WORKING WITH FAMILIES
(DSW21)
(M.A. SOCIAL WORK)

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Lesson –1

Changing Indian Family - Retrospect and prospect

1.0. Objectives:

The objectives of this lesson are to explain changing Indian family-prospect and retrospect.

Contents:

1.1. Introduction:

Modernization, industrialization and the so-called progress seem to be shaking the very foundation of our family system. Stability and permanence of the family, sanctity of marriage, respect for old age, and sacrificial love have been important aspects of our culture. The rapid changes which take place are questioning the validity and wisdom of the above value systems. Personal autonomy and individual freedom are displacing the concept of dependence and obedience; marriage is losing its sanctity. Young people are questioning the wisdom of permanent relationship. In many cosmopolitan cities, defecto relationship (i.e men and women living as husband and wife) are given official recognition. Selfishness and self-centredness lead to break-up of marriages. The divorce rate is increasing. Parents do not have time to give children, especially when both of them work. Plenty of money and lack of parental care leads to delinquency in children. There is no time for family prayers, and religion has no place in family agenda. There is no mutual love and respect for family members. Family is no longer supportive to its members. Care of the disabled person was an obligation in the past.

1.2. Distinctive features of the family organisation:

The family is a group defined by a sex relationship sufficiently precise and enduring to provide for the procreation and upbringing of children. Family influences the whole life of society in innumerable ways. It is capable of endless variation and yet reveals a remarkable continuity and persistence through change. It has the following distinctive features.

1) **Universablity:**

It is universal of all social forms. It is found in all societies, at all stages of social development. It exists even among a myriad species of animal. Almost every human being is or has been a member of some family.

2) **Emotional Basis:**

It is based on impulses of our organic nature, those of mating, procreation, maternal devotion and parental care. It also provides for satisfaction of secondary emotions like romantic love, pride of race, affection of mates and economic security of a home.

3) **Formative influence:**

It is the earliest social environment for the child. It has got the formative influence in the lives of the individuals. It moulds the character of the individual and his mental habits. Family influence in infancy determines once for all the personality structure of the individual.

4) **Limited size:**

It is a group very limited in size. It is defined by biological conditions. It is the smallest in the scale of all social organisations that make up the social structure.

5) **Nuclear position in the social structure:**

It is the nucleus of other social organizations. The whole social structure is built of family units. The local community and social classes are unions of families.

6) **Responsibility of the members:**

The members toil for their families all their lives. The family leads men and women to perform the most exacting tasks and to undertake the heaviest responsibilities. The life of the family is deeply rooted in basic impulses. These basic impulses lead men into the increasing responsibilities of the family.

7) **Social regulation:**

Family is regulated both by social taboos and by legal regulations. The marriage contract is more strictly defined than other contracts. The partners are not free to decide its terms or to change them by mutual agreement. In each society, some form of marriage is insisted upon. In modern society, the consenting parties can freely enter the marriage, but even by mutual consent, they cannot leave or dissolve.

8) **Its permanent and temporary nature:**

The institution of family is permanent and universal. The family as an association is the most temporary and the most transitional of all organizations within society.

1.3. Changing Indian family – A retrospect:

The traditional Indian family is characterized by religion, caste and community socio-cultural changes combined with the dynamic nature of the family are responsible for the structural and functional modifications and alterations concerning family.

Kapadia (1970), Conklin (1974) Desai (1964), Gore (1968), shah (1973) and many other sociologists have contributed to our understanding of the changes in the Indian families by focusing on the structural and functional changes. The joint families are essentially patriarchal in nature. There is common ownership of property. Because of the multitudes of adults, there is need to allocate the task and power in decision-making. These allocations are mainly gender and age-based. The manusmrithi laid down that women are dependent on men through their lives. The same norms were applied in the perception and practice of marital roles.

The family in India is often understood as an ideal unit. It has remained united and stable over a long period of time. The belief is that industrialization is weakening this strong unit. Women's studies revealed that the family structure has always been problematic as it is built in the form of a hierarchy by gender. If the Indian family has been united and stable, it is because of the patriarchal norms of subordination of the female gender by the male gender and that of the younger generation by the older generation.

The term patriarch" suggests the inclusive power of the family's father. He presides over the religious rites of the house hold. He is guardian of the " family gods". In trtaditional china, the ancestors of the family are themselves the object of religious devotion under the ancient law of china, the women was subject to three successive obediences, first to her father and mother, next to her husband and last if a widow, to her son. In the developed patriarchal system, the head of the household is also a representative of the state. The political council is often composed of the fathers, the ' patres'. The power of the patriarch over his children, young or adult, was almost unlimited. In ancient Palestine, he could sell his daughter into servitude; in ancient Rome, the 'patria potestas' meant the power of life and death. There was complete social subordination for the position of the wife. She could not own property in her own right; she had no standing before the law over against her husband. Among the jews, the early romans and the Chinese, she could be divorced on certain grounds at the will of her husband. She had no reciprocal right.

Women seldom participated directly in public life and received no general education. At Athens the wife and daughters were secluded in the "women's apartments" and not expected to leave without husband's permission. In china, there was the ancient practice of binding the feet of women. This custom prevented the woman from leaving the household unaided.

1) **The decline of authoritarian mores:**
   The authoritarian mores of feudalism and religious conceptions were congenial to hierarchical unity of the patriarchate. The dynastic order penetrated down from the king to the householder. The family discipline purpose of marriage, subordinate place of women, glorification of chastity all worked in the direction of patriarchate. The decline of these authoritarian mores, undermined the cultural foundations of the feudal – patriarchal family. The family lost some of its Control over its members. The more democratic trends were detaching citizenship from family connections. The changing state curbed the domination of the paterfamilias over his wife and children. Courts have taken over the power of the head of the family. The right to vote has become an individual right. The religious functions of the family diminished. The idea that the family was of divine ordinance lost its meaning. Words with religious connotation to familial loyalty changed their meaning.

The choice of the marriage partners came to be less determined by the head of the family. The conception of individualized romantic love has become an important consideration in marriage.

2) The impact of economic and technological changes:

The cultural changes were associated with economic changes. The inventions which substituted the power machine for the manual tool had its impact on the economic functions of the family. The application of the new techniques stripped the family of its economic functions. It affected the whole character and social significance of the family. They took both the work and the workers out of the home. They drew ever larger number of women into workshops, factories and offices. They broke down the age-old doctrine-" man for the field and woman for the hearth". They gave wives and daughters some earning power. The family changed from a production to a consumption unit.

3) The continuance of the trend today:

The transference of women from domestic to " gainful" employment has advanced rapidly. The percentage of married women employed outside the home have steadily increased. Economic change has deeply affected the form and character of the family.

4) Changes in the central social function of the family:

The primary function of the family is the perpetuation of the race. This function includes the procreation of children. In the recent times, changes have occurred in this central activity of the family.

5) The role of outside agencies:

Various social organisations have been developed to aid the family in performing this principal function. These include the maternity hospital, the baby clinic the crèche, the kindergarten, pre-school agencies and " Baby sitters". Here there are two reasons for depending on outside agencies. The mothers who are employed outside the home cannot leave the children at home. The mothers can take advantage of modern hygiene, sanitation, preventive medicine and the techniques of child welfare and training.

6) The role of public aid:

Various systems of economic aid from public or private funds are utilised to fulfill the central function of the family. A plan for mothers' pensions was one of the earlier aids to the family in New Zealand, Denmark and Canada. In U.S.A the federal government devised a method of bringing assistance to dependent and needy children in 1935 after passage of the social security Act. Several European countries including France and Italy adopted family allowance programs. Sweden planned to increase the birth rate to guarantee each family housing, goods and services essential to its needs. All these policies seek to make family more capable of performing its function efficiently. The family in all societies is recognized as the necessary agency through which society itself perpetuated.

7) The decreasing rate of procreation:

The lessening of the fertility of marriage has significance for the future of the family. The birth rate has been falling in western countries since the 1870's. The birth rate is declining

in prosperous economic groups, highly educated, city dwellers, and in occupational groups in which many married women are ' gainfully employed'. The decline of birth rate and the decline of infant death rate has meant social economy. The decline of the two rates has diminished the waste and sacrifice of human life in family's task of perpetuating the race. The social economy means the liberation of the family, especially wives and mothers for other activities.

1.4. Changes in the structure of the family:

Changes have occurred in the form and structure of the family. Institutional alterations have influenced the marriage contract and the relations of the members to one another. The following interrelated changes are significant.

1) **Decreased control of marriage contract:**

The marriage contract is entered into by men and women more autonomously. People are less subject to parental control regarding marriage. The pressure is lightened especially for women. Women have attained a new legal status, and a new political status in which, there is less discrimination between them and men. Choice of mate by mate and mutual determination of the relationship that binds them have replaced the older external controls.

2) **Changing economic role of women:**

There is increasing degree of economic independence attained by women. In prosperous classes, they have become property owners, and in the general population, they are wage earners or professional workers. They are still far from possessing an equal economic status to that of men. Women are handicapped by sex disabilities in certain fields. Nevertheless the movement has been toward equality.

The economic independence of women has had significant results. Formerly the young woman has no alternatives beyond an early marriage, or dependence upon the parental home. Now she can earn her own living. The economic independence affects her whole attitude and gives her more power to choose when and whom she shall marry. There are relatively few women who regard an economic occupations as a permanent alternative to marriage. However, it will alter greatly a situation of economic helplessness.

3) **Decline of religious control:**

Marriage has become today a civil contract. In our times religion assumes a secondary importance. Religious rites are not necessary for the validity of marriage in the eyes of law. The modern civilization has given women a new position in society. The reduction of the functions of the family, the lightening of the tasks of the home, and the shortening of the period of child-bearing have transformed the family into a new kind of partnership and created new problems for the family of the present and of the future.

4) **Increasing Divorce:**

The freer or less authoritarian character of marriage is found in the increasing frequency of divorce. In recent decades, the question of divorce has become one of serious practical importance.

Frequency of divorce does not conform to the degree of industrial and urban growth; it presents a different problem of interpretation. There is the attitude that marriage is normally indissoluble, but that divorce is permissible on the suit of either partner when certain grave offences are committed by the other. There is the attitude that, with certain safeguards, marriage should be regarded like any other contractual partnership and should be terminable by mutual consent.

A sudden rise in divorce rates has taken place in the modern world wherever the entrance of women into the economic life has been associated with an abrupt break in old traditions. Puritanism insists that any infidelity is destructive of the marriage partnership.

Romantic love is modern development which was alien to the spirit of the patriarchal family. In America the romantic view of marriage has been taken more seriously than anywhere else. It helps to explain the prevalence of divorce. Individuals are striving to establish a marriage on the dubious single ground of romantic attachment. This factor has larger implications for family instability today.

1.5. Factors responsible for changes in the family:

1) Disruption of village sufficiency:
Before the industrial revolution, the family was virtually a self sufficient unit. But the situation changed since the industrial development in the country. The self-sufficiency of the village has been broken, and so the structure of the family has been greatly modified.

2) Change in standard of living:
With increase in wages and consequently increase in the wealth, there has been a change in the standard of living of the family. The emphasis now is placed more on material comfort than on anything else. Frustrations become acute if sufficient money is not available with the members of the family, either the husband or the wife.

3) Changing values and attitudes:
The new opportunities for education and employment of women and equal legal and political status of women are changing the traditional conceptions of the role and status of women in contemporary Indian society. Inspite of the added role as working woman and an economically independent person, household chores still remain her responsibility. Women do not receive husband's assistance in carrying out these household duties.

4) Conservative thinking of husband:
In a large number of middle and upper class families, women are dependent upon their husbands for their maintenance. Men are usually conservative in their attitude towards employment of married women and do not want their wives to work outside the home. This is the basic conflict, which provides the source for much family instability.

5) Poverty and consequent neglect of children:
The working mothers due to low family income cannot take care of the young children. In the absence of parental love and affection many of these children become delinquents. Others suffer from the emotional deprivations. Often these children believe that they have been abandoned and betrayed by their parents. Neglected and unsupervised children of the economically underprivileged class are an evidence of ineffective family life.

6) New expectations:

New role expectations arise with a change in social setup. Many present expectations reflect a past society. The roles of husband and wife are fixed by tradition. The typical pattern of husband-wife relationship has been " male dominance and female dependence. The working wife with a new status has enlarged her " status-set". When the two roles cannot be played effectively, the problems in marriage and family life becomes evident.

7) Double standards of morality:

The traditional family pattern sanctioned sexual license in men, but insisted chastity in unmarried women and fidelity in married women. But now a deep-seated revolt against this double standard of morality has set in. The revolt has obvious repercussions upon the family. Any change in the sex mores affects the structure of the family.

8) Urbanisation:

Urban life is another factor that has contributed to family change and instability. The traditional primary group was based upon a life of agriculture and small village. Many of the bonds that formerly united the family group have been broken in the urban environment. Urban life generally separated the family during the working day.

9) Loosening of religious controls:

There is deterioration of religious controls in matters of family life. A true marriage consists of mutual sharing, giving and taking with necessary sacrifices to personal whims and desires. The insistence upon ' living one's own life' wrecks many homes.

10) Differences in temperament:

Men and women can never be equal in every respect. They differ in many ways, Psychologically, emotionally, and physically. Before marriage, in heat of ' blind love' one may conceal his, her flaws and faults and project the best. But when passions have cooled down, after the marriage, the very ideas, attitudes, actions and patterns of behaviour may not be acceptable in the same degree.

11) Immature or false expectations:

Many young people have a highly romantic idea of married life. They look on it as a ' state of heavenly bliss' but marriage does not of itself guarantee happiness. The couple may quarrel and sometime wish they had never joined their lives together.

12) Interference of in-laws.

Too much interference from in-laws leads the daughter-in-law to revolt and breakdown her relations with the joint family.

Several factors have destructive effect on family ties. Sudden changes in the occupational and social status, changes in family role, changes in economic and emotional dependence (in case of working women), changes in parental and social controls, the loss of employment of the bread winner, crowded housing, financial stress, lack of desired level of education, ill health –all lead to tensions in the interpersonal relationships within the Indian family circles.

13) Marital maladjustment:

Marital maladjustment is another reason in disruption of the families. Dr. Bali observes, "ignorance of sex and sexual incompatibility are among the six major causes of marital conflict. The other factors are: unrealistic ideals and goals in marriage; selection of marriage partners by family choice; deep seated incompatibilities between the partners; long standing emotional disturbances in one or both marriage partners; and differences in the social and cultural background of the spouses".

The separation of non-essential functions from the family:

The family in the modern times has parted with a great many functions which are non-essential. These functions have been taken over by other social agencies which perform them with greater efficiency. The factory and office can fulfill their economic tasks more effectively than the family. The school can provide many kinds of education. The hospital and clinic can offer medical service.

1.6. Main features of the modern family:

Then what are the essential functions of the family? The sex partnership of the family has a different basis and has different purposes. Its social claims and social responsibilities are different.

The primary functions of the family, include, 1) the procreation and the care and the nurture of the young, 2) more stable satisfaction of the sex needs of the partners and (3) the sharing of a home.

Changing aspects of the family functions:

The evolution of the modern family means the process that tends to limit it to certain specific functions. The shedding of irrelevant functions prepares the way for the development of relevant ones.

1) **Procreation and Child- Rearing:**

   Perpetuation of race is an essential function of the family. This function is much better fulfilled by the family today than in the past. More skill and knowledge are devoted to the care of the unborn, the new born and the young child. Specialized agencies have come to the aid of the family. With the increasing knowledge of child hygiene and child training, the duties of parents have increased also.

2) **The sex need:**

   When compared to the patriarchal family, the modern family is built on a more intimate sense of personal relationship. The choice of partners is more free. Personal qualities and personal attraction of each partner for the other count for more. There is a more complete satisfaction of the sex need within the family.

3) **Provision of a home:**

   In most societies, the desire for a home is a powerful incentive to marriage. For a patriarchal family, the household was both home and workshop. The wife was confined to the drudgery of incessant toil. Now it has more liberated from conditions, both of drudgery and of male dominance. Now members of the family pursue their economic tasks outside the home. The demands they make on the home are different, but no less essential.

1.7. Futuristic trend: Conjugal relationship:

The criteria for selection of suitable partner has changed from past to present. Along with it, the methods of selection have also changed. Among the urban educated young men and women, self selection has become important. Marriage bureaus, advertisements and organized meetings are becoming common methods of partner selection. Still parents consider it their responsibility to find a spouse for their children, but children are increasingly allowed to make the final choice.

In the past, the expectations from a bride were very clear and hence she was socialized to perform her various roles of daughter-in-law, wife sister-in-law and then mother. If she was married early, she was socialized by the mother-in-law. One would expect minimum of role confusion and role conflict in such a situation, when role expectation and performance were defined clearly.

With the changing socio-cultural scenario, one is not always clear about one's role performance. Men and women are not always living with their family members who provide role models.

One wants a spouse who is physically attractive, considerate, shares responsibilities, be a cheerful and intelligent companion. Confusion prevails since one does not know how one's behaviour will be interpreted. If a man is considerate and helps in household responsibilities, he may be considered as feminine. If a woman takes initiative and indicates strength, she may be considered masculine. An educated couple have much different expectation from each other and from self. But they may be unsure of what the partner would expect and accept.

A woman who shares the economic responsibility by being a provider expects husband to participate in household responsibilities. Does the husband realize this and accept his responsibility? If not then, the change is not reciprocal and hence a cultural lag is observed.

Parental roles:

A child in the ancient Hindu society had a special place, especially the son. The eldest son is recognized as an important individual in the family, the whole family would look forward to his arrival. The daughter's arrival was not much in favour. Hower, the mother's position is considered very important and it is equated with father, guest and god.

Though punishment was a major disciplinary measure, the child was rarely beaten. The harsh punishment was to mainly correct and control the child.

The recreational function of the family is becoming more individual or shared with one's age mates. In past, this was family and community centred. Considerable time is spent in individual pursuits.

The oral tradition was very effective in inculcating values and socializing children for their adult roles. Parents themselves served as models to the children. In joint family, the child was taken care with ease by multiple care takers. Grand parents took major decisions related to children and their well-being.

To day the situation has changed. The size of the family is small. Mother is employed, children are either at home with paid help or in the day care centre. In urban settings, very little

seggregation of children is not on the basis of caste or religion but on class because, certain services may be affordable by certain class families.

The Indian family in future will witness more and more egalitarian status and exchange of responsibilities among male and female. The socialization of children should promote interchangeability of gender roles.

Older persons in the family:
In the past, the older persons played a major role in guiding the younger generation and caring and socializing the grand-children. They were respected by others, cared for, enjoyed the company of age mates within and outside the family. They are useful to others and contributed to worthy and quality of family life positively.

In contrast one finds older persons lonely and lost. Because of decreasing death rate and medical advancement, the longevity has increased. The society which fostered interdependence is now moving towards independence/ self centredness. Older persons become the first victims. We had many traditions in Indian family such as caring of children, older persons, disabled and other dependents. Due to structural changes in the family and pressing societal demands, there seems to confusion and conflicts in deciding priorities of utilization of resources within the family.

1.8. Changing Indian family- a prospect:

Modern family in India, especially in urban setting and particularly in metropolitan and mega-cities, is unable to discharge the many functions which the tradition has ascribed to it. Not only is it unable to perform its traditional roles but also is going through the " Crisis of its own identity".

The modern science and technology have unleashed the tremendous force of change. The pace of change is so tremendous that it has not only enveloped our families, our way of life, our civilization and our whole-life but also shakened many of our social institutions till their roots. These forces have convulsed our whole social life, particularly the family life, in India.

Modern Indian family is no longer geographical in nature. It is not confined to one village or to one region. Members of it work throughout India and out of the country, in various jobs. Hence it is no longer a primary, face-to-face group, in the limited sense of the term, as it was understood in the traditional sense.

Large scale migration of the people from rural India to towns and cities in search of jobs and other greener pastures led to the above situation.

During the past 100 to 150 years, especially during the later part/ period of industrialization process, enormous number of women joined work force. Particularly during the last four to five decades, the concept of ' working women' has come into existence. A woman working in white –collar –jobs is performing two roles: the role of a house wife as well as the role of an employee.

Also unchecked population growth has led to the creation of largest number of child labour working in our country.

These developments in some way or other, have tremendous bearing on the functioning of Indian family in general.

If urbanisation and industrialization processes have initiated the movement of the family members for different places, the westernization has led to the new orientation of values, attitudes, thought-patterns and to the change in very way of life.

All pervading mass media, satellite communications, including T.V and Radio and the newspapers have further affected the thought patterns, values and attitudes of the families.

Tremendous advances in technology and medical sciences are now leading to the newer problems in families such as test – tube – babies, medical termination of pregnancy acts, concept of freedom and free sex, women's liberation and feminism movements and concept of chastity and ethics in marital life the concept of a house wife in the dual and split-role being house keeper as well as a career-maker. The latest of these is " womb-for – the –hire" and artificial insemination, which may transform the whole family life and its values in a totally different direction. Indian family has to face these soon.

As a result of all these, modern Indian family shrank in its size considerably, particularly in urban –setting. As the city-family lost its leisure and the spirit of caring and sharing, in its quest for higher standard of living and earning, men and women became, for the first time, lonely in their own families and inspite of being the husband and wife and inspite of being the parents and children.

Being surrounded with a high competition syndrome, from morning to evening, the urban family members have no time for caring and sharing to one another than for earning; consumerist culture, and the thirst for the so-called higher standard of living, have further affected and aggravated the urban family climate and spirit. As a result, members of the urban family, especially the children, became so lonely, to feel isolated, frustrated and if not alienated from others and the so called mainstream society.

1.9. Future Family:

What the family in the future looks like is not discernible. But, it may be possible to have a vision of the functions and importance of the family in the days to come. We can predict the role of family of tomorrow as follows.

The family becomes the individual's primary source of emotional and psychological security. He will need an institution where he can find and experience love and learn how to live. The individual can confidently seek and find his identity and personal meaning; he can freely and honestly explore and express himself in the said institution to the fullest measure.

Family will survive in India, but in ever-changing forms. There will he changes in husband – wife relation, in parent-child relations and to some extent in sibling relations.

The nuclear family will become the predominant family unit in India; the modified extended family ties will continue to be present too. Monogamous marriage will continue to be the predominant form of heterosexual association.

There will be equalitarian marriage with wife and husbands enjoying equal status and authority.
Married women continue to join their husbands in labour force; tradition sex-role differentiation in family will continue to decline. There will be more role interchangeability as well as role flexibility,

companionship or colleague type marriages in the future. Husband-wife relationships and parent–child relationships will become even more informal.

Marriage partners require frequent adjustment effort in the foreseeable future. Because of sex-role equality, many couples will find marriage an ongoing confrontation and renogotiatiation process. There will be greater freedom for all family members and wider ranges of choice in marriage.

Divorce rates will be high in the foreseeable future. Media and other cultural influences will lead to increasing standardization of family styles, tastes and practices. However, there will be variations in marriage and family customs and life styles due to the continuation of certain ethinic, racial, religious and class traditions.

1.10. Summary:

modernization, industrialization and the so-called progress seem to be shaking the very foundation of our family system. Personal autonomy and individual freedom are displacing the concept of dependence and obedience. Marriage is losing its sanctity. Young people are questioning the wisdom of permanent relationship.

Family has the following distinctive features: 1) Universality, 2) Emotional basis; 3) Formative influence, 4) Limited size, 5) Nuclear position in the social structure, 6) Responsibility of the members; 7) social regulation; 8) Its permanent and temporary nature.

The traditional Indian family is characterized by religion, caste and community. Socio-cultural changes combined with the dynamic nature of the family are responsible for the structural and functional modification and alterations concerning family.

The authoritarian mores of feudalism and religious conceptions were congenial to hierarchical unity of the patriarchate. The decline of these authoritarian mores, undermined the cultural foundations of the feudal –patriarchal family. The family lost some of its control over its members.

The cultural changes were associated with economic changes. The inventions which substituted the power machine for the manual tool had its impact on the economic functions of the family. The transference of women from domestic to " gainful" employment has advanced rapidly. In the recent years, changes have occurred in the central activity of the family (Procreation of children) various social organizations have been developed to aid the family. Various systems of economic aid from public funds are utilised to fulfill the central function of the family. The lessening of the fertility of marriages has significance for the future of the family. Changes have occurred in the form and structure of the family. People are less subject to parental control regarding marriage. There is increasing degree of economic independence attained by women.

The freer or less authoritarian character of marriage is found in the increasing frequency of divorce. There are changes in standard of living, values and attitudes. Urban life is another factor that has contributed to family change. There is deterioration of religious controls in matters of family life. Marital maladjustment is another reason for the disruption of the families.

1.11. Key words:
   a) Future family.
   b) Urbanisation
   c) Religious control.

1.12. Self Assessment Questions:
   1) Give an account of the changes in the structure and functions of Indian family.
   2) What are the factors responsible for the changes in the family.

1.13. Reference Books:

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Lesson – 2

Types of Families

2.0. Objectives:

The objectives of this lesson are to analyse the types of families

Contents:

2.1. Introduction:

The joint family is known as the prototype of the Indian family system. In fact joint family was prevalent mainly among the upper class and upper caste families, for preservation of family property. The sociological literature on family studies have focused mainly on the joint family, ignoring other family forms among other castes and classes.

According to the 1981 census, joint households consisting of a minimum of two couples, comprised about 20 percent of the total households in India. Nuclear households, consisting of a couple and unmarried children, formed about 39 percent of the total number of households which are the largest household 3type prevalent in India. Single person households comprised six percent of the total number; households of childless couples formed five percent; single-parent households formed four and a half percent of the total. A fourth of the households do not fit into any of these types. (Chkravarthy & singh, 1991). This data break the muth of the joint family as the prototype of the Indian family, especially in the rural areas.

There are conjugal (husband – wife) as well as filial (parent-child) dyads. Single-person households, single – parent families, mixed marriages, cohabitation without marriage and childless couples are not accepted as a complete or " normal " family types. There is need to recognize that in our culturally diverse country, families have plurality of forms that vary with class, ethnicity, geographical location and individual choice.

Meaning:

The word " family" has been derived from the Roman word, " Famulus" meaning a servant. In Roman law the word denoted the group of producers and slaves and other servants as well as members connected by common descent or marriage.

2.2. Definitions:

1) Maciver defines family as a " group defined by sex relationship, sufficiently precise and enduring to provide for the procreation and upbringing of children".
2) According to Burgess and Locke, a family is a group of persons united by ties of marriage, blood or adoption, constituting a single household inter acting and intercommunicating with each other in their respective social roles of husband and wife, mother and father, son and daughter, brother and sister, creating a common culture".

Nimkoff defines a family " as a more or less durable association of husband and wife with or without children or of a man or woman alone, with children".

According to Biesaz, " The family may be described as a woman with a child, and a man to look after them".

Clare defines family as " a system of relationships existing between parents and children".

Eliott and Merrill difine family as " the biological social unit composed of husband, wife and children .

Prof. Sidgwick opines, " over his wife, children, descendants, the father exercised such an absolute despotism that the individual members had no separate existence at all".

Mack and young have remarked: " the family is the basic primary group and the natural matrix of personality".

According to Bureau of census (U.S.A), the family is , " a group of two or more persons related by blood, marriage, or adoption and residing together".

2.3. Origin of the Family:

Family has been found in every human society. In every human society, there was degree of social regulation over sex relationships. Family in one form or another existed in every society. There is much controversy and difference of opinion with regard to the question of the origin of the family. Some of the important theories in this connection are as follows.

1. Theory of sex communism:

Man and woman could establish sexual relations with any other man or woman. There was no restriction on sexual relationships. Such a stage is called the stage of sex communism. In order to prove this theory, the support of such customs of primitive tribes is invoked. Many customs of this kind have been noticed by anthropologists studying ancient societies,. Customs such as freedom concerning sex on occasions of festivity, presenting wives and daughters to a guest for sexual gratification as a sign of hospitality and exchange of women etc, have been found practiced in many primitive tribes. In many primitive societies, the paternity is not ascertained; incest has been forbidden in almost all tribes. Hence the theory of sex communism does not appear to be tenable,

Theory of primitive promiscuism:

The early anthropologists as J.L. Lubbock, L.H. Morgan, j. G. Frazer and recently R. Briffault have put forward the theory that " the original state of mankind" was one of animal – like sexual promiscuity with no stable marital relationship among them. There was neither family nor marriage but there were only promiscuous relations between men and women. Briffault tells in his " the mothers" that man originally lived in a state of social promiscuity and that the earliest human family consisted of a mother and her child. It was only after realizing the economic advantages Of a having a man, she developed a more permanent relationship with man. He argued that such institutions as the sororate, the levirate, sex hospitality, exchange of wives point to an early state of promiscuity". There were also the classificatory systems in which the members of the senior age group are indiscriminately called ' fathers' or ' mothers', those of the same age group, brothers and sisters and of the child age group 'sons' or ' daughters'. The ignorance of the fact of paternity reported of the central Australians and the Trobriand islanders was also cited by them in support of their hypothesis that at the beginning of human society, there was no family in the accepted sense of the term.

As regards the ignorance of paternity firstly, there is no agreement as to whether this ignorance is real or conventional. Most primitive people were not much troubled about physical paternity. Westermark concluded that far from living in promiscuity, man originally lived under a monogamous form of marriage.

Family has no origin in the sense that there was ever a stage in society from which the family was entirely absent and that it was at a later stage that it emerged.

Family has its origin in certain needs of man. The origin of family is to be explained in a complex of human desires and conscious needs which find fulfillment in the family. As soon as man felt these needs, family emerged to satisfy them. There is in the first place, the need for procreation of children in order to perpetuate the family. Secondly there is the need for sexual satisfaction. Thirdly, the economic needs lead man and woman to combine into a family. Besides these three needs of reproduction. Sexual satisfaction and economy, there are also other reasons and urges, to have a partner in life, to share life's joys and sorrows, to get love and affection, tenderness and devotion which lead a man to marry and establish a family.

2.4. Stages of family:

According to Morgan, the family has passed through five stages:

1) **Consanguine family:** In this stage of family, marriage between blood relations was not forbidden.
2) **Punaluan Family:** In this stage, restrictions were imposed on incestuous marriage
3) **Syndasmian Family:** In this stage one man married one woman.
4) **Patriarchal Family:** In this stage man's ascendancy was established. He could marry many women and have sexual relationships with them.
5) **Monogamous Family:** This is the present state of the family where one man marries one woman at one time.

It is difficult to believe that there has been evolution of the family in the same sequence of stages in all societies. Historical facts do not support morgan's theory. Linton remarks, " societies have not followed a single consistent line of evolution, but multitude of diverging lines".

Multiple Factor theory:

The sequence of the evolution of family has been different in different societies. The modern sociologists accept the multiple factor theory of the origin of the family. Maciver and page have written, " Rather a complex of human desires and conscious needs finding different expression in different environments, every where gave birth to some kind of family system". Many factors conspired in the origin of the family.

Families may be classified variously. 1) On the basis of authority, a family may be patriarchal or matriarchal.

2.5. The patriarchal Family:

The patriarchal Family was prevalent not only in the civilized society of antiquity but also in the feudal society.

Under patriarchal family, the male head of the family had supreme powers. He is the owner and administrator of the family property. All members of the family are subordinated to him. He presides over the religious rites of the family. He is the guardian of the ' family gods'. He is the protector and ruler of the family enjoying full authority over the family members.

In Rome the 'Pater familias' or the patriarch was the sole owner of the family property. He is the supreme lord of his people and the legal representative of the family before the law. " the patria potestas", the power of the father, gave the head of the household almost unlimited authority over its members, " over his wife, children and their descendants", says Sidgwick, " the father exercised such an absolute despotism that the individual members had no separate Jural existence at all". He could punish his children, disown them, sell them and even kill them. In ancient Palestine, he could sell his daughter into servitude. In India, too, the family of vedic times was strongly patriarchal. The father exercised sole power over his wife and children. They could not own any property. Complete subordination marked the position of the wife. She had no standing before the law over and against her husband. The Indian woman was subject to the will of her husband. It was her duty to obey her father before her marriage, to obey her husband after marriage and to obey her son in her widowhood. In recent times, the position of Indian woman has been somewhat improved. In orthodox families she is still subject to the rule of her husband.

Women have little opportunity to go outside the home and participate in public life. At Athens, the wife and daughters were secluded in " women's apartment" and were not permitted to go out without the permission of the patriarch. In china there was the practice of binding the feet of women. They were not free to go out of the household.

The chief characteristics of a patriarchal family are the following:

1) The wife after marriage comes to live in the home of the husband
2) The father is the supreme lord of the family property.
3) Descent is reckoned through the father. The children are known by the name of the family of their father.
4) The children can inherit the property of their father, only. They have no right over the property of the mother's family.

2.6. The matriarchal Family:

Maciver prefers to call it by the name of maternal family rather than matriarchal family. In a matriarchal family the authority vests in the woman head of the family with the males being subordinate. She is the owner of property and rules over the family. There are grave doubts whether this type of family ever existed in society. Bachopen maintained that the earliest type of family was the matriarchal. Morgan postulated that the family evolved through various stages from the lowest-promiscuity to the highest monogamy. The chief characteristics of matriarchal family are the following.

1) Descent is reckoned though the mother, not the father. This is the matrilineal system.
2) The husband is sometimes merely a casual visitor.
3) The children are brought up in the home of the wife's relatives. Descent is not only matriarchal but also matrilocal.
4) The authority in the family rests in the hands of wife or in some representative of the wife's kin.
5) Property is transferred though the mother and only females succeed it.

The matriarchal family is said to prevail among the primitive people who led a wandering or hunting life. The father in the hunting stage roamed far and wide, coming home irregularly and staying away for periods of time. The absence of the father from the home made it necessary for the woman to " stay on the job". Hence she came to possess authority in the family. Briffault argues that the earliest form of family was matriarchal. With the development of agriculture and economic dominance of men, the patriarchal type emerged.

The matriarchal system has prevailed in many parts of the earth such as among the north American Indians and the people of malabar and a few other parts of India. The woman under matrilineal system is merely the agent of transmission and not the active wielder of power. It is simply recognition of ' mother right' and not of ' mother-rule'. Property passes though the female and is held by the females alone. Although the woman owns property, but it is controlled by the husband.

2.7. Extended Family and nuclear Family:

On the basis of structure, the family has been classified into nuclear and extended family.

Nuclear Family:

A nuclear family is one which consists of the husband, wife or wives and their children. The children leave the parental households as soon as they are married. A nuclear family is an autonomous unit free from the control of the elders. The newly weds create a separate residence. It minimizes the interdependence between parent and married child or parent and grand parent. The American family is of nuclear type.

Extended Family:

It can be viewed as a merger of several nuclear families. A small extended family may include an old man and his wife, their son, the son's wife ad the son's children, two nuclear families, the son being a member of both. A large extended family may include the old man and his four wives, their unmarried children and married sons, and the son's wives along with their unmarried children. An extended family may live in a single house or it may occupy a cluster of houses within

an extended family compound, or the houses may be more widely dispersed than this. The Hindu family is an extended family.

There are two important structural consequences of an extended family. First, an extended family is continuous, while a nuclear family is not. The members may come and go but the group continues. A nuclear family" lives" only until one of the parent dies. Secondly, a nuclear family is to some degree, a separate and independent unit which can be run by husband, wife, or both jointly – an extended family is usually run by the patriarch. Its constituent nuclear families may have little power for independent decision – making. Even after marriage, the son in an extended family remains a child, though a married child

2.8. Joint Family:

Joint family is a group of kins of several generations, ruled by a head, in which there is joint residence, hearth and property. The members have mutual obligations. The chief characteristics of joint family are common residence, common kitchen, joint property, common worship, rule of the pater familia, mutual obligations among family members.

Definitions:

" A joint family is a group of people who generally live under one roof, who eat food cooked at one hearth, who hold property in common and who participate in common worship and are related to each other as some particular type of kindred. (karve, J kinslip organisation in India)

" Not only parents and children, brothers and step-brothers live on the common property, but it may, sometimes, include ascendants, descendents and collaterals up to many generations. (Jolly Hindu Law and custom).

Advantages of joint Family:
   1. **Economic advantages:**
It prevents property from being divided. Land is protected from extreme sub-division and fragmentation. The cooperation of all the members helps to save money.

   2. **Protection of Members:**
It gives protection for mentally and physically weak persons. it provides assistance to the children, the old, the insane, the widows and the helpless.

   3) **Means of Recreation:**
The joint family is one of the means of recreation. A stimulating atmosphere is created by the fun and frolic of other family members and love and affection of the brothers, sisters and parents.

   4) **Development of good qualities :**
It makes possible the ideal development of the good qualities of man. In the care of the elders, the undesirable and anti social tendencies of the young are checked. The young persons learn generosity, patience, service, cooperation and obedience. A sense of sacrifice replaces selfishness.

5) Cooperation and economy:

It fosters cooperation and economy, A sense of cultural unity and an associational feeling exists among the members. There is economy in expenditure. It is an ideal centre of cooperation and mutual aid.

6) Socialism in wealth:

According to sir Henry Maine, the joint family is like a corporation, the trustee of which is the father. The socialistic ideal: from each according to his ability, to each according to his needs, is fulfilled, by the joint family.

Disadvantages:

The following are the main disadvantages of the joint family:

1. Hindrance in the Development of personality:

The Head is the absolute ruler. He looks upon and treats men and women as children even when they attain adulthood. There is very little opportunity for the fostering of individual's autonomy or self dependence.

2. Bad condition of women:

In joint family, the daughter-in-law does not get an opportunity to develop her personality. She serves the entire family like a slave. There is no limit to the injustice done by the mother-in-law.

3. Strife:

If the daughter-in-law contradicts this oppression, the house becomes strife born and a centre of conflict. Hatred and jealousy between the wives of brothers can lead to a conflict between brothers.

4. Laziness:

Due to common responsibility, many people become completely lazy. Mostly in the joint family it happens that some people have to exhaust themselves while others lead a life of utter lethargy.

5. Uncontrolled Reproduction:

In joint family, since there is no responsibility for the upbringing of children, the members do not try to control procreation. In a joint family no direct benefit accrues to any individual by family planning or by earning more.

6. Poverty:

As a consequence of daily strife, the bad condition of women, absolute rule, lack of responsibility, and blind procreation, the economic condition of the joint family will deteriorate. The property of the family, being jointly owned is allowed to go waste. It is gradually lost through constant neglect.

7. Other defects:

Family strife leads to litigation. Superstition reigns supreme because, the guiding hand is that of the oldest member. The younger people do not gain self-confidence and self-dependence

Thus the disadvantages of the joint family far outweigh the advantages. Consequently the joint family is fast becoming disorganized.

2.9. Other types of family:

On the basis of different view points in sociology, many forms of the family have been described. Many distinctions in family have been based upon nature of residence, name of ancestry, power, dominance of mother or father etc.,

1. Distinctions of family according to the nature of residence:
The following distinctions of family are made according to the nature of residence.
(i) Matrilocal residence:
In this kind of family, the husband goes to live in the home of her wife.
(ii) Partilocal residence:
In this kind of a family, the wife goes and lives in the home of her husband. Now –a – days most families conform to this type.
(iii) Changing residence:
At some places it is customary for the husband and wife to alternate continuously between each other's residence. For example, one year the husband lives with the wife and the next year the wife lives with the husband.

2. Distinctions of family on the basis of ancestry:
The forms of the family are also classified on the basis of traditional ancestry. The main forms are:

(i) Matrilineal families: In these, the mother is the basis of ancestry. A woman is believed to be the prime ancestor of the family. Ancestral tradition and inheritance are affected through the mother. The rights of each member of the family depend on his relation to the mother, hence they are also known as the mother right families.

(ii) Patrilineal Families : In these families the ancestor of the family is the man and traditional ancestry continues through the father. Now- a – days this type of family is the most common.

3. Distinction of family on the basis of authority:

i) Matriarchal Families: In these, the mother wields the authority but the actual administrative power is in masculine hands even in societies where the women folk rule. Hence, in the opinion of some sociologists the word. Matriarchal is misleading and should be replaced by the word maternal. Matriarchal families are to be found in the Nayar and tiya castes of kerala and Khasi and Garo tribes of assam in India,

(ii) Patrianchal Families: In these, the entire authority is in the hands of the father. In ancient Rome and Greece, the patriarch used to be the absolute ruler.

4. Distinctions of family on the basis of marriage:
On the basis of marriage also some distinctions of family have been made. The major forms among them are:

   i)   **Polygamous or polygynous Family:**

In this one man marries many women and lives in a family with his wives and children.

   ii)   **Polyandrous Family:**

In this one woman marries many men and lives in a family with all of them or with each of them alternatively.

   iii)   **Monogamous Family:**

In this one man marries only one woman and establishes a family.

5. Other distinctions of family:

The following distinctions of family are based on the dominance of the mother or the father in the family:

   i)   **Matronymic:**

In these the name of the family or ancestry is in the name of the mother such as Gautami, saumitra etc.

   ii)   **Patronymic:**

In these the family is named after the father.

Some other distinctions of family are the following:

   a) **Immediate Family:**

This consists only of the mother, father and their children.

   b) **Conjugal Family:**

In the conjugal family the husband and wife live together and sexual relations exist between them.

   c) **Extended family:**

In this type of family, besides the wife and husband, other relatives also live.

   d) **Consanguine Family:**

In consanguine family live only those who are related in blood such as brother and sister, father and son etc. in the Nayar families of malabar, the husband does not conduct his wife to his house after marriage and the daughter though married, stays in her mother's house.

2.10. Emerging Family Patterns:

To day radical changes are affecting the Indian society in various spheres of social, economic and cultural life. As a result the pattern of family life has been changing a great deal in the recent years. Industrialization, urbanisation, better educational and earning opportunities have affected the structure of the family. The educated women are not able to accept the family traditions and question superstitious beliefs and practices and are no longer confining themselves to their homes. They are looking beyond their homes for their participation in various spheres of human activity on par with men. Higher education, the concepts of equality and self-respect, human rights perspectives and the desire for economic and social freedom are some of the important factors which are affecting the patterns of marriage and family.

Change in Family Patterns:

There are changing trends towards I) The separation of sex from marriage i.e. sexual relationships are no longer firmly tied to life long monogamous marriage. There are instances of extramarital relations: 2) the reconstruction of marriage as a terminable arrangement – the marriage may be broken by divorce and the partners may take recourse to remarriage. This is the second major area of change in family structures; 3) the separation of child- bearing and child – rearing

from marriage- this trend is the result of unmarried motherhood as well as increasing divorce which may lead to one-parent, co-habiting and step-parent family units; (4) the reworking of sexual division of labour- this change involves two issues: women's participation in labour force and men's involvement in the domestic labour. There seems to be reversal of roles for men and women in the family.

The last three decades witnessed emergence of a neo-conventional family which has been undergoing revolutionary transformation of its structures representing both change and continuity.

2.11. Role of women in Emerging Family structure:

The imbalances in the growth of our economy, the inappropriate technology and the haphazard urban developmental structures have increased the gap between men's and women's roles. There is an increasing number of single-parent families and female headed households. The single-parent families may be headed by women who may be widowed, divorced, separated, deserted or unmarried mothers. These women have the main earning responsibility for the family. Thus, multiple family structures are emerging as alternative family patterns which meet the needs of the present society. Family is not dying or becoming out dated, but it is adapting it self to the existing socio-economic conditions, continuing some traditional functions and modifying the others. The traditional image of the woman has been that of the home-maker and child-bearer. She was mainly in her roles of the wife and mother. Now the situation has changed a great deal: the demand for equal status, the need for economic independence and higher education have mode them enter the work force.

2.12. Summary:

Family has been found in every human society. In every human society, there was degree of social regulation over sex relationships family in one form or another existed in every society.

According to the theory of sex communism, man and woman could establish sexual relations with any other man and woman. There was no restriction on sexual relationships. Such a stage is called the stage of sex communism.

According to the theory of primitive promiscuity, " the original state of mankind" was one of animal-like sexual promiscuity with no stable marital relationship among them. There was neither family nor marriage, but there were only promiscuous relations between men and women.

Family has no origin in the sense that there was ever a stage in society from which the family was entirely absent and that it was at a later stage that it emerged.

Family has its origin in certain needs of man. The origin of family is to be explained in a complex of human desires and conscious needs which find fulfillment in the family.

According to Morgan, the family has passed through five stages: 1) consanguine family, 2) Punaluan Family; 3) Syndasmian Family, 4) Patricuchal family, 5) Monogamous family.

The modern sociologists accept the multiple factor theory of the origin of the family maciver and page have written, " Rather a complex of human desires and conscious needs finding different expression in different environments, Every where gave birth to some kind of family system".

Families may be classified variously. On the basis authority, a family may be patriarchal or matriarchal. Under the patriarchal family, the male head of the family had supreme powers. In a matriarchal family the authority vests in the woman head of the family with the males being subordinate.

On the basis of structure, the family has been classified into nuclear and extended family. A nuclear family is one which consists of the husband, wife or wives and their children. Extended family can be viewed as a merger of several nuclear families. A small extended family may include an old man and his wife, their son, the son's wife and the son's children, two nuclear families, the son being a member of both.

Joint family is a group of kins of several generations, ruled by a head, in which there is joint residence, hearth and property. The members have mutual obligations.

On the basis of different view points in sociology, many forms of the family have been described. Many distinctions in family have been based upon nature of residence, name of ancestry, power, dominance of mother or father etc.

Distinctions of family are made according to the nature of residence: 1) Matrilocal residence, 2) Patrilocal residence, (3) Changing residence.

There are distinctions of family on the basis of ancestry: 1) Matrilineal families, 2) Patrilineal families.

There are distinctions of family on the basis of marriage, 1) Polygamous or polygynous family, 2) Polyandrous family, 3) Monogamous family,

There are other distinctions of family 1) Matronymic, 2) Patronymic, 3) Immediate Family. 4) Conjugal Family, 5) Consanguine family

2.13. Key Words:
    a) Patriarchal Family
    b) Matriarchal Family
    c) Extended Family
    d) Joint Family

2.14. Self Assessment Questions:
    1) Analyse various types of families?
    2) Discuss the advantages and disadvantages of joint family.?
    3) Explain the origin of family?

2.15. Reference Books:

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Lesson-3

Emerging Problems of Families-
(Family Social work - Importance)

3.0. Objectives:

The objectives of this lesson are to explain the emerging problems of families, family social work – its importance.

Contents:

3.1. **Introduction**
3.2. **Families with Problems- Categorised**
3.3. **Problems have their Origin in the Family**
3.4. **Role Expectations**
3.5. **Marital Conflict**
3.6. **Issues and Problems Confronting Modern Family**
3.7. **Family Social work- Needed Interventions**
3.8. **Family Social work- Importance**
3.9. **Need for National Family Policy**
3.10. **Problems and Challenges**
3.11. **Objectives of National Family Policy**
3.12. **Summary**
3.13. **Key words**
3.14. **Self Assessment Questions**
3.15. **Reference Books.**

3.1. Introduction:

The range and variety of problems that families face are vast. At one end are developmental and every day problems, faced by all families at one time or another, because they are linked to the natural stages in the life cycle and daily living experiences. These problems are faced by nearly all the families. The term 'families with problems' therefore, indicates only those problems that are specific or some families though it does not imply that other families do not have problems.

Narain (1975) conceptualized families with problems as disorganized families, and dichotomised them into families under stress and disintegrated families.

Within each society, families vary in their extent of adjustment to and acceptance of the institutional norms, owing to group-interactional and individual psychological facets. Thus the courses of problems that some families face may be with the family interaction pattern or with the physical and mental problems of an individual member. A crisis situation is another factor that may precipitate or aggravate a problem in the family.

Some families may face due to one or more of the factors stated above. Moreover, these problems, in turn affect the family interaction and individual members. The communication and adjustment patterns in the family may change. The role and power may be reallocated. In general, the family harmony may be affected and result in abuse and violence against individual members.

The development of children may be affected. The problems may result in mental illness or deviation among adults. In an extreme situation, the family pathology may lead to family disintegration and destitution of individual members.

3.2. Families with problems-Categorised:

There are seven categories of families with problems which have been identified. The situations are different entry points of intervention by the helping professions.

1. Family structure and problems
2. Families with marital problems
3. Abuse and violence in families
4. Families in crisis
5. Families of disabled and chronically ill
6. Families with adolescent problems
7. Families of the Aged.

1. Family Structure and Problems:
    i) Incomplete family structure (Temporary type) and problems.

    The absence of the member may be temporary. For example:
a) Due to migration
b) Imprisonment
c) Prolonged hospitalization

Problems:
a) Conjugal separation
b) Financial deprivation
c) Greater dependence on relatives, friends and neighbours for financial resources and care of the members.
d) Disturbed parent-child relationships.

ii) Incomplete family structure: (Permanent type) and problems.
a) Due to absence of one or both parents-divorce, widowhood and death, unmarried motherhood.
b) Lack of children in the families-infertility

Problems:
a) Social and emotional problems of the parents and children.
b) Interrelationship problems.
c) Care of the family.
d) Economic Problems.

2. Families with marital problems:
    The manifestation of a marital problem may be in the form of
a) Maladjustment
b) Psychiatric illness
c) Marital Violence
d) Temporary breakdown in terms of separation or desertion

e) Final dissolution of the marriage in the form of divorce.

3. Abuse and violence in families:

i) Child abuse - a) Physical abuse

b) Emotional abuse

c) Sexual abuse

d) abandonment

e) Child labour

f) Child marriage

ii) Marital violence:

a) Wife battering

b) Dowry problems

c) Sexual violence

d) Cruelty induced by husband, mother in-law and other in-laws.

iii) Sibling violence.

4. Families in crisis:

a) Suicide, rape and unmarried motherhood

b) Related to health, death and scandalizing events

c) Financial crisis related to problems with employment, income and housing.

d) Families facing societal disasters such as riots, strikes and political crisis.

e) Families facing environmental disasters such as droughts, floods, earthquakes and industrial pollution.

5. Families of disabled and chronically ill:

a) Financial burden

b) Physical burden

c) Emotional burden

d) Effect on practical aspects of daily life

e) Inter-relationships

6. Families with adolescent problems:

a) Social adjustment

b) Sexual adjustment

c) Difficulties in their work

d) Anti-social behaviour.

7. Families with problems of the aged:

a) Care of the aged

b) Physical needs

c) Security needs

d) Social and emotional needs

e) Need for self-actualisation.

These family situations, in turn may affect the family functions, interactions and individual members. The family may become incapable of carrying out some of its functions. Harm may

be caused to physical and mental development and health of individual members, particularly children, women and the aged. In the extreme situation, family may disintegrate and individual members may become destitutes.

3.3. Problems have their origin in the family:

Most of the problems- disability, illness, substance abuse are not only individual problems but family problems as well. These problems have their origin in the family. The patriarchal structure of the family has also created problems of its own. Female foeticide, infanticide, dowry related murders, and violence against women are some of the problems created by the patriarchal structure.

Advances in technology and medical science are posing new problems-test-tube babies, medical termination of pregnancy, feminism movements, womb for the hire and artificial insemination, dual role of house wife, working women etc., Families in crisis have thrown out many problems and challenges to the society and to the family social work profession in particular.

3.4. Role Expectations:

Family case work focused on counselling individuals to accept the traditional roles as husband and wife. The role of the male as bread winner and of the woman as the house- keeper are accepted by the family case worker while rendering counselling to the couple. These are the socially defined role expectations. But in some cases husbands ,may not be successful in earning their livelihood to support their families and also make decisions. Sometimes wives may be more successful in the role of bread winners and in making decisions. Traditionally role and authority patterns are related to age and sex. The gender based role and authority patterns may not be suitable to the existing conditions of Indian society which is democratic and egalitarian in nature.

The feminist movement has brought about several changes in the society and encouraged women to get into the labour force. Because of the feminist movement, sociologists hold that the stability of family is threatened; the divorce rate has gone up and the single parent families have increased due to death, divorce or separation. Now there is greater diversity in familial interaction patterns. Due to the changing roles of men and women, there are different nature of problems and different dimensions of the husband, wife relationships in the family. The dimensions of dominance and subordination in respect of wife and husband have also changed i.e., there seems to be a change in the existing social structuring and the social definition of the roles of husband and wife.

It is to be realised that the husband and wife will have to re-learn their roles and think about different role models of their behaviour. Social workers and women activists will have to work for re-drafting family law to establish newer role models for husbands and wives. Several alternative role models may be allowed to prevail in the society-house holds with male heads, house holds with female heads and single parent households are to be deemed as recognised patterns in society.

What we need is a re-definition of role expectations from husband and wife. Both of them may continue in their traditional roles: They may be prepared to perform both the roles and they may think about a total reversal of their roles as far as biological differences will allow. The pattern of domination and subordination will ultimately depend upon the psychological make –up of the two individuals.

3.5. Marital conflict:

Marital life may represent the feelings of tenderness, sympathy, understanding and affection. But all is not well with marital life. Sometimes it may reflect strife, resentment, discord and disharmony. In India in recent years the marital relationships are under going stress and strain for the following reasons. The role models of husband and wife have changed; marriage has become a matter of mutual agreement between the parties instead of a sacred union. Today the wive's image of the husband is no longer a sole provider, protector or philosopher. Thus the role conflict of husband and wife is reflected in the conjugal disharmony, bitterness and unhappiness which may sometimes lead to violence and divorce. Under such stressful situations, marital counselling plays an important role in exploring the conscious and unconscious reasons for the misunderstanding between the husband and the wife. The spouses may develop false pride due to insecurity, irrational stubbornness and negativism and early childhood experiences.

Before the marriage there may be several expectations from both the sides of the husband and wife. But these expectations may not be fulfilled after the marriage. The discrepancy may create a sense of frustration in either party to the marriage. As a result, the harmony between the spouses may be disturbed leading to disappointment, pessimism, irritability, bitterness or hostility. In India there is very little scope of pre-marital counselling. The boy and the girl before marriage may have different expectations and different temperaments. Before marriage, the boy and girl cannot understand each other's expectations and temperaments, since they do not have an opportunity to meet and exchange their views as in the case of western system of dating and engagement. Hence pre-marital counselling becomes important for preparing the boys and girls for healthy marital life.

Wife battering is another major problem in our country. There are good number of cases of wife battering in Indian society. The husbands who are violent may have been exposed to such violence in early childhood. Alcoholics and drug addicts have also tendency for wife battering. In such situations, the first stage to be taken by the counsel for treatment is of alcoholism and drug abuse before taking up other steps in counselling. In India, dowry problems is a major cause of marital disputes and marital conflict. There are good number of instances of dowry harassment and dowry deaths taking place in the Indian society. The counselor plays an important role in dealing with such cases more effectively, using the skills of counselling. The counselor has to work with both the families of the spouses for bringing reconciliation between the families and the spouses. Though dowry is prohibited legally it is widely in practice particularly in middle class families. Unless the attitudes of the families of the spouses are changed, the evil of the dowry practice cannot be eliminated. The counselor has to take all the precautions and deal with such cases tactfully using the skills and techniques of counselling.

In some cases the wife may be highly educated and competent and may make the husband feel small and inferior. The husband may develop inferiority complex and try to retaliate to cover up his feeling of inferiority by showing his masculine superiority and dominance. This situation becomes very common in the context of women taking up higher education and employment in higher cadres while the husband either remains unemployed or employed in lower cadres of official positions. The wives suffering the illtreatment and humiliation under such husbands may be helped by counselling.

3.6. Issues and Problems Confronting the Modern Family:

The crisis-ridden families have thrown out many problems and challenges to the society in general and to the family-social work profession in particular.

A modern family suffers, particularly in urban setting, from some of the below mentioned problems in some way or other, if not from all of them.

1. Conflict of working women due to dual roles of being a traditional housewife and a career-maker.
2. Attitudinal conflict between an authoritarian husband and the freedom-loving working – wife.
3. Uncared and unwarned children due to the helplessness of both parents working.
4. Pre-marital sex and unwed-mother's problems.
5. Men and women, particularly husbands suffering from alcoholic-addiction and drug-addiction.
6. The problems of dowry and nagging mother-in-law to a newly wed girl.
7. The problem of day-by-day in creasing-child - labour, worst – abused and exploited.
8. Broken Family women
9. Vulnerable and victimized women.
10. widows, destitutes and disabled
11. Frustrated wives and husbands, having adjustment problem and suffering from the attitude of confrontation.
12. Alienated members of the Mega-city-family-children, adolescents, youth, parents and old-age-members.
13. Problem of neglected parents in the old age. As of now, Indian population is aging as the Indian family is unable to cope-up with the old-age-parents and their demands, the problem of gerontology is going to be a great challenge for family social workers.
14. Dire-poverty, unbearable unemployment and constant social pressures and stigmas further aggravate the above problems of the Indian family.
15. Loopholes in the laws relating to marriage, family, divorce, property-rights of women and adoption as well as of maintenance rights, further worsen and accentuate the family problems.

In short the so-called modern family in mega-city of India is " a family in – hurry", " Family – in-alienation", " Family- in-changing: and " Family in quest of consumer goods" and so called standard of living and not the quality of life nor the values of life. In this, " Family – in-hurry", nobody has time to stand and stare and nobody can care to anybody and nobody can afford to share concern and sensitivity to anybody-other than to his daily routine.

3.7. Family Social Work –Needed interventions:

Family social workers could make productive interventions in the various programmes, measures and services listed below;

1. Through the family- service-agency, by offering counselling to the strained families and by giving other types of help
2. Through child-adoption programmes, to help neglected, dire-poverty- children and orphan-children.

3. Through the marital counselling to the adolescents and unmarried girls and boys.

4. Through the counselling, to the unwed-mothers, rape-victims and pre-marital sex-victims.

5. Through the child care institutions and nursery and K.G services, to the children of working mothers.

6. Through the working women Hostels.

7. Through the orphanages and destitute-homes.

8. Through the vocational guidance and craft-centres, to teach and make women productive.

9. Through organizing the Mahila Mandals and Child-care-services.

10. Through the women's education and Maternity-craft-education to expectant-women.

11. Through social-awareness-camps and by organizing women against oppression, exploitation and rape and violence.

12. Through the counselling to the divorce-women and through the legal aid to the helpless women.

13. Through the family planning and family counselling programmes.

14. Through the counselling, to the old agepeople and neglected parents.

15. Through the care to the AID-Victims and others suffering from the contagious diseases.

16. Through the building of leadership among the house-wives and youth.

17. Through the social –action programmes and campaigns for family welfare, by bringing pressure on governments and other policy-bodies, for initiating legal measures.

18. Through the campaign for women's protection, divorce-maintenance and women's adoption-rights.

19. Through the family-renewal-camps/ programmes and through family-retreat-centres, to kindle and renew the spirit of family living, among the strained partners of the family.

20. Through the programmes of environment protection and education and the role of family in them.

The whole approach and philosophy of family social work must be for " Empowerment of the family" and " Enrichment of the family".

Then alone, the modern family could be renewed and revived with the infusion of the real family-spirit and strength. Then alone, it could serve the real functions of the family: i.e to create and nourish the values of tolerance and fairness, values of caring and sharing, values of gender-equality and human. Rights and values of pluralism and citizenship which are essential for the success of our democracy as a whole.

Family is the fundamental social institution, and a basic structure of social stability and social security. No nation can even think of its social development which neglects its family-welfare and development.

The role of family social workers lies in this crucial and vital task of renewing and recreating the Indian family. For this they have to equip themselves with the qualities of enough pragmatism, envisioning and commitment.

3.8. Family Social Work-importance:

In view of the changing functions of the family and the environment of the family life, the family social worker of the future will have a much expanded definition of his job.

There will be diversity of settings for family social work practice in future. We can expect to find professional family social workers in these settings. Nearly all our institutions will provide some level of social work service in future. The family social work professional may well be employed by factory, a hospital, a school, a government agency or a union.

Family social worker in future will not work as an independent specialist within the frame work of a social agency. He will see himself as a part of working team, a highly interdependent network of skilled people.

The Family social worker will approach the work with an expanded definition of the ' family.' In India " Family " has been culturally defined as a legally married man and woman with children. But this definition is not workable where individuals are searching for new family forms and where cultural traditions are unable to meet modern needs. The family social work profession is beginning to think of the family in functional rather than legalistic terms.

Family social workers in the past could generally be divided into case workers and administrators. In future the professional family social worker will be many things to many people. He will be a provider by mobilizing the resources for those in need with emergency food, clothing and shelter. He will be an advocate, acting on behalf of the inarticulate, the distressed and the oppressed. He will be an organizer, helping families to obtain for themselves the services they need. He will be a mobilizer, pulling together defenders to act on behalf of those who are being denied their rights. He will be a reformer, taking issues with those institutions that have destructive or inhuman policies, procedures or intentions, and working to bring out constructive change.

Moreover, the family social work field demands for both preventive and remedial counselling services. There is increased need for the full array of counselling services that are today provided. Services that are to day provided. One potential area of service might be called " choice counselling". It would focus on helping people learn how to make the complicated decision that will be difficult part of life in the future. As the Indian society became more diverse, the range of choices open to the individual and family in all areas of life will be bewildering and confusing. Thousands of people will want professional help so hat they might choice wisely and avoid costly emotional, psychological and economic mistakes; choice counselling will have both preventive and remedial dimensions. The remedial measures will focus on helping people to correct poor judgement and poor decision making. This form of counselling will become a major family social work service in future decades.

The scope of counselling services suggests that family social work professionals, like medical doctors and engineers may come to specialize in one or two areas. For example marriage counselling, alcoholic counselling, crisis counselling etc.,

In future the professional may use more family centred or environmental approach in solving family and social problems. There exists interdependent relationship between individuals, families and institutions in modern society. Individuals and families function in a mutually affecting social context. The individuals problems are both the result of, and contribute to family problems. These individual and family problems in their turn are both the result of and contribute to social problems.

The family social worker in future can expect to have better tools and technology to help him to provide service to more people, more efficiently and more effectively. Over the coming years the professional social worker will think of the family in functional perspective. This functional point of view will serve the professional well to ally himself with struggling and experimental family groups. Family social worker will neither morally endorse, nor morally condemn any family form. Families will think of him as a resource to whom they can turn for help with any kind of social and personal problem.

3.9. Need for National Family policy:

India is committed to the well being of all sections of society and priority is given for weaker and vulnerable sections; the new economic policy of liberalisation, privatisation and globalisation has its direct bearing on the family as a basic social institution; there are multiple family structures in the country; there is generally predominance of authoritarian atmosphere in the families in the country; many traditional institutions such as kinship, caste etc; which used to provide support to the family, particularly in times of crisis, are failing to provide any substantial help to the family in contemporary society; the traditional genderised distribution of roles and responsibilities is undergoing drastic changes in the country; many families in the country are not able to perform even the basic functions related to fundamental needs of their members; most of the needs of the family members are being satisfied by formal organizations out side the family; there are many new challenges and pressures on the families in the country mainly because of emergence of values of individualism, materialism, and hedonism; many parents or guardians are recklessly negligent in fulfilling their obligations to their children; there is an increasing incidence of violence against , and exploitation and abuse of women and children; there is fairly wide spread discrimination against girls and women in the families in the country; many parents are ignored and neglected by their children especially at old age; there is absence of explicit and coherent analysis of family situations that aggravate individual problems and the policies and schemes that lack in development strategies to prevent problems of families and their individual members; many societal ills are adversely affecting family relationships leading to family disorganization; quite a large number of families are at risk and children in ' difficult circumstances' due to multiplicity of factors- natural and man-made

3.10. Problems and challenges:

1) The patriarchal structures of the family roles and responsibilities and control and distribution of resources are determined by age and gender.

2) In patriarchy, the women after marriage are separated from their natal family, consequently they are alienated from their parental family physically and psychologically. There is no assurance of support from their parental family in case of difficult situations.

3) Industrialisation together with technological development have brought several new challenges to the family.

4) The haphazard growth of economy has led to women's alienation from active participation in the economy.

5) Existing policies and programmes have a sectoral approach. They cater to specific groups of individuals within the family rather than the family as a whole.

6) There are large number of families in poverty, destitution and in other marginal situations.

7) Family interaction patterns are undergoing change with familial communication being restricted to utilitarian purposes.

8) There is increasing incidence of domestic violence.

9) Natural disasters are leading to varied kinds of problems for the family.

10) Increasing number of children are running away from families due to faulty socialization practices and inability of the family to cater to their needs.

3.11. Objectives of National Family Policy:

1. To apply the united nations conventions and constitutional provisions of India with special reference to equality, freedom and justice to family life and thus promote the following three-fold goals towards democratic family life.

      b) The individual's rights and responsibilities within the family.
      c) The family's rights and responsibilities with reference to its environment.
      d) The individual's right to have a family.

2) To guide the legislative bodies, different ministries and their departments and other government organizations and infrastructures at the centre, state, district, city and village levels.

3) To meet the needs of emerging family types such as single-person households, single parent families and female-headed households, childless couples, mixed marriages and cohabitations.

In view of the above objectives, problems and challenges, there is an urgent need for formulation of a clear-cut family policy in India.

3.12. Summary:

The range and variety of problems that families face are vast. Narain (1975) conceptualized families with problems as disorganized families, and dichotomized them into families under stress and disintegrated families.

There are seven categories of families with problems, 1) Family structure and problems 2) Families with marital problems, 3) Abuse and violence in families, 4) Families in crisis, 5) Families of disabled and chronically ill, 6) Families with adolescent problems, 7) Families of the aged.

Most of the problems – disability, illness, substance abuse are not only individual problems, but family problems as well. These problems have their origin in the family.

The role of the male as bread winner and of the woman as the house-keeper are accepted by the family case worker while rendering counselling to the people. These are the socially defined role expectations. But in some cases husbands may not be successful in earning their livelihood to support their families. Some times wives may be more successful in the role of bread winners.

In India in recent years the marital relationships are undergoing stress and strain for the following reasons. The role models of husband and wife have changed; marriage has become a matter of mutual agreement between the parties instead of a sacred union.

The crisis ridden families have thrown out many problems and challenges to the society in general and to the family-social work profession in particular.

In short the so-called modern family in mega-city of India is " A family-in-hurry", " family-in-alienation", " Family – in-changing" and " family in quest of consumer goods", and so called standard of living and not the quality of llife nor the values of life.

Family social workers could make productive interventions in the various programmes, measures and services, 1) Through the family-service-agency, by offering counselling to the strained families, 2) Through child – adoption programmes to help neglected and dire-poverty-children, 3) Through the marital counselling to the adolescents and unmarried girls and boys, 4) Through the counselling, to the un-wed mothers, rape victims and pre-marital sex victims.

The whole approach and philosophy of family social work must be for " empowerment of the family" and "enrichment of the family". Then alone, the modern family could be renewed and revived with the infusion of the real family-sprit and strength. Then alone, it could serve the real functions of the family.

In view of the changing functions of the family, and the enrichment of the family life, the family social worker of the future will have a much expanded definition of his job.

There will be diversity of settings for family social work practice in future. We can expect to find professional family social workers in these settings. Nearly all our institutions will provide some level of social work service in future. The family social work professional may well be employed by factory, a hospital, a school, a government agency or a union.

3.13. Key Words:
a) Role expectations
b) Families in crisis.
c) National family policy.

3.14. Self Assessment Questions:
1. Discuss the emerging problems of families.
2. Explain the importance of family social work.

3.15. Reference Books:

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Lesson – 4

Family Life Education – Concept, need, principles, techniques

4.0 Objective:

The Objective of the present lesson is to explain the significance of Family life Education – concept, need, principles, and techniques.

Contents:

4.1   Introduction
4.2   Meaning of Family Life Education
4.3   Need for family life education
4.4   Importance of family life education
4.5   Operational principles of family life education
4.6   Objectives of Family Life Education
4.7   Types of values in Family Life Education
4.8   Advantages of Family life Education
4.9   Summary
4.10   Key Words
4.11   Self Assessment Questions
4.12   Reference Books

4.1   Introduction:

India had a long tradition of close bonded family system which is strong and has international recognition for its strong bonds. To day the family in India is in crisis situation due to multiple factors which had shook the family life situation deteriorating day by day and consequently reflected through many social problems. Family life education is not a new concept; it is there for times immemorial expressed through the culture, custom, convention and traditions carried from one generation to another.

The family is a fact of social life. It is not a purposive and a conscious social organization of human beings to achieve certain ends and to fulfill certain interests. It is spontaneous in its origin, growth evolution and present development. Therefore, before hurried statement about the future of the family is pronounced on the basis of recent trends, it is imperative that this basic criterion be fully weighed. Perfection in any social system is only an ideal. So any state in the evolution of family, reflective on either de-integration or re-integration is a social reality and a practical truth. If there is growing process of de-integration in our family system, it does not mean the disappearance of the family, it is a gradual process but only points out that our agencies of social control are not proving effective. It then calls upon us to develop and strengthen our techniques of social control and to generate new forces of social change rather than to become dogmatic about our family life system.(Hallen,G.C: 1999)

Traditionally most elements of family life education have been informal, taking place within the home, place of worship, work and in every day contacts with other people. In childhood many values related to family life education have been imparted through the stories form folk tales, epics, religious scriptures, etc. In South India and many other parts of India, when a girl reaches the age of puberty a ceremony is observed and the girl taught about all the intricacies related to family life education. The process of socialization starts with the observing people's behavior and through their own experiences, children and adolescents become familiar with the norms, customs and values of their own society

Family education is treated as synonymous with the sex education. In reality family life education is much broader than the concept of sex education. Education is the human right, an essential tool for achieving the goal of equality, development and peace. Non-discriminatory education benefits both the girls and boys and thus ultimately contributes to more equal relationship between women and men. Equality of access to and attainment of educational qualifications is necessary if more women are to become agents of change. Literacy of women is an important key to improving health, nutrition and education in the family and empowering women to participate in decision making society. Investing in formal and non-formal education and training to girls and women with its high social and economic return, has proved to be one of the best means of achieving sustainable development and economic growth that is both sustained and sustainable. (Beijing Declaration..P.-46-48)

Discrimination in girls' access to education persists in many areas owing to customary attitudes, early marriages and pregnancies, inadequate and gender biased teaching and educational materials, sexual harassment and lack of adequate and physically and otherwise accessible schooling facilities. Girls undertake domestic work at a very early age; girls and young women are expected to manage both educational and domestic responsibilities, often resulting in post scholastic performance and early dropout from educational system. This has long lasting consequences of all aspects of women's lives.

Access for and retention of girls and women at all levels of education, including the higher levels, and all the academic areas is one of the factors of the continued progress in professional activities. Never the less, it can be noted that girls are still concentrated in a limited number of fields of study.

4.2   Meaning of family life education:

Family life education is a broader and flexible field; any thing which contributes to the total growth and wellbeing of the family-physical, mental, emotional, economical and spiritual-can be included under the umbrella of family life education, that is why family life education has its routes in many disciplines including sociology, social work, psychology, anthropology, biology, education, history etc. Family life education is considered as value related concept. Most of the values related to family life education are deeply rooted in socio-cultural milieu of the people. These values are moral or ethical, cultural, religious, personal etc.

Public welfare agencies today carry the primary responsibility for families in economic need. But families and individuals often have other needs as pressing as those of food, shelter, and often as costly to the community and nation when unmet and unanswered. Problems of living in families, in jobs in a community are brought each year by the thousands to family service. Their friendly

counselors family case workers skilled in dealing with the social and emotional pressures affecting individuals are available to talk things over. Traditionally their efforts to serve families have extended across the community. Individually or through councils of social agencies, family service agencies put their efforts towards the improvement of social condition affecting family life. Increasingly today, these agencies are taking their knowledge to the community at large through programs of family life education to prevent family troubles or disruptions before they occur. (Stroup.H.H,:1960)

4.3   Need for family life education:

It is clear that family life education is a new field and one that is moving towards the professional and of the continuum. Some of the advantages of family life education are mentioned below:

Family life education is necessary for each individual. Every individual needs to know about family life education. Every individual spends 8-10 hours in works for earning for living. For this we study a lot, of courses over so many years . but, there is nothing for the next 14-16 hours which we spend every day with our family. This needs a formal and compulsory orientation for each and every individual. So every individual should be provided a family life education programme, a life enrichment programme.

1. There is a rapid change in the family structure all over the world from extended to nuclear family. But there is nobody for guidance; so there is an urgent need for this type of education to cope with emerging trends.

2. Professional working in this area and allied fields need training. People who are working with NGO's in this arena, paramedical professionals and teachers need an orientation or training in family life education.

3. The activity becomes a fulltime paid occupation, there are thousands of fulltime paid people practicing as family life educators with specific qualifications in various settings through out the world and in India.

Training schools and curricula are established – many departments and schools have been established and under-graduate and graduate levels of family life education and family studies have been established in 1962 at Colombia University in New York.
There is a unit for family studies at the Tata Institute of Social Sciences, Bombay.

Those who are trained have established professional associations. The established professional associations are consistently supportive of the development of the knowledge base and skills of the practioners in family life education and that has played a key role in its definitions.

4.4 Importance of family life education:

Family life education acts as a crisis manager; the adolescents are growing up in the world; they will have to make more decisions for themselves than any previous generations. They tend to experiment more with their life, make choices and take risks and learn by their own experiences rather than by those of others. This can lead to confusion, frustration, despair and risk taking of a kind which is ultimately self destructive. So family life education has an important role to play in order to help the people avoid all sorts of crisis.

Family life education provides skills for preventive action and knowledge for decision - making particularly among the adolescents. Each new generation of children face health challenges, but those faced by to days school age group seem particularly daunting. Children are confronted at an early age by situation that require knowledge for decision making and skill for preventive action. Very often adolescents find themselves under strong peer pressure to engage in high risk behavior like drug and alcohol abuse and some times sexual abuse which can have serious implications on their lives. These issues should be addressed to the young and adolescents through family life education.

Family life education helps in understanding one's own role with the changing family structure and functions. The rate of social change in most societies needs to redefine the roles of adult family members, Where tradition once established the norms for family behavior; parents are now being challenged to reexamine their roles and to accommodate to the demands of changing family structures and functions.

1. Expectations of marriage and family life are changing: When marriage was for economic security and husbands ruled the roost, the rules were more simple and straight forward Expectations for affection were minimal as were options out side marriage. To day with love, companionship and equality so important communication, problem solving skills have become even more valuable for happiness.
2. Terms of marriage and family are changing. Today with nuclear families being on increase in our country, couples are expecting family, support and coordinate adult growth and roles through 50- 60 y ears.

4.5 The operational Principles of Family life education:

1. Family life education is related to individuals in families through out the life span, both as individual and families.
2. Family life education should be based on the needs of individuals in families.
3. Family life education is multidisciplinary area of study and practice.
4. Family life education takes an education rather than the therapeutic approach.
5. Family life education should present and respect different family values.

4.6 Objectives of Family life education:

The major objective of family life education are:
1. To develop knowledge regarding the concept of family, its role and functioning. This knowledge will help an individual to recognize the various tasks that need to be undertaken for the well being and maintenance of the family.
2. Family life education aims at developing the ability to deal with family relationship and responsibility.
3. Family life education aims at helping in understanding and coping with changes in one's own life and changes in the society.
4. Family life education aims at developing life skills to cope with different situations.
5. Family life education aims at developing knowledge about physiological process of human conception and birth and awareness regarding the consequences of adolescent pregnancies and parenting and of alternative of pregnancies and contraception.
6. Family life education seek to create responsible and useful young citizen

4.7 Types of values in Family Life Education:

Values play an important role in family life education. Values have been recognized as a theme in family life education and as a problem confronting family life educators. There are different types of values. Although it is not possible to provide an exhaustive list here, let us try to examine some of the most important types of values which include: moral or ethical, religious, aesthetic, health, economic legal, cultural educational, personal, and prudential values. Most of these types of values are relevant to the purposes and subject matter of family life education.

One of the major operation principles in family life education is to 'respect different individuals and family values" .Special attention needs to be given to moral or ethical values and to the relationship of these values to cultural, religious and personal values.

Moral or Ethical Values: Many family life educators are often uncomfortable with the word moral because the word 'moral' seems to be relative term. It varies from society to society, culture to culture etc. The word ethical and moral seem to be the same thing and can be used interchangeably. In literary meaning, these terms pertain to human conduct and character and generally refer to moral rectitude of an action, whether they are good or bad. Moral and ethical values are expressed in principles or rules of right conduct. Values such as personal integrity, tolerance for diversity, and differences, social responsibility, respect for persons, sense of justice etc. have an important place in family life education.

The key point of ethics and morality is to go beyond the personal self interest and to consider, equally and impartially, the rights and interests of all involved in a situation. The intention here is to be able to overcome egoism and be able to see things from other peoples point of view too. A second intention equally important, is to consider whether or not potential harm to some people can ever be justified. Within family life education, there are many opportunities to discuss issues like violence within marriage, intolerance, caste complexes, etc.

Cultural Values: In one sense, every value is a cultural value, because the central way in which one acquires a value is by acquiring a language. Language is a public cultural artifact. Among other things, language is used to express commitment to certain values and it would be difficult to imagine a culture that does not contain, for example, legal, economic, aesthetic, moral and intellectual values. Two important points about cultural values are significant to family life education. First, all cultures have some commitment both to a set of dominant ideals and to a set of greatest fears. Family life educators who work with multicultural groups will need to be aware of and sensitive to not only expression of cultural differences but also how these differences represent cultural attempts to accomplish their ideals and to avoid their fears.

The second point is that cultures do not remain stagnant. There are likely to be conflicts within the culture about its dominant ideals and fears. Some of these conflicts will have to do with topics central to family life education. Because thee intra- cultural conflicts are sensitive issues and often problematic for families, family life education pograms do not prepare individual to deal rationally with these changing ideals.

Religious Values: Although there are many differences among religions, a number of features appear to be common to many of them: (a) a belief in a supreme being or a set of beings;(b) a set of concepts that refer to the postulated relationships between the supreme beings and human

beings; (c) a belief in some sort of existence after the death. These features have important implications for family life education. First it is clear that many moral concepts and religious concepts such as respect for persons will overlap, leading at least to some people to believe that moral/ ethical values and religious values are the same thing. Such beliefs result in potential misunderstandings, however, because at least some religious may have a different view of what counts as justification of moral principles. Thus some religious hold that moral principles have weight because they are "commandments" of one or more supreme being rather than because they are part of an autonomous way of viewing human relations and human actions.

Second, the fact that most religions contain a moral system provides an opportunity for family life educators to explore at least some of these systems and how these systems affect family life. Such explorations can enlighten all individuals regardless of their particular religious benefits.

Personal Values: Much of the attention to values in family life education appears to be directed towards what is usually referred to as developing an understanding of one's own personal values and of learning to respect the personal values of others. Hamm (1985) has made important distinction between public or social morality and private or personal morality that has relevance for family life education. According to Hamm, social moral judgment has to do with inter-personal behaviors and addresses itself to basic human needs and fears, wants and desires, which are either to be satisfied or avoided and is a pre condition for human beings to have a choice at pursuing quality of life in its many forms. Some of the basic principles that are necessary for social morality include (a) justice as fairness(impartiality, non-discrimination; (b) non-maleficent (restrain from harming or injuring others); (c) minimal beneficence(the moral risk in satisfying their basic needs); (d) freedom(no right to interfere with others); and (e) honesty. In Hymm's view, social morality refers to those things that are "good for all" and has as its summary notion 'respect for others'.

Hamm has suggested that although personal morality shares some of the same features as social morality, personal moral judgment address those things that have to do with "my good" rather than with food for all. The summary notion in personal morality is self-respect. Accordingly, self-respect must give way to social morality. This has important implications for family life educators who are concerned about the role of their personal values in family life education.

4.8 Advantages of Family life Education:

Let us now discuss some of the needs which give birth to family life education.

1. **Family life education provides an education role:** The family has always existed as a basic social grouping among human being irrespective of the differences in its structure and functioning. There is of course no universal pattern. Families' may be nuclear or extended, monogamous or polygamous. But in most part of the world the structure or functions of the family are in transition and its educational role is one which is dynamic in nature. So every body should know about it.

2. **Family life education acts as a crisis manger:** Adolescents are growing up in a world in which they will have to make more decisions for themselves than any previous generations. They tend to experiment more with their life, make choices and take risks and learn by their own experience rather than by those of others. This can lead to confusion, frustration, despair and risk taking of a kind which is ultimately self destructive. So family life education has an important role to play in order to help people avoid all sorts of crisis.

3. **Family life education provides skills for preventive action for decision making particularly among adolescents:** Each new generation of children face health challenges, but those faced by today's school age group seem particular daunting. Children are confronted at an early age by situation that require knowledge for decision-making and skills for preventive action. Very often adolescents find themselves under strong peer pressure to engage in high risk behavior like drug and alcohol and abuse and some times sexual abuse which can have serious implication on their lives. These issues should be addressed to the young and adolescents through family life education.

4. Family life education helps in understanding one's own role with the changing family structure and functions. The rate of social change in most societies needs to redefine the roles of adult family members. Where tradition once established the norms for family behavior, parents are now being challenged to re-examine their roles and to accommodate to the demands of changing family structures and functions.

5. Family life education helps in proper understanding of family life cycle: The impetus for family life education programmes is based on the pervasive nature of the family life cycle. Each new phase of the cycle gives rise to new learning needs. In the past these learning needs were met through informal learning activities such as reading, seeking advice from peers and professionals (doctors, religious leaders and priests) and reflecting on personal experience. Some of these activities are now being offered as family life education through formal learning programmes. National programmes of Planned Parenthood for example have been established in a number of countries to curtail population growth and to promote improved standard of living. The belief too, that parenting, skill, knowledge and attitudes can be leaned through programmes of education as opposed to learning through observation has given rise to a host of such programmes around the world.

4.9 Summary:

Family education is treated as synonymous with the sex education. In reality family life education is much broader than the concept of sex education. Education is the human right, an essential tool for achieving the goal of equality, development and peace. Non-discriminatory education benefits both the girls and boys and thus ultimately contributes to more equal relationship between women and men. Equality of access to and attainment of educational qualifications is necessary if more women are to become agents of change. Literacy of women is an important key to improving health, nutrition and education in the family and empowering women to participate in decision making society. Investing in formal and non-formal education and training to girls and women with its high social and economic return, has proved to be one of the best means of achieving sustainable development and economic growth that is both sustained and sustainable.

Public welfare agencies today carry the primary responsibility for families in economic need. But families and individuals often have other needs as pressing as those of food, shelter, and often as costly to the community and nation when unmet and unanswered. Problems of living in families, in jobs in a community are brought each year by the thousands to family service. Their friendly counselors family case workers skilled in dealing with the social and emotional pressures affecting individuals are available to talk things over. Traditionally their efforts to serve families have extended across the community. Individually or through councils of social agencies, family service agencies

put their efforts towards the improvement of social condition affecting family life. Increasingly today, these agencies are taking their knowledge to the community at large through programs of family life education to prevent family troubles or disruptions before they occur.

4.10 Key Words:

1. Operational principles
2. Ethical values
3. Welfare agencies.

4.11 Self Assessment Questions:

1.Explain the importance of Moral or Ethical values in family life education?

2.What are the operational principles of family life education ?

4.12 Reference Books:

1.Areus,M.E.Schvaneveldt,J.D,Moss.JJ.(eds)(1993): Hand Book of Family life Education, Sage Publication Vol.I Vol.2

2. Thomas, Gracious (1995): AIDS and Family life Education, Rawat Publications, New Delhi.

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Lesson – 5

Family Life Education- content and programmes

5.0 Objective:

The Objective of the present lesson is to explain the significance Family life Education – content and programme

Contents:

5.1 Introduction
5.2 Contents of Family Life Education
5.3 Family- meaning types and functions
5.4 Family roles, relationship and responsibilities
5.5 Family life cycle
5.6 Family resources
5.7 Marriage
5.8 Traditional values related to Family life Education
5.9 Role of individual, family and community
5.9 Summary
5.10 Key Words
5.11 Self Assessment Questions
5.12 Reference Books

5.1 Introduction:

Families come in many different shapes and sizes. Each family has a unique sense of shared family traditions, shared experience and continuity of pattern through generations. We believe that nurturing this quality of family contact and interaction becomes even more important at a time like to day when many people feel rootless and isolated. Technological progress often contributes to development but some times it generates a sense of depersonalization. As we know, every society has evolved its own ways of preparing its younger members for adulthood, primarily through an educational process. Traditionally most elements of family life education have been informal, taking place within the home, place of worship, work and in every day contacts with other people. In child hood many values related to family life education have been imparted through stories from folk tales, epics, religious scriptures, etc. The hidden rationale behind these is to enable children to imbibe values essential for family life, inculcates these values in them so that they act as guidelines for the rest of their lives.

In the present context, families in many parts of the world are finding the task of helping young people to prepare for adult life becoming increasingly difficult. Often it is found that they have as little awareness as their children about the problems they are facing. Here comes the role of school and voluntary organizations working in this area. Schools and voluntary organizations which

in some respect replace traditional form of education and guidance, can also assist people to adjust to changes. The development of organized programmes of Family Life Education is one way of practicing their willingness to work together with families, to assist young people in their transition from childhood to adulthood. Very often it is observed that family life education is treated as synonymous with sex education. In reality, however, family life education is a much broader concept than sex education. Sex education is considered as only one of the components of family life education. Family life education covers economic functions, social functions like marriage, responsible parent hood, etc.

5.2   Contents of Family Life Education:

The content of Family Life Education is related to the needs of those for whom it is to be given. It is vital to ask young people while preparing themselves for adult life. The concept of family life education refers to a variety of formal and informal efforts by which persons becomes ready for the roles and responsibilities of family life. Rapid technological and social change of today' world have increased the need for individuals, families, and societies to enhance interpersonal and decision-making skills of each member of the family, especially those of the husband and wife, and reinterpret the meaning of mutual commitment, as well as maintain support for their economic self-sufficiency and emotional stability.

Rising rates, marital breakdowns, family violence and falling indices of marital satisfaction and the time family members spent together suggest that people are inadequately prepared for or supported in the challenges of marriage and family. Yet the number of stable, satisfying, and growing marriages, especially within the nuclear families, amid personal and social pressures in spite of limited preparation and support, suggests that many are seeking to build strong families. Likewise, improved relationship skills among the educated at high school, college, and community settings, perhaps signal a growing desire to invest for the success in marital life by trying to avoid possible distrusts that are likely to arise within relationships.

5.3   Family- meaning, types and functions:

Family is the basic unit of the society. Although social scientists have studied a great deal about various factors of family structure and organization, they do encounter difficulties in developing a broad, culture free generalization that would be applicable to families in a wide range of societies. One major difficulty arises from the problems of definition associated with the concept of 'family' is not easy to answer because by itself the term 'family' is ambiguous. To describe more precisely the concept of family, the types of families have to be examined.

Basically there are two types of families: the nuclear and extended family. In extended family, parents, grand parents and even great grand parents live in the same house or neighborhood. The family members are economically and socio-culturally close knit. By and large, members of the traditional extended families are more sedentary. Nuclear family, on the other hand, consists of single family of husband, wife and children. This type of family is mostly found in urban and industrial societies. In some countries, young couples in a nuclear family setting are at a loss in the absence of parents and elder relatives to whom they can turn in case of, what behavior scientists refer to as family discontinuities.

In terms of functions, the strength and solidarity of society are highly dependent on how the family as a basic unit performs its basic functions. It is the responsibility of all members of a family to fulfill family functions, although parents generally shoulder a larger share of these functions. Failures on the part of the parents to perform their duties can lead to social problems for many generations to come. Social problems among children often can be traced back to the failure of parents/families to perform their functions. To have a truly happy family, the needs of each and every member must be met. These include the provision for basic needs of a person, which according to the Psychologist Abraham Maslow are Physiological, safety, love and belonging, self-esteem and self actualization.

5.4 Family roles, relationship and responsibilities:

People of other countries are often surprised by the roles and relationship being followed in an Indian family. They are surprised that in Indian family set up children below ten years of age too are expected to play important roles in socio-economic activities such as taking care of cows and buffaloes, collecting cow manure, fetching drinking water, washing clothes, taking care of their siblings and so on. It is also inconceivable to many of them that married children sometimes remain dependent on their parents and simultaneously aged parents are dependent on their children.

In Indian settings, traditional family relationships are generally quite extensive. In addition, there are other types of family relationships, such as god-father god- son relationships and relationships arising from a network of inter-marriages between families. For instance, family ties are quite complicated as these are based not only on blood kinship but also on past associations as school mates, co-workers and so on. In short family relationships are governed by various customs and traditions which are more binding than rules or laws.

A clear understanding of roles in the family is very important. Misinterpretation or lack of understanding leads to problems and some times to chaos. For any family to exist, there are certain tasks which must be performed by family members. The issue of roles within the family is further complicated by changes in the family system, that is change from extended to nuclear/ conjugal families. The participation of women in economic activities out side the homes, the influence of western culture, access to higher education, etc. are affecting these change.

5.5 Family life cycle:

The study of family life cycle provides a basis for the study of the composition, growth and development of families. An understanding of the stress and strains experienced at each stage of the cycle pave the way for better understanding and co-operation among family members. There are basically eight stages in a family life cycle. These include the following:

Stage-1: Bearing families:

At this stage, a couple learn to synchronize their ideas, habits, values and so on. The married partners are learning to live with each other for the first time. Difference are found to appear from time to time and it is important that a couple iron them out and establish a meaningful marriage.

Stage-2: Child bearing families:

The couple enters this stage at the time of first conception. With the coming of a child, finance, leisure time, and privacy will undergo changes. Proper child care becomes very important at this stage. Attention is diverted to be shared between the new comer and the spouse.

Stage-3: Families with pre-school children:

At this stage, parents need to cater for the critical needs and interests of pre-school children to stimulate their growth and development. By this time, the parents think about the question of having or not having more children. The energy depletion in homes where domestic help or help form relatives as in extended families is hard to come by is one major area of adjustment. It is common for women to describe the demands of house keeping, wage earning, mothering and being a wife as an overwhelming burden on them. Husbands cannot afford any more to assume the traditional role of wage earner only. They need to share the house hold, work, and some may find this to be difficult. Misunderstanding between the couple can also result when too much attention is given to the children.

Stage-4: Families with school children:

Families with school going children have to pay attention to the child's education and growth needs. The parents are also expected to collaborate with the demands and expenditure of the school in helping the child in his/her studies and development aspects.

Stage-5: Families with adolescents:

Adolescents have special problems that need the help of parents and this stage can be very crucial for them. As the teenagers approach adulthood parents must ensure a balance between freedom and responsibility by helping their children to plan and execute them which will be beneficial and productive in various life situations.

Stage-6: Families as launching centers:

After the young adults have gone into work or studies, parents begin to feel a certain sense of loneliness. It is often referred to as 'the empty nest syndrome' . At the same time they also have the need to maintain a supportive home base to the children. Children need support and guidance for various cultural, religious and traditional family based events like marriage, birthday celebrations and other ceremonies in the company of parents and relatives.

Stage-7: Families in middle years:

This is trying time for a couple who have to adjust to a life together again. It is important that hobbies are developed to occupy their time after retirement. The reduction in the income makes it important to adopt a more modest standard of living.

State-8: Families in the late years:

The family's need to learn to cope with bereavement and living alone at this stage. Society's expectation will keep children away from the concerns of aged parents. Very often helpers like home nurses may have to provide the required services to the parents.

5.6 Family resources:

Family needs are related to the basic needs as described by Abraham Maslow in his Hierarchy of Needs. According to this theory all human beings have five basic needs, they are:

1. Physiological needs – food, drink, sex, clean air, and good health
2. Safety needs – to have a roof over one's head, housing clothing etc.
3. Love and belongingness need- to have a family or community to belong to, to have a shoulder to lean on, the need for acceptance, giving and receiving love.
4. Esteem- Self respect and respect to others.

5. Self actualization- Self fulfillment and reaching one's potential, to become some body in life.

This need hierarchy theory can be graphically represented in the form of a pyramid. The needs at the lower level should, be to an extent met before the higher level of needs emerges to press for satisfaction.

Family needs are unlimited and resources are limited. Family or individual will use human and non-human resources to meet the unlimited needs. The family has to manage the use of their resources in order to maximize their satisfaction derived from them. Family resources are discussed in the context of the various stages of family life cycle and family size. It should be born in the mind that every event in the different stages of family life drains the family resources. The demands on the family resources are heavy, especially when the different stages overlap. It is important, for the couple to decide during the first week and months of their marriage when to have the first baby, how many children they should have and how they should be spaced. Family size effects the need satisfaction of the family members, as mentioned above. Every child has the right to have a balanced diet, adequate clothing, safe shelter, proper education, attention and affection, and medical attention as well as the right to meet all the basic physical, mental, psychological and spiritual requirement of a healthy and happy life.

5.7 Marriage:

Courtship and marriage are two issues which most adolescents begin to be preoccupied with a significant percentage of adolescent marriages usually end up in separation and divorce for various reasons. Some adolescents are forced into marriage because of pregnancies; others marry to escape from family problems, some just want to have some one to take care of them and decide for them and a few others want to escape from schooling while some others get married because of the prevailing custom. Appropriate educational programs are needed to prepare young people for marriage. After all, a marriage in India is considered as a permanent relationship.

In India, marriages are usually classified as follows: Marriages by free choice of the partners or love marriage; arranged marriage and forced/arranged marriage. They can further be classified as monogamous or polygamous; civil, religious or customary.

Responsible Parenthood:

Early marriage and parenthood have been the established pattern in many societies and remain so despite the efforts of government to raise the legal minimum age at marriage. In India, minimum age at marriage is 25 and 21 for boys and girls respectively. Adolescents need as much information as possible on what is expected of them when they marry and raise family. Social, economic and cultural changes are affecting many aspects of family life including parenthood. As a result young people today may have to consider issues that were previously unnecessary to be taken into account. Some key issues will have to be considered by them before getting married. These include discussions by both partners on the desirability of having children. Because having children is considered to be a natural pattern of family life, some couple do not weight seriously the implications of parenthood.

Following are some of the implications of responsible parenthood.

1. To avoid the risks of hunger and financial insecurity, parents should plan the number of children, based on their ability to support and rear them to full maturity.

2. To reassure themselves of the benefits of parenthood in their old age, parents should provide their children with guidance and direction so that they may develop and inculcate the right values as they approach adulthood.

3. To help in achieving an orderly society, parents should strive to bring up a family whose members are cognizant of both their rights and duties, while recognizing the benefits of the society as well as the tasks of supporting it.

4. Parents who respond properly to their partner's personal needs, are effectively, reducing the probability of their ever becoming estranged.

Responsible parenthood cannot be discussed without bringing up the issue of family planning. Family planning is a means of enhancing the quality of life of families including regulating and spacing child birth, helping fertile couples to beget children and providing counseling for both parents and would be parents.

5.8   Traditional values related to Family life Education:

In India like some other Asian and Pacific countries, socio-cultural values like preference for sons, early marriage, and low status of women in society are quite evident. Continuation of family lineage, social security that comes from family cohesion, performance of religious traditions(especially the Hindu religion), availability of free labour to parents and economic benefits to parents in the form of increased income and dowries, are all important motivations related to family in our country. In rural areas, children help the parents in planting and harvesting of agricultural products, cooking cleaning , fetching water and looking after younger ones in the family.

The phenomenon of the child labour (though illegal) prevalent in unorganized sector supplements the income of poverty stricken house-holds. Still, in rural areas, the girls are encouraged to marry and to have children at an early age due to social custom, in spite of legal provisions concerning the minimum marriage age. Though child rearing at an early age is socially acceptable, practice may restrict the educational, social and economic opportunities of the younger generation. In the process, in rural area as well as in slum communities, early marriage and unplanned birth of children are found to be responsible for ill health of both mother and the child. In this country child mortality due to various diseases is very high. The traditional joint families with their numerous advantages are on the decline. In both urban and rural societies the birth of a child is considered as a blessing of God. Some of these values are deeply rooted in our culture and it is difficult to change them immediately.

Marriage is deeply rooted in socio-cultural ethics. The traditional value of an Indian family is that a girl should be married to a boy having identical social values and vice versa irrespective of his income and level of education and the question of compatibility. Usually the boys are a couple of years older than the girls especially in the case of arranged marriages. In urban areas, the prime consideration in the marriage of a girl now a days is the income of the boy and economic status of the parents of the boy. Traditionally it was taken for granted that marriages should be arranged with the consent and advice of the parents. In many middle and upper middle class orthodox families horoscope matching before marriages is conducted through religious ceremonies. In traditional Indian society dowry system was not practiced, but the system of upper middle class and high society. Though dowry has been legally abolished, it still exists with added vigor, making the life of parents of the girls and life of the girls themselves miserable. At times attempts are made to justify dowry as the right of the girl to the parents inheritance. In fact, dowry is often given from what the parents do not have, by borrowed money.

In traditional Indian society inter-caste marriage was discouraged. Child rearing was considered as the principal responsibility of wife. Decisions in the family were the prerogative of the father of the household. Traditional Indian society could be considered as a very reserved society so far as dissemination of information regarding sex roles/sex relationships and sex responsibilities are concerned. Sex was almost a taboo subject. Home was considered as an ideal place for women and women were discouraged from working outside the home. But in urban society, scene is changing fast. In India it is believed that if women were to take up a job out side the family, the family would be neglected. Women from poor families are engaged to do all sorts of works for others. Education for girl children is discouraged.

The society was divided into various castes and religions; rituals were strictly followed. Strict discipline was enforced by the parents for the development of the children. Although the influence of some of these values have changed in urban areas, they still play a major role in decision making in most families in rural areas. Reorientation of values on various issues related to dynamics of family life is a long and difficult process but experience in number of countries shows that it could be achieved. In all societies, traditional values are increasingly being challenged resulting in conflict between adolescent children and parents.

In ancient India members of higher caste were advised to practice Pursharthas and Ashramas which were directly related to family life.

Purusarthas: Pursarthas represent the fundamental aspiration of ancient sages and social thinkers. These are values or ideals for which one must strive for in conduct and behavior. Hindu social organization is both material and spiritual and these help people to co-ordinate between the two. There are four purusarthas: Darma, Artha, Kama and Moksha.

Dharma: The word 'dharma' comes from the Sanskrit which literally means 'to preserve'. It represents right action. It stands as a principle for maintaining the stability of society. It is the guiding principle for the attainment of other pursarthas.

Artha: Artha refers to acquisition of material property. It is important to acquire material wealth because it satisfies the material need for the running a house hold, to give gifts and to feed the poor. This should be earned through dharma or right action.

Karma: Karma refers to all the desires in man for enjoying and satisfaction of all the senses including the sex desire through right action. It is necessary to satisfy physical urges of man as well as achieve propagation of species.

Moksha: It is the supreme and final purpose of life and is attained through proper functioning of other purusarthas. Moksha is mainly concerned with the individual and frees him from all sufferings and cycle of birth.

Hindu Ashramas: These four purusarthas are the basis of Hindu Ashramas. They are concerned with the link between the individual and the community. They form the psycho-moral basis of Indian social system. The Ashramas are the four different stages of life in which specific functions have to be performed. The four Ashramas are Brahmacharya, Grahyastha, Vanprastha and Sanyasa.

Brahmacharya: This is normally accepted as the first twenty five years of life. In this phase each young man maintains celibacy and stays at the hose of Guru for studies and learning.

Grahaysatha: Roughly next years of life from the period of grahaystha in which an individual gets married and leads his family life.

Vanaprastha: The third quarter of life in which an individual starts dissaociating himself from the family life and starts the life of pilgrim or religious vagabond.

Sanyasa: This is the last quarter of life in which an individual dissociates himself completely from the family and becomes a monk.

5.9 Role of individual, family and community:

Individual:

Family life education focuses on how individuals as constituent part and fruits of family life may become physically healthy, emotionally mature, disciplined, responsible and tolerant human beings. Its goal is to help individuals develop interpersonal skills and more enriching human relationships by learning how to relate effectively within their families. As a whole it seeks to improve the quality of their life through out the entire range of human developments.

Role of Family : Family plays a major role in family life education. The Individual performs certain actions within the context of family which is not possible outside the family. Family promotes certain functions amongst the individuals. They are:

Biological functions: The husband and wife have the right to sexual expression as a way of sharing or showing their love for each other. This provides not only sexual gratification for the spouse but also strengthens their interpersonal relation, love and unity as a result of the powerful and often binding emotions which accompany sexual activities which unite a husband and wife. The sexual functions also help to stabilize the society. The family provides opportunities in which sexual drives find both expression as well as control. Parenting has also long term function also help to stabilize the society. The family provides opportunities in which sexual drives find both expression as well a control. Parenting has also long term functions as the child is extremely helpless and dependent on its parents for food and shelter for a number of years.

Cultural function: Family helps the child to acquire values, beliefs, customs and traditions of the society. It is the family that the child's basic attitudes develop. What child considers right or wrong largely depends on what the family in practice believes in. They may, later on in their lives, question these values and expressions of the family. It is the content of this questioning that a child develops its own value system for life.

Economic function: There is a concept of optimum utilization of income and labour. Families pool their resources so that they can have maximum satisfaction by budgeting efficiently. This economic co-operation within the family not only goes a long way towards fulfilling the economic functions for the society as a whole but provides "rewarding experiences for the spouse working together which cement their union to work towards family goals such as providing good education, health and comforts to their children. Families sometimes decide to supplement family incomes through various ways such as wife's employment, business etc. to maintain the social status of the family.

Emotional and Psychological functions: Human beings are emotionally and psychologically sensitive and need the family to recharge themselves for their struggle in the world. Especially in

times of crisis the family works as a shock absorber and gives stability and anchors the members emotionally. The picture of family is one of inclusion and of caring. One can quit his job, drop out of school, and move to another city or village, but the family will always be there to provide support. Adolescents children and unemployed youth are supported by the family so that they do not loose heart and go astray. The family is a compensatory agency which offers comfort and esteem to the worker who return from the factory or office where he has no control or full satisfaction. With the changing values, norms and patterns of family, members sometimes may not find required support from it. But even then those who consider their own family as a "problem family" should learn to understand problems in the family and to work on them to resolve them, by sharing and expressing feelings.

Educational function: Beginning with toilet training, language skills or socially acceptable behaviors, family performs the important functions of education of children and their socialization. Vocational skills of varying nature are also learnt at times within the family. Basic education is given by the family. This training prepares a child to learn fast in school and enables him to cope with the demands of schooling along with his her classmates. Within the family the child learns to conform and to submit to authority. It also learns to negotiate with authority.

Cosmic function: Man feels adrift in the large impersonal universe. He becomes largely alienated in the industrialized and urban society. Living in a family help to give him/her a place in the cosmos that makes him feel connected to others and rooted to earth.

Community : MacIver defines community as "an area of social living marked by some degree of social coherence". We know that a person rarely exists alone. He is liked in many ways to his fellow human beings who form a group, he can establish relations only with the people who reside near him in a definite part of the territory. It is a fact that people who over a length of time reside in particular locality, develop social likeness, have common specific area gives birth to community. These above mentioned aspect of community help in providing and preserving family life education. Let us now examine the three specific roles performed by community which is very important from the family life education point of view.

Community acts as a preserver of values related to family life: Each older generation pass on values related to family life to each successive younger generation which they have acquired from their previous generation. That becomes a set pattern or tradition in the communities. In this way, age-old traditions and values set pattern or tradition in the communities. In this way, age-old traditions and values are still prevailing in communities and societies. Some times we find that these values are little bit modified according to the changes taking place in societies. It may be either in the form of parents or grand parent's vis-à-vis their respective children or grand children or the form of sermons by religious or community leaders etc.

Community act as a resistant: Not only does community preserve values related to family life but also it resists when there is any violation of norms or values. It imposes certain restrictions or takes action against the individual who violates the norms and values. Other than this, community may take certain strict measures like non-cooperation and boycotting the individual and groups who tenf to violate the values and norms.

Community provides moral policing: Another important point which is significant is that community always tries to provide guidelines to the members about what to do or what not to do. It keeps as an

eye on each member's actions in the community or outside the community. In this way it keeps checks and balances in the community. As far as community is concerned, there are three major settings currently which offer family life education for adults: religious, social and professional organizations; mass media; and schools and universities.

5.9 Summary:

The objective of family life education is to develop full knowledge about family roles and functions; develop the knowledge, values and skills necessary for adult life marriage and parenthood etc. the ultimate aim of family life education is to create responsible and useful young citizens by upgrading the above-mentioned skills. To develop all these knowledge, values and skills- various institutions like family and community and individual have different functions and roles and simultaneously has to satisfy different needs. Like the individual, family performs various function such as biological functions, cultural function, economic function, emotional and psychological functions, educational and cosmic functions. The community acts as preserver and provider of family education and provides resistance to those persons who violate values and norms. It provides moral settings which correctly offer family life education: religious, social, professional organizations, mass media; and school and universities.

5.10 Key Words:

1. Family life cycles
2. Biological functions
3. cosmic functions

5.11 Self Assessment Questions:

1. How family life education influences the family in Indian society?
2. Write the role of Individual, family and community in imparting the family life education.?

5.12 Reference Books:

1.Areus,M.E.Schvaneveldt,J.D,Moss.JJ.(eds)(1993): Hand Book of Family life
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Lesson – 6

Sex Education and Population Education

6.0 Objective:

The Objective of the present lesson is to explain the Importance of Sex Education and Population Education

Contents:

6.1   Introduction
6.2   Sexual Health Education and Population Education
6.3   Role of Sex in constitution of family
6.4   Multi motivation in Sexual behavior
6.5   Conceptual Frame work of Sexual Health Education
6.6   Components of Sexual Health Education
6.7   Specific objectives of Sexual Education
6.8   Role of Home, School and Media
6.9   Summary
6.10 Key Words
6.11 Self Assessment Questions
6.12   Reference Books

6.1   Introduction:

Sexuality is one of the most important aspects of life. Every cell and fibre of person's body is sexual. Sexuality permits psychological and spiritual areas of a person's life. One of the sad lessons of human history is that sexuality which have brightened and cheered people, often becomes, instead a curse. We often see people's lives being disoriented because of the inability to deal with sexuality meaningfully. A person's relationship with others in his/her life is disrupted and distorted because of the inability to exercise sexuality honestly and meaningfully. Sexuality plays a decisive role in the formation of a family, if not understood and exercised properly it can destroy families and intimate relationship that exists between the families.

6.2 Sexual Health Education and Population Education:

Sex and sexual health are very sensitive; they are still considered to be taboo and Therefore for public discussion and education on the subject is limited. Usually discussion on subject is considered to be indecent. But the need to impart knowledge and understanding related to sexual education to young people and adults is being increasingly felt in the context of wide spread sex related problems. The advent of HIV/AIDS pandemic has made future imperative on the part of education system to respond meaningfully to this important concern. The programme of action (POA) adopted by international conference on population and development (ICPD), 1994 identified certain specific needs

for young people the POA has recommended young people; to be adequately informed about the reproductive health so that they attain the level of maturity to the required level to make reasonable decisions.

Teenagers face several problems with regard to physical and emotional development, as they become aware of their sexuality. As a result of the social and economic changes taking place in the country marriage and formation of family gets delayed. Therefore they have a longer interval between on onset of sexual maturity and marriage. This increases the likelyhood of their involving in the premarital sex. Traditional custom and family ties that have discouraged premarital sex are being undermined by social and economic developments and its consequences. Thus migration and increasing exposure to sex through media tend to influence young people. With the advent of HIV/AIDS, and in view of an increasing number of premarital pregnancies and rapid and in view of increase of sexually of transmitted diseases (STDs) there is an urgent need to introduce sexual health education in our educational system.

Population education: Population education has been defined as an educational programme which provides for a study of the population situation in the community, nation and world, With the purpose of developing in the student's rational and reasonable attitudes and behavior towards that situation. The content of population education programme is influenced by the specific national situation as well as by political and educational roles. In the Indian context the concept of population education is designed to bring home to the students both at school and university level the consequences of uncontrolled population growth; the belief of a small family norm; the economics, sociology and statistics of population growth, its distribution and its relation to the levels of living.

6.3   Role of Sex in constitution of family:

It is with the birth of a child that a family is fully constituted. Unicellular organisms like amoebae reproduce sexually. Human reproduction on the other hand is purely sexual. Family is the context in which human sexuality is socialized and humanized. Without the socialization and humanization of sexuality, social life itself is not possible. The great psychologist Sigmond Freud observed that until human beings learn to control their sexual instincts, social life is impossible. In the world of animals strictly speaking there is no family life and no social life. Human being however establishes health and viable relationships with other human beings. In the context of family life women and man are married. The whole society is invited to respect that alliance. The purpose of marriage ceremonies in any society is to let the whole society come to know about this alliance and protect it. This understanding is essential for survival of any society. Apart from helping human beings, to establish a society is based on reciprocal relationships. Sexual relations also help the partners to express their love for each other and affirm each other in their lovability and goodness,

Sexual relations are thus not only procreative but also recreative they help to promote human fulfillment and satisfaction. Often the role of sexual relations, though it is of paramount importance in the life of human beings is not discussed. It is swept under the rug and kept hidden even from the life of married people. In most societies sex is a

taboo subject. In this same societies sex is often caricaturized and dealt surreptitiously as a dirty subject especially by the youth and people who want to exploit their vulnerability.

Distinction between genital sex and effective sex: It was Sigmund Freud who distinguished between two basic dimensions of human sexual experience: the genital dimension and the effective dimension.

Genital dimension: the genital dimension of sexual experience refers to the physiological changes and developments that a person experiences during the sexual relations- such as intense attraction towards another person, culmination of this attraction in sexual advances, culmination of sexual advance in sexual intercourse which leads to sexual climax or orgasm, and the consequent feelings of physical well being and relaxation. The sum total of all these experiences is what is referred to as' genital sex' by the psycho analytic school. This dimension is common in both animals and human beings. One of the hallmarks of this dimension of sexual experience is that it is short lived and sporadic. It does not last for ever it comes and goes.

Affective dimension: if we analyze the valid sexual experience of man and woman we can also isolate and identify another dimension: what the psycho analytical school identified as the 'affective dimension'. There are a lot of psychological and affective changes and developments that are often part and parcel of sexual experience – such as feelings and emotions of love, intimacy, oneness, gratitude and respect etc. The sum total of all these psychological changes and developments are referred to as affective sex. This dimension of sexual experience is unique to human beings. Animals do not have this type of experience. They have instinctual, physiological attraction, which is part of genital sex. This dimension of sexual life counts for the possibility of family among human beings in the context of procreation. In the light of this basic distinction between genital sex and affective sex one can try to understand the basic structure of human sexual fulfillment.

6.4 Multi motivation in Sexual behavior:

There are other motivations that drive man and a woman, or a boy and a girl to relate to each other sexually. One example is 'hatred'. Sex can be a powerful weapon of expressing hatred towards another person.   The classical example is 'rape'. Rape is the expression not of love but hatred. After raping the girl the boy does not normally develop intimacy with her. Usually rape victims are murdered by the rapist. In wars men are killed and women are raped. The bad words are four letter words used in the most languages to express disgust and anger towards another person are almost always related to sexuality. This is another proof of fact that sex without love becomes a powerful weapon of destruction and anger.   There is another motivation which is very common in sexual behavior 'inferiority complex'. A boy who is not sure of his masculinity may try to prove in place and out of place that he is masculine. Part of that effort may be establishing sexual relation with a girl, not because of his concern and love for the girl but to prove this point. The same can hold good for a girl 'a girl who is not sure of her femininity or attractiveness 'may try to prove in place and out of place that she is feminine. Promiscuity may be one of its expressions. The truth is that these other motivations do not lead the human couple to sexual fulfillment; they are the source of many breakdowns in marital and family life.

6.5 Conceptual Frame work of Sexual Health Education:

Sexual health education is an educational programme designed to provide learners with adequate and accurate knowledge about the human sexuality in its biological, psychological, socio cultural and moral dimensions. It focuses largely on the individual and self awareness, personal relationships, human sexual development, reproduction and sexual behavior. Human sexuality is the core of sex education it is the function of the total personality which includes the human reproductive system and its functioning, attitudes towards being a women or a man and the relationships among the members of the same sex and the opposite sex. It embraces the biological, psychological, socio-cultural and e6thical aspects of human sexual behavior. It helps people to understand various aspects with regard to sexuality, to learn to respect others as sexual beings and to make responsible decisions about their behavior.

6.6 Components of sexual health education:

The following is the brief description of the main components of sexual health education.

(1) Physical aspects: Among the usual topics taken up on reproduction in Biology course in schools and colleges are the anatomy and physiology of human reproductive system. Anatomy refers to science of structure of the human body and their inter relations of their parts. In sexual health education the anatomy of human reproductive system is an important field of study. Physiology of the reproductive systems refers to the study of the processes and mechanism by which parts of the reproductive system functions. It is extremely important for boys and girls to know about their bodies and how they function. Misinformation or lack of complete information often results in unnecessary worries and may cause serious problems. For instance many young girls without proper about menstruation are shocked to find themselves bleeding at the initial stage of puberty on the other hand untutored young boys may be upset by their we dreams. Wet dreams are seminal emissions are indications of ability of young man to cause conception. While the onset of menstruation indicates that a young woman is capable of conceiving a child. In short they are maturing into adult hood. Let us briefly discuss the subtopics under the physical aspects as mentioned below.

(a) Anatomy and physiology of reproductive systems: This part identifies the various male and female reproductive organs and their functions. Adolescents needs this information in order to understand the successive concepts concerning conception, pregnancy and contraception. Concept of menstrual cycle is also to be discussed.

(b) Physical, emotional and psychological changes during puberty: Puberty is a time for physical and emotional change. During puberty adolescence begins to become concerned about the physical changes they see in their bodies. Some may be developing at a slower pace and some other may grow at a faster than their friends. Some may be feeling awkward about their growth while some may become anxious over their bodily changes, and may have conflicting feeling about becoming adult. Yet some others may feel proud and comfortable about their approach to maturity. It is also a time for

adolescence to develop their self esteem. Adolescence is a period of high stress for many people. Young people are much concerned about their physical image and their relationships with their family and friends. Their confusion, concern and anxiety affect their feeling of self-worth. A young person with a positive healthy self image will make positive, healthy choices. Efforts should be made to encourage self awareness, self acceptance among the adolescents during this period of drastic change.

(c) Conception, pregnancy and birth: The sub-theme is aimed at familiarizing you with basic knowledge concerning physiological processes involved in conception, pregnancy and birth. It is very important that adolescents get proper education and guidance on these topics. In many countries adolescent pregnancy (teenage pregnancy) is on the increase in several countries in Asia. Early marriage is common. This is true for India as well. Young couples are urged to have children as earlyas possible. Early pregnancies do create a lot of health, social and psychological risks. The younger the mother the more serious the physical consequence of pregnancies. Complications in pregnancies and child birth are the leading causes of death among women aged between 15-19 years in developing countries. It is important to distinguish youth and older adolescence when discussing the risk of pregnancies. Pregnancy and birth are areas of real concern for teenagers because of the health risks; they will be interested to know about prenatal and postnatal care, pregnancy symptoms and testing, foetal growth and development and labour or delivery.

B. Social aspects: The subsection deals with the sociological and cultural aspects of human sexuality. It covers topics such as sexual behavior, sexuality in childhood and adolescence, love, dating, relationship, adolescence pregnancy and moral code of ethics. Sexual adjustment is a part of person's total development into a mature individual. Sexual maturity helps to bring out what is best, most generous and most constructive in an individuals life. Sex is a basic drive upon which race preservation and personal happiness depend. If sexuality does not evolve properly the whole process of growth and development are likely to be effected negatively. Excessive sex repression tends to impair freedom and the functioning of an individual to the extent that mating and sexual satisfaction are not attained; on the other hand too much sexual freedom can interfere with normal demonstrations of love and mating functions to the degree that sexuality remains on an infantile level. Disturbances in sexual development can lead to personal and social mal adjustments.

1. Sex drive or sexual feelings in childhood and adolescence: Sexual attitudes are formed from early childhood, although sexual urges and emotions do not become apparent until the age of puberty. During this period many changes occur among boys and girls. In the male, puberty begins with the appearance of nocturnal emissions or wet dreams. At about this time young man begins to experience a distinct sexual urge that is associated with his genitals. The heightened sexual anxiety is likely to lead to masturbation. The sexual drive of a young woman on the other hand is less genital specific and she tends to associates sex with romantic situations. This awakened sexual drive among the youth particulars young men creates a certain amount of restlessness because of which the youth are often considered by their elders has being different and difficult. These are the first of towards the adolescence development of an independent personality and existence

which tend to be interpreted the emotional withdrawal from home and family. During this stage lack of understanding on the part of elders and youngsters on each other is common.

2. Emotional development: Teenage period is often described as a period of great excitement and emotional turbulence. The physical changes that take place among young people during this period may result in a sudden upsurge of sexual feelings experiences of sexual excitement may occur when they are nearer to people of the same sex and age. At this time they may not recognize such emotions are sexual in nature. An increase in hormones can arouse sexual thought and excitement. However, due to social control such interests are not expressed in reality and this will lead them to day dreaming. During the teenage period wet dreams are common in many boys. Emotional stress is common phenomenon during adolescence due to changes taking place within their bodies. Hormonal imbalances can cause irritation, restlessness and tension. Young people need to be educated on such matters although most adolescence manages such changes and developments on their own. However, essential that authentic knowledge on the subject is provided to them along with proper guidance and support from parents, teachers and responsible elders in the family. It is however, most important to offer a healthy emotional climate for young people at home, in the school as well as in the community where they can conveniently express their emotions.

3. Personal identity: During adolescence every child tries to establish his/her own identity. The establishment of identity is a gradual process during this stage of development. It is possible that the physical and psychological changes taking place during the teenage period can interfere with the process of establishing personal identity. However, as they grow into adulthood they normally a strong sense of personal identity. Parents and teachers need to help and support young people to develop and maintain a high sense of self esteem and self support. Self esteem is closely identified with self respect. It is the realization of oneself as a human being and identification of oneself with in the society. The social development of person is primarily is based on this self esteem.

4. Social relationship: The growth and development of social relationship of young people is by and large centered on their interaction with siblings, parents, peer groups and members of the opposite sex. Early experience of social relationship is usually centered around home. However, as young people enter into their teens physical and emotional development which takes place in them is marked by changes in the patterns of interpersonal relationship. Parents continue to have control over their teenage children and provide protection and guidance. However, teenagers try to assert their independence by shifting away from parents and trying to be on their own within their families. It is common for young people to have more frequent conflict with their parents over the amount of freedom they think they deserve. Some parents treat these changes in behavior pattern as a challenge to their authority. Many parents tend to think that their growing child is inexperienced and therefore cannot make right decisions therefore such parents can also generate stress and strain for their children. Social development is easier for those teenagers who feel that their parents love and trust them. An over protected teenager is likely to have greater difficulty in learning to act independently. To a great extent peer group relationship help teenagers to learn to interact with people in a healthy manner. Therefore an appropriate sexual health package is required for the young people who will enable them adopt healthy behavior pattern.

5. Premarital sex and teenage pregnancy: Premarital sex has given rise to a range of alarming problems. Today teenagers are faced with new challenges. Sexual activity has become more overt among the youth and society in general. Girls and boys are reaching sexual maturity at an earlier age, because of their early menarche girly are able to conceive at a younger age as sexual intercourse among adolescence in some countries becomes common, teenage pregnancies are on the increase. Sexual permissiveness is encouraged by sexual messages conveyed through the mass media while hardly any effort is made to provide moral education and the negative impact it has on the individual and the society.

Teenage pregnancies pose many problems. In many societies pregnancy out of wedlock is a taboo. Strong social pressure may lead to illegal abortion and may also provoke the women to commit suicide. Illegitimate may face the problem of social and legal discrimination as well as economic hardships if marriage is forced on the mother there is a high probability of marriage failure. When a low level of educational attainment among the women is perpetuated from generation to generation their opportunities for employment also get reduced. Thus their continued dependence on others for their livelihood is reinforced in terms of health, early reproduction is usually harmful both physically and emotionally then one which begins late.

C. Sex roles: The study of sex roles is vital to achieve one of the objectives of sexual health education, namely to enable the youth to understand and cope in their own lives. The braking down of traditional social structures and the changing role of men and women as a result of social change is one such example. Studies on sex roles stereo types indicates that men and women generally hold stereotypes of the typical characteristics of males and females: males are logical, dominant, independent, unemotional and aggressive while women are sensitive, emotional, nurturing and are some what dependent and submissive. It is unlikely that such personality characteristics are completely innate because in some cultures women are aggressive and dominant while men are found to be emotional and sensitive. If there is inherent predisposition that is different for each sex, it appears that particular cultures emphasize some and mask others. Topics on sex roles cover masculinity and femininity in different cultures stereo types and role expectations.

D. Gender roles: The term 'gender' is derived from the French work 'genre' meaning sex. Sex refers to binary division between a male and a female in terms of physical features, chromosomes, hormones and secondary sexual characteristics. Gender refers to those characteristics of males and females, that are shaped by social factors while examining gender differences in life expectancies, we refer to social influences on survival such as preference for male children and discrimination of women and girl children in matters of education, health care, nutrition etc. In fact the differences between the males and females are derived from three sources (1) biology (2) role that men and women traditionally play in the society (3) beliefs and opinions prevalent in society. The existing inequalities between men and women and the subordination, of women to men the in the area of distinction between sex and gender which is quite explicit. It is important to understand the gender based role assignment by society to male and female. In fact all these role stereotypes influence every aspect of human life; in short we may say that gender roles are set of behavior which are determined by the society for men and women.

Gender roles continue to influence the behavior of teenagers during the formative period. The gender identity with regard to various types or roles, such as occupational roles, conjugal roles and prenatal roles continue to develop during the period of adolescence. The effect of such gender defined roles result in development of attitudes, behavior and value orientation viewed as appropriate for male and female in a given cultural setting. Therefore, there is a need to promote appropriate gender role development among young people during the formative period so that discrimination of women can be challenged and transformation of traditional models of gender relations takes place in the society. This is required if we want to create a decent society where men and women can live a meaningful life creatively with dignity.

E. Sexually Transmitted Diseases (STD): STD as a topic in sexual health education has become more important due to the increased spread of STDs, and especially the dramatic rise in the incidence of HIV/AIDS. STD education should address two areas: Factual education and inculcation of right social attitudes. Students need to understand that STD is not only a serious problem but more importantly a critical medical problem which can be prevented than treated. The study of STDs includes the various types of STDs their origin, symptoms, treatment and prevention. Some of the STDs like HIV have no cure.

6.9 Specific objectives of Sexual Education:

A comprehensive sex education program should aim at several objectives, some of these include:

1. Sexual heath education should focus on the total personality development of the individual; sexual heath education should seek the development of individuals sexuality and sexuality involves ones total being and identity. In short it includes physical, social and psychological aspects of sex and sexuality. It will also create the power to make the value judgment.

2. Sexual health education should aim at providing factual, complete and honest information about sex and sexuality. Sexual health education program should aim at increasing awareness and insight regarding the physical, social and psychological development. It will help in clearing up myths and misinformation that young people share among themselves. It will also prepare the adolescence to face the biological changes that would come about during puberty such as menstruation, seminal emissions, change of voice, enlargement of breast etc..

3. Sexual health education will enable young people to become responsible in making decisions. Sexual health education aims at helping individuals to acquire and maintain responsible and caring relationships and behaviour. Simultaneously it will prepare the children to recognize the behaviour that is exploitative and self destructive.

4. Sexual health education will help the child to respect self and others. Sexual health education will enable young boys and girls to become proud of their own sex while appreciating the attributes and capacities of the opposite sex.

5. Sexual health education will provide opportunity to youngsters to imbibe human values. Sexual health education will provide opportunity to the young people to develop ethical, social and spiritual values which will serve as a guide to the individual in personal, family and social relationships.

6. Sexual health education should help the young boys and girls in understanding that each part of the body and each phase of growth is good and has a purpose. This will be a holistic idea about human development and simultaneously it will help the young people to nurture a feeling that sex is something beautiful, positive and it is a creative part of life.

7. Sexual health education should help in the formation of a emotionally stable personality. By developing various skills an individual will also become emotionally stable. Such an individual will be able to make rational decisions and will have judicious thinking. This is considered to be the ultimate outcome of sexual health education.

6.10 Role of Home, School and Media:

Children first learn about sex and morals by observing the attitudes and behaviour of their parents and family members. The importance of creating and loving relationship is often understood by the behaviour patterns of children manifested at different stages of emotional and sexual development. Because, during childhood most of the learning is acquired by imitation; it is important for the parents to be aware of their roles and to impart positive sexual health education to the children. The most appropriate attitude is to let the child know that sex is not a dirty reality and curiosity in this spheres is a common and natural process of growing up without caring and helpful attitude, children will be hesitant to ask sex related questions fearing that their parents will be uncomfortable to answer them truthfully. It only parents become comfortable taking about sex and sexuality they will be able to promote a healthy parent child relationship. Parents should avoid associating scary stories with sex. Sex should not be mixed up with STDs, AIDS, and teenage pregnancy, rape, and pornography and child molestations. Children should no doubt be warned about the dangers of these problems but at the same time parent should not forget to acknowledge and explain that sex, in its proper place is a good and wonderful thing. Parent should neither panic when children ask questions, nor should they express distress at seeing their children exploring their bodies.

Responsibility of school and teacher: there is a belief that a well prepared curriculum and service strategies can show the way to positive sexual health education program in the school. But to make this process a reality there is responsibility that must be shared between the various players i.e. the children, school and school teachers. There are many strategies that have been adopted in the field of school health services. The choice of a strategy is based on entirely on the local resources available often. A combination of strategies has to be used. The strategy could be of following type:

1. **Supervisory strategy:** This involves intervention by health professionals who undertake the responsibility of providing health care to the school children periodically through annual medical examinations, counseling and guidance.

Inevitably the school teachers and children have to merely carryout instructions. The elements of participation are totally absent. No skills are transferred to the teacher or parent; however, this is sufficient to satisfy mere regulatory requirements.

2. Preventive health program: This consists of stressing the importance of immunization, disinfecting water, safe disposal of refuse, lecture on personal hygiene, displaying of health posters and organizing film/video shows for the children. This is certainly better than supervisory approach. However, there is still no participatory involvement of children and methods are all generally preplanned and packaged. This does not generate any initiative, transfer of skills is minimal and community participation is limited to merely providing a physical space for the organizers of the program. This approach may be good entry point to the school health program.

3. Participatory strategy: In this approach the four key players – the community leaders and school children are involved in the following steps. Formation of a core group of people who will be directly responsible for the school health programmes including sexual health education. Community leaders, parents, teachers and school children being made aware of the importance of school health and sexual health education. Identify the local health professionals who could play a role of technical advisors and trainers without taking over the entire school health program. Training of core group member, teachers and selected parents, the various skills necessary for executing various components of school health program, with special emphasis on sexual health education.

4. Participation by students: This is one area which generally tends to be neglected under a misconception that students need only to be taught. However, if any educational program is to bring about a change in the attitudes and practices by the students, then the students themselves must be involved in the learning process. Although difficult, student participation is the only way out. For this purpose, apart from involving the students in the core group mentioned earlier, the programs must be designed in such a way that the students are always interacting and executing as much of program components as possible.

Role of mass media in sexual health education: Mass media particularly news Papers, magazines, journals, leaflets, television and radio have helped to provide information and create awareness among the people about many sensitive and health related issues. If you want to provide a consciously planned sexual health education program, we need to mount and sustain a major public education campaign. Media can play a key role in creating awareness about the importance of sexual health education at a time when we are faced with sexually transmitted killer diseases like HIV/AIDS.

India is not only a vast country but also a country of numerous cultural and linguistic diversities. This possesses a great challenge for developing suitable Information Education and Communication (IEC) strategies and approaches that are specific and relevant to the cultural and linguistic content. Most people think of media as a press, cinema, radio and television. These are called mass media or big media. They are big because of the large audience they address, vastness of their production, involvement of large capital equipment and qualified personnel. Group media or mini media or small media, instead

are not only small in size but are economical, easy to use, and easily portable. They seldom require technical expertise of the kind needed for mass media. Let us briefly list out the kinds of group media and examine to what extent they can be used for promoting sexual health education.

The group media constitutes posters which constitute pictures, drawing, cutouts, illustrations and captions. This can be meaning fully used among the illiterate people as well as young children to convey sexual health education message. A collage is a composition of pictures, words or objects collected according to given theme. Use of collage in sexual health education program can add variety and reduce monotony. Banners, murals, flipcharts and flash cards can be successfully used in providing sexual health education particularly through melas, exhibitions and training workshops. Radio is the most popular medium among the mass media, reaches vast audience. It is therefore most useful to use this media to teach sexual health and related issues. Sexual health education program can be offered through T V programmes such as serials, dramas, theme based music, panel discussion, talk shows, interviews, quizzes etc. Cinemas, documentaries, slide shows communicate sexual health education message and lesson. Cinema is a powerful medium to reach the illiterate masses. Besides, the efforts of the Government and the NGOs to popularize the concept of health and promote education on health related issues through news letters magazines and pamphlets.

Today with the fast changing social lives young people need guidance and support to recognize right and wrong to choose healthy life styles. Given the current situation one such area which deserves immediate attention is on sexual health education in which young people are given authentic and complete information which will enable them to live a satisfactory life.

6.9 Summary:

Sex and sexual health are very sensitive. They are still considered to be taboo and therefore for public discussion and education on the subject is limited. Usually discussion on subject is considered to be indecent. But the need to impart knowledge and understanding related to sexual education to young people and adults is being increasingly felt in the context of wide spread sex related problems. The advent of HIV/ AIDS pandemic has made future imperative on the part of education system to respond meaningfully to this important concern. Sexual health education is an educational programme designed to provide learners with adequate and accurate knowledge about the human sexuality in its biological, psychological, socio cultural and moral dimensions. It focuses largely on the individual and self awareness, personal relationships, human sexual development, reproduction and sexual behavior

6.10 Key Words:

1. Multi Motivation
2. Premarital sex
3. Participatory strategy

6.11 Self Assessment Questions:

1.   Write the importance of sex education and population education?
2. Discuss the impact of sex and sexuality in family life education.
3. How the home, school and media promotes the sexual health education?

6.12 Reference Books:

1. Areus,M.E.Schvaneveldt,J.D,Moss.JJ.(eds)(1993): Hand Book of Family life
                              Education, Sage Publication Vol.I Vol.2
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Lesson - 7

Family Counselling – Concept, need and Skills

7.0 Objective :

To explain the conceptual framework, assessment, process and skills and techniques of family counselling.

Contents

7.1 Introduction
7.2 Concept of family counselling
7.3 Systems approach to family counselling
7.4 Areas of family counselling
7.5 Assessment in family counselling
7.6 Skills and techniques in family counselling
7.7 Process of family counselling
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7.1 Introduction

A family occupies a place of crucial importance among the many social institutions. It is a main agency for socialization of an individual and has a key role in the growth and development of its members. A family is the basic source for realization of personal satisfaction and also a basic instrument for social change. Because a family is continuously evolving and changing, it is ultimately the source for evolution of mankind. Human development can only be enhanced by enriching family life. Though family is a source of love, sympathy and support, in some instances it is also a source of inequality exploitation and violence.

Family as a vital institution is now in a process of rapid transformation. Changes are taking place in its composition, size, role relationships and power distribution. Some of those specific changes are the trend towards nuclearisation, changes in child rearing practices, parent child relationships, changes in role status and employment of women and changes in decision making.

The Indian family is undergoing a transition from an institution, which mainly served society's needs, to a unit that meets the needs of only its members. The status of elderly is diminishing, and there is less time to take care of the elderly, disabled, ill, widowed and so on. Because of the changes taking place in the family relationships, there is now an increasing trend towards single parent families and female headed households. While urbanization due to technological development, has improved the standard of living amongst the upper class, there is also growth of slums, poor sanitation and health conditions, unemployment and growing debt. Environmental disasters and political violence have further endangered family life. Widespread poverty and deprivation are affecting the physical and mental development of the individual members in the family. Disability, chronic

and terminal illness, substance abuse, crime, child labour, street children, individuals affected and infected with HIV / AIDS, domestic violence etc, are showing an increasing trend. In the absence of adequate and appropriate family centred intervention such situations can lead to the break up of families, destitution of

especially children, women and the aged. Hence, family counselling which is one of the forms of family centred interventions promotes and protects the values and rights of the individuals in the family, and rights of families with respect to their environment.

7.2 Family counselling – A conceptual framework

Family counselling is one of the forms of family centred interventions. When counselling families, all or several members of a family are seen together. Family is considered as the center of the field of action and hence it is the unit of attention. Main assumption in family counselling based on an ecological systems perspective, is that human beings can be understood and helped only in the context of the various systems to which they belong. So, in family counselling the focus is on the family environment interface. This is so because human growth and development takes place in the context of relationships. While counselling families, the concern and focus of counselling is not only on the transactions or relationships between the family members, but also on the family and its environment.

Family counselling is also viewed as a process of delivering services to families based on a philosophy in which families are recognized as having unique concerns, strengths and values.

7.3 A systems approach to counselling families

The systems perspective (Kreppner and Lerner, 1989) or the systems approach to family considers the way relationships within the family and between the family and social environment influence individual development and family functioning.

Some of the principles of systems approach relevant to Family- Centered approach are:

- **Interdependence.** One part of the system cannot be understood in isolation from the other parts. Describing individual family members does not describe the family system. A family is more than the sum of its parts.
- **Subsystems.** All systems are made up of subsystems. Families subsystems include spousal subsystem, parent – child subsystems and sibling subsystems. A family's role and functions are defined by its subsystems.

- **Circulartiy.** Every member of a system influences every other member in a circular chain reaction. A family system is constantly changing and thus it is almost impossible to know for certain the causes of behavior.

- **Equifinity.** The same event leads to different outcomes and a given outcome may result from different events.

- **Communication.** All behavior is viewed as interpersonal messages that contain both factual and relationship information.
- **Family Rules.** Rules operate as norms within a family and serve to organize family interactions.

- **Homeostasis.** A steady, stable state is maintained in the ongoing interaction system through the use of family norms and a mutually reinforcing feedback.

7.4 Areas of Family Counselling

Major types of families seen in family counselling include families with disabled, families with chronically or terminally ill, families consisting of alcoholics or other substance abuse addicts, families with marital problems, families characterized by violence and abuse, families facing the effects of environmental disaster, families lacking adequate social welfare facilities, families having problem related to child bearing and child rearing, deprived families etc., In all these situations, the effect is at the individual and family level. The equilibrium or the homeostasis of the family is affected and the family as a system is unable to carry out its functions. In such situations, the family interaction patterns may also change and as well as their pscho-social well being. The vulnerable groups in such situations are basically children, women and the aged. (Desai,1994). Hence there is a need for family centred counselling in such situations.

7.5 Assessment in Family Centred Counselling Practice

Assessment plays an important role in family centred counselling. The purpose of assessment is to gain an understanding of the family's problem situation and plan strategies for intervention.

Assessment is an important step for effective practice with individuals and families. It is an evaluation of various factors such as the problem, people and the situations and the interrelations between them. Assessment is a continuous process of interaction between the counselor and the family. An accurate assessment is a crucial element in counseling process. The content of assessment includes the background details of the family subsystem i.e., the index client, information about the nature of the problem and its effect on the psychosocial functioning of the client. Assessment of the family system also includes information related to structure and composition of the family, intergenerational family history and the family dynamics such as the communication patterns in the family, decision making, conflict resolution, cohesion, flexibility, major subsystems and alliances in the family. The assessment also includes a focus on the hidden strengths and positive mutual bonds that exist between the family members. Throughout the assessment process the counselor makes an attempt to observe the family members as they participate in the sessions. The counselor makes an attempt to observe the influence of the problematic situation on the client and the family. Use of observation also as a tool for assessment adds to the speed and accuracy in the assessment.

In family centred interventions, assessment varies depending on the nature of a problem. For example, in a crisis situation, assessment is time bound and it has to be rapid. In case of a family assessment related to care of a family member with a chronic disability, assessment may be more elaborate and prolonged.

According to Holman (1983) there are four major areas which need to be investigated while working with families. They are (i) the problem; (ii) the family as a system,(iii) the family and its environment and (iv) the family life cycle.

Assessment Tools in Family Counselling

Genogram : A genogram is a useful tool to obtain a graphic picture of a family. By drawing a genogram, it is possible to gather and organize family history across the generations. A genogram

is similar to a family tree. Through the use of symbols a genogram offers information about the major events, relationships and experiences that have influenced the family over the generations. The basic objective of drawing such an intergenerational map is to help the client family gain insight about the dynamics and functioning of the family, and also to facilitate the family members to express their thoughts, feelings and reactions during the counseling sessions. Drawing a genogram is especially useful during the early family interviews. As an informational and diagnostic tool, a genogram can be developed by the counselor in conjunction with the family.

Eco map : An eco map is a graphical picture of a family's ecological context. It is drawn to understand the nature and kind of relationships, the individuals, and the family as unit have with other systems in the environment. Ecomaps focus on the transactions and exchanges that the family maintains with other systems. While drawing an eco map, the client and his household are placed in the middle of the ecomap and the systems with which the family interacts are added to the parameters of the map. The lines connecting the family to the systems portray the nature of relationships that the individual members and the family unit have with other familial and social systems in the environment.

During the counseling sessions, eco map as a tool brings about an active collaboration in the counselor – client relationship. When the family is encouraged to participate in drawing the eco map, it leads to lively and active discussion among
resources available in its environment and the nature of transaction that the family unit has with the different systems in its environment such as the extended family, school, friends, workplace, etc.

An eco map is an ideal tool to objectively demonstrate change. When an eco map of a family unit is redrawn during the concluding counseling session, the clients and the family unit are able to guage and evaluate the improvement brought about in the quality of family life after the intervention. Thus an effective eco map drawn and developed in conjunction with the family, in the early sessions serves as an effective medium to set goals and construct a plan of action. Ecomap is also a very useful tool in both presenting and recording a case situation as part of a case record, and also in evaluating the degree and quality of change in the outcome. Eco-map can also be used to portray the past and the future. Sharing the eco-mapping processes also leads to increased understanding and acceptance of self on the part of the client.

Family Sculpture : During the family sessions, a counselor can use the technique of family sculpting to further enrich the sessions. In literature, it is pointed out that it is ideal to use this technique following the work on the genogram and eco map is completed. Family sculpting means creating a live portrait of the family. In a family sculpture session, each family member takes turn to create a portrait of the family. Each family member physically arranges the other members of the family including her self or himself. This exercise is done non verbally and the sculptor gives brief directions to facilitate the exact positioning of the members in the portrait. Before commencement of the sculpture the counselor gives clear instruction about the nature of portrait expected from the family (i.e., for eg., the family picture during dinner time) and also the need to complete the picture even if the family members complain, or object in between the sculpting process. A family sculpture gives a counselor an idea about the family relationships and interactions. After the exercise, the counsellor can ask each family member to give a feed back about how he or she experienced his or her position in the sculpture. Family sculpting is a powerful tool to gain an understanding about feelings, attitudes, mood, relationships and activities of the people involved. Family sculpting as a tool is most effective when working on issues related to communication and

inter personal relationships. Family sculpting is a sound diagnostic tool and it provides an opportunity for therapeutic interventions.

7.6 Skills and Techniques in Family Counselling

Attending : means paying full attention to the family unit. The counselor displays a feeling that he / she is available for the family. The family members are made to feel that they are invited and also that they can feel free to express themselves.

Structuring : The counselor creates a conducive atmosphere for facilitating smooth participation by the family members in the sessions. Making the necessary physical arrangements for counselling sessions, setting realistic rules and limits and maintaining a focus is called structuring.

Exploration : Refers to the process of eliciting information from the family unit. The family is encouraged to present the facts, feelings and opinions about event or problem and understand the interconnection between their thoughts and feelings.

Empathy : The counselor through his response demonstrates that he has perceived accurately what the family members are feeling along with the source of that feeling.

Reflecting : The counselor repeats back to the family unit, a word, phrase or sentence the family member has spoken. Use of this technique helps to convey counsellor's attention, to clarify issues and also to give an opportunity to the family members to hear the words they have used.

Paraphrasing : The counselor conveys briefly the meaning that he has understood in the clients message. Use of this technique by the counselor helps to convey to the family unit a sense of trust and respect.

Open questioning : referes to encouraging the family unit to share more fully and clearly about an issue. Use of this technique helps the family to see the patterns and connections while describing an event.

Tracking sequences : refers to tracking the behavioural or action sequences related to the problem situation. Purpose is to help the family discover everything that occurred before, during and after a particular event. Use of this technique helps in eliciting coherent and purposeful information.

Hypothesising : This refers to counsellor's formulation of a tentative assumption about the problem situation which is tested in the future sessions. Purpose is to keep the sessions focused and also to deal with the mass of information coming in from the family unit.

Direction : The counselor based on his professional knowledge and experience provides direction in the form of suggestion and advice for the family's achievement of its goals. Purpose of this technique is to stimulate a thinking and feeling process in the family.

Clarification or reframing : refers to the process of promoting a change in family's understanding about the emotional and conceptual meaning of behaviour, relationships, events or environmental situations.

Confrontation : refers to counsellor facing one or more of the members of the family with the reality of an event, emotion or behaviour. Purpose of using this technique is to interrupt a course of

action or a thought, and to invite the family member to look at his current behaviour that is coming in the way of achievement of goals.

Problem solving skills : Encouraging the family members to identify those influences and factors which a) facilitate and b) hinder achievement of selected concrete goals. The purpose of this skill is to facilitate the family members to create the necessary circumstances to achieve their goals.

A counsellor can involve the family unit in force field analysis.

Force Field Analysis
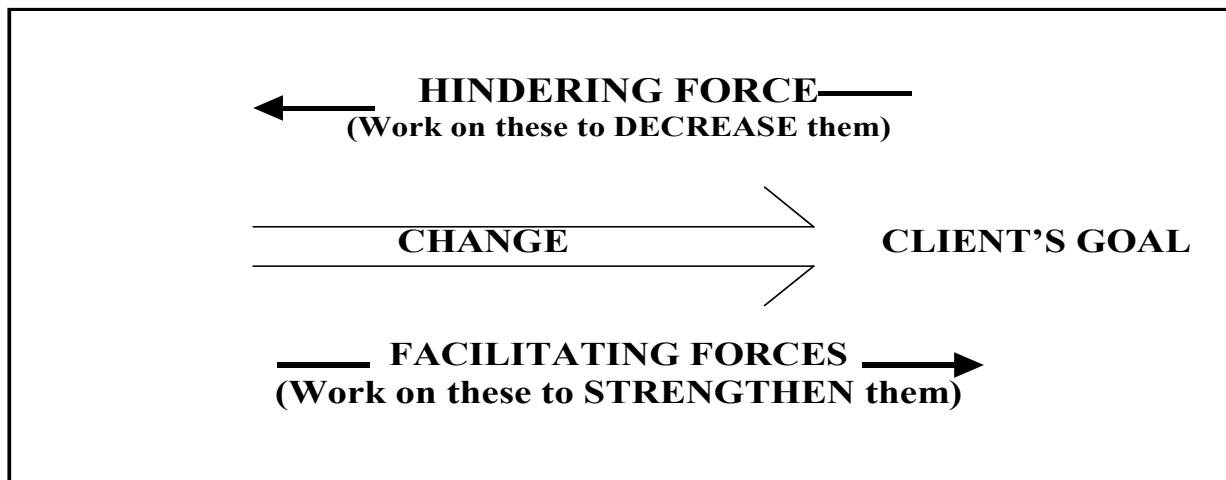
Knowledge and resources : The counsellor should make available his knowledge about people and as well as technical resource such as specialist services, institutional services, treatment centres, support groups etc. Purpose of this technique is to enhance the family's knowledge about the resources and also provide access to the resources that they need.

Methods
DECREASING hindering forces:
- clarifying motivation and personal responsibilities
- addressing fears (failure, difficulties, the unexpected)
- reframing negative thinking
- freeing from distracting activities / involvements
- rescheduling commitments to create available time

STRENGTHENING facilitating factors:
- affirming decisions about goals
- confirming that the benefits of change are greater the costs
- demonstrating the effectiveness of personal resources by use in preliminary actions
- phasing change so as not to overstretch resources
- choosing best times for action
- readying and testing external resources
- recording progress made
- finding self-rewards which clients will use to mark their own and each other's progress
- counsellor's rewarding behaviour : interest, encouragement, praise.

Facilitating change in behaviour (use of conditioning techniques) the counselor uses conditioning techniques to facilitate change in behaviour of the family members. The assumption underlying use of these techniques is that human behaviour is learned and it can be unlearned and replaced.

Using behaviour modification techniques such as positive or negative reinforcement, extinction, token economies and systematic desensitization after a thorough assessment, the counselor assists in promoting the change in behaviour as desired by the family members.

Activity oriented interventions : refers to extensive use of procedures and skills other than verbal interchange. These activities may be used during the sessions, at home or in the community. Some of the activities are exercises in communication, family sculpting, role play, modeling, demonstration and rehearsal, preparation of family genogram etc., The purpose of designing such activities is that skill in problem solving and social competence is developed in the family members. Because activities are designed in such a way that there is more of 'doing' rather than 'talking', a change process is stimulated and a message is conveyed that there are other ways of doing things than the habitual patterns.

Summarising : Gathering together client's statements so as to identify specific thoughts and feelings, and to reinforce patterns and connections (e.g. past and present) described from the client's perspective.

7.7 Family Counselling Process

Counselling families, whether short term or long term proceeds in phases like any other helping processes. It involves a initial or a beginning phase, middle phase or an intermediate phase, and ending or a termination phase. The time, content and processes in each phase will vary of course, depending on the nature of the issues to be dealt with, the nature and functioning of the family system and the tasks set forth to be achieved by the family unit in collaboration with the practitioner.

Beginning Phase: In practice settings, the family enters the family intervention system, through the problem of one of its members. The early sessions begin with the counsellor's attempt to gain an understanding about the client-family-situation configuration. This phase is basically an assessment phase and it depends on the counsellor's skill in building a working relationship with the client and the family. The family members enter the helping situation with a gamut of feelings and experiences related to the problem at hand. counsellor's characteristics such as *warmth, acceptance, empathy* and respect certainly influence the helping process. The *genuineness* in the counsellor's attempt to initiate, develop and sustain a working relationship with the family members makes them feel free to disclose their thoughts, feelings and reactions about the problem. They also experience a sense of *acceptance* and *respect*. Developing a purposeful professional relationship is complex and intricate. A counselor should make an attempt to understand the influence of family's roles, authority, structure and relationships on the problem situation and initiate the holistic assessment.

During this phase, using the technique of *exploration*, and *open questioning* the counselor elicits the necessary information about the problem. While involving and helping the family to examine a given situation, the counselor stresses the need to focus on the facts, feelings and opinions related to the situation. By using the various assessment tools such as the *genogram,*

ecomap, etc., (refer the section on "assessment tools) the counselor involves the family unit to reflect on the issue, describe the events, and also helps the family members to understand inter connections between their thoughts and feelings i.e., between their effect and cognition. This phase is an important stage because, it leads to the initiation of the problem solving process. Based on the ecological perspective, the counselor tries to understand relationships that the family members have with others in the environment. Because help and guidance cannot be provided without an adequate understanding of the various aspects related to the problem, the relationships between the family members, their behaviour patterns, the nature and type of communication prevalent among the family members and the relationship the family has with its environment is discussed.

This is also the phase where in the practitioner clarifies the nature and purpose of the helping situation. The family counselor also stresses the importance of family participation in the enabling process. A mutual agreement is established between the counselor and the family unit and their respective roles are made clear.

When the family unit is involved in the *exploration* process, the family members start identifying with their feelings and reactions about the problem and they start thinking about their goals.

In this phase, giving *support* and *sustainment* is very important. The caring attitude of the counselor, and use of skills such as active and sensitive *listening,* through *reflecting and paraphrasing* enhances the motivation of the family members and instils in them a sense of hope.

Structuring of work is also an important aspect in this phase. The counselor has to create a conducive atmosphere for the counseling sessions, because the environment must be such that it will enable effective communication among the family members and will also help in maintaining a focus on the tasks to be achieved. Through structuring, the counselor prepares adequately for the sessions, arranges the necessary space and material for the family unit.

Another important skill essential for the counselor is *clarification*. During the assessment process, the counselor shares his or her understanding about the family's problem at regular intervals. The counsellor's comments, questions and explanation will promote a shared understanding between the counselor and the family unit. Use of clarifications technique in this stage helps in arriving at a common understanding about the problem.

This phase is also characterized by the counsellor's efforts to enable and facilitate a process. In family centred counseling, a process oriented approach, where in family members are encouraged to speak, reflect and explore and as well as understand the interplay between their thoughts and feelings will help in resolving conflicts and arriving at decisions that will satisfy the family members.

Middle Phase : This is the core phase of the counseling process. This is a stage where in the family members begin to learn ways of dealing with the problem situation with an increased understanding about the situation. The counselor can explore with each member in the family about what the problem situation means to him. Scope is provided for ventilation of their emotional reactions.

The focus of this stage is also on helping families to develop skills for resolving their problems. The essential areas of concern in this stage are developing skills in *communication, problem solving* and learning to perform one's roles effectively. Relevant *behaviour modification* techniques are used in this stage.

Families with problems may often have communication characterised by confusion, distortion or even distance. Counselors, modeling of *acceptance, empathy* and *genuineness* helps the family members to become more accepting of their feelings, fears and ideas. Because problem solving is related to communication, emphasis here is on helping the family members to communicate effectively.

Next the counselor involves the family in an effective problem solving process. The essential steps in the problem solving process such as stating the problem, exploring the alternatives, choosing one of the best alternative, planning the course of action are taught to the family members. Use of *force field analysis* is relevant in this context.

Another area of focus in this stage is helping the family members to develop competence in their roles. This is an area of focus because, when one of the family member is facing a problem, there is a shift in responsibilities connected with that person. Some families having flexibility may shift and adapt to new roles and responsibilities while some families that have a rigid family structure may find it difficult to adapt to the role changes. Hence, the counselor helps the family members explore the changes

that have taken place after the problem has arisen with special reference to how the family has been coping since the onset of the problem. The counselor also helps the family unit to reflect on the blocks or obstacles that are hindering the performance of their roles. Use of various intervention techniques such as *reframing, experiential exercises* and other *activity oriented interventions* are relevant in this phase.

Ending Phase :This phase is characterised by termination of the counseling process. This is a stage in which, the counselor enables the family members to reflect on the tasks or goals that have been achieved through the helping process. Usually, the counselor prepares the family for termination well in advance. In this phase the family members may express a variety of feelings. The counselor assists the family members to face and deal with their emotional reactions. The major task of the counselor is to review the progress made, focus on unfinished tasks if any and plan for the future. In the review, the counselor takes the responsibility to help the family recapitulate and evaluate the progress that has been achieved in the structure and the relationships in the family unit. The whole process involved in the earlier counselling sessions is *summarized*, and the family members are encouraged to use their knowledge and skills acquired in the counseling sessions.

Unfortunately, termination though a vital and important process, is a relatively neglected component in counseling practice. Hence, the counselors have to make special and sincere efforts to help family deal with the final act of termination. The counselor should assure the family about their availability and interest in their welfare, though they may not meet the family on a regular basis. A counselor encourages and expresses the hope that the family unit will make fruitful use of the gains made during the helping process and will cope more effectively with new challenges in life, and the tasks related to their roles.

7.8 Summary :

Family is an important institution for socialisation of an individual. It plays an important role in the growth and development of its members. The contemporary Indian family is undergoing a transition. **Family counselling** which is one of the **family centred interventions** in social work is of great importance to protect the values and rights of the individuals in the family.

Family counsellors need to adopt systems approach during practice. Family counselling commences with an **assessment** which is aimed at gaining an understanding of the family's problem situation and to plan relevant intervention strategies. Use of relevant **tools of assessment** will give a direction and focus to the counselling activity. A family

counselor should use relevant skills and techniques during the counselling process. Like any helping process, family counselling too has a beginning, middle and an ending phase.

In view of the rapid changes taking place in the Indian family areas of concern for counselling are on the increase. Counsellors should use an eclectic approach integrating the elements of systems approach and strive to make family counselling culturally relevant.

7.9 Key Words :
1. Family counselling,
2. skills and techniques,
3. Assessment,
4. Systems approach .

7.10 Self Assesment Questions:
1. Discuss the skills and techniques of family counselling.
2. Explain the role of a family counselor in the various phases of family counselling
3. Discuss the relevance of family counselling in the present Indian context.

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Lesson - 8

Types of Counselling - Marriage Counselling – Role of Counsellor

8.0 Objective :

To explain the concept of marriage, marital tasks and adjustment in marriage and process of marriage counselling.

Contents

8.1 Introduction
8.2 The institution of marriage
8.3 Adjustment in Marriage
8.4 Life cycle approach to understand marriage relationships
8.5 Approaches to Marriage Counselling
8.6 Process of marriage counselling
8.7 Summary
8.8 Key words
8.9 Self Assessment Questions
8.10 Reference Books

8.1 Introduction

Marriage is one of the most important of the several milestones in a person's life. Marriage is the highest form of human relationship the civilisation has ever known. Marriage is a social system through which a man and a woman come closer to each other and start living together. A marriage serves as a vehicle for personality development. It results in profound changes in perceptions about one self, spouse and the rest of the world. A healthy society requires a strong family unit, which can be achieved only through an intact and harmonious marital relationship. A stable marriage is essential not only for the psychic health of the individual, but also for progeny and for the society in general.

8.2 Marriage as an institution

In the context of counselling, marriage as an institution should be analysed from developmental perspective. As a transitional phase, entry into marriage involves achievement of certain tasks or goals. An initial task of the young couple is the formation of a marital subsystem. They have to strive to develop a satisfactory pattern of reciprocity which may range from every day practical issues to deeper emotional and interpersonal ones. Thus martial relationship is seen as a process of circular and reciprocal sequences of behaviours and consequences where in each partner's behaviour is influenced as well as affected by the behaviour of the other partner.

The next task of the newly married couple is the achievement of a healthy separation from their respective families of origin and developing altered patterns of relationship with parents, siblings etc.

The third task is reaching an agreement with regard to the extra familial activities such as work, leisure activities and social life. It is also observed that the degree of investment in marriage depends on how much has been given up.

Finally, with the birth of a child, the spouses' functions must again change to accommodate the child's needs for care and nurturance, as well as the constraints imposed on their time together.

The issue of power is also one of the prominent aspects in a marital system. The exercise of power in a marital relationship is prominently through the roles enacted by each spouse. Mclleland (1975) in a seminal work analyzing power relationships in various realms pointed out that there is a major difference between the sexes with context of power orientation. Power for men, seems to be a freedom from established authority, while for women the concern seems to be with freedom for controlling their lives.

Another interesting phenomenon reported is that, while one spouse attempts to engage in active problem solving discussion through pressure or coercion the other spouse withdraws from the situation. This situation has been identified as being particularly destructive to marriage. Another issue is a situation where in one spouse feels that he / she has contributed more than a fair share to the relationship which has been inadequately compensated.

Equality is yet another important variable in marriage. Equality is often viewed as sharing equal duties and responsibilities so that each is perceived to be doing their fair share. This results in demarcation of roles of each spouse. However, often unintentionally, it may lead to monitoring of the performance of each other. This leads to disappearance of reciprocity between the spouse which is the essence of a marital relationship.

8.3 Adjustment in Marriage

The following are the specific areas of adjustment in marriage (Kundu, Ramanath 1991).

Adjustment to spouse : This is the foremost area because success of any marriage is dependent on the interpersonal relationships between the spouses. Adjustment in this area is influenced by the concept of an ideal spouse. Every man or woman enters into marriage with certain expectations in mind. These expectations are influenced by certain factors such as age at marriage, the type of marriage i.e. arranged or a love marriage, and influence of traditional beliefs about the sacramental relationship between husband and wife. Adjustment between the marital partners is also dependent on the extent to which their mutual reeds (material, emotional, security etc)., are fulfilled. Another important variable associated with adjustment to spouse is the socio economic status and the family environment. In our country, while negotiating a marriage this factor is taken care of, but in spite of a similarity in background, adjustment in marriage is influenced by the concept of an ideal spouse. Adjustment to spouse is also related to similarity of interest patterns and values that prevail between the partners. Role performance is yet another important variable in adjustment with spouse. Unrealistic concept and expectations about roles of a husband and wife my lead to maladjustment.

Sexual Adjustment : This is a highly complicated and sensitive area in the Indian context, because of the factor of excessive inhibition. Sexual adjustment is influenced by factors such as the spouse's attitude towards sex, and his or her premarital and early marital sex experiences. Sexual adjustment like other areas of adjustment calls for continuous adaptation in the institution of marriage. Birth of children, occupation, physical ailments, advancement of age and many other factors influence sexual adjustment between the spouses.

Financial Adjustment : This is also an important area for adjustment because these days incompatibility between financial resources and aspiration level of the spouses regarding their financial status is leading to maladjustment. Lack of adequate financial resources may lead to reshaping of life styles of the spouse which may sometimes cause resentment.

Adjustment to in laws : In India, where marriage takes place more between the families, adjustment to in laws is a major area. Adjustment in this area is influenced by the cultural stereotype of a mother in law and a daughter in law, desire for independence, social mobility, care of the aging , cohesiveness in the family and the financial support of in laws.

Adjustment to parenthood : Parent hood is an important period. It is a period of transition to maturity and adult responsibility. A spouse's adjustment to parenthood is influenced by factors such as age of the spouse, sex of children, number of children, parental expectations, and attitude towards parenthood.

The above areas of marital adjustment are not mutually exclusive of each other. Lack of adjustment in any of the areas may lead to conflict, disagreement, mistrust or unhappiness. Since the concept of maladjustment is inherently dynamic in nature, it needs to be understood clearly and answered properly in the process of marriage counselling.

Areas of Marital Conflict : The most common areas of marital conflict are related to economic issues, relationship (between the partners and with other members of the family), communication, incompatibility, work and recreation, children and parenting, household chores, substance abuse and dowry.

Structural factors such as age, sex, socio economic status etc are used to explain marital conflict. The roots of marital problems in any culture lie in the institutional framework of marriage in that setting. The institutional framework of marriage structurally implies a male superiority of role, power and status over females. These institutional norms can lead to problems in marriage by way of socialization of marriage by the marriage partners or by influencing the marriage by external factors. Personal factors such as an individual's expectations of marriage and their fulfillment, level of commitment, involvement in marriage etc., decide the strength of the relationship. Other personal factors explaining marital conflict include poor communication skills, deficits in social skills regarding conflict management and problem solving.

In addition to counselling, the other interventions for marital conflict include religion, medical, legal aid and support, institutional support etc.

Factors that influence counsellor's intervention with marital partners are the desired goal by the couple, their motivational level, motives underlying their behaviour, the significant individuals involved and finally the social structure. Differing desired goals between partners and low motivational levels of either of them makes the intervention process difficult and slow.

8.4 Marital relationship in the family life cycle

Marriage is regarded by many as the institution that is corner stone of society. The reality of a marital relationship must be understood against the background of the family life cycle. Duvall (1967) the developer of a model of family life cycle reported that marital satisfaction tends to decline from initial high levels during the early years of marriage, to a low point in the final stages of child bearing phase of family life, when there are teenaged children at home. After this it increases again although this may be mediated by an intervening factor such as role strain, which appears to be related to both marital satisfaction and family life cycle.

The value of adopting a family life cycle approach to marital counselling is that it provides a framework within which certain events, roles, tasks and problems that occur predictably for many married couples can be understood. Dominion (1980) proposed a model for exploring problems in marital relationship.

Phase I : the early years

Dominion sees this phase as lasting approximately first five years of life. The social tasks in this according to Dominion (1980) include the process of detachment from parents and friends and the development of an inward focus. Other social tasks also include establishing a viable interpersonal relationship, setting up a home, sharing the tasks in running it and supporting it financially. Dominion (1980) also draws attention to the physical side of marriage during the years of marriage and the importance of sexual adjustment. A process of mutual sharing and learning needs to occur if this adjustment has to be successfully made. In this physical and emotional intimacy are also of central importance. Arrival of the first child is one of the most important event in this phase of marriage. The birth of a child, takes time and energy that would other wise be devoted to supporting the couple relationship. There may be arguments over issues related to child rearing or, the new parents may be ill prepared for their new roles and responsibilities, husbands may start spending extra time outside home, and there may be disruption in social, domestic and sexual life to some degree. This transition stage can create a certain level of stress.

Phase 2. The Middle years

This phase broadly covers couples aged between 30 and 50 years. This is the phase when most child rearing activity takes place, ending when most children leave. The spouses, as parents face the problems of dealing with grown up children. This may also be a period during which children leave home, may get married, the spouses own parents may become frail or fall ill. Grief over parent who has passed away, caring for the remaining parent may be some of the tasks in this stage. Dominion (1980) believed that emotional side of marriage assumed greater importance in this phase of married life.

Phase 3 : The concluding years

This phase covers marriage from 50 years and above to it its conclusion with the death of a spouse. In this phase, children would have left home, leaving the original one to one relationship. With today's increased life expectancy, this phase of marriage may last over twenty years. The important issue in this stage is management of age. This phase is also a period of retirement and the need to adjust to different socio economic factors and patterns of life. There is general decline in sexual activity, incidence of ill health and depression. This phase of marriage ends with the death of one of the spouses. Apart from mourning and grief, marriage continues to have an enormous psychological importance to an elderly person.

Marriage Counselling - A conceptual understanding

Marital counselling is a type of therapeutic intervention aimed at the resolution of problems of married couples. It as a process involving systematic application of techniques intended to modify dysfunctional relationships. So, basically through marriage counselling an attempt is made to resolve problems related to marital relationship. Marriage counselling is based on the premise that individuals and their problems are best handled in the context of their relationships. So marriage counselors while working with the couple help them to understand the manner in which they contribute to the problems in the relationship. When this is understood, the couple are engaged in learning to change how they interact with each other to solve problems. In addition to their relationship issues, marriage counselors also offer help to the couple before they get married to help them understand potential problem areas. Marriage counselling also involves post martital counselling, in which divorcing couples may seek counselor's assistance to negotiate interpersonal issues and child custody.

Marriage counselling helps the couple to deal more effectively with problems, and helps prevent small problems from becoming serious. Research shows that marriage counselling when effective tends to improve a person's physical as well as mental health in addition to improving the relationship.

Marriage counselling which has its roots in the west, focuses on maintaining and strengthening the marital bond. While counselling couples, a counsellor should be cognisant of the realities of Indian situation. As mentioned in literature, a marriage in India takes place more between families than individuals. There continues to be a difference between the status – roles of the husband and wife in marriage. So marriage counselling like counselling in any other area should have sound value base which includes the equality of human beings, irrespective of se, and self determination and fulfillment of individual needs as rights of all.

Much of modern marital counselling focus on improving dysfunctional communication in marriage. In India, where hierarchy by sex, age and kin is distinct and accepted in the family, communication is heavily influenced by all these characteristics. Teaching new patterns of communication would necessitate challenging the hierarchy and bringing about a major reconsideration of the structure of the family, that goes far beyond the scope of the marital counselor.

The counsellor is approached as a last reason after trying intervention with elders, relatives, friends and respected persons in the community, and when the problem is well – entrenched an role difficult to handle. Hence marriage counselling should be based on Indian realities.

8.5 Approaches to Marriage Counselling

Psychodynamic approach : According to this approach problems in marriage are attributed to the un resolved conflicts and needs of each spouse. Each client's personal history and underlying motivations are central in this approach. Family counsellors using this approach apply the principles of psychoanalyses in their work.

Systems approach

This approach stresses the interaction between partners as the origin of their marital difficulties, rather than their actions or personality. In this approach, behaviour and communication patterns are analysed. The systems approach is an umbrella term for a range of approaches.

Behavioural approach

In this approach, marital problems are treated as dysfunctional behaviour that can be observed and modified. The counselor makes the couple aware of their dysfunctional behaviour patterns. Using various behaviour modification strategies the counselor assists the couple to achieve mutually satisfying interactions. This approach also focuses on improving the couple's problem solving skills.

8.6 Process of Marriage Counselling

The duration of marriage counselling depends on the type of problem in the marital relationship. The counselor typically asks questions about the couple's roles, patterns, rules, goals and feelings. The counselling often begins as the couple begin to analyse the various positive and negative aspects of their relationship. The marriage counselor works with the couple to make them understand the partners role in contributing to the problems in the relationship. When this understanding is established, the couple learn to change how they interact with each other to solve problems. The counselor also encourages each marital partner describe the behaviour that he or she will try to change.

Research points out that marriage counselling when effective tends to improve a person's physical as well as mental health, in addition to improving the relationship.

The purpose of marriage counselling is to save the marriage or in other words "repairing the marriage" through multiple interventions.

The process of marriage begins with the stage of *orientation* . The couple who come seeking help for marital problems generally face high levels of anxiety, stress and tension. At this stage the counselor needs to convey warmth, reassurance and concern. The ability to listen and respond sympathetically is crucial because the couple are in a state of helplessness, a sense of failure and possibly even shame because of their inability to cope. So, the counsellor must gently encourage the couple to focus on these marital problems or issues and ask them to present accurate factual information. At this point, the counselor attempts to develop a clear contract with the couple. Though contract may not involve anything written formally, it is emphasised here that there should be some clarity and focus of work during the interactions between the counsellor and the couple.

During the initial interviews, the counselor gathers information about difficulties in the couples marital relationship. This is a stage of assessment of the couple's marital relationship. (The importance of assessment and the tools for assessment in family counselling have already been discussed in the lesson on 'family counselling'). During this stage it is essential that the counselor conveys a feeling that the difficulties of couple have been properly heard and listened to. This is important because in many instances of unhappy marriage, there is frustration in one of the marital partners that his or her legitimate grievance or concern has not been acknowledged. So, when the counselor conveys a feeling that their concern has been acknowledged, the couple feel more in control of the relationship.

During this *assessment* phase, while gathering the information the counselor provides opportunity to the couple to discuss and express their feelings. This may lead to angry, vague or confused exchanges between the couple. In some cases, one partner may talk at length while the

other remains totally silent. Some times the couple may also blame each other. At this point, the counselor has to intervene actively and also make it visible to the couple about what one is 'saying'. The counselor should also take care not to make it appear that he or she is taking sides and also not make any premature interpretations about the maladaptive behaviour of any of the partner.

In this stage, while exploring the genesis of difficulties in marriage, the counselor has to decide about the extent to which the history has to be explored in detail. Sometimes a detailed exploration in the case of marital difficulties, unlike other family problems, may lead to argument between the couples which may be highly unproductive and may further increase their feelings of helplessness. So, the counselor has to use one's discretion and facilitate discussion between the couples to find happier ways of being together by focusing on current issues.

This is also a phase where in the counselor observes how the couple interact with each other and also tries to understand the underlying themes in their communication. So, the counselor encourages the couple to communicate with each other. Sometimes the couple may feel very uncomfortable to interact in the counsellor's presence. This is more so if they have not been talking to each other at all.

During this stage, the counselor along with the couple tries to arrive at an understanding about the marital difficulty. An attempt is made by the counselor to develop an account of how the difficulty developed over time and what are the factors maintaining it. Secondly, goals that are specific and clear and measurable are framed. Such goal formulation will enable in measuring the progress of intervention. Thirdly, the nature of the interventions is also specified which is hypothesized that may affect the problem under review.

While making a general description of the problem, the counselor assists the couple to break it up into specific components. For e.g., if a wife makes a statement that her husband does not support her, the counselor assists her to further explain what she means about that statement, and also asks her to give examples to explain the instances during which she feels unsupported. Such descriptions will help in developing indicators that can be used to monitor the extent of the problem.

While analyzing the problem the counselor also makes an attempt to assess the incidence of the problem experiences or behaviours prior to the intervention – in other words , the counselor tries to find a base line from which subsequent improvement or deterioration may be assessed.

During the *intervention* phase, the counselor observes the interaction patterns of the couple and attempts to shift their perception about their relationships and behaviour through the technique of *reframing*. By using this technique the counselor helps the couple to view the marital difficulty from a different perspective. For e.g., a wife who considers her husband's incessant questioning as intrusive may be helped to view it as an expression of care for her.

The counselor also uses the technique of *discrimination training*. Using this technique the counselor tries to correct the misperceptions that occur between the unhappy couple. By helping the couple to draw their attention to the difference between their view of the behaviour and the partner's actual behaviour the counselor helps the couple to alter their perception.

Another area of focus in the intervention phase is *communication* between the marital partners. Literature in this aspect points out that marital maladjustment is largely due to poor verbal and non verbal communication between the couple. While helping the couple to work on various aspects related to communication the counselor helps them to focus on the following:

- Recognize that communication is a joint effort.
- Messages should be conveyed as clearly as possible and should be listened to and clarification sought if the meaning is not clear.
- Communication should enable the couple to achieve a greater clarity about their difficulty.
- Avoid discrepancy in verbal and non verbal messages.
- Avoid changing topics and getting side tracked.
- Listening without interruption and responding to each other effectively e.g., maintaining eye to eye contact, nodding one's head etc.,
- Expressing feelings more productively. Eg., praise and approval of partner's behaviour.
- Using 'I' rather than 'you'

Working at the level of communication is an useful approach to work with couples. The extent to which it helps in problem solving may vary according to a particular couple.

Behaviour change

During the intervention phase, the counselor can also help the couple to focus on their maladaptive behaviour. The counselor can help the couple to restate their behaviour and offer suggestions about how to alter their behaviour. Counsellor can also help the couple to understand the importance of reciprocity, positive and negative reinforcement. Generally, couple will quickly grasp these concepts, and they can be helped to link them to every day life. Positive reinforcement rather than negative criticism may also be stressed. While working in the area of behavioural change, choosing the appropriate time is crucial. It is also important to allow considerable time to express their view about the behavioural change required. Another point to be focused here is that a couple's relationship involves a pattern of mutually reinforced behaviour. What one person does influences the other and produces a reciprocal response. This point must be remembered while helping a couple to work out an agreement about a behavioural change.

While working on behavioural changes the counselor also helps the couple to start with relatively minor behaviour changes. This is so because the couple may not be ready to work on major behaviour changes at an early stage.

Working on altering one's behaviour helps the couple to reduce their level of irritation or conflict and is useful in developing a beginning of collaboration.

In the above, a range of concepts demonstrating a variety of ways in which counsellors can work with marital relationships has been discussed. A counselor can apply these concepts while using various approaches to marriage counselling.

8.7 Summary

Marriage is an important mile stone in a person's life. It involves accomplishment of various tasks across the life cycle. Marriage also involves adjustment of the couple in various areas. Lack

of adjustment leads to marital conflict. A marriage counselor has to understand the Indian realities during the counselling process. Communication and behaviour change are the major focus in marriage counselling.

8.8 Key words

1. Marriage
2. Adjustment
3. Techniques
4. Communication
5. Behaviour change.

8.9 Self Assessment Questions:

1. Discuss the salient features of marriage as an institution in the context of counselling.
2. Elucidate the process of marriage counselling.
3. Discuss the importance of marriage counselling from a life cycle perspective.

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Lesson No: 9

Pre - Marital Counselling

9.0 Objective:

The objective of the present lesson is to explain the concept of pre-marital counselling and its significance.

Contents:

9.1 Introduction:

Since marriage is basically an intimate relationship of the masculine and feminine personalities, adjustment, understanding, acceptance and communication are called for inlarge measure, if it has to survive the modern stresses and strains of today. Counsellors have a significant role to perform in helping young men and women for marriage and family life. Quite often people say that the most important decision, one has to make in life, is the choice of a life partner. This realization has come about rather recently, with the increasing divorce rate, which is causing much anxiety to the society. We are all aware at the alarming rate at which social change is taking place, which in turn are bringing about changes in education, technology and the like. But it is only when one looks into the changes in married life of yesterday and today. But one question the 'direction' of this present evolving change, thus making us view even progress rather critically.

9.2 Marriage:

Marriage has been created for the satisfaction of powerful desires like love, companionship and so on. There are many unhappy marriages in our country today. People who are going through much brunt and pain because of family life are the ones who need to have thought more seriously about the importance of interpersonal relationship.

" He who wishes to enter upon a long journey, if he is prudent before taking the road, looks for a safe and agreeable companion with whom to travel. Then why should he not do the same who has to travel all the days of his life to the resting place of death, more especially if the companion has to consort with him in bed and board and everywhere, like the woman with her husband? " Don Quixote.

" Marriage is not for everyone. Some people with certain personality problems should never marry. Some never find the person with whom they can be happy. "This message is to the singles- do not let anyone ever feel guilty because you are, or choose to be, single.

9.3 Indian Culture:

Indian culture and traditional institutions offer little specific training for marriage and parenthood. Parents in the urban areas are reaching out for help in discharging their major responsibility more effectively, and many parents welcome a formal family life education in schools and colleges, to supplement what they are able to offer at home.

9.4 Marriage Preparation:

Marriage is an important event in an individual's life and preparation is equally essential so as to experience smooth and successful married life. Marriage preparation can be considered under the following heads:

1. Remote Preparation: From conception to childhood, which is done mainly by the parents in the home.
2. Proximate Preparation: During childhood, schooling and adolescence done by the parents, other married elders and teachers in Family Life Education.
3. Immediate Preparation: During courtship, engagement and just before marriage-usually after 18 years and specifically devoted to marital life, done by trained persons, couples and special organisations.
4. Continuing preparation: To couples after marriage to prepare and support them for marital adjustments, in-law and other problems, family life, child rearing and change of life. Elders, friends and religious leaders or clergy does this.

9.5 Premarital Counselling:

Premarital counselling is primarily preventive and is concerned with building a union between two persons, which will survive future attacks. But most people are not enthusiastic about premarital counselling.

Premarital counselling has been defined as a facilitating process by the counsellor whereby young couples prior to marriage, are led to explore their assets and liabilities in the physical, emotional, intellectual and spiritual areas of their lives.

9.6 Dynamics of Premarital Counselling:

As a counsellor, when an individual decides to undertake premarital counselling it is usually for the following reasons:

1. General preparation for marriage as he/he has come of age.
2. Mate selection; how to select the suitable mate.
3. Choosing between eligible potential partners.
4. Checking if two people are compatible.
5. Deciding to remain single or to get married.
6. Misconceptions and fear about marriage.

Whatever the problem or reason for the person to have come for counselling, there is a **BASIC APPROACH** that the counsellor follows, with variations and modifications according to the need of the individual. This can be depicted in the form of a model: -

MATURITY LEVEL — AM I READY FOR MARRIAGE — RATIONAL FOR MARRYING — WHY DO I WANT TO MARRY? — WHOM DO I WANT TO MARRY? — MY RIGHT —GENERAL PREPARATION FOR MARRIAGE.

Maturity Level: When an individual comes for premarital counselling, the first issue that is dealt with is the level of maturity attained by the individual, as immature single people make immature marriage partner and this can lead to problems in marriage.

So there should be a certain level of personality development. These basic essentials in level of maturity are: -

1. A tendency to behave according to one's age.
2. A capacity to assume responsibility.
3. A capacity to look at oneself and one's problems.
4. An ability to acknowledge but to control emotions.
5. An understanding of other people's feelings.
6. A growing independence from your family.
7. A willingness to postpone immediate gratification, so that greater satisfaction can be attained in the future.
8. A responsible attitude toward sex.
9. A realistic and essential positive self image.
10. An ability to make choices and live with the consequences of ones decisions.

These issues must be looked into and one must see in which of these one has achieved and which he/she has failed or undeveloped. The counsellor helps by looking into how these skills can be developed. The more these are present the greater the likelihood, of successful mate selection and marital stability.

Rationale for Marriage: Generally one marries to "meet the individual needs". These needs would be healthy and unhealthy which does directly correlate to the wise selection or unwise selection of life partner.

Healthy Reasons: Some of the healthy reasons are:
1. Meaningful family life.
2. Security
3. To love someone.
4. For understanding.
5. For confiding in someone.
6. For affection.
7. For respect of one's ideals.
8. Appreciation of what one wishes to achieve.

9. Someone to understand one's moods.
10. Partner to help one-make decisions.
11. Stimulate one's ambitions.
12. Look up to someone.
13. Someone to back one in difficulty.
14. For self-confidence.
15. Appreciation of one.
16. Admire one's abilities.
17. Make one understand feelings.
18. Relieve ones loneliness.

Unhealthy Reasons:
Some of the unhealthy reasons are: -

1. Parental pressures.
2. Social pressures.
3. Difficult home situation.
4. Rebel against parents.
5. Revenge on former partner.
6. Escape the stigma of being single.
7. Substitute for a previous relationship.
8. To get a sexual partner.
9. To improve one's socio-economic status.
10. To boost one's self esteem.
11. Feeling that marriage is forever.

These are the general reasons why one wants to marry. We would be able to identify with some and not with some as each of our needs differ.

My Right: Everyone who wishes to marry would form a general idea of the kind / type of spouse they want. Now, people realize that they must go beyond the surface level and hence give due consideration to the "Total person". Young people are very much aware of the "Long – term values" when they begin to face the serious business of mate selection.

It has been found that generally among their various preferences, men and women have rated the following in terms of their priority / importance among their list of preferences. The first being – dependable character, second, emotional stability and maturity, third, pleasing disposition, mutual love and affection.

It is said that there is a high correlation between "Why I want to marry and whom I want to marry". Earlier 18 reasons were listed which were the usual response of men / women to choose a partner. One should be cautious and not expect too much as there will be disappointment.

Individual Preparation for Marriage:
Next, the individual must be specifically prepared for marriage. Here information is given by the counsellor to the counsellee. These are:

1. The individual should be faced with the fact that marriage cannot meet all needs.

2.   Failure often reflects high hopes.
3.   Negative motivation for marriage.
4.   Differences between a man and a woman, psychologically and emotionally.
5.   Preparing for one's various roles in order to avoid role confusion and role diffusion.
6.   Stimulating effective communication.
7.   Demonstrativeness.
8.   Adjustment problems.
9.   Anticipating potential stress.
10. Checking one's values.

Above all the individual should know that happy and successful persons, make successful marriages.

Mate Selection: Not all persons are marriageable, if these unmarriageable ones could be eliminated, marriage would be a safer institution, hence mate selection has to be done with utmost care.

There is no sweet thing as the perfect match. B might have fulfilment in A, but 'A' might not think that 'B' is suitable for him.

There are various theories on mate choice: -
Choice on why, whom, which are largely environmental factors and subtle unconscious forces which lead to selection of mate.

1. **Value Theory:** Robert.H.Coombs experienced the value theory of mate choice based on values. He said that all of us possess a 'value system', which consciously or unconsciously guides us in the selection of our mates.
2. **Propinquity Theory:** Propinquity is the choice of the mate here. Some school, neighbourhood etc.
3. **Parental Marriage Theory:** Mate choice is based on the marriage of the parents.
4. **Complementary Needs Theory:** Propounded by Winch but this theory lacks objective support. Mate choice is due to complementary needs.
5. **Homogamy Theory:** Homogamy theory says that inmate selection, one chooses another of similar background, interests.
6. **Ideal Mate:** This selection is based on the idea / image of the perfect mate.

Some value theory is accepted, as it seems to be incorporated in all other theories a reality. Mate selection is a process and not an event. No one suddenly find the right mate. He/ she decides very gradually over a period of months or years.

The Decision Making: The decision making involves the man / woman checking each other out to see if they are suitable for the other.

There should be a lot of frankness and no camouflaging image. The following should be discussed.
1.   Personal needs.
2.   What the partner expects out of marriage.
3.   Roles.
4.   Lifestyle.
5.   Friends.

6. In-laws.
7. Interests.
8. Finance and budgeting.
9. Children attitude towards them.
10. How to settle disagreement.
11. Vocation.
12. Goals in marriage.

Marriage should be an ongoing process of enrichment. It is necessary that much continuous 'reflection' is done in order to come to the decision making. This is very important and quite confusing if not handled properly. Here are a few things to help at this stage: -

Ask yourself:
1. Do I like him / her?
2. Do I respect him?
3. Difference in him to my earlier mate.
4. Difference between both of you. Are they complementary? Do they clash?
5. Compromise.
6. Changes needed.

Engagement: The Testing Group:
In marriage, the courtship is a 'Trial Run' or the testing ground. Usually one wonders as to how long the engagement period should be. The real important thing is not how long but what is accomplished during this time.

One must test the adjustment pattern of the other, must talk of sex matters, check earlier data; plans for wedding ad honeymoon.

Today due to arranged marriages, many of us need a great deal of time to merely get acquainted with each other's background, personality and aspirations, leading to a successful marriage.

Biblical Views on Marriage:
Bible does not have many guidelines as to how to choose a mate, except for two:

1. ICOR: "do not be bound with unbelievers"
2. "Be sure that you are living as God intended, marrying or not marrying in accordance with God's help and direction.

Thus despite whatever preparation, counselling one goes through, there is still an uncertainty to this whole business, may be the 'uncertainty' is reduced, but it is still present. Hence the only dependence to remove uncertainty completely would be total just and faith in God an in "His time, He makes all this beautiful…"

9.7 Summary:

Marriage is the normal step in the constitution of a home and family, marriage is a sacrament for Hindus, Muslims, Christians and other communities. There is a need for preparing youth for happy and successful marriage in lieu of the unhappy marriages in our society with the changing times. While it is the primary responsibility of parents to develop a positive approach in attitudes and

feelings to social life, marriage and family life in their growing adolescents, counsellors can assist and supplement parental guidance through premarital counselling which includes counselling in the psychological, social and moral aspects of marriage and family life. In this way they are better equipped and able to face with greater confidence the challenges and problems of sexuality and marriage in our changing society. Premarital counselling can clarify and answer their various doubts, deal with superstitions, myths and fears. These youngsters can also ascertain whether the vocation of marriage is for them to choose or not.

9.8 Key Words:

    1. Premarital counselling
    2. Marriage preparation
    3. Mate selection

9.9 Self Assessment Questions:

1. Explain the importance of premarital counselling.
2. Discuss the types of marriage preparation with suitable examples.
3. Discuss the dynamics of premarital counselling.

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Lesson No: 10

Divorce Counselling

10.0 Objective:

The objective of the lesson is to explain the concept of divorce counselling.

Contents:

10.1 Introduction
10.2 Concept of Divorce
10.3 Causes of Divorce
10.4 Psychological Stages of Dissolution
10.5 Steps for Prevention of Divorce
10.6 Divorce and its Effects on Kids
10.7 Divorce Counselling
10.8 Counselling Children
10.9 Summary
10.10 Key words
10.11 Self Assessment Questions
10.12 Reference Books

10.1 Introduction:

Of all the major life changes one can experience, divorce is one of the most challenging - especially when children are involved. Like any crisis, divorce also presents individuals with opportunity - a chance to start a newlife. One can learn from the aching pain in their heart to formulate a new, wiser way of living.

Needless to say, it's not an easy task. There can be many obstacles; the road ahead often seems unclear and complicated. It's easy to slip back into old ways, as individuals often probably feel more alone and less sure of themselves than they have in a long time. They can quickly becomeoverwhelmed.

What if someone told you that there was a way you could learn to feel good about being single again? That you could learn to create a new relationship with your kids? That you could become kinder to yourself? Better at controlling your anger? And more comfortable starting new relationships?
Well, all that sounds great, you might be thinking, but how in the world do I accomplish THAT? Personal counselling could be the answer.

As a relatively new form of help, personal counselling is based on one simple premise: When you're working with someone who cares about your success and holds you accountable for meeting your goals, you get much better at creating positive change in your life.

Fundamentally, counselling is different from psychotherapy. In a counselling relationship, you don't focus on "how you got here," but, rather, on "where you want to go." This model is based on the premise that you either know what your goals are or can discover them within the initial stage of the counselling process. It also assumes that you possess all you need to achieve them. A counsellor functions as a source of support and guidance, ultimately holding you responsible for meeting your most important goals. The counsellor assumes that all the knowledge in the world about our shortcomings will not make us any happier, but the accomplishment of positive change will.

Counselling can help the counsellee get a clear picture about his new direction and give him focus when there is a loss in his perspective. During divorce counselling the counsellor and the counsellee will prioritize and simplify, converting a confusing mass of loose ends into a tightly knit game plan.

The outcome of counselling is a fulfilling life and hopeful future.

10.2 Concept of Divorce:

Divorce is "one kind of mechanism for dealing with the pressures and problems inevitably caused by marriage" when conflicts reach high limits there are different solutions in different cultures and divorce is considered as the most common solution.

The concept of divorce is different from such terms as
(A) separation
(B) desertion and
(C) annulment.

Separation is generally an informal preliminary step towards divorce, a temporary expedient to lessen the immediate conflict or a legally recognized decision to live separately without going in for divorce. In marital separation the couple will be deprived of normal marital association affecting their health, security and happiness, while children are denied of parental love and counsel. The divorced and widowed may remarry but the separated may not. The Hindu marriage act 1955 provided for judicial separation section 13 (1) and (2) on grounds of adultery, cruelty, desertion, conversion, incurable disease and renunciation of the world.

Desertion is irresponsible departure from home on the part of husband or wife, leaving the family to fend for itself. Desertion is popular, as a poor man's divorce has been recognized in section 13 (1) (b) and section 10 (1) of the Hindu marriage act, 1955. Both physical separation and intention to desert must continue through the statutory period for the act of desertion to exist legally.

Annulment is a court decision that marriage contained some legal flaw (coercion, fraud, unwillingness to consummate the union, nonage, bigamy etc.). The Hindu marriage act 1955 has provision for nullity of marriage under section 12 on grounds of impotence, unsoundness of mind, recurrent attacks of insanity or epilepsy, obtaining consent by force, fraud and pregnancy by some other person at the time of marriage.

Divorce is dissolution of marriage legally through a decree of divorce. The special marriage act 1954 and Hindu marriage act 1955 permit divorce on petition by either the husband or the wife for dissolution on the grounds that the other party:

1. after the solemnization of the marriage, had voluntary sexual intercourse with any person other than his or her spouse; or
2. has after the solemnization of the marriage treated the petitioner with cruelty; or
3. has deserted the petitioner for a continuous period of not less than two years immediately preceding the presentation of the petitioner; or
4. has ceased to be a Hindu by conversion to another religion; or
5. has been incurably of unsound mind or has been suffering continuously or intermittently from mental disorder to such an extent that the petitioner cannot reasonably be expected to live with the respondent or has been suffering from a virulent and incurably form of leprosy or from venereal disease.

There are many other legal aspects like payment of maintenance to the wife, and time limit for second marriage and so on but they are outside the purview of this section.

10.3 Causes for Divorce – Biological and Social Factors:

A particular case of divorce is always the outcome of a long process of mutual alienation between the married pair. So, it cannot be said what the "causes" are in any strict sense, for there may be a worse case of mutual alienation that did not end in divorce. However, it can be said that certain aspects of culture and social structure are likely to lead to a high divorce rate. Many studies on divorce have reflected on the causes for divorce but they are not classified in a proper framework. But J.N. Chowdary has codified them into four broad categories such as biological, social, economic and psychological.

Biological Factors: Marriage is a socially acceptable institution to fulfil the biological needs of two persons of the opposite sex. Sexual relationship is a basic biological need. Three factors such as illicit relations, impotency and barrenness may affect this relationship.

Illicit Relations: Rigid notions of sex conduct in Indian morals and laws on the one hand and the language, literature, present day advertising or entertainment through movie television on the other, create a sort of culture conflict. The values propagated by the latter are in conflict with the former. In such a situation some may not conform to the concept of chastity. The premium on illicit sex conduct is secrecy, and if it is proved or discovered, it becomes a sure ground to file a suit for seeking divorce under adultery. In Chowdary's sample of 125 cases of couples, drawn from adjudicated cases of divorce and judicial separation (i.e. cases finally disposed of by Jaipur city and Jaipur district sessions court) between 1977 and 1982, illicit relations was the cause of strained relations among 30 cases.

Impotency: The term impotency is usually applied to men and frigidity to women. It refers to the inability of the man for coitus. It is the physical incapability of either party to consummate marriage. Impotency as the causes of strained relations was noted in 11 out of 125 cases in Chowdary's study in Jaipur.

Barrenness: It is generally held that 10-15 percent of all marriages in the world is dissolved on the ground of childlessness. Not only do the partners find it difficult to reconcile to this state, but

the attitudes and behaviour of the parents and in-laws also add to the problem. Mutual planning of each other for childlessness leads to strain on the relationship. Barrenness per se is no longer a legal ground for divorce but still it affects the future of marriage. Of the 5 cases of barrenness, in one case it led to attempts at second marriage and in the process ended in divorce.

An examination of the biological factors as causes for divorce showed that they affected marital tie in really one-third of the cases that is 42 out of 125 cases referred to the above.

Social Factors: Life is not bed of roses and strained relations are bound to be there. Abraham Lincoln's famous dictum that "marital happiness can be found in some people all the time, and in all people sometime, but you cannot find it in all the people all the time" is more applicable to the social factors. Strained relations between spouses may arise due to a host of factors like differences in attitudes, values, occupation, income, employment, unemployment, type of family, chronic disease, immaturity at marriage, age disparities between the spouses. For convenience, these are grouped under some broad categories.

Role Conflict or Authority : Role conflict arises out of conflict between tradition and modernity on the one hand and one's ability to cope with multiple roles expected of them on the other. This is largely true of women though it is also true in the case of men. As Ram Mehta observed in her study of divorced Hindu women "the conditions at the domestic level were still by and large traditional, governed by values that were only partially modern. Men to the detriment of women selectively accepted the logic of modern ideas. The women on the other hand were being educated, earning and at the same time, their environment was getting less traditional. They therefore were entering marriage with a greater sense of their rights. This came in conflict with male attitudes on wives' role and their own standards of feminine behaviour. If the women did not comply with them was no longer easy. In this confusion of modernity and tradition in India today, women were at a disadvantage". This affects their fulfilling multiple roles as wife, mother, daughter-in-law etc. The men also find it difficult to reconcile the conflicting expectations and behaviour expected by parents on the one hand and the wife on the other. In this process conflicts are bound to be there and they sometimes adversely affect marital harmony. In the Jaipur study 5 cases of role conflict which lead to divorce are noted.

Physical Assault: Wife battering is common in all societies and that too on flimsy grounds. In some cases the parents play a significant role, through accusations of different types in antagonising their son against his wife. Sometimes the girl's parents also contribute to the process, through accusations against son-in-law or inciting their daughter to exercise authority over her husband. In such situations the husband also finds himself at odds when accused of having a henpecked husband. This kind of thing results in strained relations and in the sample study seven cases of divorce are traced to belong to this factor.

Chronic Disease : Concealing physical defects or deformity is common both among parents of the bride and bridegroom in their anxiety to get their children married. In some cases, they may develop after marriage. In either case or particularly those concealed before marriage are likely to result in marital conflicts of a grave nature. In all these cases the women will be at a greater disadvantage. Chronic disease is a ground for divorce suit. In the Jaipur sample chronic disease was the cause of strained relations in 12 out of 125 cases.

Family Structure and Environment : Girls coming from nuclear families find it difficult to adjust in joint families particularly due to lack of privacy, poor living conditions etc. joint families

do add to the problems as the couples are subject to vigilance and comments by all and sundry. These result in continuous mental stress and causing rifts and tensions in marital relationship. This was reported as a cause for marital conflict in 12 out of 125 cases studied by Chowdary.

Age Disparity: Wide age disparity between spouses, sometimes results in emotional neglect of wife, not taking her out for movies and confining her always to home environment and drudgery also contribute to misunderstandings and strained relations. In four cases age disparities between the two lead to disagreements and disruption of the marriage.

Economic Factors: Among the economic factors, poverty, dowry and career of the wife are considered major factors accounting for marital disruption.

Poverty: In situations of poverty, failure of the husband to work for the support of the family or failure to bring the salary or wages home for home maintenance and swindling away the limited money on smoking alcohol or entertainment leads to strained relations between the couples. In all, four cases of this nature were found in Chowdary's study.

Dowry: Harassment for not bringing dowry or not allowing the wife to keep part of the dowry for herself except few pieces of jewellery, or use of dowry for her sister-in-law leads to conflicts between spouses on the one hand and between the two families. These in turn lead to marital conflict. In eight cases of Chowdary's study conflicts relating to dowry finally lead to divorce.

Career of Wife: Failure to play dual roles inferiority complex of husband if wife occupies higher position or earning better salary than him, wife going out for meetings or attending conferences are considered responsible for marital maladjustment and consequent divorce in such cases.

Psychological Factors: Irritable temperaments and dominating personalities of either of the spouses is an important cause contributing to marital conflicts. In 15 of the cases of Chowdary's study, irritative nature of the partners were the major causes for strained relations while domineering nature of the partners led to 4 cases of divorce.

Facilitating Legal Framework: The Hindu marriage act as well as the Special marriage act bids farewell to the indigenous sacramental concept of marriage. Their provisions are mainly drawn from English matrimonial causes act of 1950. As a result divorce structure of the two enactments was more conspicuously anglicized. Both marriage acts of 1976 to keep pace with the post - 1950 are rapid advancement of family law in Britain.

The 1976 legislation wiped off many shortcomings in the earlier legislation with the view that the empty share of marriage should be exploited at the first available opportunity without for the bitterness or suicide etc. to facilitate divorce when the marriage is only a humdrum dreariness. The marriage laws were further amended in 1981 to protect the interests of children. Thus, facilitating legal framework also contributed to increase in divorce rate.

10.4 PsychologicalStages of Dissolution:

A dissolution of marriage does not end the relationship between you and your former spouse. Rather, it begins a new and often painful process of restructuring your relationship. Working together, you can create a new relationship as friends and Co-parents of your children.

This process, however, requires time. You should be aware of the various stages which may be encountered along the way. These may occur separately or simultaneously.

The Mourning Stage: During this period one or both parties may feel separation pain of varying degrees. There is mourning over the loss of the marriage relationship. Hurt, anger, or guilt may accompany feelings of sadness. There may be a strong need to place blame, "get even", or punish the other party. These feelings are normal although they can be frightening and upsetting to the person who is experiencing them. This stage can't be rushed through. Allow yourself to experience your feelings and seek counselling assistance if necessary. If you are the spouse who is the target of these feelings, you can help by listening sympathetically and dealing with your spouse while he or she is going through this stage. It is important to reassure the children that these feelings are not directed toward them, and do not affect their relationship with either parent.

The Dependency Stage : During this stage, strong emotions may have subsided, but a need for various types of support - financial, emotional, help with daily problems - may continue. The long-term habit of depending on one another for help and companionship may persist for an indefinite period. Especially where there are children, or a long-term marriage, this interdependency may continue for many years. This can be a healthy and positive relationship unless it delays the process of personal growth or burdens either party. If this occurs, the party who feels burdened may need to be more assertive in expressing his or her own needs. The party who feels overly dependent may need to work on developing a new support system, and seek counselling, if necessary.

Building a New Identity : Each spouse in a marriage bases a part of his or her identity on the marriage age relationship. When the marriage ends, a period of time is required to establish a new identity as a single person. This is an often-painful process of self-discovery. It may involve living in a new home, exploring new interests and activities, and making new friends. During this period, it is a good idea to call on trusted friends and relatives for moral support and companionship.

The Final Stage: Integration is the desired end result of the restructuring process. Each party feels comfortably established in his or her new identity as a single person. (If there is a new relationship, he or she feels free to acknowledge that new relationship without guilt or resentment.) There is a new sense of the ability to cope with the problems of daily life and of personal well-being. Each person sees him or herself as a capable individual, with strengths and weaknesses, and feels more accepting of his or her ex-spouse. A friendship may develop which is based on a realistic understanding and appreciation of each other as individuals and on common interests and respon

What You Can Do Now : You can speed the restructuring process by acknowledging and accepting your feelings, by keeping communication open with your spouse, your children, and trusted friends and relatives, and by seeking counselling when necessary.

10.5 Steps for Prevention of Divorce: Since divorce is a failure of marital
adjustment, therefore, to avoid it the following ten steps are suggested.

1. All feelings of resentment should be abandoned;
2. Needless irritants and antagonizers should be eliminated;
3. Find ways to do new joyful things together;
4. Have children but by mutual agreement;
5. Understand your mate;
6. Discuss your vital family problems with your mate frankly, but do not argue endlessly;
7. Discover areas of agreement and develop together joint programmes of action;
8. Surrender non-essentials. Do not wreck your happiness and that of your mate over some compartitatively minor issue that was never worth the tears and the agony it caused;
9. Agree to live and let live;
10. Put the welfare of your family first and stop fretting about yourself.

Guideposts for a Successful Marriage

Here are the nine guideposts for a successful marriage:

1. Building of a union that is just to both;
2. Decisions must be made on the basis of what is good for both not the selfish or narrow wish of either;
3. No demand should be made upon the mate that requires a drastic change of personality;
4. Too great concentration should be avoided;
5. There should be no holding on the present nor seeking to bring back the past. Each moment is good and new in itself;
6. There must be no cultivation of sensitiveness, no looking for hurt, but instead a complete trust in each other;
7. There should be willingness to grow. Marriage is a life programme of going on together that requires maturity;
8. Instead of an adolescent type of blind love there should be mature affection;
9. Marriage is not merely sex-adjustment. What is essential is adjustment of which sex is but a part.

10.6 Divorce and its Effects on Kids

A separation or divorce will inevitably have a profound effect upon children, and at times it can even be devastating to them. The "good news" is that divorce needn't leave long-lasting psychological scars, and a lot depends on how you handle things. Take heart in knowing that you can make an enormous difference in how the children fare.

Children commonly will react to parents separating or divorcing by developing signs of distress, or symptoms, and it is normal for them to do so. Here are some to look for, or to recognize when they occur.

Pre-schoolers may react by becoming increasingly clingy or fearful about separation

times, e.g. when dropping them off at school or day-care, and also at bedtime. Changes in their normal eating or sleeping patterns are often a sign that a child is experiencing distress. They also sometimes have increased tantrums, or may cry more easily than usual. Regressive behaviour like thumb sucking or talking baby talk again is also common. Bed-wetting too is a common sign of distress, and may be an expression of anxiety or anger. Children sometimes "somatize" or develop physical complaints, like headaches or stomach-aches. (Be careful however, not to readily dismiss these symptoms as "purely emotional reactions", and if physical symptoms are persistent or severe, they should always be checked out by the child's paediatrician.)

School-age children may exhibit some of the same signs as younger children, but may also display more overt signs of anger, worry or sadness. Others may act like "they don't care" and put on an air of cool indifference, while some kids will blatantly deny that their parents are divorcing. Sometimes kids in this age try to be "extra good", as if they could behave perfectly, then maybe their parents won't separate. This stems from the all too common belief that children often have that the divorce is somehow their fault. It's usually a good idea to let them know that divorce is "grownup business", and is certainly not their doing. In contrast to the child who is working overtime to "be good", are some kids who start to become quite overtly oppositional, aggressive, or even hostile to a parent, perhaps blaming one of them for the divorce. Some children are more subtle in their resentment, and may display passive-aggressive behaviors, such as spilling things, losing things, and frequently forgetting to do things.

Teenagers can be a handful under normal circumstances, i.e. they are typically argumentative and oppositional. When there is a divorce situation, some warning signs of distress are displayed by "acting out" behaviors, such as running away, truanting from school, school suspension, physical fighting, trouble with the law, drug and alcohol abuse, and promiscuity. Still others may become depressed and withdrawn, and may show a marked increase or decrease in their eating or sleeping patterns, and may even express suicidal thoughts. (If they do express suicidal ideation, take it seriously! It may very well only be a cry for help or attention, but you can't take a chance and assume it's nothing to be concerned about. If they talk about wishing they were dead, killing themselves, or dropping hints that they "won't be around much longer", do talk to them about this openly and get some professional help for them right away.)

What can you as parents do if you observe some of these symptoms? First of all, it can be helpful to simply acknowledge that you understand that they are upset that you are getting a divorce, and that they are in some distress. You can let them know that it's O.K. to talk to you about it, and even if they feel very angry at you, that you will still listen to them. Some kids will take you up on the invitation to talk about it, and some won't. It's important in any event that you give the message that it's an open topic, and not taboo; this way you at least leave the door open them to talk about it. You can also offer that if they don't want to talk to you, there are other people they can talk to... e.g. school counsellors, social workers, psychologists and other professionals. For younger children, you can help them to learn to express themselves in other ways by drawing pictures, or by engaging in dramatic play with puppets, dolls or "action figures".

For older kids it may be helpful for them to talk with other kids whose parents are getting divorced. Many of the schools offer groups for kids to sit down and talk with other kids in similar situations, which are led by a professional counsellor. These groups can be very helpful for kids

to have a place to express their feelings about the divorce, and at the same time realize they are not the only ones whose parents are getting divorced.

If children show increasing or prolonged signs of distress (more than a month or so), it is usually wise to seek a consultation with a mental health professional who specializes in working with children or adolescents. Psychotherapy, or even brief counselling, can help alleviate some of stress associated with divorce.

In short two things are important: 1.) avoid custody battles whenever possible; they are usually very destructive to everyone involved... and 2.) if you're just getting started in the separation process, consider divorce mediation. It can save you a lot of time, aggravation and money, and help prevent emotional difficulties by avoiding a war. It can also help get you and your ex on the road to planning a more co-operative future together as co-parents, which will greatly benefit your children. Divorce mediation may or may not be right for your situation, but it's an option well worth exploring.

10.7 Divorce Counselling:

Divorce counselling can be defined as a therapeutic process that helps those individuals considering divorce and for those divorcing in determining whether their needs can be met within marriage and assists them in the process of divorce. Divorce counselling is often considered a form of marriage and family counselling, yet it differs from marriage and family in four respects such as:

1. Divorce counselling may focus more on the individual than family.
2. Divorce counselling aims to decrease the functions of a relationship with the goal of eventual dissolution.
3. Divorce counselling promotes personal growth, not adjustment.
4. Divorce counselling assumes that divorcing people are normal people in crisis, not individuals suffering from psychopathology.

The vast majority of divorcing couples and families appear to make the transaction without outside help from marriage and family counsellors. Couples who have experienced serious marital and family problems and where one or both spouses have considered divorce as an alternative to staying in the marriage typically are experiencing ambivalence and symptoms of distress. Clearly here the emphasis in therapy is in facilitating the couple's abilities to decide whether they want to continue or end their marital relationship. Couples in this category should be defined as being in the first decision making phase of the divorcing process. The direction of the treatment will take either the form of marital counselling if the decision is made to reconcile, or divorce counselling if marital dissolution is the course of action taken.

The majority of divorcing couples who are seen by marriage and family counsellors appear to fall into three general types such as:
1. Couples who are undecided about continuing their marriage.
2. Marriages in which a divorce has been decided upon by atleast one of the spouses.
3. Couples who clearly disagree with each other about dissolving their marriage.

Divorce counsellors focus their attention on two key issues of divorce while working with their clients. The first is coming to grips with the fact that the relationship is ending and redefining their obligations and responsibilities as divorcing parents is the second issue that needs to be addressed by spouses ending their marriage. The Divorce counsellor aids individuals cope with challenges posed by divorce such as dissolution, custody, living arrangements and feelings of loss, rejection or trauma and the like.

10.8 Counselling Children:

Counsellors rendering Divorce Counselling can give the following ten tips to help your child through divorce. Helping your child through your divorce may be one of the most difficult tasks you will ever face as a parent. The following is a brief list of practical tips that can help as you walk through this difficult time with your child.

1. Be honest. Don't lead your child to believe "dad's away on business" or "everything is going to be wonderful". Children are very perceptive. They know if a parent is trying to hide something, even if the purpose is to spare their feelings. Children need simple straightforward answers they can understand, without blame or making anyone wrong or bad.

2. Let your child know it is not their fault. All children assume they may be responsible for their parents' breakup. Children need to be gently reassured repeatedly over the first couple of years that the divorce is an adult decision having nothing to with them or their behavior.

3. Listen quietly. Children have many questions, feelings, assumptions and concerns about divorce. Many parents find it difficult to just sit quietly and listen to their children talk without trying to interrupt with a "fix-it" statement. Children need to feel heard with quiet patience and undivided attention.

4. Let your child know however they respond to the divorce is O.K. Many children hide their feelings of sadness, grief, anger or confusion because they are afraid expressing these feelings will upset their parents. Children need to know all their feelings are acceptable.

5. Let your child know it is normal for them to want their parents to get back together again. Children can feel ashamed about this very normal wish. You can explain to your child that once divorced, it is very unlikely that people ever get back together, but their wish for reconciliation is very normal.

6. Reassure your child of personal safety. Many children are concerned if their parents divorce there will not be enough food or shelter or clothing for them. Children living with single mothers may also need reassurance that she has a plan to protect them in case of fire, "burglars" or "ghosts".

7. Ask your child about friends of theirs whose parents are divorced. This is a good way to learn of your child's fears and assumptions about divorced parents, and gives you the opportunity to clear up any misconceptions and remind them that other children have gone through what they are now going through.

8. Don't put your child in the middle or try to make them take sides. Don't say anything about your ex in ear-shot of your child. Don't have your child carry messages to your ex. Children need to be able to love both parents. If one parent is disapproving of affection a child expresses toward the other parent, the child will begin to withdraw, become dishonest or depressed.

9. Spend time with caring friends. Having a supportive network can protect your child from becoming your confidant and feeling responsible for your emotional well-being. It can also give you a higher frustration tolerance for the normal everyday things kids do.

10. Read together and talk about a book on divorce for children. This will help you explain important facts to your child and help your child formulate questions they might otherwise not have words for. A wonderful interactive book to read with your child is My Parents Still Love Me Even Though They're Getting Divorced, written by Dr. Lois V. Nightingale, a Clinical Psychologist.

10.9 Summary:

In India, though the divorce rate is not so alarming, yet the influence of individualism and the impact of western culture have adversely affected the stability of Indian family system. It may also be noted that the divorce rates provide only a very indirect measure of family instability because they do not include cases of broken families which have not secured divorce for one reason or the other. If we take into account also the domestic discords, desertion and separation without divorce it will be revealed that family instability is on the increase. Divorce poses threat not only to the divorcing spouses but also has a tremendous impact on the children. Therefore it is needless to say that divorce Counselling proves to be an effective tool in helping the divorcing couples and their children cope with events associated with the crisis of divorce.

10.10 Key words:

1. Divorce
2. Divorce Counselling
3. Separation
4. Desertion
5. Annulment.

10.11 Self Assessment Questions:

1. What is divorce? Explain the causes of divorce.
2. Divorce can be prevented - Justify.
3. Write an essay on divorce counselling.
4. Discuss the psychological stages of dissolution.
5. Explain the effect of divorce on children.

10.12 Reference Books:

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Lesson No: 11

Inter Professional Dialogue

11.0 Objective:

The objective of the lesson is to explain the concept of Interprofessional Dialogue.

Contents:

11.1 Introduction:

In recent years we have been hearing much about the word "Counselling" specially in the context of deaddiction, clients' academic and vocational problems, legal problems, marriage and sexual problems, family interaction related problems, psychiatric problems interpersonal problems of industrial workers, planned parenthood, health education, and other activities related to personality and competence development. The government and voluntary agencies are actively involved with training and utilizing the skills and expertise of counsellors in health, welfare, education and developmental programmes in institutional and community settings.

The word counselling is often misunderstood and sometimes used synonymous to advice, guidance and so on. Counselling is planned and systematic application of psychological facts and social understanding to the alleviation of a large variety of human ailments and disturbances, particularly those of psychogenic and interpersonal origin.

Usually, persons trained in mental health offer counselling services. In addition to the professionals, people who undergo special training programme in counselling run by recognized centers impart short term training programme in counselling for volunteers, teachers, medical personnel, welfare agency personnel and others involved in developmental programmes. Depending on the training and knowledge, the counsellors offer their services to the clients affected with variety of problems related to academics, vocation, job, marriage, family, childrearing, adjustment and the like. Counselling services depends on many segments of the continuum of social, medical, legal, emotional and other services. Interdisciplinary staff planning for the client involves a variety of medical and non-medical disciplines and the participation of paraprofessionals and non-professionals from governmental and non-governmental sectors.

Clients do not approach counsellors always with simple problems sometimes they come with complex problems. Also true that even those presenting the same problem will not be just the same so that they can be given the same intervention. In other words they are unique and individualized approach needs to be followed. The counsellor has to have a very comprehensive picture of the client, his problem/s, service/s essential and the setting. Therefore it becomes essential for the counsellor to focus his attention on the four dimensions of counselling services mentioned below.

11.2 Dimensions of Counselling Services:

1.Variety of Clients
Various ages- ranging from very young to very old men and women
Different socio economic levels
Different socio cultural experiences
Various disabilities
Various levels of functioning
Different educational levels
Different types of personalities.

2. Variety of Problems
Emotional difficulties
Low-level of coping skills
Loss and grief
Academic problems
Vocational
Unemployment
Financial difficulties
Legal problems
Personal problems
Marital conflicts
Parental problems
Sexual difficulties
Family problems
Interpersonal problems
Adjustment problems
Mental health problems.

3. Variety of Services
Educational
Habitation
Rehabilitation
Therapy
Crisis management
Stress intervention
Legal aid
Job placement
Training services

Medical services
Financial aid
Referral services.

4. Variety of settings
Families
Communities
Schools
Colleges
Churches
Hospitals
Psychiatric centers
Prisons
Industries
Day care centers
Public or private agency.

Counsellors perform many roles related to these dimensions. In the process of helping the clients solve the problems, the counsellors need to contact number of professionals from different disciplines as the professional code of ethics formulates the guidelines that the counsellors shall use every resource available, including referral, as needed, to provide the best possible service to the client. Teamwork becomes essential in many cases and the counsellor is a significant member of a team.

11.3 Components of Psychosocial Rehabilitation

Components of psychosocial rehabilitation includes the following:

Psychiatric and Psychological Services
Crisis stabilization, symptom amelioration, medication management. For such services, counsellors require services of Psychiatrists, Psychologists, Psychiatric social worker and Psychiatric nurses.

Family Services and other Social Services
Back up support (Financial) income maintenance, finance management and so on. Services of employers, auditors, computer professionals, business management professionals, personnel managers/officers, bank professionals are essential to help the clients to help themselves.

Community Services
Training for community living, community education, community involvement, and development activity. Rehabilitation professionals, voluntary agency personnel, development professionals, and others involved with community services need to be involved in helping the clients in counselling services.

Educational Services
Enriching educational resources, filling in educational gaps, furthering educational opportunities as needed. School/College authorities, professionals involved with non-formal education, adult education, correspondence courses need to be contacted.

Vocational Services

Identifying work interest and work skill resources, work training (work habits, job opportunities, placement assistance). Professionals involved with Industrial Training Centers, Small Scale Industries Development Centers, Vocational Rehabilitation Centers etc. would be resourceful.

Socio Recreational Services

Socio and leisure skills developed opportunities for day, evening and weekend activities. Voluntary agencies, philanthropists recreation clubs and local administrative authorities need to be contacted for enlisting their support.

In some instances, help from lawyers especially from free legal aid and support from police personnel; need to be sought by the family counsellors to help their clients to solve some aspects of the problems.

The scope of counselling services includes many fields of human relationships as indicated above. Creative outlets have become part and parcel of psychosocial rehabilitation as art therapy, music therapy, drama therapy, hydrotherapy, yoga and meditation and the like. Numerous approaches exist today. It is not all-inclusive but demonstrates that the counselling service system embraces a wide circle of activities.

11.4 Role of Counsellors:

If we analyse the people who seek counselling and the variety of people who call themselves counsellors we come to the conclusion that counselling is an undefined technique which is used to solve unspecified problems with unpredictable results. It is generally observed that people who seek counselling cannot specify their problems, what counselling can and cannot do for them or what they want when it is over. Since the problems presented by the clients are complex in nature the counsellor, in the process of helping the clients the counsellor needs to understand and facilitate interprofessional dialogue. Counsellors have a very crucial role to play in facilitating inter professional dialogue. How is it done and what could he do? Here are some useful tips for the counsellors.

1. Be aware of the community resources both human resources and material resources available in and around the community.
2. Keep in touch with professional associations, institutions, and organizations functioning in your area.
3. Maintain a good rapport with other professionals in the allied fields of services.
4. Know atleast some essentials of their areas of operation and contribution.
5. Try to involve other professionals as much as possible in the activities of the agency so that they get first hand information about the range of counselling services provided by the counselling center.
6. Utilize the opportunities to present about your services in their meetings.
7. Publish articles about counselling services in popular magazine, newspapers, journals, bulletins, and souvenirs.

8. Make a record of all the services provided by other professionals to your clients and publicly recognize them appropriately.
9. Extend your professional services to other organizations as and when required.
10. Organize public symposia, seminars, panel discussions, seminars, workshops, talks and so on involving the professionals, clients and their families.

11.5 Significance of Interprofessional Dialogue:

By such efforts, it is possible to strengthen Interprofessional dialogue, contributing towards:
1. Effective collaboration and coordination
2. Increased client satisfaction
3. Increased counselling effectiveness
4. Expansion of counselling services
5. Prevention of professional burn-outs among counsellors
6. Increased referrals from other professionals
7. Increased visibility / credibility of counselling services
8. Enhanced public participation in counselling centers' services
9. Improvement of personal skills and professional competence of counsellors.

11.6 Summary:

It is in this context and background that the modern Indian society has thrown out many problems and challenges to the society in general and to the counsellors in particular. Therefore, it is needles to say that counsellors have a very significant role to play in helping clients cope up with their problems. In the interest of the wellbeing and development of his client the counsellor needs to expand his areas of professional activities by seeking the assistance of other professionals, para professionals and non-professionals from health, welfare, development and educational sectors in various settings. It is needless to mention that effective Interprofessional dialogue makes the counselling services more effective and satisfying not only to the counsellor but also to the clients. It also contributes in prevention of burnouts among counsellors and in the expansion of counselling services.

11.7 Key Words:
1. Interprofessional dialogue
2. Counselling
3. Psychosocial
4. Rehabilitation
5. Variety of clients
6. Variety of problems
7. Variety of services
8. Referral services

11.8 Self Assessment Questions

1. Explain the interprofessional dialogue with suitable examples.
2. Explain the various dimensions of counselling services.
3. Discuss the significance of interprofessional dialogue for counsellors.

4. Discuss the role of a counsellor in facilitating interprofessional dialogue.

5. Interprofessional dialogue is vital for counsellors - Justify.

11.9 Reference Books:

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Lesson No: 12

Code of Ethics for Counsellors

12.0 Objective:

The objective of the lesson is to explain the code of ethics for counsellors.

Contents:

12.1 Introduction
12.2 NAADAC Code of Ethics
12.3 AAPC Code of Ethics (1994)
12.4 Ethics Codes & Practice Guidelines for Assessment, Therapy, Counselling, & Forensic Practice
12.5 Summary
12.6 Key words
12.7 Self Assessment Questions
12.8 Suggested Readings

12.1 Introduction:

Code of ethics is based on the fundamental principles of counselling profession that include non-discrimination, trustworthiness, client welfare, client relationship as well as rights and duties. It is also based on the nature of counselling, which fosters conditions that promote these principles. The code of ethics provide a guide for counsellors' conduct and a basis for the adjudication of ethical issues when such conduct is alleged to have deviated from professional standards. The code of ethics provides a guide for professional roles and relationships at various levels of responsibility at various levels of responsibility in relation to clients, colleagues, employers, supervisee, interprofessional relationship, and society. The counsellor is expected to take into consideration all the principles in the code of ethics that have a bearing upon any situation in which ethical judgement is to be exercised and professional intervention or conduct is planned and course of action that the counsellor chooses is expected to be consistent with the spirit as well as the letter of the code of ethics. The code provides a set of guidelines or general principles for a counsellor.

12.2 NAADAC Code of Ethics:

Principle 1- Non-Discrimination: I shall affirm diversity among colleagues or clients regardless of age gender, sexual orientation, ethnic/racial background, religious/spiritual beliefs, marital status, political beliefs, or mental/physical disability.

- I shall strive to treat all individuals with impartiality and objectivity relating to all based solely on their personal merits and mindful of the dignity of all human beings. As such, I shall not impose my personal values on my clients.
- I shall avoid bringing personal or professional issues into the counseling relationship. Through an awareness of the impact of stereotyping and discrimination, I shall guard the individual rights and personal dignity of my clients.
- shall relate to all clients with empathy and understanding no matter what their diagnosis or personal history.

Principle2- Client Welfare:

I understand that the ability to do good is based on an underlying concern for the well being of others. I shall act for the good of others and exercise respect, sensitivity, and insight. I understand that my primary professional responsibility and loyalty is to the welfare of my clients, and I shall work for the client irrespective of who actually pays his/her fees.

● I shall not do for others what they can readily do for themselves but rather, facilitate and support the doing. Likewise, I shall not insist on doing what I perceive as good without reference to what the client perceives as good and necessary.

● I understand that suffering is unique to a specific individual and not of some generalized or abstract suffering, such as might be found in the understanding of the disorder. I also understand that the action taken to relieve suffering must be uniquely suited to the suffering individual and not simply some universal prescription.

● I shall provide services without regard to the compensation provided by the client or by a third party and shall render equally appropriate services to individuals whether they are paying a reduced fee or a full fee.

Principle 3-Client Relationship:

I understand and respect the fundamental human right of all individuals to self-determination and to make decisions that they consider in their own best interest. I shall be open and clear about the nature, extent, probable effectiveness, and cost of those services to allow each individual to make an informed decision of their care.

● I shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship, such as the Code of Ethics and professional loyalties and responsibilities.

● I shall inform the client and obtain the client's participation including the recording of the interview, the use of interview material for training purposes, and/or observation of an interview by another person.

Principle 4- Trustworthiness:

I understand that effectiveness in my profession is largely based on the ability to be worthy of trust, and I shall work to the best of my ability to act consistently within the bounds of a known moral universe, to faithfully fulfill the terms of both personal and professional commitments, to safeguard fiduciary relationships consistently, and to speak the truth as it is known to me.

● I shall never misrepresent my credentials or experience.

● I shall make no unsubstantiated claims for the efficacy of the services I provide and make no statements about the nature and course of addictive disorders that have not been verified by scientific inquiry.

● I shall constantly strive for a better understanding of addictive disorders and refuse to accept supposition and prejudice as if it were the truth.

● I understand that ignorance in those matters that should be known does not excuse me from the ethical fault of misinforming others.

● I understand the effect of impairment on professional performance and shall be willing to

seek appropriate treatment for myself or for a colleague. I shall support peer assistance programs in this respect.

- I understand that most property in the healing professions is intellectual property and shall not present the ideas or formulations of others as if they were my own. Rather, I shall give appropriate credit to their originators both in written and spoken communication.
- I regard the use of any copyrighted material without permission or the payment of royalty to be theft.

Principle 5-Compliance with Law:

I understand that laws and regulations exist for the good ordering of society and for the restraint of harm and evil, and I am aware of those laws and regulations that are relevant both personally and professionally and follow them, while reserving the right to commit civil disobedience.

- I understand that the determination that a law or regulation is unjust is not a matter of preference or opinion but a matter of rational investigation, deliberation, and dispute.
- I willingly accept that there may be a penalty for justified civil disobedience, and I must weigh the personal harm of that penalty against the good done by civil protest.

Principle 6-Rights and Duties:

I understand that personal and professional commitments and relationships create a network of rights and corresponding duties. I shall work to the best of my ability to safeguard the natural and consensual rights of each individual and fulfill those duties required of me.

I understand that justice extends beyond individual relationships to the community and society; therefore, I shall participate in activities that promote the health of my community and profession.

- I shall, to the best of my ability, actively engage in the legislative processes, educational institutions, and the general public to change public policy and legislation to make possible opportunities and choice of service for all human beings of any ethnic or social background whose lives are impaired by alcoholism and drug abuse.
- I understand that the right of confidentiality cannot always be maintained if it serves to protect abuse, neglect, or exploitation of any person or leaves another at risk of bodily harm.

Principle 7- Dual Relationships:

I understand that I must seek to nurture and support the development of a relationship of equals rather than to take unfair advantage of individuals who are vulnerable and exploitable.

- I shall not engage in professional relationships or commitments that conflict with family members, friends, close associates, or others whose welfare might be jeopardized by such a dual relationship.
- Because a relationship begins with a power differential, I shall not exploit relationships with current or former clients for personal gain, including social or business relationships.
- I shall not under any circumstances engage in sexual behavior with current or former clients.
- I shall not accept substantial gifts from clients, other treatment organizations, or the providers of materials or services used in my practice.

12.3 AAPC Code of Ethics (1994):

The following paragraphs discuss the American Association of Pastoral Counsellors code of ethics amended in April 28, 1994. Procedures are separated out on April 17, 1993.

The code of ethics in this section consists of the following:

I. Prologue   II. Professional Practices   III. Client Relationships
IV. Confidentiality   V. Supervisee, Student and Employee   Relationships
VI. Inter-professional Relationships VII. Advertising

Principle 1 – Prologue:

As members of the American Association of Pastoral Counselors, we are committed to the various theologies, traditions, and values of our faith communities and to the dignity and worth of each individual. We are dedicated to advancing the welfare of those who seek our assistance and to the maintenance of high standards of professional conduct and competence. We are accountable for our ministry whatever its setting. This accountability is expressed in relationships to clients, colleagues, students, our faith communities, and through the acceptance and practice of the principles and procedures of this Code of Ethics.

In order to uphold our standards, as members of AAPC we covenant to accept the following foundational premises:

A. To maintain responsible association with the faith group in which we have ecclesiastical standing.

B. To avoid discriminating against or refusing employment, educational opportunity or professional assistance to anyone on the basis of race, gender, sexual orientation, religion, or national origin; provided that nothing herein shall limit a member or center from utilizing religious requirements or exercising a religious preference in employment decisions.

C. To remain abreast of new developments in the field through both educational activities and clinical experience. We agree at all levels of membership to continue post-graduate education and professional growth including supervision, consultation, and active participation in the meetings and affairs of the Association.

D. To seek out and engage in collegial relationships, recognizing that isolation can lead to a loss of perspective and judgement.

E. To manage our personal lives in a healthful fashion and to seek appropriate assistance for our own personal problems or conflicts.

F. To diagnose or provide treatment only for those problems or issues that are within the reasonable boundaries of our competence.

G. To establish and maintain appropriate professional relationship boundaries.

Principle 2 - Professional Practices:

In all professional matters members of AAPC maintain practices that protect the public and advance the profession.

A. We use our knowledge and professional associations for the benefit of the people we serve and not to secure unfair personal advantage.

B. We clearly represent our level of membership and limit our practice to that level.

C. Fees and financial arrangements, as with all contractual matters, are always discussed without hesitation or equivocation at the onset and are established in a straight-forward, professional manner.

D. We are prepared to render service to individuals and communities in crisis without regard to financial remuneration when necessary.

E. We neither receive nor pay a commission for referral of a client.

F. We conduct our practice, agency, regional and Association fiscal affairs with due regard to recognized business and accounting procedures.

G. Upon the transfer of a pastoral counseling practice or the sale of real, personal, tangible or intangible property or assets used in such practice, the privacy and well being of the client shall be of primary concern.

    1. Client names and records shall be excluded from the transfer or sale.

    2. Any fees paid shall be for services rendered, consultation, equipment, real estate, and the name and logo of the counseling agency.

H. We are careful to represent facts truthfully to clients, referral sources, and third party payers regarding credentials and services rendered. We shall correct any misrepresentation of our professional qualifications or affiliations.

I. We do not malign colleagues or other professionals.

Principle 3 - Client Relationships:

It is the responsibility of members of AAPC to maintain relationships with clients on a professional basis.

A. We do not abandon or neglect clients. If we are unable, or unwilling for appropriate reasons, to provide professional help or continue a professional relationship, every reasonable effort is made to arrange for continuation of treatment with another professional.

B. We make only realistic statements regarding the pastoral counseling process and its outcome.

C. We show sensitive regard for the moral, social, and religious standards of clients and communities. We avoid imposing our beliefs on others, although we may express them when appropriate in the pastoral counseling process.

D. Counseling relationships are continued only so long as it is reasonably clear that the clients are benefiting from the relationship.

E. We recognize the trust placed in and unique power of the therapeutic relationship. While acknowledging the complexity of some pastoral relationships, we avoid exploiting the trust and dependency of clients. We avoid those dual relationships with clients (e.g., business or close personal relationships) which could impair our professional judgement, compromise the integrity of the treatment, and/or use the relationship for our own gain.

F. We do not engage in harassment, abusive words or actions, or exploitative coercion of clients or former clients.

G. All forms of sexual behavior or harassment with clients are unethical, even when a client invites or consents to such behavior or involvement. Sexual behavior is defined as, but not

limited to, all forms of overt and covert seductive speech, gestures, and behavior as well as physical contact of a sexual nature; harassment is defined as but not limited to, repeated comments, gestures or physical contacts of a sexual nature.

H. We recognize that the therapist/client relationship involves a power imbalance, the residual effects of which are operative following the termination of the therapy relationship. Therefore, all sexual behavior or harassment as defined in Principle III, G with former clients is unethical.

Principle 4 – Confidentiality:

As members of AAPC we respect the integrity and protect the welfare of all persons with whom we are working and have an obligation to safeguard information about them that has been obtained in the course of the counseling process.

A. All records kept on a client are stored or disposed of in a manner that assures security and confidentiality.

B. We treat all communications from clients with professional confidence.

C. Except in those situations where the identity of the client is necessary to the understanding of the case, we use only the first names of our clients when engaged in supervision or consultation. It is our responsibility to convey the importance of confidentiality to the supervisor/consultant; this is particularly important when the supervision is shared by other professionals, as in a supervisory group.

D. We do not disclose client confidences to anyone, except: as mandated by law; to prevent a clear and immediate danger to someone; in the course of a civil, criminal or disciplinary action arising from the counseling where the pastoral counselor is a defendant; for purposes of supervision or consultation; or by previously obtained written permission. In cases involving more than one person (as client) written permission must be obtained from all legally accountable persons who have been present during the counseling before any disclosure can be made.

E. We obtain informed written consent of clients before audio and/or video tape recording or permitting third party observation of their sessions.

F. We do not use these standards of confidentiality to avoid intervention when it is necessary, e.g., when there is evidence of abuse of minors, the elderly, the disabled, the physically or mentally incompetent.

G. When current or former clients are referred to in a publication, while teaching or in a public presentation, their identity is thoroughly disguised.

H. We as members of AAPC agree that as an express condition of our membership in the Association, Association ethics communications, files, investigative reports, and related records are strictly confidential and waive their right to use same in a court of law to advance any claim against another member. Any member seeking such records for such purpose shall be subject to disciplinary action for attempting to violate the confidentiality requirements of the organization. This policy is intended to promote pastoral and confessional communications without legal consequences and to protect potential privacy and confidentiality interests of third parties.

Principle 5 - Supervisee, Student & Employee Relationships:

As members of AAPC we have an ethical concern for the integrity and welfare of our supervisees, students and employees. These relationships are maintained on a professional and confidential basis. We recognize our influential position with regard to both current and former supervisees, students and employees, and avoid exploiting their trust and dependency. We make every effort to avoid dual relationships with such persons that could impair our judgement or increase the risk of personal and/or financial exploitation.

    A. We do not engage in ongoing counseling relationships with current supervisees, students and employees.

    B. We do not engage in sexual or other harassment of supervisees, students, employees, research subjects or colleagues.

    C. All forms of sexual behavior, as defined in Principle III.G, with our supervisees, students, research subjects and employees (except in employee situations involving domestic partners) are unethical.

    D. We advise our students, supervisees, and employees against offering or engaging in, or holding themselves out as competent to engage in, professional services beyond their training, level of experience and competence.

    E. We do not harass or dismiss an employee who has acted in a reasonable, responsible and ethical manner to protect, or intervene on behalf of, a client or other member of the public or another employee.

Principle 6 - Interprofessional Relationships:

As members of AAPC we relate to and cooperate with other professional persons in our community and beyond. We are part of a network of health care professionals and are expected to develop and maintain interdisciplinary and interprofessional relationships.

    A. We do not offer ongoing clinical services to persons currently receiving treatment from another professional without prior knowledge of and in consultation with the other professional, with the clients' informed consent. Soliciting such clients is unethical.

    B. We exercise care and interprofessional courtesy when approached for services by persons who claim or appear to have inappropriately terminated treatment with another professional.

Principle 7 – Advertising:

Any advertising by or for a member of AAPC, including announcements, public statements and promotional activities, is undertaken with the purpose of helping the public makes informed judgements and choices.

    A. We do not misrepresent our professional qualifications, affiliations and functions, or falsely imply sponsorship or certification by any organization.

    B. We may use the following information to describe ourselves and the services we provide: name; highest relevant academic degree earned from an accredited institution; date, type and level of certification or licensure; AAPC membership level, clearly stated; address and

telephone number; office hours; a brief review of services offered, e.g., individual, couple and group counseling; fee information; languages spoken; and policy regarding third party payments. Additional relevant information may be provided if it is legitimate, reasonable, free of deception and not otherwise prohibited by these principles. We may not use the initials "AAPC" after our names in the manner of an academic degree.

C. Announcements and brochures promoting our services describe them with accuracy and dignity, devoid of all claims or evaluation. We may send them to professional persons, religious institutions and other agencies, but to prospective individual clients only in response to inquiries.

D. We do not make public statements which contain any of the following:
   1. A false, fraudulent, misleading, deceptive or unfair statement.
   2. A misrepresentation of fact or a statement likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts.
   3. A testimonial from a client regarding the quality of services or products.
   4. A statement intended or likely to create false or unjustified expectations of favorable results.
   5. A statement implying unusual, unique, or one-of-a-kind abilities, including misrepresentation through sensationalism, exaggeration or superficiality.
   6. A statement intended or likely to exploit a client's fears, anxieties or emotions.
   7. A statement concerning the comparative desirability of offered services.
   8. A statement of direct solicitation of individual clients.

E. We do not compensate in any way a representative of the press, radio, television or other communication medium for the purpose of professional publicity and news items. A paid advertisement must be identified as such, unless it is contextually apparent that it is a paid advertisement. We are responsible for the content of such advertisement. Any advertisement to the public by radio or television is to be pre-recorded, approved by us and a recording of the actual transmission retained in our possession.

F. Advertisements or announcements by us of workshops, clinics, seminars, growth groups or similar services or endeavors, are to give a clear statement of purpose and a clear description of the experiences to be provided. The education, training and experience of the provider(s) involved are to be appropriately specified.

G. Advertisements or announcements soliciting research participants, in which clinical or other professional services are offered as an inducement, make clear the nature of the services as well as the cost and other obligations or risks to be accepted by participants in the research.

12.4. Ethics Codes & Practice Guidelines for Assessment, Therapy, Counselling, & Forensic Practice:

This section presents links to therapy, counselling, forensic and related ethics (and practice) codes developed by professional organizations such as psychologists, psychiatrists, social workers, marriage and family counsellors.

"Awareness of the ethics codes is crucial to competence in the area of ethics, but the formal standards are not a substitute for an active, deliberative, and creative approach to fulfilling our ethical responsibilities. They prompt, guide, and inform our ethical consideration; they do not preclude or serve as a substitute for it. There is no way that the codes and principles can be effectively followed or applied in a rote, thoughtless manner. Each new client, whatever his or her similarities to previous clients, is a unique individual. Each situation also is unique and is likely to change significantly over time. The explicit codes and principles may designate many possible approaches as clearly unethical. They may identify with greater or lesser degrees of clarity the types of ethical concerns that are likely to be especially significant, but they cannot tell us how these concerns will manifest themselves in a particular clinical situation. They may set forth essential tasks that we must fulfill, but they cannot tell us how we can accomplish these tasks with a unique client facing unique problems. . . . There is no legitimate way to avoid these struggles."—Ethics in Psychotherapy & Counseling, 2nd Edition.

12.5 Summary:

In view of the complex nature of problems that is presented by the clients the counsellor needs to face the challenging situation with maturity and care. Counselling is becoming more and more professionalized since the expectations from the clients are high. There is a great demand for counselling services in the fast moving society. It is expected that the counsellor follow certain set standards. Code of ethics and professional standards provide guidance and direction to the counsellors. These codes of ethics are the crucial framework for practice of counselling. They remind the counsellor the responsibilities, which goes beyond the client, to colleagues, to employees and other professionals. Establishing codes of ethics is a part of self-regulatory system or statutory regulation. Therefore it is needless to say that counsellors needs to go by the code of ethics which provides a guide for professional roles and relationships at various levels of responsibility.

12.6 Key Words:

Code of ethics
NAADAC Code of Ethics
AAPC – American Association of Pastoral Counsellors

12.7 Self Assessment Questions

1. Explain NAADAC code of ethics.
2. Discuss code of ethics given by American Association of Pastoral Counsellors.

12.8 Reference Books:

1. Copyright © 2006: NAADAC The Association for Addiction Professionals 901 N. Washington St. Suite 600 Alexandria, VA 22314 p 800.548.0497   f 800.377.1136
2. Lakshmipathy Raju M, (1999) Family Counselling: Perspectives and Practices, Department of Social Work, Sri Padmavati Visvavidyalayam, Tirupati.

Dr.Saraswati Raju Iyer

Lesson 13

Problems of the Aged

11.0 Objectives:

The objective of the present lesson is to clarify the intricacies of aging population and compares the various dimensions of problems among aged people and older members family in situation of trouble and stress, encompasses a tremendous variety of family structures. It further analyses social, psychological, economic and other problems.

Contents:

13.1 Introduction:

The ageing of population is a universal phenomenon. All over the world with improved facilities, longevity of human beings is increasing. As compared to developed countries the proportion of old people in India are less but absolute number is high. There is no information about old people if they even had any jobs, have any children and so on. There are no longitudinal studies about old people from different socio cultural groups. Old age has its own disadvantages. In addition to the deterioration in physical functioning, the elderly also face socio-psychological, medical and economical problems.

For the elderly who belong to the organized sector, the income reduces, the status changes and they feel bored and useless. For the elderly in the rural area, it is mainly the lack of income and companionship. In both cases, majority of the families find themselves unable to meet the needs of the aged within the family resources. Their priority is for the younger generation on whom they have hopes. This situation leaves a few gaps between the needs of the aged and the care they get from the family. Under these circumstances there is a need for support services to fill the gaps in the areas of health, economic support and emotional support, keeping in mind the traditional and cultural background of our society.

13.2 Status of Elderly in the Changing Indian Society:

As in most of the traditional societies: old people in India used to enjoy very high social status. There is volumenous evidence in the historical sources to indicate this fact. The more age factor was considered to be important and the "Karta" in the Indian family had almost whole and sole authority. Same was the position of mother-in-law, particularly in non-industrial traditional families.

The pre industrial society: perpetuated inherited inequality; with the emergence of democratic ideas, the younger generation tends to consider themselves of being equal to the old people. In old system lower castes accepted their low status but in democracy the picture is different. This has shattered the leadership roles and the status enjoyed by old people.

13.3 Dimension of the Problem:

In almost every country, more and more specialists, researchers and demographers have indicated that the aged population throughout the world is going to increase significantly and have pointed out that data on individual and social aging must be taken into account in every project involving the life and development of societies. It has therefore appeared necessary to organize an international forum and draft a plan of action.

A developing country like India, where dependency ratio is already very high will feel the effects of increase in the aging population, sharply. It is therefore necessary, that our planners, policy makers, social scientists and social workers should bear this aspect in mind while planning developmental programme and formulating policies. The aged in our country cannot be considered for care programmes in isolation. They should be taken into account along with the mainstream of our society.

According to the censes statistics, forty three percent of the elderly were in employment including unpaid family work. Even among those at work, a large proportion of the older persons are in marginal employment without even subsistence wages or income. Poverty and dependency, thus, are the inevitable consequences of old age in India with the attendant hardships and privations. Among elderly, the widows are again the poorest. They are significant segment because the vast majority of the older women are widows.

13.4 Some of the problems faced by Aged:

The problems of the study of the aged broadly can be classified into Five categories;(1) Familial problems (2) Social problems (3) Psychological problems (4) economic problems and (5) Other Problems. It is observed that generally people have following problems in the old age:

13.5 Familial Problems:

The family plays a very significant role in the life of an aged. For centuries, the family network has sustained and maintained the elderly persons in India. The traditional joint family system in India is crumbling fast. As a result of this, the elderly people of India may face the problems which are faced by their counterparts in western countries. The old age in India may correspond with a process of isolation of disengagement, or reinvolvement in family life or of striking a new balance in social activity, one that is determined by the subjects personal predisposition, role flexibility and the opportunities offered by the environment.

Family Resources and Family Problems:

Major sources are Physical Health, Emotional Health, Economic Resources, Social Resources in terms of family kin and friends. The interrelationship of these factors is quite complex, absence of one or more may change the balance in the life. On other hand abundance of any one can greatly alleviate the stress caused by absence of other. Some families are obviously not the concern of social work profession. Other type families shown varying degrees of crisis in old age. Social resources are difficult to ascertain. What indices one can utilizes presence of children; neighbour participation, village and caste organizations, Emotional Resources are still difficult; some have argued that to solve the problems of old age is to give them more money. Some people may be rich in economic sources but poor in some other factors which make life meaningful. Emotional and psychological health of individual is very difficult to judge. Some people can just carry on with emotional and psychological health.

Coping Mechanisms in Families:

Various sociologists have made judgments on what is called as level of organization in families. In organized families the members accept that every one has complementary role to play. They draw support from each other and consider total welfare of family as a unit than his own good. Families are divided according to their response to problems.

Suggested areas of familial support:

- *A National Day for the Aged* may be declared to focus attention on the important places of the aged in family and community.
- *Develop interaction of older persons* with parents, spouse, children, children's in-laws, grandchildren and others.
- *The Ministries of Education may incorporate some aspects of ageing into the school syllabus.*
- *Mass media* may be encouraged to provide programmes on aging to foster strong self-help attitude among the elderly and portray a positive image of the aged in their family. Producers and Film makers may be encouraged to produce feature films on aspects of aging.
- *Aware of the care giving roles* between older persons and the family.
- *Homes and Day Care Centres run by the NGOs* should receive adequate financial support from the Government for their capital and recurring expenses. It encourages harmonious atmosphere in the family.
- *Protect the aged from* issues of neglect, abuse, violence and abandonment in the family.
- Support to National / Regional Seminars / Conference of NGOs engaged in age care programmes to create awareness about families in the society.
- Review of laws for inheritance and protection from abuse.
- Intervention needs: raising family awareness and family and bereavement counseling.

13.6 Social Problems:

Many people who remain very busy in their occupation have not developed skills for social contacts. Others do not explore the range of interests which will sustain them through out life. Some even refuse the opportunity to participate in social life, due to apathy and lack of social interests. Some old people instead of forming their own interests try to indulge in the interests of the younger members of the family and thus become unacceptable.

Suggested areas of sociological support:
- *The skills and services* of elderly persons may be utilized for adult education, child care programmes voluntary social work and community health.
- *For visiting sick*, disabled and housebound elderly people, a cadre of social workers may be created among active elderly and they might be given appropriate training.
- *Programme may be evolved* for exhibition and demonstration of skills by older persons, and transfer of skills to younger persons.
- *Employing Organizations should be encouraged* to provide pre-retirement counseling and to organize comprehensive retirement planning services to its employers. At the time of final settlement of gratuity and Provident Fund amounts a percentage of the amount could be paid in the form of long-term deposit receipts.
- *The youth organizations of the students* like NSS should be encouraged to undertake age-care programmes. The financial allocation for NSS Programmes should also include allocations for age-care programmes.
- *Because of their relative freedom, NGOs are able to innovate*, experiment and work flexibly. These efforts may be encouraged with adequate grant-in-aid from the Government.
- Recognition of outstanding services may be given through awards.

13.7 Psychological Problems:

Some people become old gradually. For some it is sudden and they are not prepared for old age. Loss of occupation is one of the causes which creates great psychological vacuum in the life of old people. Old age is usually associated with reduction in income and social status. This creates depression in the minds of some people. Family members are unable to understand, in case of old women, since the major function of their life i.e. child bearing and child rearing is over, there is vacuum and creates boredom in their life. Mother in law role is not more rewarding for them. Old people have complaints that others do not pay attention to them. They need help to come out of their loneliness. Problems of family relations. Many old people have to join their adult children. They are over dependent on them. This creates loss of privacy to the adult child. Friction arises when adult children are not prepared for this role. The non dependent parent who still persists on advising and directing the very child on whom he is dependent creates incongruent role situation. The chronic complainer, the demanding parent can not take a child's role in the family of his child. This serves to stir family conflict and calls for some kind of counseling service for old people.

Suggested areas of psychological support:
- *Special Counters* might be opened at Governmental hospitals for consulting and dispensing purposes exclusively for the old people.
- *W.H.O.'s expertise and assistance*: WHO's expertise and assistance could be utilized to provide basic training in geriatric medicines and care for doctors, nurses and other para-medical personnel in Government and non-government hospitals.
- *Medical and nursing curriculum*: Should include courses on geriatric medicine and care: Cognitive loss, memory failure, detecting dementia.
- *Counseling on common psychological problems,* depression, coping with loss of job, spouse, physical abilities.
- *Chairs in psychiatry medicine* should be introduced in teaching hospitals and medical colleges.

- *Health Education through* school syllabus, health care literature including suitable diet for old age, exercises and other health practices should be made available on subsidized rates.
- *Special attention* could be given to the 'elderly' for their psychological health needs.

13.8 Economic Problems:

Many old people do not have any economic source. They do not have enough savings to take care of their needs. They depend mostly on their children. Economic dependence on children makes life disturbing for them. The economic problems arise due to lack of savings, lack of even the primary necessities of life, lack of stable income, and difficulty in settling children. Sometimes in most of the families, the children's economic problems will be a problem for elderly. In some cases due to late marriages and due to delayed birth of children led to the weakening of a financial position and more over they became older without fulfilling the encumbrances. This will finally lead to a serious economic problem which can not be sorted out by any association or by anybody. With regard to India one more peculiar aspect prevailed since ages. That is the *Kartha* in a Hindu undivided family bears the entire responsibility of the whole family consisting of brothers, sisters, aged parents, grand children, great grand children etc,. and as Kartha becomes older and the severe economic problems arise due to heavy responsibilities.

Suggested areas of economic support:
- *Enlargement of Old Age Pensions:* At present the old age pension is given only to those aged in advanced age groups without any source of income. The old age pension scheme should be designed to encourage the joint family system by providing assistance to all elderly above the age of 60 (or 65) without income. The amount of pension needs to be increased to counteract the erosion of real income due to inflation.

- *Loan facilities* with differential rate of interest should be extended to the elders or to the families of the elderly to stimulate self-employment not only to make them independent but also to strengthen the economic base of the families.

- *Part-time employment* for elderly persons with skills and professional competence may be arranged. This need not necessarily create competition among various age groups, but areas like adult education programmes, village level workers, pre-school education and health education programme could be considered for this purpose.

- *Concessional transport*: Public transport systems should provide concessional travel facilities to the elderly especially from residence to work place (if employed) and to visit religious centers.

- *Capital Cost Support*: Grants-in-aid should be given for meeting the capital requirements of the 'homes' and day care centre – like building, furniture, equipment, etc.

- *Recurring Expenses*: Grant-in-aid should be given to meet the expenses on salaries, etc., for qualified social workers in homes and pay care centers.

- *Special Ration Cards:* Special ration cards to the elderly specially among the economically weaker groups – to enable them to buy food articles at a subsidized rate.

- *100% Tax relief* may be granted on donations by industries and commercial organizations for age care programmes.

- *Intervention needs:* retirement planning, promoting savings, investments and making a will, training and opportunities for income generation, employment exchange and sponsorship programmes.

13.9 Other Problems:

A) Physical Problems:
As age advances, the functions of the body get affected. Loss of eyesight, hearing capacity, loss of motor co-ordination are common to process of aging. But there are some common old age diseases. Anemia, malnutrition are common among the lower socio-economic groups. Accidents and crippling diseases like stroke, paralysis make old people completely dependent on others.

Suggested areas of Physical Health support:

- *Primary Health Care* should be strengthened so as to reach the more elderly in villages, slums and other areas.
- *Aware the elderly on major changes with age,* age related diseases, sensory difficulties, stroke, heart disease, physiological disorders.
- *Mobile Geriatric Units* as distance discourages the utilization of available medical services by the elderly, mobile geriatric clinics may be promoted.
- *Geriatric Units may be started in major hospitals*.
- *Special Cards for elderly* to receive concessional consultancy, treatment and drugs.

B) Housing Problem:
Due to housing shortage the problems of old persons becomes more acute in urban areas than in the rural atmosphere. Many old people feel that they would prefer to stay independently in the near vicinity of their children and would like to retain their independence.

Suggested areas of housing support:
- *All Housing schemes* like ′shelter for shelterless′ should have special provision for older people willing to live together with adequate community welfare services.

- *Accommodation for Day Care Centres* should be provided under all housing schemes.

- *Flats should be allotted* by all housing estates on the ground floor for sale or rent for the elderly.

- *Subsidy for extension* to private houses to accommodate aged persons comfortably may be given to promote happy family living.

- *Allotment of free land* for ′homes for the aged′, Day Care centers for the elderly.

- *Architects / Planners should be motivated* for developing building designs suitable for the ′Homes for the Aged′.

13.10 Summary:

The problems of the study of the aged broadly can be classified into Five categories;(1) Familial problems (2) Social problems (3) Psychological problems (4) economic problems and (5) Other Problems. It is observed that generally people have following problems in the old age:

Familial Problems:

The family plays a very significant role in the life of the aged. For centuries, the family network has sustained and maintained the elderly persons in India. The traditional joint family system in India is crumbling fast. As a result of this, the elderly people of India may face the problems which are faced by their counterparts in western countries. The old age in India may correspond with a process of isolation of disengagement, or reinvolvement in family life or of striking a new balance in social activity, one that is determined by the subjects personal predisposition, role flexibility and the opportunities offered by the environment.

Social problems:

Many people who remain very busy in their occupation have not developed skills for social contacts. Others do not explore the range of interests which will sustain them throughout life. Some even refuse the opportunity to participate in social life, due to apathy and lack of social interests. Some old people instead of forming their own interests try to indulge in the interests of the younger members of the family and thus become unacceptable.

Psychological problems:

Some people become old gradually. For some it is sudden and they are not prepared for old age. Loss of occupation is one of the causes which creates psychological vacuum in the life of old people. Old age is usually associated with reduction in income and social status. This creates depression in the minds of some people. Family members are unable to understand, in case of old women, since the major function of their life i.e. child bearing and child rearing is over, there is vacuum and creates boredom in their life.

Economic Problems:

Many old people do not have any economic source. They do not have enough savings to take care of their needs. They depend mostly on their children. Economic dependence on children makes life disturbing for them. The economic problems arise due to lack of savings, lack of even the primary necessities of life, lack of stable income, and difficulty in settling children. Sometimes in most of the families, the children's economic problems will be a problem for elderly.

Other Problems:

A) Physical Problems: As age advances, the functions of the body get affected. Loss of eyesight, hearing capacity, loss of motor co-ordination are common to process of aging. But there are some common old age diseases. Anemia, malnutrition are common among the lower socio-economic groups. Accidents and crippling diseases like stroke, paralysis make old people completely dependent on others.

B) Housing Problem: Due to housing shortage the problems of old persons becomes more acute in urban area than in the rural atmosphere. Many old people feel that they would prefer to stay independently in the near vicinity of their children and would like to retain their independence.

13.11 Key words:

1. Capital Cost
2. Elderly
3. Familial
4. Identity Crisis
5. Recurring Expenditure

13.12 Self Assessment Questions

1) Describe the Problems of the Elderly in the Contemporary Society.
2) Examine the Problems of Elderly in the Context of Changing Socio Economic Conditions of India.

13.13 Reference books:

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Lesson 14

Services for the Aged

14.0 Objectives:

The objective of the current topic is to give a complete picture about various services for the elderly in India. These services are divided into institutional and non-institutional. It further examines the services that are available inadequate and not sufficient in serving the purpose. Hence, an improvement is needed with respect to the services for the aged.

Contents:

14.1 Introduction

14.2 Services for the Problems of the Elderly

14.3 Institutional Services or Institutional Care Programmes

14.4 Scope of Social Work Practice in institutions

14.5 Non Institutional Services or Non-Institutional Care Programme

14.6 Summary

14.7 Key words

14.8 Self Assessment Questions

14.9 Reference books

14.1 Introduction:

The problem of old age becomes a social problem due to the rising proportion of the aged people and their declining roles and status in the present society. The present society creates many problems for the elderly. Due to industrialization, modernization and urbanization and forming of nucleus families old age has emerged as problem; in such circumstances the concern for the aged became indispensable to provide services for the concerned.

Most of these services are urban-based and the rural elderly, who constitute sizeable proportion of the elderly population in India and this must be changed according to the situations and extend the services to rural elderly as well as to urban elderly. Community and family based services to enable the elderly to function as active, productive and creative members of the society and as participants in the development process of the nation are scanty. Almost all services are being organized on 'humanitarian' considerations with a view to provide food and shelter and very little attention is being given towards the emotional and psychological needs of the elderly.

14.2 Services for the Elderly:

The problems of the aged population in India with a short span of time shall reach to an alarming stage, the sheer size of the aged population now and as projected in future along with a realistic appraisal of their problems, whether physical socio-medical, fiscal or psychological, should make everyone (Government and non-Governmental Organizations) concerned take necessary preventive and remedial long term measures before it reaches the un-manageable proportion. A developing country like ours cannot afford to spend large amounts like developed countries on the support services and social security measures for the elderly.

Therefore, the support services thus planned should encourage, as far as possible, the integration of the elderly into the family and society. The services should also help the elderly to regain their status, regard, love and affection of their family members and the society. Care should be taken that the elderly are not considered as specialized handicapped group and single them out for special support services, but should be considered as normal members of the society and offer them the support services which the family is not in a position to offer because of various strains the family is undergoing.

There are a few support services existing in our country for the elderly, though they are quite insufficient, compared with the size of the elderly population and their needs. According to the study made and the first ever directory produced by the Centre for the Welfare of the Aged, there are so many Non-Governmental Organizations caring for the elderly. In addition to NGO.s some GO.s are working for the same cause and the lion's share of the services for the elderly are under the auspices of non-governmental bodies.The old age pension is one form of assistance / support, that is provided by the State Government. All these services cover only a small proportion of the elderly population in the country.

The support services should be classified under the following heads:

14.3 Institutional Services or Institutional Care Programmes:

Although non-institutional services should be given a priority over institutional services, the destitute and the houseless, and older persons who are unmarried, childless, those whose children have migrated abroad and those who have only daughters, face the problem of care giving even when they have their own house to stay. Institutional services encompasses-keeping the elderly in an institutionalised manner and providing different types of services which are essential for their living without any hindrance.

The institutions for older persons should provide for self-fulfillment, health, nutrition and care giving, continuing education, and recreation activities and facilitate death with dignity. The institutions may keep their health education and recreation services open to non-resident older persons. The residents interaction with their family members and community may be encouraged but not forced. The institutional life should correspond to normal conditions in the family and community as far as possible. The residents should be treated with dignity and respect.

A) Homes for the Aged: Though Homes for the aged are not very much suitable for our culture and background. There are a good number of elderly who would need to be cared by specialized institution. The homes could be for totally economically destitute people and for those who could pay for their maintenance with their meager income like pension or savings, etc.

B) Medical Care Services: When we are providing the respective services while sorting out of the problems of the elderly we have to ensure keeping of the health of the elderly. The following are some of the medical care services which will take care of the health of the elderly.

1)Creation of special geriatric wards in major hospitals;

2)Setting up of special counters and geriatric out patients units in existing hospitals;
3)Enlarged eye-care and cataract service programme.

For some individuals who have major health problems need hospitalization. Treatment and management of chronic illness becomes necessary in their case. Chronic conditions can create permanent or residual disability. The landing chronic conditions among old people are arthritis, rheumatism, heart disease, blood pressure, asthma, diabetes. Loss of eye sight may increase dependence. Some old people can have orthopedic complaints because of fracture. Paralysis of various limbs lead to the crippling condition. Those who need hospitalization have several problems. Who pays for them? Apart from payment, day to day nursing care also becomes important. These are the patients who are facing crises. There is also a fear of death. Mental preparation to accept death as mercy of god is necessary. Some old people also become mentally ill and attempt suicide. In our country, the mental health facilities are neglected. All parts in the country do not have mental hospitals. Number of psychiatrists is limited and large number of mentally ill patients' go without treatment. For many old people hospitalization leads to death. The dying process of ion older person is considered less distressing. Some times there are small tasks that a close family member can do that makes dying easier. The promise to look after a favorite pet, to repay a small loan, promise to take care of the dependent spouse are some of the examples.

C) Holiday home services: It is a common phenomenon that for an individual shall feel boredom or monotony for sitting in one place and living with the same family members. In such times the elderly need a change. Therefore, provision of holiday home services are needed where the elderly could spend a limited time when the family is away on holiday or even residents of 'homes' when they need change.

14.4 Scope of Social Work Practice in institutions:

Those old people who do not have children or relatives to take care and those who do not have economic resources have sometimes to take shelter in the old age institutions. Though institutions of such type are few demand for them is likely to increase. We need to give some thought to the designs of such institution. Old age home buildings should be constructed in such a way that it will retain the mobility of old people. It should facilitate group interaction and should avoid isolation. Open air and ventilation, proper protection from heat, cold and breeze would be necessary. Staircases, bathrooms should be so constructed that it prevents accidents. Old people complain of noise hence an atmosphere of physical and mental peace will facilitate the management of an institution for the aged.

When aged individuals enter institution their induction to the rules and regulations of the agency is necessary. Since most of the people leave the home, they experience initial difficulties in the adjustment to the agencies. Feeling of rejection by relatives is prominent. Most individuals in institutions have problems which appear rival to outsiders are very real to the individuals concerned.

Work with individuals:Many individuals in institution show specific physiological or psychological problems. Since the person has taken a shelter in an institution he has a feeling that his personal dignity is now at stake. Agencies should always handle this issue very sensitively otherwise the institutional life is essential when the persons enter the institution. They need counseling for a longer time. Case work and counseling is required for a longer time. Case work and counseling are very important methods of social work used in old age institution. Old people need constant emotional support. Helping them to keep contact with their relatives and friends helps them to have a proper mental health. Case work techniques to clarification, reflection,

reassurance are very useful. Individuals with lazy habits or quarrelsome nature need use of confrontation techniques. To keep the group life in institutions various, group work techniques are used.

Work with Groups:

Group life in institutions requires routine. If the inmates of agencies are involved in running the agencies, inmates like it. It creates democratic atmosphere in agencies. It is possible to formulate various types of groups such as (i) Task oriented groups (ii) Therapeutic groups (iii) Occupational groups (iv) Recreational groups.

A) Task oriented groups: Group members always have some skills based on their previous occupation. Planning of day to day activities of the agency such as meals, cleanliness of the premises, purchases and marketing can be managed by inmates. It creates sense of belongingness amongst the group members. This also increases the level of satisfaction; old people develop new friendships and associations that helps making life happy and adjustment to the agency possible. The group members then take care of emotional health of their co-inmates.

B) Therapeutic Groups: Leaving home is transmatic for some individuals. Loss of dear ones shatters many individuals. Some people are never able to resolve their personality problems. People with aggressive and selfish behaviour tend to find faults with others. Timid and shy people who have never been able to take decisions at any stage in their life are sufferers in such situations. Some are depressed, some are anxious. Rejection and helplessness in past life and uncertainty of the future creates anxiety in their mind. Such respondents benefit from the therapeutic groups.

C) Occupational Groups: This is work oriented group. It helps individual members to develop their talents. Group of professional can come together. They can help others with their professional help. Government pensioners association in Poona has helped several retired government servants to get their pensions released by helping them through proper interpretation of rules.

D) Recreational Groups: Since most inmates are confined to the institutional life recreational groups prove to be very important. Arranging games, hobbies, picnics, visits churches, museums, keep the inmates happy. It is also useful for good mental health of the inmates.

14.5 Non Institutional Services or Non-Institutional Care Programmes:

Non-institutional services are those keeping the elderly in their respective places and extending the services which are required by such persons and this should be encouraged by either GO.s or NGO.s and ensure that more prominence must be given to non-institutional services than that of institutional services and which are well suited for the Indian culture and conditions.

Developmental programmes for preparation for and coping with old age, death and bereavement and raising community awareness; health check up, information and awareness for prevention of problems and treatment; continuing education; training and opportunities for income generation; employment exchange; training as volunteers; recreation and creative art programmes; counseling and legal aid; self/mutual help groups; family assistance; information and referral

services; death with dignity; and so on. Older persons may also function as volunteers for community activities.

A) Day Care Centres / Multiservice Centres: The nomenclature of day care centres need to be changed to multiservice centres as older persons need a range of services and not necessarily care. The multiservice centres may provide support systems to older persons, whereby the elderly could receive the needed companionship, medical care, nutritional support, recreational facilities and remunerative work opportunities. These Day Care Centres should be organized for various strata of the society depending upon their social / cultural / economic background.

B) Family counseling and individual counseling: This is that of the counseling shall be provided to the family members and as well as to the elderly. The counseling either attached to the day centers or otherwise in families so that, necessary emotional integration is achieved. This type of counseling is of more useful in set righting the behavioral problems and the general difference of opinions.

C) Family based services: In Indian societies it is highly impossible to seperate of the elderly from the family. By providing family based services to such type of elderly without any separation from the family, the job of both the GO.s and NGO.s will be easier and giving the best results and compared to other services.

- *Domiciliary medical services:* We have already discussed that there are some common ailments faced by old people. They find it difficult to pay the bills of doctors. Patients belonging to lower income groups find it difficult to get treatment from the general hospitals where long waiting is required. If there are more community based health services and treatment centers, it will reduce pressure on big hospitals. It is possible to have a visiting team of doctors and nurses going to a locality where old people can come. Chronically ill patients can be visited at home. Mobile dispensaries will enable old persons to avoid travels on public transport. Giving nursing care, injections, checking blood pressure, taking urine or blood test can be done by the mobile team at the door steps of the patients.

- *Supplementary Nutrition:* Some of the poor old patients have a problem of malnutrition. They need supplementary diet in the form of milk or soft foods. Many old people cannot eat hand food for some there is a difficulty in swallowing. Some destitute old people need ready cooked food. Food preparation requires marketing processing and cooking food. Many old people if left alone can not manage it. This creates situation of under nutrition and malnutrition. Couples in old age overcome this difficulty with each others help. Voluntary agencies can arrange central food cooking and send packed food to the living place.

- *Transportation service for the elderly:* Private transport system designed to serve the particular need of the special groups are no longer unique. Private voluntary organizations can institute transportation service for old people from residential localities to the hospitals markets and recreational centers. We may also visualize an ambulance bus service for the elderly from community to hospitals.

- *Recreational activities:* Like all other human beings old people also have a need for meeting people. Many old people find solace in religion based activities. Visiting temples, participating

in Harkatha or Bhajans have been traditional recreational activities for old people. Concessional rates in cinema houses, special programmes on T.V. net work are now needed for them. Holiday centers can be developed by public trusts at the centers of interest for old people.

- *Housing services:* In these days it became a fashion for everybody migrating to urban areas from the rural areas for the livelihood. Naturally at urban centres place for housing is becoming a problem; if the place is found for housing automatically a small construction takes place. There arises a problem of shortage of housing. In order to sort-out this problem, planning of shift of older population again to smaller places by providing housing services there itself for elderly or at least for the poor communities and for lower income groups. In case any financial help needed in this regard one can collect donations from the society.

D) Emotional & Psychological Services:

Some sections of the elderly may expect that even though they satisfy the physiological needs they need some type of emotional and psychological services than that of other services. In such situations, for such elderly the following services will be of more use for the satisfaction of emotional and psychological happiness.

1) Organization of picnic and pilgrimage programmes;
2) Counseling services – pre – retirement and post-retirement planning;
3) Religious get-togethers and discourses;
4) Sports and cultural events by the elderly and for the elderly.
5) Inter-generational gatherings and programmes.

E) Other Association Services: Apart from institutional services there are other services which are equally important for the elderly:

- *Pensioners Associations:* Among the elderly the pension holders tend to be formed as pensioners associations. These pensioners associations will cater to the needs of the pension holders and providing necessary information pertaining to pension rules, fixation of pension and other related areas.
- *Associations of / for senior citizens:* These associations have striving in providing guidance and entertainment to members to arranging lectures, conferences, seminars and workshops on various aspects of ageing and promoting the welfare schemes to the senior citizens in India.
- *Facilitating Associations:* There are some associations which facilitate the various schemes extended for the elderly by the government and nongovernmental organizations. These associations will find out suitable elderly for such schemes. More over these associations act as a facilitator and whether or not see that the schemes are reaching the right persons.

- **Outreach Services:** The voluntary organizations may also run outreach services for home-bound older persons such as mobile meals, clinics and libraries, volunteer's visits for help in homemaking and running external errands, and information and referral services. Telephone helplines need to be developed all over the country, to provide information and referral services and for crises intervention.

Many of those support services could be organized on voluntary efforts and with minimum financial implications. But there are certain areas where the Government and Planning Body need to make specific financial allocations and sanctions.

14.6 Summary:

The present society creates many problems for the elderly. Most of the services for the elderly are urban-based and the rural elderly, who constitute sizeable proportion of the elderly population in India and this must be changed according to the situations and extend the services to rural elderly as well as to urban elderly. Therefore, the support services thus planned should encourage, as far as possible, the integration of the elderly into the family and society. There are a few support services existing in our country for the elderly, though they are quite insufficient, compared with the size of the elderly population and their needs.

The support services should be classified under the following heads: Non-institutional services should be given a priority over institutional services, The institutions for older persons should provide for self-fulfillment, health, nutrition and care giving, continuing education, and recreation activities and facilitate death with dignity.

A) Homes for the Aged. : Homes for the aged are not very much suitable for our culture and background. There are a good number of elderly who would need to be cared by specialized institution. The homes could be for totally economically destitute people and for those who could pay for their maintenance with their meager income like pension or savings, etc.

B) Medical Care Services: When we are providing the respective services while sorting out of the problems of the elderly we have to ensure keeping of the health of the elderly. The following are some of the medical care services which will take care of the health of the elderly.

C) Holiday home services: It is a common phenomenon that an individual shall feel boredom or monotony for sitting in one place and living with the same family members. In such times the elderly need a change. Therefore, provision of holiday home services are needed where the elderly could spend a limited time when the family is away on holiday or even residents of 'homes' when they need change.

 Non-institutional services are those keeping the elderly in their respective places and extending the services which are required by such persons and this should be encouraged by either GO.s or NGO.s and ensure that more prominence must be given to non-institutional services than that of institutional services and which are well suited for the Indian culture and conditions.

A) Day Care Centres / Multi Service Centres: The nomenclature of day care centres need to be changed to multiservice centres as older persons need a range of services and not necessarily care. The multiservice centres may provide support systems to older persons. whereby the elderly could receive the needed companionship, medical care, nutritional support, recreational facilities and remunerative work opportunities. These Day Care Centres should be organized for various strata of the society depending upon their social / cultural / economic background.

B) Family counseling and individual counseling: This is that of the counseling shall be provided to the family members and as well as to the elderly. The counseling either attached to the day centers or otherwise in families so that, necessary emotional integration is achieved. This type of counseling is of more useful in set righting the behavioral problems and the general difference of opinions.

C) Family based services: In Indian societies it is highly impossible to separate of the elderly from the family. By providing family based services to such type of elderly without any separation from the family. The job of both the GO.s and NGO.s will be easier and giving the best results and compared to other services.Domiciliary medical services; Supplementary Nutrition:Transportation service for the elderly: Recreational activities: Housing services: Emotional & Psychological Services: Some sections of the elderly may expect that even though they satisfy the physiological needs they need some type of emotional and psychological services than that of other services

D) Other Association Services: Apart from institutional services there are other services which are equally important for the elderly:

14.7 Key words:
1. G.O.s
2. N.G.O.s
3. Institutional
4. Non-Institutional

14.8 Self Assessment Questions:
1) Analyse the Institutional Services for the Elderly.
2) Bring out the Non-Institutional Services for the welfare of Elderly in India.

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Lesson 15

Gerontological Social Work

15.0 Objectives:

The present topic analyses the concept of gerontology, Guiding Principles for Work with Older Persons. It also focuses attention on professional social work practice in the field of gerontology.

Contents:

15.1 Introduction

15.2 Some Contributions on Gerontology

15.3 Guiding Principles for Gerontological Social Work

15.4 Professional Social Work Practice in Gerontology

15.5 Summary

15.6 Key Words

15.7 Self Assessment Questions

15.8 Reference Books

15.1 Introduction:

Gerontology comes from two Greek words: Geron meaning old man and logos meaning study or scientific treatise. Thus, Gerontology is the scientific study of the old. Gerontology, the scientific study of the old, is getting special attention these days, both from scientists and social workers.

Several of the fundamental concepts of gerontology: are the ones developed during the third decade of the twentieth century. One of them is that problems of aging are complex, and are to be studied from an interdisciplinary angle. Another is that aging represents an interactive process between biological predisposition and environment. The main concern of medicine was shifting during this period from infectious diseases to chronic diseases. Consequently, by 1940, gerontology was receiving recognition as an independent and important field of knowledge.

Gerontology started as an inquiry into the characteristics of long-lived people: Woodruff and Birren (1968) classify the early myths about aging into three groups:

A) The antediluvian theme: Human beings enjoyed longer life in the past. The book of Genesis gives examples of this.

B) The hyperborean theme: In some distant place, there is a society in which people enjoy very long life.

C) The rejuvenation theme: Through some special boon from a pleased deity, or something similar, people have been rejuvenated and have lived for a very long time.

In all the three, the quest for methods for prolonging life is prominent. The inevitability of death seems to have led mankind to think vigorously about ways and means of extending life.

After the Second World War interest in the study of aging became even greater: Several factors were responsible for this:

A) Advances in medicine threw light on the mental and physical problems of old age.

B) Systematic research on aging began evolving out of individual research programmes on aging.

C) Studies in the fields of Economics and Demography brought out the information that changes in the age structure of society could cause serious social and financial problems needing immediate solutions.

D) Scientific periodicals began to pour our research findings on aging.

E) The establishment of an International Association of gerontology increased enthusiasm in researchers in the study of the aged.

F) Many countries started research organizations dealing with the problems of aging, and many voluntary welfare organizations for the aged started taking serious interest in the problems of the aged.

G) Reviews of works on the aged, and abstracts of scientific reports on aging found their place in scientific journals, and this helped the arousal of interest in the study of the aged.

But, notwithstanding all this, gerontology remains a very young science even today. Like other new sciences, its main preoccupation continues to be simple description. Theories and well worked out tools of investigation are still few in this area. A researcher has to develop his own tools for measuring the different aspects of aging and the impact of aging on practical living.

The Concept of adjustment in gerontology: has been used in the context of welfare programmes for the social problem cases among the aged people and it is tantamount to harmonious living in old age. The practical purpose of gerontology is to help people in leading a happy life in old age. The knowledge of the indicators of good living and its determining factors is necessary to provide social assistance to the old people . owing to this reason, the identification of the operational criteria for the evaluation of the quality of adjustment and the exploration of the factors connected with good adjustment in old age have attracted considerable scientific interest in the western countries, especially in America, right from the earliest period of modern gerontology.

The Encyclopaedia Britannica (1969) defines Ageing as follows:

"By aging is meant the progressive changes that take place in a cell, a tissue, an organ – system a total organism or a group of organisms with the passage of time will living things change with time in both structure and function, and the changes that follow a general trend constitute aging. Aging is part of the developmental sequence of the entire life span. Beginning with conception, this developmental sequence includes prenatal growth and development, birth, infancy, childhood,

adolescence, maturity and senescence.   Aging is a normal part of this total process. However, Gerontology is concerned primarily with the changes that occur between the attainment of maturity and the death for the individual and with the factors that influence these changes. These factors may range from heredity to climate and they may include social customs and attitudes. Some investigators believe that aging results from the accumulation of random trauma, such as disease and malfunction, during the life time. Others believe that aging is due to an intrinsic process that is fundamental, inevitable and irreversible. Both views agree that aging can be represented as a progressive inability to cope with environmental demands and is reflected in an increasing probability of death as individual age."

15.2 Some Contributions on Gerontology:

The advent of the scientific era in the seventeenth century changed these earlier traditions and pushed to the foreground the systematic observation of the old as the basis of gerontology.

Outlet (1835) was the first gerontologist in the present day sense of the term. Francis Galton was the next important investigator in this field. He demonstrated how human characteristics showed differences with age. After him, many began to study aging more elaborately.

Hall (1922) studied the religious beliefs, and fear of death, of old people. He found that people did not necessarily show an increase in religious interests or in the fear of death as they grew older.

Osler (1920) discovered that aging was closely related to the state of blood vessels in the body. According to him, age changes in brain are a result of the hardening of the arteries.

Pavlov (1928) found that conditioning in old animals was different from conditioning in young ones, and that the responses of the old showed a different course of extinction.

15.3 Guiding Principles for Gerontological Social Work:

The United Nations Principles for Older Persons are organized in five clusters:
• Independence
• participation,
• care
• self-fulfillment
• dignity.

The government may draw from them and develop the following guiding principles: to guide the National Policy for the Well-Being of Older Persons, in order to counter their marginalisation and ensure their well-being. These guiding principles are also very useful to gerontological social work practice.

• **Positive Perception of Older Persons:**
Old age is developmental phase and not a disease or a problem. The needs of the older persons generally vary from the young-old (61-70), to the old-old (71-80), to the very old (81+). Most of the young-old are productive in the informal sector and often the care givers of their grandchildren or their very old parents. Most of the old-old are capable of being useful to the

society. They are human resources and not dependent liabilities. Their capabilities need to be constructively utilized for their well-being and that of the society. Age related discrimination needs to be prevented in education and employment. The strategies of reemployment, flexible work, second career, and so on, need attention.

- **Need for Outreach to Vulnerable Older Persons:**

The vulnerable among the older persons are the non-productive very old, the disabled and the terminally ill, who are dependent on others for care; the landless and migrant; and the single, the destitute and the institutionalized. Voluntary organizations should have outreach programmes for the vulnerable older persons, especially the women, who may not be aware of or cannot access the organizations.

- **Rights of Older Persons:**

The older persons have a right to meet their basic needs of self-fulfilment, health and nutrition; work and financial security; property and housing; continuing education; recreation and mobility; family and community awareness and interaction; protection from neglect, violence and destitution; and death with dignity.

- **Family and Community as Natural Systems:**

Family and community are the natural support systems of the older persons, which need to be strengthened. The non-institutional services should, therefore, be given priority over the institutional services.

- **Sensitivity to the Background of Older Persons:**

The programmes for older persons should be planned depending upon the composition of the group with reference to sex, marital and family status, urban/rural context, literacy and education, organized / unorganized source of livelihood, religion and so on.

- **Barrier-Free Environment:**

The planning of the physical structures such as public transport, government buildings, market, banks, voluntary organizations and the fixtures and the furniture within, should be barrier-free to facilitate mobility of older persons.

- **Participatory Approach:**

The voluntary organizations should follow the principle of participatory approach by involving the young old and the old-old, according to their interest, in the planning, monitoring and evaluation of the policies and programmes for them.

15.4 Professional Social Work Practice in Gerontology:

The social work profession has its methods of treatment such as casework, group work, community organization and social action. These methods are used according to the needs of elderly and are guided by agency policies, social work services are offered through voluntary, bureaucratic or religious organizations. The policies are framed by these organizations and services are offered as per the guiding philosophies of the organizations.

Case work is very important method of social work used in old age institution. Old people need constant emotional support. Helping them to keep contact with their relatives and friends

helps them to have a proper mental health. case work techniques to clarification, reflection re-assurance are very useful. Individuals with lazy habits or quarrelsome nature need use of confrontation techniques to keep the group life in institutions various group work techniques are used.

It would be now necessary to see what social work profession can offer to the community of the aged. The central goal of social work has been to enable people to improve their social functioning, that is to carry out their social roles in a way that is consistent with their ego capacity. A major force has been on socially assisting people to cope with life situations and conditions which present difficulties; social work tries to help individuals, groups or communities to balance between the needs and demands of environment.

Social work has a wide range from social reforms to individual help. It covers large variety of services as well as policy formulation, treatment of disturbed relationship among people, financial help through assistance or income generation activity, support during crisis and stress situation. From persons or groups malfunctioning the social work process helps them to attain optimal functioning. One of the central values premises which has been consistently accepted and supported by the social work profession is that each person is a unique individual with an inherent dignity which is to be respected. The principle of client self determination derives from the belief in the innate dignity of the people. There is also a belief that there could be several alternatives.

An important role that social work profession can play is social advocacy role. There is a need to review life insurance schemes. It is very heart warming that the government has introduced a policy with very nominal premium for the poor elderly. This kind of schemes will go a long way in helping, the elderly from poor sections. The profession of social work can play advocacy role to implement it all over India. People should be given large income tax benefits and they create fund for their own old age.

Another important role to motivate the large temple trusts to devote some portion of their incomes for the services for elderly. The association of Trained Social Workers, or the Association of Schools of Social Work can play very important role in this one.

Role of Gerontological Social Worker:
- The Social Worker need to play various roles in the process of counselling as catalyst, role model, interpreter, persuader and supportive authority figure

- The Social Worker acts as a catalyst to encourage all the family members to get complete expressions, views and interaction among family members to resolve the problems of the aged.

- The Social Worker may use the role model to identify and to acquire new and more effective means of dealing with a specific frustrating problem.

- At times Social Worker need to play the role of interpreter making occasional comments to shed insight and understanding in areas of anxiety and confusion related to old age.

- The Social Worker also has to act as a persuader to effect changes in behaviour which might be seen as selfish unreasonable or harmful. This will reduce communication gap among the family members of different ages in a family.

    o   The Social Worker need to become a supportive authority figure for encouraging the withdrawn anxiety ridden and insecure person to speak out and verbalise his/her feelings to defuse tensions and to sort out problems of the aged.

    o   The family as an institution has to be strengthened with counselling techniques and skills. Proper understanding of the remedial measures to repair the fragile relationships in a family has become the need of the hour.

Need for Family Counselling by Social Workers in Gerontology:

Family counselling had a major role in handling the problems of the biology of aging, the psychology of aging and the sociology of aging (Birren and Resner : 1977). Family counselling reinforces harmonious relationships and will help in modifying the attitude of the younger generation towards the elders of the family and full help in developing the family burden into the social asset.

Many individuals in institution show specific physiological or psychological problems. Since the person has taken a shelter in an institution he has a feeling that his personal dignity is now at stake. Agencies should always handle this issue very sensitively otherwise the institutional life is essential when the persons enter the institution. They need counseling for a longer time.

It is the prime responsibility of the counselor to tune the mind set of the family members of different age groups in a family to evolve harmonious relations in the family and to contribute for a better society. Generation gap as reflected in attitudes of family members is influenced by their age.

15.5 Summary:

Gerontology comes from two Greek words Geron meaning old man and logos meaning study or scientific treatise. Thus, Gerontology is the scientific study of the old. Gerontology, the scientific study of the old. is getting special attention these days, both from scientists and social workers.

Gerontology remains a very young science even today. Like other new sciences, its main preoccupation continues to be simple description. Theories and well worked out tools of investigation are still few in this area. A researcher has to develop his own tools for measuring the different aspects of aging and the impact of aging on practical living.

Guiding Principles for Gerontological Social Work: The United Nations Principles for Older Persons are organized in five clusters: Independence, participation, care, self-fulfillment, dignity. The government may draw from them and develop the following guiding principles to guide the National Policy for the Well-Being of Older Persons, in order to counter their marginalisation and ensure their well-being. These guiding principles are also very useful in gerontological social work practice

The social work profession has its methods of treatment such as casework, group work, community organization and social action. These methods are used according to the needs of elderly. Case work is very important method of social work used in old age institution. Old people need constant emotional support.

An important role that social work profession can play is social advocacy role. There is a need to review life insurance schemes. It is very heart warming that the government has introduced a policy with very nominal premium for the poor elderly. This kind of schemes will go a long way in helping, the elderly from poor sections. The profession of social work can play advocacy role to implement it all over India. People should be given large income tax benefits and they create fund for their own old age.

Another important role to motivate the large temple trusts to devote some portion of their incomes for the services for elderly. The association of Trained Social Workers, or the Association of Schools of Social Work can play very important role in this one.

15.6 Key Words:

1. Professional Practice
2. Gerontology.
3. Family Counselling.
4. Advocacy Role.

15.7 Self Assessment Questions:

1. What is the Need and Importance Gerontological Social Work in India?.
2. Discuss the Scope of Social Work Practice in the Problems of Elderly.

15.8 Reference Books:

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Lesson – 16

Children in Difficult Situations – Child Labour and Child Abuse

16.0. Objectives:

The objectives of this lesson are to explain the problems of child labour and child abuse.

Contents:

16.1. Introduction:

The nation's children are a supremely important asset. Children are facing difficult situations such as poverty, child labour, child, abuse, street children, child prostitution and handicapped children.

The needs of children and our duties towards them have been expressed in the constitution. The resolution on a National policy on education has been adopted by the parliament, gives direction to the state policy on the educational needs of children. We are also party to the U.N. declaration of the rights of the child.

Child labour is not a new phenomenon to our age. What is new however, is its perception as a social problem the world over. India has the largest number of child labourers in the world, who are engaged in both organized and unorganized sectors. According to the planning commission estimate, there were around 15-70 million child labourers in the age group of 10-14, as early as in 1983. as per 1990-91 estimate, there were 11.29 million child labourers in the country who constituted 1.34% of the total population.

In March 1995, the number of employed children below 14 years of age constituted 17 million (9.5 million males and 7.5 million females). Majority of these child labourers are engaged in agriculture and allied sectors, while others are found in urban, semi-urban and industrial areas.

16.2. Meaning:

Child labour means engaging or employing children in business, mines, quarries, agriculture, industries etc., for nominal wages. Child labour is not a recent phenomenon. It is a socio-economic problem. Discrimination, exploitation, illiteracy, ill-treatment, ill-health, malnutrition, poverty, unhealthy environment, over population, are some of the major disadvantages to majority of Indian children.

16.3. International Declarations:

International declaration and recognition of the rights of children began with the league of Nations' adoption of Geneva Declaration of the rights of the child in 1924. it stated that ' Mankind' owes to the child the best that it has to give. In 1948, however, the U.N. general assembly adopted and proclaimed a code commonly known as 'universal declaration of the Human Rights' which called on the member, states to pledge themselves to achieve, interalia, and promote special care and assistance to children. The general assembly adopted and proclaimed the declaration on the rights of the child on 20th November 1959, " to the end that he may have a happy child hood and enjoy for his own good and for the good of the society the rights and freedoms herein set forth".

The convention of the rights of the child drafted by the U.N. commission on Human Rights, and adopted by the general assembly of the united Nations on 20th November 1989 is a set of international standards and measures intended to protect and promote the well being of children in society. It recognizes the exceptional vulnerability of children and proclaims that child hood is entitled to special care and assistance.

The convention draws attention to four sets of civil, political, social, economic and actual rights of every child. They are:

1. The Right to survival:

   It includes the right to life, the highest attainable standards of health, nutrition and adequate standards of living. It also includes the right to a name and nationality.

2. The right to protection:

   It includes freedom from all forms of exploitation, abuse, inhuman or degrading treatment, and neglect including the right to special protection in situations of emergency and armed conflicts.

3. The Right to Development:

   It includes the right to education, support for early childhood development and care, social security and the right to leisure, recreation and cultural activities.

4. The Right to Participation:

   It includes respect for the views of child, freedom of expression, access to appropriate information and freedom of thought, conscience and religion.

The convention provides the legal basis for initiating action to ensure the rights of children in society.

The government of India, by ratifying the convention on the rights of the child on November, 12, 1972 once again re- affirmed its commitment to children.

This obligates the government to:

1. Review national and state legislation and bring it in line with the provisions of the convention.
2. Develop appropriate monitoring procedures to assess progress in implementing the convention.
3. Involve all relevant government Ministries and departments, international Agencies, NGOs and the legal profession in the implementation and reporting process.
4. Publicize the convention and seek public inputs to ensure the reporting is frank and transparent.

14.4. Constitutional Provisions:

Article 21 of the constitution of India guarantees the right to life and liberty. The Indian supreme court has interpreted the right of liberty to include, among other things, the right of free movement, the right to eat, sleep and work when one pleases, the right to be free form inhuman and degrading treatment, the right to integrity and dignity of the person, the right to the benefits of protective labour legislation, and the right to speedy justice. The practice of bonded labour violates all the these constitutionally – mandated rights.

Article 23 of the constitution prohibits the practice of bondage and other forms of slavery both modern and ancient:

Traffic in Human beings and begar and other similar forms of forced labour are prohibited and any contravention of this provision shall be an offence punishable in accordance with the law "other similar forms of forced labour" was interpreted expansively by the Supreme Court in 1982, when it ruled in the seminal Asiad workers' case that both unpaid and paid labour were prohibited by article 23, so long as the element of force or compulsion was present in the worker's on going services to the employer. Examples of force include overt physical compulsion and compulsion under threat of legal sanction (as for example in the case of an allegedly unpaid debt), as well as more subtle forms of compulsion, including "compulsion arising from hunger and poverty, want and destitution.

The Supreme Court provides a rule for determining exactly what situations constitute forced labour. All labour rewarded with less than the minimum wage, constitutes forced labour and violates the constitution of India.

Article 24 prohibits the employment of children in factories, mines, and other hazardous occupations. Together, article 23 and 24 are placed under the heading" Right against exploitation, "one of India's constitutionally- proclaimed fundamental rights.

Article 39 requires the state to "direct its policy towards securing".

That the health and strength of workers….. and the tender age of children are not abused and that citizens are not forced by economic necessity to enter avocations unsuited to their age or strength.

That children are given opportunities and facilities to develop in a healthy manner and in conditions of freedom and dignity and that childhood and youth are protected against exploitation and against moral and material abandonment.

16.5. Causes of Child Labour:

1. Economic causes.

a) Extreme poverty

Many families with extreme poverty are compelled to send their children for work who contribute something for the family income.

b) Possibility of extracting more work for less wages:

Employers search for child labourers because they can extract more work from them by giving less wages. The child labourers are employed in mining, glass – making, carpet weaving and leather industries.

c) To secure more profit for factories:

Some industrialists believe that their units are able to maximize profits because, child labour is very cheap.

2) Familial Factors:

Family disorganization often leads to child labour. Divorce, desertion, rigid family relations, cruelty at home, parent child conflicts, criminal tendencies of the parents often compel children to run away from the unpleasant family environment.

3) Social and other Factors:

(a) Temptation of Bad habits:

Children belonging to poor families often become victims of certain bad habits such as – smoking, gambling, seeing the movies regularly, consuming alcoholic drinks etc. They often resort to outside work to earn money to satisfy their bad habits.

b) Justification of employers of child labourers:

Some employers justify their act of employing little children for work. They argue that work keeps poor children away from starvation. Otherwise, they would become criminals or join the rank of anti- social elements.

c) Failure of government machinery and Legislative system:

Government is not serious about the problem of child labour. The legislations undertaken in this regard are a big failure.

d) Lack of public awareness:

In India, there is no public awareness regarding the social evils such as child abuse and child labour.

e) Kidnapping of children:

There are anti-social forces which kidnap children and sell them to some employers who are in search of cheap human labour.

Working conditions of child labourers:

The working conditions children are not satisfactory. Horrible working conditions exist every where. They work under intolerable conditions. They are faced with hygienic problems. They work in dangerously polluted factories. They handle dangerous chemicals. They work in leather, glass

and brass ware industries in slate industries and fire works etc. They are made to stay in unhygienic shelters. They become victims of diseases. Some children get injured and even disabled in fire accidents. Those children who work during night shifts are subject to several hardships.

Government measures against child labour:

Article 24 of the constitution states that children below 14 years shall not be employed in any factory or any hazardous unit. Directive principles of state policy also declare their commitment to safeguard children's interests.

The child labour (Prohibition and regulation) Act.1986, aims to prevent the appointment of children below 14 years. This act insists on providing minimum necessary facilities to the child workers.

National policy towards child labourers.

Steps are being taken for reducing hours of work, ensuring minimum wages, assuring hygienic and sanitary conditions of work. The policy aim at undertaking developmental programmes for child workers and their families so as to cover their education, health, job prospects.

The 1986 legislation permits employment of children below 14 years in some selected areas of the non-hazardous organized sector. It insists on some safeguards against their exploitation and provides for educational and recreational facilities. The 1986 act fails to define properly what constitutes hazardous jobs.

16.6. Suggestions to improve the present position of child labourers:

It is a disgrace to make the children work as full-fledged employees. Enforcing them in conditions dangerous to their health and safety is a crime. They should not be compelled to work before they become matured enough to work.

The government must take necessary steps to implement effectively the already existing legislations. To ensure compliance with 1986 act, stringent punishments should be given to those who violate its provisions. It must be made compulsory for the employers to take proper steps to promote the vocational, educational medical and intellectual well being of the child workers. Laws and regulations relating to child labour must be backed by effective enforcement machinery with statutory powers to take necessary action. It should be mandatory for employers to maintain registers and documents indicating the names and age of all the employed children.

The government should take appropriate precautions to prevent unhealthy and exploitative child labour not only in the organized field but also in the unorganized sector. International agencies such as world health organization (WHO), the united Nations' international children's emergency fund (UNICEF) and the international union for child welfare (IUCW) are also working for promoting child welfare.

The Government in cooperation with the public should take such appropriate steps by which the child of the 21st century will find himself into the " heaven of freedom".

Child Abuse:

Despite welfare programmes and legislation, a majority of children continue to remain in distress and turmoil. In most families, the parents neglect them. Caretakers batter them and em-

ployers sexually abuse them. Though this problem of emotional, physical and sexual abuse of children is increasing, it has failed to capture the attention of sociologists and social workers in our country. The public and the government also are yet to recognize it as a serious problem.

16.7. Types of child abuse:

Child abuse is usually divided into three types; physical, sexual and emotional. Each have recognizable characteristics.

Physical abuse:

The indicators of physical abuse in school –age child described by Irvin Sloan (1983) are: bruises, burns, fractures, lacerations and abrasions, abdominal injuries and human-bite marks. The behavioural indicators of physical abuse are: the abused child is wary of contact with adults, he/she becomes apprehensive when other children cry, he / she shows aggressiveness in behaviour, he/she seems frightened of the parents/ caretakers, and he/she is afraid to go home or cries when it is time to go home. Physical neglect has been defined as " the failure to provide the essentials for normal life, such as food, clothing, shelter, care and supervision and protection from assault.

Patterns of Child abuse:
Physical abuse:

Physical abuse of a child includes "any non- accidental physical attack or physical injury including minimal as well as fatal injury, inflicted upon the child by the child's caretakers (David Gil: 1968). Here the term non- accidental refers to deliberate behaviour of persons involved in physically attacking or injuring a child. The use of the term, 'physical attack' in the definition is because physically abusive behaviour does not always result in clearly observable physical injury. The 'caretaker' may be a parent, elder, brother or sister or a relative. It could also be a teacher or someone else who is not related to the child but it would always be some one who is at least temporarily taking care of the child. The physical injury may include burning, beating, branding, punching and so on (sloan Irving 1983). By definition, the injury is not an accident, but neither it is necessary to find that the child's parent or caretaker intended to injure the child.

16.8. Typology of Physical Violence:

It is essential to separate 'routine' beating' from 'non-routine' beating of children by parents or caretakers. Normal and routine parental violence is one which is to teach and control and punish misbehaviour. We may classify non- routine violence as (a) volcanic violence, (b) alcoholic related violence, (c) sex-related jeolousy, (d) expressive violence, (e) Power oriented or instrumental violence and (f) Victim- precipitated or child- precipitated violence.

(1) Volcanic Violence:
It occurs when victimizer has run out of patience as the result of extremely caused stress such as losing the job or being insulted by somebody. It is built up of stress and frustration and is illegitimate.

2) Alcoholic related violence:
It is one where violence is the result of alcohol – taking. A few victims are battered by their fathers or male care takers more when they are drunk.

3) Sex- related or jealousy oriented violence:

Parent of one sex beats the child of other sex out of jealousy. Step – father beating his daughter or step – mother beating her son are examples of sex- related violence which stem from jealousy.

4) Expressive violence:
It is one in which the use of physical force is an end in itself.

5) Instrumental or Power –oriented violence:
The physical violence is intended not only as a means of inducing the child to alter his behaviour but also to establish parental authority.

6) Child- Precipitated violence:
Victims of physical violence contribute to their own victimization. Children directly contribute through provoking their (Parent's) antagonism.

The perspectives of the agents of control (doctor, police, court, and other public officials) is equally important in classifying illegitimate violence against children interms of child abuse.

16.9. Sexual Abuse:

Child sexual abuse has been defined as " the involvement of dependent, developmentally immature children in sexual activities, they do not fully comprehend to which, they are unable to give informed consent" (Henry Kempe: 1984). Sexual abuse includes any contacts or interactions between a child (under the age of 18 for girls and 16 for boys) and an adult (who is significantly older than the victim and is in a position of power or control over the child, or may even be an acquaintance or an unknown person) in which the child is being used for the sexual stimulation of the perpetrator or another person (Juvenile Justice act, 1986). The activities involved in child sexual abuse include, besides actual sex action, inappropriate touching, exposures to indescency, and forcing to participate in sexually stimulating acts.

16.10. Emotional Abuse:

Emotional abuse is the neglect or maltreatment of children. 'Neglect' is difficult to define exactly since it may involve disregard of the physical, emotional, moral or social needs of the children. "Emotional neglect includes both the lack of expressed love and affection and the deliberate withholding of contact and approval. Moral neglect includes exposure to situations (alcoholism, obscenity, illicit sex relations) that present a pattern of moral conduct at variance with the norms of society. Social neglect includes failure to train or discipline a child. Neglect of emotional needs of youngsters occurs not only in family settings but also in schools, neighbourhoods and work places. 'Emotional neglect' or maltreatment may be described as ' negligent treatment of a child under the specific age prescribed for the children by the given society (In India, it being 18 for girls and 16 for boys). Emotional maltreatment of the child includes blaming, belittling, rejecting, constantly treating siblings unequally and persistent lack of concern by the parents/caretaker for the child's welfare.

The major causes of child abuse is adaptational failure or maladjustment in environment (both in family and work- place) mostly on the part of the adult perpetrators (parents/ employers…) but to some extent on the part of adults responsible for family socialization.

Effects of Abuse on Children:

What are the effects of abuse- physical, sexual, and emotional – on children. Bolton and Bolton (1987) have identified eight possible effects of family violence on the victims, namely, self – devaluation, dependency, mistrust, revictimisation, withdrawal from people, isolation, emotional trauma, deviant behaviour and inter-personal problems.

16.11. Summary:

The nation's children are a supremely important asset. Child labour means engaging children in business, mines, quarries, agriculture, industries etc. the convention of the rights of the child drafted by the U.N. commission on Human rights, and adopted by the general assembly of the united nations on 20th November 1989, is a set of international standards and measures intended to protect and promote the well being of children in society. The convention draws attention to four sets of civil, political, social, economic and actual rights of every child. They are: 1. The right to survival, 2. The right to protection, 3. The right to development, 4. The right to participation. Article 23 of the constitution of India prohibits the practice of bondage and other forms of slavery both modern and ancient. Article 24 prohibits the employment of children in factories, mines and other hazardous occupations.

The causes of child labour include, 1. extreme poverty, 2. possibility of extracting more work with less wages 3. to secure more profit for factories, 4. familial factors, 5. social and other factors, 6. failure of government machinery and legislative system, 7. kidnapping of children.

The child labour (Prohibition and regulation Act 1986, aims to prevent the appointment of children below 14 years, this act insists on providing minimum necessary facilities to the child workers.

The government must take necessary steps to implement effectively the already existing legislations. The government should take appropriate precautions to prevent unhealthy and exploitative child labour not only in the organized field but also in the unorganized sector.

Despite welfare programmes and legislation, a majority of children continue to remain in distress and turmoil. In most families, the parents neglect them. Caretakers batter them and employers sexually abuse them. Child abuse is divided into three types, Physical, sexual and emotional. Each have recognizable characteristics. We may classify non- routine violence as (a) volcanic violence, (b) alcoholic related violence, (c) Sex- related jealously , (d) Expressive violence, (e) Power – oriented or instrumental violence and (f) victim precipitated or child – precipitated violence.

Child sexual abuse has been defined as "The involvement of dependent, developmentally immature children in sexual activities, they do not fully comprehend to which, they are unable to give informed consent. Emotional abuse is the neglect or maltreatment of children. 'Neglect' is difficult to define exactly, since it may involve disregard of the physical, emotional moral and social needs of the children.

16.12. Key words:

a) Child labour

b) Child abuse

c) Volcanic violence

16.13. Self Assessment Questions

1. Discuss the causes of child labour

.2. Analyse the different forms of child abuse

16.14. References:

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Lesson – 17

Children in Difficult Situations – Street Children

17.0: Objectives:

The objectives of this lesson are to explain the causes and problems of street children and to suggest the strategies to meet their needs.

Contents:

17.1. Introduction
17.2. Street Children- Classification
17.3. Problems Faced by Street Children
17.4. Felt needs of street children
17.5. Strategies
17.6. Summary
17.7. Key words
17.8. Self Assessment Questions
17.9. Reference Books

17.1: Introduction:

Children constitute an important resource of a nation. Any country that satisfies the provisions of the CRC (child Rights convention) is a successful country. All countries of the world have not been successful in fulfilling the rights of the child. The situation is worse in the developing countries where the problems of street children have taken serious proportions. The metropolitan cities of the third world are teeming with children living on the streets. It is difficult to get accurate data on homeless children because of the floating character of their life style. They are constantly on the move, either in search of work or a place to squat.

The child Hope, an international NGO working with street children estimates that there are about 100 million street children world wide. Latin America has more than 40 million; in Asia they number around 25-30 million and Africa has more than 10 million. The major metropolitan cities of New Delhi; Bombay and Calcutta, each have around 100,000 street children.

Definition:

UNICEF defines street children as "children in especially difficult circumstances, or children in need of special protection. A street child is any Minor for whom the street has become his or her habitual abode and who is without occupation and protection. Unlike the child labourer and Juvenile delinquent, nobody can identify a 'street child' by any precise scientific criterion. The concepts like ' children without families'. 'high risk children; ' unattached children', ' children in need of care and protection; abandoned children; all overlap and it is very difficult to draw any rigid lines between them. The UNICEF has called them " children in difficult circumstances".

17.2. Street Children- Classification:

Street Children may be classified into three types.
1. Children who have their family contacts but are forced to spend most of their time on the

pavements and streets only to return home for spending night; (Children with continuous family contact).

2. Children whose parents have no commitment towards them so they stay on the street not only during day but also often during the nights and only occasionally meet their parents; (Children with occasional family contact).

3. The abandoned and neglected children who work, sleep and live fully on the streets or pavements of the big cities (children with no family contact)

Street children may also be classified into categories such as:

1. ' of the street' children – those who live on the streets
2. 'on the street' children – those who spend a considerable part of the day in the streets for earning their livelihoods.

Children with no family contact can be classified into:
1. Orphans
2. Abandoned children
3. Maladjusted children, hence runaway children.

The street children can be found in jobs like begging, collection of edibles from garbage, washing cars, selling newspapers, rag picking, singing in buses, cleaning of trains and platforms etc.

Causes:

Marital disharmony, separations or divorces, family tensions, death of parents, ill-treatment by step parents, bonded labour are some of the conditions that have brought a large number of children on the street.

17.3. Problems Faced by Street Children:

Life on the street is without any protection. This status brings several problems for the street children. The street child is vulnerable first to physical abuse. They are subjected to violence, harassment and physical abuse. The need to survive is immense because, the children without guardians have to fend for themselves, while others have to supplement the income of their parents. Hence in order to survive, they may fall prey to nefarious activities like, smuggling, stealing, pimping etc. they engage themselves in deviant activities to support themselves. In deviant activities to support themselves, they face several problems such as forced labour and exploitation, sexual harassment, various forms of abuse and neglect and abandonment. The street has become a place where they seek shelter, food, work and a sense of solidarity among similar other children.

Given the kind of life style, they have the possibility of their health being subjected to various hazards. They are exposed to various forms of pollution, since they happen to be living in unhygienic conditions (i.e garbage dumps, flyovers, railway platforms etc). they have very little access to medical treatment. There is also the possibility that the child on the street may also be worst affected by AIDS. They fall prey to drug abuse. The girl child on the street is the most vulnerable to sexual abuse and harassment. Often a girl child ends up as a commercial sex worker, because it is used as tool to survive on the streets.

The sexual behaviour of girls on the streets can be explained in terms of three categories.

1. Survival sex which is very common and they are not necessarily paid for it.
2. Protection sex, here the girls offer sexual service in exchange of protection or money
3. The last category is of commercial sex where girls render sexual service in exchange of money.

The children on the streets lack emotional care of their parents because, their parents are either too busy or unaware of such a need with respect to their child. This creates several behavioral problems in the children which lead him to have a low self esteem and make the child aggressive and violent.

What pushes these children further is the absence of education. The burden of illiteracy is a serious concern in developing countries. The children deprived of education have no chance of ever getting out of situation or to improve the quality of their life.

Special problems:

The street children are:

1. Deprived of adult protection, guidance, love and support.
2. Soft targets for police excesses, physical and sexual assault and child prostitution.
3. Lack of shelter, forced to sleep on pavements, railway stations.
4. Forced to earn livelihood, usually in unhygienic occupations like rag-picking.
5. Deprived of even minimal access to school and health facilities.
6. Irregular, unhygienic and inadequate intake of food
7. Vulnerable to a 'here and now' existence centered around films, gambling, smoking and drugs.

Characteristics that street children develop:

1. Low/ No self-esteem: Street children feel that they cannot do anything worthwhile in life. They do not have any direction or purpose in life.

2. Low level of concentration:

   This affects negatively the ability of children to pursue formal education or any other type of training.

3. Aggressive behaviour:

   Street life is characterized by violence and harassment and they are endowed with such behaviour.

4. Sexuality very active:

   According to a study conducted by Cini- Asha, it was found that about 80% of the street children in Calcutta were active sexually. The children were either forced to comply to the sexual demands or did it of their own.

5. Non-trusting of adults:

Since these children are subjected to harsh conditions and realities, they do not trust adults, but once they trust the adults, it remains unquestioned.

6. Vices:

They fall prey to vices like drugs, gambling, commercial sex, spending regularly on film shows. They do not know or realize the value of small savings or a Bank.

7. Impulsive in nature:

These children are extremely impulsive in nature. They have no fixed goals. They take decisions as and when they feel like.

8. Very fond of money:

They will go to any extent to acquire money.

17.4. Felt needs of street children:

Felt needs of street children were assessed by a UNICEF funded study conducted by cini-Asha in collaboration with the institute of psychological and educational research (IPER).

Food shelter and Health:

Food takes a priority over other needs. These children find it difficult to get one square meal a day they do not get quality of food. The greatest need for them is nutritious food.

Shelter is another priority area. These children spend their nights on pavements and railway platforms. They are vulnerable to HIV/AIDS.

Education:

Most street children have very little or no education at all. There is high rate of illiteracy in this group of children. Education can help make these children worthy citizens of the future.

Vocational Training:

They are to be given an opportunity to make a better future by equipping them to become independent earners. i.e by skill development and vocational training. Girls want training in sewing, knitting, beautician course etc.,

Psychological & Emotional:

Psychological and emotional needs of these children are equally important in terms of giving them satiability and security. These children suffer from low self esteem and insecurity which lead to behaviour problems. They are also susceptible to exploitation.

These children are aggressive and impulsive and also of a fickle nature. One does not know what tomorrow will be like. They live life on a day to day basis. They have uncertainty about their future.

Gender Specific needs:

Girls on the streets are most vulnerable to sexual harassment and abuse. They have to carry out their daily tasks on the roads without any privacy. With the adolescent girls, this is a major problem.

17.5. Strategies:

The strategy for muting the needs of these street children in the context of child rights convention, comprises four broad areas of child rights.

1. Basics needs for survival
2. Protection and care
3. Development
4. Participation

Different strategies can be adopted in the context of street children with reference to the above mentioned areas.

Basic Needs for Survival:
The basic needs include food and shelter as priority areas. Street children lack access to nutritious diet and proper shelter.

Food:
1. Distribution of food:
Centres run for street children could organize distribution of food. Food distribution can also be organized through religious organizations and other agencies.

2. Community kitchen:
The street children could organize such kitchens by themselves. They can participate in the planning of menu, purchase of food items etc., for providing for themselves a well planned nutritious diet. The kitchen should be accessible to the children living in the surrounding and adjoining areas. The children could purchase their meals after a token contribution.

Shelter:
The children on the street are open to all kinds of hazards, i.e environmental hazards, physical and sexual abuse. Hence, there is need for organizing a shelter to protect them from the hazards. These shelters should be near the places where these children are found in large numbers. The government run schools and buildings could be used after school/office hours.

Clothes:
Most of the street children purchase second hand clothes. There is need for warm clothes in winters, and bedding material. Some organizations can be encouraged to make the clothes, blankets etc. required for the children in the shelters

Protection and care:
the right to protection and care is the next area of child rights. It is necessary to protect the child against different forms of exploitation. This protection can be given at the legal level and at the NGO level, by providing shelter with certain services

Night Shelters:
These children need a shelter (a safe sleeping place) at night and one nutritious meal a day. This shelter would give a child protection from sexual and physical abuse. The children spending the night together would give them a sense of togetherness and belongingness. The following major facilities should be organized in the night shelter.

1. Locker facilities:

Each child is to be provided with a locker to keep her belongings safe. This gives them a feeling that they have something of their own.

2. Bathing facilities:

The night shelters should also have bathing facilities, maintaining hygiene.

3. Recreation:

Recreation as a therapy could also be used in these shelters. This would improve the child's self esteem.

4. Basic needs:

The shelter may also provide the basic needs like food & clothing.

5. Counselling:

The center should provide emergency service (legal, medical, material) to children in distend round the clock. Through a toll free number, the child can contact adults in a centre who could meet their emergency need.

Facilities:

1. Emergency assistance:

The children may find themselves in distress. Some body should take care of them , when they are sick are in distressing situations. The assistance may be provided by getting in touch with the childline, which in turn arrange for the child through a collaborating and supporting organization to attend to his needs.

2. Conselling :

The street child is an emotionally deprived child. He needs to talk to somebody to share his problems. He needs counseling services or he could just ring up for an informal talk.

3. Free phone service:

It would help the child to call free of cost. Thereby the child gets a feeling of safety and anonymity.

Legal Aid centres:

Street children work and live in difficult situations. There may be harassment by law enforcing agencies i.e police. Since they have no acess to legal support, they end up in jails. Hence they need legal support.

Facilities:

1. Awareness programmes about child rights:

The street children should be made aware of their rights and the legal weapons, they had access to in times of arrest, harassment etc. The peer educators could be trained from amongst the children to educate about child rights.

Legal counseling:

Counselling could help provide them with needed information about legal procedures.

Legal support:

Children need legal support in the form of lawyers representing them in courts of law.

Family relink:

Children who are willing to return home and are accepted by their family members should be relinked with their families.

Mobile health clinics:

These mobile clinics should provide the children with medical care by visiting the areas where street children live.

First Aid:

This could be provided by clinics on the spot and also attend to minor health problems.

Health Check Up:

The mobile clinics should conduct complete health checkups and maintain health record of each child

Free medicines to be made available:

Since street children cannot afford to purchase expensive medicines; free medicines could be made available.

Dispensary:

The clinic could serve as a dispensary for attending to the medical problems of the street children.

Weekly visits:

The clinic can also organize for specialist doctors to visit the areas on a weekly basis for cases requiring specialized attention.

Sick Bay:

When they are sick, they cannot earn and hence are unable to eat. In the sick bay, the child is given a place to rest and recuperate. Serious and severe cases can be referred to hospitals.

Facilities:

1. Shelter during illness:
    They should be provided with shelter during the period of illness in an environment conducive to healing.

2. Adequate Nutrition during illness:
    During illness, special nutritious diet can be provided to the sick child.

3. Medical care given by doctor and trained nurses:
    Professional medical care should be given immediately to the child in need.

Development:

Children should be given a chance to unfold their capacities and develop in a positive way. Without development opportunities, there cannot be betterment of the conditions of street children.

Development can be ensured through-

Half way House:

The house is an in-between arrangement- i.e, a period after the child is removed from the streets and before he is placed in a formal school or a vocational school.

Facilities:

1. A house mother / father figure:

These people will have to play the role of parents and fill in the emotional gap in the children

2. Regulated life:

Stay in the house would entail a disciplined life.

3. Four meals a day:

It should provide four meals a day.

4. Emotional support:

These children need emotional security and a feeling of self- worth.

5. Counselling, education, health care & recreation:

Counselling to stabilize them mentally, normal life education and recreation and health care should be provided to them.

Drop – in- Centres:

It is necessary to provide the children a place of their own. This place acts as a reception centre and the first place the child goes to. The children can drop in any time the child feels like. The activities of the centre are planned in such a way so as to enhance the child's development.

Facilities:

1. Nutrition:

Nutritious meal can be provided at the centre to the children who drop-in

2. Counseling:

Counselling should be provided to the children who are in difficult situations.

3. Basic education & Recreation:

Since most of these children are working children, these children get basic literacy and numeracy. The children visiting the centre require recreation also.

4. Emotional support:

Emotional needs can be met by employing staff who can understand these needs and cater to these needs.

5. Medical support:

Primary health care can be met at these centres and other cases can be referred to the hospitals etc.

Preparatory centres:

These centres prepare the children and mainstream them into formal schools.

Facilities:

Education provided by trained teachers:

Trained teachers should impart education to them; child centric approach and play-way methods are adopted to make education attractive to these children.

Preparing the child to enter formal school:

Children will be prepared to enter the formal school in classes appropriate with their age.

Coaching back up:

Coaching back up should be provided to ensure that these children continue in school.

Recreation:

Play-way method of education provides for a joyful learning experience, recreation and child- friendly environment.

Vocational Training Centres:

These centres should equip the children with skills according to their capacity and empower them to earn a living in the future.

Facilities:

Providing children with skills training:

The older children find it difficult to concentrate on studies. Hence they should be provided with vocational skills.

Literacy and numeracy:

Since they find it difficult to enter formal schools, they should be provided with basic reading, writing and numeracy skills.

Placement services:

Vocational training is given to the children to provide placement in jobs after the training.

Retailing outlet for finished products:

The finished products like handicrafts etc., will find a direct market for the producers and ensure a source of income for the children after completion of training.

Recreation and creativity centres:

The purpose is to provide the children with an outlet for creativity and therapy.

Facilities:

Playgrounds:

Play is joyful and it has therapeutic implications. It enables the children to inculcate habits such as discipline, feeling of fraternity and promotes physical development.

Cultural activities like music, dance, drama etc:

The children should have access to films and film music as entertainment. It would allow them to develop culturally.

Gardening:

It has aesthetic value. It equips the child with gardening skills and provides job opportunities in the future.

Games- outdoor & indoor:

It would give the children an outlet for their depression, trauma, etc.

Participation:

Participation is another important area of child rights. Participation would ensure progress.

Peer educators training:

The purpose is to create awareness on health related issues involving children.

Facilities:
1. Access to information on health related issues:

These children could be trained as educators in any area for dissemination of information and facts amongst street children.
2. Holding of focus group discussions to assess their needs and failures:

Focus group discussions would give them a feeling of self worth and importance.
3. Referral service:

These children could be used for information dissemination as they are accessible to other children,

Community mobilization:

The community should be mobilized to secure a better deal for these children.

Mode:
1. Involving the Media:

Media should be involved for highlighting the street children issues, since other

wise is often overlooked by the people.

2. Sensitizing the influential members of the community:

Law makers, police, railway authorities, municipal bodies etc. should be sensitized to en-sure a greater success in the implementation of the NGO's programmes.

3. Networking among NGO's working with street children.

If the NGO's are to work in a concerted way then they will have to pool in their efforts and know-how by the sharing of experiences and expertise.

4. Creation of forums and pressure group:

Creation of forum and pressure groups would make for advocacy at the policy making levels-that is the highest level-and help sensitize the law makers to the problems of the street children and thus help making the laws more child- friendly.

The above strategies throw light on some of the possibilities that can be employed to achieve the goals of child rights convention.

17.6. Summary:

Children constitute an important resource of a nation. All countries of the world have not been successful in fulfilling the rights of the child. The problems of street children have taken serious proportions. It is estimated that there are 100 million street children world wide.

Marital disharmony, separations or divorces, family tensions, death of parents, ill-treatment by step parents, bonded labour are some of the causes for the children to resort to the street. They face several problems such as forced labour and exploitation, sexual harassment, various forms

of abuse and neglect and abandonment.

Street children are characterized by low self esteem, low level of concentration, aggressive behaviour, vices, impulsive behaviour. The felt needs of street children include, food, shelter, health, education, vocational training, psychological and emotional needs, gender specific needs.

There are four broad areas of child rights namely 1. Basic needs for survival, 2. Protection and care, 3. Development and 4. Participation.

The strategies for meeting the needs of street children include distribution of food, community kitchen, shelter, clothes, protection and care, night shelters, locker facilities, bathing facilities, recreation, counseling, emergency assistance, free phone service, legal Aid centres, awareness programmes about child rights, legal counseling legal support, family relink, mobile health clinics, First Aid, health check-up, free medicines, dispensary, shelter during illness, adequate nutrition. Half way house, four meals a day, emotional support, drop-in-centres, vocational training centres, skills training, literacy, numeracy, placement services, recreation and creativity centres, play grounds, cultural activities, gardening, games, referral service, and creation of forums and pressure groups.

17.7. Key Words:
    a) Night Shelters
    b) Sick Bay
    c) Half, way House

17.8. Self Assesment Questions :

1. Discuss the causes and problems of street children.
2. Give an account of the strategies for the care and rehabilitation of street children.

17.9. Reference Books:

1. Chattergie, Amrita   :   India: the forgotten children of the cities, innocent publications.

2. Government of India   : Report on "Reducing risk behaviour related to HIV/ AIDS, STDs and Drug Abuse among street children, ministry of welfare, UNDP, UNCEF, WHO& NACO.

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Lesson – 18
Child Prostitution (Child Trafficking)

18.0. Objectives:

The objectives of this lesson are to explain the problems of child prostitution and trafficking

Contents:

18.1. Introduction
18.2. Causes of prostitution
18.3. Consequences
18.4. Child Trafficking
18.5. Summary
18.6. Key words
18.7. Self Assessment Questions
18.8. References

18.1. Introduction:

The practice of prostitution is perhaps as old as civilization. Historically, religious beliefs and social customs prevalent in society from time to time provide the earliest accounts of its origin. Many primitive and ancient people practiced religious prostitution. The devadasi system, found in some parts of India is one form of religious prostitution. The 'Dasis' (slaves) were dedicated and symbolically married to Deva (god) to dedicate their lives in religious services. In the Indian context there are ample references to the system of 'guest prostitution'. There was practice of dasis (slaves) accompanying Rajput brides for sexual gratification of bridegrooms.

During the mourya period, there prevailed state regulated prostitution. Even during the period of Ashoka, the guptas, and Harshavardhana, this profession was in practice. In the Moghul period also it was not an exception. During the British period, India also experienced the prevalence of this profession. Prostitution as a phenomenon has increased in the modern world due to woman's freedom of sex. There are agents of the prostitutes and brothels, who move to rural areas for procuring poor young innocent girls on one plea or other to engage them in this profession. Once they enter into this profession knowingly or unknowingly, it becomes difficult on their part to get out of it because of the strict vigilance and surveillance of the pimps, goondas and hooligans. They suffer throughout their life

being exploited by the brothel owners and customers.

A prostitute is a woman who publicly gives herself to any person indiscriminately for a pecuniary remuneration.

Definition:

Prostitution has been defined by social scientists in different ways. The encyclopedia of social sciences defines prostitution "as the practice of habitual or intermittent sexual union more or less promiscuous for mercenary inducement". It is characterized by three elements: (1) Payment ; (2) Promiscuity; (3) Emotional indifference.

18.2. Causes of Prostitution:

It is difficult to identify all the factors responsible for prostitution. Prostitution has its roots deep in the fabric of society. The social and economic subordination of women by men has been important causes of prostitution. In primitive matriarchal societies, prostitution was not known to exist. The international congress on prostitution (1953) stated that economic and social factors are important causes of prostitution. The advisory committee on social and moral Hygiene, pointed out that among the women found in brothels, many of them had come from poor but respectable families; they were driven to prostitution by economic necessity according to the committee on status of women in India, it was observed that important causes were dowry, high bride price and consequent debts. A survey on exploitation of scheduled caste women undertaken by the Harijan sevak sangh, found that in Raipur and Raigarh districts, loose marriage ties and adultery encouraged prostitution; married women could openly live with other men. Women were being mortgaged to creditors for return of loan or sold to pay off debts. Women were considered as property and were treated as mere objects of sex.

Some research studies revealed the causes to prostitution; destitution, desertion; neglect; ill,- treatment; strained relations; deception; bad influences; illegitimate pregnancy; illicit sexual relation; ignorance; sex curiosity; sexual urge; desire for easy life; desire for revenge; industrialization; urbanization; tradition; heredity (as among the " nautch girls") ; prohibition of widow remarriage; double standards for men and women; men are allowed sexual freedom and women ostracised on the score of chastity.

In advanced countries and also developing countries, inspite of high standards of living, universal education, full equality between men and women, the problem remains unsolved. Though, the number of women who entered into prostitution by economic necessity has decreased, the number of call girls who take to prostitution for luxurious life, had greatly increased. The trade in human flesh goes on unabated not because of ignorance, illiteracy, squalor, and poverty, but because human beings choose this occupation voluntarily for various reasons.

Classification of prostitutes:
Prostitutes can be classified on the basis of their modus operandi, as follows:
Brothel Prostitutes:
The operations are carried on in a brothel or an organized' house of ill fame'. A woman who is an ex-prostitute operates the brothel. The prostitutes work for a commission.
Call girl prostitutes:
Their place of operation is a hotel room, or the apartment of the male customers. She operates independently from her apartment or residence. She is available on telephone. She may also solicit customers through an intermediary.

Street or public prostitutes:
These women solicit customers on the streets occasionally, automobiles, tax cabs are used as places of operation. She is relatively independent. She may also operate on a companionship basis with one or more prostitutes.

Un Organized professional prostitutes:
The place of operation is an apartment which she either rents or lives in. ordinarily she operates alone. Her only connections are a few taxi drivers for connecting customers to her. She caters to a ' higher' class of patrons.

Other types:

Clandestine forms of prostitution are also found in bars, massage parlours, amusement centres, dance clubs etc. some prostitutes work on a part time basis as they are employed in other jobs.

18.3. Consequences:

1. Prostitution and personal disorganization:

The women who are involved in the profession of prostitution are condemned and socially boycotted. Prostitution is responsible for the personal disorganization of both men and women. Persons with personality disorganization get involved in prostitution when once a person is involved in prostitution, his or her social image, prestige, status and honour gets ruined. For life long, the person becomes a victim of different sufferings, humiliation, defamation etc., The fate of an unmarried girl gets doomed when she becomes pregnant through an illicit sexual relationship; the mental agony drags her to commit suicide. The illegitimate born in brothels face the problem of identity crisis in the society.

2. Prostitution and Family Disorganization:

When a married man or woman are involved in prostitution, the family members, relatives and friends look down upon the culprit. Similar consequences are faced by a grown-up daughter or son. When a member of the family is involved in this profession, the entire family gets disorganized because of public criticism, and humiliation.

3. Prostitution and Venereal Disease:

Sexually transmitted diseases like AIDS and other venereal diseases spread through prostitution. Children born out of syphilis inflicted mothers are found to be blind, deaf and with many physiological anomalies. AIDS is sexually transmitted disease caused by HIV. Many prostitutes in Metros are the victims of this disease. Clients visiting these prostitutes get infected, and then the virus get transmitted to the wives of these clients through sexual intercourse.

4. Effects of Prostitution on the society:

AIDS as a sexually transmitted disease has its adverse consequences on the person concerned and his/her family. This dangerous disease has a manifold devastating effects on the society as a whole. Prevalence of brothels in the neighbourhood, creates curiosity in the minds of younger generation for having pre-marital sexual experience.

Legal Measures:

The parliament of India passed the suppression of immoral traffic Act in the year 1956. subsequently the act was renamed as the immoral traffic prevention act 1956 by an amendment in 1986.

The Indian penal code has the following provisions under different sections to prevent women entering into profession under certain age and against their wish. Under section 366 IPC, it is stated that kidnapping and abduction of any woman or girl for immoral purposes are offence. The section 366 of the IPC states that procuring of girl under the age of 18 years is punishable. And section 372 IPC states that selling, burying, letting for hire, or otherwise disposing of any person under the age of 18 years for immoral purpose is punishable; (3) venereal diseases; (4) AIDS and social disorganization.

Trafficking for commercial sexual exploitation:

The vulnerability of women and children to trafficking for the purposes of commercial sexual exploitation (CSE) and to being infected / affected by HIV, are some of the major issues in the country and in the southern region that need immediate attention. Women and children are most vulnerable, and at the receiving end, due to their social

position – lack of decision making and bargaining powers coupled with force coersion and patriarchal social structures.

Trafficking women and children for the purpose of commercial sexual exploitation is an alarming phenomenon. The latest estimates suggest that such trafficking in persons involves as large as those involved in the trafficking of drugs. Trafficking of women and children is a violation of human and child rights. India is a signatory to a number of international conventions and treaties that calls for the protection of women and children from trafficking. The government too is committed to curb the menace of trafficking. The law, by way of acts such as the immoral trafficking (prevention) Act, 1986, and the juvenile justice(care and protection) act, 2000 provide for instruments to protect women and children from trafficking for commercial sex exploitation.

18.4. Child trafficking:

Trafficking of children for the purposes of commercial sexual exploitation has been on an alarming rise in the country. Andhra Pradesh is a state which is known as a high source area; 40 percent of all the trafficked children and women in the country are from the state. Inter-district trafficking within the state is also on a continuous rise. Seventeen districts in the state have been identified as source, transit or destination points for the trafficking of children.

Trafficking of children and women from the region is linked to migration, debt bondage and socio-cultural tolerance of trafficking. Girls in socially and economically disadvantaged groups are especially vulnerable to trafficking, as brokers lure this population with offers of jobs, marriage and glamour (jobs in film or television industry). The modus operandi of trafficking is to work through families, networks, and returnees from brothels in Mumbai and Delhi. The victims are mostly drawn from tribal Lambadas, Muslims and scheduled caste.

It is estimated that a number of young girls and women are trafficked out of Guntur every year. Most of the girls trafficked out of the state are from Guntur; some are known to be trafficked within the state, mostly to cities like Hyderabad. In some cases, the girls or women are moved from Guntur, other cities like Vijayawada before they are trafficked out of the state. There are a number of persons involved in the trafficking chain. At the micro level it can be a neighbour, relative of family member of the girl who could be involved in trafficking. Guntur is fast emerging as a major source, destination as well as transit area in the state.

Large cities are major destinations for trafficking where there is high demand for the commodity of women and children. Although poverty allows these crimes to persist, the demand for trafficking lies in the sexual perception of individuals. Economic helplessness is making children resort to selling themselves into trafficking. As per the latest statistics, it has been suggested that at least 30 lakh of women and children are involved in commercial sexual exploitation in India. Around 40-45 percent of these are boys and girls less than 18 years of age.

UNICEF:

Child trafficking, sexual exploitation, child labour, and issues related to Juvenile justice and street children compose the broad framework for UNCEF's child protection programming work. Currently trafficking is very high on the agenda of UNICEF. According to the untied Nations statistics, there are about one million women and children who are brought and sold into sexual exploitation and trafficking each year. The U.N. protocol to prevent, suppress and punish trafficking of persons 2000, makes a direct attempt to combat this problem. We must look at women and children involved in these activities as victims whose rights are being violated, rather than criminals. This will require comprehensive programme interventions that address the multiple causes and the process of trafficking from source to transit to destination. These interventions should not only target children, but should reach families and communities where trafficking tends to occur.

HIV- AIDS:

The number of HIV+Ve women and children has been on the rise over the last few years. The infection has other socio-economic and familial consequences. Women and children are more vulnerable of being infected and / or affected by HIV. Women are greatly at risk of being infected and affected by HIV due to their lower social status and results in the low developmental indices of women, including access to education, heath care, employment and economic independence. Women also do not have any bargaining powers vis-à-vis men. Women do not have the power to compel their partners into using protection such as condoms. The stigma attached to HIV further aggravates the hardships faced by women not only in seeking care and support services for themselves and for their children but also to seek gainful employment to support the family.

Protection, care and support:

Protection, care and support are the essential components of all interventions. Most of such services are currently provided by GOs and NGOs on an institutional basis. Some interventions to provide community based care and support services are also being initiated in the state. Institutional care largely means a shelter home, day/day-night care center or a hospital. Community based care and support system could involve larger participation of the family/community in caring for the vulnerable/ affected persons. Most institutional facilities for victims of trafficking offer basic shelter care facilities, coupled with counseling and educational and vocational training. Non-institutional or community based services include formation of self-help groups, training and employment, and economic support. For those infected with HIV, community based care largely means home-based care, supported by community's participation in providing support to the infected person and the family.

The interventions which are preventive in nature aim at awareness generation, knowledge seeking, followed by changes in attitudes and subsequently in behaviours. If young women's vulnerability to trafficking is due to lack of opportunities for gainful employment, the same can be reduced by addressing the issues of unemployment by creating alternatives.

The DWCD'S plan of Action:

The plan of action of the department of women and child development, to combat trafficking and commercial exploitation of women and children of 1998, encourages civil society to take concrete steps towards prevention and intervention in this are a. An effective prevention strategy en-

courages the development of people and communities. Investment in prevention should be at the heart of all action plans to combat these problems. In this regard, the UNICEF is currently focused on building a database with reliable figures on trafficking so that the problem can be truly understood when designing programmes. The larger civil society also should create awareness and further mobilize people for positive action.

Various stakeholders must be sensitized and equipped to deal with this problem. UNICEF started this effort by targeting the judiciary with a manual on more sensitive practices in this area. A manual for medical officers was started as well. The third sensitization effort is the social workers' manual. Lastly, UNCEF must work on sensitizing the police as the final stakeholder.

Role of professional social workers:

Every one should focus on ways to place the issue of trafficking on the agenda of institutions for social work education, both in education and in practice. We make sure that professional social workers already in the field are knowledgeable and confident when handling children who are victims of trafficking. We must also play a crucial role in starting programmes of prevention because dealing with the victim at the treatment stage is insufficient. Simply treating the victim means the intervention is too late. There are 140 institutions for social work education in India that need to adopt trafficking prevention and intervention into their curriculum and field work, which will greatly help the effort.

Joint women's programme (JWP)

There are three strategies for use by the joint women's programme (JWP). The first was prevention at the source of trafficking; the second was rescue if possible and finally preventive rescue, which is working with the children of prostitutes. Domestic workers represent a huge percentage of trafficked persons. The civil society is responsible at large because, there is a demand for cheap labour, which has increased the number of trafficked individuals in this sphere. We must form a network to deal with this problem so that these women are not forced into prostitution or infected with HIV/AIDS.

The second initiative was an effort to partner with women in the red light area who wished to educate their children. Many of these girls have successfully joined nursing schools with the financial and educational support of JWP. Once families are informed about the problem pf trafficking, related laws and the role of police and judiciary in this area, then people will be able to take action.

18.5. Summary:

The practice of prostitution is as old as civilization. Many primitive and ancient people practiced religious prostitution. The devadasi system, found in some parts of India is one form of religious prostitution. A prostitute is a woman who publicly gives herself to any person indiscriminately for a pecuniary remuneration.

Prostitution has its roots deep in the fabric of society. The social and economic subordination of women by men has been important causes of prostitution. Prostitution Can be classifies on the basis of their modus operand. They are classified as (1) Brothel prostitutes, (2) Call girl prosti-

tutes; (3) Street or public prostitutes; (4) Unorganized professional prostitutes and other types. The consequences of prostitution include: (1) Personal disorganization; (2) Family disorganization.

Trafficking of children for the purposes of commercial sexual exploitation has been on an alarming rise in the country. Trafficking of women and children is a violation of human and child rights. Currently trafficking is very high on the agenda of UNCEF. International conventions and treaties call for the protection of women and children. The government of India is committed to curb the menace of trafficking. The law by way of acts

such as the immoral trafficking (Prevention) Act 1986 and the juvenile justice (care and protection) act, 2000, provide for protection of women and children from trafficking for commercial sexual exploitation.

Women and children are more vulnerable of being infected and / or affected by HIV/AIDS. Protection, care and support are the essential components of all interventions; most of such services are currently provided by GOs and NGOs on an institutional basis. Community based care and support services are also being initiated in the state. The D W C D's plan of action encourages civil society to take concrete steps towards prevention and intervention in this area. Various stake holders must be sensitized to deal with this problem.

Professional social workers should place this issue of trafficking both in education and practice. There are 140 institutions for social work education in India that need to adopt trafficking prevention and intervention into their curriculum and field work, which will greatly help the effort.

18.6. Key words:
a) Trafficking
b) Child trafficking
c) Joint women's programme (JWP)

18.7. Self Assessment Questions
1. Discuss the causes and consequences of prostitution.
2. Discuss the various measures taken by the government and NGOs for prevention and rehabilitation of child victims of trafficking.

18.8. References:

1. Government of India   : A manual for social workers dealing   2004   with child victims of rafficking and commercial sexual exploitation, depart   of women and child development;   UNCEF India country office, TISS.

2. Government of India : Encyclopedia of social work in India, 1987   volume 2. Publication Division Ministry of   welfare.

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Lesson-19

The Handicapped Children

19.0 Objectives:

The objectives of this lesson are to discuss the problems and services of physically and mentally handicapped children.

Contents:

19.1. Introduction:

The loss or impairment of a limb or deformity in one's physical or mental capability is the worst problem that a person would suffer. By birth or due to unfortunate accident, one would suffer this disability or handicap. Welfare of the disabled and the handicapped is a challenging task. The citizens, voluntary organisations and the Government should realize their responsibility in this respect collectively.

The declaration of the rights of the disabled by the United Nations in 1975, stated that " Disabled persons are entitled to have their special needs taken into consideration at all stages of economic and social planning". United Nations had designated 1981 as the international year of the disabled. The " world disabled Day" is observed on third Sunday of March every year to create awareness among the people regarding the needs of the handicapped and their problems.

The disabled are also vital organs of society. It is our moral duty to do our utmost for their rehabilitation. The handicapped have a zest for life. They have desire to live as normally as possible. With little bit of help, the handicapped can overcome their misfor

tune. A sense of self-confidence needs to be infused in them. There is growing recognition that disabled persons must enjoy and have access to the same rights and opportunities as in the case of normal citizens. It is necessary not just to rehabilitate the disabled but also to change the attitudes of the able bodied.

Society's Attitude:

The attitude of society towards the handicapped has passed through three main stages. The primitive stage was characterized by the denial of the right to live. In some tribes in Sumatra,

it was customary for some people, to kill, cook and eat their blind and deformed parents. The advent of the second or "humanistic" age led to the growth of religious feeling. The main feature of this age was to allow the handicapped the right to live.

The modern age has not only conceded to the handicapped individual the right to live but also the right to earn a living and become a contributing member of the community.

Physically Handicapped- Classification:

The physically handicapped groups are many and varied; the blind, the deaf, the crippled, the aged, the cardiac, etc., The problem of the mentally retarded is a different one.

19.2. The Blind:

By the word blind, we mean those individuals whose vision is of no practical value to them for education and for living. Loss of vision ranges all the way from a slight loss to a total loss.

Blindness may be due to heredity, disease or accident. It is estimated that a large group of blindness is preventable. Philosophers and scientists give more attention to the problems of blindness than to those of deafness. The blind person is more sensitive to sounds, tastes, smells, or touch sensations. He is endowed with a better memory. In educational achievement, the blind are almost always retarded. Only a small number of blind persons have received university education. Some of them have had very high academic attainments.

Once of the modern trends in education of the blind is to give them, " "integrated education". This means the education of the blind child in an ordinary school with some assistance in special subjects like Braille reading, mathematics, geography, science etc., by a qualified teacher.

The incidence of blindness is believed to be very high in this county. It is also believed that a very large amount of blindness is preventable, but we do not appear to have devoted to this problem the attention it deserves.

National Institute for visually Handicapped:

The National institute for the visually handicapped, Dehradun is the apex body for the welfare of the blind. The institute's role, at present, comprises of organizing need-based programmes at personnel training; undertaking research and development activities, running model services for the blind; collection and dissemination of information on work for the blind; preparing material for parent/ employer/ community education; manufacturing of aids and appliances; producing books in Braille and cassettes.

The institute developed a telephone interface to enable the blind persons to work as telephone operators. The institute has also developed a Braille shorthand code in Hindi. The Braille short hand machine enable blind persons to work as stenographers. The institute introduced a vocational training course in electronics; The institute has prepared a model pre-school programme for young visually handicapped children. It has also taken steps to provide computer training to the visually handicapped.

Other services:

1) Training centre for the adult blind provides vocational training to blind persons in the age-group of 18-40 years in electronics, stenography, Dictaphone typing etc.
2) Crisis intervention services provide therapeutic assistance and adjustment training to the newly blinded children and adults.
3) Guidance and counseling services extend help to parents of visually handicapped children.
4) Consultancy services extend advice and guidance to interested persons on matters relating to the education and rehabilitation of the blind.
5) Workshop for the manufacture of Aids and appliances provides a wide variety of reading, computing, mobility measuring and recreational aids.
6) Central Braille press produces material in Braille and supplies the same at highly subsidized cost.

19.3 The Deaf:

The deaf are those in whom the sense of hearing is non-functional, and have never learnt any language from parents; the hard of hearing are those in whom the sense of hearing, although defective, is functional with or without a hearing aid.

Causes:

1. Congenital, that is, those who are born deaf; 2. Acquired or adventitiously deaf; those who are born with normal hearing, but in whom, the sense of hearing became non-functional later through illness or accident.

The post- independence period has seen remarkable progress in the education of the deaf.

Most of the schools for the deaf impart education through the oral method. Training in some crafts forms an essential part of the curriculum. As in the case of the blind, technological advances are making the education of the deaf also more easier.

Deafness is not always as apparent as some of the other handicapping conditions. It is manifested by simple ailments like earache, infected throat and frequent colds. The great majority of the deaf retain a residual degree of hearing which can be trained in a number of ways. Audio logy assumes vital significance in the education and rehabilitation of the deaf. Audiology is the science of hearing. It is a new integrated concept of human communication.

There are three schools for the training of the teachers of the deaf at Lucknow, Calcutta and palayamkottai. The school at Lucknow was upgraded to a college.

The Hard of Hearing:

The hard of hearing are hardly distinguishable from the normal hearing. They are educationally retarded, but the retardation is slight. They can hear and speak normally, or nearly so; the most obvious treatment is the increase of hearing by hearing aids and training in lip reading at the Audiological centre.

Aliyavar jung National institute for the Hearing handicapped was established in Bombay in 1983. The institute has taken up the training of the Manpower at various levels. It conducts two degree courses i.e B.Sc in Audiology and speech therapy and B.Ed (Deaf) (Special edcuaiton for the deaf). It also conducts short term training programmes to ac

quaint allied professionals and to update the professionals on various aspects.

The institute maintains an exhaustive collection of Books, journals, audio-visuals and films on the subject of hearing impairment. Research constitutes a major objective of the institute.

The institute and its regional centres also offer clinical, therapeutic and educational services to the hearing handicapped.

It also provides services in different areas such as counseling, career guidance, training, job placement, self employment, scholarship, pension and referral

Speech Therapy:

Speech therapy is known as litation of the physically handicapped. The incidence is more in boys than in girls and more in the first schooling year. The types of speech defects are: oral inactivity, stuttering, articulatory disorders on structural basis, sound substitution, voice disorders on functional basis, dialectical, voice disorders on structural basis and the rest, e.g. aphasic, paralytic and hard of hearing.

If there is any organic defect, it may be corrected by the doctor and then rehabilitated by a speech therapist by psychological, physical, educational and other means. Child guidance clinics in big cities promote the sociability of the patients by individual exercises, group games etc., the psychiatrist deals with the subconscious mind and the speech therapist with the conscious mind.

The WHO and UNESCO had general agreement on the following.
1. The aim of all special education for children suffering from impaired hearing to any degree should be rehabilitative.
2. The best years in which children with impaired hearing can learn to talk are from the ages of one to five years.
3. Majority of children, who are described as deaf or partially deaf, can benefit from audiological treatment.
4. All teachers of the deaf should have training on a full time, and not on an in-service basis

The deaf could be employed in all occupations except in medicine and in Law; and certain trades be reserved to them or percentage of places be allotted to them.

19.4. The Crippled:

The crippled child in the orthopaedic sense is a child that has a defect which causes a deformity or an interference with normal functioning of the bones, muscles, or joints. His condition may be congenital, or it may be due to disease or accident. It may be aggravated by disease, by neglect or by ignorance.

Causes of crippling are infantile paralysis, congenital deformities, traumatic deformities, bone and joint tuberculosis, osteomyelitis, spastic paralysis etc.

The schools for the crippled give instruction in occupational therapy and physio-therapy in addition to elementary education. Traumatic paraplegia needs an integrated and coordinated rehabilitation programme. The patient, though he has lost all hope of his future, still has two useful arms, a fertile brain and will power. The nurse can train the patient to do for himself, as modified from her conventional role, of doing for the patient. The doctor aims at training him for the independent and productive future by working with what is left.

The profession of occupational therapy was founded in India by Mrs Kamala V. Nimbkar, an American by birth who has lived thirty years in India and devoted her energies and interests to educational, social and medical work.

Physiotherapy centre was first started at the K.E.M Hospital in 1953 in Bombay and then in the same year at the Emery Hospital at Anand in Gujarat. In 1958, a centre was started at Madras and another at Delhi. Postgraduate education for the two professions was made possible in 1956 when the U.N rehabilitation project in Bombay was made into the All India institute of physical medicine and rehabilitation sponsored and run by the Government of India.

19.5. Employment of the Handicapped- Four forms

Four main forms of employment are open to the handicapped: home work, sheltered employment, open employment and self employment.

1. Severely handicapped persons are often assisted in working in their own homes.
2. The main objective of a sheltered workshop is to provide employment under sheltered conditions to those handicapped persons who are unable to hold their own in the open field.
3. Open employment is suitable to those physically handicapped persons who can compete with their able bodied counterparts by virtue of their work capacities.

4. Self – Employment is gaining ground. A physically handicapped person engages himself in an income generating activity with his own efforts or with external assistance in the form of money or guidance or both.

Disabled persons should be afforded an equal opportunity with the Non-disabled to perform work for which they are qualified. The physically handicapped should be provided opportunities to develop their own personality to gain economic independence. The United Nations declared 1981 as the international year for Disabled persons.

Vocational rehabilitation is a process of restoring the handicapped individual to the fullest physical, mental, social, vocational and economic usefulness. Vocational rehabilitation covers areas such as medical diagnosis; counseling and guidance; training; services in sheltered workshops; provision of tools, equipment; licenses to set up small business placement in open industry; and home employment.

It is necessary to impart employment oriented training in consultation with local industry. Special employment exchanges were set up for the physically handicapped to secure for the disabled employment suited to their physical and mental capacitates. The special employment exchanges provide assistance to the blind, the deaf and dumb and the orthopaedically handicapped.

Concessions have been provided in the age of entry, travel, medical fitness and preference in sponsoring against vacancies are now available. Loans at a differential rate of interest are provided to the physically handicapped persons by the Banks for self- employment ventures.

The government of India has reserved one percent vacancies each for the blind, the deaf and the orthopaedically handicapped with an overall ceiling of 3 percent in group C and group D posts in central government.

The central government has instituted a scheme for grant of National awards to the most outstanding employers of the physically handicapped, the most efficient physically handicapped workers, and the most efficient self-employed worker.

19.6. The Mentally Handicapped:

The term mentally handicapped will include functional psychoses (insanities), psychoneuroses, psychopathy, alcohol and drug addictions, organic psychoses i.e insanities caused by organic diseases, in adults, and psychiatric illnesses of children like functional and organic psychoses, psychoneuroses, behaviour problems causes by emotional maladjustment, and mental deficiency.

Prejudice against mental disease is still rampant in our county, particularly in small towns and villages. People still believe that mental illness is caused by some mysterious agencies like possession of the individual by evil spirit or, it is a kind punishment for sins committed in the past life.

The impression that mental diseases are on the increase is obtained by the following facts: owing to recent advances in the treatment of mental disorders, a large number of patients are cured or benefited. More people avail themselves of the prevailing psychiatric facilities which were not existing 20 years ago. Reports in foreign medical journals and popular magazines about recent advances in psychiatric treatment and the importance that is given to psychosomatic disorders and mental illnesses by the medical people in the countries like U.S.A and the U.K have certainly contributed a great deal to psychiatric awareness among our people.

Freud considered that the liability to neurosis is the price that the civilized man must pay for his cultural advancement. He also stressed that the tempo of modern life and the increasing demands made by society on the individual make adjustment difficult for him.

Mental Hygiene
Mental hygiene deals with the promotion of mental health among all people in general as also with the prevention and early treatment of neuroses., psychoses, character and personality disorders and other types of maladjustments of adults and children. Its objective is to bring about joy, happiness, efficiency and ability to get along with others.

People with good mental health have minimum of mental conflict; they have a satisfactory working capacity; they love their work; they have a tolerant attitude towards themselves as well as towards others; they have a sense of responsibility to their families and fellow men. They make good friends, good workers, good marriage partners, good parents, and good citizens.

Mental hygiene and social work have common goals, namely human betterment and promotion of healthy human relationship. The social worker has to work with parents, children, families, married couples, employers, employees, in areas of human relationship. Hence he requires knowledge of the principles of mental hygiene. Similarly a mental hygienist can help an individual only if he studies that individual as a whole, in his total setting which includes his social, economic and cultural background.

National Institute for the Mentally Handicapped(NIMH)

The national institute for the mentally handicapped (NIMH) was set up at Hyderabad in 1984. it is committed to develop models of care for the mentally handicapped persons, conduct research in the area of mental handicap and promote human resource development to work with mentally handicapped persons in the country.

The institute plays a crucial role in reaching out to the mentally handicapped persons and their families NIMH plays a major role in guiding parents of the mentally handicapped children in forming self-help groups. The placement cell makes efforts to find suitable jobs for the mentally handicapped persons. It conducts seminars and workshops for sharing and disseminating knowledge. The NIMH trains different cadres of professionals. It offers a three year Bachelor's degree course in mental retardation. It organizes several short term courses for promoting human resource development.

The institute organized seminars and workshops on (a) community based rehabilitation services, (b) behaviour modification procedures, (c) vocational training (d) counseling, (e) curriculum programming, (b) identification of jobs for employment of mentally handicapped persons, (f) early intervention for developmentally at risk children.

The institute organized short term courses in continuing education for training of professionals like special educators, pediatricians, psychologists, physiotherapists, occupational therapists, speech pathologists and allied professionals.

Mental Handicap:

Mental handicap is more or less the same as mental sub normality. It is a condition where the brain does not function as it should. At present mental handicap cannot be cured but care and education can do a great deal to allow a handicapped person to reach his or her full potential. Many handicapped people are quite capable of coping with life in society and their problems are sometimes solely related to the reactions of other people.

Many handicapped people look after themselves or are cared for by relatives. This can put strain on a family and such families need support and help in coping.

There are many problems in hospital provision for mentally handicapped people. Typically the hospitals are large, old, and located a way from towns and cities. Mental handicap has low

status in medicine, since the medical profession is geared towards the idea of cure and is frustrated by condition for which there is no cure. Hospital life has a tendency to take away individuality. Lack of privacy and forced group life make it very difficult for people to form relationships. There is a theory which suggests that humans need a territory of their own and without this people are too insecure to be able to relate to others.

The staff who are committed to helping handicapped people are facing the problems of lack friends inappropriate buildings and staff shortages. In these conditions, the staff become demoralized and begin to treat residents cruelly. They fail to treat people as human beings with full rights.

Community care:

Many handicapped people want to work and earn a wage. They are in a weak position in the labour market particularly in times of high unemployment and when they find work, it is often low-paid . There are many jobs a handicapped person can do and it is often other aspects of work such as managing money and transport which pose problems. Few employers are willing to provide extra support to overcome these difficulties.

Community care is the accepted official policy for the handicapped. Many people argue against segregation of handicapped people into special hospitals and workshops. In terms of the mentally handicapped, the disadvantages of institutional care should be clear in view of the problems of the mental handicap hospitals. However, there are also problems in the way in which the community care policy is being implemented. When there is shift of empliasis on community care, the numbers in the hospitals fall. The staff are increasingly demoralized by the switch of emphasis to community care. Lack of provision in the community also means that the burden of care falls on families. For community care to be successful, it must be seen as a positive policy requiring resources, not simply as a way of saving money.

Problems of mentally retarded:

A large number of problems of the mentally retarded is due not directly to their intellectual defect but to their inability to adjust to the demands made on them by the society. Failure to live up to these expectations leads to constant frustration. Very few parents are able to accept the mentally defective person for what he is. The atmosphere of continual frustration and rejection in the home makes for a serious social maladjustment. It is the family that needs the utmost help in learning to accept the feebleminded child. The brothers and sisters are also slow in accepting their defective sibling, parents of subnormal children often show anxiety about the future prospects of marriage of their normal children. Toilet training is difficult and bedwetting is found quite frequently. Defective girls are in constant danger of being sexually seduced. Mentally subnormal children are emotionally and socially immature. A mentally retarded child is unable to keep pace with normal children in studies.

Services:

There is growing need for both special day-schools and residential special schools. Training of teachers for the education of the mentally retarded must be carried out on a large scale. Diagnostic services should be available in child guidance clinics and general hospitals. The health programme for the mentally retarded should form an integral part of public health and medical services. There is lack of special training facilities for the mentally retarded in rural areas.

The mentally handicapped may be given special training leading to practical help in their day to day life, such as dressing, independent movement, handling of money matters, maintaining personal hygiene, learning to communicate about their needs, self- help etc, special curricula cur-ricula need to be developed to include self-care training and emotional development. Vocational training is the only means of making the mentally retarded economically and socially self-independed. Vocational training and education of the retarded should train them for an independent living as far as possible. There should be coordinated effort by all agencies to ameliorate the conditions of the handicapped and to rehabilitate him into the community. Guidance to parents and their involve-ment, particularly in the pre-school training of the child, is of utmost significance. Parental counsel-ing would be necessary to facilitate the acceptance of the retarded child by the family. Public awareness of the problem of retardation is necessary. Appropriate legislation would be necessary to protect the retarded from any kind of exploitation.

19.7. Summary:

The loss of impairment of a limb or deformity in one's physical or mental capability is the worst problem that a person would suffer. The physically handicapped groups are many and var-ied; the blind, the deaf and the crippled. The problem of the mentally retarded is a different one.

Blindness may be due to heredity, disease or accident. The deaf are those in whom the sense of hearing is non-functional. Speech therapy is known as litation of the physically handi-capped. The crippled child in the orthopaedic sense is a child that has a defect which causes a deformity or an interference with normal functioning of the bones, muscles, or joints.

Four main forms of employment are open to the handicapped: home work, sheltered em-ployment, open employment and self employment. Mental handicap is more or less the same as mental deficiency. A large number of the problems of the mentally retarded is due not directly to their intellectual defect but to their inability to adjust tot eh demands made on them by the society. The mentally handicapped may be given special training leading to practical help in their day to day life, such as dressing, independent movement, handling of money matters, maintaining personal hygiene, self help etc.

19.8. Key words:
a) Hard of Hearing
b) The crippled
c) Mental Hygiene

19.9. Self Assessment Questions:
1. Discuss the problem of the physically handicapped children
2. Give an account of the rehabilitation programmes for the physically handicapped children
3. Explain the problems of the mentally retarded.
4. What are the programmes for the rehabilitation of the mentally retarded children.

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