


VOL. XXXV, (No. 2) - AUGUST-2020

ISSN 0974-5114

UGC approved under Social Sciences Sr. No. 218.

Perspectives in Social Work



College of Social Work (Autonomous),
Nirmala Niketan
Mumbai

College of Social Work, Nirmala Niketan

(Affiliated to the University of Mumbai)

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UGC approved under Social Sciences Sr.No.218.

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EDITORIAL

As part of the editorial team, it gives me great pleasure to present this issue of *Perspectives in Social Work*. Despite the Covid-19 pandemic, we have received numerous submissions of which we have picked the best and timeliest for our discerning readers.

The first article by Jitendra Gandhi discusses the quality of marital life of the spouses living with an alcoholic spouse diagnosed with 'Alcohol Dependence Syndrome' as per ICD-10. Data was collected from two de-addiction centres and one psychiatric treatment and care centre from Solapur, Maharashtra. The study highlights hampered quality of marital life of the spouses and proposes social work intervention to improve the same.

The second article by Neetu Gaur and Bindu Duggal discusses vocational education in schools in Haryana from the teachers' perspective. Vocational education is pertinent for human resource development but the teachers' perspective is important to understand the gaps in the implementation of the National Vocational Education Qualification Framework. The study not only throws light on the profile of teachers but also brings out pertinent issues of excessive workload, lack of in-service training, inter-district differentials in induction, teachers' inadequate knowledge of mandatory industrial visits, unsatisfactory course content, irregular and inadequate funds and facilities etc, with relevant suggestions for quick rectification.

The third article by Abhisek Bhattacharya explores the post-independence literature and religious-political movements of the Dalits of West Bengal. It focuses on the cultural mobilization of the depressed through literature produced by Bengali Dalit writers of the twentieth century, and secondly, on the socio-political manifesto of the Motua Mahasangha movement and the Kamtapur Liberation Movement to understand the dimensions of a typically Dalit uprising in West Bengal.

The fourth article by Lakshmana G discusses the opinions of experts and street dwelling adolescents on risk and protective factors of substance use. The use of substances is a part of street life amongst street adolescents. The article highlights individual, family, peers, community, school, and financial factors along with media, and the need for early identification and rehabilitation.

The last article by Hemanta Mishra, Ratnawali, R K Choudhury examines the morbidity patterns and health seeking behaviors among slum dwellers in Raipur, Chhattisgarh. It discusses the users' preferences between government and private health facilities, the reasons for the same and the key criterion for their satisfaction and dissatisfaction with both services and staff in these facilities.

We would like to thank our patrons for their support. We hope for safety and global solidarity in these trying times.

Meghna Vesvikar

**QUALITY OF MARITAL LIFE OF SPOUSES
LIVING WITH ALCOHOL ADDICTION IN
SOLAPUR, MAHARASHTRA**

Jitendra Gandhi¹

Abstract: *Alcohol addiction within a family is a phenomenon that can destroy the marital life of the spouses. The article is an outcome of the assessment and analysis of the Quality of Marital Life (QML) of the spouse living with an individual with alcohol addiction. Spouses living with their husband who is diagnosed as a case of 'Alcohol Dependence Syndrome' as per ICD-10 have been considered for the study. Two De-addiction centers and one Psychiatric Treatment and Care Center from Solapur City (Maharashtra) were selected for the study. Interview Schedule and Marital Quality Scale (Shah, 1995) was utilized for the data collection. The study highlighted hampered Quality of Marital Life (QML) of the spouses. The study has proposed social work intervention to improve the same.*

Keywords: *Quality of Marital Life, Individual with Alcohol Addiction, Spouse, Social Work Intervention.*

Introduction:

“Resilient people have the capacity to be bent without breaking and the capacity, once bent, to spring back” (Vaillant, 1993)

Drinking alcohol is as old as civilization. There is hardly any country, community, or age in which drinking alcohol did not prevail and there are many cultures where the ingestion of alcohol beverage is regarded as a sign of respectability and modernism. India is a very diverse country with considerable variation in climate, vegetation, natural resources, cultures, and traditions. This diversity is also reflected in the types of alcoholic beverages consumed and the cultural meaning associated with alcohol use (Prabhu et.al, 2010). In recent years, the number of excessive alcohol use and alcohol-related mortality has risen sharply in

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many countries. The relaxation of alcohol control measures and increased affluence have made it easier for people to obtain alcoholic beverages. At the same time, the production and distribution of alcoholic beverages involve the livelihood of millions of persons and provide very substantial revenues to the Government. In looking for solutions to alcohol-related problems Government will have to face these dilemmas (WHO, 1974).

Alcohol Addiction and Quality of Marital life: A literature review

Impact of Alcohol Addiction on Quality of Marital Life of the spouse living with an individual with an alcohol addiction has remained an area of concern in many research and literature review. Nayar, et.al, (2012) has attempted to understand the experience of wives of persons with alcohol dependence. The study revealed that wives of alcoholics experienced confusion, being trapped in their marriage and violence cycle. Their children too exhibited aggressive behaviour, and experienced social exclusion, and decreased interaction with their father. Wives experienced a wide range of physical and mental health problems such as depression, insomnia, anxiety, and headache caused by their husband's drinking. An exploratory study by Tanwar and Rangaswamy (2009) stated that excessive drinking and alcohol dependence can put forward severe negative effects on the life partners' marital satisfaction, family environment, and quality of life. The study found that alcohol dependents have significant adverse effects on their spouses in terms of marital satisfaction, family environment, and their quality of life too.

Arackal and Benegal (2007) assessed the prevalence of sexual dysfunction in a clinical sample of subjects with alcohol dependence. The study revealed that 72 percent had one or more sexual dysfunction, the most common being premature ejaculation, low sexual desire, and erectile dysfunction. Vijayan (2010) undertook a descriptive research in the year 2010 to study the socio-demographic details, social support of wives of a person with alcohol dependence, and to assess the marital quality of

wives of a person with alcohol dependence. The result of the study demonstrated that a higher level of social support was associated with a better quality of marital life.

Vijayasenan (1981) found that 71 percent suffered from sexual dysfunction. The disturbances noted were diminished sexual desire 58 percent, ejaculatory incompetence 22 percent, erectile impotence 16 percent, and premature ejaculation four percent. Kamamma and Pushpa (1997) reported on the sexual health of the wives of the alcoholics, which shows that 13.3 percent of the wives reported that their husbands under the influence of alcohol, used to force them to have sex with them even during the period of menstruation. One-tenth of the wives reported onset of fever and nervousness during the sexual relationship because they were compelled by their drunken husband. One in every five wives interviewed was not content with her sexual life. Some wives have stated that in their drunken state the men behaved like wild animals. George (1986) conducted a study to evaluate the Quality of Marital Life of alcohol-dependent individuals. The major finding was that marital dysfunction was related to drinking alcohol.

The rationale of this study was to understand the overall Quality of Marital Life of the spouses living with their husbands diagnosed as a case of ADS. It also highlights the need identification of the spouses and proposed social work intervention to improve QML of the spouses.

Objectives of the study:

- (1) To study personal, socio-economic, and residential profile of the spouses
- (2) To study the husband's history of alcohol addiction, its dependence, and current pattern of treatment offered to them
- (3) To assess and analyze the current status of the Quality of Marital Life (QML) of the spouses
- (4) To identify needs and issues faced by the spouses which impacted on their Quality of Marital Life (QML) and

(5) To propose a framework for Social Work intervention to improve overall Quality of Marital Life (QML) of the spouses.

Hypothesis of the study: The study had two hypotheses (1) *Onset of the alcohol consumption of the husband and self-rating of the spouses towards their Quality of Marital Life is associated.* (2) *Total years of the marriage of the spouses and their Marital Quality Score are correlated.*

Research Methodology:

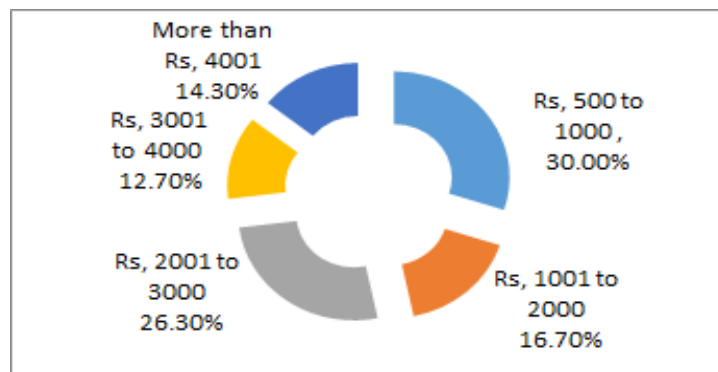
The study utilized a descriptive research design with quantitative aspects. Non-probability sampling (purposive sampling) was adopted for the study. Total (N=300) spouses who had been living with their husbands who were addicted to alcohol for the last five years and more and been diagnosed as cases of 'Alcohol Dependence Syndrome' as per ICD-10 were considered as the sample size for the study. The universe of the study was two De-addiction centers and one Psychiatric Treatment and Care Center from Solapur City (Maharashtra). The tool for data collection included an interview schedule. The Marital Quality Scale developed by Shah (1995) was used for collecting information. The scale had 50 items with 12 factors that had been utilized to assess the overall Quality of Marital Life of the spouses. The scale provided a range of the total score between 50 to 200. SPSS package was utilized to analyse the data of the study.

Result of the study:

Personal, socio, economic and residential profile of the spouses: The findings revealed that the majority of the spouses (38.3 percent) belonged to a young age group between 21 and 30 years with low education (47.3 percent) which was only up to the primary level and (49.7 percent) were housewives and were not directly engaged in any economically empowering occupation too. Further, it indicated that the majority of the spouses (54.3 percent) have been married to their husbands for the last ten years or more which indicates the duration of the marriage was long enough to impact the Quality of Marital Life (QML) of the

spouses. The study further indicated that the majority of the spouses (89 percent) belonged to the Hindu religion, and 65percent spouses had a low family income which was around Rs. 4001/- per month.

Figure 1: Per-month treatment cost of the husband of the respondents



According to Figure 1, 30 percent spouses and their family members spent around Rs 500 to 1000 per month towards the treatment cost of their husband for various medical, psychiatric and de-addiction treatment process. It revealed that due to alcohol addiction of the husband, his treatment cost and low income of the family directly or indirectly determined the overall economic condition of the spouses. Since the majority of the spouses (53.3percent) had their geographical residence in urban areas, the treatment process was accessible to them. Regarding the family income, support and resources, majority of the spouses (57.7 percent) had nuclear family status and low socio-economic status.

History of Alcohol Addiction, its dependence and current pattern of treatment offered to the husband of the spouses:

The study revealed that the majority of the husbands of the spouses (52.7 percent) had an onset of alcohol consumption especially after their marriage. When it comes to the level of awareness, majority of the spouses (83.7 percent) and parents of the spouses (76 percent) were unaware of alcohol drinking

consumption and the related problems of the husband before their marriage. The majority of husbands (59.3 percent) of the spouses consumed country liquor for their alcohol addiction and (35.3 percent) consumed tobacco regularly along with their alcohol addiction. A majority of husbands (89 percent) spent more than Rs. 41 daily towards their alcohol addiction. The majority of the spouses (59.3 percent) were living with their husbands addicted to alcohol since for more than ten years. This further aggravated as the majority of the husbands (51 percent) are diagnosed of Alcohol Dependence Syndrome (ADS), (74.3 percent) spouses had hospitalized their husband ranging from once to five times during the last five years towards their medical, psychological, and psychiatric issues and its management. Liver damage (52 percent), depression or mood disorder, (40.7 percent) and accidents were the prominent reasons for their hospitalization along with their Alcohol Dependence Syndrome (ADS). The study highlighted that only 46 percent of husbands of the spouses had received holistic treatment (Rehabilitation and De-addiction treatment) towards their alcohol addiction while the majority of the husbands had not received the same.

Quality of Marital Life of the spouses:

The core result of the study clearly indicates poor and severely affected Quality of Marital Life (QML) of the spouses living with an individual with alcohol addiction.

Figure 2: Central tendency of the total score of Marital Quality Scale of the respondents

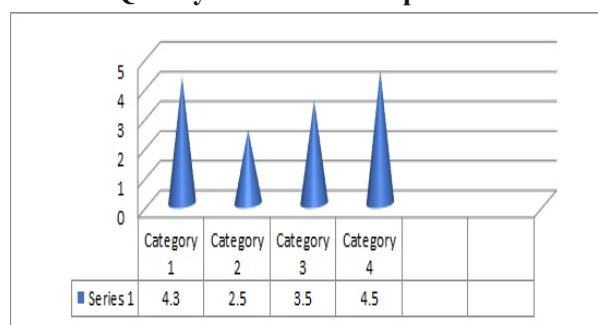


Figure 2, indicating the central tendency of the total score of the *Marital Quality Scale (Shah, 1995)* indicated that the mean score of the spouses towards their Marital Quality was 119.18. As per the manual of the scale, 110 and above scoring should be considered as severely affected. Hence, the mean score of the scale clearly indicated severely affected Marital Quality of the spouses. The median and mode of the marital quality score which was also above 110, indicated the same. Further, it revealed that as per the *Marital Quality Scale (Shah, 1995)* score majority of the spouses (65 percent) had scored the scale above 110; based upon their scoring their Quality of Marital Life had been severely affected. The study also discusses various needs and the issues which impacted the overall Quality of Marital Life (QML) of the spouses. It indicated that the majority of the spouses (43.3 percent) rated their personal Quality of Marital Life as not satisfied while living with their husband, 67.7 percent facing psychological or psychiatric problems while living with their husband, 60 percent had not received any intervention for their own psychological or psychiatric issue from the selected De-addiction and Psychiatric Care and Treatment Center.

Needs of the spouses for further Social work intervention to improve their Quality of Marital Life:

Most of the spouses (43.3 percent) rated their Quality of Marital Life as not satisfied while living with their husbands. This revealed an urgent need for further bio-psycho and social intervention to improve the same. The majority of the spouses 203 (67.7 percent) responded that they have faced psychological or psychiatric problems while living with their husbands. 60 percent of the spouses responded that they have not received any intervention for their own psychological or psychiatric issues from these de-addiction and psychiatric care and treatment center in which their husbands were being treated for their Alcohol Dependence Syndrome (ADS). The majority of the spouses (91 percent) had not participated and were not members of any Self Help Groups (SHGs) which deal with issues related to alcohol addiction. The majority of the spouses (60.75 percent) have expressed that they

did not have the accessibility and availability to get Psycho-Education and Counselling regarding how to live and deal with their husbands from the selected De-addiction center and Psychiatric care and Treatment Care Center. The majority of the spouses (72.7 percent) never received any intervention for their psycho-social issues by a Psychiatric or a Social worker from the De-addiction center or Psychiatric Care and Treatment Center. The majority of the spouses (60.75 percent) needed a social worker intervention to resolve their psycho-social and marital issues while living with an individual with alcohol addiction.

Issues faced by the spouses which impact on their overall Quality of Marital Life:

The study highlighted that majority of the spouses (91 percent) had not participated and were not members of any Self Help Group (SHGs) which deals with issues related with alcohol addiction, 60.75 percent spouses expressed that they did not have the accessibility and availability to get Psycho-Education and Counselling regarding how to live and deal with their husband from the selected De-addiction center and Psychiatric care and Treatment Care Center. The majority of the spouses (72.7 percent) never received any intervention for their psycho-social issues by a Psychiatric Social worker or Social worker from the selected De-addiction center or Psychiatric Care and Treatment Center. Further, it highlighted that majority of the spouses (60.75 percent) needed to have social worker intervention to resolve their own Psycho-Social and Marital issues while living with an individual with alcohol addiction, 78.7 percent spouses needed their psychological assessment and intervention to improve their overall psychological condition, along with the same 74.7 percent spouses needed assessment and intervention to improve their overall mental health condition. Also, 90.3 percent spouses needed to have their follow-up to discuss various Bio-Psycho and Social issues while living with their husband, 68.7 percent spouses specifically asked for the Counselling services during their crisis. The study also drew attention that the majority of the spouses (82.7 percent) needed to have Social worker intervention to improve

their Quality of Marital Life (QML) while living with their husbands. The study indicated an overall impact on the Quality of Marital Life of the spouses along with an urgent need for social work intervention.

Hypothesis Testing:-

The study also tested its Hypothesis (*H1*) that ***the onset of the alcohol consumption of the husband and self - rating of the spouses towards their Quality of Marital Life is associated.*** To assess the association between these two variables Chi-Square Test was utilized. The result of the Chi-Square test indicates that the significance level of the association is (***P=.049***) hence it is less than 0.05 and so indicated that there was a significant association between onset of the husband's alcohol consumption and self - rating of the respondents towards their Quality of Marital Life. *Based upon the P-value of the Chi-Square Test, the research study accepted the Alternative Hypothesis (H1) and rejected the Null Hypothesis (H0) that onset of the alcohol consumption of the husband and self - rating of the respondents towards their Quality of Marital Life is not associated.*

The (*H1*) that ***Total years of the marriage of the spouses and their Marital Quality Score are correlated.*** To test the hypothesis Pearson's Correlation Coefficient, P-value for a two-tailed test was utilized. The result of the Correlation Coefficient between total years of the marriage of the respondents and their Marital Quality Score is ***0.143*** and P-value for the two-tailed test is (***.013***). It also indicated the P-Value which was less than ***0.05*** hence it indicated there was a strong positive and high correlation between total years of the marriage of the respondents and their Marital Quality Score. It further indicated that the correlation was significant at the significance level of ***0.05***. *Based upon the Coefficient Correlation Pearson's test value, the study accepted the Alternative Hypothesis (H1) and rejected the Null Hypothesis (H0) that the total years of the marriage of the respondents and their Marital Quality Score are not correlated.*

A review of the literature and the analysed data of the study indicated the hampered and low-status QML of the spouses. The study highlighted that fewer and insignificant research studies had been conducted on the same issue. The study attempted to provide a proposed framework for Social Work intervention to improve the overall Quality of Marital Life of the Spouses living with an individual with alcohol addiction. It recommends the following Social Work intervention during the suggested three phases. **Initial Phase:** (1) *Psychological Ventilation* (2) *Trust Building* (3) *Psycho-Education* (4) *Supportive Therapy* (5) *Problem-Solving Skill*. **Middle Phase:** (1) *Family Therapy* (2) *Counselling* (3) *Psychotherapy* (4) *Case Work/Group Work*. **Tertiary Phase:** (1) *Family Environment Modification* (2) *Improve interactional pattern* (3) *Improve Parenting* (4) *Marital Therapy* (5) *Referral and Follow-ups*.

Implication for intervention:

The study highlighted the overall impact on QML of the spouses living with alcohol addiction. It also highlighted the needs of the spouses who need urgent attention and intervention. The problems faced by alcoholic wives are in multiple domains viz. physical, psychological, and social, while most highly reported were the emotional problems and least reported were the problems of physical violence. The problems faced by alcoholics have often wedged the attention in society yet finding and applying effective interventions to reduce the pain and suffering of being a partner of an alcoholic is still a challenge.

Suggestions

The study suggested social work intervention to improve the overall QML of the spouses. The study also proposed suggestions for further programme and policy implications which includes the following: (1) An urgent need for the Social work assessment and intervention in general and especially in the areas Quality of Marital Life of the Spouses living with an individual with alcohol addiction (2) Need to train mental health professionals, personal from De-addiction centers, NGOs and Government agencies

working in the field of De-addiction settings to adopt comprehensive treatment plan which must include spouses along with the individual with alcohol addiction (3) Fieldwork Placement, In-Depth Interview (IDIs) and Focus Group Discussion (FGDs) along with the spouses living with an individual with an alcohol addiction to be conducted during the Social Work training (4) Qualitative Research is also recommended in this for further in-depth analysis. The study strongly proposes to develop a documentary film based on various issues on alcohol addiction to sensitize the mental health professional and community at large.

Conclusion

Spouses living with a person with alcohol addiction have been always neglected in treatment or interventional programmes available for alcohol de-addiction. Currently, no such intervention module is available to assess the needs of the spouses living with alcohol addiction for social work intervention. Spouses, children, and families living with alcohol addiction have different needs. Social work as a helping profession must pay greater attention and must prepare specific interventions for the passive sufferers living with alcohol addiction.

REFERENCES

Arackal, B.S. and Benegal, V. (2007). Prevalence of Sexual Dysfunction in Male subjects with Alcohol Dependence. *Indian Journal of Psychiatry*. 2007 Apr-Jun; 49(2): 109–112.

George, S.A. (1986). *Comparative Study of the Qualitative of Marital Life among Alcohol Dependents*. Unpublished M. Phil Dissertation, National Institute for Mental Health and Neuro Sciences.

Kamalamma, N and Pushpa, K.S. (1997): *Drinking husband, Weeping Wife, Social Welfare, CSWB, Vol-43 No-12 Pg-9-11*.

Nayar, M., Muralidhar, D., Vranda, M.N., and Gangadhar, B. N. (2012). Living with Violence: narration of wives of persons with

Alcohol Dependence, The Indian Journal of Social Work, 73 (1), TISS, Pg-7-17.

Prabhu, S., Patterson, D. A., Dulmus, C. N., and Ratheeshkumar, K. S. (2010). Prevalence, Nature, Context and Impact of Alcohol Use in India: Recommendations for Practice and Research, Journal of Global Social Work Practice, Volume 3, Number 2. <http://www.globalsocialwork.org/vol3no2/Prabhu.html> (Visited on 13/8/12).

Shah, A. (1995). Clinical validity of Marital Quality Scale, NIMHANS Journal, 13(1), pg-23-31.

Tanwar, S. A. And Rangaswamy, K. (2009): *Alcohol Dependence and Its Influences on Marital Satisfaction, Family Environment and Quality of Life of the Spouses. Indian Association of Clinical Psychologists, 12-15.*

Vijayasenana, M. E. Alcohol and sex. New Zealand Medical Journal. 1981; 93:18-20.

WHO (1974). Organization of mental health services in developing countries, sixteenth technical report no-564, Geneva, World Health Organization.

VOCATIONAL EDUCATION IN THE SCHOOLS OF HARYANA: TEACHERS' PERSPECTIVE

Neetu Gaur¹ Bindu Duggal²

Abstract: Vocational education is pertinent to human resource development. The present paper throws light on the teachers' perspective on vocational education to understand the gaps in the implementation of the National Vocational Education Qualification Framework (NVEQF) in Haryana. The empirical research is based on both primary and secondary data collected from 115 vocational teachers in 40 schools randomly selected across different vocational courses in the six districts of Haryana namely Ambala, Faridabad, Jhajjar, Jind, Kaithal, and Panipat. Data was collected with the help of semi-structured interviews and field observations.

The study not only throws light on the profile of the teachers but also brings out pertinent issues of excessive workload on teachers (in terms of additional and hobby classes, maintaining daily diary, students' portfolio and records), lack of awareness and in-service training, an inter-district differential in induction training, denial of on job training to children below 18 years by industries, teachers' inadequate knowledge on mandatory industrial visits, unsatisfactory course content, irregular and shortage of funds, and facilities for vocational education. The paper also provides relevant suggestions to strengthen vocational education and training in the schools of Haryana.

Keywords: Vocational Education, Induction Training, In-Service Training, Industrial Collaboration, Start-Ups, On-Job Training.

Introduction

Large scale unemployment among educated youth has created a

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high level of insecurity amongst them which may be dangerous. The introduction of vocational education and training in schools has long been recognized as an important tool to enable skills alongside academics amongst school students who form the most fragile section of our society. Though the spread and success in the vocational framework of education have been slow, it has gained sound recognition and efforts have been made to strengthen the system through various schemes, plans, and policies.

A major shift in education planning in India was seen in the 1980s. The National Policy on Education, 1986 accorded high priority to vocational education. Subsequently, the centrally sponsored scheme 'Vocationalisation of Secondary Education' was launched in 1988 that provided two years of vocational courses in general schools for students at the higher secondary level. The 11th Five Year Plan (FYP) witnessed revision of the scheme and launched it freshly under the banner of the National Vocational Education Qualification Framework (NVEQF). Two states namely Haryana and West Bengal were selected to launch NVEQF in 2011-12 as a pilot project. The Ministry of Human Resource Development developed the NVEQF and the Ministry of Labour and Employment developed the National Vocational Qualifications Framework (NVQF) separately (The Gazette of India: Part 1, Sec-2, No.19, December 27, 2013, p 18). The Inter-Ministerial Committee was set up to unify the two existing frameworks and laid the foundation of *the National Skill Qualification Framework (NSQF)* which was notified on 27 December 2013. The unified framework organized vocational education and training across 10 levels linking schools, colleges and universities. An attempt has been made to link vocational education with the job market through close partnership and collaboration of school staff with experts from the industry. The inputs from the industry are called for at all levels in the implementation of vocational education in schools which includes identification of courses, content development, training and provision of resource persons, assessment, accreditation, certification, and placement. The certification under this framework is designed as a work

participation certificate on completion of level 1 and 2 and a national competency certificate on completion of level 3 and beyond. Schools cater to qualifications at NVEQF levels 1 to 4 across class IX to class XII respectively.

Literature review on vocational education and training

The relevance of vocational education is dealt with in different perspectives by various scholars across the globe. Few have evaluated the efficacy of general education to meet the challenges of new work culture and techniques. Some have studied the impact of vocation education on dropout rates. Few have measured economic returns to vocational education. The following section provides a review of related studies available in academic literature.

In the post-industrial era, economies experienced a major transformation in the skills required for employment and work. Fast-changing technology and globally competitive markets considerably altered the work and work environment (Stasz, 2001). Skilling of labour also required desired changes in the education system. Tabron & Yang (1998) pointed out that the demand for multi-skilled labour can be met by reducing the gap between academics and vocational education. While general education is centres on 'academic' and 'knowledge', vocational education aims for 'applied' and 'skills' (Kombe, 2010).

Finn (1989) highlighted two main reasons that have caused frustration amongst students resulting in a high school dropout rate. These include poor performance of students in general education and failure to see the relevance of general education. Vocational education would play a significant role in overcoming the sense of disconnect by providing options for career-oriented trade. Mertens, Seitz, and Cox (1982) attested through their study that students who opted for vocational classes are less likely to drop out of school. Since the vocational education system is generally flexible and can be availed through multiple sources, it is easier to explore through different career options. Mouzakitis

(2010) concluded that a well prepared vocational policy with an adequate curriculum plays a crucial role in the social and economic development of the individual, prepares them for industry-specific jobs, and enables them to enhance their qualification in the same sector via further training. According to Ryan (2001), it is evident from cross-country studies that vocational programs especially apprenticeships increases the chances of finding work quickly and hence gives the opportunity of early working life.

The studies conducted on economic returns from the different curriculum of vocational education have given mixed results. Bishop and Mane (2004) found a positive impact of vocational education on earning and participation rates. The study stated that students who opted for a certain percentage of vocational education in schools are likely to earn better than students from academics. Meer (2007) supported the view though the study reported low impact of vocational education on earnings. In contrast, Dearden et al (2002) calculated higher returns from general education. However, the study also stated that vocational education adds to earnings especially for students who were under-performers in schools.

Substantial research on the effect of vocational education on skills, in particular, is missing. However, some of the studies have examined the impact of vocational education in general, on the productivity of labour. Bolino et al (1982) in their study posited that vocational education enrolments are correlated with changing productivity. Also, vocational education has helped in increasing productivity in the non-farm business. However, results are not positive in the case of the manufacturing sector as studied in isolation. Min and Tsang (1990) in their comparative study between the performance of workers at the workplace from general education and vocational education concluded that the graduates from vocational training were more satisfied and productive in their jobs. It is also stated that if the working environment is cooperative, the background of education has less impact on productivity.

Despite the abundant literature on vocational education, it is difficult to find studies focusing on the Indian structure of vocational education and training and analysing it at school level.

Rationale of the research

Haryana has been the pioneer to launch the scheme in 40 schools under the NVEQF in 2012-13. By the year 2017-18, the Government covered 1001 schools under this scheme and a total of 14 job roles (vocational courses) were introduced. There has been no study conducted so far to evaluate the functioning of vocational education in schools of Haryana. The Government of Haryana in its annual work plan & budget discussions of 2017-18 under the Integrated Rashtriya Madhyamik Shiksha Abhiyan (RMSA) identified that the state has not been able to procure tools and equipment for 56 percent schools for sectors other than IT & ITES. There is a decreasing trend in the enrolment of vocational students in level 3 and 4, and procurement of tools/equipment and construction of laboratory under vocational education against approvals of 2014-15 and 2015-16 is still pending. Therefore, it is pertinent to investigate the status of vocational education in schools and how vocational teachers are justifying the scheme under given guidelines. The present paper examines various aspects of conducting vocational courses in the schools and attempts to identify the gaps. It is based on a study conducted by the authors, supported by the Indian Council of Social Science Research (ICSSR), New Delhi.

Objectives of the study

- To understand the profile of Haryana's vocational teachers in terms of their qualifications, salary, teaching experience, induction, in-service training and workload
- To assess the teachers' awareness regarding vocational education and their perception of its outcome
- To understand teachers' experience with industrial collaborations. and the support provided by them for start-ups
- To analyse the discontent among teachers on various

issues regarding vocational education and training

Research Methodology

Source of data collection

The study made use of both primary and secondary sources of data. Primary data was collected through a semi-structured questionnaire for vocational teachers. The basic school information was collected in a separate proforma prepared to fill information from the official record of schools. Secondary data was collected from the published records on the website of the National Skills Qualifications Framework (NSQF), Government of Haryana. Official correspondence/notices and other records of Sikhsha Sadan, Panchkula, and Haryana were also referred to collaborate school reports with facts.

Research design

The empirical study design was framed to verify the functioning of vocational education in the schools of Haryana and provide a suggestive course of action. The study remained descriptive as it is focused to understand the ground realities of the status of vocational education in schools of Haryana, identify areas of concern, and suggest possible interventions.

Universe of the study

The universe of the study comprised six districts of Haryana where the scheme was launched in 2012-13. A total of 40 schools were selected across six districts. Each school has two vocational courses and hence a minimum of two vocational teachers from each school were included in the study. However, few schools, depending upon student strength, have more than two vocational teachers. A special case of a school in Faridabad running six vocational courses was also included in the sample. An attempt has been made to include all vocational teachers present on the day of field visits. Accordingly, 115 teachers of vocational education and training across 40 schools in six districts of Haryana formed the study sample.

Sampling technique

Systematic random sampling was used to select the sample. A total of seven vocational courses are spread across various schools in the selected districts. Each school offers a minimum of two vocational courses. Thus, schools were arranged accordingly to the vocational courses in each district. A simple random sampling of schools was done across each course to have a representative sample. Schools were arranged under different course heads to draw a representative sample of schools. The total sample of schools equally represents each course. A simple random sampling method was used to select the schools within each course. Accordingly, all vocational teachers of selected schools included in the sample represent all seven courses. However, more popular courses like IT and automobile, beauty & wellness, and security had higher representation in the sample as more number of schools had opted for these courses. Courses like patient care, physical education and sports, and retail had relatively low representation in the sample as relatively fewer number of schools had opted for these courses.

Tools of data collection

Quantitative data was collected through a field survey with the help of a semi-structured questionnaire for vocational teachers and a school proforma. A field survey was conducted from October 2018 to January 2019.

Significance of the study

The study highlights gaps in the implementation of vocational education in the schools of Haryana and suggests possible interventions based on the experiences of vocational teachers working at the ground level. Field-based insight would help implementers address specific gaps to meet the National Occupational Standards for the training conducted under the vocationalisation of school education.

Major Findings and Discussions

1. Profile of teachers in vocational education

i) Teachers qualification, pay package and teaching experience

51 percent were graduates and diploma holders, 45 percent post-graduates and 4 percent M. Phil. This proportion is more or less similar across six districts.

The vocational teachers/trainers were engaged in two ways, through the department at a consolidated rate per month or through VTP (Vocational Trainer Provider) companies, again on a consolidated pay but with relatively low consolidated pay packages. Though annual increments were irregular and long pending in both cases, job insecurity is relatively more in the case of VTP employers. 36% teachers had 2-3 years of experience, 19% had 5 years or more, 17% had 4-5 years, 14% had 3-4 years, 13% 1-2 years and a few had less than an year's experience.

ii) Induction training for vocational teachers

The induction training focuses on three important areas including understanding the scheme, National Skill Qualification Framework (NSQF), and vocational pedagogy. All vocational teachers are supposed to attend 20 days of induction training organised by the State Government and 90% respondents had.

Figure 1: District-wise teachers' induction training

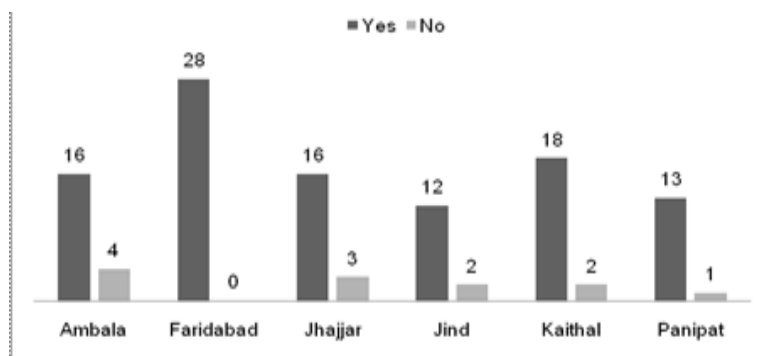
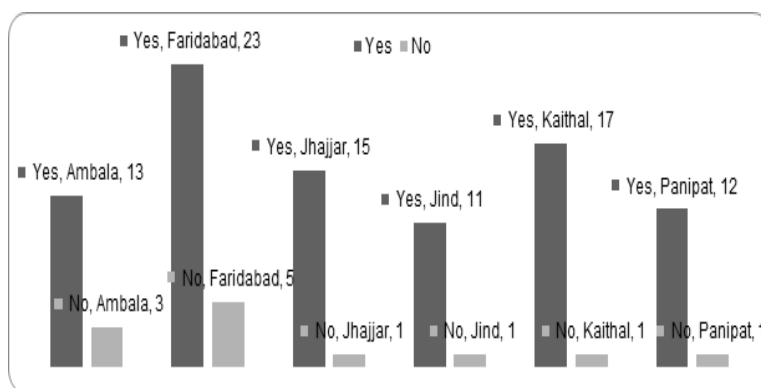


Figure 1 shows that one in every 10 teachers in each district except Faridabad had not received induction training.

Figure 2: Districtwise teacher satisfaction with induction training



88 percent of those who attended induction training were satisfied with its content while the remaining 12 percent were not and were mainly from Faridabad and Ambala districts. (Figure 2). Vocational teacher providers (VTPs) had not issued any certificate of training to majority of the teachers. Moreover, the duration of induction training could not be verified as there was no uniformity in the responses. Certainly, 20 days duration of induction training was not reported by any teacher.

iii) In-service training for vocational teachers

The in-service training of five days on pedagogy, subject content, and related aspects of vocational education is organized by the State Education Department every year. All teachers are supposed to attend this training every year.

The teachers were asked if in-service training is mandatory for them. Only 57 percent responded affirmatively while 34 percent did not and nine percent were unsure. 57 percent had attended it while the remaining 43 percent had not.

2. Workload of vocational teachers:

i) Additional classes

43 percent of teachers confirmed taking general classes in addition

to teaching vocational courses, 31 percent were taking adjustment periods, while the remaining reported additional workload including regular teaching of non-vocational subjects.

ii) Hobby classes

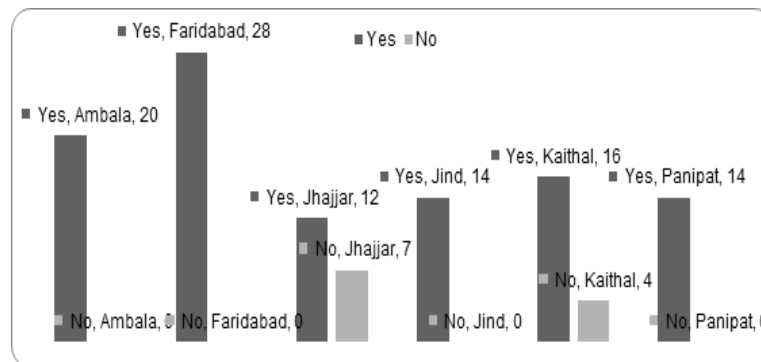
The vocational teachers are supposed to take hobby classes of class VI to VIII to help and motivate the students to develop their interest in different vocational courses. Surprisingly, over 26 percent of them were not taking any hobby classes. While the remaining were taking hobby classes, the number of classes varied from one to six per week.

iii) Maintaining a daily diary, students portfolio

Almost all (96.5 percent) maintain a detailed portfolio of each student enrolled in a vocational course. None of them get any assistance in carrying out their routine duties.

90% of teachers maintained a daily diary which is encouraging but this needed to improve in the districts of Jhajjar and Kaithal. (Figure 3)

Figure 3: District wise teachers maintaining daily diary



iv) Maintaining records

Vocational teachers are generally maintaining all required records, such as practical training/OJT records, guest lecturers report, industry visit records, attendance of students, continuous and

comprehensive evaluation (CCE) reports, and monthly performance reports. The only sector that is ignored in records includes laboratory status monthly report as almost 62 percent of teachers were not maintaining it.

v) Work on the e-mate portal

Although updating information on the e-mate portal is time-consuming, 87% teachers find the portal useful because of easy availability of records and information, 43% because of less paperwork and 10% because of authentic and accurate information. 32.2percent of teachers did not face any problem in uploading information. The main problem mentioned was data getting deleted after being uploaded, slow server, additional workload of uploading information, and lack of proper training regarding e-mate.

3. Industrial collaboration with schools

An important part of vocational courses includes industry-specific field visits, on-job-training, and interactions with subject experts. It is expected that schools should collaborate with local industries related to the vocational courses to carry out the desired field visits, organize OJTs and arrange students' interaction with experts from the industry to impart practical insights to related vocations. It is also expected that schools should have representation from local industries in the school committee to smoothen the functioning of the scheme, however, ground realities differ drastically. All these activities are carried out through limited personal contacts of vocational teachers.

i) Criterion to decide on a particular field visit

Field visits form an important constituent of vocational studies at the school level as they provide students an exposure to the working conditions and work procedures, enabling them to relate theoretical information with practical field work.

76.5 percent teachers related field visits to the course topic in progress and 42.6 percent mentioned personal liaison with the

company/firm/industry as a deciding factor. 30.4 percent decided on the basis of the distance, 14.7 percent based on available funds, and 24.3 percent on safety concerns. 37.4 percent teachers had fixed a particular day of a month for field visit which is usually nearby.

ii) On the job training (OJT) for students

Students are supposed to get an on the job training in level 3 and 4 to enhance their confidence and experience in operations and execution of work. This component of vocational education needs immediate attention from policymakers as the majority of the teachers reported strong rejections for internships for students below the age of 18 years. The students of level 4 are mostly below 18 years with few exceptions. Thus the most important component of vocational education for skill development is hampered as the majority of the students cannot avail OJTs. There is no synchronization between related concepts such as vocational training and the law on child labor. OJTs ensure better placements through better exposure in terms of conceptual clarity and its application.

iii) Number of mandatory industrial/field visits for students (once in three months)

Field visits are planned to bridge the gap between theoretical and practical knowledge and relating the two by exposing students to real-life situations and work culture. Observations play an important role during field visits which leaves an imprint of practical field of work.

The awareness of vocational teachers on several mandatory industrial visits varied between 0-3 for vocational education. The number varied widely for level 4. 10 percent vocational teachers reported that industrial visits are not mandatory, 73 percent mentioned two visits, 11 percent mentioned three mandatory visits, while only 6 percent reported one mandatory industrial visit. Vocational teachers had very limited awareness of mandatory industrial visits for vocational courses at different levels which is a major area of concern.

iv) Mandatory guest lecturers for students

Guest lectures are an integral part of vocational training as they provide students exposure to the experiences and insights of field experts. Vocational teachers are to organize two guest lecturers per trade per month but their awareness of it varied widely ranging between 1-10 per semester.

4. Teachers awareness on PSSCIVE and vertical & horizontal movement in the vocational system of education

i) PSS Central Institute of Vocational Education (PSSCIVE)

The government agency named PSS Central Institute of Vocational Education (PSSCIVE), Bhopal is a constituent unit of NCERT under the Ministry of Human Resource Development. It is expected that school teachers/trainers of vocational courses are aware of the agency that frames syllabus and course material for vocational courses. This is the most basic information that is shared with them during the induction training programmes and even during in-service trainings.

Only 58 percent teachers could name PSSCIVE, Bhopal as the body that prepares the course material for vocational courses. Among the remaining, over one-fourth teachers named the Haryana Board of School Education (HBSE), 12 percent named Vocational Trainer Providers (VTPs) while 4 percent could not name any. This displays a worrisome situation where teachers/trainers are not aware of the basic information regarding the origin, spread, and purpose of vocational courses.

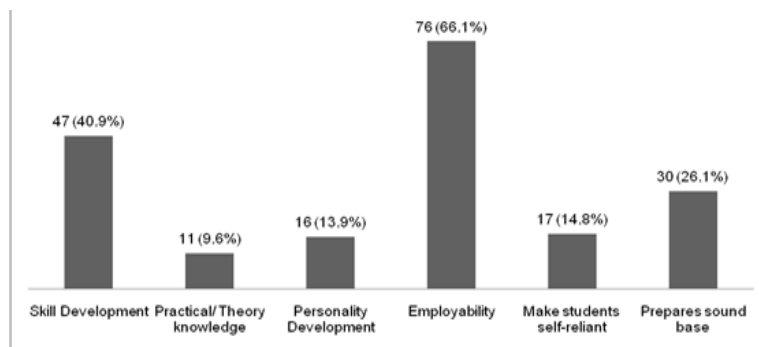
ii) Vertical and horizontal movement in the vocational system of education

Though almost 90 percent teachers responded that they have been talking about options in vertical and horizontal movement in the vocational system of education, but most were unaware of the options available even for B.Voc. (Bachelors in Vocation) students, never mind those with a master's degree or higher.

5. Teachers perception of the outcome of vocational education

The teachers believed that vocational education had many positive outcomes as mentioned in figure 4 below:

Figure 4: Teachers' views on positive outcomes of vocational education



6. Facilities and avenues to promote vocational education

It is expected that a permanent separate building/room is allotted for vocational courses. Placements through job fairs are to be facilitated, monitored, and recorded for the encouragement of juniors.

i) Funds and facilities for vocational education

Delay in disbursement of funds to schools under NSQF is reported uniformly across all schools. During the ongoing session of 2018-19, schools had not received funds for training and material until August. The supply of course books for students was discontinued from the last two years. Schools were not maintaining a separate book bank for vocational courses. Few schools had a small almirah in a common library with limited books. The manuals for the course work had reached schools only once, that too for level 1. The teachers managed by asking students to get books and manuals photocopied or by dictating them in class.

ii) Avenues to promote vocational education (Job fairs)

Job fairs organized for the different clusters of schools in Haryana

do not entertain students below 18 years of age. The main problem reported by the teachers was that the companies who select the candidate for a job rarely provide the job offer letter or details of joining. This is discouraging not only for the students but also for the teachers who motivate and prepare students for the interview. It is strongly recommended that the companies should be asked to submit the list of selected candidates with the government department on the day of the interview and this should be followed up by the department authorities. The companies that do not respond should be blacklisted.

iii) Vocational course content/course material

The main problem faced by the teachers was that students could not read the English course material. Half the teachers were dissatisfied with the course content as it was based on other countries and could not relate it to local settings. There are also practical limitations to hands-on training and exposure because of legalities involved in offering on-job training by employers to students below 18 years of age. Also, there were limited options available in the vicinity and far off places were unsafe.

7. Support provided by teachers for start-ups after level 4

Teachers mainly provided guidance and counselling to students who showed interest in initiating start-ups of their own. About 17 percent teachers arranged hands-on training for these students, about 10 percent provided financial help, and 2.6 percent arranged for the required raw material at discounted rates. 10.4 percent teachers were never approached by students for any kind of help.

8. Issues of discontent among teachers

It was thought pertinent to discuss the problems faced by teachers. The main discontent among teachers lies in the difference in salary of directly employed teachers and those employed through the VTPs (Vocational Teacher Providers). Further, teachers were not provided with maternity leave as they were employed on consolidated salaries, adding to their dissatisfaction.

They were also facing problems as the fabricated buildings build up as laboratories for vocational courses were made of a material that does not allow any stick-on and hence becomes difficult to display charts and learning material for students.

Another problem noticed during the interactions includes tussle between teachers of general education and vocational education. Students were to opt one subject from a list of optional subjects that include subjects like Punjabi, Sanskrit, etc from general education and two options in vocational education. Teachers of general education were not interested to part with students with a fear that their post will vanish if a lesser number of students opt for their subject. This problem was more common among schools with limited students entering class 9. Thus while allotting schools for vocational education care should be taken on the strength of students in class 8.

Moreover, teachers find it difficult to keep high the interest of students when they were not getting completion certificates for any of the previous levels.

Suggestions

- 1. *Bridge salary differences of vocational teachers appointed directly by the department and those appointed by the vocational training providers (VTPs).*** This will help resolve internal conflict in taking service responsibilities.
- 2. *Regulate on induction and in-service training to vocational teachers:*** Vocational Teacher Providers (VTPs) should be given strict instructions to adhere to the specific guidelines of training, recruitment, disbursal of salaries, and increment.
- 3. *Field-visits and on-job training should be made effective.*** Schools may be encouraged to improve the effective engagement of local industries in imparting vocational education and training. Field-visits may not be limited to personal contacts of vocational teachers and

within limited travel distances. The practical hurdles in organizing on-job-training for students may be resolved through MOU between the National Skill Development Council funded training partners and the Department of Industries.

4. ***Regular supply of course books and study material must be ensured.*** Department must check the timely delivery of books. An online feedback format may be designed for vocational teachers which they may submit online through an appropriate channel. District coordinators must be made accountable for the submission of signed checklists at the headquarters ensuring all desired supplies.
5. ***Timely disbursal of funds by the state government may help in managing the smooth functioning of routine work to ensure the desired outcome of the vocational system of education. Revision of course content by the PSSCIVE, a constituent unit of National Council of Education Research and Training (NCERT), Delhi must consider ground level facts, inputs from vocational teachers, and domestic industries. The content may also be published in Hindi and English languages.***
6. ***Timely issuance of certificates for completed levels by the Sector Skill Councils along with the State Education Board may help in motivating students for their achievements.*** These may be made available immediately after the successful completion of a level. It is also suggested that a completion certificate for a level may be issued even if students fail in the general examination. However, admission to the next level may be restricted subject to the condition of clearing general examinations.
7. ***Companies participating in job fairs may be made to submit the list of selected candidates to the Sector Skill Councils on the same day of interview/selection.*** The procedure to issue a job offer letter to the selected candidate may be facilitated on the day of selection. This shall build students' confidence in the placement system.

To conclude, it is evident that vocational education plays an important role in providing better exposure to the practical field of work and help engaging youth in productive activities. However, the gaps in the functioning of vocational education in schools, as highlighted by the teachers, emerged as areas of concern that require the immediate attention of policymakers and planners. The suggested corrective measures may bring desired results towards enhancing and upgrading skills for better employability and entrepreneurship.

Though there has been a discussion in the government set-up on spreading the system of vocational education in private schools, nothing much is reflected in practice. It is believed that productivity is enhanced through competition. It is time to bring in a competition by making vocation education popular across all government and private schools. School vacations may be utilized to provide practical training to students from all schools at a commonplace. Inter-school competitions may be organized at the district or state level. This will not only encourage better learning, more exposure, and enlarged networking with their fellow beings but will also enhance competition and build standards in quality training & learning to further enlarge the scope of skill development.

REFERENCES

Bishop, J.H. & Mane, F. (2004). 'The impacts of career-technical education on high school labour market success', *Economic Education Review*, 23 (4), 381 – 402. doi:10.1016/j.econedurev.2004.04.001

Bolino, A. C., & Uri, N. D. (1982). 'Vocational education: A human capital/productivity nexus?', *Journal of Behavioural Economics*, 11(2), 1–32. Doi: 10.1016/0090-5720(82)90014-6

Dearden, L., McIntosh, S., Myck, M., Vignoles, A. (2002). The Returns to Academic and Vocational Qualifications in Britain. *Bulletin of Economic Research*. 54. 249-74.

Finn, J. D. (1989). 'Withdrawing From School', *Review of Educational Research*, 59(2), 117–142.

Kombe, A. M. (2010). 'Technical Education and Vocational Training as a tool for sustainable development' Retrieved from: https://wikieducator.org/images/b/b3/PID_431.pdf

Meer, J. (2007). 'Evidence on the returns to secondary vocational education', *Economic Education Review*, 26(5), 559–73. doi:10.1787/9789264204027-en

Mertens, Donna M., Patricia Seitz, and Sterling Cox. (1982). 'Vocational education and the high school dropout', *Columbus: The National centre for Research in Vocational Education*, The Ohio State University, 1982. ED 228 397. Retrieved from: <https://files.eric.ed.gov/fulltext/ED228397.pdf>

Min, W.-F., & Tsang, M. C. (1990). 'Vocational education and productivity: A case study of the Beijing General Auto Industry Company', *Economics of Education Review*, 9(4), 351–364. doi:10.1016/0272-7757(90)90017-y

Mouzakitis. (2010). 'The role of vocational education and training curricula in economic development', *Procedia Social and Behavioural Sciences*, Vol. 2, 3914-3920. Retrieved from: <https://www.sciencedirect.com/science/article/pii/S1877042810006567>

Ryan P. (2001). 'The school-to-work transition: a cross-national perspective', *Journal of Economic Literature*, 39(1):34–92. Retrieved from: <https://www.aeaweb.org/articles/pdf/doi/10.1257/jel.39.1.34>

Stasz, C. (2001). 'Assessing the Skills for Work: Two Perspectives', *Oxford Economic Papers*, Vol. 53 (3), 385-405. Retrieved from: <https://academic.oup.com/oep/article-abstract/53/3/385/2361805?redirectedFrom=fulltext>

UGC approved under Social Sciences Sr.No.218.

THE DALITS OF WEST BENGAL: THEIR LITERATURE AND RELIGION-POLITICAL MOVEMENTS POST-INDEPENDENCE

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Abstract: *The word Dalit, which literally means the broken or the scattered, usually refers to those people of India, who suffer deprivation chiefly because of caste divisions in a traditionalist Hindu society. In West Bengal, the Dalits mostly comprise the Namasudras and the Rajbanshis. While these people were subject to silent acceptance of the humiliation inflicted upon them by their underprivileged counterparts for centuries, the twentieth century ushered in a new era of religion, political as well as cultural mobilization for the depressed through literature and other institutionalised Dalit movements. The present article proposes to focus on the literature produced by Bengali Dalit writers of the twentieth century, and secondly, on the socio-political manifesto of the Motua Mahasangha movement and the Kamtapur Liberation movement to understand the different dimensions of a typically Dalit uprising in West Bengal in the closing decades of the twentieth and the early years of the twenty-first centuries.*

Keywords: *Dalit, West Bengal, Literature, Movement, Uprising.*

In West Bengal, the Dalits chiefly comprise the Scheduled Caste people among whom the *Namasudras* and the *Rajbanshis* hold the highest population. Apart from these two major sects, there are some other groups whom we could equally bring under the purview of the umbrella term the Scheduled Caste. These groups include *Bagdi*, *Pod*, *Bauri*, and *Chamar/Munchi*. History also helps us to know about some groups of the outcaste who are yet to receive recognition as belonging to the Scheduled Caste community. These people include the *Sabaras*, the *Nishads*, the *Kirates*, and others.

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What, however, seems problematic is that in West Bengal, objective documentation of the historical perspectives of Dalit life that would precisely represent their day to day life is scantily available. Before the second half of the twentieth century, one had to therefore take recourse to the subjective interpretations available in existing literature for a primary understanding of Dalit life: their everyday struggle for mere subsistence. This body of literature could be divided into two groups. On one hand, there was literature produced by Non-Dalit writers on the pangs of their underprivileged counterparts, while on the other hand a distinctive body of new literature was produced by Dalit writers themselves during the closing years of the twentieth century. The history of Dalit writing by Non-Dalits might take us back to the earliest phases of Bengali literature. One might detect the germs of Dalit writing in the lines of *Charyageeti* itself which is usually looked upon as the first literary creation available in written form in the history of Bengali literature:

'You live among the high mountains o Shabari girl
You wear the plume of a peacock in your hair, and are garlanded
by gunja flowers.'

The *Charyageeti* holds no isolated example and we can also perceive the cultivation of Dalit life in the ages of the *Mangalkavyas* as also the *Baishnav Padavali*. However, these poetical writings which comprised the early five centuries in the history of Bengali literature are very idealistic in spirit. The body of literature that brings into focus the practical burden of Dalit existence in Bengal, started to be written during the closing years of the first half of the twentieth century at the hands of Sarat Chandra Chattopadhyay (1876-1938), Tarasankar Bandyopadhyay (1898-1971), Manik Bandyopadhyay (1908-1956), Kazi Nuzrul Islam (1899-1976), Satyendranath Dutta (1882-1922) and it reached its culmination with the appearance of Mahasweta Devi (1926-2016), as a major literary voice during the 1960s and 1970s (Mukherjee, 1965).

Here one should remember that Dalit literature of West Bengal

offers a perceptible difference from the Dalit writings produced in other Indian states like Maharashtra, Tamil Nadu, and Andhra Pradesh. While Dalit literature of these states clearly manifests an impact of the political philosophy of B. R. Ambedkar, the Bengali Dalit literature is rooted more into the existential issues and less into political propaganda. We might think of the folk literature of early twentieth-century Bengal which included *Baul songs*, *Palagan*, and other forms of folk songs that brought into focus the everyday conditions of living of the Dalit community – their pangs of unfulfillment and socio-economic insecurity. Strangely, the authorship of most of these early compositions is still unknown. This might strengthen the inference that the Dalit writers of early twentieth-century Bengal were more concerned about the expression of the true aspects of a downtrodden existence than of securing for themselves any definable author identity. Any definite publication by a Dalit writer in West Bengal was to occur as late as in 1956 in the form of a Bengali novel titled *Titas Ekti Nadir Naam* by Adwaita Mallabarman (1914-1951). This novel, published posthumously in the monthly *Mahammadi* journal, dealt with the life of the poor fishermen living by the banks of the river Titas in Bangladesh, who had to fight against dire poverty and social deprivation for everyday subsistence. Mallabarman by writing this novel introduced a trend of parallelism, in the literature of twentieth-century Bengal, for, in many ways, *Titas Ekti Nadir Naam* was a literary parallel of Manik Bandhopadhyay's famous novel *Padma Nadir Majhi* belonging to mainstream Bengali literature. When asked of his prospects as an author, Mallabarman simply answered that his motto was to view Dalit life with the eyes of an insider, a thing that Manik Bandhopadhyay had already attempted, but as an outsider, being himself a high caste Hindu, a Brahmin by birth (Mallabarman, 1961). What seems to be stranger is that after Mallabarman, we could hardly trace any original Dalit work of merit in West Bengal for the next 40 years. It is only towards the close of the twentieth century that a new body of literature authored by Dalit writers themselves emerged in the state, representing newer tones of vigour and vitality. These writers include Manohar Mouli Biswas (born: 1943), Manoranjan Byapari

(born: 1950), and Kalyani Thakur Charal (born: 1965), whom we might call the second generation of Dalit writers in modern West Bengal (Byapari, 2017).

Manohar Mouli Biswas, the oldest among these second-generation Dalit writers was born at Dakshin Matiargati in Khulna in Purba Banga (East Bengal: erstwhile Undivided Bengal in British India) in 1943; belonging to an untouchable Namashudra family. Having suffered from dire poverty since his childhood, he struggled and finally succeeded to overcome all the obstacles on his route, became educated, and finally established himself as an acclaimed Dalit writer in India. During his stay in Nagpur in 1968-1969, he came in close contact with Dalit people and the Dalit literary movement in Maharashtra that changed the course of his life as a litterateur. He is the current President of Bangla Dalit Sahitya Sanstha. He has been editing the pioneering bi-monthly literary magazine *Dalit Mirror* in English for more than a decade. He has written four volumes of poems, one collection of short stories, seven books of essays, and an autobiography entitled *Amar Bhubaney Ami Benche Thaki* (2013) which is later translated by Angana Dutta and Jaydeep Sarangi and published as *Surviving in My World: Growing Up Dalit in Bengal* (2015). Jaydeep Sarangi has edited a collection of essays on him, “Bangla Dalit Writer Writes Back” (2019).

Manoranjan Byapari (born 1950) might be regarded as the second Bengali Dalit writer of note after Manohar Mouli Biswas. He could not afford any formal education but has penned a dozen novels and over a hundred short stories, apart from non-fiction. He came to prominence with the publication of his influential essay *Is there a Dalit writing in Bangla?* translated by Meenakshi Mukherjee, in the journal *Economic and Political Weekly*. While working as a rickshaw puller, he had a chance meeting with Mahasweta Devi, and she asked him to write for her *Bartika* journal. He has pointed out how the upper caste refugees from East Bengal were given preferential treatment by the upper caste Hindu officials in West Bengal, while being resettled in Kolkata.

He wrote a memoir *Itibritte Chandal Jiban* in Bengali, also available in English as *Interrogating my Chandal Life: An Autobiography of a Dalit*. The book records the Dalit experiences of oppression in Bengal, which is otherwise known as a 'casteless society', as claimed by many a *bhadralok*. Being a Dalit is central to his writing, as he says, "I'm a Dalit by birth. Only a Dalit, oppressed by social forces can experience true *dalan* (oppression) in life. There should be that *dalan* as a Dalit in Dalit writing. Dalit literature should be based on Dalit life. Some of my writings deal with *Dalit* life; some to be judged neutrally, without any preconceived estimation". He says he is a chandal in two ways - by birth and by rage.

The next major Dalit writer of the twenty-first century Bengal might be found in the 55 year old Kalyani Thakur Charal (born 1965), whose sharp writing on Dalit feminism and Dalit women's movements in India and Bengal has put into question the concept of the *mainstream*.

Kalyani's first-ever poetry book, *Dhorlei Juddho Sunishchit*, was published in 2003. While writing it, Kalyani could foresee that it would offend mainstream spaces, prompting her to name the book accordingly. The books and journals published by Kalyani cover subjects ranging from Dalit folklore, poetry by Dalit women, their attempt to write and read, and short stories on prominent Dalit women activists to water crises around the world and Bangladeshi refugees. Two of her most popular publications remain her autobiography, *Aami Keno Charal Likhi*, and a three-book poetry series *Chandalinir Kobita*, one of which sharply satires the babu culture in '*Bhadralok Samaj*' of West Bengal vis-à-vis India and reveals how casteist and racist practices are a plague across all levels of society (scroll.in/article/872273/why-bengali-dalit-feminist-poet-and-writer-kalyani-thakur-added-charal-for-chandal-to-her-name).

While the mighty writings of the second generation Bengali Dalit writers gave a new bearing to the life of the downtrodden people and their manifold expectations, what seems to add political

expediency to the demands of the Dalits of West Bengal in the twenty-first century are two institutionalised Dalit movements carried out during the closing years of the twentieth century, namely, the Matua Mahasangha Movement led by the Namasudras in and around the township of Thakurnagar in the district of North 24 Parganas, and secondly, the Kamtapuri movement under the leadership of the Koch-Rajvanshis in and between the district of Coochbihar and Jalpaiguri.

The Matua movement originated in Bangladesh in the nineteenth century under the lead of Thakur Harichand and his son Guruchand, two prominent spiritual leaders from the Namasudra community. Their primary objective was a spiritual rediscovery of the self and for attaining the goal they emphasised on several aspects of day to day life including education, empowerment of women, and as such a broadness of vision that could emancipate the mind from the shackles of caste and class hierarchy. Thakur Harichand was, therefore, the first representative of the Dalit community who could realise the role of education in the overall development of the prevalent standards of a Dalit existence.

However, with time, particularly following the partition of India in 1947, a large number of Bangladeshi Namasudras immigrated to India and settled in the township of Thakurnagar, in the district of North 24 Parganas, adjacent to the India- East Pakistan (now Bangladesh) border. The Hindu- Muslim riot that occurred in Feb 1950 in East Pakistan also proved a catalyst for an even larger emigration of the Bangladeshi Namasudras to Thakurnagar. These people were soon to realize the socio-economic deprivation that they were made subject to because of partition and subsequent religious riots. The progeny of Thakur Harichand was established in Thakurnagar, the Matua Thakurbari which became not only a centre of worship but also an inspirational Institution which stirred the Namasudras in and around Thakurnagar to demand an equal right of education and socio-economic empowerment as enjoyed by their privileged counterparts, i.e. the Varna Hindus. The Government of West Bengal responded to these demands in

varying degrees from time to time, but the Matua Mahasangha movement attained true political expediency in 2011 when Manjul Krishna Thakur, the younger son of the Matua Godmother (Baroma) Binapani Devi, clenched a comprehensive victory from the Gaighata Assembly constituency under the banner of the All India Trinamul Congress (AITC) to seat Minister of State for Refugee Relief and Rehabilitation in the Mamata Banerjee cabinet that came to replace the Left Front Government. The Matua support for the AITC deepened in 2014 and was consequent upon a massive victory for Kapil Krishna Thakur, Manjul Krishna's elder brother, from the Bongaon Parliamentary Constituency in the General Election to the House of the People. Mamata Banerjee and her cluster of commitments continued to hold absolute sway over the Matua community and this was reflected in the 2015 by-election to the House of the people in which the deceased Kapil Krishna's wife Mamata Thakur was elected MP by a considerable margin.

What, however, seems to have been missed out by both the Left Front and the AITC politicians, is an innate feeling of insecurity simmering in the Matuas, chiefly because of issues related to citizenship. The Matuas, originally Bangla deshi emigrants, continued to shift support from the Congress to the Left Front and, yet further, to the TMC Government between the years 1950 and 2011 on the non-delivery of the prospects of Indian citizenship as pledged upon by these political Fronts. This also accounts for the recent leanings of the Matua community to the Bharatiya Janata Party (BJP) despite the populist commitments of Mamata Banerjee. The Citizenship Amendment Bill of 2019 which has been brought in the Lok Sabha by the Narendra Modi Cabinet and duly approved in January 2019, created a stormy impact on the Matua community, as the bill proposed to endow Indian citizenship on any Hindu, Buddhist, Jain, Christian or Persian person who has completed seven years of continuous living in the country. The Bill, even before it received the approval of the Rajya Sabha for being translated into an Act, whetted the expectation of the Matuas, who were fervently in the look-out for Indian

citizenship. On the request of Shantanu Thakur, the younger son of former minister Munzul Krishna Thakur in the Mamata Banerjee cabinet in West Bengal between 2011 and 2016, Prime Minister Narendra Modi himself visited Thakurnagar and attempted to make the Matua community aware of the prospects of the Citizenship Amendment Bill of 2019. The effect was an enormous shift of the Matua vote bank in favour of the BJP, and Shantanu Thakur won the Bongaon Parliamentary Constituency as a BJP Candidate by a clear margin from his immediate contestant Mamata Thakur, the Candidate of the AITC as also former MP from the same constituency.

The Matuas and their political preferences, therefore, continue to provide curious themes to contemporary socio-political criticism. We should however remember that the Matua Mahasangha movement proved instrumental not only for foregrounding the demand of Indian citizenship but in a broader spectrum it remains an institutionalised movement for the spread of education among the Namasudras, thereby making them socio-economically empowered. Whatever new political directions the movement may take in the future, its humanistic face and bold voice that add a new edge to the demands of the downtrodden, are therefore expected not to change their intrinsic colour and contour ([indianexpress.com/article/explained/this-word-means-matua-community-5567348/](https://www.indianexpress.com/article/explained/this-word-means-matua-community-5567348/)).

A second organised Dalit movement in West Bengal may be discernible in the demands for a separate state by the Koch-Rajbanshis in several districts of North Bengal. This proposed state which is named Kamtapur after the name of the historical kingdom of the Rajbanshi people, originally located on the western Brahmaputra valley, is supposed to comprise the six districts of North Bengal namely Coochbihar, Jalpaiguri, Darjeeling, Malda, North and South Dinajpur. The demand for such a separate state was not sudden and it had a long history of suppression and deprivation before it turned out to be an organised movement in the 1960s.

Before the Independence of India in 1947, the Coochbihar region was the home of the Bengali Rajbanshi where they stayed with some of the physical as well as spiritual remnants of their glorious kingdom which was destroyed in 1498 by Alauddin Hussain Shah, then ruler of Bengal. These people suffering from the pangs of utter poverty and lack of education extended full support to India's freedom movement, and in return of their whole-hearted participation Pandit Jawaharlal Nehru, the first Prime Minister of Independent India, and Sardar Ballabhbai Patel, Home Minister in his Cabinet promised them a separate state as per their demands. However, it was Dr. Bidhan Chandra Roy, the first elected Chief Minister of West Bengal who stood responsible for the merging of Coochbihar into West Bengal as a new district. The demands of the Rajbanshi people for a separate state were therefore curbed off, and what they received instead, was the status of a Scheduled Caste (SC) community that might enjoy the benefits of the governmental policies of reservation.

However, a major section of the Rajbanshi people was reluctant to accept the labels of the Scheduled Caste community. In fact, many of them looked upon themselves to be the descendants of a *Kshatriya* dynasty and as such considered their inclusion into the Scheduled Caste community to be a shame. Their prolonged anguish was chiefly responsible for the formation of the Uttarakhand Dal in 1969 which became a political forum for launching the demands of the Rajbanshi people to a greater audience. While the primary demand was that of a separate state having the Kamtapuri language itself as its official language, some of the other major demands consisted in 80% reservation in government jobs for the Rajbanshi, a substantial percentage of reservation in the seats of medical, engineering and general Degree Colleges for the Rajbanshi students, and finally, the change of the name of the University of North Bengal after the name of Thakur Panchanan Barma. The movements of the Rajbanshi people however were to achieve consolidation as late as in 1995 when the Kamtapuri Peoples' Party (KPP) was formed under the Presidentship of Atul Roy. With time, differences of opinion

became prominent in the party itself, and this resulted in the foundation of another political front of the Rajbanshi people, namely the Kamtapuri Progressive Party in 2006 under the leadership of Nikhil Roy. However, the two divisions were soon to realise that their conflicting opinions were driving the Rajbanshis away from their coveted goal. In 2010 the two parties were therefore merged into a singular political unit named the Kamtapuri Peoples' Party under the presidentship of Atul Roy again. Since then the KPP has been working as a significant and singular political forum for foregrounding the voice of the Rajbanshis of North Bengal.

The West Bengal government has however never relented to the demands of a separate state by the Rajbanshis. The Left Front Government put a legal ban on political propaganda as well as the activism of the KPP leaders. The government's resistance often took the shape of forceful suppression of the political demonstrations of the KPP and its supporters. The demands of a new state were therefore legally dismissed and their movements were labelled as separatist movements to unhinge the political integrity of West Bengal. The Trinamool government headed by Chief Minister Mamata Banerjee is also clear and strict in its stand against any such separatist movement. The Kamtapuri movement by the Rajbanshis of North Bengal, therefore, stands a suppressed, though not an extinguished movement in the present scenario, and it is difficult in every sense to predict the future of this organised political movement by a legally recognised Dalit community in West Bengal.

The Dalits of West Bengal and their socio-political as well as cultural history in the present and the previous centuries, therefore, ask for serious critical attention. The conclusion that one might reach from the above discussion is that the Dalit movements in West Bengal after the Independence of India are far more complex and more inclusive in dimension as compared to those carried out in the other provinces of India before and after Independence. Clearly, reservation alone cannot hold the key to all the crises of a

typically Dalit existence in West Bengal. The Government also needs to be more considerate while responding to the demands of the Dalits, and it should also develop a sensitive ear to their several grievances that arise not only from caste divisions but also from economic deprivation and from the history of displacement itself. The Rajbanshis of North Bengal already exemplifies an interesting exception to the standardized signification of the term Dalit itself, which till now points largely to those people who live beneath the caste system of the Varna Hindus and are as such the *Aganya* or the *Antyaja*. For, the Rajbanshis, though not *Antyaja* themselves by birth, have come to acquire the labels of a Scheduled Caste and as such a Dalit community chiefly because of the displacement and poverty they had suffered from. Like the Rajbanshis there are a few other backward communities in West Bengal including the Shabaras, the Nishads, and the Kiratas who are yet to receive a Dalit identity and its associated socio-economical benefits for themselves. What, however, remains grossly incongruous is the fact that economic deprivation has never been considered a signifier for Dalithood in West Bengal vis-à-vis India. We, therefore, expect the theorists as well as the Government officials to be more contemplative of the inclusive dimensions of the term Dalit before extending favours to any community based on a singularised and often populist agendum based on caste. Our conscience should be constantly awake so that not a single issue of deprivation, be it social, religious, political, economical, or even based on displacement, is ever compromised with. As the citizens of an emerging power to change the course of international relations, as our country manifests it to be in the twenty-first century, we cannot afford to be so careless as to ignore the subdued whimpers of our oppressed countrymen. All this urges us to be cognisant of the call that was once so boldly raised by Kamini Roy, a Bengali poetess of the early twentieth century:

'We have come to the world not to remain self-centred
We are for all, each serving the other's interest.'

REFERENCES

Byapari, M. Interrogating my Chandal life: An autobiography of a Dalit. Sage, 2017, 1-3.

Mallabarman, A. Upanyas Samagra. Karuna Prokashini, 1961, 1-2.

Mukherjee, T. Charyagiti. Visva-Bharati, 1965, 32-34.

Ghose, A. Why Bengali Dalit feminist poet and writer Kalyani Thakur added Charal (for Chandal) to her name. scroll.in/article/872273/why-bengali-dalit-feminist-poet-and-writer-kalyani-thakur-added-charal-for-chandal-to-her-name Date of access: 12th May, 2020.

Bhattacharjee, R. Matua community – Why are they important for Trinamool and BJP? indianexpress.com/article/explained/this-word-means-matua-community-5567348/ Date of access: 18th May, 2020.

RISK AND PROTECTIVE FACTORS OF SUBSTANCE USE AMONG STREET ADOLESCENTS

Lakshmana G¹

Abstract: *The use of substances is a part of street life amongst street adolescents. This research explores the risk and protective factors of substance use amongst street adolescents. For this, the research was conducted using two key tiers. In the first tier, 20 each of Experts Interviews (EI) and Key Informant Interviews (KII) were conducted to identify the risk and protective factors involved in substance use. In the second tier, 15 substance user- and non-user street adolescents were selected in four separate Focus Group Discussions (FGDs). The identified results were discussed under family, peer, community, school, individual, financial, media, early identification, and rehabilitation themes. The community as it stands now is not yet prepared to take care of the dependent street adolescents. In addition, they also do not have any control over the use of substances. Early identification of risk factors will help to strengthen the protective factors.*

Keywords: *Risk Factors, Protective Factors, Substance Use, Street Children, Focus Group Discussion, Qualitative Analysis.*

Introduction

There is limited research on substance use amongst street adolescents in India. There are different definitions of the meaning of the term “street children/adolescents.” According to the most recent Juvenile Justice (Care and Protection of Children) Act 2015, “a person who is below 18 years and lives on the streets, either with or without the family is a street child” (GoI, 2015). Studies report that peer pressure and the use of substances amongst street adolescents are common and form a part of street life. Street adolescents generally use tobacco, alcohol, inhalants, cannabis, heroin, and other drugs. Among all the substances, inhalants such

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as whitener, glues, petroleum products, and shoe polishes are the most commonly used substances across the world including India ((Lakshmana, Dhanasekara, Prabhat, & Marimuttu, 2013, Lakshmana, 2016; Bal, Mitra, Mallick, Chakraborti, & Sarkar, 2010; Mathur, 2009; Brink, 2001).

Contributing or risk factors are defined as “any event, condition, or experience that increases the likelihood that a problem will be formed, maintained, or exacerbated” (Fraser & Terzian, 2005, 2008).” Some of the contributing factors for the initiation of substance use among adolescents in general and particularly among street adolescents are family break-up, poverty, faulty role model, stress, poor coping skills, peer pressure, academic backwardness, parental use of the substance, living in relatively high crime neighborhoods, lack of supervision (Bal et al., 2010; Mathur, 2009; Jaffee, Caspi, Moffitt, Polo-Tomás, & Taylor, 2007; Seth, Kotwal, & Ganguly, 2005; Brink, 2001).

“Protective factors (are) resources—individual or environmental—that minimize the impact of risk (Fraser& Terzian, 2005, p. 12). In situations of high risk, protective factors such as positive attachments, coping skills, and available resources, self-esteem, socio-cultural aspects, attitudinal response, strong negative feeling, parental support are the few factors which may reduce risk and decrease the likelihood of use of substance (Rhodes & Jason, 1988; Seth et al, 2005).

Although many studies continue to report the use of substance or abuse of drugs as common amongst street adolescents, there are also studies reporting a large number of street children/adolescents not using any substances despite living on the streets (Lakshmana et al., 2013; Lakshmana, 2016; Kidd & Shaha, 2008; Brands, Leslie, Catz-Biro, & Li, 2005). It is hard to believe that though all of them live on the streets, only one group of adolescents use substances and another group does not use it. Exploration of these factors would help service providers/policymakers to integrate the observations in their regular interventions and perhaps, reduce the

chances of those going for substances.

The purpose of this study, therefore, was to describe the contributing or risk and protective factors for substance use amongst street adolescents. Such information is foundational for the assessment of substance use and the development of interventions to address substance management. The present study reported here was part of the larger study. The other portion of the study examined the efficacy of the intervention developed based on the risk and protective factors and is described elsewhere (Pandian & Lakshmana, 2017).

MATERIAL AND METHODOLOGY

Data collection

From the range of qualitative research methods available, the Expert Interview (EI), Key Informant Interview (KII), and Focus Group Discussions (FGD) methods were selected (Cresswell, 2013). Altogether 70 participants participated in this research, which was conducted in two tiers. The first tier comprised two-sub groups. The first sub-group consisted of 20 experts who had vast experience in working with street adolescents followed by the second sub-group of 20 Key Informants for individual interviews. In the second tier, 30 street adolescents aged 13-18 years were selected to participate in four FGD (two FGDs each amongst users and non-users, at Kalburgi District of Karnataka, India). Of them, 15 were who used substances while 15 others were non-users of substances.

Data analysis

After each interview and FGD session, each EI, KII, and FGD were transcribed and translated into English. The researcher made a list of risk and protective factors. These factors were first discussed with Experts and KIs, and based on the discussions and suggestions from them, the factors were grouped into themes and sub-themes. Based on the first level of data analysis, the researcher reviewed the list of themes, and wherever two or three themes

represented a common theme, they were grouped under an appropriate theme. This was done after the discussion with experts and key informants. The study was reviewed and approved by University Grants Commission (UGC) India. Written informed consent of the experts, KIs, and assent from adolescents were obtained to participate in the study.

Results:

The mean age of the Experts and KIs was 40.73(±7.63) years. Of the total participants, 80% were males; 83% followed Hinduism, 50% were Postgraduates, and 27% were working as professional social workers in Non-Governmental Organizations with M=15.50 (±5.93) years of experience of working with children. The mean age of the FGD participants was 13.8 (±1.01) and 15.5 (±1.2) years respectively for the non-users and users. In both groups, the majority of them were living on the streets for about 1-2 years.

In the EIs and KIIs, it was found that tobacco products were mostly used by the street adolescents, which include *beedi*, cigarettes, gutkha and Panparag, corroborating with the discussions generated via FGDs amongst both the groups of street adolescents (substance users and non-users). Interestingly, interviews with the experts, key informants and user-group further reported use of alcoholic beverages including arrack and cannabis but the non-user group failed to do so. In addition, the EIs and KIIs reported the use of various types of inhalants, eraser fluid (N=38) being the most common. This observation was validated by the FGD user-group. This group also reported that in India the bottled form of correction fluid was banned by the government. Hence, the users have shifted from thicker to thinner paints. The non-users were not aware of any other substances. The following narrations from the respondents further support the substances used by street adolescents:

The Government has banned the bottle form of whitener. It is not available in the shops. We have shifted to paint thinner and most of us enjoy doing this. But we have to pay

*more money for this. It is ok (Mr. A, user FGD-2).
These children use various forms of substances. It ranges
from alcohol, arrack, whitener, sleeping pills. I have
observed even they chew and swallow Zandubalm,
Colgate tooth paste and drink shampoos of all form. (Mr.
C, EI).*

RISK AND PROTECTIVE FACTORS

There are 74 risk factors and 59 protective factors identified. They are classified under various themes and sub-themes and presented through diagram below.

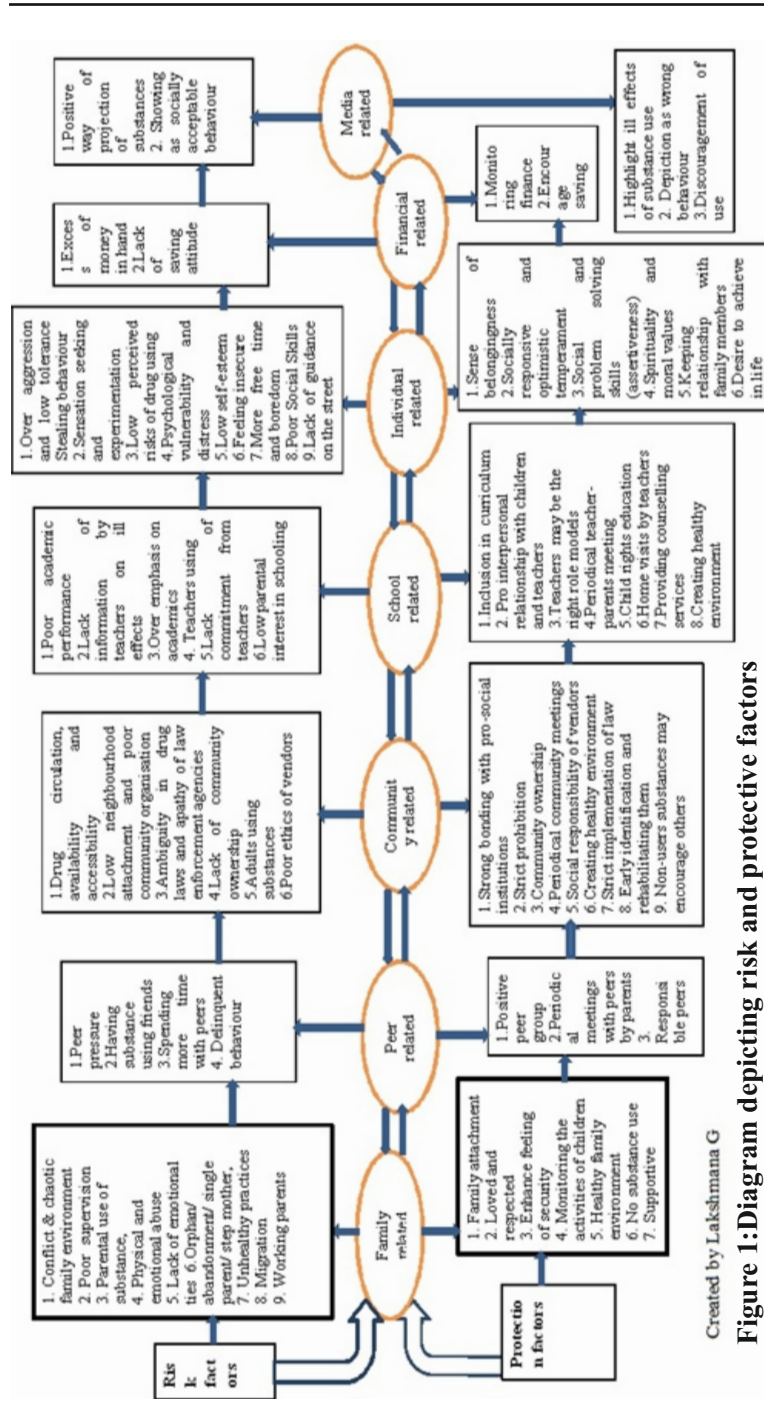


Figure 1: Diagram depicting risk and protective factors

RISK FACTORS

Theme: Family related risk factors

There were 24 factors under the family theme and these factors were grouped under nine sub-themes. The narrative below highlights the family level risk factors for substance use.

Some parents do not have any sense and do not think about the future of their children. They ask the child to get cigarettes, panparag, and alcohol. When children go to buy, they get curious about substances. When it continues, one day, out of curiosity they may start using them. Gradually, they fall into the habit of using substances. Generally, the children start with smoking and then gradually move to other substances-Mr. T, non-user FGD.

Theme: Peer related risk factors

There were four sub-themes in peer factors. They are peer pressure, having substance-using/ addicted friends, spending more time with peers, and friends engaged in delinquent behaviours. The respondents expressed their concerns in the following ways:

Nobody starts using substances at birth. I started to use beedi because my friend forced me. If they would have not forced, I would have not started. Sometimes I do not use, but whenever I meet my friends they take me for booze. We have one commonplace and I would like to use there- Mr. O, user FGD.

Theme: Community-related risk factors

There were 12 factors under the community theme and they were grouped under six sub-themes. The following narratives depict community-level risk factors for substance use.

Substances are available in most of the shops. Nowadays, it is available even at the grocery shops. The vendors think of making a profit instead of questioning children that why are they frequently buying. One more thing is that they know why children are buying but they are not worried about this, because they are not their children. As long as they make a profit that's enough for them. (Long pause) I also observed that our laws are not up to the mark and the majority of the officials are not worried about these issues. They are working for the sake of the work, not with a full heart- Mr. J, EI.

Who bothers about street children sir? Even when we are not keeping well nobody bothers. Sometimes people only hit us. I have been staying on the streets for about two years. None of the community people asked me why I am here? They scold us for small mistakes we make (Deep breath). Even police officers use us for shifting the unknown dead bodies but they are never bothered about us-Mr. I, Non-user FGD.

Theme: School related risk factors

Under this theme, there were 12 factors and all of them were grouped under six sub-themes. The following statements depict the risk factors.

School is like a temple. You can see only good things. When I was going to school, I was enjoying it. I never saw school teaching bad things (pause). I could say that if teachers are using then children may feel like to use. We should restrict teachers from smoking on the school premises-Mr. K, FGD II.

If the child is poor in academics then the child wants some kind of relief. Generally, they make bad friends and start bunking the classes. If parents are not attending to the child and school is worried only about the results it adds to the burden of the child. These things may force the child to look for alternative pleasurable activities-Mr. KI.

Theme: Individual risk factors

Interviews with experts, key informants, and FGDs revealed that 16 risk factors were identified under individual risk factors and grouped them under ten sub-themes. The narratives reinforcing the individual-level risk factors for substance use are as follows:

I know that the use of substances damages my body. Hence, I do not want to use them. Some of my friends who use say that if they use it they feel like that they are in heaven-Mr. T, Non-user FGD.

Theme: Financial factors

Financial factors also act as risk factors. Excess of money in hand and lack of saving attitude increases the likelihood of substance

use. The following statement depicts this.

My father passed away when I was eight years old and my mother married another person. They are not worried about me. Now nobody is there to take care of me. I earn a lot of money by selling things here. I do not know how to spend money. Whenever I have money, I go to movies and use a whitener with my friends. Sorry, nowadays I use a paint thinner. It gives me happiness. Sometimes I get beatings from community people or street youths. By using these substances, I feel relaxed-Mr. T, user, FGD.

Theme: Media related risk factors

Media plays a vital role in one's life and influences the way one thinks. It is clear that a positive way of projection of substances is influencing street adolescents.

Media play a vital role in initiating substances. In the films, you will see all heroes' smoke whenever they are in trouble. The youth perceive that smoking is acceptable. Whenever they get an opportunity, they also would like to try it-Mr.S, KI.

PROTECTIVE FACTORS

Theme: Family related protective factors

There were 16 factors under family protective factors and these were grouped under seven sub-themes and depicted in the figure.

Theme: Peer related protective factors

Under this theme, there were six factors grouped under three sub-themes. In both user and non-user FGDs, positive peer group was reported as a protective factor, whereas, periodical meetings with peers by parents and responsible peers were not reported. The following narrative epitomises the above themes.

We have a group of friends who do not use any kind of substances. We discuss about our counterparts who have used substances and have had many problems. We do not go with users at all. We discuss about our money, savings, problems faced on the streets-Mr. D, Non-user FGD.

Theme: Community-related protective factors

Analysis unveiled 10 factors under the community theme, which were further sub-divided under seven sub-themes and presented in the figure. The narrative below further buttresses the above themes.

Nobody will tell us anything. They are not bothered about us. If they ask also we say even our parents do not ask who are you? Hence, many of them do not ask us-FGD, user group.

Theme: School related protective factors

Under the school related protective factors, the research unfolded 16 factors grouped under 8 sub-themes. They are: psycho-education on ill effects of substance use, moral education in the curriculum, good interpersonal relationship with children and teachers; teachers should be the right role models, periodical teacher-parents meeting, child rights education, home visits by teachers, providing counselling services, and creating a healthy environment in the school. The following narrative reveals school-related protective factors.

Teachers do not have the habit of visiting the troubled children's houses. If they visit some of the children's' houses, they will come to know about the reality that is, home environment, parental support, neighbourhood, etc. This also makes other children think many times before they commit mistakes-Mr. O, KII.

Theme: Individual factors

The research found eight individual factors grouped under six sub-themes, which are— a sense of belongingness, socially responsive and optimistic temperament, social and problem-solving skills (assertiveness), religiosity and moral values, keeping a relationship with family members, and a desire to achieve something in life. The following narrative throws light on these:-

After my father passed away, I came here to get some work and help my mother financially. Once a week I visit her at my village and give her whatever I have earned. My mother wants me to stay with her. But if I stay there I will not get a job. Hence, I am working here. Though initially, a few old boys forced me to use Gutkha, I

strongly refused. After some time, they stopped calling me. Now many of them do not talk to me. I am not worried about that. I want to earn well, overcome my problems, and want to marry and start normal life-Mr. A. FGD non-user group.

Theme: Identifying new children as soon as possible and rehabilitation

Identifying new children who come to the streets as soon as possible and rehabilitating them with either the family or Non-Governmental organisations would work as best protective factors as reported by KIIs and EIs. As one KII commented:

We need to develop a strong mechanism— that as soon as we find new children on the street, we should take them for rehabilitation. Once they get used to the street life, it will be difficult to rehabilitate them. I feel this is the best way to prevent them from using substances and rehabilitate these children-Mr. E, KII.

Theme: Adolescents who do not use substances may encourage others

Older children and adults on the street, who do not use substances, should encourage others not to use them. This would also work as a protective factor as reported by KIIs and EIs.

The following narrative from a key informant reinforces this:

We can see quite a good number of children who do not use any substances on the street. We need to train them and encourage them to motivate other street children not to use substances-Mr. K, EI.

Theme: Financial factors

Monitoring finance and encouraging a saving attitude will increase the likelihood of not going for substance use.

Discussion

The research reported tobacco products, alcohol beverages, and inhalants as forms of substance used by street adolescents. The use of arrack was reported by all the groups except for the non-user FGD group. It is observed that users are better aware of various

types of substances when compared to non-users. One observation was that non-users reported only Erezex fluid and paint thinner as inhalants, whereas, they did not know other substances used by their counterparts. This indicates that users would try to know more about substances than the non-users. The risk factors contribute to the initiation and progress of substance use. At the same time, the research narratives substantiate that protective factors prevent a person from using substances. The family factors emphasise the importance of healthy family interactions, parental supervision, attachment with children and not using the substances. It also highlights that children should not be used for procuring substances for adults in the family. These findings corroborate with the earlier research findings that a healthy family environment acts as protective factors, whereas, defective family environment acts as risk factors (Kidd & Shahar, 2008; Jaffee, Caspi, Moffitt, Polo-Tomás, & Taylor, 2007; Seth et al., 2005).

Peer pressure was the major risk factor for substance use reported in all the groups. Spending more time with bad peers was reported as a key risk factor. In the protective factors, it was reported that positive peer groups, parental meetings, and responsible peers work as protective factors. The adolescents who did not use substances highlighted the importance of having an optimistic peer group. These observations bear resonance with the finding as reported by Seth et al. (2005) that peer pressure, stress, lack of parental supervision are the major determinants for the initiation of substance abuse amongst adolescents. Hence, they call for socio-cultural aspects, attitudinal response, parental support as strategies for the prevention of substance use.

Urban communities are adopting more individualistic values through which care and protection of children and adolescents are being ignored. Community risk factors describe the apathy of the modern community towards key issues such as— substance use, poor ethics, lack of community responsibility, and others. Community organisations, pro-social organisations, law enforcement agencies, and other formal institutions need to work

actively. Educating the community on emerging issues such as— drug use by adolescents, services available to children in general, and street adolescents in specific help in providing better services and preventing major problems among children. The free availability and movement of the substances in the community amongst children is a worrying factor and this will disturb the social fabric at large. There is a need to enforce the available laws effectively.

School risk factors show that education should not be merely information providing, instead, it should adopt a holistic approach. The school authorities should enforce the ban of substances within the premises and also educate the teachers not to use substances within the school premises as it badly influences children. Previous studies have mentioned about the need of a conducive environment at school (Merrill, Njord, Njord, Read, & Pachano, 2010; Njord, Merrill, Njord, Lindsay, & Pachano, 2010; Mathur, Rathore, & Mathur, 2009; Kadden & Cooney, 2005; Seth et al., 2005; Rhodes & Jason, 1988). One important thing, which emerged in this current study, was creating a healthy environment, and home visits by teachers would make a lot of difference and work as a protective factor. If the teachers create an environment where children feel secured and could discuss all the things, this would lead to open discussion amongst teachers and students, which in turn would help the students to discuss their doubts and problems. Home visits by teachers would bring strong bondage between teachers, students, and parents. They would get a more positive response from them. Having trained school/college counsellors would also be beneficial.

Along with all other factors, individual factors also contribute towards the initiation or protection from substances. Studies report that the individuals who have less coping and resilience are vulnerable to all kinds of disruptive behaviours (Hopkins, Zubrick, & Taylor, 2014; Jaffee et al., 2007). Hence, if an individual has more risk factors, the chances of using substances are extremely high. The present study clearly reported as to how an individual

perceived drug/substance initiation. The research has also reported that if an individual has high resilience, then the chances of going for substance use vis-à-vis risky behaviors are less. The intervention with these children should focus on building self-esteem, moral values, and importantly, if possible, reintegrating them with their families. As qualitative quotes emphasize the importance of family and self-esteem, service providers need to work on this. Even establishing good working relationships with this population will make a lot of difference.

Studies also highlight that the societal structure is changing from overall society to individualistic and media is influencing a lot in terms of attitude, practices, relationships, etc. (Lakshmana et al., 2013; Mathur, 2009; Seth et al., 2005). This research highlights the growing influence of media on the younger generation and the need to use the time effectively. Through different modes of media, the information flows very fast and makes an impact on the younger generation. As one respondent reported, *“If I am upset, I would like to use alcohol like one movie hero.”* This shows how they are influenced by the media. Hence, accountability lies with the media too. There is a need to identify new children as soon as possible and rehabilitate them. This always works as a protective factor. The organisations and NGOs can formulate their own strategies to tackle this problem. One such strategy is to train elders and adults on the street who do not use substances and encourage others not to use it.

The findings and discussion indicate that risk factors push the individual to use substances and protective factors prevent the use and increase the likelihood of substance-free life. Based on the above findings and discussion, an interaction of risk and protective factors is shown through the flow diagram (1).

Conclusion

Substance use and misuse are increasing among adolescents. Although the problem had existed in the past too, the society then had its own system to take care of the abandoned, single parent,

destitute, and others. However, due to the changes in the structure of the current societal system including changes in the familial values and occupational structures, less care is been given to street adolescents in India. The community as it stands now is not yet prepared to take care of the addicted street adolescents. Besides, they also do not have any control over the use of substances. There is a need to strengthen protective factors. Early identification of risk factors will help to strengthen the protective factors. The study highlighted the need for early identifying of risk factors, need to enhance protective factors in various dimensions in the lives of the children in general, and street children in particular.

REFERENCES

Alta Jaffee SR, Caspi A, Moffitt TE, Polo-Tomás M, and Taylor nis P and Goddard J (2004). Street children in contemporary Greece. *Children & Society* 18(4), 299-311.

Bal B, Mitra R, Mallick AH, Chakraborti S, and Sarkar K (2010). Nontobacco substance use, sexual abuse, HIV, and sexually transmitted infection among street children in Kolkata, India. *Substance Use & Misuse* 45(10), 1668-1682.

Brands B, Leslie K, Catz-Biro L, and Li S (2005). Heroin use and barriers to treatment in street-involved youth. *Addiction Research and Theory* 13(5), 477-487.

Brink B (2001). Working with street children: reintegration through education. *Support for Learning* 16(2), 79-86.

Cresswell JW (2013). *Qualitative inquiry and research design: Choosing among five approaches* (3rd edition ed.). Sage publications Inc., 4-5.

Fraser, M., & Jenson, J. M. (2008). A risk and resilience framework for a child, youth, and family policy. URL: http://www.sagepub.com/upmdata/5975_Chapter_1_Jenson_Fraser_I_Proof.pdf.

Fraser MW, and Terzian MA (2005). Risk and resilience in child development: Practice principles and strategies. In Mallon GP and McCartt Hess P (eds.) *Handbook of children, youth, and family services: Practice, policies, and programs*. New York: Columbia University Press, pp.55-71.

Government of India. (2015). *The Juvenile Justice (Care and protection of children) Act, 2015 (Act No. 2 of 2016)*. Retrieved from <http://uphome.gov.in/writereaddata/Portal/Images/j-j-act.PDF>

Hopkins KD, Zubrick SR, and Taylor CL (2014). Resilience amongst Australian aboriginal youth: an ecological analysis of factors associated with psychosocial functioning in high and low family risk contexts. *PLoS One*, 9(7), e102820. doi: 10.1371/journal.pone.0102820

Jaffee SR, Caspi A, Moffitt TE, Polo-Tomás M, and Taylor A (2007) Individual, family, and neighborhood factors distinguish resilient from non-resilient maltreated children: a cumulative stressors model. *Child abuse & neglect* 31(3), 231-253.

Kadden RM, and Cooney NL (2005). Treating alcohol problems. In Marlatt GA and Donovan DM (eds.), *Relapse prevention: Maintenance strategies in the treatment of addiction behaviors*. The Guilford Press. 65-91.

Kidd S, and Shahar G (2008). Resilience in homeless youth: the key role of self-esteem. *American Journal of Orthopsychiatry* 78(2), 163-172.

Lakshmana G, Dhanasekara P, Prabhat CP, and Marimuttu T (2013). Street children with substance abuse: Enhancement of motivation and relapse prevention strategies. *Indian Journal of Social Work* 74(1), 131-150.

Lakshmana, G. (2016). Efficacy of Combination of Motivational Interviewing and Cognitive Behavior Intervention with Substance Abuse Street Adolescents in India: A Randomized Control Study. *Journal of Social Work Practice in the Addictions, 16:4*, 337-357, DOI: 10.1080/1533256X.2016.1235414.

Mathur, M. (2009). Socialization of street children in India: A socio-economic profile. *Psychology and Developing Societies 21(2)*, 299-325.

Mathur M, Rathore P, and Mathur M (2009). Incidence, type and intensity of abuse in street children in India. *Child abuse & neglect 33(12)*, 907-913.

Merrill RM, Njord L, Njord R, Read C, and Pachano JDR (2010). The effect of family influence on indicators associated with street life among Filipino street children. *Vulnerable Children and Youth Studies 5(2)*, 142-150.

Meyer A, Madu SN, and Mako MJ (2002). Self esteem and emotional stability of street children in some townships in South Africa. *Irish Journal of Psychology 23(1-2)*, 109-119.

Njord L, Merrill RM, Njord R, Lindsay R and Pachano JDR (2010). Drug use among street children and non-street children in the Philippines. *Asia-Pacific Journal of Public Health 22(2)*, 203-211.

Pandian, R. D., & Lakshmana, G. (2017). Risk and resilience factors for substance use among street adolescents: Assessment and development of an integrative model. *Asian Social Work and Policy Review, 11(3)*, 216-233.

Rhodes J and Jason L (1988). *Preventing Substance Abuse Among young children and adolescents*. Pergamon Press. 101-105.

Seth R, Kotwal A and Ganguly KK (2005). Street and working children of Delhi, India, misusing toluene: An ethnographic exploration. *Substance Use and Misuse* 40(11), 1659-1679.

Stewart DW, Shamdasani PN and Rook DW (2007) *Focus Groups – Theory and Practice* (2nd edition). Sage Publications. 30-34.

**MORBIDITY PATTERNS AND HEALTH SEEKING
BEHAVIOUR AMONG SLUM DWELLERS OF RAIPUR
CITY, CHHATTISGARH, INDIA**

Hemanta Mishra¹, Ratnawali² and R K Choudhury³

Abstract: *The paper examines the morbidity patterns and health-related practices of the selected slum community living in Raipur city. This is a cross-sectional explorative research using cluster-based random sampling. The sample size was calculated to be 422 by applying the formulae $n=1.96^2 * pq / (d^2) * (1-NR)$. Bivariate analysis shows that 64.2% of the respondents were suffering from general illness followed by tuberculosis, hypertension, and accidental injuries. The community preferred government and private clinics and local paramedical practitioners for seeking treatment, primarily to avoid wage loss and due to the good behaviour of health care service providers, and good quality and free services in the healthcare facilities. There was a significant association between disease and distance from the health facility. Hence the government must facilitate good quality local health facilities and also develop the capacity of healthcare providers.*

Keywords: *Communicable, Non-communicable, Health-seeking Behaviour, Morbidity, Satisfaction.*

Introduction

The increasing population in urban areas of the world has become a challenge for countries in terms of providing public health services and strengthening the health system. Migration to urban or semi-urban areas in search of a better life is a major reason behind this urban concentration of population, resulting in a marked lack of hygiene. UN Habitat highlighted that urban demography is changing swiftly in third world countries

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(<https://sustainabledevelopment.un.org>). It has almost doubled in the last two decades (<https://ourworldindata.org/world-population-growth>). The United Nations projected that for the first time, half of the world's residents were staying in towns or cities, and this number may increase from 3.3 billion to five billion by 2030 (Yadav, Nikhil & Pandav, 2011). These figures are also supported by the World Health Organization which envisaged that around 55% of the world's population is living in urban areas and is expected to increase to 68% by the end of 2050 (WHO, 2020). In India, according to Census 2011, about 65 million people are living in urban slums (Jha and Tripathy, 2015). India's urban population is increasing very rapidly, doubling from 1961 to 2001. India's total population has increased two times whereas the urban population has increased three times, mega cities' population by four times and slum population by five times (Chatterjee, 2002). These slums are clogged, contaminated, unhealthy, deprived of basic services, and act as key reasons in the increase of communicable and non-communicable diseases among residents. Although respective state governments are trying their best to provide them basic health services by creating infrastructure and providing human resources such as health care professionals, the challenge for accessibility to health facilities remains unsolved till today. The NSSO 52nd round report, 1998 on morbidity and treatment of ailments reported that a very minute difference existed between rural and urban India. However, the study reported gender differences in urban areas, and the number of acute diseases was three times that of chronic ailments (mospi.nic.in/Report_584_final_0.pdf). It is also reported in the 60th and 71st round of NSSO. Evidence shows that senior citizens belonging to lower socio-economic status were less likely to seek treatment for infectious and chronic diseases whereas old persons living alone and economically independent were less likely to go for treatment (Srivastava and Gill, 2020).

Chhattisgarh is one of the eight Economically Empowered Group's (EAG) priority states and reported poor health indicators as per NFHS 3 (2015-16) data. To control the morbidity and

facilitate easy access to health facilities, the state of Chhattisgarh under the National Urban Health Mission (NUHM) has constructed urban health centers known as Swasthya Suvidha Kendras (SSKs). These are located near the slums so the poor receive basic health services in time. Additionally, community-level service providers called “Mitani” were also recruited along with establishing Mahila Arogya Samitis (MASs), a volunteer-based community group to generate demand about health services.

Morbidity and Health Seeking Behaviour among Slum Dwellers

India constitutes 18 percent of the world's population. Data also revealed that the population of some Indian states is equivalent to that of large countries. However, lack of information on disease burden acts as a barrier to strengthening the health system of these states. Due to the paucity of literature on morbidity and health-seeking practices among slum dwellers in Raipur as well as in Chhattisgarh state, the health system has not been effective so far. In this context, Naushad's 2016 study revealed that morbidity was linked to progression of age and prevailed among females as well as slum dwellers. The study also highlights the greater utilization of private health care facilities as compared to government ones (Naushad et al, 2016). In another study conducted in Bhilai and Durg, the author reported that blood pressure and diabetes were more prevalent in the slums. Besides, unsafe drinking water and poor sanitation were found to be associated with diseases like diarrhoea, typhoid, hepatitis, leprosy, and filariasis. In the slums of these two cities, people were more dependent on the public health care facilities (Waghela *et. al.*, 2018). Comparing the above two and other previous research, it was revealed that accessibility of the health facilities depended mainly on cost, hospital infrastructure, and distance. It was also observed that the patients preferred the health facilities which are fully equipped, have well behaved doctors, and quality care (Sodani *et al*, 2010). Further, research conducted in rural Gujarat concludes that poor people incurred more expenditure on health as compared to other heads (Ratnawali, 2012). Keeping this rationale in mind, the authors felt

it was important to study the health-seeking behavior of slum dwellers.

Raipur, the capital of Chhattisgarh is placed sixth among the top 10 cities for proportion of total slum to urban population. It has 282 slums and around 60 percent of the slum population of the state (Raipur Municipal Corporation, 2018). The nature of these notified slums is very different regarding health-seeking behaviour and this needs to be identified so that policymakers can design better health services.

Methodology

Morbidity can be defined as different infections seen in a population with respect to a reference period and health-seeking behaviour means the approach of any individual or group to seek treatment from any health facility. According to WHO's Non-Communicable Diseases report, 29 percent of the non-communicable disease deaths happened to persons aged below 60 years and it is 13 percent higher than high-income countries (WHO, 2019). Therefore, morbidity data is crucial for managing the health care system and planning and evaluating health service delivery. Thus the current study attempts to examine the morbidity pattern and health-related practices of the selected slum community living in Raipur city. The slum population of the city has increased tremendously in the last decade. Besides, the state was the first in the country to launch National Urban Health Mission (NUHM) in its cities and framed a slum-centric urban health center i.e., Swasthya Suvidha Kendra. Hence, this paper also aims to understand whether these urban centers help the poor get treatment in time. Primary cross-sectional research encompassing explorative design was administered in four selected slums of Raipur city from June to August 2019. As Raipur has the maximum slum proportion in the state, the study was conducted in the slums of Raipur city. These slums were selected based on their distance from the public health facility and one slum from each direction was included, i.e. North, South, East, and West. To get the sample size, the prevalence of accessibility to

health facilities among the population was considered to be 50.0 percent. The formula used to calculate the sample size was $n=1.96^2 * pq / (d^2) * (1-NR)$. Hence, altogether 427 samples were considered for collecting the data from four slums named Changora Bhata, Sakti Nagar, Purena, and Mahaymaya Para. Five households were not included in the analysis due to incomplete interviews obtained from the field. To select the slums, a list of slums was collected from the City Program Management Unit (CPMU) of NUHM and artificial clusters were formed with 150-200 households. From each slum, one cluster was selected randomly where survey tools were executed. Following this, households were selected by random sampling. To collect the data, a pre-designed and pre-tested schedule was used and information was gathered through a household survey. One randomly selected adult resident from each household was informed regarding the aim of the study and the persons willing to enroll as respondents were interviewed. Before this, written informed consent was taken from each household during data collection.

The variables used in the study to understand the morbidity pattern were views of respondents who were diagnosed with any disease in the six months before the survey. To understand the health-seeking behaviour of the community, health facility preference for self and family along with satisfaction and dissatisfaction were probed. The satisfaction and dissatisfaction were asked directly to the respondents and were categorized binomially. The data were entered in SPSS version 21.0 and bivariate analysis was carried out.

Key Findings

Socio-Economic Profile

Three fifth (59.2%) of the study participants were aged between 30 to 50 years and 38.2 percent were less than 30 years old. The male and female distribution was found to be 29.1 and 70.9 percent respectively and among them, 84.6 percent were currently married. 32 percent of the respondents were illiterate and 24.2 percent had primary education. Most of the respondents lived in a

nuclear family (57.1 %) and were Hindus (96.4 %). 39.1 % were from Other Backward Castes. More than half i.e. 56.6 percent respondents had their residence in the vicinity to a government health center whereas 43.4 percent did not. Around 61.4 percent were working and among them, the same percentage of the population were in the private sector. 54.5 percent of the respondents had piped water and 20.9 percent depended on hand pumps for drinking water.

Morbidity Patterns

For general, communicable and non-communicable diseases, health-seeking behaviour is based on the quality of life parameters of the household. In the current study, the result revealed that of the total sample of 422 households, 64.2 percent household members had suffered from some disease in the last six months. 33.6 percent of the respondents were affected by general illnesses like fever, cough and headache; 14.8 percent from tuberculosis and 13.3 percent from hypertension. Only 5.2 percent households had diabetes patients. The rest of the disease pattern percentage was minimal. 24% suffered from other illnesses such as jaundice and eye infection/pain.

General illness (37.7 %) was seen more in the slums from where health facilities were distant, including for other diseases like tuberculosis (21.7 %), accidental injury (7.5 %), measles (0.9 %), whooping cough (0.9 %), malaria (0.9 %), typhoid (0.9 %) and other diseases (15.1 %). However, non-communicable diseases like hypertension (15.8 %) and diabetes (6.1 %) diseases were reported more in the slums which were close to health facilities. The association between diseases and the location of the slums from the health facility for curative care behaviour was reported to be statistically significant with the chi-square value is $\chi^2 = 22.277$ ($p = .022$). However, the reasons need to be researched.

Health Seeking Behaviour

Preference of health facility at first was decided by the sufferer mostly if he or she is an adult and based on his or her social

relationship and annual income of the household. 35.8 % respondents preferred private clinics followed by 21.4 % who preferred public health care. Very few respondents availed the services from the urban health center which was usually located at the slum level under the NUHM program, a government of India initiative to reduce disease burden. Collectively, 44.7 percent respondents were dependent on government health facilities and the rest on the private sector. This highlights that slum dwellers preferred private sector health facilities for curative care.

Reasons for Satisfaction and Dissatisfaction

86.3 percent respondents were satisfied with the services available at the health facility they availed for the first time after identification/diagnosis of disease, government or private, and also which they availed in different situations such as normal and emergency treatment. 19.2 percent of the respondents were satisfied with the quality of service, 25.2 percent because the health facilities were near their homes. 19.2percent also acknowledged the availability of good specialist doctors. 6.0 and 5.6 percent respondents were satisfied because the diagnostic tests were conducted at the facility and services were free respectively. Thus whenever a person suffers from an illness, the satisfaction level is influenced by the type of test conducted and whether it is free or not. Good behaviour of the staff and availability of test results on time also influence the decision-making process of the individuals regarding which facility they want to avail.

Due to the different categorizations of health facilities in the present study, it is difficult to understand the extent of satisfaction. Hence, in analysis, all the health facilities are categorized into three types: government, private and home facilities. Among the dissatisfied participants, 86.5 percent of the participants who availed government health facilities were dissatisfied as compared to 10.8 % of the participants who availed private ones. Similarly, among the satisfied participants, government facility users also reported more satisfaction as compared to those who availed private health facilities. This difference is found to be significant at

$\chi^2=13.864$ ($p=.001$).

Though only 13.7% respondents were dissatisfied with the available services at the health facility, the reasons were diverse in nature and focused on improving the health system in urban areas. The reasons for dissatisfaction were long queues in the OPD and registration counter and unavailability of drugs (29.7 %); doctors prescribing the required medicine to be procured from the market (13.5%); poor quality of staff (2.7 %); time taken to get reports and suggestion to conduct test outside the health facility (5.4 %). These gaps are already identified by different researchers. However, in context of the present study, Swasthya Suvidha Kendras had been operationalized in the slums to reduce morbidity and mortality. These centers are supposed to be equipped with essential drugs and have health workers present round the clock. But the lack of residential facilities in these centers and the posting of staff at the local level make these urban centers ineffective.

Discussion

The present study shows that 33.6 % of participants were suffering from general illnesses followed by tuberculosis (14.8 %), hypertension (13.3 %), accidental injury (5.5 %), and diabetes (5.2 %). The rest of the disease percentage was low. Many other illnesses such as headache, jaundice, and eye pain were reported by one fourth of the respondents (24%). A report on the Chhattisgarh profile of disease burden (1990-2016) reflected that non-communicable disease burden in the state is around 50.4 % followed by 11.9 % from injuries. Communicable, maternal, neonatal, and nutritional diseases (CMMND) for the state was 37.7 % (ICMR, 2017). The report stated that in Chhattisgarh, ischaemic heart disease was the highest numbered non-communicable disease at 6.1 % followed by chronic obstructive pulmonary disease (COPD), sense organ diseases, lower back pain, diabetes, and migraine at 2-3% each. In communicable diseases, diarrhoea led with 5.7% followed by low respiratory disease, preterm birth complications, tuberculosis, iron deficiency, and other neonatal disorders, all between 3-5% each.

Non-communicable diseases at 50 % were higher than the state average, similar to Waghela's 2018 study where hypertension and diabetes were more prevalent and where for seeking treatment pertaining to chronic and communicable illness, and maternal and child health (MCH), the respondents preferred government health care facilities. Hence, public health facilities need to widen their range of services for primary health care facilities so that the community can access the facility more easily for both communicable and non-communicable diseases (Waghela *et al*, 2018).

Health-seeking practices depend on the quality of services available in a facility and the social support system. In the current study, ten key reasons are identified for satisfaction as well as dissatisfaction of the respondents when approaching a health facility. It was seen that long queues in the OPD and registration (Marimuthu *et al*, 2016) and unavailability of drugs were the key reasons behind this study's respondents' dissatisfaction. Slum dwellers seek good treatment to avoid time off work. Besides, spending money to purchase drugs, conducting the test outside, and getting reports were also unacceptable to slum dwellers (Watch, 2010). This may be one of the reasons why slum dwellers prefer private services but this practice has been reported to have a negative impact on health (Jahan *et al*, 2016, Kanungo, *et al*, 2015).

Similarly, to be satisfied with the health facility, reasons like distance from home, good specialist doctors, and quality of care were quoted by the respondents in the current study. Studies conducted among slum dwellers of various cities and countries like Karad, Maharashtra (Velhal and Durgawale, 2015), Ethiopia (Mebratie, 2014), Agra (Jain *et al*, 2006), and Hyderabad (Thomas *et al*, 2012) also reflect that slum dwellers were more dependent on local private practitioners and tertiary care facilities in big cities.

Thus, our health system should be client-driven and provide quality service not just to generate demand but also to reduce the

load on tertiary facilities.

Conclusion

The majority of respondents were aware of the distance of the government health facility from their home and they approached private health facilities and paramedical staff for treatment irrespective of their low socio-economic profile. The community was aware of and preferred the local health care facilities, though many services were free in the government facilities. The state of Chhattisgarh had initiated an urban health center as an innovation in 2013 to reduce the morbidity of slums but due to lack of facilities in those centres, slum dwellers approach private facilities and practitioners. The government needs to better equip these primary health care facilities and provide better quality services along with testing and availability of drugs and specialized health care providers. Besides, awareness must be created among the slum dwellers for generating demand for treatment of different types of ailments as currently, the drugs for ailments such as hypertension, diabetes and serious injuries are available only in the urban primary health centers. This will prevent slum dwellers from incurring wage loss and reduce morbidity patterns among them.

REFERENCES

Chatterjee, G. (2002). Consensus versus Confrontation. *Habitat Debate*, 8(2), 11.

ICMR, (2017): India: Health of the Nation's States the India State-level Disease Burden Initiative, Indian Council of Medical Research, pg 4-5.

Jahan, N. A., Howlader, S. R., Sultana, N., Ishaq, F., Sikder, M. Z. H., & Rahman, T. (2016). Health care seeking behaviour of slum-dwellers in Dhaka City. Dhaka: Institute of Health Economics, University of Dhaka, pg 23-24

Jain, M., Nandan, D., & Misra, S. K. (2006). Qualitative assessment of health seeking behaviour and perceptions regarding quality of health care services among rural community of district Agra. *India Journal of Community Medicine*, 2(5) March 2006, pg 43-44.

Kanungo, S., Bhowmik, K., Mahapatra, T., Mahapatra, S., Bhadra, U. K., & Sarkar, K. (2015). Perceived morbidity, healthcare-seeking behaviour and their determinants in a poor-resource setting: observation from India. *India Journal of Community Medicine*, 1(2) March 2015, pg 23-24.

Marimuthu, P., Rao, G. N., Sharma, M. K., & Pandian, R. D. (2016). Perceptions on public health facilities by slum dwellers in the Metropolitan Cities of India. *Health*, 8(1), 93-97.

Mebratie, A. D., Van de Poel, E., Yilma, Z., Abebaw, D., Alemu, G., & Bedi, A. S. (2014). (14 April 2020) Healthcare-seeking behaviour in rural Ethiopia: evidence from clinical vignettes. <http://bmjopen.bmj.com/content/4/2/e004020.full>

National Statistical Office, 2019. (14 April, 2020) Drinking Water, Sanitation, Hygiene and Housing Condition in India mospi.nic.in/Report_584_final_0.pdf

Naushad, M. D., Bhawnani, D., Verma, N., Jain, M., Anand, T., & Umate, L. V. (2016). Morbidity pattern and health seeking behaviour in elderly population of Raipur City, Chhattisgarh, India. *Indian Journal of Community Health*, 28(3), pg 12-14.

Raipur Municipal Corporation, 2018. Budget Expenditure (14 April 2020) nagarnigamraipur.nic.in/reports

Ratnawali, (2012). Morbidity and Expenditure on Health by Rural Population in Gujarat. *Journal of Health Management*, 14(3), pg 341-354.

Sodani, P. R., Kumar, R. K., Srivastava, J., & Sharma, L. (2010). Measuring patient satisfaction: A case study to improve the quality of care at public health facilities. *Indian journal of community medicine*, 35(1), 52.

Srivastava, S., & Gill, A. (2020). Untreated morbidity and treatment-seeking behaviour among the elderly in India: Analysis based on National Sample Survey 2004 and 2014. *Population health*, 21(1), 12.

Thomas, V., & Lavanya, K. M. (2012). Morbidity Profile and Health Seeking Behaviour of the Elderly in Urban Slums of Hyderabad, Andhra Pradesh, India - A Cross Sectional Study. *International Journal of Current Research and Review*, 4(19), 174-180.

U. N. Habitat, (2006). (22 April, 2020) State of the World's Cities, 2006/7. <https://sustainabledevelopment.un.org>

Velhal, V. G., & Durgawale, P. M. Health Seeking Behaviour of Urban Slum Dwellers in Karad-A Town in Western Maharashtra. *Hospitals*, 206, 51-6, pg 21-24.

Waghela, K., Shah, N. N., & Saha, S. (2018). Morbidity pattern and role of community health workers in urban slums of Durg and Bhilai City of Chhattisgarh. *Indian journal of community medicine*, 43(3), 229.

Watch, D. (2010). Health problems of women living in slums: a situation analysis of three selected slums in Dhaka city.

WHO. (2019). (13 April 2020) Non-Communicable Disease Report (1st ed., pp. 9-11). <http://www.who.int>.

Yadav, K., Nikhil, S. V., & Pandav, C. S. (2011). Urbanization and health challenges: need to fast track launch of the national urban health mission. *Indian Journal of Community Medicine*, 36(1), 3.

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Barai-Jaitly, T. (2002). The health status of children in India: An overview. Seen but not heard: India's marginalised, neglected and vulnerable children, 43- 63 New Delhi: VHA

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

Suvarna, Y., Balakrishnan, G. & Talvelkar, K. (2007). The Search of Identity: Placing Universal Birth Registration (UBR) Within the Framework of Child Rights in India in 'Perspectives in Social Work', XXII: 3, 21-37

Singh, S. (2004). Metros perform badly in primary education. Times of India, Mumbai 25.03.2004.

Bikker, A. and Thompson AGH. (2006). Predicting and Comparing Patient Satisfaction in Four Different Modes of Health Care Across a Nation in Social Science and Medicine, 63(6), 1671-1683.

Sen, A. (2003). Closing the Gap – Access, Inclusion and Achievement. The-south-asian.com, November 2003 Retrieved 5th Jan 2009 from http://www.thecommonwealth.org/shared_spfiles/uploadedfiles/{F75B1FAA-F88C-43E7-A4B2-B75FEAF6CEF3}_Comm%20Sec20REPORT%2004_V8.pdf3.

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>"

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

Review System

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

Publication of articles

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

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Communication with reference to articles should be addressed to
The Assistant Editor

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GUIDELINES FOR BOOK REVIEWERS

Pre-requisites for a Book Review

The book under review should have been published in the **last two years** and should have direct relevance to the field of social work.

Expectations of a Book Review

The book review can include the following aspects.

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

A book review could also include:

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

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- 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

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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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