for themselves. A second study showed an inverse relationship between stigmatizing attitudes and treatment adherence. In this study, stigma was measured using the Scale of Perceived Stigma (Link, Cullen, Struening, Shrout, & Dohrenwend, 1999). Scores on the Scale of Perceived Stigma were associated with whether 134 adults were compliant with their antidepressant medication regimen three months later. Findings on these small samples have been supported by additional population-based studies that frequently incorporated probability samples. One study on about 3,000 community residents is an example. Endorsing negative attitudes about mental illness inhibits personal service utilization in those at risk for psychiatric disorder. Results from the National Comorbidity Survey identified several specific beliefs that might sway people from treatment. These include concerns about what others might think and wanting to solve problems on one's own. These two studies were completed on adults. A third study using a national probability sample examined the influence of stigma on care seeking in adolescents. The National Annenberg Risk Survey of Youth was conducted by telephone in the spring of 2012 with 900 respondents selected via random-digit dialing procedures. Results showed that adolescents who were more likely to endorse the stigma of mental illness were less likely to obtain care when needed. An additional interesting finding was that the connection between stigma and treatment seeking was mediated by perceptions about treatment success. Views about stigma were less relevant to care seeking when the adolescent believed treatment was likely to be successful. This result parallels another study done on adults with neurotic disorders; people in this group were less likely to seek treatment when they believed no one could help those

Self-Stigma: Harm to Self-Esteem

People may also avoid the stigma of mental illness because of stigma's potential effects on one's sense of self. Living in a culture steeped in stigmatizing images, persons with mental illness may accept these notions and suffer diminished self-esteem, self-efficacy, and confidence in one's future. Research shows that people with mental illness often internalize stigmatizing ideas that are widely endorsed within society and believe that they are less valued because of their psychiatric disorder. Persons who agree with prejudice concur with the stereo-type "That's right; I am weak and unable to care for myself!"

Self-prejudice leads to negative emotional reactions; prominent among these is low self-esteem and low self-efficacy. *Self-esteem* is typically operationalized as diminished views about personal worth and is often experienced as shame. Families frequently report an intense sense of shame secondarily as a result of a member's mental illness. *Self-efficacy* is defined as the expectation that one can successfully perform a behavior in a specific situation. Low self-efficacy and demoralization has been shown to be associated with failing to pursue work or independent living opportunities at which people with mental illness might otherwise succeed. Obviously, this kind of self-prejudice and self-discrimination significantly interferes with a person's life goals and quality of life.

Fundamental suppositions of social psychological re-search on prejudice suggest why self-stigma would dissuade people from being labeled and seeking treatment. People in general are motivated to stigmatize others because of ego or group enhancement.

Instead of thinking "I am not competent," individuals buffer their self- or group's image against interpersonal failings by viewing others as incompetent; in this case, people with mental illness (among the many possible stigmatized groups) are deficient. Hence, people avoid being labeled mentally ill, thereby escaping the negative statements that lessen self-esteem and self-efficacy.

Research has shown a significant relationship between shame and avoiding treatment. The measures used in the study by Sirey, Bruce, Alexopoulos, Perlick, Raue, et al. (2011)—the Scale of Perceived Stigma included a proxy of shame. Research participants who expressed a sense of shame from personal experiences with mental illness were less likely to be involved in treatment. Family shame was also a significant predictor of treatment avoidance. Results of the Yale component of the ECA data showed that respondents with psychiatric diagnoses were more likely to avoid services if they believed family members would have a negative reaction to these services, that is, if they learned from their family that being identified as mentally ill disgraced themselves and/or their family. Conversely, positive attitudes of family members were associated with greater service use in a sample of more than 1,000 drawn from a representative community sample and a group from a men-tal health clinic. Hence, the potential of self-stigma can yield label avoid-ance and decreased treatment participation. A point made earlier

in this article is reiterated here. What is presented as self-stigma here is clearly influenced by public stigma. Hence, the two constructs, and their impact on care seeking, are best understood in interaction.

Stigma and Diversity

Given concerns about diversity in the service system (e.g., some psychotherapies are not sensitive to differences in ethnicity), perhaps the impact of perceived stigma and service use is mediated by a third set of variables: demo-graphics. A survey of 92 outpatients with depression tested this hypothesis by examining the effects of age on stigma perception and service use. Results showed that younger patients (under 65) were likely to perceive more stigmas about mental illness than a comparison group over

However, only the older group showed a significant association between perceived stigma and reluctance to participate in treatment. In another study, older adults with negative attitudes about mental health services were also shown to be less likely to talk to their primary care physician about psychiatric symptoms

Stigma and service utilization also seem to interact with the ethnic background of the potential consumer. Analyses of the ECA data, for example, suggest that European Americans with mental illness are more likely to use psychiatric services than African Americans or Hispanics (Narrow et al., 2000). It still needs to be clarified how much of this finding is due to public versus self-stigma in ethnic minorities. However, there is some evidence that non-Caucasians are less likely to think that the medical system is a useful source of mental health treatment, per-haps reflecting basic prejudices in the health care system. This finding was supported in a recent qualitative study of African Americans in Chicago who reported that the church, rather than the mental health system, was often a better venue for mental health care (Matthews, Corrigan, Smith, & Rutherford, 2003). Moreover, persons with less education or income, a variable often conflated with ethnicity, express more concern about family reactions.

Implications for Increasing Mental Health Care Seeking

This article argues that stigma represents a significant pub-lic health concern because it is a major barrier to care seeking or ongoing treatment participation. The evidence reviewed in this article vis-a`-vis

stigma and mental health care yields four sets of implications, which are explained in the subsequent sections.

Directions for Future Research

Existing bodies of research have extensively described why people might opt to avoid services because of stigma. Future research needs to build on this literature to develop a more cohesive paradigm for understanding the link between stigma and care avoidance. Six specific conundra need to be addressed in this research. First, determine how varying aspects of person-level stigma interfere with care seeking. Two elements of person stigma seem relevant from the literature review provided in this article. Some people might not seek treatment to avoid the public harm that results from labels. Alternatively, some people with mental illness may avoid the label to escape stigma's impact on their sense of self. Future research needs to determine the relative impact of these and other kinds of person-level stigma. Second, examine the impact of disease awareness. Many persons with psychotic disorders are un-aware of the nature of their mental illness or its impact on the breadth of life functioning domains. As a result, some persons with mental illness may not realize they belong to a group of people who are stigmatized. Hence, they may be relatively immune to person-level stigma. Research examining the impact of stigma on care seeking should include awareness as a covariate.

Third, demonstrate causal relationships where existing studies have examined fundamentally correlational ones. Research reviewed in this article, for example, has shown that people who endorse some aspect of person-level stigma are less likely to admit to care seeking. Unclear from this research is whether this association represents a causal effect of stigma or some other relationship implied by correlation. Future research needs to include experimental or multi panel designs to test the causality of these relationships. Fourth, incorporate behavioral proxies for care seeking. For the most part, past research has used self-report to assess care seeking even though care seeking is fundamentally a behavior. Future research should incorporate measures of actual behavior, including direct observation, to find out whether stigma attitudes impede people from seeking care. Prospective designs, in particular, may be useful; over a period of time, determine how preexisting attitudes influence care seeking as the person needs mental health services.

Fifth, adopt broader models of care seeking. To focus the discussion of the article, I limited care seeking here in terms of the original decision to obtain treatment or main-tain ongoing participation. Services researchers have framed this issue into the much broader construct of illness career, which includes problem recognition, care initiation, ongoing treatment adherence, and treatment exit framed within an undulating course. Further research into the stigma care seeking link needs to incorporate broader models of illness career. In a similar vein, researchers need to remember that the idea of care exceeds traditional mental health settings. Future research must also determine how care in other settings primary health care, faith-based initiatives or consumer operated programs (i.e., programs developed by people with mental illness for people with mental illness)—influences the stigma– care link. Faith-based communities, for example, provide a congregation of supportive peers rather than an identity of "mental patient" that corresponds with hospitalization.

Finally, use research methods that incorporate micro-and macro level variables. Integrating psychological and sociological constructs into a common model offers interesting methodological conundra (Corrigan, Markowitz, & Watson, in press). For example, units of analysis relevant to social cognition almost exclusively represent the individual and include proxies of cognitive content and pro-cesses, as well as emotions, related to stigmatizing attitudes plus the behavioral consequences of these attitudes. Structural discrimination involves processes that typically rep-resent collective and macro level units rather than individuals; for example, how the insurance systems of national governments limit mental health benefits. The aggregate of individual properties serves as an index of macro level constructs.

The macro-to-micro link was an important research agenda of sociologists in the first half of the 20th century. However, analyses of this form diminished in the 1970s after a series of critiques concluded that only a small amount of variance in individual level variables is attributable to macro level variables. Liska (1990) responded to this criticism by arguing that although macro variables might account for relatively minor variance in micro level individual variables (especially compared with other psychological predictors), the social scientist should not overlook the conceptual importance of macro level variables per se. Presence of a mental health parity law is still theoretically

important to understanding the impact of insurance benefits. Hence, the interesting research question may not be whether macro variables account for more variance than micro variables in a group's experience of stigma and willingness to access services, but rather whether Macro variable A accounts for significantly more variance than Macro variable B and thereby seems to have a bigger role as a macro variable in explaining the individual's experience of stigma. Future research efforts need to further struggle with the multiple levels of methodological possibilities.

Strategies That Diminish Stigma

Programs that decrease stigma will reduce the attitudes and behaviors that might be barriers to care seeking. Corrigan and Penn (1999) identified three approaches that may diminish aspects of the public stigma experienced by people with mental illness: protest, education, and contact. Groups protest inaccurate and hostile representations of mental illness as a way to challenge the stigmas they represent. These efforts send two messages: to the media, stop report-ing inaccurate representations of mental illness; to the public, stop believing negative views about mental illness. Largely anecdotal evidence suggests that protest campaigns have been effective in getting stigmatizing images of men-tal illness withdrawn (Wahl, 1995). However, controlled studies on changing the stigmatizing attitudes of individuals suggest that protest may actually cause attitude rebound in the stigmatizing beliefs of the public (Corrigan, River, et al., 2001; Macrae, Bodenhausen, Milne, & Jetten, 1994). Instead of decreasing stigma, reactance seems to occur ("don't tell me what to think") and negative attitudes worsen.

Protest attempts to diminish negative attitudes about mental illness but fails to promote more positive attitudes that are supported by facts. Education provides information so that the public can make more informed decisions about mental illness. Research on education related to mental illness stigma has suggested that participation in these kinds of programs has led to improved attitudes about persons with these problems (Corrigan, River, et al., 2001; Holmes, Corrigan, Williams, Canar, & Kubiak, 1999; Keane, 1990; Morrison, Cocozza, & Vanderwyst, 1980; Penn et al., 1994). Given the research that suggests having confidence in treatment diminishes the negative impact of stigma on treatment seeking (Meltzer et al., 2003; Penn et al., in press),

education programs should also reflect evidence about the success of treatment participation. Unfortunately, research also suggests that the effects of education may not endure over time (Corrigan et al., 2002).

Stigma is further diminished when members of the general public have contact with people with mental illness who are able to hold down jobs or live as good neighbors in the community (Corrigan, Edwards, Green, Diwan, & Penn, 2001; Corrigan et al., 2002; Pinfold et al., 2003; Schulze, Richter-Werling, Matschinger, & Angermeyer, 2003). Hence, opportunities for the public to meet persons with severe mental illness may discount stigma. The re-search question of particular interest here is how attitudes that may change as a result of these antis tigma programs increase care seeking for persons in need.

Diminishing self-stigma.

In this article, I also highlighted poor treatment adherence as another public health concern that might be exacerbated by stigma. Consumer advocates (Chamberlin, 1978; Deegan, 1990) have argued, and research seems to support the idea, that many psycho-social and medical treatments dis empower people; as a result, people in need decide to not fully participate in services. People with mental illness who self-stigmatize tend to report little personal empowerment in terms of treatment and hence participation in treatment is diminished. As a result, interventions that challenge self-stigma and facilitate empowerment are likely to improve adherence (Corrigan & Calabrese, in press; Speer, Jackson, & Peterson, 2001). Professionals must be able to recognize what adherence means in this context; not blind compliance with whatever the therapist prescribes but active participation and engagement in all aspects of care. Consumer operated self-help services are among the best examples of practices that facilitate empowerment (Davidson et al., 1999).

Implications for advocacy.

Many groups have called for anti stigma programs to increase care seek-ing for people in need of mental health services; these include most of the professional mental health associations, the National Alliance for the Mentally Ill, the Mental Health Association, the Center to Address Discrimination and Stigma, and the Eliminate the Barriers Initiative (the last two represent Substance Abuse and Mental Health Services Administration-funded national projects with eliminating

stigma as the primary goal). Explaining the relationship between stigma and care provides necessary information for anti stigma programs. Given the APA's interest in the public health agenda, how might the association proceed given the position of these advocacy groups? It is important to note that advocacy groups do not speak with a single voice in terms of the stigma question and sometimes represent opposing views. For example, the Treatment Advocacy Center promotes the notion that un-treated mental illness leads to great community violence. Advocacy groups like the National Stigma Clearinghouse believe this kind of message makes stigma worse. Hence, there is not a transparent agenda to which the APA might consider joining. Instead, advocacy efforts need more re-search to better understand stigma and ways to effectively reduce it. APA members should use its theoretical and methodological prowess to advance this goal.
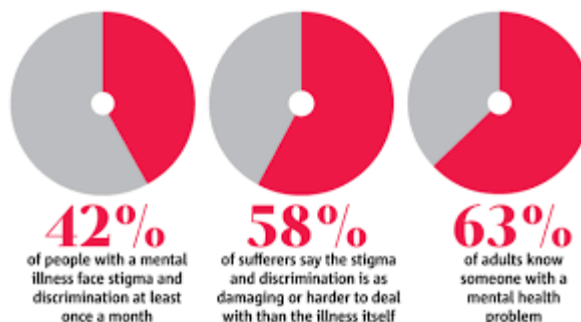
Stigma as Social Cognition Is Only One of the Barriers

Stigma as a social– cognitive construct is only one of several stigma-related factors that undermine obtaining mental health care when in need. Services researchers have exam-ined other interpersonal, economic, and policy factors that also mitigate service use. One manifestation of these factors is structural stigma; namely, economic and political pressures on the culture, rather than psychological influences on the individual, that yield discrimination and undermine care access (Corrigan et al., in press; Link & Phelan, 2001). Rather than stereotypes, prejudice, and discrimination, the products of these forces are social and institutional structures that rob people of opportunities.

Structural stigma develops during historical epochs that can be centuries long rather than the few years that might describe an individual's developmental period.

Although a thorough discussion of structural stigma is beyond the scope of this article, brief examples provide an illustration. Sociologists have identified legislative activities that are examples of intended structural stigma as applied to African Americans (Hill, 1988; Wilson, 1990). Jim Crow laws passed by many of the southern states after the Civil War restricted voting rights and other civil liberties of American Blacks. A store clerk who did not serve a Black customer may not have been acting out her own prejudice but instead complying with the law. Unfortunately, research suggests similar patterns still exist in terms of mental illness. Approximately one third of the 50 states restrict the rights of an individual with mental illness to hold elective office, participate on juries, and vote (Burton, 1990; Corrigan, Watson, Heyrman, et al., 2004; Hemmens, Miller, Burton, & Milner, 2002). Even greater limitations are evident in the family domain. About 50% of states restrict the child custody rights of parents with mental illness. It is important to note that these legal restrictions frequently do not reflect societal concerns about whether a person with psychiatric disabilities is incompetent to assume these social privileges. Instead, it is the label per se that leads to loss of these important opportunities.

Threats to confidentiality may also be an example of intended structural discrimination, especially relevant to care seeking. Many people may avoid mental health ser-vices because they fear that confidential information about their psychiatric history may become known to groups to whom they would opt to not disclose. For example,

separated spouses in child custody battles may fear that confidentiality protections will not keep their mental health records out of court. Prospective employees who need security clearance as part of being hired may be concerned about private health information being disclosed to employers. Congress passed the Health Insurance Portability and Accountability Act in 1996 to offer further confidentiality protections. However, despite these kinds of protections, future research needs to determine public protections about confidentiality and the impact of these perceptions on care seeking.

Structural stigma may also result from unintended consequences. Pincus (1999) provided some useful examples. Many universities and colleges use the Scholastic Achievement Test (SAT) to limit admission to students who have earned high scores, believing this to be an unbiased way to select students. However, given that African American and Hispanic students typically score lower than Caucasians on these tests, universities that rely on the SAT and ACT admissions are likely to disproportionately favor admission of Caucasians over African American and Hispanic students. Alternatively, many large companies require job applicants to have a bachelor's degree, even though the kinds of skills this degree entails are sometimes not relevant to specific positions. Given that African Americans entering the job market have a much lower rate of college degrees, they are less likely to access these kinds of jobs. Many insurance companies adjust claims and premiums on the basis of area crime rates. Given that crime rates are generally higher in Black communities, African Americans are likely to pay significantly more for the same level of coverage. It is important to note in each case that the goal was actually to be color blind, but the result was discrimination against people of color.

I have argued that the federal government's inability to move ahead on mental health parity (e.g., require private insurers to equate lifetime and annual limits on mental health benefits at a similar level as medical and surgical benefits) is one example of unintended structural stigma as applied to mental illness (Corrigan et al., in press). Opponents of the Mental Health Parity Act are not against it because they believe people with mental illness are to blame for their illness and, therefore, are not deserving of these kinds of protections. Rather, they cite financial con-cerns that are frequently at the root of structural discrimination. Lobbyists for the business sector argued that parity

requirements could bankrupt small businesses by raising health care costs (Levinson & Druss, 2000). The inability to shake business concerns despite evidence to the contrary is an example of the ongoing influence of structural stigma.

An Issue of Social Justice

Framing stigma as a prominent public health concern has led to defining the problem vis-a`-vis the medical model. Proponents of this model have argued that treatments that eliminate or otherwise control the disease will help to eradicate the accompanying stigma (Sartorius, Byrne, & Smith, 2003). They point to broad improvement in public attitudes toward diseases like leprosy, small pox, and tuberculosis with greatly diminished incidence and prevalence rates, as well as illnesses like AIDS and cancer with vastly improved treatments. Hence, stigma should diminish (and care seeking should improve) as specific mental ill-nesses are eliminated or controlled.

Although improving treatments may yield secondary effects including diminished prejudice and discrimination, framing mental illness stigma as a medical concern may also exacerbate the problem. Anti stigma programs solely reflecting the medical perspective may have unintended consequences (Corrigan, Watson, Byrne, & Davis, 2004). The public may view mental illness as a genetic condition from which the person does not recover (Phelan, Cruz-Rojas, & Reiff, 2002). It might suggest the harm caused by stigma has greater impact on the mental health system rather than the person with mental illness. It might foster pity rather than parity. It places responsibility for the stigma on the person with mental illness rather than where it belongs— on the public.

When viewed in terms of the prejudice and discrimination experienced by other out-groups, such as ethnicity and gender, stigma is better understood as an issue of social injustice. On the basis of sociological research, a social injustice perspective argues that many of the lost opportunities experienced by people with mental illness result from the difference and defects suggested by stigma. Exaggerated notions of group difference result in less power for people with mental illness. Most readers would protest any policy that suggested the best way to deal with the preju-dice experienced by gays and lesbians would be to correct their sexual orientation. Framing stigma as social injustice

expands understanding of the phenomena as well as broad-ens the approach to erasing stigma. Ultimately, it may be the integration of public health and social injustice models that leads to the greatest challenges to stigma. Psychologists and other social scientists need to partner with advocates to identify the best strategies to bring about these goals.

Summary

Research suggests that stigma may impede people from seeking or fully participating in mental health services. In particular, the threat of social disapproval or diminished self esteem that accompanies the label may account for underused services. Advocacy and government groups have strongly endorsed resolving the stigma of mental illness as a way to improve service use. The report of President Bush's New Freedom Commission highlighted anti stigma programs as a primary goal to improve the mental health system (M. F. Hogan, 2003). A better understanding of the problem of stigma is needed to inform the development of these anti stigma programs. Several areas for development of the research agenda were re-viewed in this article. Psychologists who are able to embrace this research agenda will help advocates to better tackle the stigma problem and will significantly advance treatment use in turn.

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A STUDY ON MENTAL HEALTH AMONG THE WOMEN OFFENDERS WITH SPECIAL REFERENCES IN CUDDALORE PRISON, TAMIL NADU

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Abstract

When mental health is noted in correctional risk assessment, and most often it is not, scales attempt to screen for little else than whether or not there is a recorded history of medication, diagnoses, or hospitalization. Within the risk prediction research, it is also subsumed under a composite "personal distress" scale which merges several distinct mental health issues

Key Words : Female offenders Mental health. Psychiatric disorder, guilt and insecurity

Introduction

There is a growing body of research on the mental health needs of women offenders. One major finding from this research is that incarcerated women are more likely than their male counterparts to report extensive histories of physical, sexual, and emotional abuse (Messina, Burdon, Hagopian, & Prendergast, 2006). Surveys conducted among incarcerated women have also shown a strong link between childhood abuse and adult mental health problems, particularly depression, post-traumatic stress, panic, and eating disorders (Messina & Grella, 2006). In a 2006 study of the impact of childhood traumatic events on a sample of drug-dependent female offenders, Messina and Grella found that greater exposure to childhood adverse events was associated with behavioral problems in adolescence and adulthood, as well as physical and mental health problems.

Although they are therapeutically linked, substance abuse, post-traumatic stress, and mental health problems have been treated separately. One of the most important developments in mental health

care over the past several decades is the recognition that a substantial proportion of women offenders have experienced trauma and this plays a vital and often unrecognized role in the evolution of a woman's physical and mental health problems (Bloom, Owen, & Covington, 2003).

There are important mental health differences between incarcerated women and women in general. For example, 12% of females in the general population have symptoms of a mental disorder, compared to 73% of females in state prison, 61% in federal prison, and 75% in local jails (James and Glaze, 2006). Another study, comparing incarcerated women matched by age and ethnicity to those in the community, found that incarcerated women have a significantly higher incidence of mental health disorders including schizophrenia, major depression, substance use disorders, psychosexual dysfunction, and antisocial personality disorder (Ross, Glaser, & Stiasny, 1998).

Review of literature

Female offenders are more likely than male offenders to exhibit depression, anxiety, co-occurring disorders, and self-injurious behavior (Belknap & Holsinger, 2006; Bloom, Owen, & Covington, 2003; Blume, 1997; Holtfreter & Morash, 2003; McClellan et al., 1997; Owen & Bloom, 1995; Peters, Strozier, Murrin, & Kearns, 1997). High proportions of women in correctional settings also suffer from mood disorders, panic disorders, post-traumatic stress, and eating disorders (Bloom et al., 2003; Blume, 1997).

Mental health's importance as a risk factor among women offenders, however, appears to have been understated (Andrews et al., 1990; Blanchette & Brown, 2006), likely for two reasons. First, offenders may suffer from mental illnesses that have not been officially diagnosed. In this sense, mental health problems are frequently under-reported. However, studies using behavioral measures of mental health (such as suicide attempts) find strong links between mental health and recidivism (Benda, 2005; Blanchette & Motiuk, 1995; Brown & Motiuk, 2005).

A study by Green, Miranda, Daroowalla, and Siddique (2005) that explored exposure to trauma, mental health functioning, and treatment-program needs of women in jails found high levels of exposure to trauma (98%) – especially interpersonal trauma (90%) –

and domestic violence (71%) among incarcerated women, along with high rates of PTSD, substance abuse problems, and depression. Thirty-six percent of the women had mental disorders. These findings suggest that many incarcerated women are unlikely to meet goals of economic and social independence, family reunification, and reduced involvement in criminal activities without adequate attention to their PTSD and other mental health problems (p. 145). The authors emphasize that, unless traumatic victimization experiences, functional difficulties, and other mental health needs are taken into account in program development, incarcerated women are unlikely to benefit from in-custody and post-release programs.

STATEMENT OF THE PROBLEM

Mental disorders among prisoners have long been identified and studied in every country including India. National and International researches have repeatedly shown a high prevalence of mental disorders among prisoners than in the general population. Common disorders include substance use disorder, psychotic disorder and psychoneurotic disorder like stress, mental health and anxiety. Many of these disorders may be present before admission to prison, and may be further exacerbated by the stress of imprisonment (WHO, 2007).

Objectives

- To analyse the factors involving the problem of Mental health among women offenders.

- To tabulate the socio-economic factors are indirectly affect the women offenders' life.

- To enquire the women offenders present condition in mental health

Research design:

The present study is based on descriptive research design. The study has been conducted in the central prison of Cuddalore jail, the study was conducted in two phases, while, the first was the enumeration phase, and base-line survey of record available with state government department of prison, the second phase was of data collection with some sample case consisting of detailed interview schedule.

Universe and sampling:

The universe of the study consisted of all the female inmates in the female section of a central jail in Cuddalore. The target group was under trial female criminals of central jail women section. They are 450 women inmates in the central jail Cuddalore prisons. From the universe the researcher selected 50 samples in randomize manner.

Data collection, Analysis and Interpretation:

The study consists of primary and secondary source of data. Primary data was collected by a structured Interview Schedule from women prisoners. It consists of personal profile, Socio-economic background, causes and nature of crime, attitudes and expectations of the respondents and their future plan after release. The researcher analysis the data's by simple tabulation method.

Cross table

Table 1

Association between Mental Health and Age of the respondents

S.No	Age of the Respondents	Mental Health Scoring		Statistical Inference
		Low (n=62)	High (n=38)	
1	Below 30 Years	11 (68.8%)	5 (31.2%)	$X2 = 5.640$ df= 3 0.000>0.05 Not Significant
2	31-40 Years	21 (77.8%)	6 (22.2%)	
3	41-50 Years	10 (47.6%)	11 (52.4%)	
4	Above 50 Years	20 (55.6%)	16 (44.4%)	

From the above table, we can understand the association between mental health Scale and age of the respondent's. More than half of the (52.4 per cent) respondents secured the higher level of mental health scoring in the age group between 31-40 years and vast majority of the (77.8 per cent) of the respondents secured low level of mental health

scoring in the age group of between 31-40 years. The chi-square analysis shows that there is no statically significant association between mental health and age of the respondents.

Table 2

Association between Mental Health Scoring and Religion of the respondents

S.No	Religion of the Respondents	Mental Health Scoring		Statistical Inference
		Low (n=62)	High (n=38)	
1	Hindu	47 (58.0%)	34 (42.0%)	X^2 = 4.136
2	Muslim	10 (71.4%)	4 (28.6%)	df= 2
3	Christian	5 (100.0%)	0 (.0%)	0.000>0.05 Not Significant

From the above shows the association between mental health scoring Scale and religious group of the respondent's. less than half (60.0 per cent) of the respondents secured the higher level of Mental health scoring from Hindu religious group and vast majority of the (71.4 per cent) of the respondents secured low level of Mental health scoring from Muslim religious group. The chi-square analysis shows that there is no statically significant association between mental health and gender of the respondents.

Table 3

Association between Mental Health Scoring and Community of the respondents

S.No	Community of the Respondents	Mental Health Scoring		Statistical Inference
		Low (n=62)	High (n=38)	
1	Schedule Community	23 (59.0%)	16 (41.0%)	$X^2 = 20.690$ df= 3 0.000<0.05 Significant
2	Backward Community	8 (32.0%)	17 (68.0%)	
3	Most Backward Community	16 (76.2%)	5 (23.8%)	
4	Other Backward Community	15 (100.0%)	0 (.0%)	

Above the shows that the association between mental health scoring and community of the respondent's. Majority of the (68.0 per cent) respondents secured the higher level of mental health scoring from backward community and more than half (59.0 per cent) of the respondents secured low level of Mental health scoring from schedule community. The chi-square analysis shows that there is a statically significant association between mental health and community of the respondents.

Table 4

Association between Mental Health Scoring and Educational Qualification of the respondents

S.No	Educational Qualification of the Respondents	Mental Health Scoring		Statistical Inference
		Low (n=62)	High (n=38)	
1	Illiterate	22 (78.6%)	6 (21.4%)	X^2 = 4.660 df= 3 0.000<0.05 Significant
2	1-5 Std	14 (58.3%)	10 (41.7%)	
3	6-10 Std	21 (53.8%)	18 (46.2%)	
4	Above 10th std	5 (55.6%)	4 (44.4%)	

Above the shows that the association between mental health scoring and educational qualification of the respondent's. less than half of the (46.2 per cent) respondents secured the higher level of mental health scoring from between 6-10th standards and majority of the (78.6 per cent) of the respondents secured low level of mental health scoring from respondents not studying they were illiterate. The chi-square analysis shows that there is a statically significant association between mental health and educational qualification of the respondents.

Table 5

Association between Mental Health Scoring and Occupation of the respondents

S.No	Occupation of the Respondents	Mental Health Scoring		Statistical Inference
		Low (n=62)	High (n=38)	
1	Not Work	7 (77.8%)	2 (22.2%)	$X^2 = 5.910$ df= 4 0.000<0.05 Significant
2	Coolly	33 (64.7%)	18 (35.3%)	
3	Servant	9 (42.9%)	12 (57.1%)	
4	Self Business	8 (80.0%)	2 (20.0%)	
5	Private	5 (55.6%)	4 (44.4%)	

Table 5. Show that association between mental health scoring and occupational status of the respondents. More than of the (57.1 per cent) respondents secured the higher level of mental health scoring from respondents working in servant and majority (80.0 per cent) of the respondents secured low level of mental health scoring from respondents working in self business. The chi-square analysis shows that there is a statically significant association between mental health scoring and occupational status of the respondents.

Table 6

**Association between Mental Health Scoring and
Income Group of the respondents**

S.No	Income Group of the Respondents	Mental Health Scoring		Statistical Inference
		Low (n=62)	High (n=38)	
1	No Job	7 (77.8%)	2 (22.2%)	$X^2 = 9.252$ df = 3 0.000>0.05 Not Significant
2	Below Rs 3000	35 (67.3%)	17 (32.7%)	
3	Rs3001-Rs5000	15 (44.1%)	19 (55.9%)	
4	Above Rs5000	5 (100.0%)	0 (.0%)	

Above the shows that the association between Mental health scoring and Income of the respondent's. More than half (55.9 per cent) of the respondents secured the higher level of Mental health scoring from respondents' earning their monthly income between Rs 3001-Rs5000 and vast majority of the (77.8 per cent) of the respondents secured the high level of Mental health scoring respondents not earning. The chi-square analysis shows that there is no statically significant association between mental health and income of the respondents.

Table 7

Association between Mental Health and Marital Status of the respondents

S.No	Marital Status of the Respondents	Mental Health Scoring		Statistical Inference
		Low (n=62)	High (n=38)	
1	Married	26 (52.0%)	24 (48.0%)	$X^2 = 5.512$
2	Unmarried	13 (81.2%)	3 (18.8%)	df = 3
3	Widow	19 (70.4%)	8 (29.6%)	0.000>0.05
4	Separate	4 (57.1%)	3 (42.9%)	Not Significant

Above the shows that the association between mental health scoring and marital status of the respondent's. Less than half (48.0 per cent) of the respondents secured the high level of mental health scoring from respondents married and a vast majority (70.4 per cent) of the respondents secured the low level of mental health scoring from respondents widow. The chi-square analysis shows that there is no statically significant association between mental health scoring and marital status of the respondents.

Table 8

Association between Mental Health and Type of Family of the respondents

S.No	Type of Family of the Respondents	Mental Health Scoring		Statistical Inference
		Low (n=62)	High (n=38)	
1	Nuclear	14 (42.4%)	19 (57.6%)	$X^2 =$ 14.853 df= 2 0.000<0.05 Significant
2	Joined Family	48 (75.0%)	16 (25.0%)	
3	Alone	0 (.0%)	3 (100.0%)	

Above the shows that the association between Mental health Scale and type of the family of the respondent's. more than half (57.6 per cent) of the respondents secured the high level of Mental health scoring from nuclear family system and vast majority of the (75.0 per cent) of the respondents secured the low level of Mental health scoring respondents from joined family system. The chi-square analysis shows that there is a statically significant association between mental health and type of the family of the respondents.

Table 9

**Association between Mental Health and
Number of Family Member of the respondents**

S.No	Number of Family Member of the Respondents	Mental Health Scoring		Statistical Inference
		Low (n=62)	High (n=38)	
1	Three Members	9(75.0%)	3 (25.0%)	X^2 = 10.772 df = 3 0.000<0.05 Significant
2	Four Members	16(50.0%)	16 (50.0%)	
3	Five Members	19 (52.8%)	17 (47.2%)	
4	Six Members	18 (90.0%)	2 (10.0%)	

Above the shows that the association between Mental health Scale and number of the family members of the respondent's. half (50.0 per cent) of the respondents secured the high level of Mental health scoring from respondents having four members in their family and a vast majority (90.0 per cent) of the respondents secured the low level of Mental health scoring from respondents having six members in their family. The chi-square analysis shows that there is a statically significant association between mental health and number of the family members of the respondents.

Table 10

Association between Mental Health and Type of Marriage of the respondents

S.No	Type of Marriage of the Respondents	Mental Health Scoring		Statistical Inference
		Low (n=62)	High (n=38)	
1	Un Married	13 (81.2%)	3 (18.8%)	$X^2 = 14.711$ df= 4 0.000<0.05 Significant
2	With in Relation	7 (38.9%)	11 (61.1%)	
3	Out of Relatives	11 (50.0%)	11 (50.0%)	
4	Inter caste	20 (60.6%)	13 (39.4%)	
5	Love marriage	11 (100.0%)	0 (.0%)	

Above the shows that the association between Mental health Scale and type of the marriage of the respondent's. majority (61.1 per cent) of the respondents secured the high level of Mental health scoring from respondents married with in their relatives and 100 percentage of the respondents secured the low level of Mental health scoring from respondents marital status love marriage. The chi-square analysis shows that there is no statically significant association between mental health and type of the marriage of the respondents

Findings regarding Frequency Table

- More than one third of the respondents (36.0 per cent) were belonging to the age group of above 50 years age group.

- Majority of the respondents (81.0 per cent) were come from Hindu religious group.

- More than one third (39.0 per cent) of the respondents were belonging to schedule caste community.

- More than one fourth (39.0 per cent) of the respondents were studied between 6-10 standard.

- Less than one fourth (21.0 per cent) of the respondents were doing servant work.

- More than half of the respondents (52.0 per cent) were earning below Rs.3000/-.

- Half of the respondents (50.0 per cent) were married.

- Majority (64.0 per cent) of the respondents belong from joint family.

- More than one fourth (36.0 per cent) of the respondents were having five members in their family.

- More than half (52.0 per cent) of the respondents were spending money for monthly between Rs.5001-10000/-.

- One fourth of the respondents (24.0) were got married at 21st year.

- Less than one fourth of the respondents (22.0) were got marriage in out of the relatives.

Finding

❖ Vast majority of the (77.8 per cent) of the respondents secured low level of mental health scoring in the age group of between 31-40 years. The chi-square analysis shows that there is no statically significant association between mental health and age of the respondents.

❖ Vast majority of the (71.4 per cent) of the respondents secured low level of Mental health scoring from Muslim religious group. The chi-square analysis shows that there is no statically significant association between mental health and gender of the respondents.

❖ Majority of the (68.0 per cent) respondents secured the higher level of mental health scoring from backward community The chi-square analysis shows that there is a statically significant association between mental health and community of the respondents.

❖ A vast majority of the (78.6 per cent) of the respondents secured low level of mental health scoring from respondents not studying they were illiterate. The chi-square analysis shows that there is a statically significant association between mental health and educational qualification of the respondents.

❖ A vast majority (80.0 per cent) of the respondents secured low level of mental health scoring from respondents working in self business. The chi-square analysis shows that there is a statically significant association between mental health scoring and occupational status of the respondents.

❖ A vast majority of the (77.8 per cent) of the respondents secured the high level of Mental health scoring respondents not earning. The chi-square analysis shows that there is no statically significant association between mental health and income of the respondents.

❖ a vast majority (70.4 per cent) of the respondents secured the low level of mental health scoring from respondents widow. The chi-square analysis shows that there is no statically significant association between mental health scoring and marital status of the respondents.

❖ Vast majority of the (75.0 per cent) of the respondents secured the low level of Mental health scoring respondents from joined family system. The chi-square analysis shows that there is a statically significant association between mental health and type of the family of the respondents.

❖ a vast majority (90.0 per cent) of the respondents secured the low level of Mental health scoring from respondents having six members in their family. The chi-square analysis shows that there is a statically significant association between mental health and number of the family members of the respondents.

❖ 100 percentages of the respondents secured the low level of mental health scoring from respondents marital status love marriage. The chi-square analysis shows that there is no statically significant association between mental health and type of the marriage of the respondents.

Conclusion

The current study reflects that the imprisonment have adverse impact on the personal life as well as on the social life of the women prisoners. The stringent rules of the jail put restriction on the individual freedom and kill the positive spirit towards life. There is imposition of restriction on use of Drugs and Alcohol consumption inside the prison. Imprisonment directly affects the physical and mental health of the women prisoners.

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PERSONAL PROBLEMS OF COLLEGE STUDENTS PERCEIVED BY STUDENTS AND TEACHERS OF THANJAVUR-AN EMPIRICAL STUDY

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Abstract

Personal problems have been considered as an important factor that hinder an individual student in his/her learning process. Success of a student in education depends on his/her problem solving abilities. The purpose of this research is to measure the Personal problems of students. This research on Personal problems of college students-perception by the students themselves and teachers on the students of Thanjavur has been conducted with the postgraduate Arts and science students of Raja Saraboji College, Kunthvainachiyar College, Barath College, and Karanthai Tamil Venther College, The above said four colleges are the only Arts and science colleges that come within the Thanjavur city limit. In the present study the author collects various socio- demographic details of the respondents and assumes that there is a significant difference between the perception of teachers and students with regard to the overall students' Personal problems.

Key words: Personal problems, Socio- demographic, Students ' Perception and Teachers' Perception.

Introduction: Education has contributed momentous development in human history. Notwithstanding its major devastating wars, numerous conflicts all over the world and display of wealth, poverty, crudeness, cruelty and certain degree of vulgarity in the human behavior of individuals and nations that we witness and have witnessed, it has made enormous contribution towards civilization, refining and facilitating human life. There has been much development in the field of science, technology and education. It has also contributed towards concretization of human dignity, human rights, individual freedom, democracy, socialism and communism. Thus education has come to center stage and is today the most important agent for change and development. Eminent thinkers, leaders like Aristotle, Plato, John Dewey, John Ruskin, Sri Aurobindo, Swami Vivekananda, Mahatma

Gandhi and Jawaharlal Nehru also stressed the importance of education and its vital role in social change. Education is always linked with liberation of man and social change or transformation. It is considered in other words as instrument for social change. The education being an instrument, the teachers and students become agents for social change. Does our educational system give opportunity for this? Yes, Partly true. Indeed the system is not merely to carry the heavy load on the head with what was prescribed at different levels, but also they are trained to transform their knowledge for the personal, community and national development.

Method

The universe of this study comprises of 1100 postgraduate college students and the 315 teachers of the above said colleges. The researcher has adopted proportionate stratified random sampling method. From the total student population of 1100 postgraduate college students belonging to four selected colleges, 550 (50%) student respondents were selected as the sample for the study. From the total population of 315 teachers, 15 of them were on long leave. Hence, the researcher has used census method to collect the data from 300 teachers at the above said colleges. Personal problem refers to this present study that the postgraduate college students and the problem faced by the individual students which might affect his or her educational career. **(Roy Singleton, Bruce C. Straits, Margaret M. Straits and Ronald J. Mc Allister, 1998)**, hence, the researcher adopted the descriptive design for the present study. So the researcher, in the present study, through the perception of the students and teachers, seeks to study the socio-demographic characteristics of the student and teacher respondents and measure the level of Personal problem of college students.

Materials

A self prepared questionnaire by the researcher has been used to collect socio-demographic data regarding the respondents age, course, subject, discipline, type of family, native background etc. To measure the level of Personal problem of the students the instrument developed by M.N.Wig and Nagpal has been used. It consists of 25 items and its scoring is done 2 points modes responses namely "Yes", and "No". Scoring for Yes will be – 1 mark and No – 2 mark. High score indicate

less personal problems. Respondents scoring 37 and less than 37 are said to have Low levels of personal problems. Respondents scoring 38 and more than 38 are said to have high levels of personal problems. The reliability was determined by split-halt method and the reliability of co-efficiency found to be 0.82.

Analysis, Interpretation and Discussion:

Students and Teachers perception on the levels of Personal Problems faced by the college students

Personal Problems	Student(n:550)	Teachers (n:300)
Personal Problems	312 (56.7%)	156 (52%)
Low	238(43.3%)	144(48%)
High		

More than half of the student (56.7%) and teacher (52%) respondents experienced and perceived that the students have low level of personal problems. The perception of both teacher and students on their various dimensions of academic profile of students are coinciding.The findings pertaining to the personal problems perceived by the students and teachers are supported by Clorinda D Cammata & Craig T Nagoshi (1995), Suniya S.Luthar & Gretta Cushing (1997) , Segrin J, Flora (2000), Sadath Anvar (2005), and Gabriel & Umesh Samuel (2006).

More than half of the student respondents (54.7 %) are female whereas more than half of the Teacher respondents (57.7 %) are male. Religion is not only the most influential force of social control but also the most effective guide of human behaviour (Gillin and Gillin, 1950). This study indicates that sizeable majority of the student respondents (93.1 %) as well as the Teacher respondents (70.3 %) respondents belong to Hindu religion and this can be almost equated to nation's Hindus population (80.5 percent), Tamilnadu Hindu population (88.1 percent) and Tiruchirapalli (84.39 percent), which enjoys majority. A little less than half the student respondents (42.5%) as well as Teacher respondents (43.3%) are belonging to MBC category of community. More than half of student respondents (60.0%) are from urban native background. However, less than half of teacher respondents (47.0%) are

from urban native background. One fourth of the student respondents (26.0%) are from rural native background and less than half of the teacher respondents (47.3%) are from rural native background. This indicates that the students and teacher entering to the higher education is still very low.   Remaining (14%) from the student respondents is from the semi-urban background. But the respondents from the teachers depicts that the respondents (16.0%) are from semi urban background.   More than half (52.3 %) of the respondents are belonging to the age group of Below 30 years. Further it indicates that the colleges recruited more young teachers. More than half of the teacher respondents have 10-15 years of teaching experience which indicates that they are matured and posses sound knowledge on their subjects.   More than one fourth of the teacher respondents (31.6%) monthly income is only Rs.5000.

A vast majority (82.55 %) of the respondents are in the age group of 21-24 years of age. Further we could inferred that it coincide the normal age group of Post Graduate students in higher education at India. Less than one third (24 %) of the respondent's father educational level is below SSLC (10th Standard). Whereas more than one third (37.9 %) of the respondent's mother educational level is below SSLC (10th Standard).   The vast majority (76 %) of the respondent's father and mother education is above SSLC (10th Standard) it indicates that the parents who posses higher schooling have more interest and aspiration to put their children in higher education. One third of the student respondents (34.3%) monthly income is onlyRs.5000. Nearly half (48.9%) of the respondent's father occupation is farmer.   Whereas majority (65.8 %) respondent's mother are housewife, further it indicates that majority of the students who are entering into higher education with poor family background and depend only on agricultural sources.

'z" Test Between the Student respondents with regard to various independent variables and Personal Problems

S. No.	Dependent And Independent Variables	Students (n:550)		
		Mean	S.D	Statistical Inference

	Gender			Z =2.375
1	Male	13.6478	4.9587	df = 548
2	Female	14.6225	4.5784	P < 0.05
				Significant
	Discipline			Z =2.430
1	Arts	13.7487	4.9816	df = 548
2	Science	14.8125	4.3509	P< 0.05
				Significant
	Type of family			Z =0.047
1	Joint	14.0761	5.0132	df = 548
2	Nuclear	14.0963	4.709	P > 0.05
				Not Significant
	Year of Study			Z =1.190
1	1st year	13.9017	4.8624	df = 548
2	2nd year	14.4069	4.7162	P > 0.05
				Not Significant
	Medium			Z =0.345
1	Tamil	14.0366	4.7516	df = 548
2	English	14.1846	4.9270	P > 0.05
				Not Significant

From the above table it is evident that there is a significant difference between male and female student respondents with regard to their perceived level of personal problems. Moreover the mean score depicts that the female students perceived higher levels of personal problems than the male students. This study supported by Sadath

Anvar (2005). It is also inferred from the above table that there is a significant difference between the arts and science student respondents with regard to their perceived level of personal problems. The above table portray that there is no significant difference between joint and nuclear type of family of the student respondents with regard to their perceived level of personal problems. From the above same table it is also inferred that there is no significant difference between first and second year student respondents with regard to their perceived level of personal problems. The above table depicts that there is no significant difference between Tamil and English medium of study of the student respondents with regard to their perceived level of personal problems.

'z' Test between the teacher respondents with regard to various independent variables and personal problems

S. No.	Dependent And Independent Variables	Teachers (n:300)		
		Mean	S.D	Statistical Inference
1 2	**Gender** Male Female	 13.6994 13.7717	 4.9276 4.0790	Z =0.135 df = 298 P > 0.05 Not Significant
1 2	**Discipline** Arts Science	 13.5578 13.8954	 4.7659 4.4042	Z =0.638 df = 298 P > 0.05 Not Significant
1 2	**Type of family** Joint Nuclear	 13.5635 13.8506	 4.3165 4.7711	Z =0.535 df = 298 P > 0.05 Not Significant
	Year of Study			Z =1.681

1	1st year	14.1176	4.4679	df = 298
2	2nd year	13.2231	4.6925	P > 0.05
				Not Significant
	Medium			Z =0.331 df = 298
1	Tamil	13.7929	4.5142	P > 0.05
2	English	13.6078	4.7265	Not Significant

The above table portray that there is no significant difference between male and female teacher respondents with regard to their perception of students' personal problems. The above table indicates that there is no significant difference between arts and science teacher respondents with regard to their perception of the students' personal problems. It is inferred from the above table that there is no significant difference between joint and nuclear type of family of teacher respondents with regard to their perception of the students' personal problems. The above table indicates that there is no significant difference between first and second year teacher respondents with regard to their perception of the students' personal problems. Further it is inferred from the above table that there is no significant difference between Tamil and English medium of study of teacher respondents with regard to their perception of the students' personal problems.

The student and teacher respondents perceive that there is a significant variance among the various colleges namely K.N.G. College, T.U.K. College, Bharath College, and R.S. College, of the student respondents with regard to their perceived level of personal problems.

Implications of the Study

Based on the perceptions of teacher and student respondents on the personal problems of college students it is suggested that skill enrichment workshops on problem solving strategies and counseling should be periodically conducted in all the colleges. Very fruitful use of seminar, group discussion, case study, role playing and group project work can be made by dividing the students into small number on the title "Psycho-social problems of college students". The institutions are expected to introduce efficient mechanisms for counseling and guidance of students for channelizing them to be free from their personal

problems and to studies suited to their inclination, aspirations and capacities, and to the needs of society.

The present investigation has thrown some light on some of the key variable personal problems among the of the college students. This study, it is hoped, would provide a good basis for more systematic and scientific research relating to enriching academic profile of college students at large.

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A STUDY ON SOCIAL SUPPORT PERCEIVED BY INSTITUTIONALIZED CHILDREN

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Abstract

In today's materialistic world Children leave an infant or childhood stage without care or with the intent of permanently giving up care which is considered as abandoned or neglect commonly known as maltreatment. There are many reasons behind for neglect and abandonment such as family problems, divorce of the parents, poverty, difficulty in adoption proceedings, AIDS, changing attitude of the society about family and increasing number of unwed mothers. The vast majority of neglected children are living with a surviving parent, grandparent, or family member. Also children who live without parents lose their innocence, tender sensibilities, love and respect of themselves and permanently develop a negative attitude in their life. Many of the children feel rejected by the society, their feelings become hardened and they face many bitter experiences and their needs are ignored. According to NHRC (National Human Rights Commission) Report (1996), 53% of children are institutionalized and 83.6 percent of children reported treatment by staff as "bad" and 71.2 % of Children reported that the provision of basic necessities was "Bad". The babies die due to illness, injury, hunger, thirst, heat or cold and other natural calamities. Millions of children have no access to education, work for long hours under hazardous conditions, languish in orphanages or detention centers where they endure inhumane conditions and these are the daily assaults on their dignity, in violation of the rights guaranteed to them under the convention. Millions have become refugees displaced from their homes, often separated from their families in which their future and safety is uncertain. Manihara (2002) mentioned about the problems of neglected children as those who experience family problems, that they are unable to solve (i.e) Alcoholism, Child abuse, ill treatment by step parents, unemployment

and poverty. Pandy (1993) and Philip (1994) also have reported that national magnitude using the broadcast definition reports of 18 million abandoned children in 1991. The children's community in the past decades faced numerous challenges and they encountered with so many problems such as personal, physical, psychological and social problems. In order to solve these problems they require insight, wisdom, skills and proper custodial caring to overcome it. In particular the orphan children have many behavioral and psychological problems like inferiority complex. Today, abandonment of a child is considered a serious crime an act punishable by law usually considered an evil act in many countries due to welfare concerns. A neglected child needs an institution devoted to the care for children which means a service for children whose parents are deceased or otherwise unable to care for them. Hence the researcher analyzed the problems faced by the children and various dimensions of social support of the Neglected children in ten childrens homes this study. Thus, this study would guide the parents, caregivers, institutions and other related organizations to understand the psychological, physiological, and social problems of abandoned and neglected children, and to work for their development.

Introduction

The Situation of infants and children living in residential institutions in India and its consequences on several social deprivations can be examined. These children experience a form of custodial care in which their medical and nutritional needs are met but social and psychological needs are not. However there are thousands of children spending much or all of their lives in Institutional care. This high prevalence of institutional care for children has pealed in the two decades priors to 1990.

The Convention on the Rights of the Child defines basic rights of children covering multiple needs and issues. India endorsed it on December 11, 1992. This convention was insisting the rights of children to protect from Negligence by the society and every child has a right to lead a well protected and secure life away from neglect. Children raised in institutions are more likely to lag physically, socially, and cognitively, but little is known about what happens to children's brains when they live in institutions. Compared with children who grew up in families, children raised in institutions showed a pattern of reduced

brain activity when they looked at pictures of a caregiver's face that alternated with pictures of a stranger's face.

WHY THE CHILDREN ARE INSTITUTIONALIZED?

Homeless/ Street children – Runaway – Abandoned – Neglected - Orphan – Abuse – Poverty: There are an estimated 100 million children living in the streets in the world today. Children living on the streets are especially vulnerable to victimization, exploitation, and the abuse of their civil and economic rights. International indifference to the problem has led to continual neglect and abuse of these children. Article 27 of the Convention on the Rights of the Child (CRC) asserts "States Parties recognize the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development". Homelessness denies each one of those rights. According to an Inter-NGO programme on street children and youth, a street child is "any girl or boy who has not reached adulthood, for whom the street (in the widest sense of the word, including unoccupied dwellings, wasteland, etc.) has become his or her habitual abode and or source of livelihood, and who is inadequately protected, directed, and supervised by responsible adults" these children are those unfortunate children who basically hidden and isolated that the nature of street children makes accurate statistics difficult to gather. However, UNICEF estimates there are approximately 100 million street children worldwide with that number constantly growing. There are up to 40 million street children in Latin America, and at least 18 million in India.

STATISTICAL OVERVIEW

According to the 2001 figures from 2002 UNICEF/UNAIDS report in Asia 65,504 6.5% of children was calculated as abandoned children. United Nations 1999 has estimated that there are over 150 million children in the world without parental care or abandoned children, 40% are permanently homeless. In the developing countries they are called by and labeled, "Homeless Youth", "Street children", Runways", "Throw away". United Nations International Children's Emergency Fund UNICEF study 1998 estimated that there were one-lakh street children each in Mumbai, Delhi and Kolkata in 1988. There are 30 million children are becoming abandoned or helpless in the world who live in extreme deprivation and distress. They are facing

situations in which there is no protection, supervision or direction from responsible adults. Number of orphans will increase dramatically by 2010/2015, at an estimated growth of 15 to 20 million per year. (International advocates for children). In Africa, there are 60 million orphaned and vulnerable children were in Institutional Care due to HIV/AIDS affected parents, conflict in family, disability, street children, Some 300,000 children are currently involved in diverse fighting forces (World Bank). In 2004 worldwide there were over 143 million orphaned and abandoned children, in 93 developing countries. This is 8.4 % off all children in the world. India estimated 35 million Institutionalized children in 2003. In 2003 over 800,000 children became newly orphaned and placed under Institutional care in Nigeria alone, In Tanzania, 52 % of children were in Institutional care. At the end of 2004, roughly 48 % of all refugees worldwide were children placed in Institutional care and support. (UNICEF). Girls in orphanages reach their puberty 2 years later then girls in families (Dr. Charles nelson, UNICEF). Over 246 million children are engaged in child labour (SOS KINDERDORF). Institutional care in Africa is 6 to 14 times more expensive than foster care (UNAIDS)

PROBLEMS LEADS CHILDREN TOWARDS INSTITUTIONAL CARE

Lack of Parental Nurturing: Parents may not be able to deal with their children's physical and emotional needs children were unable to express their mixed feeling of grief, anger and fear, Parents may not spend a minimum time with their children. All these factors turn the children to loss their parent nurturing.

Emotional Problems: In many cases, children are punished for showing their negative emotions thereby adding to their pain. In schools, there is an obvious lack of appropriate training of teachers in identifying psychological and social problems and therefore offering individual or group attention. **Isolation:** Isolated from their social life. Stress of losing a parent and sometimes being separated from brothers and sister can reduce the ability to cope. The orphaned child may lose hope in his or her future.

Maltreatment of children: An increasing number of children are migrating or being trafficked to major cities to be employed as domestic workers in middle and upper class households. They often

face exploitation of various kinds and there is no law that directly covers the labour aspects of child domestic workers. Many children who experience maltreatment are placed in foster care as a consequence of the maltreatment. (The Hindu 9/6/05, New Delhi).

Psychiatric Problems: psychiatric disorders and do not receive adequate care for these conditions. Anxieties about Safety such as the abandoned children are often worry about the future. This elevated degree of anxiety may trigger behaviour problems such as emotional withdrawal.

Child Abuse: These children get involved in use of psychoactive substance as any psycho active material which when consumed affects way the people feel, think, see, taste, smell, here or behave.

Social Problems: Poverty, Illiteracy - and lack of accessible resources, violent behavior, Communities react badly towards the orphans by isolating, Stigma and social discriminating them. This tends to increase children's anxiety and fear of life.

A Transitory Life Style: The children have to move one place to another place and leads to social isolation and loneliness. Sometimes the people are the victims of natural disasters such as cyclones, floods, famine, earth quack, Tsunami and other natural calamities and accidents.

CHILDRAN HOMES / INSTITUTIONALIZED CARE

Due to various reasons, now-a-days many children are denied proper food and education. They do not get right environment for an all round growth. With genuine interest in the welfare of the destitute and orphan children, the Government of Tamil Nadu runs 27 Orphanages throughout the State of Tamil Nadu to groom them into good citizens.

CHILD WELFARE SCHEMES TO MINIMIZE INSTITUTIONALIZATION OF CHILDREN

The comprehensive program of child welfare services consists of efforts to promote the physical, mental and social well-being of all children. It focus under different targets (a) a field of services, (2) a social work practice area that encompasses a variety of child welfare activities, (3) a field of practice that focuses attention on issues, problems, and policies related to the welfare of children, (4) the

application of knowledge and skill to promote and solve the problems of children, and (5) the enhancement of social functioning of children.

- **NGOs' Partnership for the Welfare of Children:** The objective of the scheme is to rehabilitate the destitute children to live as normal citizens. The destitute children in the age group of 5 to 18 years of single parent family or who do not have either parent are eligible for benefit under this scheme.

- **Sivagami Ammaiyar Ninaivu Girl Child Protection Scheme:** The objective of this scheme is to prevent female infanticide, discourage preference for male child and to promote family planning. This scheme also ensures equal opportunity in education for girl children on par with male children.

- **Cradle Baby Scheme:** The objective of this scheme is to prevent female infanticide and rehabilitated and handed over to licensed adoption agencies to enable the children to find a family and issueless parents to have a child.

- **Adoptions**: Adoption undoubtedly offers an important avenue for the care and protection of orphaned, abandoned, destitute and neglected children in a family environment and provides an atmosphere of happiness,

LEGISLATIVE MEASURES

- Juvenile Justice (Care and Protection of Children) Act, 2000 (Act No. 56 of 2000)

- Guardian and Wards Act, 1890.

- Commissions for protection of Child rights act, 2005 (Act no.4 of 2006)

SCHEMES AND PROJECTS

- **Programme for Street Children**

  The Ministry of Women and Child Development are implementing an Integrated Programme for Street Children specifically for those children who are on streets and homeless and include the rag picking and vagabond children.

- **Integrated Programme for Juvenile Justice**

The Ministry of Social Justice and Empowerment are implementing the programme with a view to providing care to children in difficult circumstances and children in conflict with the law through Government institutions and through NGOs.

- **Child line Services**

Childline India Foundation (CIF) has been set up as a nodal organization, supported by Government of India, to monitor and ensure the qualitative development of the Childline service across the country. Childline is a toll free telephone service (1098) which anyone can call for assistance in the interest of children.

- **Shishu Greh Scheme**

The objective of the Shishu Greh Scheme is to promote adoptions within the country and to ensure minimum standards in the care of abandoned/orphaned/destitute children.

REVIEWS

The article entitled "Socio-economic status of non-institutionalized street boys and girls" authored by **Godwin prem singh. J, (2000)** which is published in Social Problems in India Perspectives for intervention, 2003 he mentions that the main aim of study was to determine the socio-economic status of non-institutionalized street boys and girls and to formulate specific social work intervention strategies based on the needs expressed by the children. The study employed the use of an interview schedule comprising of questions that tapped the socio-economic aspects, family structure. A majority of the respondents have received some kind of formal education. They were engaged in various occupations like rag-picking, collecting scrap metal, guarding parked vehicles, coolie work, petty trades and many more. A high percentage of respondents were involved in occupations that paid daily wages.

Margaret C. Moulson, (2009) postdoctoral associate at MIT and assistant professor of psychology at Ryerson University in Toronto. "Foster care may boost brain activity of Institutionalized children", published in e Science News (July 15 2009). The study assessed how more than 200 Romanian children between the ages of 5 and 42 months recognized faces. Some of the children in the study had been raised in

institutions and then placed in foster care, some stayed in institutions, and some were raised by their families. Compared with children who grew up in families, children raised in institutions showed a pattern of reduced brain activity when they looked at pictures of a caregiver's face that alternated with pictures of a stranger's face. Children who were placed in high-quality foster care showed the beginnings of normalized brain activity when processing faces.

Victor Groza (2010) Associate Professor and the Interim Associate Dean for Research and Training at Case Western Reserve University in Ohio. Adverse Impacts on Children Living in Orphanage Institutions she emphasis explains risk factors and impacts in children institutionalized in orphanages for long periods of time. The institution itself places children at-risk. Institutional staffs do not connect emotionally or physically with children in quite the same way that families connect with children. Finally, the age at placement and the length of institutionalization have an effect on children. The child placed longer in the institution the more negatives the effects on cognitive, emotional, social, and physical development.

METHODS AND PROCEDURES

Objectives of the Study

- To study the personal details of the institutionalized children.

- To study the social characteristics of the Institutionalized children who are selected for the present study and the perception of these children towards their social support.

- To find the associations, correlation, differences between the Children social support and their Demographic variables.

Hypotheses

- There is a significance association between the future ambition, their Parent or Guardian's visits, relationship with guardian, Gender of the respondents and their Social support.

- There is a significance relationship between the age of the respondents during Institutionalized and their Social support

- There is a significance difference between the Guardians of the respondents and their Social support.

Research design

The study focuses on individual perceptions of the abandoned children their relation with the selected variables and also to find the reasons and correlations. Hence the researcher adopted Descriptive Research Design. The researcher visited all the orphanage homes in Thanjavur city limits to find out the possibilities and feasibilities in the present study.

Sampling Design: The Universe of this study comprises of both male and female children residing in ten different orphanage homes in Thanjavur city limit, Tamil Nadu. The researcher adopted Stratified Proportionate Random sampling technique for selecting the samples. The respondent of the study has 360 samples which constitutes 25% of the total universe.

Tools and collection of Data collection: The researcher used self-prepared Interview Schedule to collect the data from the respondents for the present study. The Interview schedule comprises of the areas namely Personal data, and questions related to social support. The Interview schedule was administered to the children easily in order to answer and collect the required information. The Researcher explained the purpose and nature of the study and collected the needed data from the respondents who were residing at ten various orphanages home in Thanjavur city limit.

Operational Definition: Abandoned children refer to this study that those who are institutionalized in 10 orphanage homes, age between 14 to 18, children both male and female, semi orphan and fully orphan, it including both aided and non aided orphanage home by the District Social Welfare Board at Thanjavur town limit.

FINDINGS AND SUGGESTIONS

- More than half of the respondents (58.9%) are female and remaining 41.1 percent of the respondents are male. More than half of the respondents (63.6%) belong to rural-based native background, More than one fourth of the respondents (27.2%) studied 11th standard and 30.6% are under the age of 16. Nearly half of the respondents (46.1%) did not have both parents and 7.5% of the respondents have no siblings they are the only child to their parents.

- One third of the respondents (35%) were sent to these homes by their own mother due to poverty and illegal conception of the child before marriage. 18.9 % of the respondents joined these homes through their father because of various problems such as alcohol, drug addiction, second marriage, difficulty in upbringing of their children and insufficient income.

- Half of the respondents' (50%) parents or guardians visit their homes to meet the respondents once in a month. 22.8 % of the respondents' parent or guardian visit at least once in two weeks. More than one fourth of the respondents (26.6%) are placed at these institutions at the age of 11. One Fourth of the respondents (24.7%) are placed in these institutions at the age of 8. More than half of the respondents (58.6%) perceived to have low level of social support. Remaining 41.4% of the respondents have a high level of social support.

  ➢ There is no significant association between the Gender, future ambitions, Parents or Guardians' visit to the home and the relationship of the guardian to the respondents and their social support.

  ➢ There is a significant association between the age of their Institutionalization of the respondents and their social support

  ➢ There is a significance difference between the Guardians of the respondents and their Social support.

  ➢ There is a negative and non significant relationship between the age of the respondents at the time of institutionalization and social support.

The Need for Integrated and Collaborative Services: This is making it possible for children and for families to get help. Neighbors, relatives, the police, schools, juvenile courts, nurses, doctors and many other are now reporting abuse and neglect practices that in the past went unnoticed. The certain in the states of child protective services

Importance of children health care, education and related disciplines: Financial Aid, Adoption Services, Day care services, Home making services, foster care services, minimize the number and welfare of unwed mothers, Developments of Child Welfare Measures, Sustainable process to child welfare, Balanced approaches between

family, society and community, Community based supports, Institutionalised supports, Supports by NGOs, Interventions with social work methods, Counselling facilities, Support to future studies.

CONCLUSION

This study on the perspectives of Institutionalized children is quite alarming and has provided an overview of the circumstances in which they live. A further way is to ensure that services for children and families are centrally coordinated in national child welfare. A great deal of emphasis has been put on children's welfare. Our constitution lay down that children and adolescent be protected against exploitation and moral and material abandonment. Hence this study may give an opportune time to attempt such efforts to promote the psychological, physical, emotional, intellectual and social well being of abandoned children in our country.

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