


# Perspectives in Social Work

A decorative graphic consisting of two overlapping, wavy blue shapes that create a sense of movement and depth. The top shape is a solid blue wave, and the bottom shape is a white wave with a blue outline, creating a layered effect.

College of Social Work (Autonomous),  
Nirmala Niketan  
Mumbai

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- 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**

Dear readers,

The Perspectives team sends warm wishes to all and pray that you and your families are in good health.

As is the norm this issue too brings you articles that cover a range of social issues that are not only real but create an impact on the daily lives of people. We ensure that the articles reflect quality and social analysis in their content.

Mother tongue based multilingual programme (MTBMLEM) in Paschim Medinapur District of West Bengal is an article by Pradhan that looks at the concept of education in the child's mother tongue for greater impact.

The medium of instruction in schools is a determining factor for quality education. In this study the author found that the number of enrollments in the Santhali medium schools declined in all except one school. The interpretation of data highlighted the facts that: Mother tongue based multilingual education has been internationalized and it reaches out to the marginalized groups suffering submission and assimilation in society.

India has been a leader in South Asia, in guaranteeing education in one's mother tongue. As a result this initiative is gaining momentum in some states. In West Bengal the study shows that the programme has suffered reverses due to the lack of enrollment of children between the years 2014- 2016. On the other hand, those schools that exclusively have Santhali as their medium of instruction, have seen the highest growth of enrollment in the same time period. In India many states are working towards providing this opportunity for those belonging to the linguistic minority.

The second article, Shah and Zargar examine issues faced by parents in Kashmir, having children with cancer. The problem of

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cancer among children is discussed along with the incidence of the disease. The study's findings highlight some challenges the parents face. They are; Loss of hope, Huge expenses, Difficulties in meeting challenges. The discussion focuses on the plight of parents, their apprehensions, need for emotional support and helplessness.

The third article by Pratima and Jena, is fascinating in that it examines a student's optimum cognitive development by his/ her learning behavior which is a combination of various factors. It talks of the concept of Learning Difficulty (DL) and how self-regulation is important for wellbeing in childhood. Further, the authors talk of the need for resilience building interventions that focus on opportunities to develop personal resilience and access to protective factors in the social environment. This study focuses on developing an intervention programme to address needs of children with LD. The specific objective was to improve learning and cognitive skills of children.

The final article by Shahare assesses the educational status of children from Scheduled Caste (SC) families. The authors' contention is that although education is a basic right for every child, the majority of children from SC families are unable to access education. Further, it focuses on literacy, enrollment, drop outs and social segregation. The analysis is that, because of their deprived background and caste status they do not get quality education, and face various forms of exclusion. Marginalization by society are large is the biggest hurdle they face. Creating an inclusive educational policy will help these children. This policy will have to include, additional residential schools with sensitive teachers plus improved infrastructure.

The book review has succinctly brought out the intricacies of community organization and work. It brings out the essential ingredients of working with people at the grassroots and the struggles involved. The review also points out that some theoretical framework could have been arrived at. What is

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undeniable is that it is an important reading for teachers, students and practitioners of social work.

Ultimately they say, there must be a change in the 'mind set' of those in power.

I do hope the articles in this issue will help in your support for those working with such issues.

**Elvis Thomas**

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**MOTHER-TONGUE BASED MULTILINGUAL  
EDUCATION PROGRAMME (MTBMLEP) IN  
PASCHIM MEDINIPUR DISTRICT OF WEST  
BENGAL: PRESENT ENROLMENT STATUS AND  
CHALLENGES**

Niladri Pradhan<sup>1</sup>

**Abstract:** *The main objective of this study is to know the evolution process of MTBMLEP in India with special reference to Paschim Medinipur district of West Bengal. It involves understanding the existing challenges of MTBMLEP with respect to enrolment position of students in the context of Santali language through Olchiki script as medium of instruction in existing Bengali medium schools. It is a comparative-cum-survey research. Simple random sampling technique was followed to collect data from the ten schools from one education circle (i.e. Sadar East under Paschim Medinipur district). Observation-cum-interview tool was used to collect data and were analyzed with the help of both qualitative and quantitative techniques (thematic analysis and graphical representation). Enrolment growth rate in all the schools were found to be increased periodically from 2014 to 2017 but started declining in the year 2018 and 2019, with one school as exception i.e., Baramagurgeria Junior High School. This school experienced a gradual increase in enrolment from 2014 to 2019. Moreover, the two schools, namely Panchkhuri Satgeria Primary School and Tasarraa Sidhu-Hahnu Primary School experience higher decline in enrolment rate than other schools. As conclusion it can be said that these schools need overall attention to come at par with other schools.*

**Keywords:** *Multilingual Education, Enrolment Status, Learning Supports.*

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### **Introduction and Rationale**

Sarva shiksha Abhiyan (SSA), the integrated flagship programme of the Government of India and Right to Education Act, 2009 reflect India's deep commitment to quality education for children in the age group of 6-14 years. National and international studies have proved that the medium of instruction in the schools, especially at lower levels, is a determining factor for quality education which goes a long way in enriching children's lives (Thomas and Collier, 1997). In pursuance of this, the state of West Bengal in India started a programme on mother-tongue based multilingual education programme in the year of 2012.

### **MTBMLEP: Present Scenario in Paschim Medinipur**

	Schools	No. Teachers in Santali Medium		Total No. of students	No. of students studying in Santali Medium
		Regular	Para		
1	Muraboni	1	0	20	0
2	Bamanda	1	0	76	31
3	Maheshpur	1	0	93	2
4	Talda	1	0	27	9
5	Nekursini	1	0	56	21
6	Khatnagar	0	0	66	4
7	Ektal	0	0	60	8
8	Haldia	0	0	35	1
9	Suria	0	0	81	20
10	Mitka	0	2	46	25
11	Jagul	0	2	111	21
12	Kumarpur	0	2	171	19
13	Siromoni	0	2	192	19
14	Malida	0	1	93	3
15	Tasarara	0	2	64	7

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16	Barua	0	2	151	24
17	Sankoti	0	2	142	39
18	Panchra	0	2	150	20
19	Baramagurgeria	1	2	106	106
20	Palasi	0	2	90	3
21	Jagul Balipata	0	1	67	9
22	Kolsanda	0	2	129	0
23	Panchkhuri	0	2	194	13
24	Panchkhuri Satgeria	0	2	107	26
25	Keshabpur	0	1	125	10
26	Pal Jagul	0	1	111	2
27	Gobindanagar	0	1	91	11
28	Jamkunda	0	1	162	2
29	Kamalapur	0	1	127	12
30	Bisra	0	1	98	7
31	Bagdubi	0	1	81	0
32	Baipukuriane	0	1	94	0
33	Berapal	0	1	214	0
34	Bhangamora	0	1	120	0
35	Dakshin Amchhata	0	2	86	0
36	Goaldanga	0	1	144	0
37	Kharikasuli	0	2	73	0
38	Khairullachak G.S.F.	0	1	155	0
39	Lohatikri	0	1	101	0
40	Malbandhi	0	2	72	11
41	Muchiberia	0	1	82	0
42	Palasia	0	2	88	35
43	Tantigeria No.1	0	1	75	0
44	Abhijatri (Rang)	0	0	152	0
45	Chilgora	0	0	57	0

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46	Ellaboni	0	0	62	0
47	Ghatgora	0	0	44	0
48	Kukurmuri	0	0	64	0
49	Muradanga	0	0	22	0
50	Rangamati K.M.	0	0	252	0
51	Tantigeria G.S.F.P.	0	0	95	0
52	Injilikachak	0	2	65	12
53	Bhadulia	1	2	97	70
54	Tikrapara	0	2	61	47
55	Dherua	0	1	221	0
56	Upardanga	0	1	75	0
57	Rupaipur	1	0	32	32
58	Gadra	0	1	49	25
59	Kendasole	1	1	41	41
60	Nutandihi	0	2	26	21
61	Radhamohanpur	0	1	31	19
62	Komarbandh	0	1	39	20
63	Bandhgora	1	0	36	15
64	Tantichua	1	0	42	36
65	Buramara	1	0	76	38
		<b>12</b>	<b>65</b>	<b>6065</b>	<b>896</b>

Source: (DI Office, Paschim Medinipur, Jan 2019)

Except one school (Baramagurgeria), all the schools (stated in table-1) follow dual medium of instructions (Santali & Bengali language) simultaneously. Eight hundred ninety six students (whose medium of instruction as Santali language) are studying from classes pre-primary to class-IV in forty-two said schools under the purview of Paschim Medinipur district. (Jan, 2019, DI Office, Paschim Medinipur). Out of sixty-five schools, twenty-three schools are not having students of Santali language. Moreover, only twelve permanent teachers and sixty-five para teachers are working for the students of Santali language in sixty-five schools.

Besides these, there are only four fully as Santali medium Junior

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High School classes from V to class VIII (Nekurseni Jr. High School, Baramagurgeria Jr. High School, Panchkhuri Satgeria Alchiki Jr. High School and Maljamuna Kali Prasanna Vidyapith running in Paschim Medinipur District up to September 2019). There are 155 students in three schools. However, no students are found in one school i.e. Maljamuna Kali Prasanna Vidyapith. Four Santali language knowing permanent teachers are employed in one school i.e. Nekurseni Jr. High School and rest two schools have no Santali language knowing permanent teachers and they are managing their schools with three para teachers having knowledge of Santali language on the basis of local arrangements. Moreover, there are six Santali medium high schools such as Nepura Bijoli Rani High School, Sitanathpur Sukanta Smriti High School, Barida Anchalik SC High School, Damodarpur Dharendra Vidyapith, Damodarpur Dharendra Vidyapith, Buramana Jr. High School and Muraboni Jr. High School running in the existing Bengali Medium Junior High/High/Higher Secondary Schools (classes from V to XII) in Paschim Medinipur District (2019). There are only six Santali language knowing para teachers appointed for 197 students. No permanent teachers having Santali language knowledge are recruited by WBSSC so far.

The multilingual education interventions have had a positive effect on enrolment rates, and has raised community awareness of and participation in education (Cuadra & et el, 2008). Children in multilingual education schools received significantly higher achievement scores than children in non- multilingual education schools (NCERT, 2011; Panda & et el, 2011).

The review of research in MTBMLEP presented above clearly shows that a piecemeal approach has been adopted to study the education of the tribes and no comprehensive attempt has been made to contact all stakeholders to understand the constraints of the education particularly in the context of the tribal language in West Bengal. Moreover, in the light of the above it is of paramount importance that learning begins with what a child knows and understands. Children learn what is important in their

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communities and indigenous knowledge is best learnt through indigenous languages, cultural identity and place in the community. Such considerations have led to explore the MTBMLEP with the following objectives.

### **Objectives**

1. To know the evolution of MTBMLE in India with special reference to the state of West Bengal.
2. To know the existing status of MTBMLE with respect to enrolment position of students from the academic sessions 2014 to 2019.

### **Research Questions**

1. How has MTBMLE evolved in India with special reference to the state of West Bengal?
2. What is the present status of MTBMLE in the state of West Bengal with reference to enrolment status of students from the academic sessions 2014 to 2019?

### **Terminology used**

#### **I) Enrolment Position**

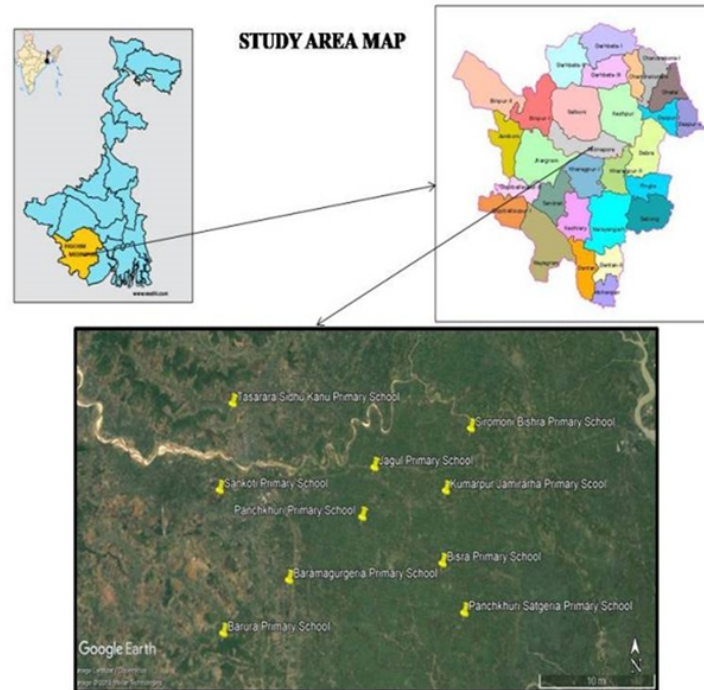
Enrolment refers to the admission of the students to a particular class and school. In the present study enrolment indicates admission of students from pre-primary to class V, which is coming under primary stage of education. Enrolment Position refers to the enrolment ratio in the last six years i.e 2014, 2015, 2016, 2017, 2018 and 2019.

#### **II) Mother-tongue based Multilingual Education**

Mother-tongue based Multilingual Education refers to the use of students' mother tongue and two or more additional languages as Languages of Instruction (LoI) in school. It is used to describe bilingual education across multiple language communities-each community using their own mother tongue plus the official school language for instruction.

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## Methodology of the Study



**Figure-1 showing study area**

So far as the method of study is concerned, it comes under the area of comparative-cum-survey research. Among four highest tribal dominated districts of West Bengal, Paschim Medinipur tops the list. Ten schools from one education circle i.e. Sader East under Paschim Medinipur district, were selected based on simple random sampling. Among them nine schools followed Santali language through Ol-Chiki script as medium of instruction in the existing running Bengali medium schools. Only one school i.e. Baramagurgeria Primary School is a fully Santali medium school. The detailed list of sampled schools with other aspects are given table-2.

**Table-2 showing the scholastic features of the schools**

Sl. No	Name of the School	Medium of instruction	Head Master's Name	Teachers' Name
1	Jagul Primary School	Both Bengali & Santali	Kishalay Murmu(M)	1. Sanjukta Baskey 2. Mamoni Murmu (F)
2	Kumarpur Jamirarha Primary School	Both Bengali & Santali	Kiran Pramanik(M)	1. Bhim Muu 2. Mamabi Soren (F)
3	Siromoni Bishra Primary School	Both Bengali & Santali	Sudhi Ranjan Adhikary(M)	1. Shambhunath Mandi 2. Laxmi Murmu (F)
4	Tasarara Sidhu-Kanhu Primary School	Both Bengali & Santali	Ajoy Bhunia(M)	1. Pratima Hembram (F)
5	Barua Primary School	Both Bengali & Santali	Biswajit Ghosh(M)	1. Sanat Ku. Murmu
6	Sankoti Primary School	Both Bengali & Santali	Pranati Ganguly (Panda) (F)	1. Ranjan Murmu 2. Manika Kisku (F)
7	Panchkhuri Primary School	Both Bengali & Santali	Narayan Chandra Giri(M)	1. Payrani Mandi (F)
8	Panchkhuri Satgeria Primary School	Both Bengali & Santali	Badri Narayan Nandy(M)	1. Bubun Mandi 2. Kanuram Mardi 3. Dharamdas Murmu 4. Lata Murmu (F)
9	Bisra Primary School	Both Bengali & Santali	Brajagopal Mandal(M)	1. Sanatan Mardi
10	Baramagurgeria Primary School	Santali	Goutam Singha(M)	1. Laxkhiram Hasda 2. Sohagi Murmu (F) 3. Uttam Sou (Regular Teacher) 4. Sumana Dandapatha(F)
<b>10</b>	<b>10</b>		<b>10</b>	<b>20</b>

For the purpose of data collection, observation-cum-interview tool was prepared and data was analyzed with the help of qualitative & qualitative statistical techniques such as thematic analysis and graphical representation.

#### **Analysis and Interpretation of Data**

For the purpose of research question number-1, the following thematic analyses have been done.



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**International Context:** Mother tongue based multilingual education (MLE) is now an international movement especially for those marginalized language groups and linguistic minority groups suffering negative consequences of submersion and assimilation in education as non-mother tongue languages. Mother tongue based MLE is internationally promoted and actively supported by United Nations Educational Scientific Cultural Organization (UNESCO), United Nations International Children's Emergent Fund (UNICEF) and many other international organizations as a necessary practical step towards quality education and as an effective measure for linguistic and cultural maintenance.

The UNESCO adopted the term “multilingual education” at its General Conference in 1999, to mean use of at least three languages in education – the mother tongue, a regional or national language and an international one. International Mother Language Day (IMLD, 21th Feb) was proclaimed by the General Conference, UNESCO in 1999 to promote all the languages of the world (UNESCO, 2007). UNESCO's Universal Declaration on Cultural Diversity (2007) mentions the importance of languages in promoting cultural diversity which can be summed up as: a) Promoting education in the mother tongue to improve the quality of education, b) Encouraging bilingual and/or multilingual education at all levels of schooling as a means of furthering social and gender equality and as a key part of linguistically diverse societies & c) Pushing languages as a central part of inter-cultural education ([www.sil.org](http://www.sil.org)).

**Indian Context:** India is a pioneer in South Asia in initiating large scale programme of MLE and other countries (Nepal, Bangladesh, Pakistan and Bhutan) in the South Asia Association for Regional Cooperation (SAARC) region are joining the MLE movement.

Under Article 350A, the Indian constitution guarantees education in the mother tongue for linguistic minorities. MLE forms a major innovative initiative of MHRD and other state level efforts to

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provide mother tongue based MLE for tribal language communities under SSA. In India, the Right of Children to Free and Compulsory Education Act of 2009 not only guarantees education for all up to the age 14 but also recommends education in the mother-tongues and mandates provision of education of a minimum quality (MHRD, 2009).

In view of the increasing demand for mother tongue based MLE for the tribal children in India, there have been several national and international programmes organized by the Ministry in collaboration with international and national bodies like UNESCO, UNICEF, National Council of Educational Research and Training (NCERT), Central Institute of Indian Language (CIIL), Jawahar Nehru University (JNU). In 2005, a national level workshop, sponsored by UNESCO, UNICEF, MHRD and others, was held in CIIL, Mysore as an initial consultation to discuss MLE as an approach to quality education for tribal children in India (CIIL, 2005).

A major development in this respect has been setting up of the National Multilingual Education Resource Consortium (NMERC) in Zakir Husain Centre for Educational Studies in JNU with support from UNICEF and in active collaboration with MHRD, CIIL, NCERT, NEUPA and many national and international experts. The NMERC which started on April 15, 2009, has taken up several activities for promotion of MLE in India. For popularization of MLE, the NMERC has been published a Journal namely Swara (NMERC, 2009).

**Genesis of MLE programme in West Bengal:** In the light of programmes initiated by different international and national bodies, West Bengal adopted the MLE programme in April 2010 as a model for equitable quality education. West Bengal Board of Primary Education and the State Government constituted the State Tribal Advisory Committee (STAC) headed by the Chief Minister in July 2010. They decided to adopt one tribal language as the medium of instruction and introduced them in 04 districts in the

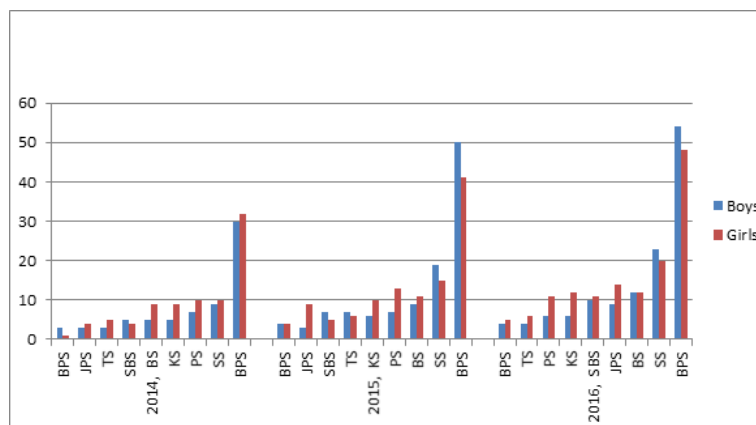
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Government schools with 100% tribal children with their distinct language situation, which have been operationally defined as schools catering to children with predominant population of specific language under reference (80% and above). In view of this, the MLE programme provided opportunities for learners to learn in their mother tongue and in their own socio-cultural environment.

West Bengal Board of Primary Education (WBBPE) as well as the Sishu Siksha Kendras (SSK) arranged supply of free text books in six languages (Bengali, Hindi, Urdu, Odia, Nepali and Santali (Olchiki)) to all the students of classes I to IV in the primary schools to cater to the needs of the various language communities residing in West Bengal. The Government of West Bengal has already taken a policy to impart lesson through Santali language in Olchiki Scripts from Class 1 to Class X11 (2010). With a view to impart such lessons among Santali students, the School Education Department, Government of West Bengal selected 11 districts where the Santali language in Olchiki Scripts is being taught from Class 1 to Class IV since 2010 (West Bengal Board of Primary Education, 2010). But actually, mother tongue based MLE programme started in the year 2012 (Government of West Bengal, 2019).

**For the purpose of research question number-2, the following graphical presentation and thematic analyses have been done.**

MTBMLE programme is a successful endeavour in making the flagship programme of 'universalisation of enrolment' a grand achievement. Students, particularly, in tribal areas come to school in large numbers when they find the class being transacted in their mother-tongue. This programme gives double benefits to students as i) they feel more motivated to come to schools and ii) it gives impetus for 'universalisation of enrolment'. The following bar diagram will explain the concept further.

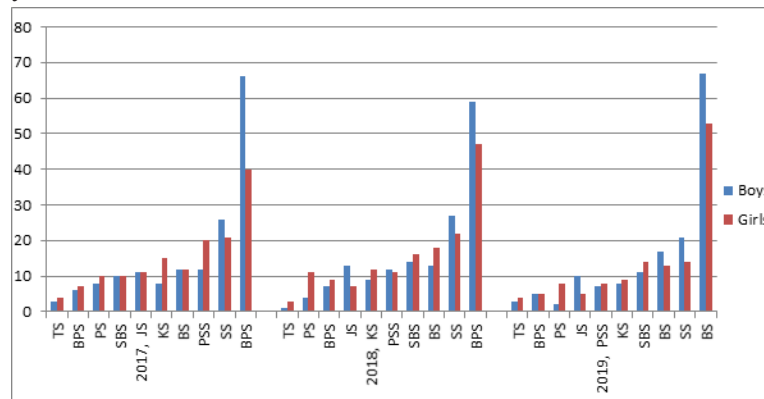


**Figure-2 Bar-diagram showing year-wise (i.e.2014, 2015 & 2016) comparison and enrolment growth rate of boys and girls among nine schools**

BPS- Barua Primary School, JPS- Jagul Primary School, TPS- Tasarara Primary School, SBPS- Siromoni Bishra Primary School, BPS- Bisra Primary School, KPS- Kumarpur Primary School, PPS- Panchkhuri Primary School, SPS- Sankoti Primary School, BPS- Baramagurgeria Primary School, PPS- Panchkhuri Satgeria Primary School.

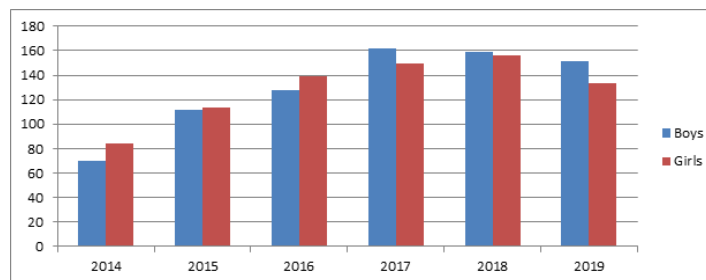
Figure-2 bar-diagram shows year-wise enrolment growth rate of both boys and girls of Santali language as medium of instruction studying from class pre-primary to class IV in the nine existing Bengali medium schools. The enrolment growth rate of one school i.e. Panchkhuri Satgeria Primary School is absolutely zero because there are no students enrolled from the academic sessions 2014 to 2016. That is why the name of that school is not exhibited in figure-2. Among all the schools, BPS (Birma primary School) has the lowest enrolment rate than that of other schools in the three consecutive years from 2014 to 2016. On the other hand, BS (Baramagurgeria School) stands the highest level of enrolment growth rate in terms of both boys and girls in the three consecutive years from 2014 to 2016 because this school is an exclusively meant for Santali as medium of instruction. Moreover, enrolment

growth rate is increasing year by year gradually. Hence MLE programme has a positive inclination for students in successive years.



**Figure-3 Bar-diagram showing year-wise (i.e. 2017, 2018 & 2019) comparison and enrolment growth rate of boys and girls among ten schools**

Figure-3 bar-diagram delineates that TS (Tasarara Primary School) has the lowest enrolment rate both in boys and girls among all the schools. The two schools i.e. SS (Sankoti Primary School) and BS (Baramagurgeria Primary School) have higher enrolment rate in both boys and girls in three consecutive years from 2017 to 2019. Except a few schools the decline rate in most schools can be attributed to the fact of unavailability of Santali schools after class IV, lack of permanent teacher with Santali language and culture, lack of Government initiatives etc.



**Figure-4 Bar-diagram showing comparison year-wise enrolment growth rate of boys and girls**

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Figure-4 bar-diagram shows year-wise enrolment growth rate of both boys and girls students studying from pre-primary to class IV in ten schools. If we look year-wise (i.e.2014, 2015 and 2016) enrolment rate, we will find that girls enrolment rate is comparatively higher than their counterparts. But if we analyze the enrolment rate for the year 2017, 2018 and 2019, we will find that boys' enrolment rate is comparatively higher than their counterparts. The above data also shows that the increase in enrolment starting from 2014 reaches its peak in the year 2017 and then it starts declining in successive years.

### **Findings and Discussion of results**

Mother-tongue based multilingual education programme has become a momentum all through the world. The world bodies like UNESCO and UNICEF are giving priority to this concept. In India Article 350A says education should be in the mother-tongue for linguistic minorities. In West Bengal the mother-tongue based multilingual education programme was adopted in April 2010 as a model for equitable quality education and it was decided that the tribal students of four districts would be taught in their own language and in their own socio-cultural environment. Accordingly, mother-tongue based multilingual education programme started in the year 2012 practically with Ol-chiki as their script.

The enrolment growth rate in all the schools was found to have increased periodically from 2014 to 2017 but it started declining in the year 2018 and 2019. But one school, namely Baramagurgeria Junior High School was an exception. This school experienced a gradual increase in enrolment from 2014 to 2019. This is because this school is exclusively a Santali medium school. However, the two schools, namely Panchkhuri Satgeria Primary School and Tasarraa Primary School experience higher decline in enrolment rate than other schools. In all these schools the enrolment rate of girls found to be higher than that of the boys. The reason could be boys' engagement with their fathers' activity from early stage.

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The implementation of mother-tongue based multilingual education programme has encountered many potential hurdles in its path. Dearth of language teacher, lack of regular training, shortage of resources, communication hazard, lack of parental awareness and Government's apathy are some of the major impediments on the path of the progress of MTBMLE programme.

Mother-tongue based multilingual education programme is a great concept of ensuring educational equality with poor implementation strategies. If properly taken care, this programme will be a grand success and will improve their educational life-style of tribal to a large extent.

**Recommendations:**

Based on the result, this study has provided the following recommendations for programme implements and policy makers.

- **Programme continuance and expansion**  
Continue to offer the programme in the existing MTBMLE schools, and consider up-scaling the programme to additional language and other districts.
  
- **MLE Materials**  
Undertake a systematic review of the MLE materials with the help of language experts to ensure appropriate cultural context of tribes. Make teaching materials and students' textbooks readily available in a timely manner.
  
- **Teacher trainings**  
Proper teachers' training is to be provided by the Government. The topics of classroom management and creating a safe learning environment should be covered in training sessions. Include more hands-on exposure in order to better meet teachers' need.
  
- **Staffing community participation**  
Investigate and address suggestions from stakeholders regarding staffing, such as the need to appoint MLE teachers

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for each class, to appoint regular teachers and headmasters from the locality, to engage language resource persons at block and circle levels.

- **Monitoring and supervision**

Increase continuous monitoring and supervision of the MLE programme in all areas for proper management and administration. Develop a systematic and scientific method of monitoring MLE schools.

- **Infrastructure and academic support facilities**

Ensure that schools have basic facilities such as running water, toilet, school boundaries, playgrounds, ramps etc. Academic support services such as libraries play materials, learning corners, reading and writing materials etc. should be provided to the schools.

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## ISSUES CONFRONTED BY PARENTS OF CHILDREN DIAGNOSED WITH CANCER IN KASHMIR

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**Abstract:** *Cancer in children is a major public health issue across the globe. The diagnosis of cancer in children is a shocker, especially for parents. It is a stressful phase of any parents' life. Parents remain at the threshold of crises during the care-giving process to their children. This study is an attempt to explore the multiple challenges faced by parents of children diagnosed with cancer; five parents of children diagnosed with Acute Lymphoblastic Leukaemia (ALL) under treatment and living in Kashmir participated in the study willingly. The participants were selected through purposive sampling. The primary themes, which emerged from the study, were child's cancer diagnosis, shocking moments, practical challenges, and accepting the challenge. An interpretative phenomenological analysis method as a qualitative research tool was employed for analyzing data.*

**Keywords:** *Cancer, Child, Parents, Kashmir.*

### Introduction

Cancer is a dreadful disease accompanied by several phases of psychosocial distress in the patients and the caregivers' lives. It is a generic term, which has been described by the World Health Organization (2018) "as a large group of diseases which is characterized by the growth of abnormal cells beyond their usual boundaries that can then invade adjoining and/ or spread to other organs". Cancer can invade any part of the body, which has many anatomic and molecular subtypes that require specific management strategies. The disease amounts to millions of deaths

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across the globe and is the second leading cause of death globally with 8.8 million deaths in 2015. The number of cancer cases is alarmingly increasing and the World Health Organization has already reported the projections based on the annual number of new cases to rise from 14.1 million in 2012 to 21.6 million in 2030. Low and middle-income countries largely face the brunt of this disease as the organization further reported that around 75 percent of the cancer deaths occur in low and middle-income countries, where the number of cancer cases is rising most rapidly (World Health Organization, 2018). Cancer as a disease is not limited to any specific age group, but it affects all age groups. In children, it is also a major public health problem, mostly dominating the countries which have low and middle incomes. Asthana et al. (2018) reports that about eighty-four percent (84%) of childhood cancers occur in the low and middle-income countries (LMIC) in the age group of 0-14. They further assert that though childhood cancer constitutes a small fraction of the global cancer burden, the problems are manifold and access to care is limited in these low resource countries where a higher proportion of children live (p. 1).

Cancer affects all age groups and its prevalence is cosmopolitan, there is a considerable gap in the chances of a cure between underdeveloped countries with that of the developed ones. Accordingly, Joseph Dixon (2015) reported, “of the estimated 200,000 children who acquire cancer each year, 80% live in low-middle-income countries (LMIC) and have as low as 10-30% chance of cure, compared to 75-80% or more in high income countries”. The report further adds that cancer in children is increasing as communicable disease deaths are reducing worldwide. In India cancer in children is also increasing and every year, 150 out of every million children in India are diagnosed with cancer. Among the different types of childhood cancers, Leukaemia and lymphoma are the most prevalent paediatric malignancies followed by brain tumours (Apollo Hospitals, n.d.).

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### **Common types of cancers found in children**

The nomenclature of cancers found in children and adults is the same but cancers in children are seen in contrast to that in adults so far as detection, diagnosis, treatment, and survival rates are concerned. The most common cancers found in children are leukemia such as Acute Lymphoblastic Leukemia (ALL), Acute Myelogenous Leukemia (AML) besides other types of cancers in the central nervous system including the brain and spinal cord tumors. (CURE Childhood Cancer Organization, n.d.) This study involved parents of children who were suffering from ALL.

### **Parenting and Childhood Cancer (Leukaemia)**

Leukaemia is the most common type of cancer found in children. It is the cancer of the bone marrow and blood, which account for about 30% of all cancers found in children. Patients suffering from leukemia can have different symptoms such as bone and joint pain, fatigue, weakness, pale skin, bleeding or bruising, fever, weight loss, and other symptoms. The spread of leukemia like acute leukemia is rapid, so they need immediate treatment typically with chemotherapy as soon as they are found (American Cancer Society, n.d.).

The news of the child's cancer diagnosis can be a shocking and distressing experience for the parents. In a situation where the child has a cancer diagnosis, families in general and parents in particular, have to perform multiple roles. They have to manage with the emergent protocols of the child's treatment, including invasive procedures in hospitals and back home also to manage resources and care for their other healthy children. Parents play a lead role while negotiating the hard terms related to their child's cancer diagnosis. Mc Grath, 2001; Ljungman, et al., 2016 cited in Barbara Muskat(2017) add that “experience of the active treatment phase for Acute Lymphoblastic Leukemia (ALL) is exceedingly disturbing, stressful, and disruptive for families, leading to the expectation that finishing treatment would bring with it feelings of happiness and relief’ (p. 1). However, Bemis et al. (2015) admitted, “few studies have explicitly examined underlying factors such as

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socio-demographic variables that may predict which families may be most at risk” (p. 733).

### **Methods**

This study was conducted at the Sher-i-Kashmir Institute of Medical Sciences (SKIMS), Srinagar Jammu and Kashmir. The SKIMS is the only large tertiary care hospital in Kashmir where the Regional Cancer Center (RCC) is located. The research participants of this study were the parents of children diagnosed with cancer and had completed the initial four months of treatment for Acute Lymphoblastic Leukemia (ALL). Inclusion criteria included parents (both father and mother) of children aged 0-14 with the diagnosis of ALL post December 2016. Parents of children with cancer who were receiving the end of life care and were beyond 15 years of age were excluded from the study. In total five parents (four fathers and one mother) took part in the study. The participants were aged between 32-45. Their children were between 2 years and 10 years of age.

The approval of the Institutional Ethics Committee (ICE) of the Sher-i-Kashmir Institute of Medical Sciences (SKIMS) was sought before starting the study. Out of all identified research participants identified with the help of a hospital social worker in the Regional Cancer Centre, the researcher sent information and consent letter to the research participants who were selected through non-probability purposive sampling method. After signing the consent forms, the research participants agreed to participate in the study. The sample size of the present study was five parents, which involved four fathers and one mother, as in phenomenological studies sample size range from one to ten persons (Helene Starks, 2007). The main tools of data collection were semi-structured interviews. Interviews lasted between forty five minutes to one hour.

### **Data Analysis**

According to Shinebourne (2011), Interpretative Phenomenological Analysis (IPA) involves the researcher's

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reflective engagement in a dialogue with a participant's narrative and meanings. It is an iterative, complex, and creative process. Since the process of analysis is iterative and multi-dimensional, the researcher worked with its various distinctive stages. In the initial stages, the researcher read the whole transcript several times to become thoroughly familiar with the data. A detailed textual analysis involved the process of engaging with the transcript while focusing on the content, use of language, context, and interpretative comments arising from the engagement with the material. At this stage, while engaging with the transcript in close analysis, the initial comments were generated (p.57) which at the next level were transformed into emerging themes. In the final stage the emerging themes were clustered into superordinate themes and subthemes.

### **Findings**

The study findings were organized into following superordinate and subthemes.

- Child's Cancer Diagnosis
- Shocking moments
- Uncertainty
- Loss of Hope and Lack of Control
- Practical Challenges
- Huge Expenses, long Hospital Stays and loss of Employment
- The Suffering of family and other children's education
- Accepting the challenge: Regaining hope and Control

The knowledge of children diagnosed with cancer proved adversely shocking for the families in general and parents in particular. Parents unwillingly denied the reality; they for some time remained in a denial mode. The symptoms of outbursts carried by the loss of hope, lack of acceptance, helplessness and hopelessness were witnessed during the initial phases of diagnoses. Once the child is diagnosed with cancer, he/she has to be administered a course of treatment, which is hereafter referred to as protocols. The treatment protocol procedures call for long

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hospital stays, accompanied by invasive procedures, round the clock parent attendance in the hospital, hiring of new accommodation, treatment expenses, transport and food charges, and also back home management of affairs and care for other family members. There was a disruption of normal family functioning because of this change. This shocking experience witnessed among parents carried the expressions of negation like “oh no....!”, “what?”, “why?” “How?”

One of the parents (mother) emphasized the earlier health status of her child before diagnosis as 'healthy' and 'beautiful'. Recalling the good and healthy status of her children, a mother of a child with cancer described that they do not have any heredity history of this disease. The mother described the ill child as intelligent and beautiful. She said they were in a state of shock when they came to know that their child had a cancer diagnosis.

*“All my children are healthy and good looking. This child was also very healthy and beautiful with good weight. She is wise, lovely and talks beautifully. What has happened to her? We don't know any heredity”? (P1M).*

There have been spells when uncertainty overpowered parents' will and they have remained apprehensive of their children's health and survival. The loss of hope and lack of control and uncertainty phases revolved around the parents' life.

A parent (father) visibly upset narrated:

*“This is a curse, which I have to witness for life. Cancer is the scar that my child has got for life. This is a burden, which I have to carry for life.” (P2F)*

Awareness regarding the nature of the disease provided by the medical staff brought some relief to these families. The feelings such as acceptance, a sense of control and hope were also witnessed among parents of children with cancer amid various disease-related issues.

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A parent (father) of a four-year-old baby boy with ALL admitted that,

*“Doctors write the certificate wherein they emphasize the huge cost to be incurred on the treatment and about the unpredictability of this disease. They provide us information beforehand and assure us their endeavours for treatment, possibilities, and yet the difficult and uncertain nature of this disease persists (P3 F).”*

**Practical challenges:**

**Huge Expenses, long hospital stay and loss of employment**

During the study, it has been found that the management of huge expenses on treatment is a matter of great concern. Costs incurred on medication, rented accommodation, food, and transport have been huge. This disturbance in the patterns of income leads to lack of proper and regular income and financial resources.

The prolonged phases of treatment and long hospital stays have proved another challenge related to normal family functioning. A parent of six-year-old girl with ALL reveals:

*The phases of treatment are long, you have to spend at least three years on treatment. There are expenses like costs incurred on rented accommodation, personal expenses, food and medicines and managing care and resources for the other family members at home. When you are here in the hospital for long, you are without any daily earnings.... Back home there are others in the family, children, parents. (P4F)*

In this study, most of the parents were daily earning labourers. There has been loss and reduction in their daily earnings because of the long stays in the hospital during the treatment of their child.

As narrated by the respondents:

*“When I ponder how I spent my life before the child's diagnosis [sighs] and here what you are supposed to do? Besides the child's care and treatment expenses, there are other expenses including that of my parents. I used to earn before, thus supported my family.*



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*Since I am here, I cannot move or earn. There are costs incurred on medicines, personal [pause] we hardly manage. I wish to go to work, but who will attend to my child?" (P3F)*

*"When I was working as a hired diver, I used to earn and managed my family affairs nicely. Today my employer has fired me, I am here [sighs] jobless and can't manage anything." (P4F)*

### **The suffering of family and other children's education**

Besides the loss of daily earnings/employment of parents, there were other challenges such as other children at home who also suffered due to these crises. A parent described the suffering of other children at home as:

*"I am not able to pay their fee. I have two more children who are studying in a school. Since we are here in the hospital, they mostly remain at home" (P5F).*

*"Yesterday my elder child visited us in the hospital. He was not willing to leave us. When he boarded the bus I was watching him; he was gazing at me and my heart was aching. My other daughter was enrolled in a private school. This situation has compelled us to get her discharged from the private school (P1M)."*

Some parents described that they were caring for their age-old parents at home, but their long stays in hospitals with children have badly affected their parents' health.

*"My father passed away long ago and I have a lone parent. Since we are here in the hospital, she remains at home all alone" (P3F).*

### **Accepting the challenge: Regaining hope and control**

The initial stages of the child's cancer diagnosis and treatment had landed parents in multiple challenges. There had been phases of denial, lack of acceptance, and understanding. With time, while gaining control over the situation, parents have acknowledged the role of religion and spirituality in the resolution of challenges faced by them during these situations. They admitted that faith in

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Almighty Allah (The God) has been their ultimate strength. During the fourth- month treatment phase, a father of a female child stated that he has not shared his child's cancer diagnosis with his wife (though both were attending to the child) and his parents.

*“My wife still does not know that the child has blood cancer. I keep on telling her that there are cells in the blood and these have some infection and thus the child is on antibiotics [Pause] you know women have a very weak heart. I'm facing this burden alone [sighs], Allah is testing my patience” (P2F).*

Among the phases of caregiving of a child with cancer, the roles played by both parents have proved beneficial. This has generated a positive coping style and hopes among them.

*“We both are brave and fighting the odds and then again it a matter of fate. Our job is to make every possible effort. Almighty Allah will do, whatever will be in our fate?”(P3F).*

While expressing trust in God, a hopeful mother of a three year old with ALL diagnosis asserts:

*“Almighty Allah is there, He will not let us down” (P1M).*

### **Discussion**

It has been found in the study how parents with a child with cancer experienced different challenges related to their emotional, physical, social, economic, and psychological functioning. The parents stated that the knowledge of a child's diagnoses with cancer was an instant shock and for a while, it had been an unacceptable situation for them. They described the child's cancer diagnosis a crisis for them and for the family. There was a disruption in family functioning and parents faced the major part of the challenge as primary care-givers. Extended treatment protocols, invasive procedures, long hospital stays, costs incurred on medicines, accommodation, transport, and food was huge and became constant stressors for parents and loss of hope too.

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The situation corresponds with the findings of Maggie Y-F Wong (2006 a), who argues that, parents with a child with cancer have to face various challenges. There are uncertainties concerning the prognosis, the possible complications related to the treatment, or the likelihood of the child's death. The parents in such situations react to their children's diagnosis with shock. The regaining of acceptance to the situation, however, comes afterwards. There have been different levels of copings adapted by the parents like, taking recourse to spirituality, and finding the new meaning in the illness experience ( p.715).

In this study, we find that, there had been phases of denial; some parents were even not ready to accept that their child has cancer because for them there is no family history of a disease like cancer. It has been also found that while gaining acceptance there had been phases of hopelessness, uncertainty, disappointments and helplessness. Soon after the diagnosis and admission of the child in the hospital, parents experienced intense emotional problems. The findings corroborate with the findings of Karalyn Hill (2009) who asserts that accepting reality and being familiar with what is happening was difficult for the fathers (who had a child with acute lymphoblastic leukemia). Acceptance of what is happening brought with it intense feelings of fear and despair.

Since the children undergo invasive procedures like venipuncture, bone marrow aspirations, and inserting multiple needles into the child's body, the parents have termed this process as extremely distressing and disturbing. After the administration of treatment, parents experienced distress due to contraindications that arose out of chemo drugs. This study has also found a high level of stress among parents during the initial days of the child's diagnosis. It was like what they pointed out as 'something happening so suddenly and quickly'. Thus, at this stage providing information to parents before treatment procedures and phases can reduce the possible apprehensions and distress. A qualitative study by Kristen E. Holm (2013) conducted with parents indicated that involving them while providing all related information can make them the

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best advocates of the caregiving team. As such, the way of seeking and receiving related information on medical conditions of the children make parents effective advocates. Thus, the use of proper communication concerning a child's medical condition develops in parents a kind of acceptance and reduces possible distress.

Parents are the frontline primary caregivers who experience a major part of painful situations because of the child's illness. In the hospital with their children and back home, they have to carry out multiple tasks. During this stage, management of childcare remains a vital part of their caregiving process. Parents also spoke about multiple challenges and asserted that costs incurred on medicines were huge besides hiring accommodation, transport, food charges, and managing proper family care for children at home. While managing caregiving needs at the hospital, parents asserted that the other side of a family system, connected with the management, and care of other family members at home also suffered badly.

Uncertainty regarding long stays in the hospital, a child's uncertain recovery, and survival chances and fear of relapse was also found among the parents. Some parents cited examples of other parents of children who have a relapse. As such, these phases witnessed in them disappointments, hopelessness, and helplessness. The fear of recurrence was the main concern for the majority of parents as was found by Barbara Muskat (2017).

While emphasizing the much-needed role of caregiving, it was found that both parents fought equally with the odds throughout this experience. They needed emotional support. Sustaining the ill effects of this disease, parents in this study showed much resilience. Both parents have played their role in this hard caregiving experience. There was the effect of "others too" in the hospital which made them believe, accept, proceed and help other parents whose children were also suffering from cancer to be resilient. They admitted that observing other parents of children diagnosed with similar or adverse cancers in the wards made them

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believe that they were not the only parents facing this condition and they with other parents have to fight this disease jointly. Parents were also found helping other parents who were also experiencing the same situation. They expressed a sigh of relief while talking to other parents of children with cancer in the same ward.

According to Wong (2006 b) parents in such situations actively sought emotional support. Further, an important source of support was the sharing of experiences among the parents in the hospital. This sharing among parents was similar to that in a mutual support group, though less structured. Expressing, sharing and trusting in peers was what parents did during this crisis. They (parents) were not willing to talk about their children's illness with others like friends and relatives; however, they were willing to share their experience with one another because they were 'sailing in the same boat' (p. 716).

Almost all the parents in the study were from the low-income groups working as daily labourers. They spent most of the time in the hospital attending to their children. This process rendered most of them jobless.

The course of treatment brought various issues ranging from shock, denial, apprehensions, disappointment, hopelessness and helplessness, due to which culture and the religious beliefs prevalent in different societies have proved to be the driving force for coping mechanisms among families in distress. The study has also underlined the importance of such beliefs among parents of children diagnosed with cancer. During the process of the child's treatment 'hope' in Allah, the Almighty (The God) had been the ultimate weapon left with families to fight patiently with the ill effects of this disease. All the parents strongly longed for good to happen and believed in Almighty's blessings. Thus, hope sustained survival in them.

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### **Conclusion**

“Healthy the children, healthy and secure is the future of any nation”. Thus any conscious health effort to build effective health care management for them can always yield positive health outcomes. Children's vulnerability in terms of life-threatening diseases is assuming a significant challenge to nations. Among the list of such diseases, cancer in children has become a significant threat to the populations across the globe. On the onset of the news of a child being diagnosed with cancer, parents face significant crisis as the primary caregivers. They remain at the forefront while making the inclusive care possible for their children. There were high levels of stress and uncertainty among families of the children diagnosed with cancer during the initial phases of treatment. This adversely affected the care giving process of children, as the caregivers for a while remained in a shock and denial mode. This stage requires an intervention, which will provide positive coping skills to these families. There is a need for proper awareness and counselling before the start of treatment protocols. A strong information and communication system is pertinent and will be beneficial to the patients as well as caregivers. Agencies working in the field of welfare for oncology patients should build a proper and systematic support system, which will reduce the burden on the families of children diagnosed with cancer.

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**ACADEMIC, SELF- REGULATION AND  
RESILIENCE SKILLS IMPROVEMENT WITH  
PEABLS INTERVENTION IN STUDENTS WITH  
LEARNING DIFFICULTY**

Pratima<sup>1</sup> & S.P.K. Jena<sup>2</sup>

**Abstract:** *A student's optimum cognitive development is influenced by his/her learning behaviour which is a combination of active learning experiences that promote cognitive competence and the social context which includes the style of interaction and relations that promote self-confidence and an active interest in seeking to learn independently of formal instruction. Students with learning difficulty often score 50<sup>th</sup> percentile and above on intelligence tests but still they are not able to cope with the academic curriculum and face behavioural issues due to difficulty in social skills. Since they do not meet the definite diagnostic criteria of any developmental disability, they are often overlooked and do not receive services provided by schools for children with disability. Research has shown that learning difficulties are responsive to intensive educational intervention. Effective educational intervention not only improves basic academic skills such as reading and writing, but also results in an improvement in the individual's academic achievement levels. Fostering self-regulation and resilience skills in students with learning difficulty enhances their ability to understand and control the learning process. The present study, which uses a pre and post design, aims to utilize integrated academic and behavioural measures to foster self-regulatory learning and resilience skills through a Program for Enhancing Academic and Behavioural Learning Skills (PEABLS) for students with learning difficulty. The findings of the study revealed that the students showed significant improvement in their academic performance with gains in the level of self-regulation and resilience skills.*

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**Keywords:** *Self-regulation, Resilience, Program for Enhancing Academic and Behavioural Learning Skills (PEABLS), Academic Performance, Learning Difficulty*

### **Introduction**

Education is the backbone of a society and is considered a most valuable resource. The government of India is increasingly concerned ensuring education for all children, focusing on maximum enrolment and retention of children aged 6 -14 in the formal education system. It is therefore imperative for all of us, to work towards improving the educational attainments of students, with or without disability, by using effective and appropriate education programs.

It is estimated that nearly 30 to 35% of students in any classroom perform below par. They are often labelled as “scholastically backward”, “low academic performers” and “slow learners” (Kapur, 1985; Venugopal & Raju, 1988). In many cases, this underperformance is related to poor early cognitive and socio-emotional developments (Feinstein, 2003). Labelling the children not only lowers their self-esteem, but also poses significant challenges to parents and teachers. It is important to scientifically analyze the underlying cause and find positive solutions for it (Ramadas & Vijayan, 2019).

### **Learning difficulty**

Students with Learning Difficulties (LD) show poor academic performance. Their score on IQ tests range from moderate to above average but they are unfortunately often “overlooked” by the system since they do not meet the criteria of Developmental Disorders. Learning difficulties are more commonly known as school difficulties (Sequeira & Gurge-Giannetti, 2011), scholastically backwardness (Santosh, 2014) and poor school performers (Karande & Kulkarni, 2005). Students with learning difficulties do not have any apparent neurological reasons behind their academic underperformance; however, constant negative experiences, lack of opportunities to educational resources and lack of motivation

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are all contributing factors.

Researches reveal that LD is related to pedagogical and/ or sociocultural problems. Although, there are no extrinsic causes for academic underperformance (Feigin et al., 2008), more than one correlates of factors (e.g., family psychopathology, socio-cultural environment with adverse conditions, lack of opportunity to learn cognitive skills and sensory deprivation, emotional causes such as demotivation and/ or migration leading to sociolinguistic interaction deprivation) combine to negatively influence cognitive and academic performance in students, leading to poor academic performance and failure rates (Fletcher 2009). Children who come from poorer socioeconomic and cultural conditions are already vulnerable and poor quality of education imparted in schools serves to further aggravate their problems (Ciasca, 2003).

### **Self-Regulation**

Self-regulation (SR) is an important attribute for healthy development and maintenance of well-being in childhood. Higher levels of self-regulation have been linked with academic achievement and better physical and mental health and healthy behaviours. SR holds important domains of competencies including ability to: control one's emotions, having positive interpersonal relations, avoiding inappropriate or aggressive actions and enacting goal directed behaviour (Galla & Duckworth, 2015). This cognitive process often referred to as executive functions include the ability to have focused attention, cognitive flexibility and sharp working memory; it inhibits autonomic or impulsive response patterns in problem solving (Bogg & Roberts, 2004). Therefore, educational researchers and social workers need to focus on improving learning behaviour by fostering self-regulation (EU Council 2002). Growing evidence of research has proved that SR plays a fundamental role in overall development and perpetuates physical and mental wellbeing of the child across the lifespan (Reid & Schartz, 2005). In fact, the concept of SR learning has emerged from historical results on educational research (e.g. Piaget 1954; Vygotsky 1978; Bandura 1989).

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Evidence from research suggests that enhancing SR learning skills can positively impact academic achievement and learning motivation (e.g., Zimmerman & Bandura 1994; Zimmerman 2001). Many interventions to improve self-regulation skills in school students have emerged as a result of these researches and include diverse forms such as, curriculum based programmes, social and personal skills development strategies, as well as wellbeing programs such as mindfulness and yoga (Piquero et al. 2016; Daly et al. 2016).

### **Resilience**

Resilience is the ability to adapt to stress and adversity. Resilience has become a major focus for academic researchers as it has potential influence on health, well-being and quality of life. It has been argued that mental health and mental illness, although highly correlated, exist on two separate continua (Keyes, 2002). Building resilience is potentially a pathway to achieving both outcomes that include internal and external protective factors (Luthar et al., 2000). These factors are (1) individual characteristics, e.g. self-esteem, good problem solving ability; (2) family, peer and school factors, e.g. parental warmth, positive pro-social peer relationships; and (3) characteristics of the wider social environment e.g. social cohesion. Recent theories view resilience as a multidimensional construct that includes personal characteristics and specific skills which allow individuals to cope with adversities (Campbell-Sills et al., 2006). Resilience building interventions focus on provision of opportunities to develop personal resources, as well as access to protective factors in the social environment (Olsson et al., 2003).

### **Existing Interventions in Schools**

India faces a number of problems that include increasing population, low level of literacy in rural areas and urban slums, varying social support and other cultural factors leading to predictors of mental health issues. Children and adolescents are at risk for a number of behavioural and emotional problems leading to low academic achievement (Chandran et al., 2002). Stressful

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family environment, sexual abuse, poverty, gender discrimination, migration and poor social support are some of the causative factors for poor mental health in school going children (Patel & Andrew, 2001). School based intervention programs provide positive inputs to manage psychological, academic and emotional needs of school age children. An examination of the effectiveness of the Penn Resiliency Program (PRP) for promoting resiliency in school students with mental health issues (Gillham et al., 2008) by Sankaranarayanan & Cyclic (2014) suggested that the programme brought about effective changes in negative attribution styles among upper-class Indian school children. Other programmes like the cognitive behaviour therapy, interventions that use self-talk and teach adaptive skills like social problem-solving enable students to correct distorted perceptions (Srinath et al., 2005). The World Health Organisation's (WHO) life-skills training program (1997) uses group sessions to improve self-esteem, assertiveness and social skills of children in schools (Pillai et al., 2008; Mohanraj & Subbaiah, 2010).

Research suggests that after-school programs help in development of personal and social skills (Mytton et al., 2006). Durlak et al. (2010) noted a significant improvement in students' self-perception and bonding to school, positive social behaviours, school grades, level of academic achievement and reduction in behavioural problems post their involvement in an after school program. Effective Social and Emotional Skill (SEL) interventions that provide positive results should use the acronym 'SAFE' as a guide:

- Sequenced: program used a connected and coordinated set of activities;
- Active: uses active forms of learning;
- Focused: at least one component devoted to developing personal and social skills;
- Explicit: target specific SEL skills rather than positive development in general terms (VicHealth, 2015).

Other resilience building school based programs such as You Can

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Do It! showed positive effects on low scoring students (Ashdown & Bernard, 2012). Pahl & Barrett (2010) evaluated Fun FRIENDS program on pre-school students after a 12- months follow-up, which showed significant improvements in the symptoms of anxiety, behavioural inhibition and social emotional strength at post intervention when compared with controlled group (Christensen et al., 2015). The Stress Inoculation Training (SIT) program also aimed at reducing stress among adolescent students (Hains & Szyjakowski, 1990).

### **Present Study**

The focus of the present study was to develop an intervention program to address the needs of school children with learning difficulty. In order to cater to their problems of low academic performance as well as behavioural and emotional issues, an accessible school based intervention was planned. It not only sought to enhance their self-regulation learning and resilience skills but also focused on academic conceptual deficits through an after school Individualized Educational program. The Program for Enhancing Academic and Behavioural Learning Skills (PEABLS) intervention was delivered to students with learning difficulty for over 2 months (15 sessions, twice a week) to learn and practice cognitive and behavioural skills. It was designed to strengthen their self- regulation learning and resilience to deal with daily adversities and thereby address specific goals to improve academic performance. This study reports the efficacy of intervention provided to urban slum-based school children from grade 3 to grade 8. The primary objectives addressed were:

1. To determine the impact of intervention on student's academic performance, self- regulation learning and level of resilience at the end of 2- month intervention period.
2. To compare student's academic performance, self- regulation and level of resilience with control group (who received remedial classes only).

The experimental group was expected to show greater improvement in academic performance, self- regulation learning,

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resilience and cognitive skills (David-Ferdon and Kaslow 2008). It was expected that positive classroom behaviour norms would reinforce them to adopt self-regulatory skills.

**Program for Enhancing Academic and Behavioural Learning Skills (PEABLS)**

Program for Enhancing Academic and Behavioural Learning Skills (PEABLS) is a cognitive-behavioural group intervention program designed for school students of 6-12 years of age (3<sup>rd</sup>-8<sup>th</sup> grade) who are having difficulty in learning. The goal of the intervention is to enhance the capacity of self-regulation learning and resilience skills and to assist students in applying those skills to meet established goals of improving their academic performance with the help of hierarchically-ordered set of skills. The components of self-regulated therapy were emotional regulation, impulse and regulation control, managing stress load, executive function strengthening, self-monitoring, purposeful altering behaviour, goal directed behaviour, decision making, self-awareness, internal motivation and social skills and the components of resilience building therapy included inculcation of optimism, empathy, realistic thinking, flexibility, negotiation training, communication skills- explanatory style, reattribution training, enhancing self-esteem, coping skills and goal setting.

The PEABLS intervention was carried out for 15 sessions, each session lasted 60-minute and was delivered twice a week. It consists of three components- (i) the self-regulation therapy (ii) the resilience building training and (iii) academic remediation. The first helps the student to identify their negative beliefs and help them to develop cognitive flexibility when confronted with negative thoughts. In the second part of the program, students were taught to resolve interpersonal conflicts, assertive communication and dealing effectively with conditions of aggressive spells, passivity and make effective decisions in various day to-day situations. The third part of the program consists of individual educational remediation to help them to cope with conceptual deficits.

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To create a positive environment and to help students to improve their levels of concentration, attention and bring mental and physiological relaxation, the sessions started with Yogic practice of Surya Namaskaar and ended with 10 minutes of Om chanting meditation. The first two components of the program were conducted on school premises during school hours through a series of role-plays, cartoons, games, recitation of moral stories, behavioural rehearsals, behavioural contingencies and coping self- statements. The third component of academic remediation involved Individualized Education Program which was scheduled after school hours at a university lab which was situated near their residence and focused on clearing conceptual deficits and enabling the students to cope with school curriculum. As part of this program, the baseline performance of students was assessed and teaching modules were designed to meet their specific needs. It included classroom teaching and homework assignments that taught and reinforced these concepts.

Zimmerman & Martinez-Pons (1986, 1990) in their intervention causative model proposed that with the enhancement of self-regulated skills, learners become aware when they know facts and skills or when they do not know them. Self-regulation techniques ensure that learners proactively seek out information when needed and take necessary steps to learn it. They are meta-cognitively, motivationally, and behaviourally proactive in their own learning where they are capable to plan, set goals, self-monitor, and self-evaluate their learning process. (Zimmerman, 1990; Corno, 1989). Gradually the students who are in self- regulation learning process, develop adaptive beliefs and attitudes which engage them in academic tasks thereby developing self- efficacy (Schunk & Rice, 1989). Inculcating a fundamental aspect of learning (including self- regulation, behaviour, emotions and resilience) in school children with learning difficulty helps them learn to pay attention, regulate their behaviour and control their impulses. Positive attitude towards learning is developed through feedback within the teaching- learning relationship which influences their ability to learn (Mather, Goldstein and Eklund, 2015).



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Empowering executive functioning skills in students gives promising results in the domains of academic, social and personal life where they often require problem solving and decision making skills (Meltzer & Greschler, 2018). Academic performance is dependent on a variety of skills and abilities such as planning, organizing and prioritizing information, flexibility in thinking, memorizing important information and monitoring their progress, and the PEABLS intervention incorporates all these aspects.

The strategies of planning, monitoring, and evaluating their own behaviour improved their executive functioning and were empowered in a self-regulatory process. Self-regulation involves such strategies as goal-setting, self-instruction, self-monitoring, and self-reinforcement. Self-regulated students tend to achieve academically. (Graham, Harris, & Reid, 1992; Domitrovich et al., 2007; Morris et al., 2014).

PEABLS intervention, is designed to promote self-regulation of behaviour and affect in students by teaching them to recognize the internal and external cues of affect and to label them with appropriate terms. It also helped in achieving resilience skills (Greenberg & Kusche, 2006). Recipients of PEABLS intervention exhibited improvements in cognitive skills like working memory, verbal and written expressions, self-regulation and resilience skills (e.g., Jaus'ovec & Jaus'ovec, 2012; Schmeichel & Demaree, 2010) and academic skills (Alloway & Alloway, 2010).

### **Implications of PEABLS Intervention for Social Workers and Educators**

This study provides educators and social workers with a practical solution to incorporate instruction on self-regulatory and resilience skills. The PEABLS intervention program is also classroom-friendly because it is both brief to administer and easy to use.

PEABLS intervention requires resource persons from multiple disciplines like special educators, teachers, social workers, and

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psychologists to skilfully identify, assess and manage students with learning difficulties. Involvement of social workers is essential in implementing three components of PEABLS intervention i.e., self-regulation therapy, resilience building and academic remediation. Social workers can assist in initial identification, screening and assessment. Moreover, identifying strengths and weaknesses of the individual student, specific social and problem solving skills can be done by social workers in consultation with the teachers. Many of the students face daily adversities, which can be brought down by understanding their emotional, social and behavioural struggles and training them with skills to overcome those challenges by helping them to manage issues such as anger, stress, anxiety and foster self-esteem and optimism in order to build resiliency skills. Social workers may assist in developing academic remediation that describes the child's current level of performance, and set educational goals for them. They can also help these students by developing self-regulation skills, which is another aspect of PEABLS intervention. This component involves engaging students in tasks that help them in improving working memory, confronting negative thoughts, an encouraging goal directed behaviour through planning, monitoring and self-reflection. Furthermore, they can potentially bridge counselling services with a student's daily social and educational experience, in order to provide strong social support to students with learning difficulty.

## **Method**

### **Design**

The present study utilized pre-test post-test in combination with an experimental and control group research design to study the efficacy of PEABLS intervention program designed for students with learning difficulty.

### **Participants**

A total of 100 students from a primary and elementary government run school participated in the study. Their age ranged from 6 years to 12 years and they studied in grades 3 to 8. All participating

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children had shown low academic achievement for two years prior to the start of the study along with behavioural problems at school. Their vulnerability to dropping out of school, indulging in at risk behaviours, such as conduct related problems, and substance abuse problems highlighted their need for this intervention (Jones et al. 2015), more so since evidence indicates that those problems in multiple domains further elevate that risk (Kellam et al. 2008).

For the purpose of identifying students with learning difficulty, the Principal of the primary school was approached after getting permission from the Directorate of Education (SDMC). Class teachers of grades 3-8 were briefed about the project and the list of students with learning problems were identified with the help of teachers' report and their grades from previous annual assessment. Parents of eligible students were sent a letter inviting their ward to participate followed by phone contacts. Parents attended a parent-teacher meeting, where they were oriented about the intervention. Those parents signed the written consent and assent was taken from the students to confirm their participation in the study. The baseline assessment of the student participants was only shared with teachers and respective parents, in order to maintain confidentiality. All the selected students were screened for learning disability with the help of Diagnostic Test of Learning Disability (DTLD) (Swarup and Mehta, 1993) and Raven's Coloured Progressive Matrices (RCPM) (Raven, 1998). Students who scored less than 40 on DTLD and less than 50 percentile on RCPM were excluded. Those who scored greater than 40 on DTLD and greater than 50 percentile on RCPM were subjected to Bender Gestalt Test to assess any neurological dysfunction (Koppitz, 1964). Digit Span Test, forward and backward, a subtest of Malin's Intelligence Test for Indian Children (Malin, 1977) was administered to assess working memory status. Resiliency Scale for Children and Adolescents (Prince-Embury, 2010) was used to assess child and youth resilience while accounting for all diverse social contexts across numerous cultures. Self- Regulation Test (Hrbáčková & Vávrová, 2014) was utilized to measure the degree of self-regulation of children and minors in three areas: Affect,

Awareness and Empowerment, and Problem Behaviour Checklist (Veeraraghavan and Dogra, 2005) was used to screen student's behavioral and emotional disorders filled by parents.

After enrolment (N=104), but before intervention started, 3.8% (4 students) of students were lost to attrition. None withdrew after the intervention started of the remaining 100 students, who were then divided into two groups, i.e. 50 students in intervention (experimental) group and 50 students in control group.

Students in experimental received PEABLS intervention to enhance levels of self-regulation and resilience for improved academic performance while the students who were placed in control group received weekly session of group based psycho education and group tutoring within school premises, to encourage inclusion and sense of beneficence. The demographic description of the subjects is given in table1. The intervention group (n=50) and control group (n=50) were balanced on gender, race/ethnicity, and grade level.

**Table: 1 Demographic details of subjects in experimental and control group**

Variables	Control group		Experim ental group
	Mean	Percentage	Mean
Age	10.02	8 years (8%), 9years (26%), 10 years (34%), 11 years (20%), 12 years (12%), 13 years (0%)	10.38
Gender	1.64	Male (36%), Females (64%)	1.5
No. of Family Members	6.06	4 members (10%), 5 members (34%), 6 members (26%), 7 members (14%), 8 members (10%), 10 members (4%), 11 members (2%)	5.58
Family Income (per month)	.	Rs. 12000-15999 (18%), Rs. 16000- 19999 (34%), Rs. 20000- 25000 (48%)	18420/
Grade	4.56	3 <sup>rd</sup> grade (18%), 4 <sup>th</sup> grade (30%), 5 <sup>th</sup> grade (24%), 6 <sup>th</sup> grade (26%), 7 <sup>th</sup> grade (2%)	4.78
Aggregate score in % (Pre intervention)	37.88	>30 (4%), 31 -40 (68%), 41 -50 (26%), <50 (2%)	37.9
Aggregate Score in % (Post Intervention)	39.32	>30 (54%), 31 -40 (26%), 41 -50 (16%), 51 -60 (4%)	47.78
Body Mass Index	12.96	9-14 (80%), 15-18 (18%), 19-23 (2%)	13.88

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Table: 1 depicts average age of participants 10-11 years in both control and experimental group.

In control group female participants (64%) were more while in experimental group the gender was equal. The average number of family members was 6.06% and 5.58% in control and experimental groups respectively. Family income (average) of participants in control and experimental group were 18,720 and 18,420 monthly respectively. On an average maximum student were from grade 4 to 5 and body mass index was 12.96 and 13.88 in control and experimental group respectively. Mean pre intervention aggregate score was 38% approximately in both the groups but mean post intervention score in control group was 39.32%, while in experimental group it was 47.78% with 48% score in 31-40% range and 34% in 51-61% range.

### **Results**

The t- values of pre and post intervention in experimental group were significant at 0.01 level. There was significant difference in the mean scores of aggregate scores (in %), RCPM IQ scores (percentile scores), memory scores on digit span (forward), BGT & DTLTD scores. Self- regulation, resilience resource index and resilience vulnerability mean scores were also significantly different. This suggests that PEABLS intervention program had a significant effect on improving cognitive, learning skills, self-regulation and resilience, thereby improving academic performance among the participants in experimental group (Table 2).

**Table: 2 Comparison of academic scores, RCPM IQ scores, memory scores, BGT scores, DTLTD scores, self- regulation scores, Resilience Resource Index and Resilience Vulnerability Index scores before and after intervention**

Variables (N=50)	Mean	SD	SeM	Correlation	Df	t- Value	Sig. (2- tailed)
Agg Mrks Pre	37.9	7.0	.99	.89	49	22.43	0.01
Agg Mrks Post	47.78	6.81	.96				
RCPM IQ Pre	101.82	10.64	1.50	.32	49	7.89	0.01
RCPM IQ Post	113.80	7.23	1.02				
Mem For pre	69.84	4.17	.59	.35	49	15.65	0.01
Mem For post	81.68	5.11	.72				
BGT Pre	6.34	2.87	.40	.46	49	5.5	0.01
BGT Post	4.16	2.47	.35				
DTLD Pre	58.24	4.90	.70	.83	49	39.05	0.01
DTLD Post	75.51	5.63	.80				
SR Pre	31.64	4.44	.62	.15	49	11.66	0.01
SR Post	42.68	5.73	.81				
Res index Pre	27.92	8.04	1.14	.29	49	25.83	0.01
Res index Post	62.00	7.58	1.07				
Vul Index Pre	72.12	7.51	1.06	.37	49	27.89	0.01
Vul Index Post	39.34	7.25	1.03				

Note: Agg Mrks Pre (Aggregate marks in % Pre intervention scores), Agg Mrks Post (Aggregate marks in % post intervention scores), RCPM IQ Pre (Pre intervention IQ scores in percentile on Raven's Children Progressive Matrices), RCPM IQ Post (Post intervention IQ scores in percentile on Raven's Children Progressive Matrices), Mem For Pre (Memory score on forward digit span test before intervention), Mem For Post (Memory score on forward digit span test after intervention), BGT Pre (pre intervention score on Bender Gestalt Test), BGT Post (post intervention score on Bender Gestalt Test), DTLT Pre (Pre intervention score on Diagnostic tool for learning disability), DTLT Post (Post intervention score on Diagnostic tool for learning disability), SR Pre (Pre intervention total score on Self-regulation scale), SR Post (Post intervention total score on Self-regulation scale).

scale), Res Index pre (pre intervention Resource index score on resilience scale), Res Index post (post intervention Resource index score on resilience scale), Vul Index Pre (pre intervention Vulnerability index score on resilience scale), Vul Index Post (post intervention Vulnerability index score on resilience scale).

**Table: 3 Comparison of Aggregate academic scores, RCPM IQ, Memory (forward) scores, Self- regulation scores, Resilience Resource Index, Resilience Vulnerability Index, BGT and DTLD of experimental and control groups**

Source		Sum of Squares	df	Mean Square	F
Aggregate Marks in %	Between Groups	1391.29	1	1391.29	39.52
	Within Groups	3449.46	98	35.19	
	Total	4840.75	99		
RCPM IQ	Between Groups	380.25	1	380.25	5.85
	Within Groups	6372.50	98	65.03	
	Total	6752.75	99		
Memory Forward	Between Groups	2361.96	1	2361.96	105.08
	Within Groups	2202.80	98	22.48	
	Total	4564.76	99		
Self-regulation	Between Groups	2777.29	1	2777.29	100.99
	Within Groups	2694.90	98	27.5	
	Total	5472.19	99		
Resilience Resource Index	Between Groups	32508.09	1	32508.09	460.05
	Within Groups	6924.82	98	70.66	
	Total	39432.91	99		
Resilience Vulnerability Index	Between Groups	31862.25	1	31862.25	502.08
	Within Groups	6219.14	98	63.46	
	Total	38081.39	99		
BGT	Between Groups	34.81	1	34.81	4.01
	Within Groups	849.94	98	8.67	
	Total	884.75	99		
DTLD	Between Groups	7473.60	1	7473.60	204.03
	Within Groups	3589.83	98	36.63	
	Total	11063.43	99		

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Note: RCPM IQ (IQ score in percentile on Raven's Children Progressive Matrices), Memory forward (Score on digit span forward test), BGT (Scores on Bender Gestalt Test), DTLTD (Scores on Diagnostic Tool for Learning Disability)

Similarly, the comparison was to estimate between experimental and control group, where PEABLS intervention program was imparted on experimental group and only psycho education was provided to students in control group. F- ratio of variables (Table 3) were significant at 0.01 level. This signifies that the students in experimental group had significant improvement in cognitive and learning skills, self- regulation and resilience levels, thereby improving academic performance among the participants in the experimental group more than in the control group.

### **Summary**

Strategic intervention to improve cognitive and learning, self-regulation learning and resilience skills among students with learning difficulty is the need of the hour to deal with the fall of their academic performance. PEABLS intervention was helpful in this regard. With the help of this intervention, students were able to learn and understand emotions, thinking process and apply problem solving skills to deal with situations in day to day life in an effective manner which was earlier causing distress to them and hindering their academic performance.

The aim of the present study was to study the efficacy of PEABLS. The specific objective was to improve the cognitive and learning skills, self- regulation learning and resilience skills of children with learning difficulties, thereby improving their academic performance. The study compared the performance of the experimental and control groups after implementation of the intervention. Comparison was done to assess difference in performance in the above mentioned domains in experimental and control groups. PEABLS intervention program was imparted on experimental group and control group only received psychoeducation. The t- values of pre and post intervention in



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experimental group at 0.01 was significant implying that PEABLS intervention program had a significant effect on improving cognitive, learning skills, self- regulation learning and resilience skills, thereby improving academic performance to a larger extent amongst the participants in experimental group in comparison to those in the control group. Students who participated in the experimental group were able to analyze meta-cognitively and reflect upon various aspects required in classroom setting and other places too.

### **Limitation and Suggestions**

Through this study, the researcher attempted to create an effective intervention plan that may serve as improving cognitive and learning skills, self- regulation and resilience skills thereby improving academic performance in students with learning difficulty.

The sample size in the study was small and subjects were from a single primary school, which makes it difficult to generalize the results. Moreover, all the students belonged to low income groups. Further, the research design did not allow for feedback or contribution from teachers or parents regarding the intervention process due to time constraints. Teachers and parents play a significant role in creating and sustaining change. Future research could consider including participation and feedback from parents and teachers. It is equally important to test the program across social and demographic characteristics such as age, gender, income, social groups as well as rural and urban settings to ascertain its effectiveness. Confounding bias cannot be ruled out.

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## AN ASSESSMENT OF EDUCATIONAL STATUS OF CHILDREN FROM SC FAMILIES: A DESK REVIEW

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**Abstract:** *Education has brought changes in the social and economic life of people belonging to Scheduled Castes (SCs) in India. The constitutional provisions policy thrusts in education, as well as parental aspirations for the education of their children brought an increasing proportion of SC children into schools. However, the historical experiences of SCs particularly in the context of education are based on deprivation and oppression. SCs were traditionally denied access to learning due to their socio-economic status in the Indian caste system which is reflected in their low level of education. The caste system and poverty continues to obstruct the access of SCs to quality education. It is indeed a sorry state of affairs to note that even after seventy-five years of our Independence and Universal Declaration of Human Rights, the majority of SC children are unable to access education and their educational status remains unsatisfactory. The paper discusses the issues and concerns with reference to accessibility, availability, equity and participation in school learning activities of SC children. It also examines the educational status primarily focusing on literacy, enrolment, drop-outs, social exclusion and segregation in school learning process of the SC children.*

**Keywords:** *Scheduled Caste, Dalits, Education, Accessibility, Social Exclusion and Drop-out.*

### Introduction

The children of the Scheduled Castes (SCs) continue to face the prevalence of poverty, homelessness, caste discrimination, gender-based inequalities and various other kinds of real and

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symbolic violence, pervasive harm and suffering. The majority of the SCs come across multiple forms of exclusion and discrimination while accessing education and are unable to avail of dignified compassion from the state. The responsibility of the state with regard to SCs and non-SCs regarding their education has changed and has been transferred to non-state agencies. After economic reforms a number of educational institutes have been established and have set up their educational network from metro cities, to towns and small villages all over the country. The majority of these private educational institutions have developed a commercial approach towards education, where problems of education of SCs remain unaddressed (Shahare, 2019). In this process most of SC children are left-out in an attempt to access and avail equity and quality education from the state. The right to education Act 2009 promises free and compulsory education to all till the age of 14 years. The right to education is universal and does not allow any form of exclusion or discrimination. However, it has been reported that, under this Act, students who are admitted in educational institutes under Economically Weaker Section (EWS) or Disadvantaged Category (DC) face multiple forms of social exclusion and discrimination in the school. Education and morality have significant importance for comprehensive development of children. Morality refers to helping children acquire those virtues or moral habits that help them individually live good lives and at the same time become productive, contributing members of their communities. However, SC children are facing challenges guaranteeing equal opportunities for all in accessing education.

### **Education and Constitutional Provision**

According to Ambedkar, education is the right weapon to cut social slavery and it enlightens the downtrodden masses to come up and gain social status, economic betterment and political freedom. Mahatma Jyotirao Phule also described the indispensability of education for the redemption of the Dalits in the following words: “For want of education, their intellect

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deteriorated, for want of intellect their morality decayed, for want of morality their progress stopped, for want of progress their wealth vanished; all their sorrows sprang from illiteracy" (Keer, Dhananjay; 1954). Dr. Ambedkar's social-philosophical views on education rested on the bedrock of egalitarianism. Human dignity and self-respect were central to his social philosophy. He wanted to use education to establish justice, equality, fraternity, freedom and fearlessness in society. He wanted to replace birth-based society with a value-based one.

To create moral value from education and establish an egalitarian society, the Constitution of India has clearly stated in its Preamble that everyone has the right of equality of status and of opportunity. The Constitution has made several provisions and amendments which are helpful for ensuring social equality and human rights. After independence, various commissions and committees were set-up, which did wider consultations and made recommendations for educational development for all and SCs in particular. On the basis of these recommendations, Radha Krishnan Education Commission (1948) dealt with the whole school education system; Kothari Commission has also given a comprehensive vision of equalisation of educational opportunity. A National Policy of Education was formulated in 1986 and a Programme of Action was developed in 1992 which spelt out short term, medium term and long term measures to achieve the targets as spelt out in the National Policy of Education. The National Curriculum Framework (2005) emphasised the disadvantages in education arising from inequalities of gender, caste, language, culture and religion, through various policies for educational development. This was followed by various programmes and projects, both at the National and State levels. At the primary and elementary level, some of these programmes were District Primary Education Programme (DPEP), Sarva Shiksha Abhiyan, Shiksha Karmi Yojana, Bihar Education Project, Lok Jumbish, Non-formal Education Programme, Education Guarantee Scheme, Kasturba Gandhi Balika Vidyalaya etc. The Eleventh Five year plan (2007-2012) in India had given the highest priority to education as

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a central instrument for achieving rapid and inclusive growth. The New Education Policy 2019 addresses the challenges of (i) access, (ii) equity, (iii) quality, (iv) affordability and (v) accountability faced by the current education system. The draft policy provides for reforms at all levels of education from school to higher education. It seeks to increase the focus on early childhood care, reform the current exam system, strengthen teacher training, and restructure the education regulatory framework. It also seeks to set up a National Education Commission, increase public investment in education, strengthen the use of technology and increase focus on vocational and adult education, among others. The policy aims to universalize pre-primary education by 2025 and provide foundational literacy/numeracy for all by 2025.

#### **Educational Status of SC Children**

The historical experiences of SC children particularly in the context of education are based on deprivation and oppression. Caste and gender continue to obstruct the access of SC children to schooling as well as the quality of education they receive. Schools were therefore opened to these communities in the mid-nineteenth century. In 1850s, the British embarked on the stretched process of increasing the accessibility of education to all citizens of India. This was the first step towards social equalization within India. However, the attempts of the SCs to avail of education were met with considerable opposition from the general caste (Nambissan, 1996). Thus access to education became a focal point in their struggle for equity and social justice. Movements to abolish the caste system and end discrimination have always proposed education as the primary means to overcome caste oppression (Omvedt, 1993). A number of public and private schools have been opened by the government in the last two decades. Although the enrolment of the SCs students in government schools has increased, the literacy level among SCs has not really improved in comparison to the non-SC students. The literacy rate of SC males in 2001 was 66.6 percent which increased to 75 percent in 2011. Whereas the literacy rate of SC women in 2001 was 42 percent which increased to 56 percent (Census, 2011).

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In rural areas the literacy rate of SCs males was 63.66 percent in 2001 that increased to 72.60 percent in 2011. The literacy rate of SC women in 2001 was 37.84 percent which increased to 52.60 percent in 2011 (Census, 2011). Studies show that only 15 percent of the SCs were educated up to middle level (NSS, 2004-2005). Thus the above data indicates slow growth in literacy rate of SCs. The literacy gap between them and non-SCs continue to widen and disparities continue to be pronounced between them. Besides, there are many SC households, which do not have any literate person. According to a UNICEF baseline survey which was undertaken in 2005 by the NSSO in 43 districts in the country, significant disparities have been found in attendance rates and learning achievements between children from SCs and non-SCs. It has been found that 72.5 percent of SC children (6-14 years) attend school, as compared to 84 percent of children from non-SCs populations. The sad state of affairs is that most of the SCs of school-going age do not get enrolled in schools and those who get enrolled do not pursue studies for more than two to three years. Every second enrolled SC child drops out before completing primary education (up to fifth standard) (Kumar, 2003, Shahare, 2019). Over the last two decades, the government has increased elementary school provision (grades I-VIII) throughout the country that has marginally increased the rates of SCs enrolment. But the drop-out rates of SC students in primary, middle and secondary stages are considerably very high as compared with non-SCs students. In 2004-2005, the drop-out rate for SC girls was 60 percent and 55 percent for SC boys at the elementary level (Table 1). Similarly, as we go up the education ladder, at each level, the percentage of educated among the SCs is lower as compared to the non-SCs. Reproductive Child Health Survey (RCHS-II) (2002-2004) study was conducted to find out the children in 10-12 years age group who had completed at least 5 years of schooling across economic groups and gender in rural areas. The study indicated that SC children are disadvantaged compared to children from other castes in each of the economic groups. The study also indicated that the economic status of the household is a very important discriminating factor in accessing education. The SC

girls are disadvantaged compared to SC boys in the lower and higher economic group. Banerjee and Somanathan (2007), NSSO-2005, NFHS-2004-2006, analysed the census data between 1971 and 2004 and found that unequal access to primary schools has been a major factor in creating disparities among SCs and non-SC children. They found that the SC children have less access to primary or secondary schools as compared to others. Additionally, it was also observed that the disparity between SC children and others in the educational background was the highest at the higher level of education.

**Table: 1 Drop-out Rate of SC Students at Primary, Middle and**

Year	Primary (I-V)			Middle (I-VIII)			Secondary (I-X)		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
2001-02	43.7	47.1	45.2	58.6	63.6	60.7	71.1	74.9	72.7
2002-03	41.1	41.9	41.5	58.2	62.2	59.9	69.7	74.9	71.9
2003-04	36.8	36.2	36.6	57.3	62.2	59.4	71.4	75.5	73.1
2004-05	32.7	36.1	34.2	55.2	60.0	57.3	69.1	74.2	71.3
2005-06	33.6	34.0	33.8	53.7	57.3	55.2	68.2	73.8	70.6
2007-08	34.37	24.52	30.09	53.56	51.12	52.47	68.05	68.90	68.42

Source: India, Department of Secondary and Higher Education. Abstract of Selected Educational Statistics: 2003-04 and Government of India (2006, 2008).

#### **Reason for Poor Educational Status of SC Children**

There are various reasons for drop-out of SC children. Memories of humiliation play an important role in the decision to leave, albeit a less visible one (National Commission on Scheduled Castes and Scheduled Tribes, 2008). There is also a feeling that reservation of seats and preferential treatment benefit SC students, but empirical reality is quite different. It has been seen in various studies that there is minimum enrolment of SCs. However, issues of quality and relevance of schooling for SC children have barely received any attention from the national government. The poor quality of infrastructure and teaching, and a curriculum that does not relate to

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their socio-cultural lives nor teach about their history have all contributed to the communities' disenchantment with schooling. Apart from this, the majority of SC students study in government schools that mostly lack basic infrastructure and teaching aids. (Shahare, 2019, NCERT, 2013). It is common for non-SC children to seek private tuitions or to access private education of better quality. The SCs being economically poor are unable to access such supplementation to their education; this further widens the education gap (NCERT, 2013, NUEPA, 2014, Shahare, 2019).

Once enrolled, discrimination continues to obstruct the access of SC children to schooling as well as to affect the quality of education they receive. While they have much greater access to elementary education, they frequently encounter overt and covert acts of discrimination, prejudice and rejection from teachers and fellow students. Commonly reported instances of cruel treatment include being told to sit separately from other students, being called 'untouchable' or stupid, being beaten and caned for presumed infractions and so on (Drèze and Gazdar, 1996). Another element of social exclusion of SC children from education in India is the extent to which discrimination is practised by teachers. Some qualitative studies suggest that teaching practices in the classroom affect SC children and result in another 'push' factor from primary school (Ramachandran, 2004). Teachers in most of the school who belong to caste bring their own understandings of the legitimacy of caste relations into the classroom. In other words, while elementary schools may appear to be places in which integration can take place, prejudices against SCs persist in the classroom, playground and in the micro-practices of schooling (PROBE, 1999). The poor treatment in the schools and loss of self-worth and dignity, and the poor quality of schooling results in drop-outs or poor performance in examinations unlike the non-SC children. SC children are expected to run errands and are assigned menial tasks such as sweeping and cleaning the classrooms. Also higher rates of teacher absenteeism have been reported in schools where children mainly belong to SC and ST communities (Kabeer, 2006).



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### **Lack of Easy Access to School**

The availability of a school within a Scheduled Caste habitation (in rural area) appears to be one of the most important conditions for ensuring the enrolment of SC children. According to the Sixth All India Educational Survey (NCERT, 1998) most of the SC children are enrolled in government schools. In the seventh survey, 2002, the total enrolment of SC children at primary stage was 21.07 percent of total enrolment. In rural and urban areas, it was 22.42 percent and 16.87 percent, respectively. According to the eighth All India Educational Survey, 2009 (ESD, NCERT, 2016), the enrolment of SCs children is 18 percent of the total enrolment at the primary stage. In rural and urban areas, it is 18.75 percent and 15.45 percent respectively. They have 17.43 percent of total enrolment at upper primary stage (Eight All India Education Survey, 2009) which was 18 percent in the Seventh Survey, 2002. In rural areas it is 18.51 percent whereas in the urban area it is 14.90 percent. In the total enrolment of SCs, 47.77 percent are girls. The percentage of SC girls' enrolment in rural areas is 47.56 percent and in urban areas it is 48.36 percent. Enrolment of SC children has gone up by 13.51 percent as compared to the Seventh Survey (Eighth All India Education Survey, 2009). At the secondary stage, 15.71 percent children are from the SC category while the same was 15.39 percent in the Seventh Survey. In the rural areas, the percentage of SC children is 16.72 percent whereas in the urban area it is 14.04 percent. Out of the total SC enrolment, the percentage of girls enrolled is 46.63 percent. The percentage of girls in rural and urban areas is 45.79 percent and 48.28 percent respectively. Enrolment of SC children has increased by 27.64 percent in comparison to the Seventh Survey (Eight All India Education Survey, 2009). The physical distance to schools is often cited as a barrier for SC children particularly at the higher levels of middle and secondary school, as they often live in hamlets which are on the outer edge of the village. However, in addition to the physical distance, the 'social distance' to the school also needs to be considered. As the Public Report on Basic Education (PROBE) report states that, villages are divided into separate hamlets, and

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children from one hamlet are reluctant or unable to go to school in another hamlet due to caste tensions. In rural villages particularly in states such as Bihar, Uttar Pradesh and Rajasthan, SCs tend to be clustered in particular habitations within villages. If the school is then located in the central part of the village (or where general castes reside), then that presents another challenge for them in accessing the school. According to a study conducted in 2009, 2010 (IIDS, PRIYA) SC families tend to live in colonies which are at a distance of a kilometer or more from the main village. A school in the village within walking distance for the families in the main village would still be at a greater distance for these children.

The educational status of SC girls is a serious issue as they are often doubly disadvantaged, both due to their social status and their gender. Gender equity is a major concern, as the drop-out rate is higher among them at the elementary level. They are particularly disadvantaged because family and social roles often do not prioritise their education (Bandyopadhyay and Subrahmanian, 2008). The high rate of illiteracy and drop-outs among SC girls are mainly due to resistance from the family to send girls to schools, other reasons include feelings of insecurity in villages, lack of physical facilities like accommodation, school transport and medical facilities; the girls are forced to take care of the siblings when the parents are away at work and to do domestic chores which prevent them from attending school. Many girls are forced to get married at a very young age, thus they are forced to stop schooling because of the social restriction that the girls should stop studying after marriage. Fear of alienation of girls from their environment as a result of education can be attributed as one of the reasons for low literacy level among them (Shahare, 2019, NCERT, 2013, IIDS, 2009).

### **Segregation in Schools**

The right to education free from discrimination is constantly undermined by the treatment SC children receive in school. Discrimination by teachers towards SC children is commonly found in many schools. Teachers have been found to maintain dis-

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criminary attitudes and practices that underlie caste relations in society. Teachers maintain and impart discriminatory attitudes in their classrooms, forcing children to sit in the back of the room, segregating SC children from non-SCs during lunchtime, forbidding non-SC children from sitting next to SC children or touching their plates, expressly limiting SC student participation in class, subjecting them to verbal abuse and grading them unjustifiably low marks. Sometimes, their teachers subject SCs children to corporal punishment and they physically punish them even for small mistakes, which develops a sense of fear of schooling and teachers. Instances of SC students being made to sit/eat separately, their copies/slates not being touched by higher caste teachers, and children themselves not being touched are commonly reported (Shahare, 2019, IIDS, 2009). There are a few studies that broadly point out the role of caste in education, for instance in discriminatory teacher attitudes, denigration of SC students, assigning them a range of menial tasks from cleaning and sweeping the school to fetching “paan” and cigarettes for the teacher in school (Artiset'al, 2003, Balagopal and Subrahmanian, 2003, a, 2006, Sachidananda, 1989, Talib, 1998, 2000).

Similarly, several studies have noted that SC children encounter practices related to untouchability and varied forms of direct and subtle discrimination in school (Jodhka2000, 2002; Shah 2000, PRIA, 2010). For instance, Artis, et al. (2003) found that in village schools of Gujarat, SC children are forced to sit at the back, actively discouraged to participate in class, are subject to food and water taboos. Similar experiences exist in village schools at Karnataka where teachers refuse to correct their notebooks and complaints to headmaster results in beating of SC children (Repudi, 2014). Biased attitudes of high caste teachers towards SC students were found. Indeed teacher violence against SC children throughout the country is widely reported. As the UN Special Rapporteur on the right to education noted in his report before the 67<sup>th</sup> session of the then-Commission on Human Rights, “teachers have been known to declare that SC pupils 'cannot learn unless they are beaten' (E/CN.4/ 2006, Paras). Noted journalist, Sainath,

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reported that in Rajasthan, one of the twenty eight States of India, children of the Balmiki (traditionally scavengers) caste, seen as most polluting of castes, “are made to sit on their own mats, often outside the room or at the door” (Nambissan and Sedwal 2002). Another study documented some of the discriminatory practices against SC children in schools of Uttar Pradesh such as discrimination against SC settlements in the location of schools, teachers refusing to touch SC children, children from particular castes being special targets of verbal abuse and physical punishment by the teachers and low caste children frequently being beaten by higher caste classmates (Derez and Gazdar 1996). In one of the government schools that Rekha Kaul studied, children complained that though prejudices and discrimination were not practised very openly in the classroom and the peer group appeared friendly in school, outside the school attitudes changed. Children of upper castes did not invite the Kuruba or SC children home for playing and there was no social intermixing outside the school (Kaul 2001). Like the SC children, teachers also suffer humiliation, discrimination and segregation from non-SC teachers in accessing food and water during lunchtime (Jha and Jhingran, 2002; Heredia, 1992; Samavesh, 2003; Jodhka, 2000, 2002).

### **Issues and Concern**

Provisioning is inadequate in terms of physical access even at the primary stage, the issue of how socially accessible schools really are for SCs has never been addressed (Para, 2014). The basic educational needs of the SCs are seriously undermined and thus adversely affect their life. The educational inequality and exclusion, particularly of SC girls, is a stark social reality across the country due to their oppression under gender, class and caste feudal society and their spatial isolation, cultural difference and subsequent marginalization by dominant society (Shahare, 2019). Unequal schooling has limited the educational opportunities of disadvantaged SC children in India. The structural causes of social exclusion, such as continued high level of poverty, also remain as significant constraints. It is now widely accepted that developments in state and society in post independent India have

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not conformed to expectations, as discrimination and exclusion still persist in our society. Indeed, an educational institution seen as the critical platform for change becomes the medium and the very apparatus to trigger humiliation and discrimination at the mention of caste identity. It is important to frame an inclusive educational policy that takes into account the needs of children from SCs. Recruiting SC teachers is an important means of signaling state commitment to making services more accessible to excluded groups, also to start an adequate number of residential schools and run programmes to sensitize teachers towards SC children, improve infrastructure in schools located in SC habitations, provide scholarships and create quality education among them. Special coaching, remedial classes, evening classes, extra classes, bridge courses should be provided to those disadvantaged students to enable them to reach a certain level where they can compete with other students. Ensure equitable access to free education and effective implementation of schemes and provisions. Implement Right to Education in its true spirit among SC children. However, not only their background and caste are important, empathy with children from SC will affect their behaviour in the classroom, and the resulting education experience of these children.

### **Role of Social Workers**

To overcome the educational problems of SC children, social work can play a pivotal role for improving their educational conditions. Social work as a profession can help individuals, families, groups and communities to enhance individual and collective well-being, by developing their skills and abilities to resolve educational problems of SCs. Social workers can play significant roles for helping marginalized children to improve the enrolment and retention rate among them. They can sensitize and create awareness at grass roots as well as remote places dominated by SC communities. Social workers can address the issues of Dalits at national and international levels regarding their educational development. They can provide indigenous knowledge about Dalit culture, stories, their plight and struggles. Social workers can discuss and share knowledge about Dalit social reformers and their

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movements with SC students during their study so that they get motivated and inspired. Social work can generate adequate knowledge on stark social realities about caste origin, untouchability, discrimination and exclusion of Dalits in educational fields. They can become a watchdog for implementation of schemes and programmes meant for SC children such as distribution of mid-day meal, free text books, free uniform, scholarships and develop a cordial friendly environment in the schools. Social workers must develop effective tasks and inclusive policies, see to the implementation of policy and programmes with regard to Dalit development. The social work perspective can aim to bridge the gap between SCs and non-SC students by encouraging and sensitizing the students fraternity regarding SC issues and problems. Social work educators can reflect upon and sincerely endeavour to form a caste free society where every individual has the right to live with self-respect and dignity and has equal access to all spheres of living. The social worker can build a lobby and advocacy for introducing Scheduled Castes history, their culture, movements and contemporary issues and problems and age old discrimination faced by them in the curriculum.

### **Conclusion**

Educational inequality and exclusion of SC children is a stark social reality across the country. The oppressive and unjust hierarchies of the caste system continue to 'lock' SC children out of full participation in education. Surprisingly, education policy, pedagogic discourse as well as research has been neglected. However research study identifies the processes of exclusion and discriminatory practices in school that influence SC children's experiences of education.

The low education level among the SC children affects their capacity to participate in better economic activities and make them ineligible to avail regular salaried jobs. This in turn leads to their disadvantaged status in society. The disadvantaged status related to their education is largely unaddressed and therefore is a

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significant barrier to attending school. The structural causes of social exclusion, such as continued high level of poverty, also remain as significant constraints. The State and society in post independent India have not conformed to the expectations and discrimination and exclusion still persist in our society. Indeed, I repeat, the educational institution seen as the critical platform for change becomes the medium and the very apparatus to insinuate humiliation and discrimination at the inception of caste identity. In other words, the discriminatory practices have been internalized by the higher caste groups towards the Dalits in education and social networking on an everyday basis. More strikingly, education has not been significant in raising awareness against, nor ensuring a value system that can resist discrimination at grass root level among Dalit children. There is a need for framing an inclusive educational policy for SCs, namely, to start an adequate number of residential schools and create sensitivity among teachers towards Dalit children, improve infrastructure in schools located in SC habitations, provide scholarships and create quality education among them, ensure equitable access to free education among SC children, effective implementation of schemes and provisions, and implementation of Right to Education in its true spirit. Of utmost important is an urgent need for change in the mindsets of policy makers and implementers.

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## **BOOK REVIEW**

### ***Community Practices in India: Lessons from the Grassroots***

*Edited by Purnima George, Geeta Balakrishnan, Vaijayanta Anand & Ferzana Chaze.*

Cambridge Scholars Publishing.

ISBN (10):1-5275-3442-1

ISBN (13):978-1-5275-3422-1

Hardcover, 196 pages.

The book under review is a valuable addition to the body of literature on Community Practices in India. It captures the experiences of community engagement of academicians, activists and social workers working with diverse communities in rural and urban settings, with all the contributors being either former or present faculty members or alumni of the College of Social Work, Nirmala Niketan, Mumbai. The editors of the book, dedicate it to their teachers who inspired them to commit to values of social justice, equity and social change and to the community practitioners and social activists who have dedicated their lives to champion the cause of the marginalised communities in India. The book is written when neoliberal and global forces impacted social work education with the State withdrawing itself from social welfare measures due to paucity of funds. The charism of the founding members of the institute to enter into the milieu and serve the needs of the poor are reflected well in the initiation of suitable field action projects.

The book comprises 14 chapters divided into five themes as follows: The first section provides a philosophical basis for initiating field action projects; the second section highlights the projects undertaken in urban contexts; the third section captures social work intervention in rural contexts; the fourth section presents the unprecedented contribution of the College of Social

*Reviewed by Roshni Alphonso, Assistant Professor, College of Social Work,*

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*Nirmala Niketan, Mumbai.*

Work as an educational institute face to face with societal injustice, and the final section pulls together the elements of strategies influencing community organisation in the Indian context.

The preface written by Dr Hazel D'Lima clearly states the intent of the book. She explains that the College of Social Work aimed at building a cadre of young professionals who could contribute to a pro –people stance and thus make a lasting and sustainable difference.

In the initial section, Gracy Fernandes briefly traces the history and foundation of the institute. She very lucidly describes the founder Marie Paiva Couceiro as a *visionary who was able to translate her vision of empowerment of women through the Nirmala Niketan Institute*. In the first chapter the author provides a rationale to initiate 29 Field Action Projects (FAP) of the College since its inception (1956-2006). These projects were joint efforts of the faculty and the students pursuing their education in social work. This chapter concludes with the author's reflections regarding the learnings and contribution of FAPs, in terms of enabling a critical analysis of the situation, improving administrative skills, providing experiential knowledge, formulating the curriculum based on field realities, conducting research studies related to the field, developing a scientific rigour, and evolving indigenous literature suited to our Indian context.

The second section of the book provides an insight into the lives of the urban poor in Mumbai. This segment highlights the engagement with the geographical as well as the functional community. Jalinder Adsule writes about the Bombay Slum Citizens' Development Project (BSCDP) initiated in response to the inhuman living conditions of people dwelling in Dawri Nagar and Hanuman Tekdi slums located in the western suburb of Santacruz, Mumbai. It was an innovative approach adopted by the college to work in different slums at the same time, with focussed intervention. This approach brought about an understanding that a

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zonal organisation of slums would create sufficient pressure on the system to ensure change in the statusquo.

Vaijyanta Anand as head of the NIRMAN Project focussed on intervention with construction workers. The project implementation was at three levels: direct work with construction workers in connecting them to government services, work with builders to ensure provision of proper living and working conditions, and active participation in campaigning for the rights of construction workers at micro and macro levels to influence policies and legislations in their favour.

Patsy Khan writes about the intervention aimed at defending the rights of domestic helpers through the project SETU. The project acted as a bridge between individual domestic helpers and their employers, the government, and society at large. The significant contribution of this project was the drafting of the Domestic Workers' Bill (1996) on their services and working conditions. The authors in this section have drawn theoretical inspiration related to conscientization, humanization and emancipation from Paulo Freire.

The third section deals with rural realities: Bhim Raskar has mapped his journey of political empowerment of women through the Resource and Support Centre for Development (RSCD) a network based NGO, and Mahila Rajsatta Andolan a feminist social movement. The author emphasizes that to sustain a movement, it is crucial to build networks of likeminded NGOs and motivate people to have a shared vision.

Indavi Tulpule shares the story of Shramik Mukti Sanghatana and its struggle to access land and forest for the tribals. Inspired by the writings of Godavari Parulekar and Mahatma Gandhi, the organisation used non-violent methods to stand for justice and ensure that resources and wealth be owned by locals.

Ulka Mahajan, founder of Sarvahara Jann Andolan, has penned her

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learnings of engagement with the Kathkari tribe spanning over two decades. She narrates that “each step of the movement was carved on people's minds along with memories of struggle and victories won along the way. These memories ignited the light within them and inspired them to continue in this struggle against injustice”.

In her chapter on the college project AROEHAN, Anjali Kanitkar shares that though the project was initiated to address nutrition issues of tribals, the realities on the field were different. She deliberates on the issue of *Sangharsh* versus *Rachna* as important approaches with people at the centre contributing to empowerment and development of the people.

Mohan Surve worked with the nomadic and denotified tribes (NTDT) in Maharashtra through the organisation Vikas Sahayog Pratishthan (VSP). Members belonging to NTDT do not exist on government record due to their continuous pattern of movement from one place to another. The author is saddened that even after 70 years of independence they continue to struggle for their democratic rights. VSP hopes that through their concerted efforts the denotified tribes will possess voter identity cards and be included in the reservation list at all the State and Centre levels.

Nafisa and Dominic DSouza describe their journey with the tribals in Andhra Pradesh since 1985 through LAYA, which has been operating on two dimensions: safeguarding tribal rights and facilitating sustainable development alternatives at the grassroot level. The organisation has succeeded in restoring 27000 acres of alienated land to adivasis with its team of lawyers. LAYA intends to shift from a grant base to an entrepreneurship perspective by introducing a Community College aimed at creating future leaders.

Paulomee Mistry, of DISHA, Gujarat, has worked tirelessly to secure land, water and forest (jamin, jal and jungle) rights to the most vulnerable tribals since 1985 spanning over 1301 villages catering to 1.8 lakh population. The strategies of DISHA include

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mass mobilisation, community led advocacy based on research, collective bargaining, political pressure and peaceful negotiations with a focus on gender.

The fourth section comprises learning from disaster responses of the college over the years. Purnima George explores the plight of the pavement dwellers due to the eviction and deportation carried out by the then Bombay Municipal Corporation (BMC). The College intervened strategically by conducting a research study and disseminating the findings to create public opinion in favour of pavement dwellers.

Geeta Balakrishnan documents the experiences of the College in natural and humanmade disasters across the country. A model was developed for response in disasters, wherein a pilot team would initially visit the site, identify local NGOs, do a quick assessment of the situation and plunge into action. Teams were formed keeping in mind the language needs, ability to walk long distances and willingness to adjust to the situation. Reconstruction of the human spirit being the main role of social workers in disaster situations, the College believed that the victims of disaster need to be active partners in planning their rehabilitation.

Section Five focuses on building knowledge from the varied experiences of community organising. In this chapter the authors consolidate the approaches, strategies, theoretical framework and challenges faced in engaging in community organisation. The book offers a vivid description of the rural and urban communities along with disaster intervention of College of Social Work, Nirmala Niketan, since its inception. In addition, an intricate web of inter community (*geographical, functional, homogeneous, heterogeneous*) linkages is lucidly elucidated which seems to provide a logical point of departure for the discussion in the concluding chapter.

This book serves as an essential resource and is highly recommended for students pursuing social work education as well



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as for field practitioners. As an academician, one learns a systematic approach of addressing an issue faced by the community. The varied social work approaches utilised, as described in this book, are as follows: grassroots approach, issue based approach, functional or identity group approach, regional approach and integrated approach. The authors clearly enunciate the nuances of community work and use the insights and theories of community organisation developed globally. The book enables us to delve into the rich history of the college in promoting and fostering field action projects.

Written in a biographical style, the book enables the authors to pen their journey and their specific contribution to the particular project initiated by them. One assumes that in the absence of any rigid format provided, some authors have presented their work in phases while some have highlighted the theoretical framework in which the project emerged. The book points to the positive directions in social work traversing from a service based orientation, to meeting development needs and lastly to a rights based approach.

The authors worked passionately keeping a theoretical framework in mind. All these experiments could have been explored to critically examine a theory towards the end of the project and derive learnings of what works in a particular context and what requires attention for future.

Since the profession heavily depended on western literature, contextualising the concepts was possibly a challenge. This book requires concentration and brings and brings to light that the solution to the various issues dealt with were derived from the social milieu. The various methods of practice which have evolved over the years have been documented succinctly.

In my opinion, the reader is offered a comprehensive range of approaches, strategies and leadership styles to pick and choose if engaging in community work. The idea of this book is original. It

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provides context, (*socio, cultural and political*) related concepts and constructs which are meaningful to professional social work in India. Networking is the key word used by all authors. Community organisation does not have magical solutions but struggles with the aspirations, realistic life situations and hopes of people to a shared acquisition of human rights and self-respect.

**Conclusion:** The book on the whole is a very valuable contribution to the area of work with communities in India. It includes several observations which could be treated in more details in the later edition. When there was a dearth of literature on the Indian situation, the faculty and social workers sought to apply the existing theory of community organisation to actual existing communities. This shows a tremendous sense of courage and motivation to find answers and press for the right type of social change. These are the footsteps on which further change and development can be achieved in the country.

## **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:***

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

#### ***Abstract and Keywords***

#### ***A second page including:***

- **Title of the paper**
- **An abstract of not more than 150 words**

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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

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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:

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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.

#### **Communication**

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Email : perspectivesnn@gmail.com*

## **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.

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**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.



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## 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.**



N.A.A.C A ACCREDITED

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