Perspectives
in Social Work

College of Social Work (Autonomous),
Nirmala Niketan
Mumbai

VISION AND MISSION

- Contribute to building a new social order based on human dignity and social justice.
- Work with a preferential option for the vulnerable and exploited, both locally and globally.
- Build cadre of young, competent professionals having a global perspective and a strong value base of compassion, personal integrity, moderation, tolerance and self-respect.

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Editorial

EDITORIAL

It is a great pleasure to write the editorial for this journal which seeks to open professional practice to new challenges and realisations in the field of social work. As a social work educator, I realize that teachers need to use much creativity to make theoretical constructions in class resonate with practice, within the framework of equity. Supporting students to question societal norms and structures requires conviction on our part, especially in today's critical time when there is an increasing role strain between the values, principles and aspirations of the profession vis-a-vis the requirements of social work jobs. Our mandate to stress on human rights and social justice will enable students to focus on the locus of the profession.

This issue of *Perspectives in Social Work* carries four articles and one book review. The first article by Jayachandran and Laxmi is based on a study of distress among parents of children with Type 1 Diabetes Mellitus using the Parent Diabetes Distress Scale (Parent-DDS). The subscales used were personal distress, teen management distress, parent-teen relationship distress and health care team distress. It was found that parents have a high level of distress and this calls for intervention with them. The authors recommend that medical social workers and other health care professionals should assess the support, coping and emotional well-being of the families of children with type 1 diabetes mellitus and plan services for healthy living.

The second article by Kiirii Aniljoy and Virendra Shahare is again based on a research study to assess the adolescence education programme (AEP) on school students inDelhi. It was found that AEP has managed to enhance the knowledge of students with regard to three major components and the authors exhort the need for professional social work intervention to help sustain the programme.

Prerna Banik in the third article on social work intervention and women empowerment through micro finance, explains that the vicious cycle of feminization of poverty has its intrinsic root in the societal structure which has put women in a vulnerable situation. According to the author, the strategic focus of social work education with innovative pedagogy and an innovative value framework for understanding women's contextual problems ensures a promising role for social work on women's issues in India.

As part of her doctoral studies, Sarita Shankaran writes on problems faced by sex workers as mothers. The study, based in Kamathipura, a red light area in Mumbai, attempts to bring out the conflicts and experiences of these women as brothel-based sex workers as well as mothers. Using several narratives, the author drives home the reality that women in sex work face conflicts within and outside as they bring up their children and the dilemma between the sex workers' desire to enjoy being a mother and their responsibility to keep children safe. She firmly establishes that the women and their children need to be seen as persons by the agency and with the ability to make choices.

Meghna Vesvikar highlights the role of professional social workers in the criminal justice system in her review of a book edited by Mark David Chong and Abraham Francis. Two major points brought out by her are the strong stigma attached to social work in criminal justice given its potentially coercive enforcement and social control, as well as the relative dearth of text and research-based reference books concerning this subject from an Indian context. It is in the context of the second point that she recommends this book under review which demystifies ideas, theories and processes related to correctional social work and the criminal justice system.

Geeta Balakrishnan

DISTRESS AMONG PARENTS OF TYPE 1 DIABETES MELLITUS CHILDREN

Jayachandran M R[1] , Laxmi[2]

Abstract: Objective:*The study was conducted to highlight the distress of parents in managing their children with type 1 diabetes mellitus as well as to identify factors associated with their distress. **Method**: A descriptive research design is adopted in the study and convenient sampling techniques used to collect data from the respondents. The study was approved by the Centre for Medical Research and Non-Communicable Diseases (CMRNCD), Pariyaram. Thirty samples were selected and an interview schedule was used to collect data from parents of type 1 diabetes children at Pariyaram government medical college (North Kerala, India). **Result**: Most of the respondents belong to the economically middle- and lower-class population. The diabetes distress of parents of type 1 diabetes mellitus in this region was rather high. The Parent Diabetes Distress Scale (PDDS) was used to measure distress among the parents of diabetic Mellitus children. **Conclusion**: Medical social workers and other health care professionals should assess the support, coping and emotional well being of the families of children with type 1 diabetes mellitus.*

Keywords: *Diabetes, Type1 Diabetes Mellitus, Distress, Parents, Diabetes children,*

Introduction

India is the second-largest population in the world having type 1 diabetes mellitus in the world after the United States of America (International Diabetes Federation, 2017). Diabetes mellitus is generally known across the world as an epidemic and it has been considered as a lifestyle disorder. Diabetes Mellitus is classified into two main categories called type 1 diabetes mellitus and type 2 diabetes mellitus. People discuss the type 2

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diabetes mellitus because it comes with the problems of inactive lifestyle and food changes. It is mostly seen in the adult population. There is another category of Diabetes Mellitus that affect children which is unknown to the layman. It is called type diabetes mellitus and about ten percent of the total diabetes population in the entire world is affected by it (Kakkar & Puri, 2016). Type 1 diabetes mellitus was previously called insulin-dependent, juvenile or childhood-onset diabetes. It is characterized by deficient insulin production in the body. Children with type 1 diabetes require daily administration of insulin to regulate the amount of glucose in their blood. If they do not have access to insulin, they cannot survive. The cause of type 1 diabetes is unknown and currently, it is not preventable. Symptoms include excessive urination and thirst, constant hunger, weight loss, changes in vision and fatigue (World Health Organisation, 2016).

The presence of psychological distress has been known for thousands of years. Koyacs and Beck in their study (1978) explained that the Egyptian documents 3900 years back depicted the scene of the distressed person as doubtful, characterised by losing faith in others, unable to carry out the day to day responsibilities of a lifetime and suicidal tendencies. The old Egyptian illustrations seem to match the theme of psychological distress in recent years (Bijender Singh, 2015). According to "Mirowsky and Ross (1989) psychological distress is considered to be the unpleasant subjective state of depression and anxiety i.e. being tense, restless, worried irritable and afraid, which has both emotional and psychological manifestation" (Shaheen, 2013). Lerutla (2000) defined psychological distress as "the emotional condition that one feels when it is necessary to cope with an upsetting, frustrating or harmful situation" (Shaheen, 2013).

Both the father and mother have an equal role in the management of their child with diabetes. In most cases, mothers take most of the responsibility of the children. The parent's stress is based on food management of their diabetes child, diabetes-related family conflict, insulin administration and blood glucose monitoring. A

high level of diabetes-related stress is associated with increased risk of anxiety and depression (Jaser, Linsky & Grey, 2014). Caring for a child with type 1 diabetes mellitus is a challenging and stressful task. The parents may experience many burdens, worries and conflict with their life to caring with type 1 diabetes mellitus children. During the time of diabetes diagnosis of the children, around 33 per cent of the parents of diabetes children reported emotional distress and twenty percent of parents showed a high level of emotional distress one to four years after the diagnosis of type 1 diabetes (Whittemore, Jaser, Chao, Jang, & Grey, 2012). The parents of children with type 1 diabetes have issues like emotional distress, connected with stress in the family, quality of life and parents' depressions. The three factors like parental stress emotional distress and lower self-efficacy have been connected with the management of type 1 diabetes mellitus children (Jaser et al., 2009).

The objective of the study
The purpose of this study is to highlight parental distress in type 1 diabetes mellitus management with their children and also to identify factors associated with distress. Low-income families are suffering the highest in terms of the burden associated with diabetes. Hospitalisation and complication are the major economic cost of diabetes (Yesudian, Grepstad, Visintin, & Ferrario, 2014). The health care expenditure for people with diabetes is about two to three times higher than people without diabetes (World Health organisation, 2016).

Method
Structured interviews were conducted with thirty parents of children with type 1 diabetes mellitus at Pariyaram Government Medical College at Kannur District in Northern Kerala, India. The recruitment for a structured interview comes from referrals from Diabetes health care provider at Pariyaram Government Medical College Child Diabetes Clinic. The sample was collected from a mixed-gender and age. The study has employed a descriptive research design and used an interview schedule to collect data

from the respondents. The convenient sampling method was used to select respondents for this study. Either the mothers or fathers who are living with adolescents with type 1 diabetes were counted as the respondents of the study. Thirty parents of children with type 1 diabetes mellitus were interviewed (15 fathers and 15 mothers) from Pariyaram Medical College. Pariyaram medical college is the only government medical college in the North Malabar Region, Kerala. Most of the patients hail from the low economic background. The study was approved by the Institutional Research Committee Centre for Medical Research and Non-Communicable Diseases (CMRNCD) of Pariyaram government medical college. The interview was conducted individually with parents of type 1 diabetes children. The selection of parents was made by the criteria of having a child with type 1 diabetes who had been diagnosed with the same for at least six months. Informed consent was taken from the respondents before starting the interview and their participation in this study was completely voluntary.

Measures

Parent Diabetes Distress Scale (Parent-DDS) was used to measure parental distress. The scale developed by behavioural diabetes institute (Hessler, Fisher, Polonsky, & Johnson, 2016). In this scale, 20 questions were asked to identify how the parent has been feeling during the last month as a parent of a teen with diabetes. The scale items used a five-point response as follows: 0 not at all, 1= a little, 2= somewhat, 3= a lot, 4= a great deal) The Parent Diabetes Distress Scale produces a Total Distress Score and four Subscales. The subscales were "personal distress, teen management distress, parent-teen relationship distress and health care team distress" (Hessler, Fisher, Polonsky, & Johnson, 2016). Socio-demographic variables were assessed.

Results
Socio-demographic Variables
The current study assessed different areas of measurement of the family with child diabetes.

Table No: 1 Socio-Demographic Variable

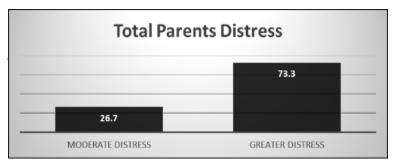|		Percentage
Parents Gender	Male	50
	Female	50
Parent Education	Secondary level	40
	Higher secondary level	40
	Graduation	16.7
	Post-graduation	3.3
Family Type	Nuclear family	96.7
	Joint Family	3.3
Parent Occupation	Private	70
	Business	16.7
	Daily Wage	13.3
Family Income	Lower	40
	Middle	56.7
	Higher	3.3
Parent Age	29 - 39	26.7
	40 – 50	50
	Above 51	23.3
Parent Children Gender	Male	56.7
	Female	43.3

The total sample size was 30 parents of type 1 diabetes children in North Malabar region in Kerala. 50% of the respondents in this study were mothers of children with type 1 diabetes mellitus and rest of them were fathers of type 1 diabetes mellitus. Forty per cent of respondents had secondary level education and forty per cent of respondents had a higher secondary level educational background. 97 percentage of the respondents belong to nuclear families; only 3 per cent of the parents of type 1 diabetes children belong to the joint family.70 per cent of respondents are engaged in private jobs but 16 percentage of the respondents are doing their own business and the rest of them are doing daily work or no work. 57 percentage of the respondents have middle income and 40 percentage of the respondents have a lower income level. The higher income respondents account to only 3.3 percentage. 50 percent of parents of type 1 diabetes children belong to the age category of 40 to 50 years and 27 percentage belongs to the age group of 29 to 39; the category of above 51 years is only 23 percentage. 56.7 percentage of the children of the respondents are male and 43.3 percent are female.

Total Distress Score
The Diabetes distress is common among parents of teens diagnosed with type 1 diabetes mellitus and is linked with parent's psychosocial variables (depressive symptoms, emotional support), parenting style, and teen glycemic control and number of low blood sugar episodes. The parent diabetes distress scale is used to assess the areas of diabetes distress (Hessler, Fisher, Polonsky, & Johnson, 2016). Parent Diabetes Distress Scale has two main categories: First one is Greater distress and the second one is moderate distress. It is observed that areas of personal, family and parenting contexts are significantly associated with parent diabetes distress (Williams, Laffel, & Hood, 2009).

Graph No: 1 Total Distress Scale

Graph No: 1 Total Distress Scale

The above graph illustrates the total distress among parents of children with type 1 diabetes mellitus in the north Malabar region of Kerala. The study was conducted at Pariyaram Government Medical College at North Malabar region in Kerala. A total of 20 questions were asked to the respondents based on the four main domains in parent distress. The parent diabetes distress scale data indicated the parent-children relationship as the most common source of distress (Eilander et al., 2017). As per the study, most of the respondents are confronting greater distress in their life (Deasy, Coughlan, Pironom, Jourdan, & Mannix-McNamara, 2014). 73.3 percent of parents of children with type 1 diabetes children are triggering serious problem with Greater Distress. 26.7 per cent of parents of children with type 1 diabetes children showed Moderate Distress. One study result showed that the parents of children with diabetes suffered a high level of distress (Eliander et al., 2017). The normal parents are concerned with the growth and development of the child, child's behavioural and social issues, emotional wellbeing of the child and financial problems (Catherine, Janis, & Wu, 2012).

Table No: 2 Total Diabetes Distress and Socio Demographic Profile

	Moderate Distress	Greater Distress
Age		
29 to 39	2	6
40 to 50	4	11
Above 51	2	5
Total	8	22
Gender		
Male	4	11
Female	4	11
Total	8	22
Education		
Secondary Level	2	10
Higher secondary	4	8
Graduation	2	3
Postgraduation	0	1
Total	8	22
Occupation		
Private	6	15
Business	1	4
Daily Wage	1	3
Total	8	22
Income Level		
Lower	3	9
Middle	5	12
Higher	0	1
Total	8	22

Table no 2 described the parental diabetes distress and their socio-demographic profile. The study result showed that the 40 to 50 age group of respondents has faced more distress. Equal number of male and female parents of diabetes children faced a high amount of distress. A good number of parents with secondry level of education has greater distress. Greater distress is found among the respondents who are having private job and middle-income.The type 1 diabetes mellitus parents' psychological distress may affect the diabetes daily management of their children (Whittemore, Jaser, Chao, Jang, & Grey, 2012).

Diabetes distress Sub Scale Scores

Table No: 3 Diabetes distress Sub Scale Scores

Personal Distress Score		Frequency
Valid	Moderate distress	19
	Greater distress	11
	Total	30
Teen Management Distress		Frequency
Valid	Moderate distress	5
	Greater distress	25
	Total	30
Parent teen relationship Distress		Frequency
Valid	Moderate distress	8
	Greater distress	22
	Total	30
Health care team distress		Frequency
Valid	Moderate distress	30

Personal Distress Score

The first domain of parental distress is personal distress. According to psychology, personal distress is an aversive, self-focussed emotional reaction for example: anxiety, worry, discomfort to the apprehension or comprehension of another's emotional state or condition (Decety & Lamm, 2009). The table.3 shows that 63.3 per cent of parents of children with type 1 diabetes mellitus are undergoing moderate personal distress and 36.7 percent were suffering from Greater distress. The psychological distress in parents is associated with inconsistent discipline, lower parental involvement and warmth, lower family adaptability and cohesion, and higher family conflict (Kakkar & Puri, 2016).

Table No: 4 Personal Distress and Socio Demographic Profile

	Moderate Distress	Greater Distress
Age		
29 to 39	6	2
40 to 50	9	6
Above 51	4	3
Total	19	11
Gender		
Male	11	4
Female	8	7
Total	19	11

Education		
Secondary Level	7	5
Higher secondary	7	5
Graduation	5	0
Postgraduation	0	1
Total	19	11
Occupation		
Private	15	6
Business	3	2
Daily Wage	1	3
Total	19	11
Income Level		
Lower	6	6
Middle	13	4
Higher	0	1
Total	19	11

Table no 4 shows that parents of theage group 40 to 50 and 29 to 39 were the most affected and had a moderate distress in personal distress in personal distress sub scale.The male respondents have more distress compared to the female parents. Parents with secondary and higher secondary education level have high distress. Moderate distress was found among parents with a private occupation. The respondents from the middle class income category has suffered moderate diabetes distress. The diabetes parents' life is stressful and hence one needs to understand the situation for long-term; otherwise it could affect the daily life in decremental manner (Iversen, Graue, Haugstvedt, & Råheim, 2018).

Teen Management Distress
Being a parent of a child with type 1 diabetes can be a challenging one. The second subscale deals with teen management distress. The adolescent diabetes management has been found to be inefficient in cases where parents had no direct control especially in case of employed parents who often felt frustrated and helpless. (Schreiner, Brow, & Philips, 2000). 83 per cent of parents of children with type 1 diabetes mellitus are facing greater distress. 17 percent of the respondents face moderate distress.

Table no: 5 Teen Management Distress and Socio demographic profile

	Moderate Distress	Greater Distress
Age		
29 to 39	1	7
40 to 50	2	13
Above 51	2	5
Total	5	25

Gender		
Male	3	12
Female	2	13
Total	5	25
Education		
Secondary Level	0	12
Higher secondary	4	8
Graduation	1	4
Postgraduation	0	1
Total	5	25
Occupation		
Private	3	18
Business	1	4
Daily Wage	1	3
Total	5	25
Income Level		
Lower	2	10
Middle	3	14
Higher	0	1
Total	5	25

Table no. 5 shows that parents of the age group of 40 to 50 years faced greater distress in teen management. Teenage children's parents suffer from high distress (Mollborn,& Morningstar.2009). The teen management distress among the female parents of type1 diabetes mellitus has more distress compared to male parents of type1 diabetes mellitus children. The study reveals that respondents from lower educational background had greater distress. Both the middle-level income family respondents and private occupation respondents have suffered greater distress in teen management distress. The diabetes distress may be influenced by family environment, teen and parent conflict, responsibilities, worries and also the anxiety about the future (Hessler, Fisher, Polonsky, & Johnson, 2016).

Parent/teen relationship distress

The third domain is parent/teen relationship distress. The child behaviour problems in children are significantly associated with parent's subjective and objective distress (Catherine, Janis, & Wu, 2012). Depending on the circumstances of his or her family, a child may be adversely affected to a significant degree when there is persistent or substantial conflict between the parents (Bernet, Wamboldt & Narrow, 2016). Around 73 per cent of respondents in this study belong to the greater distress category on this scale. 27 per cent of parents of type 1 diabetes children are confronting with moderate distress.

Table no: 6 Parent teen relationship Distress and Socio-demographic profile

	Moderate Distress	**Greater Distress**
Age		
29 to 39	2	6
40 to 50	5	10
Above 51	1	6
Total	8	22
Gender		
Male	4	11
Female	4	11
Total	8	22
Education		
Secondary Level	3	9
Higher secondary	3	9
Graduation	2	3
Postgraduation	0	1
Total	8	22
Occupation		
Private	6	15
Business	1	4
Daily Wage	1	3
Total	8	22
Income Level		
Lower	3	9
Middle	5	12
Higher	0	1
Total	8	22

Table no. 6 shows that the parents in the age group 40 to 50 years had suffered much greater distress in the domain of parent-teen relationship. The male and female respondents showed an equal level of distress in dealing with teen relationship. The respondents with a graduation or post-graduation have less level of parental teen relationship distress. Respondents with a lower level education had much distress. The study result shows that respondents with a private job had a high level of parent-teen relationship distress. The middle-level income respondents showed a higher level of greater distress in the parent-teen relationship. The parents of adolescents with type1diabetes Mellitus have constant worries about diabetes daily routine and are anxious about the future (Markowitz et al., 2012).

Health care team distress
This domain is based on the health care team distress. Doctors are ill-equipped to deal with the psychological and social problems revolving around the illness which may be leading to non-adherence and non-compliance with treatment plans. In developing nations like India which has the second-largest population in the world, the doctors, especially in the government hospitals, do not have enough time to cater to other needs of the patients except for the medical part of it. Therefore, we need social workers to take care of the overall management of the patients (Kakkar & Puri, 2016). The overall total distress is very high among the parents of children with type 1 diabetes mellitus covered under the study and most of them are affected with greater distress.

All the parents had experienced moderate distress in the health care team distress sub-scale. The role of parents is very important in type1 diabetes mellitus. Family life and daily routine undergo a lot of complication because of the management of diabetes children. There should be good support from the diabetes health care team to overcome the problems (Wherrett et al., 2018).

Discussion

This study describes the diabetes distress reported among the parents of type 1 diabetes mellitus children. These findings reflect the distress among parents of diabetes children who are vulnerable or emotionally fragile (Iversen, Graue, Haugstvedt, & Raheim, 2018). The study results show that parents have a high level of distress. The Parents Diabetes Distress Scale measured the distress of four main domain of parents diabetes distress and it is helpful to assess parents' diabetes distress and potential areas of problem-solving (Hessler, Fisher, Polonsky, & Johnson, 2016). There were a few studies that showed the relationship between parental emotional distress and family socio-demographic characteristics. (Van, Hoogenboom, Roos, & Bucx, 2018), (Vilaseca et al., 2019). Parents of the age group between 40 to 50 were facing greater distress compared with other age group parents of the same population. These age group respondents have faced greater distress in distress domains i.e. personal distress, teen management, parent-teen relationship and health care team distress. The male parent and female parents have an equal percentage of distress in total distress analysis and also the same in the subscale of distress. The male and female parents have equal parental role and behaviour in the family and they communicate with equal sensitivity to their children (Fagan, 2014).

The parents of the children with type1diabetes mellitus experience a big change in their family routine life (Whittemore et al., 2012). The parents of children with type 1 diabetes mellitus have varied distress based upon the education category. The secondary and higher secondary education level respondents experience greater distress compared to graduate and postgraduate level respondents. The parental age, family income and educational background contribute collectively to parental distress (Duchovic, Gerkensmeyer, & Wu. 2009). Parents with a private job were seen to be experiencing greater distress when compared with other categories of respondents. The lower-income and middle-income level respondents were facing greater distress in this study. The low socio-economic status would disturb the child and parent

relationship and it also negatively affect the diabetes management (Thomas et al., 2018).

Some variations were found in the subscale domains but overall, the respondents from the middle and lower economic background faced greater distress as per this study. Most of the respondents in this study were living with their spouse, so this study could not assess the difference between the respondents living with and living without spouse. The main objectives of the study were to assess the parent distress in diabetes management and the related aspects with distress. The results of this study show that the total distress and their subscales are high in relation to parental diabetes distress (Greater or Moderate Distress). Medical social workers and other medical professionals should assist parents for coping with distress and living more positively in society (Koch & Jones. 2018).

Being the parent of a child with a chronic illness is very challenging and frustrating (Smith, Cheater, & Bekker, 2015). Parents with lack of support or facing stress in their life such as work or financial stress may not have time for emotional investments and resources to handle inevitable stress and strain, which leads the parents into a difficult situation (Helgeson et al., 2012). They feel helpless or frustrated for not being able to take effective action when their teens experience difficulties with Type 1 diabetes (Schreiner, Brow, & Philips, 2000). It also affects the distress level of parents and teens with type 1 diabetes mellitus (Jaser & Grey, 2010). The findings of the present study show that parents experience severe distress due to diabetic children. The distress of parents of type 1 diabetes children is largely unrecognised and untreated. The medical social workers and other related professionals should help these parents to lead a positive life. It is indispensable to be assessed by mental health professionals in order to comprehensively address the need of both the child with type 1 diabetes and his or her parents.

Conclusion

Parents appear to be the primary source of support for diabetes management of children. The parents of children with type 1 diabetes mellitus are confronted with greater distress. It is very important to understand the emotions and coping strategies of parents of children with type 1 diabetes. Medical social workers and other health care professionals should assess the support, coping and emotional well-being of the families of children with type 1 diabetes mellitus and plan services for their healthy living. Primarily the parents of children with type 1 diabetes mellitus need social support from their spouse and relatives which can reduce a great part of their burden. Apart from that, there should be support and cooperation by the school because children spend most of their time in school. The school authorities, teachers and other children should understand the problems of diabetes mellitus children and their parents. The support from near and dear ones and by others can improve the quality of life and subjective well-being of parents of children with diabetes and the diabetes mellitus children**.**

Future Implications

The researcher believes that this study will guide future studies on the psychosocial aspects of families of type 1 diabetes mellitus children. There is a need to develop good intervention methods for helping the parents of children with type 1 diabetes mellitus to cope with the psycho-social problems posited by the illness. The researcher hopes that policymakers, Governments, social scientists, medical professionals and research hospitals, will take more initiatives on the issues of the families with type 1 diabetes children. In this context, this study may enlighten future studies.

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ASSESSING THE EFFECTIVENESS OF ADOLESCENCE EDUCATION PROGRAMME (AEP) AMONG SCHOOL STUDENTS OF DELHI

Kiirii Aniljoy[1], Virendra Shahare[2]

Abstract: *This study describes the effectiveness of Adolescence Education Programme (AEP), among school students of Delhi. Two districts of Delhi (North and Central) in which schools implementing the AEP are located constitute the universe of the study. Data was collected via self administered questionnaires from 20 students from the two schools, one representing Navodaya Vidyalaya Samiti (NVS) and the other representing Kendriya Vidyalaya Sangathan (KVS). The study found that AEP has to a large extent, managed to enhance the knowledge of students with regard to the three major components addressed in the programme. Most of the students in the study had a fair knowledge regarding certain aspects of growing up from childhood to adulthood. However students' knowledge about child abuse and child sexual abuse was very low. Students' knowledge about HIV/AIDS and different ways of its transmission was also high. However misconceptions with regard to HIV transmission still prevailed. Knowledge about RTIs and STIs among students was also low. Despite a few misconceptions, AEP component on drug (substance) abuse has also been found to be quite effective inenhancing the knowledge of students regarding drug and substance abuse. The study had suggested that a professional social worker with multi-disciplinary skills and learning be appointed by schools to implement the programme in view of nodal teachers' feeling overburdened and schools not strictly adhering to the guidelines for implementing the programme.*

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Since AEP has had a positive impact on the students' knowledge and attitude the study recommends that the programme is sustained and improved.

__Key Words:__ Adolescents, Adolescence Education Programme, Effectiveness, School Students, Delhi.

Introduction and Background

India is home to a large adolescent population. According to the latest census (Census, 2011) about 253 million adolescents; young people in the age group of 10-19 years comprise 21 per cent of the country's population. Not only does this cohort represent India's future in the economic realm, but its experience, attitudes and behaviour will largely determine the country's vision of an equitable civil society envisaged in its constitution. However adolescence is a critical period for development and during adolescence young people are generally vulnerable to factors that tend to experiment with sex, injectable drugs and skin piercing instruments (e.g. Tattooing) that may lead to infection. Taking cognizance of these concerns in the year 2005 the Ministry of Human Resource and Development (MHRD), GoI in collaboration with National Aids Control Organisation (NACO) launched the Adolescence Education Programme (AEP) in all the States and Union Territories.

According to MHRD, AEP is as an educational response to the need for support, encouragement, clarification and information that adolescents often express in order to make sense of their rapidly changing world. Addressed primarily to the students of secondary and higher secondary stages (class IX-XII) AEP aims to provide young people with accurate, age appropriate and culturally relevant information; promote healthy attitudes and develop skills to enable them to respond to real-life situations effectively. AEP focuses on three major components namely: the process of growing up from childhood to adulthood, HIV/AIDS and Drug (substance) abuse.

AEP is implemented by different agencies at various levels. At the national level, the programme is co-ordinated by NCERT and implemented in partnership with the MHRD and United Nations Population Fund (UNFPA). The implementing agencies include: Council of Board of School Education (COBSE), Central Board of Secondary Education (CBSE), National Institute of Open Schooling (NIOS), Kendriya Vidyalaya Sangathan (KVS) and Navodaya Vidyalaya Samiti (NVS).

AEP works through both co-curricular and curricular formats. The interventions for curricular approach include support for integration of life skills and adolescent concerns in the learning materials of NIOS at the secondary level. The co-curricular approach works through the three national systems – CBSE, KVS and NVS. The program works on a cascade training approach that has created a pool of master trainers who orient nodal teachers who are entrusted with the responsibility of transacting life skills based education (16 hours module) to secondary school students through interactive methodologies. Nodal teachers are provided guidelines and materials to facilitate the transaction process. Advocacy sessions are organized with principals of participating schools and sensitization sessions are held with parents. By the end of 2010, at least two nodal teachers from 3500 CBSE schools, all the 919 KV schools, and all the 583 NVS schools have received orientation on adolescence education issues.

Although AEP had much to offer many people in India were sceptical about it. Many felt that the term 'Adolescence Education' was being used as a euphemism of sex education with a view to enhancing the acceptability of this sensitive education area. Therefore its launch in 2005 was met with widespread protest across the country. In a few states the programme was even discontinued. But a close look at AEP indicates that its concept is broader than that of sex education as it incorporates all the critical concerns of the period of adolescence such as; process of growing up from childhood to adulthood, HIV/AIDS and drug (substance) abuse. It is therefore in this context that this study was carried out

to assess the effectiveness of the programme in order to have a fair idea about its impact among young adolescents.

Review of Literature

Accoding to Nandini Manjrekar sexual education has historically emerged out of a concern for population control. In 1970, the Indian government decided to have a population education programme to address what they perceived as the population problem. In 1980 the National Population Education Project was launched. Over-population was seen as the root cause of poverty and socio-economic backwardness and the poor were targeted as the main subjects of reform. Manjrekar argues that with the International Conference on Population and Development in 1994 a paradigm shift took place, from targeting the poor to targeting adolescents. In 2005 the controversial Adolescence Education Programme (AEP) in collaboration with the National AIDS Control Organisation (NACO) and UNICEF was launched. Just like the poor of the population control drives were represented as a teeming mass of irresponsible people who were the root cause of India's underdevelopment, the adolescents in these educational materials too were represented as irresponsible, abusing drugs, sexually and morally depraved, and generally the cause of disrupting the moral and developmental values of the nation (Chowkhani, 2013).

A study conducted by Minakshi Tikoo et al. (1995) on students from $6^{th} – 12^{th}$ classes of a public school in New Delhi revealed that Indian adolescents have limited knowledge about human sexuality and AIDS. The study also reported that those who used parents as a source of information did poorly on the knowledge and AIDS scales implying that the parents may not be the most accurate source of information, or better educated parents communicate with their children more and are better informed.

A prospective study of school girls about their knowledge of menstruation, reproductive, physiology and birth control methods showed that 75.1 per cent of rural girls lacked knowledge (87.6%

of rural girls as compared to 62% of urban girls). The knowledge sources were mainly literature and movies (77.93%). Premarital intimacy among unwed adolescents was widespread. Some girls sought pregnancy termination when it was no longer possible; in such instance the infant was often abandoned or killed. Health and sex education was suggested with various welfare programmes reaching the impoverished and rural areas (Chhabra, 1992).

A study conducted by Shashikumar Ramadugu, V.S.S.R. Ryali, K Srivastava, P.S Bhat and J. Prakash (2011) among school students of Pune concluded that adolescent school students are involved in sexual activity, but lack adequate knowledge in this regard. Students, teachers, and parents need to understand various aspects of sexuality to be able to help adolescents' healthy sexual development. The study also found that friends are the main source of information on matters related to sex among both boys and girls followed by books and media.

Priyanka Dheerandra Joshi's (2010) study on 182 adolescents from the city of Mumbai in the age group of 17-21 years showed that sexual knowledge about physiology of sexual response, conception and pregnancy was less than other areas such as masturbation and contraception. Peers, books, and magazines were the most frequently used source of sex information.

Anand G. Sathe and Shanta Sathe's study (2005) on adolescent boys and girls aged between 16 to 19 years, from class IX and XII standards (Junior college) in Pune reported that adolescents lack correct and scientific knowledge on sexual education. Their fears and concerns related to their sexuality are not being addressed. The study further reported that 54 per cent boys and 42 per cent girls preferred older friends as source of information on matters related to sex. Mass media (print and electronic) are the next important source of information as reported by the study.

A concurrent evaluation of the co-curricular component of AEP conducted across approximately 200 schools in 5 different states of

India by Sambodhi Research and Communications Pvt. Limited in partnership with UNFPA found that AEP has contributed towards enhancing knowledge of both students and teachers in a number of areas addressed in the programme. It has also contributed towards improving students' attitude on several fronts, including taboos associated with physical changes. The study also noted that adolescent girls are at the forefront of questioning some of the stereotypes related to gender and intend to challenge abuse and violation. The findings also suggest AEP's contribution in developing students' life skills. The study also observes certain areas where improvement is required in the knowledge and attitudes particularly related to gender constructs, domestic violence and on Reproductive Tract Infections/Sexually Transmitted Infections. The findings also suggest that the quality of teachers' training should be further improved in order to strengthen the quality of AEP transaction in schools. It highlights the need for policy decisions related to the age of initiation of the programme, mechanism for assessment and whether it should continue in the co-curricular realm or gradually be integrated in the curriculum.

Research Methodology
A descriptive research design was employed for the study as there was dearth of literatures describing the effectiveness of AEP in the state of Delhi. The universe of the study comprised of two districts of Delhi namely;North West and Central. Two schools, one representing NVS and the other KVS from the two districts were purposively selected. A total of 20 respondents constituted the sample of the study. The study had used a non-probability sampling method and a convenience sampling technique as it involves selection of the most readily available respondents for the study. The study has emphasized on voluntarism, confidentiality and honesty in view of the sensitive nature of the study.

Table 3.1: Sampling Distribution

Districts	School	Class	Students	Male	Female
North West	1 (JNV)	XII	10	5	5
Central	1 (KV)	XII	10	5	5
Total			20	10	10

Methods & Tools of Data Collection

Self administered Questionnaire method of data collection was used for the study. They were chosen as the former provides for greater anonymity for the respondents since the topic of the study is sensitive, personal and increases the reliability of their responses. On the other hand the interview was chosen to explore deeply the respondents' feelings and perceptions on the topic of the study by providing them ample time to share their opinions in details.

Results and Discussion
Awareness about AEP

All the student respondents across the two schools had heard about AEP. This finding suggests that both the schools might have informed their students about AEP or might have been implementing the programme in their respective schools.

Students' Knowledge about Process of Growing up from Childhood to Adulthood

All the student respondents in the study could correctly tell certain changes occurring during adolescence. However their knowledge about these changes was more in terms of physical than other changes such as mental, emotional, behavioural etc. This shows the overbearing importance given to physical over other changes occurring during adolescence.

In the study barring a few female respondents most of the respondents had a correct view about experiencing physical attraction as part of growing up. Most of the respondents were

confident of taking their own decisions as far as their educational pursuits were concerned. Only three female respondents wanted to leave such decision to their spouses/in-laws to take. Self decision making and the confidence required for it is essential for every individual in any situation and therefore should be sustained through AEP classes/sessions. The study also found that most of the students believed in effective communication. Almost the entire group of respondents said that in case their parents want them married against their wishes, they would try and convince their parents with the help of their family members.

In the study, student respondents' understanding on child abuse was fairly low in terms of parents beating their child. Most of the students observed that 'beating is necessary to keep the child in check'. Only few students had observed it as 'harmful for the child' and 'a form of domestic violence'. It appears that AEP had not made any difference to the students' understanding on this issue.

Case Study 1
Responses to the above case study on child abuse indicate that most of the students had a vague understanding about child sexual abuse. Most students would advise Moti's parents to try and understand why he had become so quiet and withdrawn. However a few respondents termed his uncle's activity as amounting to sexual abuse. Female respondents had better understanding of the issue than their male counterparts. They showed a greater maturity in dealing with situations following a fight with their good friends. They would 'either think about how they behaved' or 'do not think about the fight at all but start talking of other friends'. The majority of the respondents in the study viewed their opposite sex as friends. Female respondents were more ready to view their male counterparts as friends rather than the male respondents. This positive attitude is important for building a healthy interpersonal relationship between sexes. Overall students' displayed sufficient knowledge about the issue of wife beating. For most of them wife beating is not justified under any circumstances. Ironically more female respondents justified wife beating under certain

circumstances rather than their male counterparts. Violence in any form is not justified in any society. Therefore AEP sessions should expel any misconceptions with regard to wife beating.

Case Study 2
Most of the students had offered pro-active options to the above case study on challenging sexual abuse and abuse at public place. However few students from KV wanted to ignore such incident if at all it occurred in real life. They are not prepared to confront such situation. It seems AEP classes on this subject had not made much of a difference for these students. The study found out that all the respondents had a positive attitude towards boys doing housework. Their responses to a case study on challenging gender stereotypes related to boys doing housework suggested so. Most of the respondents had a fair knowledge of pregnancy and birth control methods. Barring two male respondents from JNV all the respondents knew that first sexual intercourse can also lead to pregnancy in case no birth control method was being used.

Students' Knowledge about HIV/AIDS
Student respondents' knowledge with regard to HIV/AIDS was found to be generally high across the two schools. The entire group of respondents correctly knew the difference between HIV and AIDS. However misconceptions with regard to various modes of HIV transmission still prevailed among a few students across the two schools. The most common misconceptions established by this study were 'HIV is not transmitted by having sex with HIV infected person without a condom' and 'HIV is transmitted from mosquito bites. Other misconceptions such as 'HIV is not transmitted from HIV infected mother to her baby' and 'HIV is transmitted through kissing persons living with HIV' were also harboured by few respondents across the two schools. Male respondents from JNV were found to be having more misconceptions than their female counterparts and other respondents from KV. It was surprising to note the prevalence of these misconceptions especially when the major themes discussed under AEP in both the schools as reported by the nodal teachers

were HIV/AIDS. Equally surprising is the misconception with regard to sexual mode of HIV transmission. The main focus of HIV/AIDS prevention is developing a responsible sexual behaviour. This is not to say that other measures of HIV prevention are not important. But the fact that more than 80 per cent of the HIV cases in the country is attributed to sexual mode of transmission just underlies the importance of equipping young people with the knowledge that HIV can be transmitted by having sex with an infected person without a condom. Most of the respondents in the study were found to have non discriminatory attitude towards children of HIV parents.

Case Study 3
In a response to the above case study many of the respondents had suggested sensitization programmes on HIV/AIDS for teachers, parents and students by schools to eliminate discrimination against HIV positive individuals. None of the respondents across the two schools knew the full form of RTIs and STIs. Many of them thought RTIs to be Right to Information.

Students' Knowledge regarding Drug (Substance) Abuse
In the study student respondents had mentioned friends and electronic media – TV, radio, internet etc. as the most powerful influencers for taking intoxicants. These findings are useful in identifying possible negative influence of peer pressure, electronic and print media on young adolescents. It is important for AEP sessions to address these issues as young people are more prone to peer pressure. As far as factors behind young people trying intoxicants are concerned 'pressure from friends' and 'cool thing to take or do' were the most common reasons given by the student respondents. The study also found that there were lots of misconceptions among students across the two schools regarding intoxicant use. Some of the misconceptions were; 'intoxicants help to work better, increase concentration, increase stamina etc. AEP intervention can certainly bring correct information and messages to the students to enable them to clear such misconceptions regarding intoxicant use. None of the respondents across the two

schools admitted to having friends who were indulged in intoxicants. However when asked what are the kinds of intoxicants their friends are indulged in they mentioned intoxicants such as beer, alcohol, cigarette, tobacco etc. These responses might not be totally incorrect considering news reports of school children indulged in intoxicants these days.

Students' Attitude towards AEP
The study found that JNV respondents had mentioned more themes covered under AEP to be boring than their counterparts from the KV. The themes mentioned as most boring were; gender sensitivity, substance abuse, anger management etc. Surely, there must be reason behind JNV students finding certain themes under AEP to be boring. Nodal teachers should identify such reasons from the students and work to make the themes/sessions interesting for learning.

All the respondents in the study had informed that they had experienced positive changes in themselves after attending AEP classes/sessions. Some of these changes mentioned were; starting to share views with teachers, feeling good in emotions, efficient in taking decisions, being able to control stress and pressure in a positive way, increase in positive relationships, awareness of sexual abuse, being sensible, being able to handle peer pressure etc.

Conclusion
Despite several roadblocks since its launch in the year 2005 AEP has been implemented in several schools across the county. As indicated by this study AEP has to a large extent, managed to enhance the knowledge of students with regard to the three major components addressed in the programme. Most of the students in the study had a fair knowledge regarding certain aspects of growing up from childhood to adulthood. This implies that the component of growing up from childhood to adulthood is effective in increasing the knowledge of the student on the issues addressed in the component. However the study had also noted that student's

knowledge about child abuse and child sexual abuse was very low. This could be because these themes were hardly discussed in their schools. Therefore each school should ensure that AEP classes on these issues are conducted more often to enhance the knowledge of students on these matters.The HIV/AIDS component also seems to be effective for the students as indicated by the students' knowledge about HIV/AIDS and different ways of its transmission. However prevailing misconceptions with regard to HIV transmission need to be eliminated and useful information on RTIs and STIs shared with the students in order for them be equipped with knowledge about these dreadful diseases/infections and take preventive measures. AEP component on drug (substance) abuse has also been found to be quite effective in enhancing the knowledge of students regarding drug and substance abuse. However certain misconceptions prevailing among students with regard to factors behind young people trying intoxicants need to be cleared so that they are not tempted to try intoxicants out of such misconceptions. This study also established that both the schools did not strictly adhere to the guidelines for implementing the programme. Also that nodal teachers felt overburdened. In such circumstances it will be in the interest of the programme that a professional social worker with multi-disciplinary skills and learning is appointed for the job. Since AEP has had a positive impact on the students' knowledge and attitude the study recommends that the programme be sustained and improved.

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SOCIAL WORK INTERVENTION AND WOMEN EMPOWERMENT THROUGH MICROFINANCE IN INDIA

Prerana Banik[1]

Abstract: *Women in India who constitute about half of the total population have hardly about a quarter of workforce participation in the economy. Most of them work as agricultural and unorganised labour without any social security and with meagre wages. This phenomenon of feminisation of labour in agriculture induces feminisation of poverty in the country in general and in rural areas in particular. This vicious cycle has intrinsic roots in the societal structure which has put women in apathy. To empower and free them from the clutches of poverty, microfinance has proved to be an important tool of livelihood generation. Social work plays a crucial role in the facilitation of the proper functioning of microfinance. It works from the individual level in the field to planning level with inclusive practices of community development. The implication of academic discourse, social work knowledge, and skills in the field has proved to be an important tool of intervention through the medium of various nongovernment agencies and social work methods.*

Key Words: *community development, empower, feminisation, planning, poverty.*

Introduction

The status of women in India raises a debate on the urgent need for the equality of women ity in all its aspects. The country in terms of gender disparity is one of the lowest in the world. The potential of the country's economic growth lies in the participation of women. According to a report by the McKinsey Global Institute (2018) the country could add up to $770 billion more than 18 percent to its

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GDP by 2025, simply by giving equal opportunities to women. It is estimated that greater participation of women in the labour force, an increase in the number of hours worked and the inclusion of women in high productivity sectors will contribute to this economic growth. Women's contribution to the country's GDP is currently just 18 percent, one of the world's lowest, with only 25 percent of India's labour force being female. This report also reflects that 97 percent of all female workers in India are active in the informal sector, engaged in low-paying activities and domestic work (World Economic Forum, 2018). Such a decline in female labour force participation rate has both demand side and supply side explanation. Under demand side factors include decreasing demand for farm work as a result of mechanization, wage discrimination, change in sectoral composition, occupational segregation and nature of employment. On the other hand supply side includes factors like skill mismatch, the notion of patriarchy, marriage related relocation, infrastructure, a disproportionate burden of unpaid work and unpaid care work on women, the income effect of households and girl education (Kannan and Raveendran 2012, Chatterjee et al. 2015).

There are various reports across the globe which represent the discriminatory practices for women working in India. According to the Organisation for Economic Co-operation and Development (OECD), currently, women in India spend up to 352 minutes a day doing domestic work, 57.7 percent more than men (52 minutes) and at least 40 percent more than women in some of the BRICS countries like South Africa and China. Oxfam India's 'India Inequality Report' – Mind The Gap-State of Employment in India (2019), said that women on an average are paid 34 percent less than similarly qualified male workers for performing the same tasks. Based on the National Sample Survey Office (2011-12) estimates, in nominal terms, women earning a regular salary were paid, on an average, ₹105 and ₹123 less than male workers daily in urban and rural settings, respectively; the corresponding figures for casual workers were ₹72 and ₹47 for urban and rural workers (Oxfam, 2019). According to the 2018 Global Gender Gap Report,

published by the World Economic Forum, India ranks 72 among 149 nations on the 'wage equality for similar work' parameter. And these gaps are evident in urban as well as the rural sector.

Such a gender gap has its historical roots in the notion of patriarchy in society. Prevalence of a son preference in society put women at the bottom. Parents may choose to keep having children until they get the desired number of sons. This is called son "meta" preference. A son "meta" preference – even though it does not lead to sex-selective abortion – may nevertheless be detrimental to female children because it may lead to fewer resources devoted to them. Such meta preference gives rise to "unwanted" girls i.e. the girls whose parents wanted a boy but instead had a girl. Son preference giving rise to sex-selective abortion and differential survival has led to skewed sex ratios at birth and beyond, leading to estimates of 63 million "missing" women (Economic Survey of India report, 2018).

The gender gap in all the aspects has been rising rapidly throughout the countries which have urged the international bodies to opt for measures unanimously to deal with it. Sustainable Development Goal (SDG) 8 calls for 'sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all', and the global community is committed to that. The goal also highlights the importance of achieving 'equal pay for work of equal value'. Further, SDG 10 seeks to reduce all forms of inequalities within and among countries, and as the means to achieve that goal it calls to action for income growth of the bottom 40 percent of the population along with other progressive measures (Dhar, 2018). Apart from universal goals, the constitution of India specifies some of the provisions to reduce the gender gap and offer protection from gender discrimination under articles 14, 15, 39A, 39D, 42, 46, 47 and 243 (Das, 2003).

The importance of land in rural areas lies in the fact that more than half of the total rural households are directly involved in agriculture related activities. The Agriculture Census (2010-11)

reflects that out of the estimated 118.7 million cultivators, 30.3 percent were female farmers. On the same footing, out of an estimated 144.3 million agricultural labourers, 42.6 percent were females. As per the facts and figures of Census 2011, there has been a 24 percent increase in the number of female agricultural labourers between 2001 and 2011. Also, according to Census 2011, out of the total number of main female workers, 55 percent were working as agricultural labourers and 24 percent cultivators. According to a factsheet released by international non-profit Oxfam in 2013, women do 80 percent of farm work; they own only 12.8 percent of the land. This is despite the country having undertaken agricultural reforms since the 1950s. Absence of land rights not just keeps landless women and female agricultural labourers on the fringes, it also denies them credit, insurance, irrigation and other entitlements of agriculture-related schemes, in the absence of land security (Pachauri, 2018).

Rationale
The rationale of this study is to understand the dichotomy that the potential of women and upaid work of women are being ignored in the era of predatory growth. Development at this present time is so uneven that it is leading to development of some people at the cost of suppression of other groups. In a society where the real issues of education for women, health issues, livelihood is totally neglected and overpowered by some other issues, where safety and economic security of women is a big question this paper is exploring alternative solutions for economic growth and empowerment of women through the medium of social work intervention. Social work plays a significant role in creating and enhancing livelihood and strengthening micro finance to empower women. As economic empowerment of women leads to social empowerment of women will lead to larger progress of the society. Social work intervention, whose potential is usually bypassed by other disciplines in academic scholarship and by non academic institutions, is not only to create awareness and sensitization about government policies and programmes among women regarding micro finance but also

to unite them to stand in an organised way,to protest and to achieve their economic rights. Social Work intervention thus traces a new pathway for women's emancipation for a longer run as the family is mainly dependent on women and economic emancipation will help the women to better manage the family and also to take decisions in the family and society at large.

Objectives

a) To understand the magnitude and aspects of gender inequality in India.
b) To analyse the role of micro finance and women's livelihood.
c) To highlight the prospect and scope of social work intervention in the empowerment of women.

Literature Review

There is serious gender inequality within household allocations from resources controlled by men, and notably potential for production inefficiencies with gender unequal land distribution. It is visible that agrarian transition has been taking place rapidly in the last three decades which typically involve a shift of labour from farm to nonfarm sector. However, this decline is mainly due to shifting of male workers moving from farm to nonfarm or migrated from rural to urban, while women remained substantially in agriculture indeed their dependence has increased in recent years, and the gender gap is growing. This migration results in "feminising agriculture", which means women get increasingly absorbed in agricultural and allied activities (Agarwal, 2003). With growing rural to urban migration by men, there is 'feminisation' of agriculture sector, with increasing number of women in multiple roles as cultivators, entrepreneurs, and labourers," it is said that worldwide, there was empirical evidence that women had a decisive role in ensuring food security and preserving local agro-biodiversity. "Rural women are responsible for the integrated management and use of diverse natural resources to meet daily household needs. This requires that women farmers should have enhanced access to resources like land, water, credit,

technology, and training which warrants critical analysis in the context of India," it added. The Survey observed that crucial role of women in agricultural development and allied fields is a fact long taken for granted (Vasudeva, 2018).

The implication of gender land right can have a positive repercussion on the status of women, substantiated by four arguments: namely welfare, efficiency, equality and empowerment arguments. On grounds of both women's and children's welfare, there is a strong case for supporting such rights, given the considerable evidence both of intra-household gender inequalities in the sharing of benefits such as health-care and food and gender differentials in spending patterns like women spending more on family and children than men. The efficiency argument says that land titles could both motivate and enable women to adopt improved agricultural technology and practices and hence increase overall production. The equality and empowerment argument stems from the belief that women's land rights are an important part of gender equality, which is a measure of a just society. Entitling women with land could empower them economically, as well as strengthen their ability to challenge social and political gender inequities (Agarwal, 2003).

Microfinance or microcredit represents small loans made to the weaker sections of the population to help them improve their livelihood. Microfinance institutions (MFIs) engaged in providing these loans have been able to challenge the traditional banking system by using the concepts of joint liability and group lending. Over the years, microfinance programmes have emerged as an important factor in reducing poverty and bringing about social change (Ray & Mahapatra, 2019). In the present scenario, microfinance is playing an important role in providing livelihood opportunities through micro-enterprises. Microfinance has become an important sector in developing countries for providing financial services to poor women. It helps them to increase the income and build assets through various activities such as savings, income generation activities and other productive activities.

"Microfinance is defined as the provision of thrift, credit and other financial services such as money transfer and micro-insurance products for the poor, to enable them to raise their income levels and improve living standard" (Kumar, 2016). It has been accepted as the most effective means to alleviate poverty in many developing countries like India where the central issue of the government is poverty alleviation. Microfinance is now increasingly being recognized as a cost effective and sustainable way of expanding the outreach of the banking sector to the rural poor. In a holistic perspective, microfinance is a process of social intermediation for the development of both human resources and building social capital to make marginalised groups self reliant in preparing them to engage in formal financial intermediation. The need for microfinance arises because of lack of access to the formal financial institution for loans by the poor and exorbitant interest rate charged by the money lender in the rural areas (Reddy and Sandeep, 2005).

Micro Finance as a Tool for Women's livelihood
Many developing countries have accepted that microfinance is an effective tool for poverty alleviation and it has brought positive impacts on the lives of poor women. Hulme (2007) attempted to find whether the effects of microfinance on the lives of poor people empower them or worsen their problems. It creates opportunities for poor people to increase their income and reduce vulnerability but not all microcredit produces favourable results, especially for people working in low-return activities in saturated markets that are poorly developed and where environmental and economic shocks are common. Effective microfinance institutions provide services to poor people to improve their prospects and reduce their vulnerability. The findings of the study say that microfinance assists the poorest and the poorest of the poor are unfounded within national contexts. Microfinance organisations provide financial services as well as impart skill based training to improve production together with the empowerment of the poor especially women. The findings provide strong evidence of the increase in access to microfinance programme to the poorer sections through

SHGs (Self Help Groups) and microfinance institutions. The programme helped people to increase their saving and borrowing capacities, ownership of assets but because of lack of the outreach of the programme, rural people are often excluded. However, it is the lack of training and outreach of the programme that makes it difficult for poor people to get the benefit from the programme and increase their living standard. In the above studies, Reddy and Manak (2005), and Aswal (2011) attempted to examine microfinance as a means of poverty alleviation. Some authors expressed their opinions based on empirical studies; one group saying microfinance can help in reducing poverty and another contradicting it, giving limitations of microfinance. Authors like Burra, Joy, and Murty (2005), Chakraborty (2013) and Singh (2013) are of the opinion that microfinance alleviates poverty by not only increasing the income and standard of living but it also helps poor people especially women to empower themselves.

Microfinance initiatives of the Government and the NGOs (Non-Government organisations) in India have provided significant impacts on poor people especially women. It helps the poor women to increase the income and build assets through various microfinance activities such as savings, income generation activities and other productive activities. It has been accepted as the most effective means to alleviate poverty in many developing countries like India where the central issue of the government is poverty alleviation. Poverty alleviation through micro-credit is perhaps the most significant and effective way to solve poverty. Self Help Group Bank Linkage programme (SHG-BLP) is a landmark model initiated by the National Bank for Agriculture and Rural Development (NABARD) in 1992 to deliver affordable door-step banking services and has largely achieved the stated goals of financial inclusion; it is a home grown self-help movement with an objective of creating sustainable livelihood opportunities for the rural poor. This was transcended into a holistic programme for building financial, social, economic, and of late, technological capital in rural India (Microfinance in India report 2018-19).

Mohanan (1998) considers a self-help scheme to be the most cost-effective measure to extend the reach of financial services to the poorest of the poor strata of society. Manimekali and Rajeshwari (2000) also emphasize the idea of empowering women through this scheme of group formation. They also suggest imparting training to women in this context would prove beneficial. In India, NGOs have taken up the initiative to encourage awareness in rural areas regarding advantages of working and saving as a group, but nowadays, the government is also playing an increasingly important role in this regard. By linking SHGs with several development programmes, they are now being touted as bringing economic and social benefits to the poor households. When in a group, women find it easier to save and also, banks feel lesser risk in granting loans to these groups. It has allowed rural and poor women to take an active part in financial matters (Kumar, 2016). An SHG working on the principle of solidarity helps poor to come together to pool their saving and access credit facilities in the process. The participation in SHG and the access obtained to savings and credit can play a transformational role for women, socially and economically. Self Help Groups (SHGs) also make it possible for women to leverage the savings for accounting credit (Singh, 2013: 10).

Microfinance programmes are credited with a wide range of beneficial impacts by giving opportunities to improve their lives through their labour. Islam (2008) explored poverty alleviating abilities of microcredit with reference to Grameen Bank approach. Ela Bhatt in her autobiography 'We are poor but so many' calls it a dually-disadvantaged situation- being poor and a woman (Bhatt, 2005). These means of credit like microfinance, group savings for women has become a popular poverty-alleviation strategy and an effective vehicle for women's empowerment since the mid-1980s. These mechanisms now run on a concept of "doing well by doing good" as it not only offered to alleviate poverty but also was paying for it while earning profits. Among the most disadvantaged sections, women are not represented proportionately and, thus, require more help and support as compared to men in procuring

sustainable livelihoods. Women are segregated against in the organized labour market and so are in most of the times forced to search for employment opportunities in the informal sector. The women from lower strata of society are marginalized on several grounds- financial, social, etc. limiting their opportunities and means for survival. Empowerment of women involves empowerment from three points of view: economic, capacity-building and social. Here, economic empowerment implies greater access to financial services and a greater say in financial matters in their households or communities. Social empowerment implies equal say in the household and community matters, equal status, right to decide on their own and most importantly, participation in the decision making process of democratic institutions (Rahman and Thakur, 2009). Financing them has proved to be a game-changer in their lives. There are reports that prove that when a woman is helped financially, it not only helps in her empowerment but also the empowerment of her family as a whole.

Social Work Intervention in Livelihood Promotion
Considering India's employment pattern, growth and geographical dispersion, micro-enterprise will continue to play a significant role in eradicating poverty and promoting higher levels of gainful employment. However, when it comes to the development of micro-enterprise, the main issue is the need for skilled clients. Micro enterprises are for those who have the capacity and skills. Establishment of the micro-enterprise through microfinance will help slowly in the economic development but it does not necessarily mean that it is a panacea to poverty alleviation. The success of microfinance in poverty reduction and women empowerment are put forward with the role of social work as well in the present context (Jeanneney & Kpodar, 2011).

Due to the subordinate status given by the age-old religious-based patriarchy and colluding male-dominated social-political system, women have remained the most vulnerable group in India. It cannot be denied that this type of structural vulnerability of women

has influenced their human development over generations. The historical picture shows that the problems of women's development, not only socially but also politically, which were mainly responsible for the intensification of their marginalization in India, are hardly recognized. Such a lack of representation of women's issues due to exclusion from political decision-making triggers the main challenges faced by social workers (Dhaske, 2016). Social work, as a discipline, focuses on gender issues intending to promote gender equity and social justice (International Federation of Social Workers, 2014). Reisch (2005) stated that social workers' analysis of oppression includes the examination of the processes of how race, class, gender, ability, and sexual orientation playout in relation to domination and subordination. However, Germain and Gitterman (2013) have suggested social workers examine one's identities and take stock of potential biases. Germain and Gittermanfurther proposed self-reflection as a prerequisite for supporting clients and influencing communities and organizations on gender issues. As a result, the role of social work in gender issues is of internal importance as a profession of value and knowledge and externally is a competent multidisciplinary body that aims to promote equity and well-being by creating awareness and value among stakeholders. In the Indian context, the role of social workers in gender issues requires sensitive value framework, respect for social justice and gender equality, and above all cultural competency while communicating about gender to all stakeholders.

According to the International Federation of Social Workers, the social work profession promotes social change, problem-solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behaviour and social systems, social work intervenes at points where people interact with their environments. Principles of human rights and social justice are fundamental to social work (IFSW 2004). Social work and human rights are integrally related as both focus on the inherent dignity of human beings and respect for their well-being through the protection of their rights whether

as basic as shelter, food, clean water and sanitation, education, health, and livelihood, or their political rights as citizens. Both the international organizations of social work namely the Indian Association of Schools of Social Work (IASSW) and International Federation of Social Workers (IFSW) have endorsed the significance of the Universal Declaration of Human Rights (UDHR) by acknowledging that social work is a profession and an academic discipline that is based on a human rights perspective both in its theory and practice (Nadkarni and Sinha, 2016).

Social work is a practice oriented discipline, different from theoretical disciplines like sociology, economics, and political sciences. The theory of social work can be traced from the normative theories given by Emile Durkheim which focus on the practical base, unlike non-normative theories. In India, professional social work originated from a short-term training course on social service organized by the Social Service League at Bombay. The training course included those men and women who were willing to volunteer for social service. It was simply serviced to the needy guided by the principle of humanity (Botcha, 2012).

The Indian social work model has received scholarly attention due to its potential to address the local issues related to caste and gender. The gender sensitization has been an integral part of social work education in India primarily performed through discussions on gender awareness and equity. For effective redress of gender-related problems, Anand (2009) proposed a reconceptualization of social issues using the feminist perspectives as that would lead to questioning of the gendered beliefs cognized through socialization and further enhance the social work practice. Therefore, the relatively underdeveloped branch of feminist social work in India has the responsibility to form global alliances in academia and activist organizations (Nadkarni and Sinha, 2016).

The social work profession in India made a humble beginning in 1936 by establishing the first school of social work, namely, the Sir Dorabji Tata Graduate School of Social Work, later renamed as the

Tata Institute of Social Sciences (TISS). Gore (1969) has analyzed a historical perspective of the social work profession and points out the limitations of the profession with regard to social action. Although no one denies the influence of American social work education on Indian social work, in terms of its impact, the opinions are at best divided. Social work was born essentially to address the problem of poverty as its origin is rooted in helping the needy. Historically, social work in India is characterized by religious charity, various social reform movements, and the Gandhian approach to poverty alleviation and improvement of villages. Although professional social work in India mostly concentrated on the symptoms of poverty, such as poor rural workers who migrated to cities in search of employment and on industrial labour welfare, one of its major concerns from the beginning has been poverty alleviation. The essentiality of the professional social worker lies in the academic curriculum, fieldwork, and social research, which are the backbone of the profession of social work (Manshardt, 1985). In the present scenario of the new economic policy, when privatization is engulfing the social sector expenditure, there's a felt need for social work practice to enhance the notion of a welfare state and demand for the universalization of welfare programs, especially for marginalized communities. Social work is a practice based profession which is concerned with helping individuals, families, groups, and communities to enhance their well-being with professional intervention. These professional social workers undergo extensive training in an academic institution where they acquire knowledge, appropriate competencies, and requisite values and principles to be equipped to work with people in need or distress (Kumar, 2014).

In the past, social workers assumed that their good intentions, compassion, common sense and adherence to core social work values were sufficient to bring about desired changes. However, in the present scenario, when the social work profession is competing with other professions and is trying to re-explore its identity and also peep into its future, it is important that at this juncture we

examine the scope of evidence based practice in social work. Primary importance should be given to advocacy while working at various levels of practice - micro, mezzo, and macro. This is primarily to provide justice to people at large, especially vulnerable sections who may not be in a position to seek justice or even meet their basic needs because of the debilitating conditions in which they may be living, or due to lack of awareness of their human, legal and constitutional rights which they cannot exercise because of powerlessness and oppression (Botcha, 2012).

Regardless of the insights provided by some of the veteran social workers and educators, social work in India has been slow in embracing the human rights perspective in practice. It is over the past two decades that formal social work education in India has evolved from the remedial, rehabilitative, western model of social work in the mid-1940s to suit the requirement of an indigenous social work education catering to social development and change. Thus over the years, Indian social work education has proved its capacity to adapt to new demands and challenges, to indigenize and internationalize its curriculum in an almost simultaneous manner. Social work colleges in India are gradually incorporating the human rights perspective in their curricula and also pioneering programs and policy changes to protect the rights of the child, the girl child, women, and right to education, health, and livelihood (Nadkarni 2013: 4). These areas of work bring social work skills and human rights perspective quite actively into play and have been taken up without much hesitation by many NGOs and social workers.

As the purpose of policy advocacy is to improve opportunities and resources for the poor and other vulnerable populations by directing more efficient legislative and regulatory responses to human needs (Germain & Gitterman, 2013), social work focuses on social policy as a guiding instrument for affecting the well-being of the vulnerable (Dickens, 2009; National Association of Social Workers (NASW), 2009). The value-centric nature of policies and policymaking process implies the significance of

value positions of policymaking entities on women's issues. Being a value-based profession and discipline closely working with a vulnerable population, social work has the most appropriate epistemological position to determine the value deficit in policies and advocate for desired change (Dhaske, 2016).

Based on policy research, Hartman (2006) specified that professional social work practice is likely to identify new, alternative, or better ways of providing for the needs of clients. Along the same lines, Wyers (1991) contended policy-practice as a direct social work practice to "strengthen the profession`s abilities to meet its century-long commitments of providing policy informed services to those in need". Reichert (2003) mentioned various levels of social work policy advocacy: The social work profession advocates for remedies to gender inequity at all levels of traditional social work intervention: at the macro level through federal and state legislation and in the executive branches of government; at mezzo levels in communities and organizations; and at micro levels in direct practice with individual, families and groups. (p. 67)

Inter linkages of Social Work and Women Empowerment
Social work plays a crucial role in providing strength to microfinance while dealing with its objectives at the grass-root level. Social work profession enhances the functioning of individuals and groups and to make them capable to help themselves. The role of a social worker in dealing with poverty arises not only because it influences agency policies but also the multiple roles it plays from dealing with grassroots people to policymaking bodies including resource mobilisation, capacity building, advocacy, community organisation, and research. It plays a role in the capacity building which largely involves training and providing information to entire communities and vulnerable social groups particularly women SHGs. It deals with the formation of SHGs in the initial stage through the process of community mobilisation, counselling and bringing awareness among the women. It facilitates in SHGs-bank linkage for the

microcredit (Kumar, 2016). At the micro level, social workers are used to dealing with poverty and women empowerment, working creatively and innovatively to help people (individuals and communities) to understand their situation and to change their behaviour and their environment, where possible. The role of a social worker is again crucial in community development, which requires skills in community analysis, social planning, community organizing, and social action. Another role is community practice which calls for social workers to help people to discover their resources and their own ability to create influence and positive change. The importance of this has been underscored by realizing that poverty involves a complex set of interactions between personal characteristics and a community's resources and opportunities. In the present scenario of the market-led economy, social work is somehow being neglected by criticising its liberal role in dealing with the problems. There is a need for some radical social work approaches in dealing with the problem of poverty and women empowerment when the state is stepping back from its welfare policies (Baikady and Pulla, 2017).

The role of social work arises here to strengthen microfinance and reduce its drawbacks. The social worker can intervene with the help of NGOs and funding organisations in an integrated approach which is required for meeting overall credit needs of a poor family in terms of backward linkages with technology and forward linkages with processing and marketing organizations. The social worker can bring awareness and train them regarding Credit which needs to be provided for diversified activities including income-generating livelihood activities productions, housing consumption loan and against sudden calamities. While working as an intermediary a social worker requires to provide gender sensitization training to bank staff so that they are sensitized to the needs of rural clients especially women (Singh, 2013: 10).

Social work plays a crucial role in strengthening microfinance while dealing with its objectives at the grassroots level. Social work enhances the functioning of individuals and groups and

makes them capable of helping themselves. The role of a social worker in dealing with grassroots level programs and policies is important not only because it influences agency policies through its intervention to achieve human and social development, but also the multiple roles it plays - from dealing with grassroots people to policymaking bodies besides resource mobilization, capacity building, advocacy, community organization and research (Kumar, 2014). It plays a role in capacity building - which largely involves training and providing information to entire communities and vulnerable social groups. At the micro level, social workers work to deal with poverty and empowerment of marginalised groups, working creatively and innovatively to help people (individuals and communities), in order to understand their situation and to change their behaviour and environment. The role of the social worker is again crucial in community development which requires skills in community analysis, social planning, community organizing, and social action. Another role is community practice which calls for social workers to help people to discover their resources and their own ability to create influence and positive change (IFSW, 2014).

Drawbacks of Microfinance and Contemporary Social Work Challenges

Despite having positive ways to alleviate poverty and bringing women empowerment, there are some shortcomings of microfinance too. Reluctance among SHG members to return the loan taken from banks is one of the important factors which happen either due to lack of earnings from the micro-enterprise to back the debt or voluntary reluctance. Identification and diffusion of funds to the SHGs should be based on a priority basis. But in most of the cases, microcredit is provided by the bank to those groups who are relatively well off and belong to upper social groups. This is mainly because they repay the loan in time and having social and cultural capital which enhance their enterprise or livelihood generation activities further. Such apathy on the part of the bank left the needy and poor sections of women hapless. There is an uneven distribution of SHGs in the country. The spread of the SHG-Bank

linkage programme in different regions have factors like the pro-active role of State Government, the presence of well-performing NGOs, Socio-cultural factors, etc. More than 40 percent of the linked SHG is from southern region consisting of Andhra Pradesh, Karnataka, Kerala, and Tamil Naidu while many States such as Uttar Pradesh and Bihar with a high incidence of poverty have shown poor performance under the programme (Kumar, 2016).

Sustainable income generation is crucial for poor households particularly women headed households. If borrowers find ways to increase their income, they can repay their debts. Similarly, other household members may increase or diversify their income through entrepreneurial activity. It is risky to find a job or create a new low-skilled company. Therefore, it is suggested that the granting of loans is necessary but not sufficient. It must be accompanied by sufficient income opportunities. This is a strong argument for developing a comprehensive plan to improve borrowers' skills and financial literacy. Appropriate training and guidance are needed to improve the employability and management capacity of poor households. At the same time, customers must understand their rights and obligations, as well as the long-term effects of a good credit rating. The introduction of such a capacity building mechanism can be a costly affair for MFIs. This requires a joint effort by the government, social investors and microfinance institutions supplemented by social workers who train and create awareness among them. A well-designed client repayment tracking system is also needed to help not only over-indebted MFIs but also to control them (Ray & Mahapatra, 2019).

Professional social work has been intervening in various issues and problems existing in a society where women and their livelihood issue is one of them. There are a myriad issues where the intervention of professional social work is not adequate nor has it the potential to intervene (Singh, 1980). In the contemporary period, the social work profession has been facing many challenges which prevent it from intervening fully with issues like

gender and livelihood. Elitism is quite visible in the social work profession concerning who joins the profession as students, who trains them, at what level they are trained and who funds their practice. Institutions are anxious to offer courses which provide better job opportunities to students, and select students who possess the qualities needed for the existing jobs rather than having a developmental orientation (Siddiqui, 1984). An increasing number of social work graduates have primarily intention for high salaried organisational and city-based jobs while dealing with the social issues and problems which they are trained for becomes secondary. This is evident from the fact that many social problems and marginalised groups in the remote places and villages are untouched from the intervention of professional social work which gives space to escalate such problems further.

Suggestions

Some of the suggestions to tackle this issue is effective implementation of social work intervention through fieldwork, qualitative research, observation as some of the tools to create empowerment of women. However, being in a diverse society of caste, community, gender, ethnicity, there are many issues which need a suitable social work approach. The patriarchal belief systems affect women's institutional and social discrimination. These belief systems attribute a minor status to women and limit their socio-political participation through cultural norms, thus excluding them from policymaking. Social work has the potential to identify women's issues and guide policy change through a value-based, multidisciplinary and humanistic approach. Although social workers advocate for a gender-related policy in India, they face many challenges such as lack of recognition as a knowledge-based interventionist agency, limited economic and human resources, less space for strategic positioning, institutional partnerships and professional collaboration. The socially rooted patriarchal belief system and institutionalized gender inequality are the most difficult challenges in defending women's issues in India. The strategic focus of social work education with innovative pedagogy and an innovative value framework for understanding

women's contextual problems ensures a promising role for social work in women's issues in India. There is an urgent need to recognise the potential of social work intervention from policy level to research field along with special focus in the context of academic recognition.

Conclusion

Livelihood generation through microfinance is an important tool to reduce poverty and women empowerment in rural areas. The role of social work in poverty alleviation has been tremendous as it deals with people directly in the field and empowers them and facilitates their organization. Some of the new methods used by social workers to identify the poor are challenging the narrow and faulty methods used by the government. The professionalization of social work, including the re-examination of its syllabi and fieldwork in the present context, plays an important role in poverty reduction which can be achieved using a multi-dimensional approach including livelihood promotion.

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SEX WORKERS AS MOTHERS- COUNTERING
THE HEGEMONY OF FAMILY

Sarita Shankaran[1]

Abstract: *Marriage and family are predominantly seen as the ideal spaces for motherhood. Women in sex work bear children and in doing so, they challenge patriarchal norms and the normative understanding of what constitutes ideal motherhood and family. They face conflicts within and outside as they bring up their children.*

Keywords: *Sex worker, Kamathipura, prostitution, motherhood*

Introduction

Prostitution is often referred to as the oldest profession. Despite that, today, it is a stigmatized profession and also criminalized in many parts of the world. Sex workers are seen to embody uncontrolled sexuality, addictions and a lifestyle that does not make them suitable mothers. While there are several studies that try to understand the phenomena of prostitution, there are very few that focus on the children and the sex workers as mothers. Some empirical studies in India, only point out the poor educational status of the children of sex workers and thus, the poor parenting of the sex workers.

In order to understand the phenomena of motherhood in the context of prostitution, it is important to understand the socio-legal positions on prostitution. It is essentially these that contribute to the dominant view on prostitution. This study attempts focus on the sex workers as mothers and the factors that impact her role as mothers.

The hegemony of family and ideal motherhood- sex workers as the others

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The dominant narrative where family becomes the basic structural unit of society ascribes a negative connotation to prostitution. In India, marriage as an institution became more ritualistic and Brahminical during colonial times (Sen, 2000). As a result, all other forms of cohabitation were deemed illegal. The deeply entrenched gender roles make it difficult for any woman to have a meaningful existence outside the realms of the family. Family is often understood as the primary, integral and cohesive unit of Society (Sonawat, 2001). The term *family* also encompasses the gender roles, rights of the individuals who are part of the family. Feminists, who have opposing views on prostitution, also agree that the reason why prostitution is considered immoral is the widespread acceptance of the traditional monogamous family and to protect patriarchy (Green, 1989, p. 527).

Mother is a female and mothering is therefore a concept very much based on the construction of the female gender, sexuality and family. Women are expected to be the nurturers and prime caregivers of children in a family. Hence, motherhood outside the dominant constructs of the family is seen as being an aberration and not conducive to the child. Hence, marriage is seen as another end of social continuum; diametrically opposite to prostitution. Hence, motherhood outside the scope of patriarchal constructs of the family is also seen as unsuitable and conducive to the development of the child. International instruments such as the United Nations Convention on the Rights of the Child also state that the family is the best place for the development of the child. But, this is usually operationalized by the NGOs and the Governments to mean conventional, patriarchal families.

Understanding Prostitution
Prostitution is considered to be the '*world's oldest profession*'. But it is never viewed as a mere economic activity. The moralistic lens through which prostitution is viewed is a result of our patriarchal notions of female sexuality, behavior and rights. Though it is a commercial transaction, it is not accorded the status of a job or occupation. Instead, it is seen as a high paying but low skilled

alternative to marriage (Giusta, Di Tomaso , & Strøn , 2004)**.**

Legal positions on prostitution

Some of the more normative positions on prostitution are expressed in laws and international instruments. The SAARC convention on Preventing And Combating Trafficking In Women And Children For Prostitution enforced on 5th January 2002 defines prostitution as the sexual exploitation or abuse of persons for commercial purposes.

"The term, prostitution is normally defined as an act of sexual intercourse characterized by barter, promiscuity and emotional indifference (Kumar, 1961, p. 425).

The UN Convention for the Suppression of Traffic in Persons and the Exploitation of Prostitution of Others (1949) was among the earliest such international documents to address the issue. The preamble of this convention describes *prostitution and trafficking for the purpose of prostitution as incompatible with the dignity and worth of the human persons and as something that endangers welfare of the Individual, the family and the community*[2].

In India, this is not a recent debate but was hotly debated way back in 1949 during the constituent assembly debate of 3rd September 1949. The debate centered on drafting a law to regulate '*public houses*' or *prostitution*. While the merits and de-merits of such a law are discussed, it is important to note that the prime concern for creating such a legislation was to *protect the youth of the country from moral abandonment*[3].

The linking of prostitution to trafficking and HIV/AIDS has lead to a complete denial of agency for the sex worker. Any effort to examine the rights of a sex worker is thwarted by this notion that all

[2] UN Convention for the Suppression of Traffic in Persons and the Exploitation of Prostitution of Others (1950), retrieved from: http://www.refworld.org/docid/3ae6b38e23.html on 24th July 2018

[3] Constituent assembly debate of 3rd September 1949: http://www.indiankanoon.org/doc/63062/. Accessed 21 July 2018

trafficking leads to prostitution and that all sex workers have been forced into the trade (Sircar & Dutta, 2012). Several studies and international documents see trafficking and prostitution as being linked.

Feminist understanding of Prostitution

Feminists have questioned the normative understanding of the female body and the construction of womanhood (Sabala & Gopal, 2010). Feminists have long debated on their positions on prostitution and also examined it from the point of view of power and structure. Radical feminists often associate prostitution with 'hurt' or 'oppression while liberal feminists call it a 'choice'. Marxist Feminists have considered prostitution to be an expression of patriarchal capitalism and considered prostitution to be an integral part of *patriarchal capitalism* (Pateman, 1999, p. 53). However, liberal feminists argue that even if poverty, destitution or fraud has been the underlying reason to enter the trade, the fact that the woman continues in the trade may be treated as an assertion of her choice (Gangoli, 2006). Prostitution has thus been equated to work- Sex- work, where the women's bodies are their major source of income similar to women involved in bodily labor to earn a livelihood (Sabala & Gopal, 2010).

The above discussion raises the issue of agency and victimization. According to (Giddens, 1984, p. 9). *Agency concerns events of which an individual is the perpetrator, in the sense that the individual could, at any phase in a given sequence of conduct, have acted differently.* Others argue that even though the subjugation of women and commodification of the female bodies has contributed to the idea of prostitution of women, it may not always mean that she has no choice in the matter and denies women of agency and impetus to counter this violence (Goyal & Ramanujam, 2014). It is argued that women may find prostitution as a more preferable option if the conditions are made more suitable and the women are provided with sufficient legal protection to conduct their trade (Mai, 2011 in (Conelly, Jarvis-King, & Ahearne, 2015).

The Sex Worker And Her Child

Many studies on prostitution have shown that sex workers are mothers either before they enter the prostitution or as a result of being in prostitution. Studies in different parts of the world have shown that most of the sex workers have between 2-4 children and many are born out of the trade (e.g. Kelbisow, 2009; Sloss, Harper, & Budd, 2004; John-Fisk, 2013). But her role as a mother and the parent-child relationship is not well documented (Dalla, 2003 in McClelland & Newell, 2008).

(Sloss, Harper, & Budd, 2004), found that most of the street sex workers in USA, identified being a prostitute and a mother as two very incompatible roles. One study conducted with street prostitutes in Iaşi and Bacău, two counties of Romania on sex worker as mothers found that, when mothers are able to set clear boundaries between her work and her role as a mother, she is able to find a sense of balance between the two roles and are ashamed of working during their pregnancies. Studies of sex workers across the world including Kamathipura found that sex workers hoped for a better life for their children but find it difficult to provide the necessary resources due to their inconsistent income and inappropriate housing situation (Sloss, Harper, & Budd, 2004; Rawat, 2014; John-Fisk, 2013; Karandikar, 2011). While the mothers earn out of prostitution, they may not themselves consider it socially acceptable (Mandiuc, 2014; Mukherjee & Mukherjee, 2004). They continue to maintain a precarious balance of guilt and responsibility, always threatened by social ostracisation and fearful of the future (Mukherjee & Mukherjee, 2004). The situation became more stressful when the state had the power to take away custody of a child citing neglect, drug abuse etc. (Sloss, Harper, & Budd, 2004). The mothers tend to internalize a lot of shame and guilt at not being able to be *good mothers* (Sloss, Harper, & Budd, 2004).

However, the normative understanding of prostitution as undesirable, illegal and stigmatized results in a general opinion that sex workers are not ideal mothers. Many countries do not

allow the children to stay with the mothers and the sex workers live in constant fear of being forcibly separated from their children.

The Present Study:

The literature review shows that there is a limited understanding of the child living with his/her mother who is into prostitution. Hence, this research explores the phenomena of motherhood in the context of sex work.

The data presented here is a part of the author's PhD research. All the women[4] participating in this study have been in prostitution for 15-25 years and most of them continue to do so. None of the women knew their exact ages. But based on their narrations, they were between 30 and 45 years old. On an average, the women had 2.4 children. Individual interviews were conducted with the sex workers in the brothels or in NGO centers. Informed consent was obtained verbally.

The researcher has prior experience of working with the children and has spent extensive time interacting with the women and children in Kamathipura. The researcher used a qualitative methodology to understand the sex workers understanding of their roles as mothers. The study attempts to bring out the conflicts and experiences of these women as brothel-based sex workers as well as mothers.

Location and background

Kamathipura in Mumbai is a well-known red light area. It has historical significance to pre-colonial times and its eventual emergence as a demarcated red-light area, away from the rest of society. Kamathipura is not only historically stigmatized but the stigma is reproduced and contextualized over a period of time (Kitchin, 1998).

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[4] The names of the women have not been revealed in this article, to protect their identity

Being in Prostitution- finding alternatives to marriage and family

All the women in this study had been brought to Kamathipura without their knowledge or consent. Most of them had been married at a very young age, in their villages and had one child before entering prostitution. But these marriages did not sustain and the women had to leave their marital homes.

When I came home, my father used to force me- go to your in-laws house, this happens, that happens, our prestige will go, what will the villagers say? (O)

The decision to leave their marital homes or husbands was not an unconscious one. The women in the study took responsibility for their decision to leave the marriage. They therefore considered the subsequent events also to be the result of this decision. Entering prostitution is often a response to the difficult circumstances the women are facing.

Once the women had entered the trade, they decided to continue. They felt that they had already left home and become social outcasts, so it was better to stay here and make a living. Some women also had young children in their care and had no way of bringing them up. The women's narratives of entering the trade and then deciding to continue brought out the dilemma they faced at this point.

I did for the sake of my stomach. Now I came to Mumbai and got trapped. I have to do it. What to do, I began to face difficulties, so had to do. (G)

The women in Kamathipura become a part of the spectacle of Kamathipura. The everyday performance as a sex worker makes her view sex as a mere activity to be completed within a limited time. None of the women stated that they liked to work as a prostitute. All of them stated that they were working as sex workers as this was the only way in which they could earn enough to fulfill their responsibilities.

The women claimed that they had not revealed the true nature of

their professions to their families, even though they supported these families in various ways. They created multiple worlds where they took on multiple identities. The stigma and social rejection makes the women construct multiple worlds that may not always interact and in fact she may prefer to separate them. This enables her to adopt multiple habitus within these social spaces. The women in this study stated that they were sex workers only during business hours. When they are not soliciting, they take on the mannerism of the typical middle class woman. Sex workers dissociate themselves from their trade and take on a different persona.

When I go out, then who am I, which I Kamathipura, I don't recognize…I am like that. (Padma)
The sex workers take on multiple roles within the family context. When asked about their likes or wishes, most of the women spoke about cooking good food, entertaining guest, having a neat home etc. These are roles typically attributed to domestic women. Thus the sex worker's roles as a prostitute, an aunt or a sexual partner might not be as sharply demarcated as understood by the dominant social notions. But, motherhood is where the sex worker takes on a role that is conflicting and at the same time an embodiment of her womanhood.

Sex work and motherhood- conflicts and continuity
The responsibility of bringing up children was one of primary reasons why the women chose to continue in the trade. Most of the women had a child before they entered prostitution. All the women stated that they came with their child and did not leave them behind even when they had not idea how to sustain themselves. They also had other children with their long-term partners or from the trade.

Then, I was pregnant with L.Then I delivered her here only.(S)
The women did not share any negative feelings towards becoming mothers. They saw it as a natural progression to being sexually active. Many women had children of their partners and were happy to become mothers.

All the women narrated their experiences of caring for very young children. One of the ways in which they could prevent the children from learning about their work was to keep them away.

I kept him there when he was 9 months old. My child used to cry there; I used to stand on the road and cry. (P)
Women stated that they found it difficult to care for their children in Kamathipura and one of the options they chose was to send their children to their villages, to be cared for by their parents or place them in long-term residential care programs run by the NGOs in the area.

What was to fear…who will take care of him here? Parents are better; all are there at home. So, I kept them there. (I)
All the women stated that they had made every effort to keep their children away from the negative influences of the area. As the children grew older, the women were concerned about the kind of influence the activities in the area would have on the children. All the women felt that they would see the activities in the area and be curious. They also felt that their children might ask them uncomfortable questions about the work she did. Despite all precautions, two of the mothers had been unable to prevent their sons from being involved in the activities in Kamathipura.

They are seeing, thinking and understanding everything. They will think that my mother is wrong. (O)
Women who had daughters were particularly insistent upon not wanting to keep their daughters in Kamathipura. Separating their children from themselves was the only way they could think of, which would enable their daughters to have better opportunities in life.

Because, I used to think, my child's life should not be spoilt. (I)
The women narrated their struggles and dilemmas with regard to bringing up their children. But, as they grew up, the children began to be more and more curious about the activities in the area. The women constantly feared about their children having a negative view of them.

I used to bring customers, she used to keep looking. I did not feel good. So, because she is a girl, I left her in the village (O)

Most of the women stated that they either avoided entertaining customers in the presence of their children or did it discreetly. Furthermore, they felt that they would themselves be a bad influence on their children.

Now seeing the work we do, boys also will learn. Boys in front of the girls…small, small boys have begun eve-teasing. (Z).

Many women placed their children in NGO-run residential institutions. However, the women's narratives also brought out their insecurities and fears with regard to placing children in the NGOs. NGO workers also stated that the women did not want their children to pick up the superior culture of the NGOs.

They don't want their children to have the culture of good societies. (NGO worker)

NGOs often re-enforce the notion of the sex worker as an inconsistent and unsuitable mother. The sex workers' resistance against the domination of the NGOs can be seen from the constant fights and arguments that they had with the NGO staff. The NGOs also feel that the sex workers are unable to prioritize and understand their duty towards their child. However, this view was not in keeping with the sex workers' own involvement or concern for her children. While most of the sex workers acknowledged the difficulties of raising children, they shared the various efforts they made to keep them safe.

The sex workers shared how they had made plans for their children's future. Some of the sex workers had married daughters and they continued to support them financially as well as emotionally.

She asked for a machine, I spent Rs. 3000 and gave her. I did everything. (P)

Women showed awareness about the need to settle their children either in marriage or in a job. Others lamented that they had not been able to put aside a decent sum for their daughters. They felt

that they had not performed their duty towards their daughters.

I should have put aside something for my daughter because it will be of use to her tomorrow. These things are hers; I have nothing else for her. (G)

Findings And Discussion

Living in a stigmatized place only adds to the plethora of already existing identities that seek to marginalize sex workers. Other actors such as the police, the NGOs and the residents in the area tend to further deepen the stigma associated with prostitution. The sex workers' interactions with the society and their representation in society serve to re-enforce their own notions of guilt and shame, thus pushing them to the margins of the society.

The narratives of the women in this study indicate that while 8 out of the 10 women came from extremely poor families, lack of money was not the immediate reason for entering prostitution. This was a departure from some of the previous studies that cited poverty as the main reason (see Gangoli, 2001; Mukherjee & Mukherjee, 2004). Most of the women were legally married but families were not spaces where these women felt safe or are free from violence. As Bell Hooks states, *Patriarchal violence in the home is based on the belief that it is acceptable for a more powerful individual to control others through various forms of coercive violence* (Hooks, 2000, p. 61). As in (John-Fisk, 2013) disappointment with their parents and disagreements with them were crucial factors to the women feeling helpless.

Most of the women in the study shared the shame and reluctance with which they began working as a sex worker. The transformation into a sex worker also needed the women to feel that they are no longer acceptable in society and that this is their only means of survival. Kamathipura creates a spectacle of prostitution and the women become a part of this spectacle (Shah, 2006) and reproduced the typical imagery of the sex worker during her business hours. But they also reproduced the stigma attached to not being a domestic woman and felt the need to separate the two

roles by not revealing their profession to their families. As found in (Tomura, 2009), the internalization of this stigma makes them afraid of revealing their trade to their family.

The women tried to integrate into society and counter the stigma associated with prostitution by adopting a different habitus in different environments, thus struggling between her identity as a sex worker, the breadwinner and the mother. The women's internalized stigma and the resultant shame prevented them from revealing the true nature of her work. As found by (Sloss, Harper, & Budd, 2004), even when they decided to not disclose their profession, they continued to work so that they could continue to support their families and to give the children a better future. Thus, as noted in (Tambe, 2006), the sex workers in Kamathipura do not see prostitution as a disruption in their role as domestic women. The separation of their identities as the domestic woman and the sex worker may therefore not be as sharp as imagined by the women themselves. In the context of these multiple identities and constructions of self, becoming a mother was seen as a natural and happy event by the women. But, caring for children in Kamathipura was a challenge as the brothels were not equipped for the purpose. Living in small spaces and conducting their business while managing a baby was stressful for the women. Kamathipura as a space is used for sex work but did not provide for the children that might be borne by the sex workers. This indicates that the brothel keepers also view these roles as separate and incompatible.

Their narratives brought out the dilemma between the sex workers' desire to enjoy being a mother and their responsibility to keep children safe. One of the reasons for sending children away from Kamathipura was also that, the women were ashamed of themselves and feared that their children might reject them. The Indian concept of an ideal mother who dedicated herself to the nurturing of her child conflicted with the lifestyle of the sex worker. Keeping children away can not only be stressful to the sex worker but also create emotional distance between the child and

the mother. The NGO view of the sex worker an unsuitable mother also added to the dominant notion as sex work and motherhood being incompatible. NGOs tend to take a normative view of an ideal childhood and hence advocate for the children of sex workers to be kept away from Kamathipura. Even though the sex workers were unable to be involved in the day-to-day upbringing of their children, most of the women supported their children financially as well as physically, well into their adulthood. These instances showed that they were aware of their responsibilities towards their children.

Conclusion

Sex workers in Kamathipura, do not have the space and the time to nurture children and perform the role of mother as understood by the middle class construct of a family. However, these are female-headed households where the sex worker plays a major role as the provider of the family. In that context, she additionally takes on the role that is typically played by men in a patriarchal system. Even with the support of NGOs or other family members, most women see themselves as being primarily responsible for their children.

The above narratives indicated that unlike street-based sex workers in some of the other countries, sex workers in Kamathipura have a more involved understanding of motherhood. They seek various support systems such as their families or the NGOs in the area, to fulfill their responsibilities as mothers. They do not see any discontinuity between their work and their role as mothers. But, they seek to keep their children away from Kamathipura due to fear for their child's well being. Though they continued in the trade in order to bring up their children, they do not want their children to know that they are in prostitution. As the children grow up, the fear of losing respect and their place as mother makes them hide their own realities. This conflict makes them insecure and they sometimes overcompensate by supporting their children well into their adulthood. Their parenting style might not fit into the dominant notions of family-based care. But, like all caring parents, they contribute towards the well-being, safety and

security of their children, often taking on the role of both the mother and the father.

Implications for Social Work Practice

This research brings out the need to re-look at the current interventions with a rights-based perspective. Prostitution cannot be seen as detached from dominant patriarchy, caste-based structural politics and gender-based performativity. Therefore, it is the *intersectionality*[5] of a variety of factors that sustain and reproduce the phenomena of prostitution (Ouspenski, 2014, p. 16). Therefore, simplistic solutions such as providing economic options or removing the children from areas with brothels might not be adequate. "The women and their children need to be seen as persons with an agency and the ability to make choices. The need would therefore be to provide them with adequate support to enable them to make these choices."

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[5]The author states that this term was introduced by Kimberle' Crenshaw in 1991

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BOOK REVIEW

Demystifying Criminal Justice Social Work in India
EditedBy Mark David Chong and Abraham P Francis
Sage Publications
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Professional social workers have played a valuable role in the criminal justice system (CJS), beginning with a watershed event in 1899 – the establishment of a separate juvenile court in the United States. The Juvenile Justice Board (JJB) in India (essentially a children's criminal court) has not one but two social workers. Yet, in spite of this apparently significant role, professional social workers in India have not seen the type of development and prominence experienced and enjoyed by their fellow colleagues elsewhere in the world such as Canada and Scotland where the profession is actively and institutionally encouraged and financially supported by the state to provide specialist services to offenders and victims of crime. The provision of such bio-psychosocial assistance is considered important for both offenders and victims and includes NGOs and faith-based organizations working with youth at risk of crime or released convicts, courts and correctional institutions.

India however lacks such institutionalized correctional social work – in spite of a high number of both offenders and victims. As per NCRB data, both offences committed and the proportion of violent crimes have increased along with crimes against women and children, human trafficking and juvenile delinquency. Over half of the Children in Conflict with Law apprehended were from low socio-economic backgrounds, most were arrested for the first time, more than 20% were illiterate, and only one-third had primary education. Those prosecuted and punished by the courts live in draconian overcrowded institutions. What's more, women's prisons across India house about 2,000 children born to the inmates who are still under trial.

Given these dismal facts, it's obvious that there is an acute need for more professional social workers to become criminal justice practitioners and researchers. Unfortunately, there are two immediate hurdles – first, there is a strong stigma attached to social work in criminal justice given its potentially coercive enforcement and social control roles vis-à-vis the traditional social work objectives of achieving social justice and protecting human rights through the services the profession provides to its clients.

This therefore raises the troubling question as to whom is the social worker in the justice system obligated, the offender or the community. This is a significant issue because the interests of these two parties may often be poles apart, with a social worker having conflicting roles of protecting offender rights, providing social support, and conducting rehabilitation on the one hand, and surveillance, sanctions, and initiating breach action when the offender has not complied with a court order on the other hand. Thus, social workers might well be reluctant to seek employment in the criminal justice system.

Secondly, there is a relative dearth of text and research-based reference books concerning this subject from an Indian context. There are no comprehensive holistic books, especially for students and professionals.

The first part of this book explains key theoretical concepts and problems in Indian correctional social work. Chapter One mentions the profound influence social work has exerted over the Indian CJS. The profession humbly emerged in the 1930s and got more organized by the 1950s, with social workers now being seen working in prisons, as probation officers etc. This chapter explains the underlying social forces and events that spurred this positive development and also the future challenges to the profession in face of rampant globalization, increasing income disparity and the withdrawal of government social services as a result of tighter fiscal budgets. The second chapter explains the causes of criminal behavior – critical to any intervention that seeks to deter, reform or

rehabilitate the offender back into the community. Such criminogenic factors could be philosophical, biological, psychological or dysfunctional social structures, inequity and poor socialization. The third chapter critically examines the nature and incidence of the types of mental illnesses commonly suffered by offenders and victims of crime, and the justification for and benefits of social work intervention, such as the specific non-psychiatric mental health services social workers may offer to mentally ill prison inmates and victims of crime.

The second part of the book highlights how these frameworks can or have been applied in practice. Chapter Four talks about the gatekeepers and custodians of the criminal justice system – the police. Being a formal agent of social control, it's important for social workers to have an active collaboration with them. This chapter talks about such joint endeavors in India, focusing on the challenges in developing collaborative practice due to differing roles, cultures and philosophies in the face of structural inequalities. Social workers may likewise act as robust scaffolding structures not just for offenders but also victims who are socially marginalized or disadvantaged because they are unemployed, uneducated, young, mentally ill or without familial support. Social workers can get to the bottom of the matter with the skill sets available to them and begin a process of realignment. The next chapter shows how correctional social work potentially represents one of the most important contributions that the profession can make to improve the criminal justice system. For example, it has the ability and capacity to effectively and empathetically provide a wide variety of rehabilitation services related to alcohol and substance abuse and mental health assessments and individual and group counseling in correctional facilities. Other specialized expertise, for example, advocacy and case and crisis management, and infrastructural capacity building, are also often called upon by social workers in order to achieve the goals of rehabilitation, re-integration and community safety. There is a growing realization among prison administrators that there is an acute need to evolve from the age-old tradition of isolation and mere custodial measures

to a more reformative and rehabilitative model of intervention. This chapter explains the problems afflicting the system and the remedial measures such as revision of prison program content as well as revision of social work education and training curricula. Social workers also play an important role in implementing non-incarcerative measures such as probation and parole. This includes conducting investigations and enforcement in dangerous neighborhoods, not considered an enviable employment opportunity by many. In an Indian context this also involves primary role dilution, power dynamics with other agents of the system, and lack of resources. Chapter Seven exclusively examines the role social workers play in the juvenile justice system, especially the socio-legal challenges in reducing recidivism and reintegrating youth into communities. The eighth chapter talks about the extent to which the criminal justice system supports victims of crime, who are not vulnerable to re-victimization by criminals but also secondary victimization by the criminal justice system itself.

The third section of the book focuses on the challenges and opportunities social workers will face in the future, especially education and professional course development. Chapter Nine critically examines the tertiary educational and professional frameworks employed in India and how these relate to its criminal justice system. It also outlines the challenges of ensuring quality control in the curriculum, teaching and placement training. Chapter Ten reviews the state of human rights protection and violation within the criminal justice system, and how social workers can play an important role in ameliorating the situation. The last chapter focuses on the growing, unconventional problem of cybercrimes and how criminal justice social workers would address these victims' needs.

A local book which will engage more fully with correctional social work in India is needed for two reasons: to demystify the field of correctional social work, especially to students and practitioners and to provide relevant local academic and professional literature

in this field. This book provides not only a technical overview of key issues but also examples of empirical work and rigorous theoretical analysis for future reference. It has also lived up to its title by making complicated ideas, theories and processes relatively easy to understand.

Reviewed by Meghna Vesvikar, Assistant Professor, College of Social Work, (Autonomous), Nirmala Niketan, Mumbai.

NOTES TO CONTRIBUTORS

Criteria for acceptance of articles

The Journal welcomes articles, reports of research studies, field experiences and academic papers related to Social Work, Social Change, Social Research, Social Psychology, Social Policy and current topics having a bearing on Social Work Theory and Practice. Manuscripts are selected on the basis of relevance to Social Work education and practice, sound treatment of subject, clarity in presentation, methodology of research articles, implications for intervention, appropriateness of references, correct language and evidence of a high level of scholarship.

The author should send soft copies of the article to **perspectivesnn@gmail.com.**

Declaration

Each article should be accompanied with a declaration by the authors stating that the article is original and has not been earlier published nor been submitted for publication elsewhere. If the article has already been published, then permission from the publishers for republishing has to be enclosed along with the manuscript.

Responsibility of Authors: Authors are solely responsible for the factual accuracy of their contributions. The author is responsible for obtaining permission to quote lengthy excerpts from previously published material.

Structure of the Article

A cover page indicating:

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- Corresponding Author Contact Details (postal address, telephone, email)
  Word Length (including abstract, keywords and references)

Abstract and Keywords
A second page including:

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About the abstract - Each article should be summarized in an abstract of **no more than 150 words**. Abstracts must be structured, using four headings: Objective, Method, Results, and Conclusions. Format the abstract as a single paragraph in *Italics*. Abbreviations and citations NOT to be included in the abstract unless the study replicates or builds directly on another's work.

- **Keywords upto five keywords.**

Length and presentation
- The length of the article may range between 3000 and 5000 words, including the abstract, keywords and references but NOT including references, figures, or tables.
- All parts of the manuscript should be typewritten in MS Word typed in 12-point Times New Roman font, double-spaced, with margins of at least one inch on all sides. The pages should be numbered serially.
- Within the text of the article, no features should be included that enable the authorship to be identified (for example in page headers and footers or acknowledgements).

Citations, notes, and references
- All evidence based statements within the article MUST be supported with proper citations.
- Authors should ensure that ALL in-text citations have a corresponding reference entry and that each reference entry is cited in the text. Articles with citations but without reference list or vice-versa will NOT be accepted.
- Key statements in the article may be supported by the author with a logical explanation, the author's opinion, illustration, or in-text citation/paraphrasing of another author's work.
- Non-citation of others' written work amounts to plagiarism and, thereby, fraud. If plagiarism is identified, the article will not be accepted for publication.
- Only the last name of the author and the year of publication must be cited in the text.
- Notes, when necessary should be numbered continuously and

should be printed as end notes. Use of footnotes should be avoided.

- References of both printed and electronic sources should be included at the end of the article in APA format.
  References should be listed in *alphabetical order* as follows:
  Barai-Jaitly, T. (2002). The health status of children in India: An overview. Seen but not heard: India's marginalised, neglected and vulnerable children, 43- 63 New Delhi: VHA

  Dhagamwar, V. (2006) Child Rights to Elementary Education: National and International Provisions in Ravi Kumar (ED), The Crisis of Elementary Education in India (pp. 57 – 91). New Delhi: Sage

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Tables and Figures
- Tables, figures, graphs and diagrams (illustrations) should not be embedded in the text. Place tables and figures after the References section and indicate preferred placement point in the body of the manuscript such as "<Insert Table 1 here>"

- A short descriptive title should appear above each table with a clear legend and any footnotes suitably identified below. All units must be included.
- Figures and diagrams should be completely labelled, taking into account necessary size reduction and should be supplied in .gif, .jpeg, or .png format with resolution 300 dpi or higher.
- Ensure any colors used in figures will be distinct when converted to black and white for print version.
- The word percent should replace the symbol '%' when it is used in the text, but the symbol '%' can be used in parentheses.

Review System

The review of the manuscript will be blind and impartial. Manuscripts are reviewed by the Editorial Board and peer-reviewers. Accepted manuscripts may be revised for clarity, organization and length. The article will be sent to authors via e-mail for correction and should be returned **within seven days** of receipt. Corrections and editing as suggested by the Editorial Board and peer-reviewers should be undertaken by the author and is not the responsibility of the publisher. The decision of the Editorial Board will be final and binding.

Publication of articles

The accepted articles are scheduled for publication in the chronological order in which they are received. The publication lag of an accepted article is generally one year. Each author gets a complimentary copy of the journal issue in which his/her article is printed.

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Communication with reference to articles should be addressed to The Assistant Editor
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GUIDELINES FOR BOOK REVIEWERS

Pre-requisites for a Book Review
The book under review should have been published in the **last two years** and should have direct relevance to the field of social work.

Expectations of a Book Review
The book review can include the following aspects.

- Title of the book (underlined/italicized), edition, name(s) of the author(s)/editor(s),year of publication and name of publisher (separated by a colon), ISBN number, Format (hardcover/soft cover), number of pages and price of the book.
- Objective/theme of the book
- Contents/organization of the book
- Intended audience for the book
- Perceived response of the audience/user (would you recommend it to the user)
- Approach of the book (topical/analytical/chronological /descriptive/ biographical)
- Concise summary of contents
- A critique of the content of the book (language and presentation)
- Remarks on the strengths and limitations of the book, originality, implications for practice, contribution to knowledge, contemporary relevance, applicability to Indian conditions in case of a foreign book, adherence to ethical practices in referencing information)
- Conclusion

A book review could also include:
- A catchy quip/anecdote that succinctly delivers the reviewer's perspective/viewpoint/argument
- Relevant information of the author, where he/she stands in the genre/field of enquiry
- A note (where appropriate) on how well the text is supported by tables/ diagrams illustration
- Quote with a specific page reference. Excessive quotations to be avoided.

Points to note when the book is an edited version comprising chapters from many authors:

- Summary of each chapter or section (in keeping with the abovementioned guidelines)
- Way in which the central theme is dealt with in each chapter or section
- Name of the author and related information

Editing Procedure

The Editorial Board reserves the right to modify the Book Review for length, clarity and content. The reviewer's concurrence to this is assumed, unless specified otherwise by the reviewer.

Typescript for a Book Review

The book review should be typed in 12-point Times New Roman font, double-spaced, with margins of at least one inch on all sides on A4 paper and SHOULD NOT exceed **1500 words**.

Publication of Book Reviews

The Book reviews are scheduled by the Editorial Team of Perspectives as per the quality of the review and contemporary issues. Priority will be given to invited book reviews. Every book reviewer gets a complimentary copy of the journal issue in which their review gets published.

GUIDELINES FOR WRITING DIFFERENT TYPES OF ARTICLES

I . **Writing an Article based on a Research Paper/Reports**.
This is an article based on an original research project/study, involving information from primary data sources. Such an article contains the following sections:

- Introduction
  - Description of the subject
  - Critical Summary of available information
  - Background of the research
  - Problem identification / analysis
  - Research questions
  - Rationale for the study

- Methodology
  - Aims of the research
  - Research design
  - Variables
  - Operational definitions
  - Sampling strategy
  - Description of the tools of the data collection
  - Techniques for analysis
  - Limitations of the study, if any

- Discussion:
  - Results of the study: This should include a summarized description of the statistical figures and techniques as well as a concise note on the key findings which could be descriptive or numeric
  - Interpretation of the data in terms of :
    - Validation of the hypothesis
    - Corroboration with cited literature

- Conclusion and recommendations:
  This section should include the following
    - Recommendations to improve/remedy the situation
    - Implication for the future research and field practice

II. **Writing an Academic Article**
  This article is based on information from secondary data sources. It generally seeks to raise new issues or examine existing issues from a new perspective. It can also be used for theory building. It should contain the following sections:

- Introduction:
  - Description of the background and importance of the subject under consideration

  - Statement of purpose
  - Rationale for the article

- Discussion:
  - Critical review of literature

- Gaps in knowledge/services and emerging area addressed:
  - Intervention methods

- Conclusion:
  - Summary of key points
  - Recommendations

III. **Writing an Article based on Field Experiences**
  This article stems from the experiences of the author. It focuses on a specific issue / problem / project / program that is within the purview of the author's professional practice and is descriptive in nature. It provides details of how the author dealt with the specific issue / problem or implemented the program / project under consideration. An overview of such an article is given below.

- Introduction:
  - Description of the subject under consideration
  - Critical review of relevant literature
  - Problem identification/analysis
  - Rationale for intervention

- Discussion:
  - Details of the problem/issue/program/ project under consideration
  - Action plan to improve/remedy the situation
  - Details of implementation of the action plan
  - Critical assessment of effectiveness of intervention
  - Learning in relation to existing theory
  - Limitations and suggested modifications

- Conclusion:
  - Summary of key points
  - Suggestions for future work

Submissions that do not conform to the above guidelines will be returned for modifications before entering the review process.

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