SADBHAVNA RESEARCH JOURNAL OF HUMAN DEVELOPMENT :
JOURNEY THROUGH THE YEARS

Mrs. Balvir Kaur, M.Lib., M.Phil

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169	**Vol. 5 Issue : 2 July 2015**	Level of drug addiction among educated youth addicts in relation to their perceived Loneliness	Sanjay Chandwani, Prof. Arindam Kanta Banerjee& Avneet Kaur	Asst. Prof, Sadbhavna College of Education for Women, Raikot, Punjab Prof. MBBS, MS (Surgery), Project Director, Sadbhavna Center of Addiction Science & Mental Health Research, Raikot, Punjab M.Ed. Student Sadbhavna College of Education, Raikot, Punjab

SADBHAVNA PSYCHOTHERAPY PROTOCOL FOR THE DISEASE OF SUBSTANCE ADDICTION :

A PRELIMINARY COMMUNICATION

Prof. Dr. Madhu Meeta Banerjee, MD*

> *"The disease is about brains, not drugs. It's about underlying neurology, not outward actions," Michael Miller, President, ASAM*

Introduction :

Different people use substances for different reasons. It becomes 'Abuse' when people:

1. Either use legal substances inappropriately

2. Or use illegal substances.

3. Or use prescription drugs in ways other than prescribed.

This includes the repeated use to produce pleasure, alleviate stress, or to escape reality. Addiction occurs when a person cannot control the impulse to use substances even after harmful effects.

In today's rapid competitiveness and breakdown of aspirations, prevalence of **SubstanceAddiction** (e.g. alcoholism) is fast growing to an alarming concern in almost all geo-political regions of our country. It calls for a cost-effective sustainable combat strategy – with short-term and long-term defined goals.

According to National Institute of Drug Abuse, USA, Substance Addiction is defined as a chronic, relapsing brain disease that is characterized by compulsive substance seeking and use, despite harmful consequences. It is considered a disease because substances change brain's structure (anatomy) and function (physiology).

What is addiction?

Addiction is a persistent,compulsivedependence on a behavior or substance. Although it starts as a voluntary episode, soon it leads to biological changes with behavioral and social impacts. Wikipedia defines it as a medical condition characterized by compulsive engagement to rewarding stimuli despite adverse consequences. The Tenth Revision of the **WHO** International Classification of Diseases and Health Problems **ICD-10** defines the main characteristic of the substance addiction syndrome is the strong overpowering desire to take the psychoactive drugs, alcohol, or tobacco.

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American Society of Addiction Medicine defines it as a **primary, chronic, relapsing disease of brain's reward, motivation, memory and related transmission systems**. Dysfunction in these circuits leads to characteristic physical, mental, social and spiritual manifestations. This results in pathological pursuance of reward or relief by substance abuse.

What are the types ?

Addiction are of two types :**Substance Addiction** (e.g. alcohol, heroin, opium, tobacco) or **Behavioral Addiction** (e.g. activities like gambling). Addictive substances are both rewarding i.e., perceived as being mood-enhancing and reinforcing i.e., they enhance the likelihood that a person will seek repeated exposure to them.

How to diagnose Substance Addiction ?

The diagnostic criteria prescribed by WHO are :

- A strong sense of compulsion to take the substance

- Difficulty in controlling substance-taking behavior

- A physiological withdrawal state when substance use has ceased

- Tolerance, increased doses of the psychoactive substance are required in order to achieve same effects

- Progressive neglect of alternative pleasures or interests

- Persistent abuse in spite of harmful after-effects

As per **ASAM DSM 2013**, classic symptoms of addiction include preoccupation, impaired control and continued abuse of substances despite harmful consequences. It is characterized by immediate gratification i.e. short-term reward, coupled with late harmful effects. It is diagnosed if any two conditions occur within 12-monthe period :

1. The substance is often taken in larger amounts or over a longer period than was intended.

2. There is a persistent desire or unsuccessful effort to control use of the substance.

3. A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.

4. Important social, occupational, or recreational activities are given up

5. Craving, i.e. an overpowering desire to use the substance

6. Continued abuse resulting in a failure at work, school, or home.

7. Continued abuse despite recurrent social or interpersonal problems

8. Continued abuse even in risky situations

9. Continued abuse despite recurrent physical or psychological problems

10. Tolerance i.e. need for gradually increasing amounts of the same substance to achieve the desired effect

11. Withdrawal symptoms on stopping the substance

Genesis of Addiction

Geneticpredisposition : Several gene transcription factors, e.g. **ΔFosB** is common in all forms of substance addictions. ΔFosB is used as an addiction biomarker. Addiction arises with the genetic over-expression of ΔFosB in the D1-typemedium spiny neurons of the nucleus accumbens. ΔFosB expression in these neurons positivelyregulates drug self-administration and reward sensitization through positive reinforcement. It also decreases sensitivity to aversion.

During adolescence and young adulthood, the anatomy and physiology of brain's frontal lobe i.e. center of higher intelligence is still in the process of maturation. **Early exposure** to substance use plays a significant role in the development of addiction.

50-60% of addiction is due to genetic factors. Most of the rest are due to **poor coping** skills to stress. Other contributing factors are **easy availability**, permissive **social environment**, existential angst (sense of **hopelessness**), **peer pressure** and **family circumstances**. Children of addicts are 8 times more likely to develop addiction.

How a casual abuser turns into an addict?

After administration, most substances get accumulated in VTA, nucleus accumbens and caudate nucleus of brain. They flood these areas with neurotransmitter dopamine. The cells there grow newer receptors and impair their connection with other parts of brain controlling intelligence, emotion etc. Thus, repeated use of addictive substance may alter the brain neurochemistry and can turn a casual abuser into an addict.

Is addiction a mental weakness or a voluntary behavior disorder ?

Addiction is prevalent in all socio-economic classes. It is independent of age, sex, education, religion or professional success. These indicate that it is not a mental weakness but a definite medical morbidity.

The first episode of Substance Abuse is often a voluntary conscious choice. But repeated episodes cause significant changes in brain's neurochemistry and functions; with biological, behavioral and social effects. The craving makes impulsive drug-seeking out of self-control. Addiction **is not a voluntary controllable behavior disorder**.

Is Addiction a Disease ?

Disease is a condition of the living body or of one of its parts **that impairs normal functioning (dis-ease)**. It produces a **disorderof structure or function in the body** that produces distinguishable characteristic **signs and symptoms**. It may be caused by external or internal definite **causative factors**. It is not a direct result of physical injury.

 Like heart disease or diabetes which is caused by genetic predisposition, social factors and lifestyle conditions, Substance Addiction too is caused by these factors.

Substance Addiction is not a compulsive disorder. It affects neurotransmission within reward structures of the brain, including the frontal lobe, nucleus accumbens, anterior cingulate cortex, basal forebrain and amygdala. PET Brain-imaging studies

show physical changes in areas of the brain that are responsible for judgment, decision-making, learning, memory, and behavior control.

SUBSTANCE ADDICTION ALTERS THE STRUCTURE AND FUNCTION OF BRAIN, PRODUCES SPECIFIC SIGNS AND SYMPTOMS AND HAS RECOGNIZED ETIOLOGY. THUS SUBSTANCE ADDICTION CONFORMS TO ALL CHARACTERS OF A DISEASE.

Benefits of declaring Addiction as a 'Disease'

By making Substance Addiction "A Disease" In consonance with scientific definition, the major benefits will be

1. Removal of Social Stigma
   Collateral Benefits :
   - Unveiling of more victims
   - Exacting the Statistics
   - Victims will be covered under Health Insurance – both Govt. & Private
2. Treatment protocol will come under MCI Act
   Collateral Benefits :
   - Treatment will be evidence-based and standardized
   - Removal of quackery (Quackery is a cognizable offence)
   - Clinical Establishments will be standardized by statutory bodies (AIIMS document of 'Minimum Standards if Care')
   - Registration of the centre as well as the physician will be mandatory under state statutes
3. Role of Pharmacological Treatment (with substitution medicines) will be more precise, defined & limited
   Collateral Benefits :
   - No Substitution-Therapy
   - No medicine after Detox phase
4. Role of Non-Pharmacological Therapy will be enhanced
   Collateral Benefits :
   - Rehabilitation, esp. vocational rehabilitation of victims
   - Harm Minimization
   - Behavior Modification Therapy, CBT, Psychotherapy procedures will be encouraged
   - More job avenues for Clinical Psychologists / MA (Clin. Psy)
5. Acceptance of the fact that Relapse is common
6. Stress on Relapse Prevention Techniques
7. All proposals e.g. legalizing marijuana, should be evidence-based or otherwise refused
8. Promotion of Research and Evidence-Based Scientific Knowledge
9. Addiction Education can be made part of "Health & Physical Education" curriculum in School. The long-term Benefits are : a. Preventive Strategy as "Catch them Young." and b. Awareness Generation by dissemination of information at vulnerable age-groups
10. Promotion of more **Family Involvement** in treatment process.
    Collateral Benefits :
    - More Family Support after recovery
    - More Social and workplace support

- Lesser co dependence,
- Lesser chance of alternative medicines,
- Lesser quackery-related side effects.

Treatment of the Disease of Substance Addiction

Many addicts have genetic predispositions. However a marked difference may be impacted by enhancing coping skills, resulting in continuous self-imposed abstinence, changed behavior and social sobriety.

Recovery from Substance Addiction needs Restoration of previous lifestyle, acceptance by family and society as well as **Complete Abstinence**. Substitution of one substance by another, even medicines during treatment, ultimately makes the victim relapse on another drug or medicine. It also lowers the victim's inhibition. The patient refuses to learn new coping skills. His escapist wishes remain unchanged, rewarding himself.

Research shows that combining behavioral therapy by psychological interventions, coupled with medications, where available, is the best way to treat most patients. Treatment approaches are customized individualistically as per physical, psychological, and social problems. Relapse after treatment is common. Relapse indicates that treatment needs to be reinstated.

Without treatment, Substance Addiction is a progressive disease, characterized by relapses and remissions and may result in disability and premature death.

Psychotherapy Protocol - Principles :

1. **Addiction is a complex but treatable brain disease**.
2. No single treatment is right for everyone.
3. **Quick & prompt** treatment is needed.
4. Effective treatment addresses all needs of the patients.
5. Staying in treatment for **optimum time** is critical for successful recovery and prevention of Relapse. **Relapse** does not mean that the treatment has failed. It signals that treatment is to be re-instated.
6. Counseling and other behavioral psychotherapies are the most effective treatment along with medical detoxification (initial phase for painless abstinence)
7. Treatment plans must be modified to fit the patients changing needs.
8. Treatment program should screen patients for AIDS, Hepatitis, Tb & other infectious diseases.
9. Patient is tutored regarding harm reduction and techniques to decrease their susceptibility to these diseases.
10. Treatment does not need to be voluntary to be effective
11. Family involvement and education about addiction are critical for recovery.
12. Self Help Groups like 12 step program, NA (Narcotics Anonymous), AA (Alcoholic Anonymous) etc. are central to promote sustainable recovery.

Sadbhavna Psychotherapy Protocol :

Day	Negative Attitude	Positive Attitude	JFT Topic	Story Telling Session	Motivation Lecture	Scientific Lecture	12-Steps Question
1	Angerz	Love	The love of fellowship/ Power of love	Anger control	Anger & strategies to control it	**Addiction; Addictive Substances** Addiction – Definition, Characteristics Addiction – Stages	**Step- 1** * **I**ntroduction * The disease of addiction **Question 1**
2	Abusing	Commendation / Praise	Attitudes	God's love story	Behavior	Substances – signs, symptoms, complications, and treatment • Alcohol	**Step- 1** * **I**ntroduction, * The disease of addiction Denial **Question 2**
3	Blaming	Owning Responsibility	Trusting people	Trust	Trust	Substances – signs, symptoms, complications, and treatment • Opiates,e.g. Opium, poppy husk	**Step- 1** * Introduction * The disease of addiction Denial **Question 3**
4	Dishonesty	Honesty	New levels of honesty	Lazy donkey	Honesty	Substances – signs, symptoms, complications, and treatment • Opiates, e.g. Heroin, Smack	**Step- 1** * Hitting rock-bottom * Despair * Isolation * Powerlessness **Question 4**
5	Disorganized	Organized	Order	Discipline	Discipline in life	Substances – signs, symptoms, complications, and treatment • Stimulants, Cocaine	**Step- 1** * Hitting rock-bottom * Despair * Isolation * Powerlessness **Question 5**
6	Irresponsibility	Responsibility	Responsibility	Responsibility	Responsibility	Substances – signs, symptoms, complications, and treatment • Stimulants, Nicotine (cigarette)	**Step- 1** * Hitting rock-bottom * Despair * Isolation * Powerlessness **Question 6**
7	Interruption	Listening carefully / Attention	Active listening/ Listening	Paying attention to the things that are critical to your happiness	Paying attention	Substances – signs, symptoms, complications, and treatment • Hallucinogens, Cannabis, Hashish	**Step- 1** * Surrender * Unmanageability **Question 7**
8	False Justification	Contradiction / Unbiased	Practicing honesty	Father's eyes	Honesty	Substances – signs, symptoms, complications, and treatment • Prescription Drugs, e.g. Benzodiazepine	**Step- 1** * Surrender * Unmanageability **Question 8**

9	Laziness	Activity / Initiative	Doing good feeling good/Active listening	Hardworking	Hardworking	Substances – signs, symptoms, complications, and treatment • Sniffing Drugs, e.g. Petrol / Shoe-polish / Glue	**Step- 1** * Surrender * Unmanageability **Question 9**
10	Lying	Truthfulness	Tell the truth	To tell the truth	Truth	**Fight your disease – Know How Addiction Affects Self, Relationships, Families & Society** 1. Life is Not Easy - Explore the ways how to handle tough situations so that they don't become an excuse to give up	**Step- 1** * Reservations * List of reservations **Question 10**
11	Not following directions	Faithfulness	Maintaining our faith	Last wish of Fireman	Faith	2. Denial	**Step- 1** * Reservations * List of reservations **Question 11**
12	Over-smart Clever Answer	Intelligent Thinking	The shape of our thoughts	Thinking out of the box	Positive attitude (Cont…)	3. Taking Help in self-help	**Step- 1** * Reservations * List of reservations **Question 12**
13	Over-smart Cunning mind	Higher Order of Thought	Look who's talking	Tess marshal's story	Positive attitude	4. Slips & Falls	**Step- 1** * Spiritual principles * Moving on **Question 13**
14	Procrastination	Taking Action	First things first	Commitment & action	Living sober- first things first	5. Slip Stoppers	**Step- 1** * Spiritual principles * Moving on **Question 14**
15	Reaction	Response	Attitudes	Building bridges	Behavior	6. Problem Solving	**Step- 1** * Spiritual principles * Moving on **Question 15**
16	Resentment	Calm / delight / Cheer	Resentment and forgiveness	Letting go of resentment/ Lightening the load	Living sober- Watching out for resentments	7. Craving Triggers & Traps	**Step- 1** **Question 16**
17	Stealing	Donating / Philanthropy / Altruism	What about the newcomer?	The butterfly	Donating nature	8. Handling the temptations	**Step- 1** **Question 17**
18	Stubborn	Obedience / Acceptability / Rationality	Self acceptance	The ugly fairy	Acceptance	9. How our thinking controls our behavior	**Step- 1** **Question 18**
19	Taking Life	Seriousness	Choosing life	Struggle of	Life	10. Stages of	**Step – 2**

	lightly			your life		change	* Introduction * Hope **Question 1**
20	Holding a Guilt	Pride/self respect	Freedom from guilt	Guilt	Guilt	11. Identifying High Risk Situations	**Step – 2** * Introduction * Hope **Question 2**
21	Shrinking responsibility	Taking responsibility	Powerlessness & personal responsibility/ Responsibility	The power of responsibility	Responsibility	12. Coping with High Risk Situations	**Step- 2** * Insanity * Coming to believe **Question 3**
22	Carelessness	Taking care	Honesty & Spirituality	The parable of the marbles	Caring nature	13. Anger Triggers & Violence Traps	**Step- 2** * Insanity * Coming to believe **Question 4**
23	Hurting	Pleasing/ Comforting	Exchanging love/ Understand Humility/ People Pleasing	Love & the joy of hurting	Hurting	14. Getting out of a lapse	**Step-2** * A power greater than ourselves * Restoration to sanity **Question 5**
24	Greed	Selflessness/ Altruism	Self worth & Service/Being of Service	Ambitious violet. The	Greed	15. Guilt kills	**Step-2** * A power greater than ourselves * Restoration to sanity **Question 6**
25	Butting in/ Meddling/ Interfering	Facilitating/ Helping	Awakening	An awakening	Helping others	16. Self-Assessment	**Step- 2** * Spiritual principles * Moving on **Question 7**
26	Block in Medication	Willingness for Medicines for Recovery	Surrendering Self-will/Our own true will	Giving it the old college try. One more time	Surrendering Self-will	**Fight your disease – CO-DEPENDENCY**	**Step- 2** * Spiritual principles * Moving on **Question 8**
27	Backbiting	Encouragement	Dealing with Gossips/Encouragement	Backbiting caution	Encouragement	**Fight your disease – Motivation towards Recovery & Relapse Prevention** * Accepting responsibility and holding oneself accountable for his addiction and behavior * Understanding his addiction cycle	**Step- 2** * Spiritual principles * Moving on **Question 9**
28	Disagreement	Faith	Fear or Faith? / Faithful feelings	Until death do us apart	Faith	* Understanding specific developmental life-experiences that contribute as motivational factors of addiction (past traumas, abuses, neglect, break-ups)	**Step- 3** * Introduction * Decision Making **Question 1**

						* Resolving various developmental and motivational factors to a less intense degree	
29	Defending- Excuse giving	Owning Responsibility obediently	Responsible recovery	Appreciation of Hard work	Responsibility & Obedience	*Understanding the dynamics of addiction *Learning to significantly control and reduce arousal and craving	**Step- 3** * Introduction * Decision Making **Question 2**
30	Manipulation	Straight	Surrender/ God's will	Being strong & courageous	Surrender	*Resolving other outstanding psychopathologies *Positive motivation toward steps to prevent relapse	**Step- 3** * Introduction * Decision Making **Question 3**
31	Not responding to confrontation	Submission & acceptance	Accepting life	Achieving Happiness with selfishness	Acceptance	*Self-care of hygiene *Developing consistent willingness and ability to apply newly learned behaviors	**Step-3** * Self-Will * The God of our understanding **Questions 4**
32	Lack of awareness	consciousness	An awakening of spirit/From rude awakening to spiritual awakening	Want to feel inspired	Consciousness	**Addiction and other Medical Conditions** Addicts with other Medical Conditions Alcoholism with Hypertension	**Step-3** * Self-Will * The God of our understanding **Questions 5**
33	Giving up	Fighting/ Withstanding	Hardships/ Acting as if	Never to Give Up	Never Give up	Inject able Drug User & HCV	**Step-3** * Self-Will * The God of our understanding **Questions 6**
34	Hitting back	Assist/ Agree/ Encourage	Courage to change	Why would God want me?	Courage	Inject able Drug User & HIV	**Step-3** * Turning it over **Question7**
35	Threatening	Goodness	Being right/ Misery is optional	Lisa Honig BuksBaum	Being right	Addiction with Psycho-Social Disorder Marital Disharmony	**Step-3** * Turning it over **Question 8**
36	Taking things lightly	Seriousness	The first step- an action step	The important things in life	Seriousness	Anxiety	**Step-3** * Turning it over **Question 9**
37	Taking for granted	Taking Action	God's gifts	The little things we take for granted	Action	Insomnia & Nightmares	**Step-3** * Spiritual principles * Moving on **Questions 10**
38	Being a skid	Ascend/ Soar higher	Never-failing Power/A new way to live	Free to soar	Rising up in life	Depression	**Step-3** * Spiritual principles * Moving on **Questions 11**

39	Betraying	Supporting	The principle of self-support	Paid in full with a glass of milk	Supporting	Employment Difficulty	**Step-4** * Introduction * Motivation, * Searching * Fearlessness **Question 1**
40	Bickering	Obedience	Feet of clay	The end of the log	Obedience	**Alcoholism –** a treatable disease	**Step-4** * Introduction * Motivation, * Searching * Fearlessness **Question 2**
41	Care a Damn	Respectfulness	A curse into a blessing	Orphan Winfrey	Respect	Addiction & brain	**Step-4** * Introduction * Motivation * Searching * Fearlessness **Question 3**
42	Cribbing	Return/Original	Sharing the real me	Evening dinner with a father	Introspection/ Self observation	Stress & its management	**Step-4** * Moral inventory * Inventory of ourselves * Spiritual principles **Question 4**
43	Defying	Submission	Surrender to win/From surrender to acceptance	You are not what other say	Surrender	How mental illness & addiction influence each other	**Step-4** * Moral inventory * Inventory of ourselves * Spiritual principles **Question 5**
44	Direct Approach	Convoluted/ Beating around the bush	Difficult people	The personal story	Beating around the bush/ Approach indirectly	**Smoking & tobacco –** Impact on Health	**Step-4** * Moral inventory * Inventory of ourselves * Spiritual principles **Question 6**
45	Lack of Communication	Connection/ Transmission	From isolation to connection	Teaching by example	Communication & its importance	The science of addiction - drugs, brain & behavior	**Step-4** * The inventory 1. Resentments **Question 7**
46	Slandering	Complimenting/Glorifying	Principles before personalities	Rising above	Complimenting/Glorifying	**Addiction; Addictive Substances** Addiction – Definition, Characteristics Addiction – Stages	**Step-4** * The inventory 1.Resentments 2. Feelings **Question 8**
47	Tripping/ Skipping/ Mis-Stepping	Orderly/Correct/Succeed	Eyeglasses and attitudes	Little boy's meeting with God	Success	Substances – signs, symptoms, complications, and treatment • Alcohol	**Step-4** * The inventory 1. Resentments 2. Feelings 3.Guilt, Shame **Question 9**
48	In grateful	Being grateful	Gratitude/ Sharing our gratitude/The gratitude list	A sweep of gratitude	Living sober- Being grateful	Substances – signs, symptoms, complications, and treatment • Opiates, e.g. Opium,	**Step-4** * The inventory 1. Resentments 2.Feelings 3.Guilt, Shame 4.Fear

					poppy husk	**Question 10**
49	Self pity	Confidence & Worth	Self pity	Oprath winfrey	Living sober-Eliminating self-pity	Substances – signs, symptoms, complications, and treatment • Opiates, e.g. Heroin,Smack	**Step-4** * The inventory 1. Resentments 2.Feelings 3.Guilt, Shame 4.Fear 5.Relationships **Question 11**
50	Intolerance	Tolerance	Tolerance	Our god are so great	Tolerance	Substances – signs, symptoms, complications, and treatment • Stimulants, Cocaine	**Step-4** * The inventory 1.Resentments 2.Feelings 3.Guilt, Shame 4.Fear 5.Relationships 6.Abuse **Question 12**
51	Aimless	Aim in life	Success	Life	Aim in life	Substances – signs, symptoms, complications, and treatment • Stimulants, Nicotine(cigarette)	**Step-4** * The inventory 1.Resentments 2.Feelings 3.Guilt, Shame 4.Fear 5.Relationships 6.Abuse 7.Assets **Question 13**
52	Mercilessness	Forgiveness	Forgiveness	Forgive & forget	Forgiveness	Substances – signs, symptoms, complications, and treatment • Hallucinogens, Cannabis, Hashish	**Step-4** * The inventory 1.Resentments 2.Feelings 3.Guilt, Shame 4.Fear 5.Relationships 6.Abuse 7.Assets 8.Secrets **Question 14**
53	Self deprecation	Self esteem	Self esteem	The golden Buddha	Self esteem	Substances – signs, symptoms, complications, and treatment • Prescription Drugs, e.g. Benzodiazepine	**Step-4** * The inventory 1.Resentments 2.Feelings 3.Guilt, Shame 4.Fear 5.Relationships 6.Abuse 7.Assets 8.Secrets *Moving on **Question 15**
54	Pessimism	Hope	Hope/A vision of Hope	A new day	Hope	Substances – signs, symptoms, complications, and treatment • Sniffing Drugs, e.g. Petrol / Shoe-polish / Glue	**Step-4** * Introduction * Motivation * Searching * Fearlessness **Question 16**

55	Detachment	Attachment	Detachment	The Lotus &the pond	Detachment or attachment	**Fight your disease – Know How Addiction Affects Self, Relationships, Families & Society** 1. Life is Not Easy - Explore the ways how to handle tough situations so that they don't become an excuse to give up	**Step-4** * Moral inventory * Inventory of ourselves * Spiritual principles **Questions 17**
56	Arrogant	Being Humble	Surrender/ Surrendering self-will/ Understanding Humility/ Humility in action	What surrender looks like	Humility	2. Denial	**Step-4** *Revision of the Inventory list **Question 18**
57	Cruel	Merciful	People pleasing/Ask for mercy not justice	God's merciful providence	Merciful	3. Taking Help in self-help	**Step-4** *Revision **Question 19**
58	Isolation	Integration	Coming out of isolation/ Sharing the real me	Integration	Integration	4. Slips & Falls	**Step-4** *Revision **Question 20**
59	Lonely	Sociable	Loneliness vs. being alone/ Alone no more	The lethality of loneliness	Living Sober-Fending off loneliness	5. Slip Stoppers	**Step-4** *Revision **Question 21**
60	Insanity	Sanity	God could restore us to sanity/ Freed from insanity	One woman's ligancy of unconditional obedience	Sanity	6. Problem Solving	**Step-4** *Revision **Question 22**
61	Impatience	Patience	Patience	The beauty of patience	Patience	7. Craving Triggers & Traps	**Step-4** *Revision **Question 23**
62	Closed mind	Open mindedness	A closed mind	Power of thoughts	Open-mindedness in recovery	8. Handling the temptations	**Step-4** *Revision **Question 24**
63	Self harm	Self love	Learning to love ourselves	Self confidence	Self love	9. How our thinking controls our behavior	**Step-4** *Revision **Question 25**
64	Agnostic/ Atheist	Theist/Believer	A loving God/ God's guidance /God's gift	The love of God	God or Higher Power	10. Stages of change	**Step-4** *Revision **Question 26**
65	Thoughts of relapse	Being in recovery	Relapse & recovery/ Recovery/ Recovery: Our first priority	To the edge & back	Relapse & Recovery	11. Identifying High Risk Situations	**Step-5** *Introduction **Question 1**

66	Secretive	Disclosures	Sick as our secrets/ Secrets & intimacy/ When is a secret not a secret?	Potatoes, eggs & coffee beans	Sharing & its importance	12. Coping with High Risk Situations	Step-5 *Introduction *Facing fears **Question 2**
67	Inco-operation	Co- operation	We need each other	Book, ink & feather	Co- operation	13. Anger Triggers & Violence Traps	Step-5 *Facing fears *Admitted to God **Question 3**
68	Pessimistic	optimistic	Positive attitude	Be thankful	Positive attitude	14. Getting out of a lapse	Step-5 **Admitted to God *To ourselves **Question 4**
69	Reserved mind	Open mind	Reservations	The elephant and the fly	Importance of open mindedness in recovery	15. Guilt kills	Step-5 *To ourselves *And to another Human Being **Question 5**
70	Stormy mind/Violent mind	Calm mind/Relaxed mind	Meditation/ Meditation for beginners	Meditation	Relaxation techniques	16. Self-Assessment	Step-5 *And to another Human Being *The exact nature of our wrongs **Question 6**
71	Apathy	Empathy	The language of empathy	Understanding motivation & apathy is key to education	Empathy	**Fight your disease – CO-DEPENDENCY**	Step-5 *The exact nature of our wrongs *Spiritual Principles **Question 7**
72	Day dreamer	Facing reality	Living in the present/Living in the now/Letting go of the past	The day dreamers	Living in the present	**Fight your disease – Motivation towards Recovery & Relapse Prevention** * Accepting responsibility and holding oneself accountable for his addiction and behavior * Understanding his addiction cycle	Step-5 *Spiritual Principles *Moving on **Question 8**
73	Dissatisfaction	Satisfaction	Our greatest need	The challenge of living a satisfied dissatisfaction	Satisfaction/ Wants or needs?	* Understanding specific developmental life-experiences that contribute as motivational factors of addiction (past traumas, abuses, neglect, break-ups) * Resolving various developmental and motivational factors to a less intense degree	Step-6 *Introduction **Question 1**

74	Pretending	Genuine/Real	The masks have to go/Sharing the real me	An introspective & inspiring story of a king	Introspection/ Self observation	*Understanding the dynamics of addiction *Learning to significantly control and reduce arousal and craving	Step-6 *Introduction *Entirely ready for what? **Question 2**
75	Denial	Approval/ Agreement	Surrender is for everyone/ Surrendering self-will	The denial	Denial	*Resolving other outstanding psychopathologies *Positive motivation toward steps to prevent relapse	Step-6 *Introduction *Entirely ready for what? **Question 3**
76	Anger	Love	The love of fellowship/ Power of love	Anger control	Anger & strategies to control it	*Self-care of hygiene *Developing consistent willingness and ability to apply newly learned behaviors	Step-6 *Introduction *Entirely ready for what? **Question 4**
77	Dishonesty	Honesty	New levels of honesty	Lazy donkey	Honesty	**Addiction and other Medical Conditions** Addicts with other Medical Conditions Alcoholism with Hypertension	Step-6 *...to Have God Remove… **Question 5**
78	Laziness	Activity / Initiative	Doing good feeling good/Active listening	Hardworking	Hardworking	Inject able Drug User & HCV	Step-6 *...to Have God Remove… **Question 6**
79	Lying	Truthfulness	Tell the truth	To tell the truth	Truth	Inject able Drug User & HIV	Step-6 *...to Have God Remove… **Question 7**
80	Procrastination	Taking Action	First things first	Commitment & action	Living sober- first things first	Addiction with Psycho-Social Disorder Marital Disharmony	Step-6 *Our defects of character **Question 8**
81	Closed mind	Open mindedness	A closed mind	Power of thoughts	Open-mindedness in recovery	Anxiety	Step-6 *Our defects of character **Question 9**
82	Irresponsibility	Responsibility	Responsibility	Responsibility	Responsibility	Insomnia & Nightmares	Step-6 *Our defects of character **Question 10**
83	In grateful	Being grateful	Gratitude/ Sharing our gratitude/The gratitude list	A sweep of gratitude	Living sober- Being grateful	Depression	Step-6 *Spiritual Principles **Question 11**
84	Reaction	Response	Attitudes	Building bridges	Behavior	Employment Difficulty	Step-6 *Spiritual Principles **Question 12**
85	Resentment	Calm / delight / Cheer	Resentment and forgiveness	Letting go of resentment/ Lightening the load	Living sober- Watching out for resentments	**Alcoholism –** a treatable disease	Step-6 *Spiritual Principles **Question 13**

86	Interruption	Listening carefully / Attention	Active listening/ Listening	Paying attention to the things that are critical to your happiness	Paying attention	Addiction & brain	**Step-6** *Moving on **Question 14**
87	Intolerance	Tolerance	Tolerance	Our god are so great	Tolerance	Stress & its management	**Step-6** *Moving on
88	Day dreamer	Facing reality	Living in the present/Living in the now/Letting go of the past	The day dreamers	Living in the present	How mental illness & addiction influence each other	**Step-6** *Moving on
89	Pretending	Genuine/Real	The masks have to go/Sharing the real me	An introspective & inspiring story of a king	Introspection/ Self observation	**Smoking & tobacco** – Impact on Health	**Step-6** *Revision
90	Thoughts of relapse	Being in recovery	Relapse & recovery/ Recovery/ Recovery: Our first priority	To the edge & back	Relapse & Recovery	The science of addiction - drugs, brain & behavior	**Step-6** *Revision

Proposals

1. **Substance Addiction should be declared as "Disease;" that too "A Notifiable Disease"** like AIDS, Hepatitis & other communicable and non-communicable diseases

2. A universally acceptable and applicable Treatment Protocol must be developed and enforced

3. All Treatment providers must be trained & registered.

4. All Treatment Centers must conform to a minimum standard of care and registerd

5. Individual Counseling is imparted as per individualistic need and demand with a 'total person approach.' Group Therapy is done as daily routine. Enhancement Therapies, e.g. Art Therapy, Drama Therapy, Vocational Rehabilitation, Introspection sessions etc. are included as per need.

6. A Chapter on Substance Addiction Disease may be included in the 10th & 12th curriculum of Health & Physical Education.

EVALUATION OF SADBHAVNA TREATMENT PROTOCOL IN SEONDARY PREVENTION OF SUICIDE (SELF-HARM)

ATTEMPTS AMONG HEROIN ABUSERS IN A REHAB CENTRE SET-UP

Ms. Sumanpreet Kaur*
Ms. Preetinder Kaur*

INTRODUCTION

Suicide (Self-Harm) is legally defined as "An act of deliberate intentional self-killing." It generally originated from an "Aggression towards self following the internalization of frustration or disappointment related to a loved one." Psychologically Freund defined it as "A murderous attack on an internalized object which has become a source of ambivalence."

Attempts of Suicide (Self-Harm) is not uncommon among drug-abusers. Apart from direct intervention by Pharmacotherapy for de-addiction treatment, customized Non-Pharmacological Psychotherapy must be imparted for conflict-resolution in such vases for long-term cost-effective prevention in domicile environment.

Secondary suicide prevention is particularly important but not always given the attention that it deserves, in part because research into secondary prevention is only just starting to be applied to clinical practice.

At Sadbhavna Ceenter of Addiction Science & Mental Health Research, we have developed a treatment protocol which is a unique blend of modern western addiction medicine with ancient Indian wisdom. This amalgamation makes our treatment protocol perfectly acceptable to Indian youngster drug (esp. heroin) abusers; as is evident in 4 case reports enclosed. All these patients are free of addiction and self-harm ideation on follow-up till date.

PATIENT 1

Bioprofile : PatientMr. Manjot Singh (name changed), Aged 35 yrs / Male, Sikh, Mechanical Engineer, Married, Unemployed was admitted on 08.01.2016 and relieved on 10.03.2016 after he received treatment satisfactorily.

History of Addiction

A 33-years old male with history of Substance Abuse for 11 yrs with Alcohol, Heroin Opium, Smack & Tobacco addiction

1. At the age of 22 years, he started to take alcohol with his friends at parties.

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2. At the age of 24 years, he started taking Heroin by smoking & after one year, he started taking it by I/V. Initial dose was 500 mg/day. The end dose 1 gm/day.

3. At the age of 31 years, he has started consuming Opium. He was abused it for 2 months after that he quit it.

4. At the age of 32 years, he started consuming tobacco. He tried only 4-5 times, after that he left it totally.

History of De-addiction Treatment & Relapse

1. He was admitted in rehab centre Baba Sohan Singh foundation, Jalandhar in 2014 where he received for 6 months. He stayed sober for 2 months after treatment. After that he again got relapsed with Heroin.

2. He has taken treatment from Sadbhavna centre of addiction science & mental health research, Raikot. He was admitted in rehab on 27.08.2015 & taken treatment for 4 months (21.12.2015). He stayed sober only 9 days, after that he got relapsed with Alcohol on New Year.

3. He was again admitted in Sadbhavna centre of addiction science & mental health research, Raikot on 08.01.2016 & taken treatment for 2 months.

History of Self-Harm (3 Episodes)

Manjot Singh had inter-personal conflict with his mother.

1. At the age of 33 years in Oct. 2014, he had an episode of anger with his mother due to interference in his tasks. So, he attempted suicide by cutting his blood vessels. Medical intervention was provided by his relatives (aunt) by taking him to Hospital.

2. He again had severe conflict with his mother & he attempted suicide hanging a rope to ceiling fan in May 2015. Luckily, the fan's ceiling broken down & nothing happened to him.

3. Then, 3-4 months later in August 2015, he again tried to attempt suicide by poisoning method (consumed Phenyl tablets 4-5 in quantities). No internal reaction occurs of taken Phenyl tablets. So his life is saved.

Analysis of History of Self-Harm

A. Predisposing Factors

No.	ISSUE	BRIEF DETAILS	YES	UNSURE	NO
1	Positive Family History				No
2	Early Parental Loss				No
3	Rejection by Family	Perceived Rejection by Family & Loneliness			Yes
4	Rejection by Girlfriend				No
5	Physical illness				No
6	Impotence				No
7	Psychiatric illness				No

8	Physical Abuse				No
9	Sexual Abuse				No
10	Emotional Abuse				No
11	Inter-Personal Conflicts	With Mother over Drug Abuse			Yes
12	Bullying by Peers				No
13	Study: Poor Performance				No
14	Substance abuse	Multiple Substance Abuse Since last 11 yrs			Yes
15	Unemployment	Though Engineer by Qualification			Yes
16	Poverty				No
17	Feeling of Hopelessness	Due to Unemployment			Yes
18	Intra-Personal Conflicts				No
19	Low Self Esteem	Due to Unemployment			Yes
20	Poor Life Skills : Poor Problem Solving Poor Coping				Yes

B. Precipitating Event

No.	ISSUE	BRIEF DETAILS	YES	UNSURE	NO
1	Death of Loved One				No
2	Sudden Rejection	By Mother			Yes
3	Physical Illness				No
4	Acute Psychiatric Illness				No
5	Loss of Job	For Drug Abuse at Work			Yes
6	Debt / Loss of Money	For Drug Abuse			Yes
7	Abuse Physical / Sexual				No
8	Sudden Emotional Stress				No
9	Sudden revelation of Illicit Relation of Spouse				No
10	Impotence	For Drug Abuse			Yes

C. Contemplation (Methods Options Planned)   Why not adopted

1	Drowning	Water-body Not Available
2	Cutting Blood Vessels	**1st Attempt**
3	Jumping from height	Fear of Height
4	Hanging	**2nd Attempt**
5	Gunshot	Not Available
6	Sharp Penetrating Objects	Idea did not come in mind
7	Overdose	Did never get enough substance
8	Poisoning	**3rd Attempt**
9	Electrocution	Fear of Pain
10	Railway / Bus / Vehicles	Idea did not come in mind
11	Any Other (Specify)	Nil

D. Action (Actual Method Used)

1. **Attempt 1**   Action : Cut Radial Artery (Left)   Date : Oct. 2014
2. **Attempt 2**   Action : Hanging from Ceiling Fan   Date : May 2015
3. **Attempt 3**   Action : Poisoning by Rodent Killer   Date : Aug. 2015

E. Post-Action (What Happened After Action / Medical Intervention)

- Emergency Medical Assistance given & life saved

F. Current status

- **PhysicalNormal Physical Ability but with Substance Abuse Disorder**
- **Psychological**
  - Continued desire to die   No
  - Current Contemplation   No
  - Current Action ideated   Nil
  - Access to means of suicide   Nil
  - Coping Mechanism & Strength   Developing

Presently, he realized his mistakes and he is working on his coping skills & doing activities for the maintenance of recovery like Prayer, counseling, sharing & JFT etc.

Mental Status Examination

Evaluation Criteria

1. Denial   2. Resentment   3. Self-Pity
4. Un-manageability   5. Willingness for Treatment   6. God

Final Opinion Assessment of Suicidal Risk with Heroin & Tobacco Addiction

Cognitive Functions <u>FOLSTEIN MINI MENTAL STATUS EXAMINATION</u>
Score   31
Opinion   Normal Cognitive Function

PATIENT 2

Bioprofile : Patient Joginder Singh (name changed), 28 yrs, Male, was admitted on 28.02.2016 and discharged on 03.04.2016 in satisfactory condition.

Admission Procedure & Consent

Patient Joginder Singh was admitted to Sadbhavna Center of Addiction science & Mental Health Research, Raikot on 28.02.2016 by his father Gurmail Singh under the consent that his son is a drug-addict and is a liar and his behavior and attitude are not good. He submitted that Joginder Singh cannot and should not be trusted under any condition.

Chief Complaints

1. Pain in whole body x 2 days
2. Restlessness x 1 week
3. Anxiety x 2 months

H/O Substance Abuse

Patient had a history of consuming

1. Chewing Tobacco (Hathi Gola) for last 6 yrs
2. Cigarette Smoking (Red & White) for 3 yrs
3. Opium for 3 yrs
4. Heroin (Mostly Smoke but IV administration from last 7 days) for 1 yr
5. Tab. Tramadol for 3 months
6. Ganja (Smoke) for 20 days
7. Inj. Fortwin (IM) took at the time of tournament
8. Alcohol took occasionally
9. Morphine Injection tried once

In last 30 days, before admission he has consumed

1. Heroin – 3.5 gm
2. Chewing Tobacco – 30 Packets
3. Cigarette Smoking – 20 cigarettes

Analysis of History of Self-Harm

A. Predisposing Factors

No.	ISSUE	BRIEF DETAILS	YES	UNSURE	NO
1	Positive Family History				No
2	Early Parental Loss				No
3	Rejection by Family				No
4	Rejection by Girlfriend	Both Families are not willing for marriage			Yes
5	Physical illness				No

6	Impotence				No
7	Psychiatric illness				No
8	Physical Abuse				No
9	Sexual Abuse				No
10	Emotional Abuse				No
11	Inter-Personal Conflicts				No
12	Bullying by Peers				No
13	Study: Poor Performance				No
14	Substance abuse	Multiple Substance Abuse Since last 6 yrs			Yes
15	Unemployment	Due to addiction			Yes
16	Poverty	Due to Unemployment			Yes
17	Feeling of Hopelessness				No
18	Intra-Personal Conflicts				No
19	Low Self Esteem	Due to Unemployment & Poverty			Yes
20	Poor Life Skills : Poor Problem Solving Poor Coping				Yes

B. Precipitating Event

No.	ISSUE	BRIEF DETAILS	YES	UNSURE	NO
1	Death of Loved One				No
2	Sudden Rejection	By Girlfriend			Yes
3	Physical Illness				No
4	Acute Psychiatric Illness				No
5	Loss of Job				No
6	Debt / Loss of Money				No
7	Abuse Physical / Sexual				No
8	Sudden Emotional Stress				No
9	Sudden revelation of Illicit Relation of Spouse				No
10	Impotence				No

C. Contemplation (Methods Options Planned)   Why not adopted

1	Drowning	Not Available
2	Cutting Blood Vessels	Done
3	Jumping from height	Fear of Height
4	Hanging	Fear
5	Gunshot	Not Available
6	Sharp Penetrating Objects	Idea did not come in mind
7	Overdose	Did never get enough substance
8	Poisoning	Present but not done
9	Electrocution	Fear of Pain
10	Railway / Bus / Vehicles	Idea did not come in mind
11	Any Other (Specify)	Nil

D. Action (Actual Method Used)

- Cut blood vessels (In 2014)

E. Post-Action (What Happened After Action / Medical Intervention)

- Saved by getting pressure bandage at home

F. Current status

- **Physical   Fit & Healthy but with Substance Abuse Disorder**
- **Psychological**

Continued desire to die (Sometimes)	Present
Current Contemplation	Nil
Current Action ideated	Nil
Access to means of suicide	Nil
Coping Mechanism & Strength	Doing Physical exercise & Prayer

Present Status

The patient shoed keen interest in Physical Exercise & working out in Body-Building gymnasium for long time. In rehab, he spent spare time in physical workouts (free-hand & also in gym).

The patient underwent regular non-pharmacological treatment from 08.03.2016 in the form of JFT (Just For Today), Group Therapy, Individual Counseling, Introspection sessions etc. up to 02.04.2016. During this time, he wrote daily Reflections which showed his admission of past mistakes and willingness to undergo treatment.

Mental Status Examination

Final Opinion Assessment of Suicidal Risk Addiction with Multiple Substance Abuse

Cognitive Functions <u>FOLSTEIN MINI MENTAL STATUS EXAMINATION</u>

Score   26

Opinion   Normal Cognitive Function

PATIENT 3

Bioprofile: Patient Manjit Singh(name changed) , 24 years / Male, D.Pharmacy, Unmarried presented on 17.05.2015 & relieved on 21.11.2015.

History of addiction

A 24-years old male with history of Heroin addiction for 1-yr & 8-months with alcohol, opium, charas, benzodiazepine.

At age of 18-years, he started to take alcohol with his friends at marriage parties (Beer). The dose was 60 to 90 ml. He started taking beer for enjoyment. Gradually he started taking alcohol occasionally with friends. At same age, he started smoking cigarettes with his friends. However he did not like the odor of alcohol. He found an alternative in cough syrup. He used to take 2 bottles of cough syrup (200 ml) per day. At age of 20 years, he started charas with his friends and suffered from seizures. The patient took treatment for seizures. Ar age 23-years, he started taking Heroin by Intravenous route. Initial dose was 500 mg per day. The end-dose was 1 gm / day.

Twice he has taken OPD rehab treatment for addiction – first from Astha Neuro-Psychiatric Hospital, Jagraon in 2011-12 and second from Rajendra Hospital, Patiala in 2013.

Again he was admitted in Rehab. Center, Barnala in 2013 where he received treatment for 6 months& stayed as volunteer for 1 month 7 followed up for 2 months. Then he had conflicts with his father who used to interfere in his job. Then he went to his addict friends & again started taking Intravenous Heroin (0.5 gm/day).

History of self-Harm

Manjit Singh had inter-personal comflict with his family members; mostly with father, since childhood. At age of 23 years in March 2014, he had an episode of anger with his father due to the later's rude behavior & interference in his tasks. At that time, he was free from drugs for 2 days and was having severe bodyache. He attempted suicide by hanging with a rope to ceiling fan. His mother saw him, shouted & saved him. There was no need of any medical intervention.

After this episode, Manjit Singh started living with grandfather in Raikot. In 2015, he again had severe conflict with his father since he refused to give him money. Again in a fit of rage, he attempted suicide by hanging with a rope to ceiling fan. His grandfather saw & saved him.

This incidence created fear among family members. The bondage between him and family members was reduced after this attempt.

Current Status

Currently he realized that the attempts were attacks of temporary insanity. Presently he is working on Anger Management &coping skills. He is gaining strength to cope up with life's challenges by sharing, praying, behavioral therapy & counseling.

Analysis of History of Self-Harm

A. Predisposing Factors

No.	ISSUE	BRIEF DETAILS	YES	UNSURE	NO
1	Positive Family History				No
2	Early Parental Loss				No
3	Rejection by Family				No
4	Rejection by Girlfriend	At 22 years, when he came back from jail			Yes
5	Physical illness				No
6	Impotence				No
7	Psychiatric illness	Epilepsy since 2011			Yes
8	Physical Abuse				No
9	Sexual Abuse				No
10	Emotional Abuse				No
11	Inter-Personal Conflicts	With father			Yes
12	Bullying by Peers				No
13	Study: Poor Performance				No
14	Substance abuse	Alcohol & Tobacco at 18 yrs Heroin at 23 yrs			Yes
15	Unemployment				No
16	Poverty				No
17	Feeling of Hopelessness	Due to family conflicts			Yes
18	Intra-Personal Conflicts	Related to Study/Job			Yes
19	Low Self Esteem	Not appreciated by family			Yes
20	Poor Life Skills : Poor Problem Solving Poor Coping	Presence of Fear Insecurity Low Self Esteem			Yes

B. Precipitating Event

No.	ISSUE	BRIEF DETAILS	YES	UNSURE	NO
1	Death of Loved One				No
2	Sudden Rejection				No
3	Physical Illness				No
4	Acute Psychiatric Illness	Epilepsy since 2011			Yes
5	Loss of Job				No

6	Debt / Loss of Money				No
7	Abuse Physical / Sexual				No
8	Sudden Emotional Stress	Anger & Resentment			Yes
9	Sudden revelation of Illicit Relation of Spouse				No
10	Impotence				No

C. Contemplation (Methods Options Planned)   Why not adopted

1	Drowning	Because he knows swimming
2	Cutting Blood Vessels	Thought it was not good idea
3	Jumping from height	Acrophobia
4	Hanging	Done
5	Gunshot	Not Available
6	Penetrating Objects	Unsure about this method
7	Overdose	Nothing significant
8	Poisoning	Do
9	Electrocution	Painful
10	Railway / Bus / Vehicles	Painful
11	Any Other (Specify)	No

D. Action (Actual Method Used)

Hanging from ceiling Fan	Year 2013
Hanging from Ceiling Fan	Year 2015

E. Post-Action (What Happened After Action / Medical Intervention)

- Nothing

F. Current status

- **Physical**   Suffers from Epilepsy – currently on medication
- **Psychological**

  - Continued desire to die   No
  - Current Contemplation   Nil
  - Current Action ideated   Nil
  - Access to means of suicide   Nil
  - Coping Mechanism & Strength Prayer & Sharing with fellow inmates

PATIENT 4

Bioprofile: PatientMr. Pritam Singh (name changed), Aged 42 yrs / Male, Sikh, 5th Passed, Widower, Driver was admitted on 18.03.2015 and relieved on 29.12.2015.

Chief Complaints

Patient's family members complained that the patient is

1 A chronic Heavy Alcoholic with continuous craving for it

2 Adjustment Problem at home with

Occasional Violent Behavior,

Family Fights,

Breakage of Utensils,

3 Lies very frequently and shows Untrustworthy behavior

Admission Procedure & Consent

Patient Pritam Singh was admitted to Sadbhavna Center of Addiction science & Mental Health Research, Raikot on 18.March.2015 by his uncle Surjit Singh under the consent that her son is a drug-addict and is a liar and his behavior and attitude are not good. He submitted that Pritam Singh cannot and should not be trusted under any condition.

H/O Substance Abuse

Patient had a history of consuming

1. Alcohol for last 30 yrs
2. Tobacco Chewing for 30 yrs
3. Opium for 25 yrs
4. Sedatives (Tab. Alprex) for 1.5 yrs

In last 30 days, before admission he has consumed

1. Alcohol – 22500 ml
2. Chewing Tobacco – 30 packets
3. Opium – 240 grams
4. Tab. Alprex – 700 tabs

Analysis of History of Self-Harm

A. Predisposing Factors

No.	ISSUE	BRIEF DETAILS	YES	UNSURE	NO
1	Positive Family History				No
2	Early Parental Loss				No
3	Rejection by Family				No
4	Rejection by Girlfriend	Because girlfriend's family did not accept their relation			Yes
5	Physical illness	HIV			Yes
6	Impotence				No
7	Psychiatric illness				No
8	Physical Abuse				No
9	Sexual Abuse				No
10	Emotional Abuse				No
11	Inter-Personal Conflicts	With brother			Yes
12	Bullying by Peers				No

13	Study: Poor Performance				No
14	Substance abuse	Alcohol & Opium			Yes
15	Unemployment				No
16	Poverty				No
17	Feeling of Hopelessness	Due to his disease condition (HIV)			Yes
18	Intra-Personal Conflicts	Related to his disease condition			Yes
19	Low Self Esteem	Because of HIV, death of his wife			Yes
20	Poor Life Skills : Poor Problem Solving Poor Coping	Presence of Fear Insecurity			Yes

B. Precipitating Event

No.	ISSUE	BRIEF DETAILS	YES	UNSURE	NO
1	Death of Loved One	Wife (In 2014)			Yes
2	Sudden Rejection				No
3	Physical Illness	AIDS			Yes
4	Acute Psychiatric Illness				No
5	Loss of Job				No
6	Debt / Loss of Money				No
7	Abuse Physical / Sexual				No
8	Sudden Emotional Stress	Conflict with uncle & family members			Yes
9	Sudden revelation of Illicit Relation of Spouse				No
10	Impotence				No

C. Contemplation (Methods Options Planned)   Why not adopted

1	Drowning	In 2014
2	Cutting Blood Vessels	In 2015
3	Jumping from height	Nothing Significant
4	Hanging	Nothing Significant
5	Gunshot	Not Available
6	Sharp Penetrating Objects	Idea did not come in mind
7	Overdose	Nothing Significant

8	Poisoning	2 times (First time in 2007-2008)
9	Electrocution	In 2014
10	Railway / Bus / Vehicles	Idea did not come in mind
11	Any Other (Specify)	Nil

D. Action (Actual Method Used) & Post-Action (What Happened After Action / Medical Intervention)

1. Poisoning in 2007-2008 due to conflict with uncle
   Gastric lavage done in hospital
2. Electrocution in 2014
   No medical intervention
3. Drowning in 2014
   Came out from water
4. Cutting blood vessels in 2015
   4 stitches
5. Poisoning (IV Injection)
   No medical intervention

E. Current status

- **Physical**Suffers from AIDS – currently on medication
- **Psychological**

▪ Continued desire to die	No
▪ Current Contemplation	Nil
▪ Current Action ideated	Nil
▪ Access to means of suicide	Nil
▪ Coping Mechanism & Strength	Prayer & Sharing with fellow inmates

CONCLUSION

On analysis of above 4 patients, it is found that in Predisposing Factors of Self-Harm, the similarities present in all cases are

1. Rejection by Girlfriend &/or Family
2. Inter-Personal Conflicts with Family Members
3. Substance Abuse
4. Inemployment & Lack of Life-Goal
5. Feeling of Hopelessness
6. Low Self-esteem due to different reasons
7. Intra-Personal Conflicts
8. Poor Life Skills

Similarities in Precipitating Events in Actual Self-Harm are :

1. Sudden rejection by Family & Girlfriend
2. Sudden Emotional stress

Similarities in contemplations are ;

1. Cutting Blood Vessels
2. Hanging
3. Poisoning

Similarities in actual Action undertaken are :

1. Hanging
2. Cutting Blood Vessels
3. Poisonong

The Coping mechanism imparted in all patients were :

1. Surrender to God
2. Prayer
3. Sharing
4. Physical exercise & other Substitution methods

Except 1 patient where treatment was partial, the psychological status demonstrated absence of suicidal ideation after complete treatment

Sadbhavna De-addiction Treatment Protocol is an Indianized Model of Western Scientific Psychotherapy System. In the above 4 casesm it is proved to be beneficially changing the outlook and mindset of Drug Abuse victims who attempted suicide (Self-Harm)

DISCUSSION

In USA, suicide ranks 8th reason for major cause of death. Women attempt suicide more than men. However, men succeed more in committing the act (70% are males & 30% are females among suicide deaths).

The suicidal impulse is stronger between 14 ro 18 years as they find it difficult in adjusting to new status & new social expectations. If he adjusts reasonably, the rate of suicide decreases. Common Risk Factors are 1. Absence of Parents 2.Unemployment of parents 3.Family History of Self-Harm 4.Parents with Psychiatric Illness. In mid-age women, the critical period is between 45 to 54 years. Common reasons are 1. Difficulty in adjustment, 2.High Role expectations 3.Low Role performance, 4.Feeling of uselessness, and 5.Poor health. Middle-aged men may also face problems after retirement due to poor health, maladjustment, non-fulfillment of financial responsibilities etc. All these people perceive that self-killing is the only available & permanent solution for their misery. Unmarried, widow, divorced, separated, isolated, lonely living are at greatest risk. Suicidal rate are observed more in high & low Socio-Economic classes than in Middle-Class. Lawyer, Police Officials, Insurance Agents, Dentists, and Medical Professionals are higher risk. It is higher among urban than among rural population.

Causes

A. Psychological Causes

Perception of

1. Isolation
2. Hopelessness
3. Helplessness
4. Grief

5. Reaction to stress
6. Severe Frustration
7. Intolerable Psychological Pain
8. Unfulfilled needs & desires
9. Escapism
10. Guilt, Shame, Fear of humiliation

B. Social causes
1. Physical Abuse
2. Schloastic Difficulties
3. Social isolation
4. Lack of Social Support
5. Economic Failure

C. Family causes
1. Disturbed Inter-Personal Relationship
2. Family Discard
3. Lack of Parental & Familial Care
4. Parental separation
5. Family Conflict
6. Death of Loved ones

Classification

In 1951, Emil. Durkheim classified Social Categories of Suicide
1. Egoistic Suicide : One who has lost social integration with their social support group. It is a response of the person who feels separated and apart from social mainstream, e.g. divorce
2. Altruistic : It results from a response to a cultural expectation, e.g. sati.
3. Anomic Suicide : It occurs in response to the change that occur in an individual life, e.g. loss of job, recurrent failures.
4. Revengeful Suicide ; It occurs to spite others or experiencing as being unfriendly, e.g. wife committing suicide to take revenge on unfaithful husband.

Assessment

A]. Recognition / Suspicion of Suicidal Ideation
1. Behavioral Clues : Ingestion of small amount of some potential lethal drugs
2. Writing Suicidal Notes
3. Sudden Change of Moods

B]. Verbal Clues

Passing Negative Statements, e.g

I'm useless,

Everything is going wrong,

No need for me to live,

This is the last time you'll see me

C]. Situational Clues

There are inherent in life-experiences associated with stress, e.g. diagnosis of fatal illness

D]. Non-Verbal Clues

1. Sleeping too much or too little
2. Lack of interest in social activities
3. Poor performance
4. Substance Abuse

E]. Emotional Clues

1. Hopelessness
2. Helplessness
3. Powerlessness
4. Neglect of personal Welfare
5. Sudden Intense Interest in Personal Insurance
6. Change in appetite / weight / behavior / activity level
7. Low Energy Level

Methods of Committing Suicide

A]. Slow Lethal Methods : These allow time for rescue because of slowness of their physiological action

1. Self-Poisoning by Pill ingestion
2. Inhaling Domestic Gas
3. Wrist Cutting

B]. High Lethal Methods

1. Gun-Shot
2. Hanging
3. Drowning
4. Car-Crash
5. Falling in front of a Moving Vehicle or Railways
6. Self-Immolation
7. Jumping from high altitude
8. Piercing of Vital Organs (Harakiri)
9. Carbon Monoxide poisoning

Management of Suicide Attempts

A]. **Assessmen**t : it the most critical step to ensure safety of patient.

1. Observable Behavior Traits
   Anxiety
   Insomnia
   Expressed extreme shame on a Real or Unreal Incidence

Restlessness

Real or Imaginary serious illness

Auditory or Visual Hallucination

2. History of Client : Carefully taken history will reveal the predisposing factors & precipitating events which contribute to the current crisis of extreme self-destructive thoughts. it the patient has considered suicide in past, explore the following :

Frequency and extent of Suicidal Ideation

Contemplated Means

Feelings associated with Suicide

Ability to imagine how loved one would be affected by suicide

3. Information from Friends & Family

Collect Past history, esp. previous attempts & psychiatric illness

Physical Examination

Psychological Evaluation

Low Self Esteem

Low communication Level

Ineffective coping skills

B. Intervention :

1. Make Treatment Plan
2. Try to motivate the patient to accept it
3. Decide whether the client should be admitted to hospital or treated on OPD basis.
4. It it is an OPD case, ask for address & telephone number and tell the patient that he can call in case of any need anytime.
5. If case is significant, IPD care is required

These depend upon following

1. Intensity of Suicidal Ideation
2. Severity of Any associated Psychiatric Illness
3. Social support system

C. Prevention

1. Primary Prevention

Education and Improve the skills of Community Team Members to assess High-Risk Patients

Early recognition of Psychiatric Illness

Identifying Stressors

Assist the family and patient to modify the stressful situations

2. Secondary Prevention

Establishment of Crisis Prevention & Counseling Center

Provide treatment for Actual Suicide Crisis in clinics, telephone hotlines in hospitals

Guidance & Counseling services for suicidal attemptors

3. Tertiary Prevention

Intervention with family & friends of a person who has committed suicide

Follow-Up & Continuity of Care

Establishment of Strong Support system

LEARNING POINTS

Suicide (Self-Harm) makes 1.5% of the global burden of disease. Suicide should and can be prevented. 83% of persons who committed suicide have had contact with a primary care physician within a year of their death and up to 66% of have had such contact within a month of their death. However, the suicidal ideation was missed by the physicians.

Suicidal behavior has been conceptualized as a continuum of thoughts and behaviors ranging from suicidal ideation to completed suicide. Recent retrospective research delineates seven distinct categories of "suicidality": (1) completed suicide, (2) suicide attempt, (3) preparatory acts toward imminent suicidal behavior, (4) suicidal ideation, (5) self-injurious behavior without intent to die, (6) non-deliberate self-harm, and (7) self-harm behavior with unknown suicidal intent.

Mann et al. found that five methods are effective in secondary suicide prevention: pharmacological interventions, psychological interventions, follow-up care, reduced access to lethal means, and responsible media reporting of suicide.

Among psychological interventions, suicidal patients often benefit from therapies that address the repetition of suicidal thoughts and behaviors, treatment adherence, and other factors commonly associated with suicidality. Motivational Psychotherapy decreases both suicidal ideation and the re-attempt rate. Interpersonal 1 to 1 & JFT psychotherapy decreases suicidal ideation. Problem-solving therapy through individual counseling works to improve the mediating factors of suicidality; such as hopelessness and depression. Better psychological treatment of Substance Abuse Disorder and alcoholism, even in the absence of overt suicidal thoughts or behaviors, also appears to decrease suicide rates.

1. **No single treatment is appropriate for everyone**.

Treatment varies depending on the type of drug and the characteristics of the patients. Matching treatment settings, interventions, and services to an individual's particular problems and needs is critical to his or her ultimate success in returning to productive functioning in the family, workplace, and society.

2. **Treatment needs to be readily available.**

Because drug-addicted individuals may be uncertain about entering treatment, taking advantage of available services the moment people are ready for treatment is critical. Potential patients can be lost if treatment is not immediately available or readily accessible. As with other chronic diseases, the earlier treatment is offered in the disease process, the greater the likelihood of positive outcomes.

3. **Effective treatment attends to multiple needs of the individual, not just his or her drug abuse.**

To be effective, treatment must address the individual's drug abuse and any associated medical, psychological, social, vocational, and legal problems. It is also

important that treatment be appropriate to the individual's age, gender, ethnicity, and culture.

4. **Behavioral therapies—including individual, family, or group counseling—are the most useful form of drug abuse treatment.**

Behavioral therapies vary in their focus and may involve addressing a patient's motivation to change, providing incentives for abstinence, building skills to resist drug use, replacing drug-using activities with constructive and rewarding activities, improving problem-solving skills, and facilitating better interpersonal relationships. Also, participation in group therapy and other peer support programs during and following treatment can help maintain abstinence.

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PSYCHO-SOCIAL PROBLEMS AND COPING OF WOMEN WITH ALCOHOLIC SPOUSES IN RURAL MALWA AREA, DIST. LUDHIANA, PUNJAB – A PILOT STUDY

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ABSTRACT

The present study was conducted to assess the psychosocial problems and coping of women with alcoholic spouse, in village Gahour, 56 km from Raikot city in distt. Ludhiana. The objectives of this study were : 1. To assess the psychosocial problem of women with alcoholic spouse 2. To assess the coping of women with alcoholic spouse 3.To find the relationship between the psychosocial problem and coping of women with alcoholic spouse 4.To find the relationship of psychosocial problems with the selected variables. i.e. age, education, family income per month, occupation, type of family, duration of addiction of spouse, religion, duration of marriage, number of children 5. To find the relationship of coping with selected variables. i.e. age, education, family income per month, occupation, type of family, duration of addiction of spouse, religion, duration of marriage, number of children. The conceptual framework is based on Roy's adaptation model. An exploratory approach and non experimental research design was used for the study. Purposive sampling technique was used and 60 women with alcoholic husbands were interviewed. The independent variables were age, education, family income per month, occupation, type of family, duration of addiction of spouse, religion, duration of marriage and number of children. The dependent variables were psychosocial problem and coping of women with alcoholic spouse. The study found that majority of women had physiological problems [13.13%] followed by psychological problems [12.79%] and psycho-social problems [7.40%]. While 6.6% women had financial problems, only 3.92% stated to have sexual problems. 71.1% women had adoptive and 28.3% showed mal-adoptive coping. Age, Education, Vocation, Economic status, Family type, religion, Duration of Marriage, Duration of Addiction and number of Children had No Impact on Psycho-Social problems. Among these variables, only age and duration of addiction had impacted coping strategy of women.

***Keywords:** Alcoholism, Alcoholic Spouse, Wife, Psychosocial Problems, Coping, Rural Punjab*

INTRODUCTION

Alcoholism is defined in dictionary as a disease condition due to excessive use of alcoholic beverages. American psychiatric association listed the following criteria for diagnosis of Alcoholism : Physiological problems (hand tremors and blackouts), Psychological problems, (an obsessive desire to drink), Behavioral problems that affect work or social life. WHO estimates that there about two billion people worldwide who consume alcohol and 76.3 million with diagnosable alcohol use disorders. Globally alcohol causes 3.2% of all deaths (1.8million deaths).

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Alcoholism is a disease that gets worse the more the person keeps drinking. Without treatment, it can destroy mental, physical and social health and can lead to death of the alcoholic and devastation in the family.

In a nation where family is the basic unit of the society, health of the nation is measured in terms of the health of its families.

The relationship between an alcohol abuser and his family is complex. Family members report experiencing guilt, shame, anger, fear, grief and isolation due to the presence of an alcoholic in the family. They are often subjected to moderate to severe harassment, conflict, anxiety and tension. The major problems that arise in the family as a result of alcohol abuse of husband include:-

1. Long absence from home.
2. Destruction of household objects in rage.
3. Lack of communication between the alcohol abuser and the other family members.
4. Domestic violence and hostility.

A comparative study was conducted by Marie Dethier et al (1997) to assess the marital adjustment and self esteem of wives. And the results revealed that the couples with an alcoholic husband had lower marital satisfaction and lower self esteem than the couples with healthy and non alcoholic husband.

The national family survey (2010) results indicate that among the Indian population 17% of men and 2% of women aged 15yrs and above is consuming alcohol. In India, 62.5 million people are alcohol abusers. In the 15-year period from 1976 to 1990, the per caipta consumption has increased by 106.7%. I the last few decards, the mean age of starting alcohol consumption has been declined from 23.6 yrs to 19.45 years.

Statistics regarding the gross sales of alcohol and related substances shows that **Punjab** stands first in the per capita consumption. i.e.11.5 liters. In 2008- 09, Rs. 3974.14 crores worth of alcohol was sold. In 2009 – 10, it rose to Rs. 4376.24 crores and during 2010-11, Rs. 4776.80 crores. Punjab total population is 22,77,04,234 and there are approximately 90% alcohol dependent person.

STUDY STATEMENT

An exploratory study to assess the psychosocial problem and coping of women with alcoholic spouse in rural community of village Gahaur, Ludhiana, Punjab

OBJECTIVES

1. To assess the psychosocial problems of women with alcoholic spouse.
2. To assess the coping of women with alcoholic spouse.
3. To find the relationship between the psychosocial problem and coping of women with alcoholic spouse.
4. To find the relationship of psychosocial problems with the selected variables. i.e. age, education, family income per month, occupation, type of family, duration of addiction of spouse, religion, duration of marriage, number of children.
5. To find the relationship of coping with selected variables. i.e. age, education, family income, religion, occupation, type of family, duration of addiction of spouse, religion, duration of marriage, and number of children.

OPERATIONAL DEFINITIONS

1. Psychosocial problems: These are altered behavioral changes which are expressed in form of psychological, psychosocial and the other factors such as the physiological, sexual, support and financial insecurities which contribute to the problems faced by the alcoholic husband.

2. Coping: Refers to the specific adaptive and maladaptive, cognitive or behavioral efforts of wives of alcohol spouse in order to manage the problem resulting from their husband drinking habit.

3. Women: In this study women refers to females who are married with an alcoholic spouse.

4. Alcoholism : It refers a person who indulges in uncontrollable and excessive drinking of alcohol on a daily basis.

5. Physiological Problems:-It means any dissruption in functioning of body organs .

6. Psychological Problem:-It is impaired ability to function in a ordinary life (it is that kind of behavior pattern which is not as according to social norms.

7. Financial Problem:-It is a situation where money worries are causimg you stress. Many people are facing hard financial times and the impact on psychological health can be significant.

8. Sexual Problem:-It is the inability to experience of a person to experience sexual arousal or to achieve sexual satisfaction under appropriate circumstances as a result of either physical disorder or psychological problems.

9. Coping Skills:-It mean to face and deal with responsibilities, problems ,difficulties (especially in successful and adequate manner.)

10. Lickert's scale

11. Roy's coping checklist.

12. Roy's adaptation model is based on General System Theory as applied to an individual. Sister Callista Roy (1979) developed an adaptation model of nursing. It comprises four domains, person, environment, health and nursing and involves six steps of nursing process. This theory states the person as, "A bio-psychosocial being and recipient of nursing care." The person is an open adaptive system, who uses the coping skills to deal with psychosocial problems. The study is based on modified conceptual framework of Callista Roy's adaptation model and the person is the woman whose husband is alcohol dependent. Roy's states the environment as, "All the conditions, circumstances and influences surrounding and affecting the development of an organism."It states health as, "the person encounters adaptation problems in changing environment". In this study ,the health of person includes psychological health, physiological health and sexual health. In this study nursing refers to promotion of adaptations for the individual by providing education.

A women needs medical and nursing interaction such as medical and nursing assessment, effective communication, therapeutic relationship, psychotherapy and marital counseling. Roy states that contextual stimulus is the combination of all stimuli pressed in the situation that contributes to the effect of focal

stimuli. In this study contextual stimuli are : age, education, family income, occupation, types of family, duration of marriage, religion, no of children and duration of addiction of spouse.

Roy's theory states than focal stimuli are internal or external stimuli most immediately confronting the human system. In this study focal stimuli are psychosocial problem. It states that residual stimuli are the environmental factors within or without human systems which affects the current situation that are unclear. In this study residual stimuli are attitudes, beliefs, traits.

ASSUMPTION

Women with alcoholic spouse do have psychosocial problems and they do cope with these problems.

DELIMITATION

60 Women with alcoholic spouse residing in Village Gahaur, dist. Ludhiana, a rural area

SELECTION AND DESCRIPTION OF FIELD OF STUDY

The main study was conducted in Gahour, Ludhiana, Punjab . Approximate population of the village is 4500. The facilities in the village are: one primary health center and one primary school. The status of alcoholism is 40%-60% of women with alcoholic spouse.

SAMPLE AND SAMPLING TECHNIQUES

The purposive sampling technique was used.

Inclusion Criteria : the study includes women with alcoholic spouse who are willing to participate in the study.

Exclusion Criteria : the study excludes women of alcoholic spouse, who do not want to participate or unable to follow the instruction or are busy in household work.

DEVELOPMENT AND DESCRIPTION OF TOOL

The tool was made to assess the psychosocial problem and coping of women with alcoholic spouse. The interview schedule was developed with the help of review of literature, expert opinion, and investigator's own experience. Kiran Roy modified checklist was used for coping.

PSYCHOSOCIAL PROBLEM

The three point Likerts scale wasused to assess the psychosocial problems.

The final tool was divided into three parts :-

- Psychological problems
- Psychosocial problems
- Problems contributing to psychological and sociological issues (physiological, financial, sexual problems and support)

RELIABILITY OF TOOL

The reliability of the tool was computed by split half method to check the internal consistency of tool. Reliability of tool psychosocial problem was 0.83 and coping was 0.82.

OBSERVATION & ANALYSIS

Table-1

PERCENTAGE DISTRIBUTION OF SAMPLE CHARACTERISTICS

Variables	N Value	Percentage
Age of women with alcoholic spouse		
18 – 28 years	10	16.7%
29 – 39 years	21	35%
40 – 51 years	17	28.3%
More than 51 years	12	20%
Educational Attainment		
Illiterate	11	18.3%
Matriculation	24	40%
Senior Secondary	14	23.3%
Graduation & Above	11	18.3%
Family Income Per Month		
Less than or equal to 5000	8	13.4%
5001 – 10,000/-	13	21.6%
Occupation		
Housewife	40	66.8%
Self-Employed	2	3.3%
Govt. Job	5	8.3%
Private Job	13	21.6%
Type of Family		
Nuclear	35	58.3%
Joint	23	38.4%
Extended	2	3.3%
Duration of Addiction of Spouse		
Less than 1 tear	4	6.6%
1 – 2 Years	8	13.4%
2 – 3 Years	5	8.4%
3 – 4 Years	7	11,6%
More than 4 Years	36	60%

Number of Children		
None	**1**	**5%**
1	**16**	**26.6%**
2	**30**	**50%**
3 or more	**11**	**18.4%**

OBJECTIVE - 1 : To assess Psychosocial Problems of women with Alcoholic Spouse

TABLE-2

MEAN, MEAN PERCENTAGE AND RANK ORDER OF PSYCHOSOCIAL PROBLEMS OF WOMEN

Problem Statement	Psychosocial Problems score of women with Alcoholic Spouse			
	Score	mean	mean percentage	rank order
Psychological Problems	20	11.7	12.79	2
Physiological Problems	24	12.08	13.13	1
Psychosocial Problems	16	6.82	7.40	3
Financial Problems	12	6.08	6.60	4
Support	10	3.40	3.69	6
Sexual Problems	10	3.62	3.92	5

Total 92

Maximum score=92   Minimum score=0

It is concluded that most of the women had physiological problems due to their alcoholic spouse.

TABLE-3

MEAN AND PERCENTAGE DISTRIBUTION OF WOMEN ACCORDING TO PSYCHOSOCIAL PROBLEMS

Problem Level	Psychosocial Problem Score of women with Alcoholic Spouse			
	Score	**N value**	**Mean**	**Percentage**
Mild	0 – 30	5	69	8.3%
Moderate	31 – 62	46	45.39	76.7%
Severe	63 – 92	9	21.77	15%

Maximum=68 Minimum=0

Hence it is concluded that majority of women had moderate level of psychosocial problems.

OBJECTIVE - 2 To assess the coping of women with alcoholic spouse

Table-4

MEAN AND PERCENTAGE DISTRIBUTION OF WOMEN ACCORDING TO LEVEL OF COPING

Coping Level	Coping Score of women with Alcoholic Spouse		
	Score	**N Value**	**Percentage**
Maladaptive	0-34	17	28.3%
Adaptive	35-68	43	71.7%

Maximum=68 Minimum=0

It is concluded that majority of women used adoptive coping strategy

OBJECTIVE 3 - To find the relationship between the psychosocial problem and coping of women

TABLE-5

CORRELATION OF PSYCHOSOCIAL PROBLEMS AND COPING OF WOMEN N=60

Dependent Variables	Mean scores			
	N Value	Mean	Std. deviation	R
Psychosocial Problems	60	43.77	13.72	
				361**
Coping	60	38.03	4.78	

**significant at p=0.01 level

It is concluded that there is negative correlation between Psycho-Social problems and coping

OBJECTIVE-4 - To find the relationship of psychosocial problem with selected variables that is age, education, family income per month, occupation, type of family, duration if addiction, religion, duration of marriage and number of child.

It is concluded that age of wife, educational status, family Income, occupation, family type, duration of addiction of spouse, religion, duration of marriage or numbers of children have NO impact on psycho-social problems of women.

TABLE-6
MEAN PSYCHOSOCIAL SCORE PROBLEM OF WOMEN ACCORDING TO AGE.

N=60

Age in Years	Mean score of Psychosocial Problem of women with Alcoholic Spouse				
	N value	Mean	Std. Deviation	DF	F
18 – 28 Yrs	10	39.70	10.023		
				3	
29 – 39 Yrs	21	40.67	13.955		1.447NS
				56	
40 – 50 Yrs	17	48.47	11.891		
More than 50 Yrs	12	45.92	17.181		

Maximum=92   NS = non
significant at p=0.05 level

Minimum=0

TABLE -7

MEAN SCORE OF PSYCHOSOCIAL PROBLEM OF WOMEN ACCORDING TO EDUCATION.

N=60

Educational Attainment	Mean score of Psychosocial Problem of women with Alcoholic Spouse				
	N value	Mean	Std. Deviation	DF	F
Illiterate	11	52.18	16.296	3	
Matriculate	24	41.63	13.81	56	1.760NS
Senior Secondary	14	42.21	7.81		
Graduate or Above	11	42.00	15		

Maximum=92   NS=Non significant at
p=0.05 level
Minimum=0

TABLE-8

MEAN SCORE OF PSYCHOSOCIAL PROBLEM OF WOMEN TO FAMILY INCOME

N=60

Monthly Family Income	Mean Score of Psychosocial Problem of Women with Alcoholic Spouse				
	N Value	Mean	Std. Deviation	DF	F
≤5000	8	54.50	15.97		
				3	
5001-10000	13	42.92	14.33		2.226NS
				56	
10001-15000	15	39.73	11.54		
More than 15000	24	43.17	12.86		

Maximum =92   NS= Non
significant at p=0.05 level
Minimum=0

TABLE- 9

MEAN SCORE OF PSYCHOSOCIAL PROBLEM OF WOMEN ACCORDING TO OCCUPATION

N=60

Occupation	Mean Score of Psychosocial Problem of Women with Alcoholic Spouse				
	N Value	Mean	Std. Deviation	DF	F
House wife	40	44.40	14.047		
				3	
Self employed	2	58	18.385		1.261NS
				56	
Govt. Job	5	36.60	15.093		
Private Job	13	42.38	11.027		

Maximum=92   NS=Non
significant at p=0.05 level
Minimum=0

TABLE -10

MEAN SCORE OF PSYCHOSOCIAL PROBLEMS OF WOMEN ACCORDING TO FAMILY TYPE

N = 60

Family Type	Mean Score of Psychosocial Problem of Women with Alcoholic Spouse				
	N Value	Mean	Std. Deviation	DF	F
Nuclear	35	41.4	13.047		
				2	
Joint family	23	46.74	14.095		2.060NS
				57	
Extended Family	2	56	14.142		

TABLE=11

MEAN SCORE OF PSYCHOSOCIAL PROBLEM OF WOMEN WITH DURATION OF ADDICTION.

N=60

Duration of Addiction	Mean Score of Psychosocial Problem of Women with Alcoholic Spouse				
	N Value	Mean	Std. Deviation	DF	F
Less than 1 Year	4	38	12.57		
				4	
1 – 2 Years	8	39.75	16.75		
					.0807NS
2 – 3 Years	5	41	5.38		
				55	
3 – 4 Years	7	40.43	16.34		
More than 4 Years	36	46.33	13.45		

Maximum=92   NS=Non
significant at p=0.05 level
Minimum=0

TABLE=12
MEAN SCORE OF PSYCHOSOCIAL PROBLEM OF WOMEN ACCORDING TO RELIGION.

N=60

Religion	Mean Score of Psychosocial Problem of Women with Alcoholic Spouse				
	N Value	Mean	Std. Deviation	DF	F
Sikhism	48	43.08	14.311	1	
					0.591NS
Hinduism	12	46.50	11.156	58	

Maximum=92   NS=Non
significant at p=0.05 level
Minimum=0

TABLE 13

MEAN SCORE OF PSYCHOSOCIAL PROBLEM OF WOMEN ACCORDING TO DURATION OF MARRIAGE.

N=60

Duration of Marriage	Mean Score of Psychosocial Problem of Women with Alcoholic Spouse				
	N Value	Mean	Std. Deviation	DF	F
Less Than 1 Year	2	34	16.971		
				3	
1 – 2 Years	3	41	5.196		
					0.199NS
2 to 3 Years	10	36.70	15.840		
				56	
3 – 4Years	6	51.33	9.750		
More than 4 Years	39	45.13	13.477		

Maximum=92   NS=Non
significant at p=0.05 level
Minimum=0

TABLE 14

Mean Score Of Psychosocial Problem Of Women According To Number Of Children

N=60

Number of Children	Mean Score of Psychosocial Problem of Women with Alcoholic Spouse				
	N Value	Mean	Std. Deviation	DF	F
None	3	35.67	12.66		
				3	
1	16	38.63	12.61		2.129NS
2	30	45.90	14.30		
3 or Above	11	50.36	11.52		

Maximum =92   NS=Non significant at p =0.05 level
Minimum=0

TABLE- 15

MEAN SCORE OF COPING OF WOMEN ACCORDING TO FAMILY INCOME PER MONTH.

N=60

Monthly Family Income	Mean Score of Psychosocial Problem of Women with Alcoholic Spouse				
	N Value	Mean	Std. Deviation	DF	F
Less than 5000/-	8	36.37	3.536		
				3	
5001 – 10000/-	13	38.77	3.7		0.296NS
10001 - 15000	15	37.87	4.969		
				56	
More than 15000/-	24	38.17	5.631		

Maximum = 68   NS=Non
significant at p =0.05 level
Minimum=0

TABLE 16

MEAN SCORE OF COPING OF WOMEN ACCORDING TO DURATION OF ADDICTION.

N=60

Duration of addiction	Mean Score of Psychosocial Problem of Women with Alcoholic Spouse				
	N Value	Mean	Std. Deviation	DF	F
Less than 1 yr	4	42.00	4.899		
				4	
1 – 2 Years	8	40.88	4.643		
2 – 3 Years	5	42.00	4.301		3.698S
3 – 4 Years	7	36.57	3.409		
				55	
More than 4 Years	36	36.49	4.458		

Maximum=68   NS=Non
Significant at p=0.05 level
Minimum=0

It is concluded that duration of addiction of spouse has impact on the coping used by their women.

TABLE 17

MEAN SCORE OF COPING OF WOMEN ACCORDING TO RELIGION

N=60

Duration of addiction	Mean Score of Psychosocial Problem of Women with Alcoholic Spouse				
	N Value	Mean	Std. Deviation	DF	F
Sikhism	48	38.44	4.762	1	
					1.737 NS
Hinduism	12	36.42	4.699	58	

Maximum=68   NS=Non
Significant at p= 0.05 level
Minimum=0

Table 18

MEAN SCORE OF WOMEN ACCORDING TO DURATION OF MARRIAGE

N=60

Duration of Marriage	Mean Score of Psychosocial Problem of Women with Alcoholic Spouse				
	N Value	Mean	Std. Deviation	DF	F
Less than 1 Year	2	43.50	6.364		
1 – 2 Years	3	41.67	4.726		
				4	
2 – 3 Years	10	39.40	4.3		1.853 NS
3 – 4 Years	6	38.67	5.354		
				55	
More than 4 Years	39	37.03	4.568		

Maximum=68   NS= Non
significant at p =0.05 level
Minimum=0

TABLE 19

MEAN SCORE OF COPING OF WOMEN ACCORDING TO NUMBER OF CHILDREN.

Number of Children	Mean Score of Psychosocial Problem of Women with Alcoholic Spouse				
	N Value	Mean	Std. Deviation	DF	F
None	3	44.33	5.508		
				3	
1	16	38.69	4.270		
					2.296 NS
2	30	37.40	4.896		
				56	
More than 3	11	37.09	4.184		

Maximum=68   NS=Non significant at
p=0.05 level
Minimum=0

It is concluded that age of women and duration of addiction of husbands have impacted their coping strategy. However, educational status, family income, occupation, family type, religion, duration of marriage and number of children have NO impact of coping strategy.

CONCLUSION

Observation and analysis of data obtained from 60 women with alcoholic spouses from rural community of Malwa area, dist. Ludhiana of Punjab exhibits that :

- 35% of women belong to 29-39 yrs age group
- 40% are educated upto Matric
- 40% have family income more than 15000/- per month
- 66.8% are housewives
- 58.3% have nuclear family
- 60% have a duration of addiction of spouse of more than 4 years
- 80% belong to Sikh religion
- 65.4% women have a duration of marriage more than 4 years
- 50% have 2 children
- 13.13% of Women have physiological problem due to their alcoholic spouse
- 12.79% of women have moderate level of psychological problem
- 71.1% of women used adoptive coping
- There is negative correlation between psychological problem and coping of women with alcoholic spouse.

- Age, Education, Vocation, Economic status, Family type, religion, Duration of Marriage, Duration of Addiction and number of Children had No Impact on Psycho-Social problems. Among these variables, only age and duration of addiction had impacted coping strategy of women.

RECOMMENDATION

The study should be replicated to larger sample to validate and generalize its finding. A comparative study can be conducted to assess the psychosocial problems and coping strategies of women with alcoholic spouse in rural area and urban area. A non experimental study can also be conducted to compare the psychosocial problems and coping strategies of women with alcoholic spouse with non alcoholic spouse.

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FAMILY RELATED VARIABLES AND THEIR IMPACT ON ACADEMIC ATTAINMENT

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ABSTRACT

For a welfare state like India, public education should be inclusive and non-discriminatory. Academic attainment of all Indians should be independent of prejudices of gender, caste, economic status or level of living. We studied the impact of these variables against a real-life backdrop of 3500 rural adult population of rural Malwa area of Punjab. Significant finding are noted which warrant for replication of such studies with wider sample and probably, a refashioning of the education / reservation policy.

***Keywords:** Gender, Caste, Economic Status, Level of Living, Academic Attainment, Rural Malwa, Punjab*

INTRODUCTION

Today's Indian state of Punjab has 50,362 sq. kms area, i.e. 1.5% of the total land area of India. It has a total population of 24,289,296, i.e. 2.37% of India's total population. Out of this, 12,963,362 (53.37%) are men and 11,325,934 (46.63%) are women. 2001 Planning Commission data revealed that Punjab ranks among the most developed but least gender sensitive States of India.

Punjab has high per capita income, high GDP and low levels of poverty. It is primarily an agrarian State. About 70% of the population is engaged in agriculture. About 85% of its total land area is under cultivation as against all India average of 51%. It had achieved the target of 100% electrification as early as May 1976.

NFHS-II Survey [1988-99] pointed out that only 3.8 %of Punjab households reside in kacha houses. 43.9% live in semi-pucca and 52.1% in pucca houses. 95.5% of households have the benefit of receiving electricity and only 4.5% have to manage without this essential facility. Drinking water is available to 98.9% of the households. There is 100% availability of sanitation facilities in the State. Wood is used as fuel by 47.3 % of the households, followed by dung-cakes. Only 31.7% use LPG, mostly in urban areas.

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Education is one of the most vital processes of social progress. It promotes intelligence, enriches knowledge and inculcates wisdom which the 'educated' uses to change the society.

However, in most situations, level of education is graded by 'academic attainment,' which is the core measurable index in assessing the scholastic development of human resource.

India being a welfare state with an inclusive policy for human development, academic attainment of its citizens is supposed to be independent of gender, caste, occupation, economic status or level of living. The study is designed to estimate the current ground reality in rural malwa region of Indian Punjab. This field study consisted of 3500 adults, randomly selected from 6 villages around Raikot, a small town on district. Ludhiana, Punjab. They were interviewed with a standardized questionnaire to document their gender, caste, current occupation, economic status, and level of living

Impact of Gender & Caste on academic attainment

This historically progressive social scenario of Punjab veils a highly patriarchal and feudal mindset wherein women are regarded as inferior beings. There are a declining proportion of women and a highly masculine sex ratio. In 2001 census, Punjab ranked 29th among Indian States. Its sex ratio was 874:1000. Ludhiana ranked as 17th district of Punjab with abysmally low sex ratio of 824:1000.

In 1971, Punjab had Female Literacy rate of 24.65%. In 2001, it had a total literacy rate of69.95%, male literacy rate of 75.63% and female 63.55%. It is one of the few States with lower female school drop-out rate. Dist. Ludhiana had female literacy rate of 72.11%. The gender gap of literacy in Ludhiana is 8.08%. This indicates increasing availability and accessibility of educational facilities for women.

However, there is no correlation between sex ratio and literacy rate. Ludhiana ranked 17th in sex ration among Punjab districts and 4th in literacy.

As per NHHS II, common reasons for not opting for further education are : institution too far away, Further education considered unnecessary, Required for Household work, Required for work on farm/ family business, Required for outside work for income, Costs too much, Absent facilities for girls, Not interested in Studies, Repeated failures and marriage.

In many studies, it is revealed that educational attainment of females is higher than male members of same community. Aggarwal (1983), Ryckman et al. (1986), Vijayalakshmi and Natesen (1992), Joshi (2000), Devi and Mayuri (2003), Sunitha (2005), Bruni et al. (2006) and Asthana (2011) demonstrated that academic attainment of girls are significantly higher than boys.

Traditionally in Punjab, lower castes formed major social deterrents to academic attainment, scholastic learning or personal growth. Exposure to Learning Environment was an inaccessible 'dream' for many of them**.**

Impact of Economic Status of Family on academic Attainment

"Children from low-SES environments acquire language skills more slowly, exhibit delayed letter recognition and phonological awareness, and are at risk for reading difficulties…. Socio-economic status differences in children's reading and educational outcomes are ubiquitous, stubbornly persistent and well documented" (Aikens and Barbarin, 2008).

In 1966, Coleman proved that social status prevailing as family background works as the strongest factor determining individual academic achievement in school environment. However, the ground situation is far more complex in public domain where many other independent factors also influence academic development of the population.

 Binklay & Williams (1996) studied in 32 countries and showed the direct relationship between economic status with reading literacy. Chall, analysing school data in USA in 1996 also showed the high difference between children of lower and higher socio-economic status. This difference was smaller in younger children and higher in older. Payne & Biddle, in their study involving 23 countries in 1999, also exhibited that economic status (poverty) greatly influenced achievement in school academics. Biddle (1997) concluded that the child poverty/achievement correlation was $r = .700$ ($p < .001$). Many other studies in different nations, including India, also exhibited the significant and inverse correlation between poverty and academic achievement.

Goswami (1982) found that in both urban and rural areas, the upper socio- economic status group has done significantly better than the lower socio-economic group in the achievement tests of science, languages and humanities. Rothman's (2003) analysis revealed that within the same school, a student who comes from a higher socio-economic group will achieve better test results than a student from a lower socio-economic group.

These may be attributed to 1. Accessibility of academic opportunities 2.Maintainability of cost of academics 3.Provision to extra-learning facilities 4. Aspiration and Attitude of guardians

Drummond & Stipek (2004) discussed "Low-income Parents' beliefs about their role in children's academic learning." Few of these parents indicated that their responsibilities were limited to meeting children's basic, social & emotional needs, such as providing clothing, emotional support, and socializing manners. These parents' shortsightedness toward educational development of their children and scarcity of fund to intensify child education pose a major challenge in public academics

Impact of Level of Living of Family on academic attainment

Level of Living is defined as a minimum of necessities, comforts, or luxuries that are essential to maintain a person or group in customary status. This includes not only privately purchased goods and services but collectively consumed goods and services such as those provided by public utilities and governments. The term 'Level of Living'

is preferred here as it denoted the actual state of consumption of goods and services than 'Standard,' i.e. aspired for.

Comber and Keeves (1973) concluded that student performance is overwhelmingly determined by home background factors than by school quality. However, Heyneman & Loxley (1983) argued that whereas in developed countries home background of students mattered much more, the reverse was true in low-income (developing) countries. In a study on children aged 13-14 years, Geeta Kingdon (1998) found that home background and school influences are both important to student achievement. Some studies found personal characteristics of students such as gender, self-effort, taking tuitions etc. and socio-economic factors like parents education, family income, number of siblings etc. as significant determinants of the student performance. Piar Chand and Himanshu Sharma in Himachal Pradesh showed that family income and higher social group emerge as significant predictors of academic performance.

AIMS & OBJECTIVES

The present study was aimed at achieving the following objectives
   i)   To ascertain academic achievement among male and female societal members of rural Punjab
   ii)   To ascertain academic achievement among different caste.
   iii)   To ascertain academic achievement among population with high, low and very low economic status
   iv)   To ascertain academic achievement among high and low standards of living

HYPOTHESIS

   i)   There is no difference in academic achievement among male and female societal members of rural punjab.
   ii)   There is no difference in academic achievement among different caste.
   iii)   There is no difference in academic achievement among high as well as low economic status population
   iv)   There is no difference in academic achievement among high and low standards of living

MATERIALS & METHODS

A standardized and validated interview format developed by Ministry of Information & Broadcasting, Govt. of India is used for Doorstep Survey. Random selection of responsible adults and interview technique are used to elicit correct response. A team of trained volunteers, supervised by trained faculty members of Sadbhavna College of Nursing conducted the survey.

Male and female respondents were segregated. To assess caste, the population was divided into General Category, SC, ST, BC (+OBC). To assess economic status, population was divided into APL, BPL and Red-Card members. Level of living is characterized by 1. Type of Housing : Hut / Semi Pucca / Pucca / Apartment / Bunglow; 2. Availability of Electricity in House; 3. Type of source of Drinking Water; 4.

Type of Cooking System at home; 5. Type of vehicle ownership; 6. Type of information-entertainment facilities; 7. Ownership of Assets; Mobile, Tape Recorder, CD Player, Food Processor, Air Cooler, Washing Machine, Computer, AC, Refrigerator, Geyser

Academic Attainment of the population interviewed was determined by individual qualification of following 10 levels :

1. Illiterate,
2. Literate Without Formal Education,
3. Schooling Up To 5th Standard,
4. School Upto 9th Standard,
5. 12th Pass,
6. Under-Graduate,
7. Graduate,
8. Post-Graduate,
9. Professional,
10. Technical

SAMPLE PROFILE

Random sample of 3500 adult population, both men and women was interviewed in the following 6 villages around 10km of Raikot town, i.e. Rajgarh, Gobindgarh, Dadahoor, Jalaldiwal, Sahbazpura, and Kalsan. The sample profile is detailed in figure A, B &C :

Table A

Village	Total Sample	AGE			Gender		Caste		
		18-40	41-60	>60	Male	Female	General	SC	BC
1.Rajgarh	214	110	71	33	108	106	133	59	22
2.Gobindgarh	307	182	102	23	163	144	164	108	35
3.Jalaldiwal	1344	806	491	47	698	646	1021	221	102
4.Shehbazpura	563	338	205	20	296	267	468	71	24
5.Dadhahoor	698	414	261	23	313	385	497	152	49
6.Kalsan	374	184	151	39	192	182	271	68	35
Total Sample	**3500**								

Table B

Village	Economic Status			Level Of Living	
	APL	BPL	Red Card	High	Low
1.Rajgarh	154	45	15	140	74
2.Gobindgarh	176	93	38	186	121
3.Jalaldiwal	834	289	221	788	556
4.Shehbazpura	418	118	27	395	168
5.Dadhahoor	443	185	70	412	286
6.Kalsan	283	40	51	295	79

Table C

Village	Academic Attainment						
	Illit. Prof.	Cl. 1-5 Dip.	Cl. 6-9	SSC /HSC	U- Grad	Grad.	
1.Rajgarh	44	26	52	36	27	29	0 0
2.Gobindgarh	84	16	91	57	18	39	2 0
3.Jalaldiwal	399	156	319	223	105	125	9 8
4.Shehbazpura	101	108	88	120	82	52	7 5
5.Dadhahoor	147	61	175	149	79	69	8 0
6.Kalsan	67	20	110	72	44	44	9 8

OBSERVATIONS AND RESULTS

The present study was aimed to ascertain the impact of gender, caste, economic status and level of living on academic attainment of inhabitants of rural Punjab. For this purpose, data was collected from 3500 randomly selected rural persons and analyzed to test the above stated objectives and hypotheses employing the appropriate statistical techniques and presented in tabulated form below along with the graphic representation.

Table 1
Relationship between Gender and Academic Attainment of Rural Inhabitants
(N=3500)

Sr. No.	Academic Attainment		Gender		Total
			Male	Female	
1.	Illiterate	Count	436	498	934
		% age	12.5%	14.2%	26.7%
2.	Vth	Count	163	178	341
		% age	4.7%	5.1%	9.7%
3.	VIth-IXth	Count	508	377	885
		% age	14.5%	10.8%	25.3%
4.	Xth-XIIth	Count	335	273	608
		% age	9.6%	7.8%	17.4%
5.	Under Graduate	Count	139	102	241
		% age	4.0%	2.9%	6.9%
6.	Graduate	Count	205	233	438
		% age	5.9%	6.7%	12.5%
7.	Post Graduate	Count	10	8	18
		% age	.3%	.2%	.5%
8.	Professional	Count	6	13	19
		% age	.2%	.4%	.5%

9.	Technical Diploma	Count	14	2	16
		% age	.4%	.1%	.5%
	Total	Count	**1816**	**1684**	3500
		% age	51.9%	48.1%	100.0%

	Value	d$_f$	Sig./Not sig.
χ2	44.85	8	Sig. at .01 level

Table 1 indicates the number of males and females falling in each of the nine categories of academic attainment namely illiterate, upto Vth standard, VIth to IXth, Xth to XIIth, under graduate, graduate, post graduate, professional degree and technical diploma holders. The value of χ2 came out to be 44.85 (d$_f$ =8) which is significant at .01 level of confidence indicating a significant association between gender and academic attainment with males having higher academic attainmentas compared to their female counterparts which is indicated in Fig 1.

Fig. 1
Gender wise Percentage distribution of Rural Inhabitants according to Academic Attainment (N=3500)
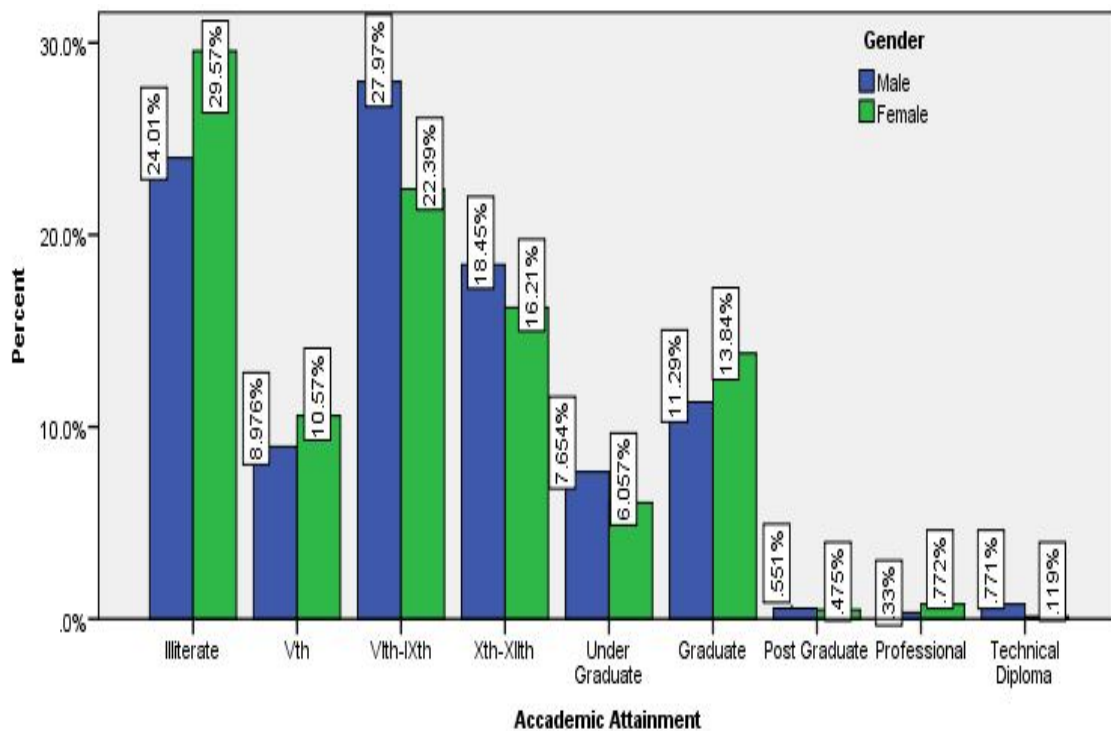
Thus Hypothesis 1 stating that '*there is no significant association between academic attainment and gender of societal members'* stands rejected.
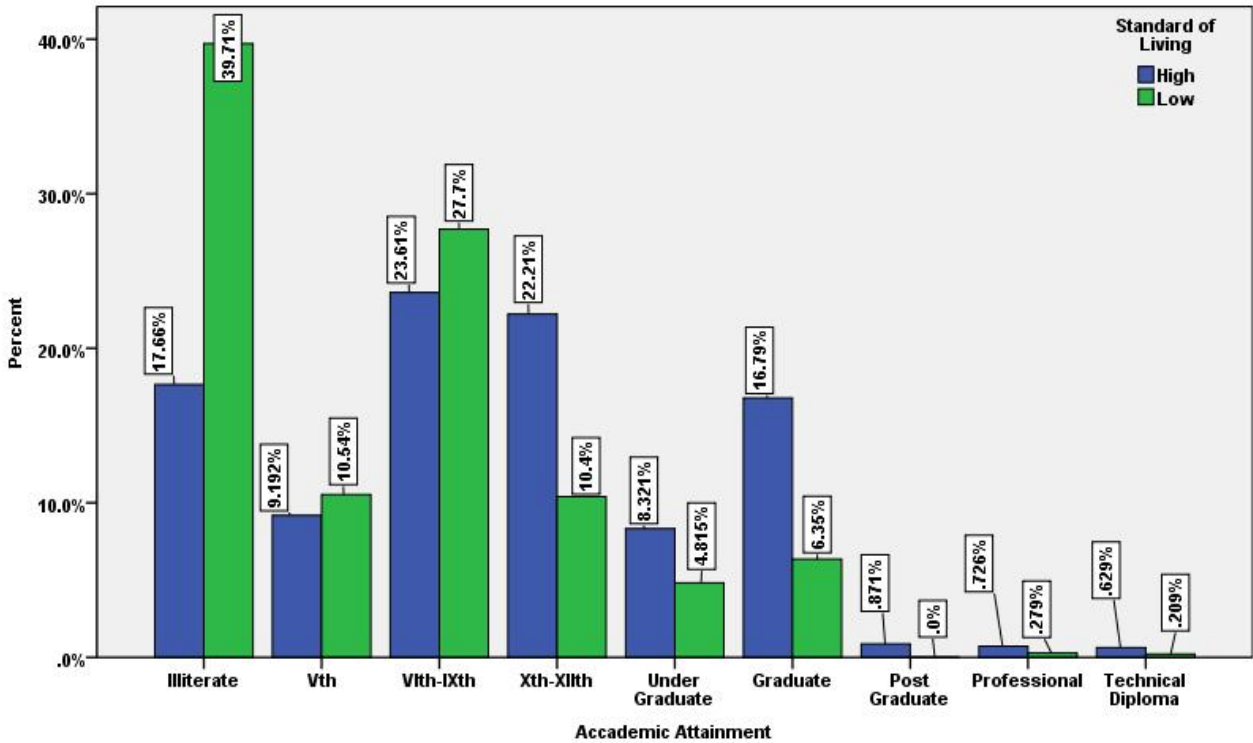
Table 2
Relationship between Caste and Academic Attainment of Rural Inhabitants
(N=3500)

Sr. No.	Academic Attainment		Caste			Total
			General	SC	BC	
1.	Illiterate	Count	471	372	91	934
		% age	13.5%	10.6%	2.6%	26.7%
2.	Vth	Count	216	93	32	341
		% age	6.2%	2.7%	.9%	9.7%
3.	VIth-IXth	Count	542	246	97	885
		% age	15.5%	7.0%	2.8%	25.3%
4.	Xth-XIIth	Count	436	147	25	608
		% age	12.5%	4.2%	.7%	17.4%
5.	Under Graduate	Count	181	46	14	241
		% age	5.2%	1.3%	.4%	6.9%
6.	Graduate	Count	341	69	28	438
		% age	9.7%	2.0%	.8%	12.5%
7.	Post Graduate	Count	18	0	0	18
		% age	.5%	0.0%	0.0%	.5%
8.	Professional	Count	17	2	0	19
		% age	.5%	.1%	0.0%	.5%
9.	Technical Diploma	Count	13	1	2	16
		% age	.4%	.0%	.1%	.5%
	Total	Count	2235	976	289	3500
		% age	63.9%	27.9%	8.3%	100.0%

	Value	d$_f$	Sig./Not sig.
χ2	178.71	16	Sig. at .01 level

Table 2 indicates the number of persons belonging to general, scheduled caste and backward class falling in each of the nine categories of academic attainment namely illiterate, upto Vth standard, VIth to IXth, Xth to XIIth, under graduate, graduate, post graduate, professional degree and technical diploma holders. The value of χ2 came out to be 178.71 (d$_f$ =16) which is significant at .01 level of confidence indicating a significant association between caste and academic attainment with persons belonging to general category having higher academic attainment as compared to persons belonging to SC and BC categories which is indicated in Fig. 2.

Fig. 2
Caste wise Percentage distribution of Rural Inhabitants according to their Academic Attainment (N=3500)
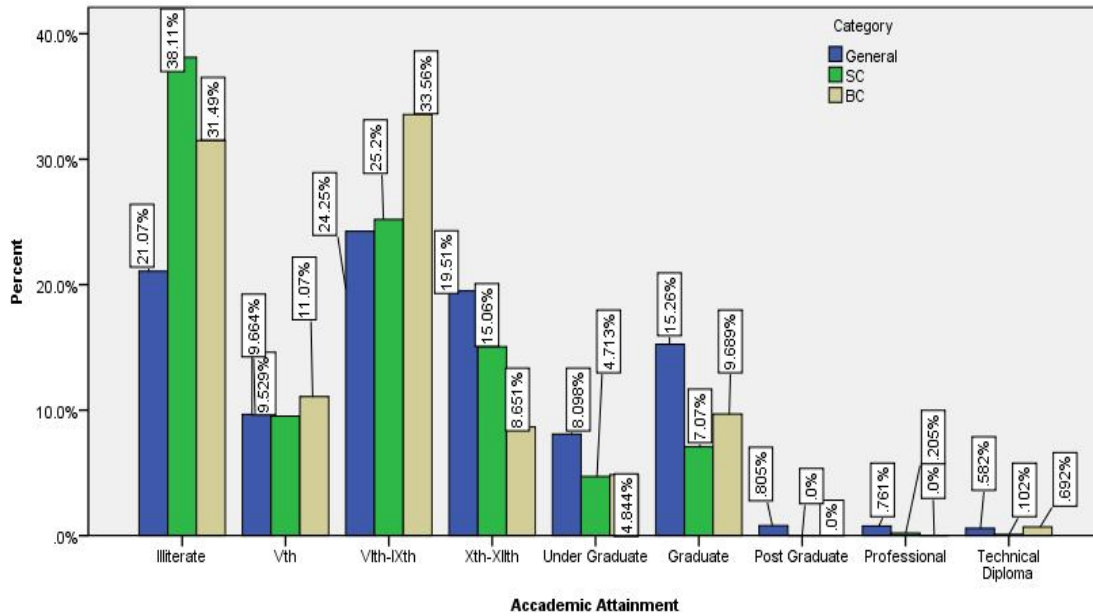
Thus Hypothesis 2 stating that '*there is no significant association between academic attainment and caste of societal members*' stands rejected.

Table 3
Relationship between Economic Status and Academic Attainment of Rural Inhabitants (N=3500)

Sr. No.	Academic Attainment		Economic Status			Total
			APL	BPL	RC	
1.	Illiterate	Count	418	359	157	934
		% age	11.9%	10.3%	4.5%	26.7%
2.	Vth	Count	214	94	33	341
		% age	6.1%	2.7%	.9%	9.7%
3.	VIth-IXth	Count	548	245	92	885
		% age	15.7%	7.0%	2.6%	25.3%
4.	Xth-XIIth	Count	467	96	45	608
		% age	13.3%	2.7%	1.3%	17.4%
5.	Under Graduate	Count	182	53	6	241
		% age	5.2%	1.5%	.2%	6.9%
6.	Graduate	Count	350	79	9	438
		% age	10.0%	2.3%	.3%	12.5%

7.	Post Graduate	Count	18	0	0	18
		% age	.5%	0.0%	0.0%	.5%
8.	Professional	Count	16	3	0	19
		% age	.5%	.1%	0.0%	.5%
9.	Technical Diploma	Count	13	2	1	16
		% age	.4%	.1%	.0%	.5%
	Total	Count	2226	931	343	3500
		% age	63.6%	26.6%	9.8%	100.0%

	Value	d_f	Sig./Not sig.
χ2	290.52	16	Sig. at .01 level

Table 3 indicates the number of persons belonging to APL (above poverty line), BPL (below poverty line) and RC (red card holders) falling in each of the nine categories of academic attainment namely illiterate, upto Vth standard, VIth to IXth, Xth to XIIth, under graduate, graduate, post graduate, professional degree and technical diploma holders. The value of χ2 came out to be 290.52 (d_f =16) which is significant at .01 level of confidence indicating a significant association between economic status and academic attainment with persons belonging to APL (above poverty line) having higher academic attainment as compared to persons belonging to BPL (below poverty line) and RC (red card holders) which is indicated in Fig. 3.

Fig. 3
Economic Status wise Percentage distribution of Rural Inhabitants according to theirAcademic Attainment (N=3500)
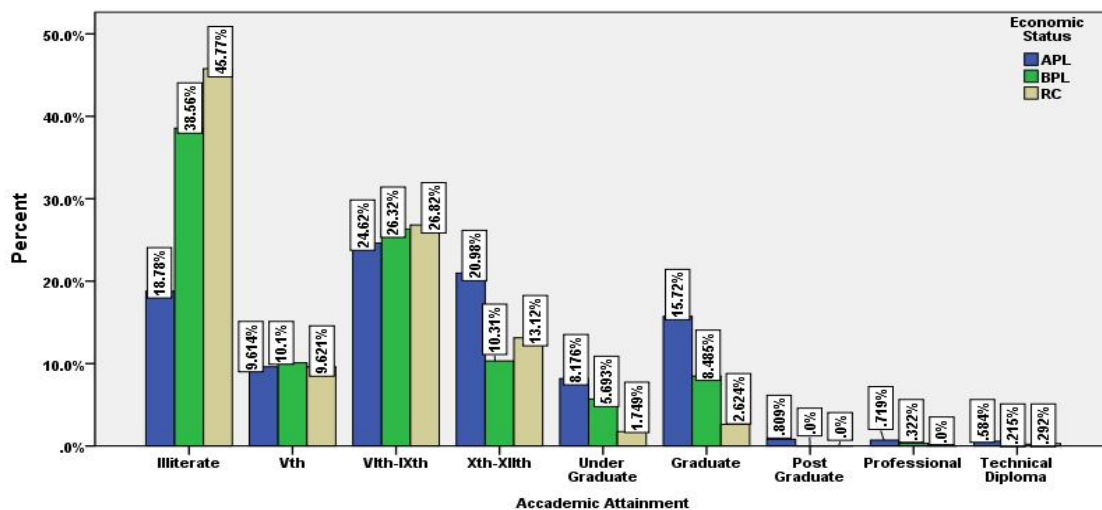
Thus Hypothesis 3 stating that '*there is no significant association between academic attainment and economic status of societal members*' stands rejected.

Table 4

Relationship between Level of Living and Academic Attainment of Rural Inhabitants (N=3500)

Sr. No.	Academic Attainment		Standard of Living		Total
			High	Low	
1.	Illiterate	Count	365	569	934
		% age	10.4%	16.3%	26.7%
2.	Vth	Count	190	151	341
		% age	5.4%	4.3%	9.7%
3.	VIth-IXth	Count	488	397	885
		% age	13.9%	11.3%	25.3%
4.	Xth-XIIth	Count	459	149	608
		% age	13.1%	4.3%	17.4%
5.	Under Graduate	Count	172	69	241
		% age	4.9%	2.0%	6.9%
6.	Graduate	Count	347	91	438
		% age	9.9%	2.6%	12.5%
7.	Post Graduate	Count	18	0	18
		% age	.5%	0.0%	.5%
8.	Professional	Count	15	4	19
		% age	.4%	.1%	.5%
9.	Technical Diploma	Count	13	3	16
		% age	.4%	.1%	.5%
	Total	Count	2067	1433	3500
		% age	59.1%	40.9%	100.0%

	Value	d$_f$	Sig./Not sig.
χ2	336.91	8	Sig. at .01 level

Table 4 indicates the number of persons with high and low level of living falling in each of the nine categories of academic attainment namely illiterate, upto Vth standard, VIth to IXth, Xth to XIIth, under graduate, graduate, post graduate, professional degree and technical diploma holders. The value of χ2 came out to be 336.91 (d$_f$ =8) which is significant at .01 level of confidence indicating a significant association between level of living and academic attainment with persons with high level of living having higher academic attainment as compared to persons with low level of living which is indicated in *Fig 4*.

Fig. 4
Level of Living wise Percentage distribution of Rural Inhabitants according to theirAcademic Attainment (N=3500)

Thus Hypothesis 4 stating that '*there is no significant association between academic attainment and Level* of living *of societal members*' stands rejected.

DISCUSSIONS AND INFERENCE

The observations made on the bases of Tables 1-4 & Figs. 1-4 indicate:

➢ 26.7% of rural population of Malwa region of Punjab was found to be illiterate indicating Punjab has a long way to go to attain 100% literacy.

➢ The gender dichotomy prevalent in case of illiteracy is brought out in the estimation where 12.5% males and 14.20% females were found to be illiterate indicating **the prevalence of higher percentage ofruralfemale illiterates as compared to males**.

➢ The caste difference in case of illiteracy is indicated in the estimation where 13.5% percentage of rural belonging to general category and 10.6% to scheduled caste were found to be illiterate whereas backward caste had shown much higher level of educational attainment with only 2.6% illiterate. This calls for an **urgent rescheduling of education & reservation policy of government**.

- ➢ The prevalence of illiteracy among rural population falling above poverty line (APL) and below poverty line (BPL) was estimated as 11.9% and 10.3% respectively which being quite proximate to each other indicates that **economic status is less contributing factor in academic attainment of rural population of Punjab**. However the finding of higher percentage of illiteracy among people with low level of living (=16.3%) as compared to those with high level of living (=10.4%) indicates that level **of living as contributing factor in academic attainment**.

- ➢ 25.3% villagers had attained education up to VIth-IXth standard whereas only 9.7% villagers attained education upto V[th] standard. This indicates that most of those who entered the school had completed their study upto IXth standard.

- ➢ The percentage of population attaining education upto X[th]-XIIth dropped to 17.4% which further declined to 6.9% at under graduates. However the proportion of population attaining graduation increased to 12.5% indicating that the people who enter college completes their graduation at least.

- ➢ A sharp decline with only 0.5% population attaining post graduation indicates that the percentage of population in rural Punjab with master's degree is negligible. Same is the case with people with professional degree and technical diploma. This indicates that higher education is still elusive to rural population of Malwa region of Punjab.

- ➢ At post graduation level, there was found no significant difference in academic attainment across gender. However a marked difference was found in terms of caste, economic status as well as standard of living with villagers belonging to general category, APL and high standard of living having significantly higher level of attainment as compared to their respective counterparts.

- ➢ For professional education, rural women were found to be having edge over their male counterparts. However in technical diploma, men excelled women. It clearly indicates that gender equality is still a distant dream.

- ➢ For both professional education and technical diploma, a marked difference was found in terms of caste, economic status as well as standard of living with villagers belonging to general category, APL and high standard of living having significantly higher level of attainment as compared to their respective counterparts.

The above discussion is a glimpse to the scenario of rural Malwa region of Punjab which may help the planners and leaders of the country to focus on the grey areas of educational development and plan accordingly to reach at the level of equality of status and opportunity to al which our constitution call for.

SUGGESTIONS

Punjab by and large, within its diversity, is progressing towards 'education for all.' Today it needs more dedicated '*guru*' and academic institutions to provide holistic

inclusive support to the "Mission of Education." However, this study may be replicated in a bigger sample.

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SELF EFFICACY OF WOMEN SECONDARY SCHOOL TEACHERS IN RELATION TO THEIR LOCUS OF CONTROL

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ABSTRACT

The Present Study aims to explore the relationship between self efficacy and locus of control of private secondary school teachers. Person's beliefs in his or her ability are self efficacy. Locus of control is a psychological concept which refers to how strongly people believe that they have control over the situations and experiences that affect their lives. Sample 200 secondary school women teachers was selected for the present study. For this purpose Teacher Self Efficacy Scale by A.K Singh and Shurti Narain and Locus of Control Scale by Sanjay Vohar were used. Mean SD and Correlation were used for analysis of data. From the analysis it was concluded that only 5.5% of the women have high self efficacy and most of the women teacher working in private schools have poor self efficacy. It can conclude from data collected that Most of the teachers have not any control on their own outcomes they are governed by other person and their environment. There exists a moderate positive correlation between locus of control and self efficacy of secondary school women teacher.

Keywords: Self efficacy, School Teachers, Women, Locus of control

Introduction

Guru Rabindranath Tagore said "A lamp can never another lamp unless it continues to burn its own flame, a teacher can never truly unless he is still learning himself". Indian society is a developing society. Teacher always play an important role of in the field of education. Today teaching is becoming one of the most challenging professions in our society where knowledge is expanding rapidly.

Dr Radha Krishnan said, "The teacher's place in the society is of vital importance. He acts as the pivot for the transmission of intellectual traditions and technical skill from generation to generation and helps to keep the lamp of civilization burning.'' Teachers are the torch bearers of a nation who play a major role in creating social cohesion, national integration and a learning society. They not only disseminate knowledge but also create and generate new knowledge. No nation can even marginally slacken its efforts in giving necessary professional inputs to its teachers, and along with that due status to their stature and profession.

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Teachers have always played a crucial role in preparing communities and societies towards exploring new horizon and achieving higher level of progress and development. They are the prime agents of change. Keeping in the mind role of teacher in the development of nation wellbeing of teacher cannot be neglected in present scenario. A teacher has to deal with one or other problem in there day to day life. The problem can be professional or personal one thing is common that seek adjective reaction by person. Their views about themselves and their abilities also affect their adjustment to the environment, which is also known as Core self-evaluations. Core self-evaluations (CSE) represent a stable personality trait which encompasses an individual's subconscious, fundamental evaluations about themselves, their own abilities and their own control. People who have high core self-evaluations will think positively of themselves and be confident in their own abilities. Conversely, people with low core self-evaluations will have a negative appraisal of themselves and will lack confidence. The concept of core self-evaluations was first examined by Judge, Locke, and Durham (1997) and involves four personality dimensions: locus of control, neuroticism, generalized self-efficacy, and self-esteem.

Locus of control and self efficacy are the variables that help a person to meet the requirement of situation which an individual is dealing with. Self-efficacy refers to individual's belief about their capabilities to perform well when confronted with a challenging task. It is individual sense of capacity to deal with particular set of conditions that life put before them. While Locus of control is the degree to which the individual attributes the cause of the behaviour to environmental factors or to own decisions. So they both are interrelated and affect the ability of the person to adjust in given situation and making adjustment to environment. The present study aims to explore the relationship between self efficacy and locus of control of secondary school teacher working in private schools of Faridkot district of Punjab.

Objectives

The objectives of the present study are:

1. To study the self efficacy and locus of control of women secondary school teachers
2. To study relationship between self efficacy and locus of control of women secondary school teacher.

Hypothesis

In the light of above cited objectives, following hypothesis was formulated.

1. There is positive relationship between self efficacy and locus of control of women secondary school teachers.

METHODOLOGY

The present study was delimited to secondary school Women teachers working in private schools of Faridkot District of Punjab. Employing survey type descriptive research, the present research included 200 secondary school women teachers. Teacher Self Efficacy Scale by A.K Singh and Shurti Narain and Locus of Control Scale by Sanjay Vohar were used. Efforts were made to establish rapport with teachers, before administering the tools. After distributing the tools, the subject was asked to fill the preliminaries given at the top of the information sheet, name sex, age, name of school etc. After administering the tools the response sheet were scored. Statistical techniques like Mean SD and Correlation were used to analysis of data.

RESULTS AND DISCUSSION

TABLE-1
Distribution of the Score of Self Efficacy among Secondary School Women Teachers

Score	Interpretation	N	%
85 and above	High Self efficacy	11	5.5%
74 to 84	Average Self Efficacy	63	31.5%
73 or less	Poor Self Efficacy	126	63%
Total		200	100

Mean-66.73; and SD-12.78

Table No:1 indicates the mean values of self efficacy 66.73 and SD value was 12.78. Further it indicates the level of self efficacy amongsecondary school women teacher belonging to Faridkot. It was found that out of 200 secondary school women teacher, only 11 teachers that are equal to 5.5% of sample collected has high Self efficacy level. Out of 200 secondary school women teacher 63 teachers were found to have Average level of self efficacy, it is equal to 31.5% of the total sample collected. It is found that most of women teachers i.e. 126 women teachers were found to have Poor level of self efficacy, it is equal to 63% of the total sample collected. So it was concluded that most of the secondary school women teacher teaching in private school have poor level of self efficacy.

Figure: 1
Distribution of the Score Self Efficacy among Secondary School Women Teacher
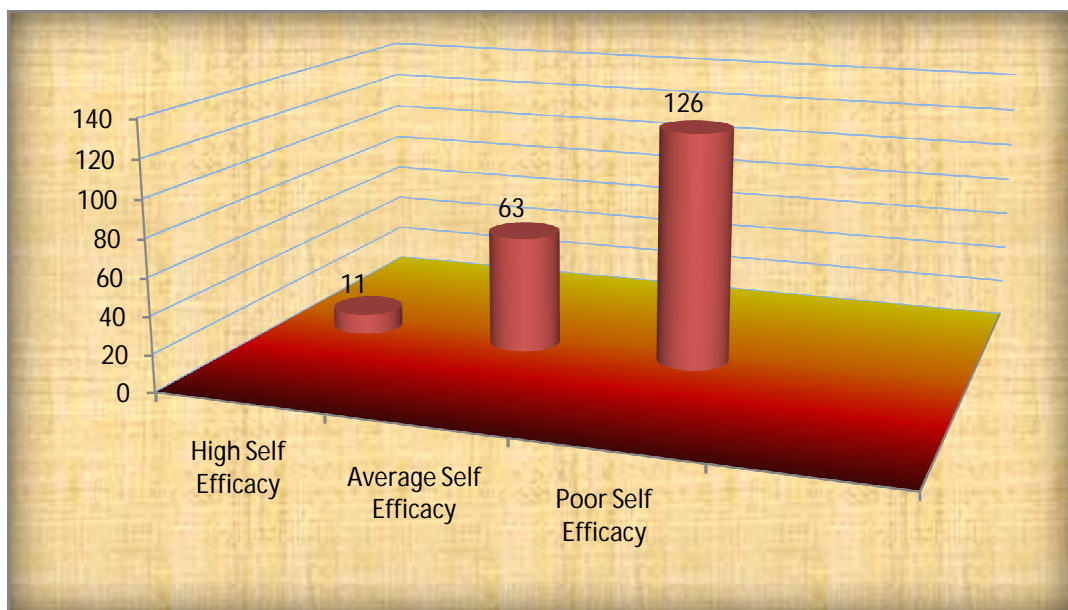
Table No: 2

Distribution of the Score of Locus of control of Secondary School Women Teacher

Sten Score and Description	P(Powerful Other)	C(Chance Control)	I (Individual control)
Decrease Strength Of Factor (1-4)	9	44	147
Average Strength Of Factor (5-6)	44	72	23
Greater Strength Of Factor (7-10)	147	84	30

Perusal of result Table No: 2 and respective figure shows the distribution of subject under Powerful others (P), Chance control (C) and Individual control (I). It is evident from this table that the secondary school women teacher in the present investigation differ in sten score as table and figure indicate. In the subcategory of powerful other out of 200 only 9 fall under decrease, 44 and 147 fall under average and greater strength of factor respectively. It indicates most of the women teacher's outcomes and actions control by other person like family members, authorities and peer group etc. In subcategory Chance Control 44, 72 and 84 fall under decrease, average and greater strength of factor respectively. So we can conclude most of the outcome of women teacher working in private schools also controlled by unordered, chance, or random events. Further in subcategory of Individual control 147, 23 and 30 comes under decrease, average and greater strength of factor respectively, which indicate most of the teachers have not any control on their own outcomes.

Figure No: 2

Locus of control of Secondary School Women Teacher
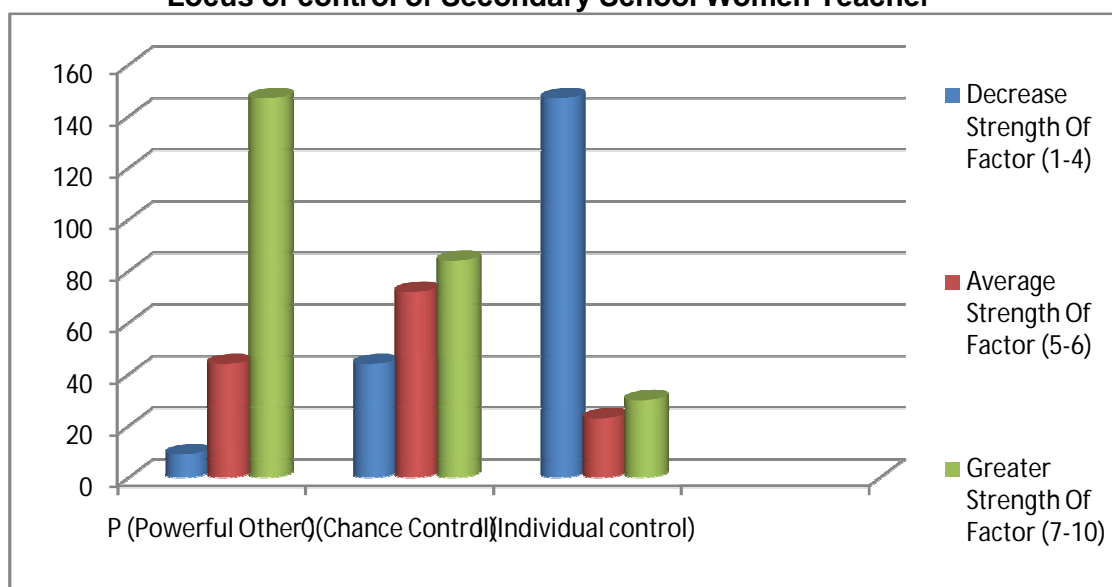
Table No: 3. Correlation between Self efficacy and Locus of Control of Secondary School Women Teacher

Variable	N	Mean	SD	Correlation
Self efficacy	200	66.73	12.82	0.604
Locus of Control	200	74.56	13.85	

Table 4.2.3 shows Mean value of variable self efficacy and locus of control was found 66.73 and 74.56 respectively. It was also found that SD of Self efficacy and Locus of Control was found 12.82 and 13.85 respectively. The coefficient of correlation between locus of control and self efficacy variables is found is to be 0.604. That is on the positive side but it is under category of   high moderate correlation value. This shows that there exists a moderate positive correlation between locus of control and self efficacy of secondary school women teacher. As the hypothesis states "there is positive relationship in self efficacy and locus of control of women teacher" is accepted.

Figure No: 3 Mean and SD of Self Efficacy and Locus of control Secondary School Women Teacher
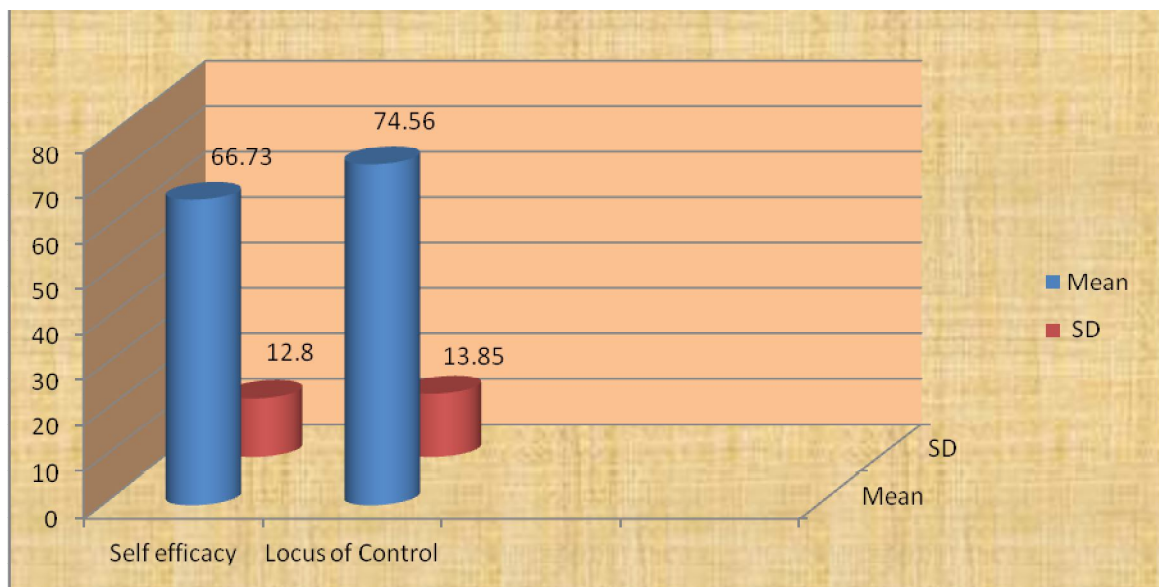
On the basis of analysis and interpretation of data, following conclusions can be drawn:

- Most of the secondary women teacher teaching in private school have poor level of self efficacy
- Most of the women teacher's outcomes and actions control by other person like family members, authorities and peer group etc.
- Most of the outcome of women teacher working in private schools also controlled by unordered, chance, or random events.

- Most of the teachers have not any control on their own outcomes.
- There exists a moderate positive correlation between locus of control and self efficacy of secondary school women teacher.

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THANATOPHOBIA AMONG YOUNG DRUG ADDICTS OF PUNJAB

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ABSTRACT

The current descriptive sample survey explored the impact of status of education (educated/uneducated) and locale (rural / urban) on Thanatophobia (death anxiety) of young drug addicts. Devising an effective and replicable Addiction Treatment & Rehabilitation Protocol demands an evidence-based knowledge of all aspects of the addict's psyche. Although Drug Addicts are known to exhibit higher death anxiety level than general population, this research concluded that death anxiety level among drug addicts are independent of their educational status or locale. The findings are to be applied to a larger sample to assist clinical psychologists working in Addiction Medicine.
Keywords: Drug Addiction, Death Anxiety, Thanatophobia, Education, Locale

INTRODUCTION

Anxiety is the body's response to a perceived futuristic threat. It is valuable in self-preservation by avoiding unnecessary risks. Thanatophobia (Death Anxiety = DA) is the morbid, abnormal or persistent fear of one's own mortality. It is a "feeling of apprehension when one thinks of the process of his own 'dying'." Drug addiction is fast reaching an epidemic proportion throughout the world. Edward Kaufman (1994) showed that alcoholics and Drug Addicts are particularly prone to higher Death Anxiety, probably due to early childhood losses. Also, due to maladaptive behavior, addicts are very prone to "fear of loss of self." The present study is conducted to explore the impact of educational attainment and locale (rural/urban divide) on Thanatophobia in 200 Drug Addicts of Ludhiana, Punjab aged between 18-25 years using Death Anxiety Scale.

Anxiety is a feeling of apprehension and psychic tension, nervousness, or unease towards a subjectively unpleasant undefined threat. Unlike 'fear,' anxiety occurs in situations only perceived as uncontrollable or unavoidable, but not realistically so.

David Barlow (2000) defines anxiety as "A future-oriented mood state in which one is ready or prepared to attempt to cope with upcoming negative events."

Sylvers (2011) et al differentiated Fear and anxiety in four domains: (1) duration of emotional experience, (2) temporal focus, (3) specificity of the threat, and (4) motivated direction. Fear is defined as short lived, present focused, gearedtowardsaspecific threat, and facilitating escape from threat. Anxiety is long acting, future-focused, and is broad-focused towards a diffuse threat. Anxiety promotesexcessive caution while approaching a potential threat and interferes with constructive coping.

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Rynn (2004) advocated that long-term Anxiety 'trait' (chronic or generalized) is a conscious or unconscious, stable tendency to react (to perceived threats) with state anxiety. It may reduce quality of life by systematically altering decision-making process.

Anxiety disorders may be secondary to drug or alcohol addiction or withdrawal.

OBJECTIVES

1. To study the death anxiety among educated & uneducated young Drug Addicts
2. To study the death anxiety among rural & urban young Drug Addicts
3. To study the death anxiety among rural educated & rural uneducated young Drug Addicts
4. To study the death anxiety among urban educated & urban uneducated young Drug Addicts

METHOD AND PROCEDURE

Studying thanatophobia (death anxiety) among young drug addicts in relation to their status of education and locale using descriptive survey technique. The study was conducted among diagnosed male drug addicts of Ludhiana, Punjab, India. Death Anxiety Scale – developed by Vijay Lakshmi Chauhan & Gayatri Tiwari was used for data collection

Sampling design
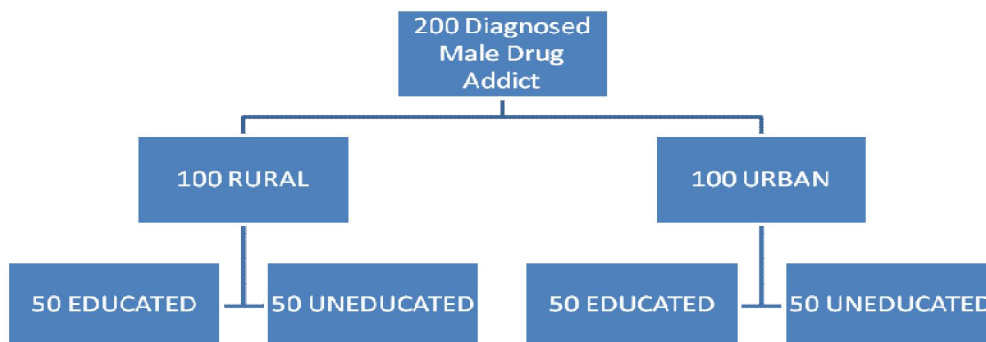
RESULT ANALYSIS

Hypothesis 1 : There exist no significant difference in Death Anxiety between educated & uneducated young Drug Addicts

Table 1

Significance of Difference in Death Anxiety between educated & uneducated young Drug Addicts

Category	Number	Mean	Std. Deviation	t-Ratio	Significance Level
Educated	100	12.85	3.65	1.46	NOT significant at 0.05 & 0.01 level
Uneducated	100	13,58	3.35		

Inference : Hypothesis 1 accepted. There exists no significant difference in Death Anxiety between educated & uneducated young Drug Addicts

Hypothesis 2 : There exists no significant difference in Death Anxiety between rural & urban young Drug Addicts

Table 2

Significance of Difference in Death Anxiety between rural & urban young Drug Addicts

Category	Number	Mean	Std. Deviation	t-Ratio	Significance Level
Educated	100	12.59	3.74	2.60	NOT significant at 0.05 & 0.01 level
Uneducated	100	13.84	3.17		

Inference : Hypothesis 2 accepted. There exists no significant difference in Death Anxiety between rural & urban young Drug Addicts

Hypothesis 3 : There exists no significant difference in Death Anxiety between rural educated & rural uneducated young Drug Addicts

Table 3

Significance of Difference in Death Anxiety between rural educated & rural uneducated young Drug Addicts

Category	Number	Mean	Std. Deviation	t-Ratio	Significance Level
Rural Educated	50	12.12	3.99	1.28	NOT significant at 0.05 & 0.01 level
Rural Uneducated	50	13.06	3.45		

Inference : Hypothesis 3 accepted. There exists no significant difference in Death Anxiety between rural educated & rural uneducated young Drug Addicts

Hypothesis 4 :There exists no significant difference in Death Anxiety between urban educated & urban uneducated young Drug Addicts

Table 4

Significance of Difference in Death Anxiety between urban educated & urban uneducated young Drug Addicts

Category	Number	Mean	Std. Deviation	t-Ratio	Significance Level
Rural Educated	50	13.58	3.11	0.83	NOT significant at 0.05 & 0.01 level
Rural Uneducated	50	14.10	3.24		

Inference : Hypothesis 4 accepted. There exists no significant difference in Death Anxiety between urban educated & urban uneducated young Drug Addicts

CONCLUSION

It is concluded that among drug addicts of 18 – 25 years, Death Anxiety in independent of Education Status & Rural-Urban devide.

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ATTITUDE TOWARDS DRUGS AND ALCOHOL AMONG SENIOR SECONDARY SCHOOL STUDENTS IN RELATION TO THEIR LOCUS OF CONTROL

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ABSTRACT

The aim of the present study was to investigate the attitude towards drugs and alcohol among senior secondary school students in relation to their locus of control. The study was conducted on Senior Secondary School students of Ludhiana district of Punjab. In the present study descriptive method was used. So it was decided to get data from 200 Senior Secondary School Students to see the Attitude towards Drugs and Alcohol in relation to their Locus of Control of Senior Secondary School students. Attitude towards Drugs and Alcohol Attitude Scale by Sunil Saini and Sandeep Singh and Locus of Control by Sanjay Vohra (Indian Adaptation of Levenson Scale) were used to collect data. After analysis results revealed that attitude towards drugs and alcohol of rural and urban students at senior secondary school students do not differ significantly from each other. It was also concluded that locus of control of rural and urban students at senior secondary school students differ significantly. The study further concludes that attitude towards drugs and alcohol and locus of control of male and female students at senior secondary school students not differ significantly. The results of correlation analysis indicated that there was a negligible correlation between attitude towards drugs and alcohol and locus of control of Senior Secondary School Students. The value of correlation was found to be on positive side but not significant at both of the level of significance.

Keywords: Attitude towards Drugs and Alcohol, Locus of Control, Senior Secondary School Students, Drug Addiction.

INTRODUCTION

Drugs are the medicines prescribed by a doctor at the time of problem faced byan organism. When these medicines are taken without doctor's advice and in such a way that they harm our body it is termed as drug abuse. In other words, the overdose of drugs which put adverse effect on our body can be termed as drug abuse. In these days, most of the families are nuclear and both father and mother are in job field so they do not give proper time and attention to their children. In fact, parents give money to children to fulfil their needs but they take drugs to escape from loneliness. Most of the time, they spent their whole money to purchase drugs to escape from their loneliness.

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One more reason for drug abuse is lack of patience. People get angry and frustrated often and just to remove their frustration, they start taking drugs. Addiction is not limited to drugs and alcohol. People can be addicted too many things such as food, gambling, shopping or most anything that gets in the way of a healthy lifestyle.

In every field, today either in studies or business, the competition has increased. Some are not strong enough to bear the stress or pressure of this competition world. They do not understand the fact that the thing which they are considering to be the solution of their problem is actually going to create a new problem for them. There are several factors and causes to consider with addiction. First there is genetic component, Personality and Peer pressure.

Drug addiction occurs when the pathways in system are altered by repeated use of a substance. Once a person become addicted to drugs he cannot leave them easily. If one tries to leave them his body does not work properly. He feels restless, get tired, and remain irritated the whole day. This problem is growing day by day and has become the serious problem with intake of drugs body goes on weak day by day. Drug addicted person get away from his family and finally he loses them.

Locus of control refers to the person's perception of the underlying cause of events in their life. If the individual has an external locus of control they will tend to view their own behaviour and experiences to be the result of external forces. When people have a more internal locus of control it means that they believe that their behaviour and experience is mostly due to forces that they actively control. Those individuals who believe that they are in charge of their own destiny benefit from such an attitude because by feeling in control of their future the person feels motivated to take action. If person feels like their future is out of their hands there will be no motivation to take any positive action. Those people who have an internal locus of control are far more likely to engage in behaviours that will improve their life. Blaming other people or life for problems tends to be an ineffective strategy. It turns the person into a passive victim instead of an active participant. The person is driving to do things and does not waste time with excuses to justify inaction. Success does not tend to fall from the skies – people have to make it happen.

Drug addiction is a chronically relapsing disorder, characterized by a compulsive drive to seek drugs and a loss of control over drug intake. Multiple lines of evidence indicate that drug addiction is associated with significant disruptions in brain systems underlying self-control. Person with internal locus of control less prone to drugs because, of their willpower and ability to control their own actions. They are self motivated to improve their life.

Internally controlled individuals believe that successes or failures in life are due to their own efforts and abilities, whereas those with an external sense of control believe that control is out of their hands and that outcomes in life are determined by forces such as other people, luck or fate. People with external locus of control have no or less control over their actions and guided by external environment. They are influence by other

people and fate. People with external locus of control are more likely to take drugs. The present study is an attempt to explore the relationship between attitude towards drug and alcohol and locus of control. This study will help teacher, psychologist, and doctors to design a drug education programme according to the needs and Attitude of the students' towards Drugs and Alcohol. This study will also help us to find out the relationship between Attitude towards Drugs and Alcohol and Locus of Control. The results of the study will help professionals to provide counselling to the parents, teachers, friends and other society members. Many Times youngster fails to get job according to their ability due to competition and lack of chance of employability in India. As a result, they are being attracted by the drugs.

OBJECTIVES OF THE STUDY

1. To study the difference in Locus of control of rural and urban Senior Secondary School Students.
2. To find out the difference in Locus of Control of male and female Senior Secondary School Students.
3. To find out the difference in Attitude towards Drugs and Alcohol of male and female Senior Secondary School Students.
4. To find out the relationship between Attitude towards Drugs and Alcohol and Locus of control of Senior Secondary School Students.

HYPOTHESES OF THE STUDY

1. There will be no significant difference in the attitude towards Drugs and Alcohol of Rural and Urban Senior Secondary School Students.
2. There will be no significant difference in the Locus of Control among Rural and Urban Senior Secondary School Students.
3. There will be no significant difference in the attitude towards drugs and alcohol of male and female Senior Secondary School Students.
4. There will be no significant difference in the locus of control among male and female Senior Secondary School Students.
5. There will be significant relationship between Attitude towards Drugs and Alcohol with Locus of Control of Senior Secondary School Students.

METHOD & PROCEDURE

In the present study descriptive method was used. The primary aim of the present study was to investigate the attitude towards drugs and alcohol among senior secondary school students in relation to their locus of control. The investigator used purposive sampling technique. The study was conducted on Senior Secondary School students of Ludhiana district of Punjab. So it was decided to get data from 200 Senior Secondary School Students for assessment of theirs the Attitude towards Drugs and Alcohol in relation to their Locus of Control. The sample was divided into 100 male and

100 female. The sample was further decided into 50 rural and 50 urban Senior Secondary School Students.

In the present study the following standardized tools with adequate reliability and validy were employed to collect the relevant data-

1. Drug and Alcohol Attitude Scale by Sunil Saini and Sandeep Singh.

2. Locus of Control by Sanjay Vohra (Indian Adaptation of Levensons Scale).

After administering the tools the response was scored according to the direction given in the manual. To have a clear and meaning full picture for interpretation of data and testing of hypotheses, the data were subjected to the statistical techniques. Mean, Standard deviation, correlation and t- test were applied for statistical analysis of data.

SENIOR SECONDARY SCHOOL STUDENTS

Table 1: Attitude towards Drugs and Alcohol of Rural and Urban Senior Secondary School Students.

Group	N	df	Mean	S.D	Level of Significance	Table Value	Calculated Value
Rural	100	198	69.98	14.848	0.05	1.97	0.0090
Urban	100		76.21	18.383	0.01	2.60	

Table No: 1 reveal that the mean value of rural and urban Senior Secondary School Students on attitude towards drugs and alcohol was 69.98 and 76.21 respectively. The standard deviation of rural and urban for the same variable was found 14.848 and 18.383 respectively. The calculated t- ratio of attitude towards drugs and alcohol among rural and urban Senior Secondary School Students was 0.0090 which was found not significant at both levels i.e. 0.05 and 0.01 levels of significance. So our calculated value is lower than the table value. So hypothesis, "There is no significant difference in the attitude towards drugs and alcohol of rural and urban students" remain accepted.

Table No: 2 Locus of Control of Rural and Urban Senior Secondary School students.

Group	N	df	Mean	S.D	Level of Significance	Table value	Calculated Value
Rural	100	198	79.26	9.580	0.05	1.97	5.914
Urban	100		71.17	17.21	0.01	2.60	

Table No: 2 reveal that the mean value of rural and urban Senior Secondary School Students on locus of control was 79.26 and 71.17 respectively. The standard deviation of rural and urban of the same variable was found 9.587 and 17.21 respectively. The calculated t- ratio of locus of control among rural and urban Senior Secondary School

Students was 5.914 which was found significant at both levels i.e. 0.05 and 0.01 levels of significance. So our calculated value is higher than the table value. So hypothesis, "There is significant difference in the locus of control of rural and urban senior secondary school students" remain rejected.

Table 3: Attitude towards drugs and alcohol of male and female Senior Secondary School students

Group	N	df	Mean	S.D	Level of Significance	Table value	Calculated Value
Male	100	198	74.69	18.99	0.05	1.97	0.1841
Female	100		71.5	14.56	0.01	2.60	

Table No. 3 reveal that the mean value of male and female Senior Secondary School Students on attitude towards drugs and alcohol was 74.69and 71.5 respectively. The standard deviation of male and female for the same variable was found 18.99 and 14.56 respectively. The calculated t- ratio of attitude towards drugs and alcohol among male and female Senior Secondary School Students was 0.1841 which was found not significant at both levels i.e. 0.05 and 0.01 levels of significance. So our calculated value is lower than the table value. So hypothesis, "There is no significant difference in the attitude towards drugs and alcohol of male and female students" remain accepted.

Table 4: Locus of control of male and female Senior Secondary School students Students

Group	N	df	Mean	S.D	Level of Significance	Table value	Calculated Value
Male	100	198	71.49	16.78	0.05	1.97	0.00022
Female	100		78.94	10.57	0.01	2.60	

Table No. 4 reveal that the mean value of male and female Senior Secondary School Students on locus of control was 71.49and 78.94 respectively. The standard deviation of male and female for the same variable was found 16.78 and 10.57 respectively. The calculated t- ratio of locus of control among male and female Senior Secondary School Students was 0.00022 which was found not significant at both levels i.e. 0.05 and 0.01 levels of significance. So our calculated value is lower than the table value. So hypothesis, "There is no significant difference in the locus of control of male and female Senior Secondary School students" remain accepted.

Table 5: Relationship between Attitude towards Drugs and Alcohol and Locus of Control of Senior Secondary School Students.

Variables	df	N	Mean	SD	R
Locus of control	198	100	75.215	14.48	0.030
Attitude towards Drugs and alcohol		100	73.095	16.95	

Description based on table 5 presents the relationship between attitude towards drugs and alcohol and locus of control of Senior Secondary School Students is 0.030, which is non-significant at both levels of significance levels. In this context, the null hypothesis, namely, "There is no significant relationship between attitude towards drugs and alcohol and locus of control of Senior Secondary School Students**.**", is rejected. The results indicated that there was a negligible correlation between drugs and alcohol and locus of control of Senior Secondary School Students**.**

CONCLUSION

The conclusions drawn from the present study or the piece of research work are as:

- It is concluded that attitude towards drugs and alcohol of rural and urban senior secondary school students do not differ significantly from each other.

- It is concluded that locus of control of rural and urban senior secondary school students differ significantly from each other.

- It is also concluded that attitude towards drugs and alcohol and locus of control of male and female senior secondary school students do not differ significantly from each other.

- The investigator found that there is no significant relationship between attitude towards drugs and alcohol and locus of control of senior secondary school students.

- It is found that there is a negligible correlation between attitude towards drugs and alcohol and locus of control of senior secondary school students.

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TEACHER EDUCATION AND ICT FRAMEWORK

Shelja Gautam*

ABSTRACT

In the contemporary era, Technology plays vital role for the growth of education. The teachers and students are closely related to each other for the expansion of education system. The quality of education depends upon the knowledge and attitude of teachers towards the ICT. Information and communication technology (ICT) can provide more flexible and effective ways for professional development for teachers and connect teachers to the global teacher community. Teacher educators are the facilitators in any educational reform movement. In order to effectively implement the prescribed curriculum and to achieve its objectives of preparing better future teachers, teacher, educators should themselves be psychologically and academically competent. This paper is emphasis on the ICT framework in teacher training and teacher development in UNESCO.

***Keywords:** ICT, Teacher Education, ICT Framework.*

INTRODUCTION

ICT stands for Information Communication and Technology. ICT refers to usage of electronic devices. ICT awareness includes browsing or surfing, designing or authoring, communication to teaching and maintenance or hardware/software skills which are needed effective teaching (Gracious & Annaraja, 2011). Information and communication technologies (ICTs) are major factors in shaping the new global economy and producing rapid changes in society. Within the past decade, the new ICT tools have fundamentally changed the way people communicate and do business. Education has evolved over the years from the basic reading, writing and arithmetic, to present day globalized view, which stresses on group work, lateral thinking, creativity, problem solving and innovation (Beyers, 2009). ICTs provide an array of powerful tools that may help in transforming the present isolated, teacher-centered and text-bound classrooms into rich, student- focused, interactive knowledge environments. To meet these challenges, schools must embrace the new technologies and appropriate the new ICT tools for learning.

The quality of teachers and their continuing professional education and training remain central to the achievement of quality education. ICT professional development is seen as a vehicle to enable transformative change in teachers' practice (Russell, 1999). They have produced significant transformations inindustry, agriculture, medicine,

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business,engineering and other fields. For education to reap the full benefits of ICTs in learning, it is essential that pre-service and in-service teachers have basic ICT skills and competencies.

ICT Framework Objectives:

The objectives of ICT framework help the teachers to support the students to:

- Explore the potential of ICT to create, communicate and collaborate to organize and produce information.

- Understand and apply the knowledge of the functions of ICT including safe practice, maintenance and ergonomics.

- Use ICT for thinking and learning including managing enquiry, assessing information, solving problems and express ideas across range of curriculum areas.

- Develop a critical appreciation of the role of ICT in society and habits which reflect ethical and responsible use of ICT.

The UNESCO ICT Competency Framework for Teachers as below:

	TECHNOLOGY LITERACY	**KNOWLEDGE DEEPENING**	**KNOWLEDGE CREATION**
UNDERSTANDING ICT IN EDUCATION	Policy awareness	Policy understanding	Policy innovation
CURRICULUM AND ASSESSMENT	Basic knowledge	Knowledge application	Knowledge society skills
PEDAGOGY	Integrate technology	Complex problem solving	Self management
ICT	Basic tools	Complex tools	Pervasive tools
ORGANIZATION AND ADMINISTRATION	Standard classroom	Collaborative groups	Learning organizations
TEACHER PROFESSIONAL LEARNING	Digital literacy	Manage and guide	Teacher as model learner

TEACHER DEVELOPMENT FRAMEWORK

Teachers are central to the implementation of the National Curriculum Framework. The challenge for teacher development in ICT is to provide teachers with the necessary knowledge, skills and understanding to successfully integrate ICT into everyday educational practices in a meaningful way. Teacher development should, maintain a balance between developing effective teaching and learning strategies and increasing the knowledge and skills of teachers in the use of ICT. ICT integration into curriculum delivery is not simply about acquiring ICT competency. It is about the "appropriate selection, use, mix, fusion and integration of many sets of competencies including, but not exclusively, those in pedagogy and technology" (Information and Communication Technology in Education, UNESCO; 2003:18).

There are four broad approaches from the research literature for developing a model for ICT integration in Teacher Development. The adoption model depicts an approach continuum whereby the skills of teachers flow from emerging to applying to infusing to transforming stages of ICT integration. As teachers move through each stage, they develop increasing capability to integrate ICT in their day-to-day activities and master the use of ICT as an effective tool for teaching and learning.

The example below shows what the technology literacy approach might look like in practice

TECHNOLOGY LITERACY IN THE EVERYDAY WORK OF A TEACHER	
UNDERSTANDING ICT IN EDUCATION	A mother-tongue teacher understands the basic principles of using ICT in teaching, so he/she[7] considers how to make the best use of an interactive whiteboard recently installed in his/her[8] classroom. Until now, she has only used it as a projector screen.
CURRICULUM AND ASSESSMENT	The teacher realizes that using word processing on the interactive whiteboard would offer a new approach to one of the basic skills in the curriculum - how to improve the wording of sentences. Word processing allows words to be changed and moved around without having to endlessly re-write whole sentences on paper.
	Word processing can also be used for formative assessment. She composes a long, badly worded sentence which she will give all the students on their computers and ask them to see how many different improved versions they can produce within five minutes.
PEDAGOGY	Using the word processing application, the teacher displays on the interactive whiteboard some examples of poor writing. She demonstrates how, with a few changes in the choice of words and the word order, sentences can be made simpler and clearer.
	Then, by questioning the class, offering them suggestions and pointing out weaknesses in sentences, she gets them to improve some further examples of writing. She makes the changes on the interactive whiteboard as the students suggest them, so the whole class can see the process.
	Finally, she sits down to one side of the room and asks students to come to the interactive whiteboard and operate it themselves to show how they can improve sentences.
ICT	Initially, the teacher uses a word processing application on the interactive whiteboard while conducting a discussion with the class.
	In the next lesson, each student uses a laptop computer. Since the laptops and the teacher's computer are networked, the teacher can easily display on the interactive whiteboard interesting examples of re-worded sentences which the students have been able to devise in the five minute test. The whole class can then discuss and evaluate different wordings.
ORGANIZATION AND ADMINISTRATION	For the second lesson, the teacher uses the school's trolley of laptop computers so that each student is able to carry out word processing on their own. She devises the two lessons in such a way that students will know exactly what to do in the second lesson, without the need for questions or discussion. This ensures the students make the fullest use of the laptops while they are available to them.
	Using the school's computer network, the teacher records her students' grades on a central file which other teachers and the school administration can also access.
TEACHER PROFESSIONAL LEARNING	The teacher searches various websites for mother-tongue teachers to find teaching resources on writing skills, including exercises and writing assignments, stimulus material and ideas for lessons.

The developmental framework developed by UNESCO is based upon these four broad approaches where the applying stage is further subdivided into adoption and adaptation levels. It is further emphasized that Progression through the stages takes time and the transformation of pedagogical practice requires more than ICT skills training for teachers. Too often the approach taken to teacher development in ICT

integration is the one-off crash course on computer literacy. This approach does not enable teachers to integrate ICT in their day-to-day activities and master the use of ICT as an effective tool for teaching and learning. We need to adopt a framework for teacher development that reflects the shifts from 'training' to 'lifelong professional preparedness and development of teachers' on new modalities of professional development. The framework adapted from UNESCO outlined the following five ICT development levels that are to be included in the ICT integration for teacher training.

- Entry level: The teacher is computer literate and is able to use computers. However, frustrations and insecurities are common in the introduction of ICT. At this level, teachers are likely to lack confidence.

- Adoption level: The teacher is able to use various ICT, including computers, to support traditional management, administration, teaching and learning, and is able to teach learners how to use ICT.

- Adaptation level: The teacher is able to use ICT to support everyday classroom activities at an appropriate NCS level, assess the learning that takes place and ensure progression. He/she is able to reflect critically on how ICT changes the teaching and learning processes and to use ICT systems for management and administration. Productivity increases at this level.

- Appropriation level: The teacher has a holistic understanding of the ways in which ICT contributes to teaching and learning. He/she has an understanding of the developing nature of ICT, and awareness that it is integral to the structure and purposes of the NCS. He/she has the experience and confidence to reflect on how ICT can influence teaching and learning strategies, and to use new strategies.

- Innovation level: The teacher is able to develop entirely new learning environments that use ICT as a flexible tool, so that learning becomes collaborative and interactive. ICT is integrated as a flexible tool for whole-school development through redefining classroom environments and creating learning experiences that control the power of technology.

The Framework therefore addresses all aspects of a teacher's work, like, understanding ICT in education, curriculum and assessment, pedagogy, organisation and administration and teacher professional learning. The Framework is arranged in five different approaches to teaching (successive stages of a teacher's development), which moves the teacher from Technology Literacy to Knowledge Deepening and finally to Knowledge Creation.

CONCLUSION

So we are living in a world of science and technology, where an explosion of knowledge is taking place. This analysis of approaches in ICT teacher training indicates that there are possibilities and challenges in adopting ICT in teacher training and professional development. Overall, governments and teacher training institutions seem to recognize the importance of integrating ICT in learning and teacher training. It

is observed in the analysis that a variety of ICT-integrated training environments have been created to provide more effective ICT training and teacher tends to integrate ICT in their teaching if they experience ICT skills as a learner. From the literature it is clear that though ICT enabled education is seen as a way to improve the quality of education in many countries, its implementation is complex. One has to take into consideration many factors, such as availability of technology, time, training and support, coordination and management, individual attitude, belief and motivation, characteristics and ethos of the organization (Tearle, 2004). Finally, more attention should be paid to specific roles of ICT in offering multimedia simulations of good teaching practices, delivering individualized training courses, helping overcome teachers' isolation, connecting individual teachers to a larger teaching community on a continuous basis, and promoting teacher-to-teacher collaboration. As to conclude, the ICT framework is the effective for students as well as teachers, and prepares students to enter and successfully compete in the education system.

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LIFE-SATISFACTION OF SECONDARY SCHOOL TEACHERS: A POSITIVE EVALUATION OF CONDITIONS OF LIFE

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ABSTRACT

The objective of present study was to study the life-satisfaction of secondary school teachers and to study difference between life-satisfaction of secondary school teachers on the basis of gender and marital status. For this purpose a sample of hundred secondary school teachers were selected through simple random sampling technique. Life-Satisfaction Scale was used to collect the data. The result of the study showed significant difference between life-satisfaction of male and female teachers. Furthermore, findings reported no significant difference between life-satisfaction of married and unmarried secondary school teachers.

Keywords: Life-Satisfaction, Secondary School Teachers

INTRODUCTION

LIFE-SATISFACTION

Life-satisfaction of teachers is an important and essential factor of the healthy functioning of the education system. The satisfied teachers can give the maximum output to the society. Hence the life-satisfaction of teachers is a primary issue. Only the teachers can produce the positive generation and can distribute to build strong foundation of the nation. Life-satisfaction is defined as the quality, state and level of satisfaction which is a result of various interest and attitudes of a person towards life. It is considered as positive attitude which is very important variable among younger, mature as well as aged people. Life-satisfaction is an overall assessment of feeling and attitudes about one's life at a particular point in time ranging from negative to positive. **Diener Suh, Lucas & Smith (1999)** also include the following under life-satisfaction desire to change one's life; satisfaction with future; and significant other's views of one's life. Life-satisfaction can be assessed globally or by specific area, such as satisfaction with work, marriage and health. Life-satisfaction questionnaire focus on the individual's internal frame of reference.

Life-satisfaction is the way a person perceives how his or her life has been and how they feel about where it is going in the future. It is a measure of well-being and may be assessed in terms of mood, satisfaction with relations with others and with achieved goals, self-concepts, and self-perceived ability to cope with daily life. It is having a

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favourable attitude of one's life as a whole rather than their feelings. Life-satisfaction has been measured in relation to economic standing, amount of education, experiences, and the people's residence as well as many other topics. Life-satisfaction is considered to be a central aspect of human welfare. It is the ultimate goal, and human beings strive to achieve this goal throughout lives. Satisfaction with one's life implies acceptance of life circumstances and the fulfillment of wants and needs for life as a whole **(Webster's dictionary, 1996)**.

It is generally referred to as an assessment of the overall conditions of existence as derived from a comparison of one's actual achievements. It can also be defined as having a favourable attitude towards life. **Diener et al. (1999)** have demonstrated that life-satisfaction is a desire to change one's life, satisfaction with past, satisfaction with future, and significant views of one's life. Life-satisfaction is defined as having a favourable attitude towards one's life as a whole. The vast majority of studies investigating life-satisfaction have been survey based.

Life-satisfaction for **Sumner (1996)** is apositive evaluation of the conditions of your life, a judgment that, at least on balance, it measures up favorably against your standards or expectations.

Life-satisfaction often refers to the attitudes that individuals have about their past, present as well as future in relation to their psychological well- being (Chadha & Willigens, 1995). Furthermore, life-satisfaction is a situation or a consequence obtained through comparing someone's expectations (whatever desired) with possessions (whatever gained), when life-satisfaction is addressed, generally a satisfaction related to whole life experience is understood, rather than the satisfaction pertaining to certain conditions. Research has indicated that the concept of life-satisfaction is elusive, and be highly susceptible to one's own social values or judgments about important aspects of life. However, this concept has psychological as well as social implications. Firstly, it implies the personal contentment with life and positive self- regard for an individual. Secondly, it includes a personal appraisal of fulfilling one's social roles.

Life-satisfaction is or great significance for efficient functioning of any organization. Satisfied workers are the great assets at any organization and satisfaction leads them towards their profession.

Satisfaction is a mental concept which enjoyed by the individual. Moreover, mature person begin their comprehensive view of job attitude and satisfaction, is employed in a variety of ways. The more the degree of satisfaction, more the attitude will be. Thus, no organization/institute can successfully achieve its goal unless and until those who constitute the organization are not satisfied in their job and life.

To conclude, we may say that secondary school teacher's satisfaction in their lives and jobs plays an important role in growth and development of the students. They have a key role in the improvement of education if the secondary school teachers are efficient and satisfied in their lives and jobs they would neither be able to lay an effect on the minds of the students nor can they influence their learning outcomes. Therefore,

problem under investigation is very important. Keeping in view the importance of the present study, the investigator thought it worthwhile to take up the problem of life-satisfaction of secondary school teachers.

OBJECTIVES

The objectives of the proposed investigation were:

1. To study life satisfaction of secondary school teachers.
2. To study difference in life-satisfaction of male and female secondary school teachers.
3. To study difference in life-satisfaction of married and unmarried secondary school teachers.

HYPOTHESES

Following null hypotheses had been formulated for the present study:

- There exists no significant difference between life-satisfaction of male and female secondary school teachers.

- There exists no significant difference between life-satisfaction of married and unmarried secondary school teachers.

METHODOLOGY

Research Method

In the present descriptive research, survey method was used.

Population

All the Senior Secondary School Teachers of Kurukshetra district of Haryana state comprised of the population of the present study.

Sample

In the present study hundred senior secondary school teachers (fiftymale and fifty female) were selected through simple random selection method.

Tools used

Following research tool was used to collect the data:

- Life-satisfaction Scale by R. G. Alam and R. Srivastava. (1971).

Statistical Techniques Employed

Following statistical techniques were employed to analyze the data:

1. Descriptive statistics,
2. t- ratio.

RESULTS AND DISCUSSION

Analysis and Interpretation based on Descriptive Statistics

Analysis and interpretation based on descriptive statistics of life-satisfaction total score of secondary school teachers is given below:

Table-1

Descriptive Statistics Based on Life-Satisfaction Total Scores of Secondary School Teachers

N	100
Mean	45.8
Median	45.0
Mode	42
S. D.	6.82
Variance	46.56
Range	30.00
Skewness	.046
Krutosis	.401
P_{25}	42.00
P_{75}	50.00

Table 1 depicts that the mean, median, mode and standard deviation of life-satisfaction total scores of secondary school teachers. The mean score is 45.8, median is 45.0, mode is 42, standard deviation is 6.82, variance is 46.56 and range is 30.00 it represents the normal scattered scores from the mean position. Value of skewness is 0.046 which shows the distribution is positively skewed. The value of kurtosis is 0.401 which is greater than the normal distribution i.e. 0.263 this curve is plytokurtic. The descriptive statistics of life-satisfaction total scores of secondary school teachers being shows below in figure 1.

Figure-1

Line Graph Showing Descriptive Statistics of Life-Satisfaction Total Scores of Secondary School Teachers
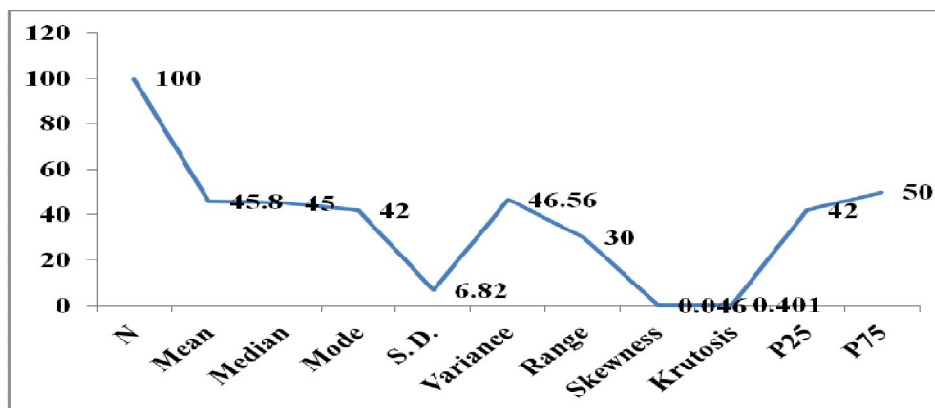
Analysis and Interpretation Based on t-test (Differentials)

The analysis and interpretation based on the data pertaining to find out the significance of difference between mean life-satisfaction scores of male, femaleand married, unmarried secondary school teachers. For this purpose, the data collected from hundred (fifty male and fifty female) secondary school teachers were analyzed through t-test. The details of the same have been presented in table 2-3:

Table-2

Significance of difference between mean Life-Satisfaction scores of male and female secondary school teachers

Group	N	Mean	S.D.	S.Ed.	t-ratio	Level of significance
Male	50	47.6	7.33	1.31	2.71*	P>0.01
Female	50	44.0	5.78			

*Significant at df/98 at 0.01 level of significance=2.63

It emerges from the table 2 that the mean life-satisfaction score of male and female secondary school teachers emerge out to be 47.6 and 44.0 with S.D.'s 7.33 and 5.78 respectively. The t-ratio comes out to be 2.71, which is significant at 0.01 level of significance.

This indicates that there is a significant difference between mean life-satisfaction scores of male and female secondary school teachers. Hence, the hypothesis which is stated earlier that there exists no significant difference between life-satisfaction of male and female secondary school teachers is not retained. Comparison of mean and S.D. scores of male and female secondary school teachers on life-satisfaction is shown below in figure 2:

Figure-2
Showing Comparison of Life-satisfaction Mean and S.D. Scores of Male and FemaleSecondary School Teachers
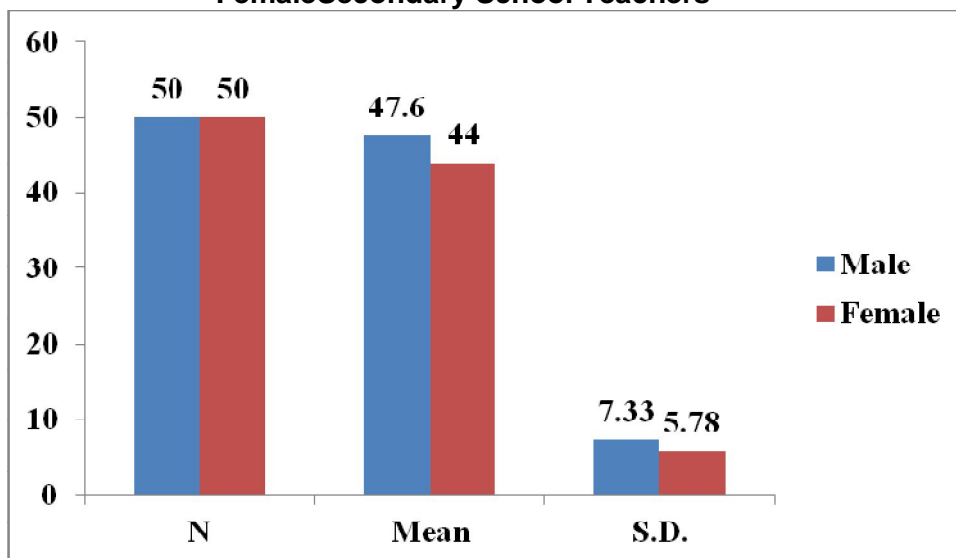
Table-3

Significance of difference between mean Life-Satisfaction scores of married and unmarried secondary school teachers

Group	N	Mean	S. D.	S.Ed.	t-ratio	Level of significance
Married	39	44.9	1.83	0.37	0.11*	P<0.01
Unmarried	61	45.0	1.78			

*Not significant at df/98 at 0.05 level of significance=1.98

It is evident from the table 3 that the mean score of married and unmarried female secondary school teachers on life-satisfaction are 44.9 and 45.0 with S.D.'s 1.83 and 1.78 respectively. The t-ratio comes out to be 0.11, which is significant at 0.01 level of significance. This indicates that there is no significant difference between mean life-satisfaction scores of married and unmarried secondary school female teachers.

Hence, the hypothesis which is stated earlier that there exist no significant difference between life-satisfaction of married and unmarried secondary school teachers is retained. Comparison of mean and S.D. scores of married and unmarried secondary school teachers on life-satisfaction is shown below in figure 3:

Figure-3

Showing Comparison of Mean and S.D. Scores of Married and Unmarried Secondary School Teachers on Life-Satisfaction
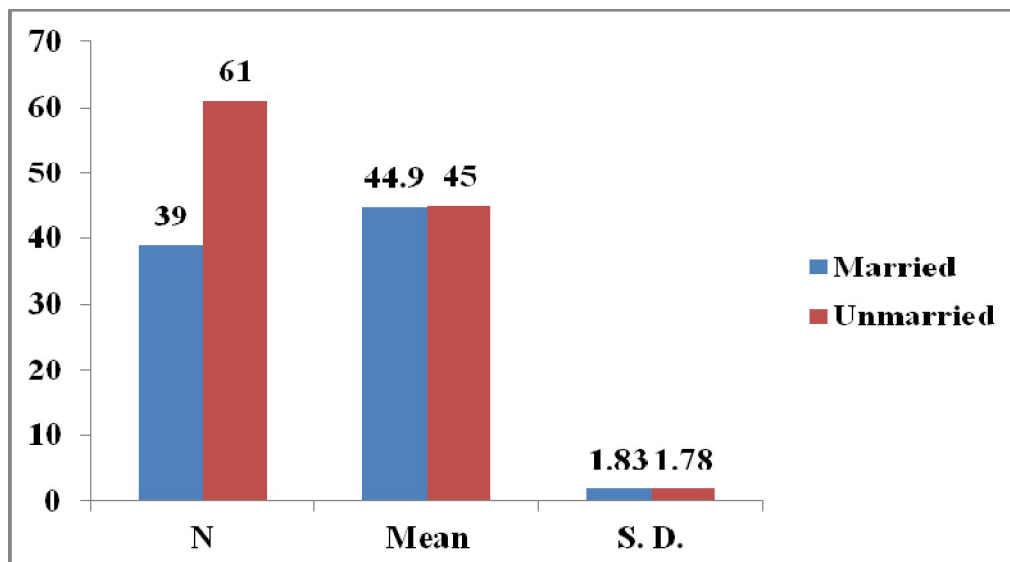
MAIN FINDINGS

1. Most of the secondary school teachers are found to have average life-satisfaction level.
2. There exists significant difference between mean emotional maturity scores of male and female secondary school teachers.
3. There existsno significant difference between mean life-satisfaction scores of married and unmarried secondary school teachers.

EDUCATIONAL IMPLICATIONS

The study has its implication for educational planners, administrators, policy makers, media persons, voluntary organizations and especially for teachers. Teachers are the backbone of an educational process. They are the guide and friend of students. They nourish the young ones with knowledge and make them enlighten citizen to service in society. The role of teachers for future of country is significant. Teachers can perform their role efficiently only when, they are mentally healthy, emotionally stress free environment then only that is performing the duty with best calibre. Teachers should be satisfied with their lives. A well satisfied and emotionally mature personality forms the capable manpower of country.

This capable manpower in form of bright, emotionally mature and satisfied teachers forms the future of any country. The present study revealed the following educational implications for the planner, administrators especially for the teachers to a great deal. These are:

1. It measures the life-satisfaction of secondary school teachers.
2. It helps in developing good institutions practices of satisfied and more mature teachers.
3. It helps to improving and developing the personality of teachers as well as students.
4. It helps educational administrators looking after the institutions to understand the teachers.
5. It helps to explore the way to maximize the teacher's contribution in the field of education.
6. It helps to create healthy atmosphere in the class overall academic development in the school.
7. It helps in managing and controlling different schools more democratically and effectively.

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BLENDING THE TECHNOLOGIES FOR QUALITATIVE LEARNING

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ABSTRACT

The quality education can be enhanced by minimizes weaknesses and maximizes strengths. Teacher plays a pivot role in education and for enhancing the quality in education. Teacher has to enjoy the work up the fullest extent. It depends upon all the factors that come in contact with development of education like students participation, role of motivation, role of technology, healthy habits in students, faculty development programs. At the development of modern methods of education, it is necessary to take into account the rapid growth of the use of information technologies, which has been observed within the last decades, and also a large quantity of educational and technical innovations. One of such innovations is the use of the blended learning, the concept of which assumes that in the current state of the system of higher professional educations, traditional; education can be combined with the advantages of distant of educational technologies .This paper deals with what blended learning is and why the concept of blended learning is exciting to so many people and how the blended learning is helpful for qualitative learning with Blending of technologies at four levels. This paper also deals with the challenges for blending the technologies at different levels.

***Keywords:** Blending, Technologies, Quantitative learning, blended learning, Different levels*

INTRODUCTION

Swami Vivekananda is of the view that a nation cannot progress without proportionate growth in education of a person. There is severe need of students' constructive contribution to provide quality education but before introducing quality in education it's essential to make clear the meaning of quality education. Motivation is an essential component in enhancing the quality of education. Either motivation is internal or external; it plays an important role in quality formation of education.

The quality education can be enhanced by minimizes weaknesses and maximizes strengths. Teacher plays a pivot role in education and for enhancing the quality in education teacher has to enjoy the work up the fullest extent. So, we can say that quality enhancement is not the work of only teachers. It depends upon all the factors that come in contact with development of education like students participation, role of

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motivation, role of technology, healthy habits in students, faculty development programs etc. the current state of the higher professional education is determined by the necessity of permanent modification of the education process of, on the one hand, ensuring training of skilled employees in the circumstances of varying demands and on the other hand, adopting and adapting the successful experience of other educational institutions in their activity. Undoubtedly, at the development of modern methods of education, it is necessary to take into account the rapid growth of the use of information technologies, which has been observed within the last decades, and also a large quantity of educational and technical innovations. One of such innovations is the use of the blended learning, the concept of which assumes that in the current state of the system of higher professional educations, traditional; education can be combined with the advantages of distant of educational technologies. The idea is that a considerable part of the material is transformed into the distant form, allowing time at classes for various interactive forms, which would improve their efficiency. The "teacher-student" and "student-student" interactions can be also implemented in the distant from using various educational elements of the leaning management system.

Besides at studying disciplines related to the use of information technologies in professional activity of a humanitarian student, there is considerable quantity of exercise of the reproductive level, which involve fulfillment of tasks on a template. At using such exercise, it is difficult to form the creative initiative with a student; it is necessary to change the basis of tasks using elements of blended learning.

The term "Blending the Technologies" is being used with increased frequency in both academic and corporate circles. In 2003, the American Society for Training and Development identified blended learning as one of the top ten trends to emerge in the knowledge delivery industry (cited by Rooney, 2003). In 2002, The *Chronicle Of Higher Education* quoted the president of Pennsylvania State University as saying that the convergence between online and residential instruction was "The single-greatest unrecognized trend in higher education today" (Young,2002,p.a33). Also quoted in that article was the editor of *The Journal of Asynchronous LearningNetworks* who predicted a dramatic increase in the number of hybrid (i.e., blended) courses in higher education, possibly to include as many as 80%-90% of all courses (young, 2002).

BLENDED LEARNING

Blended learning is a formal education program in which a student learns at least in part through delivery of content and instruction via digital and online media with some element of student control over time, palace, path, or pace. While still attending a "brick- and- mortar" school structure, face-to- face classroom methods are combined with computer-medicated activities. Blended learning is also used in professional development and training setting, as it can be used to translate knowledge into a particular skill that is useful and practical for a specific job. A lack of consensus on a definition of blended learning has to difficulties in research about its effectiveness in the classroom. How is blended learning different that other terms in our vernacular such as distributed learning, e-learning, open and flexible learning, and hybrid

courses? Some define the term so broadly that one would be hard pressed to find any learning system that was not "blended" (Ross & Gage,). Others challenge the very assumptions behind blending as holding onto relics of an old paradigm of learning (Offerman & Tassava). One frequent question asked when one hears about Blended learning (BL) is "What is being blended?" While there are a wide variety of responses of this question (Driscoll, 2002), most of the definitions are just variations of a few common themes.

QUALITATIVE LEARNING

The rapid emergence of technological innovations over the half century (particularly digital technologies) has had a huge impact on the possibilities for learning in the distributed environment. In fact, if you look at four dimensions, distributed learning environment are increasingly encroaching on instructional territory that was once only possible in face to face environment. For example, in the time and fidelity dimensions, communication technologies now allow us to have synchronous distributed interactions that occur in real- time with close to the same level of fidelity as in the face to face environment. In the humanness dimensions, there is an increasing focus on facilitating human interaction in the form of computer-supported collaboration, virtual communities, instant messaging, blogging, etc. Additionally there is ongoing research investigating how to make machines and computer interfaces more social and human. Even in the space dimension, there are some interesting things happening with mixed reality environment (Kirkley & Kirkley,) and environment that simultaneously facilitate both distributed and face to face interactions. The widespread adoption and availability of digital learning technologies has led to increased levels of integration of computer-mediated instructional elements into the traditional face to face learning experience.

BLENDING AT DIFFERENT LEVELS

Blending of technologies would be at four levels. (Ross & Gage; Wright, Dewstow, Tappendin, & Topping) specifically address different levels of blending that are occurring.

The four levels are:

1. Activity level
2. Course level
3. Program level
4. Institutional level

Across all four levels, the nature of the blends is either determined by the learner or the designer/instructor. Blending at the institutional and program levels is often left to the discretion of the learner, while designers/instructors are more likely to take a role in prescribing the blend at the course and activity levels.

ACTIVITY LEVEL BLENDING

Blending at the activity level occur when a learning activity contains both face to face and virtual elements. For example, wisher outlines large scale military training events that incorporate both FACE TO FACE and virtual elements.

COURSE LEVEL BLENDING

Course Level Blending is one of the most common ways to blend. A course level blend entails a combination of distinct face to face and virtual activities used as part of a course. Some blended approaches engage learners in different but supporting face to face and virtual activities that overlap in time while other approaches separate the time blocks.

PROGRAM LEVEL BLENDING

Ross and Gage observes that blends in higher education are often occurring at the degree program level. Blending at a program level often entails one of two models- a model in which the participants choose a mix between face to face courses and online courses or one in which the combination between the two is prescribed by the program.

INSTITUTIONAL LEVEL BLENDING

Some institutions have made an organizational commitment to Blending face to face and virtual instruction. Many corporations as well as institutions of higher education are creating models for blending at an institutional level.

CHALLENGES FOR BLENDING

Role of learner: how are learners making choices about the kinds of blends that they participate in? Learners are primarily selecting blended learning based on the issues of convenience and access. But this begs questions about the type and amount of guidance that should be provided to learners in making their choices about how different blends might impact their learning experience.

Models for support and training: There are many issues related to support and training in blended environment including: (1) increased demand in instructor time (2) providing learners with technological skills to succeed in both face to face and virtual environments and (3) changing organizational, cultural to accept blended approaches. There is also a need to provide [professional development for instructor that will be teaching online and face to face. It is important to see more successful models of how to support a blended approach to learning from the technological infrastructure perspective as well as from the organizational (Human) perspective.

Cultural Adaption: What role can and should blended approaches play in adapting materials to local audiences. One strength of e-learning is the ability to rapidity distributes uniform learning materials. Yet, there is often a need for customizing the materials to the local audience to make them culturally relevant.

CONCLUSION

As we move into the future it is important that we continue to identify successful models of blended learning at the institutional, program, course and activity level that can be adapted to work in context this will involve understanding and capitalizing on the unique affordances available in both computers mediated or distributed learning environment. One of the innovations is the use of blended learning, the concept of

which assumes that in current state of the system of higher professional system blended learning is the formal educational program in which as student learns at least in part through instructions   via digital and online media. With the impact of blended technology on qualitative learning, the rapid emergence of technological innovation comes into being. Blending of technologies can take place an activity level, institutional level, course level, program level etc. so its effective role of technology in higher education which enhances the quality in education system. In order to refine teaching and learning higher education there is severe need of technological blending.

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STRESS, COPING AND SOCIAL SUPPORT AMONG FEMALE COLLEGE STUDENTS

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ABSTRACT

The present study aimed at exploration of stress, coping and social support among female college students. The sample consisted to 88 female college students from degree colleges, affiliated with Punjabi University Patiala. The data in the present investigation was collected with the help of Life Experiences Survey, Proactive Coping Inventory, and the Multidimensional Scale of Perceived Social Support. The results of t-test revealed that rural and urban female college students experience almost same level of positive stress and negative stress as well as same level of social support. But, the rural female college students are significantly better in coping than urban female students thereby meaning that they have a better way of dealing with life situations in pursuance of the studies for a better life. In other words, it indicated a personal strength of female college students to go ahead in life .The results are discussed in the contact of the government policies to promote gender equity in education and employment of educated youth.

Keywords: *Stress, Social Support, Female College Students*

Introduction

The principle of gender equality is enshrined in our Constitution which guarantees equality to women, and empowers the state to adopt measures of positive discrimination in favors of women for removing the socio-economic and educational disadvantage faced by them. The Constitution of India, guarantees to all women, equality (Article 14); no discrimination by the state (Article 15(1)); equality of opportunity (Article 16), equal pay for equal work (Article 39(d)); renounce practices derogatory to the dignity of women (Article 51(a)c). The constitution also allows the state to make special provision in favour of women and children (Article 15(3)) and securing just and human conditions of work and maternity relief (Article 42). The government of India declared 2001 as the "Year of Women's Empowerment" and The National Policy for Employment came into force from 2001.

After that provisions female student of degree colleges face new and different stress in their study place. The main sources of stress are academic and time concerns, fear of failure, classroom interaction and economic issues. Apart from this, the parental system also affects a lot to these students. The parents have unlimited expectation from their girl children andthey impose their own desires on them. The impact of these

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influences results in a number of students reporting emotional problems, anxiety, stress, and other psychological problems. They are often found in frightening, abusive, depressing, threatening, competitive, unpredictable, and confusing situations. The percentage of suicides is more among the female college students compared to the other groups of population and these suicides are mostly associated with academic failure or underachievement.

Majority of the female college students strive and try to handle the stress in a positive way. Whereas, some of the students do not know the ways to cope up with their problems and; therefore, adopt unhealthy ways. Thus, the dimensions of coping behaviour need to be studied from a developmental perspective. The coping can be at an emotional, cognitive, or social support seeking level. The emotional responsiveness grows out of the simple reflexes of painful emotional responsive behaviour, by the age of two or three years and emerges as a life style in later years of childhood and adolescence.

Social support as a form of coping, vis-a vis stress can be theoretically linked together that have been previously viewed as conceptually distinct. This allows for the elaboration of traditional constructs using theoretical developments in the other area. Second, conceptualization of social support as coping broadens the concept of coping as it has traditionally been defined to include interpersonal and relational skills. Third, this approach recognizes the importance of resources in others which can be incorporated into the behavioural and cognitive coping repertoire of the individual. Moreover, according to the present reformulation, interpersonal strength and relational skills are conceptualized as positive coping strengths, which can be developed.

Review of Literature

Asberg (2000) suggests that reducing emotional and financial stress-related costs may be possible through increasing public and professional awareness of moderating variables, such as social support and coping resources. The college students completed measures about perceived stress, life events, satisfaction with social support, coping strategies, and psychological functioning. Results from correlational, regression, and structural equation modelling procedures indicated that stress, inadequate social support, and escape-avoidance coping were related to higher levels of depression and lower life satisfaction in both males and females. Social support functioned as a moderator of stress in determining negative outcomes, primarily during high stress.

Lijuan Zhai (2002)indicated that international students experienced significant challenges in adjusting to academic stress, cultural differences, and language challenges within the U.S. higher education system. Adjustments to academic demands tended to present the greatest difficulty for international students. Friends and family were the preferred sources to seek help for personal issues.

Arla et al. (2003) examined the relationship of self-efficacy, social support, and coping strategies with stress levels of university students. Significant correlations were found for stress with total number of coping strategies and the use of avoidance-focused

coping strategies. As well, there was a significant correlation between social support from friends and emotion-focused coping strategies. Gender differences were found, with women reporting more social support from friends than men.

in study conducted by Heiman (2004) multivariate analysis of variance revealed that younger students used more emotional strategies and perceived having greater social support from friends than did older students. Students who did not work reported experiencing higher levels of stress associated with daily life and work-related issues. Women used more emotional and avoidance coping strategies. The findings of the regression analysis demonstrated that task-oriented and emotional coping modes, work stress, and family support explained 30% of the variance of sense of coherence.

Catherine E. Mosher et al. (2006)examined mechanisms through which optimism might influence psychological adjustment among black college students. Avoidant coping and social support mediated the relation between optimism and depressive symptoms, whereas active coping did not mediate this relationship. Results partially replicate those of prior research and illustrate the need for culturally sensitive theory regarding the combined effect of personality, coping strategies, and social support on psychological adjustment to stressful situations.

Crocket et al. (2007) examined the relationship between acculturative stress and psychological functioning, as well as the protective role of social support and coping style, in a sample of 148 Mexican American college students. In bivariate analyses, acculturative stress was associated with higher levels of anxiety and depressive symptoms. Moreover, active coping was associated with better adjustment (lower depression), whereas avoidant coping predicted poorer adjustment (higher levels of depression and anxiety).

Hashimah (2007) conducted a study on 209 students from schools in Penang. In this study, a semi-structured interview   covering questions on demographics, a 12-item measure of self-esteem, and a 20-item measure of well-being was conducted. To assess stress, coping and social supports, respondents were given a list of possible stressors (e.g., problems with relationships at home and school) and were asked to indicate whether or not they were bothered by these stressors, the type of coping that they had used in dealing with these stressors, and the type of social supports that they had received in relation to these stressors. A higher proportion of respondents (77%) identified issues related to academics and lessons as a problem compared to other issues (relationships at home, 34%, and relationships at school, 31%). The number of stressors related to everyday life was significantly related to well-being, but not to self-esteem or academic performance.

Renk Kimberly and Smith Tara (2007) suggested that anxiety, problem-focused coping, and support from significant others may serve as potentially important predictors of the academic-related stress experienced by college students. Thus, identifying college students' experience with these variables and addressing these variables in practical settings may help college students alleviate their experience of academic-related stress and have a less stressful, and possibly more fulfilling, college

career.

Honghong Wang (2009) found that positive correlations exist between stressful events, negative coping style and the total scores of SCL-90 (r=0.487, 0.462, p<0.01), while negative correlations related to positive coping style, social support and the total scores of SCL-90 (r=−0.192,−00.135, p<0.05). The stressful factors, negative coping style and social support all have significant main effects on mental symptoms (F=34.062, 16.090, 20.898, p<0.01), and positive coping style has no significant main effect on mental symptoms (F=1.853, p>0.05), but interactions relate to stressful factors and positive coping style (F=14.579, p<0.01), as well as negative coping style and social support.

In study conducted by Hefner Jennifer and Eisenberg Daniel (2009) results support the hypothesis that students with characteristics differing from most other students, such as minority race or ethnicity, international status, and low socioeconomic status, were at greater risk of social isolation. In addition, it was found that students with lower quality social support, as measured by the Multidimensional Scale of Perceived Social Support, were more likely to experience mental health problems, including a six fold risk of depressive symptoms relative to students with high quality social support.

Ramya and Parthasarathy (2009) revealed that majority of the students adopted emotion- and problem-focused coping strategies. Most of the female students adopted emotion-focused coping strategies, whereas the male students mostly used problem-focused coping strategies.

Krister (2011) Results demonstrated gender differences in the experience of many variables studied as well as the prediction of depression. High levels of perceived stress factored in as an important predictor of depression for both genders. Prediction models of best fit for females also included low mastery and low social support, while few coping resources along with high perceived stress appeared to be the most important factors in depression prediction for males. Mastery was also found to moderate the relationship between social support and depression for males.

Objectives of the Study

Following objectives were framed for the present study:

1. To study the difference in stress among female college students in relation to their locale.
2. To study the difference in coping behaviour of female college students in relation to their locale.
3. To study the difference in social support of female college students in relation to their locale.

Hypotheses of the Study

1. **There is no significant difference in stress of female college students in relation to their locale.**
2. **There is no significant difference in coping behaviour of female college students in relation to their locale.**

3. There is no significant difference in social support of female college students in relation to their locale.

Method and Procedure

The study was conducted on only female students of degree college affiliated to Punjabi university, Patiala. Descriptive survey method was used in the present study. In the present study random sampling technique was used. A sample of 88 female college students 26 urban and 62 rural students was raised through random sampling technique from different degree colleges, affiliated with Punjabi University, Patiala. For the present study Life Experiences Survey (James H. Johnson and Irwin G. Sarason, 1978), Proactive coping inventory (PCI) (Greenglass Esther, Schwarzen, Ralf, Jakubiec Dagmara, Fiksebawm Lisa and Toubert Steffen (1999) and The Multidimensional Scale of Perceived Social Support (MSPSS) (Sheung-Tak Cheng, Alfred C.M. Chan, 2004). After the collection of data t-test was used to study the differences in stress coping and social support among college students across location.

Result and Discussions

Table 1
Mean SD and t-value for Positive Stress Level of Urban and Rural Female College Students

Locale	N	Mean	SD	t-value
Urban	26	2.13	0.53	0.27[NS]
Rural	62	2.10	0.53	

NS= p>0.05

Table 2
Mean, SD and t-value for negative Stress Level of Urban and Rural Female College Students

Locale	N	Mean	SD	t-value
Urban	26	2.41	0.48	0.96[NS]
Rural	62	2.12	0.65	

NS= p>0.05

The table 1 and 2 shows that the mean values for positive stress of urban and rural female college students are 2.13 and 2.10 respectively and negative stress of urban and rural 2.41 and 2.12 female college students respectively. The t-value of positive and negative stress of female college student is 0.27 and 0.96 which is not significant at both levels of significance.

It indicates that there is no significant difference between urban and rural female college students on the variable of stress.

Hence, the first hypothesis stating that "There is no significant difference in stress of

female college students in relation to their locale" is accepted.

Table 3
Mean, SD and t-value for coping Behaviour of Urban and Rural Female College Students

Locale	N	Mean	SD	t-value
Urban	26	113.42	22.46	2.10*
Rural	62	124.09	23.20	

* Significant at 0.05 level

The table 3 shows that the mean values for coping behaviour of urban and rural female college students are 113.42 and 124.09 respectively. The t-value of coping behaviour of female college student is 2.01 which is significant even at 0.05 level.

It indicates that there is significant difference between urban and rural female college students on the variable of coping.

Hence, the second hypothesis stating that "There is no significant mean difference in coping behaviour of female college students in relation to their locale" is rejected.

Table 4
Mean SD and t-value for Social Support Level of Urban and Rural Female College Students

Locale	N	Mean	SD	t-value
Urban	26	48.8	10.16	0.25
Rural	62	48.9	6.40	

The table 4 shows that the mean values for social support of urban and rural female college students are 48.8 and 48.9 respectively. The t-value of social support of female college student is 0.25 which is no significant even at 0.05 level.

It indicates that there is no significant difference between urban and rural female college students on the variable of social support.

Hence, the third hypothesis stating that "There is no significant mean difference in social support of female college students in relation to their locale" is accepted.

Conclusion

On the basis of the analysis and interpretation of data following conclusions were drawn:

The experiencing of both positive and negative stress by female college students to a good degree is an indication that both the stresses go together in human life. Also the moderate level of coping shows a better condition of living that college students have. The availability of social support is a good indication of family lie and community life inspite of the fact that life is perhaps becoming more and more difficult in current era. The relationship of coping and social support is another major finding. These need to

be taken care of in educational programmes, both formal and non-formal.

Educational Implications of the Study

➢ Students, who use more coping strategies in their daily life, should be encouraged to help others who are facing similar kind of stress and are unable to cope with them.

➢ Teachers should adopt teaching methods that will help the students to develop better coping mechanisms.

➢ A positive relationship of students coping skills and social support provides teachers with important information that can be used in formative evaluation of their own teaching to promote use of learning strategies for enhancing achievement of learners both in academic and social aspects. Teachers need to make necessary and timely adjustments in instructional practices and thereby support students' academic learning and enhance their performance.

➢ Teachers can encourage the students to use more and more coping strategies to cope with any kind of stress in life.

➢ Coping strategies can help a student reduce the stress and promote the good social relationships, not only in college life, but in life at later stages.

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EDUCATIONAL THOUGHTS OF
DR. ANNIE BESANT (1847-1933)

Navdeep Kaur*

ABSTRACT

Annie Besant was an educationalist with high aims and ideals. She emphasised on the need for India to develop a national spirit to take its place among the nations of the world and to develop educational methods founded on Indian ideals. She became the founder of National Education under the name of the Society for promotion of National Education. She brought a new spirit in the country and worked tirelessly for the promotion of education.

***Keywords:** Annie Besant, Educational Thoughts, National Education*

Introduction

Annie Besant's educational philosophy is based on the theosophical ideal of education according to which each child should receive an education suited to develop his particular and individual faculties. He should be imparted education which will make him useful as citizen in his community and his country.

Brief Life Sketch

Annie Besant (1 October 1847 – 20 September 1933) was a prominent British socialist, theosophist, women rights activist, writer and orator and supporter of Irish and Indian self-rule. She was anIrish lady who made India her home. Annie Besant coming from an aristocratic irish family made India her home. Annie Besant had a good education from the early years. She studied several books on philosophy and religion. She married a clergyman. She had many doubts about the belief of Christian Church. After some years, she left the church and became a free thinker.

Theosophical Leader

Annie Besant was greatly influenced by the teaching and philosophy of Madam Blavatsky, founder of the Theosophical Society in London and became a member. Annie Besant supported the movement for the Status of Women in England. She came to India as a leader of the Theosophist movement and founded many schools and colleges on its principles, in India. She also wrote many books and pamphlets on religion, socialism, politics, education and the status of women, both in England and India.

Supported the Independence Movement

During her many fruitful years of service to India, Dr. Besant strongly supported the movement for Independence, and took an active part in the freedom movement from her headquarters in Adyar, Madras. Dr. Besant loved India. Her respect and understanding of India's religion and cultural heritage was profound.

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She studied Hinduism and delved deeply into its philosophy. She wrote many books and brochures on Hinduism. Dr. Besant's support of India's aspirations and struggle for freedom evoked much opposition from her English Countrymen, but she regarded India as her adopted homeland. She strongly criticised the conduct of British in India and openly defended India and Afghanistan against the oppressive politics of the British. Annie Besant died in 1933, after leaving an indelible mark on India education, the fight for women's rights as well as on India's aspirations for freedom. While in London, Dr. Annie Besant wrote several books and pamphlets on Population, Physics, Physiology, Biology, Socialism, Status of Women.

In India her publications include-

1) Education as a national Duty (Benaras, 1903)

2) The Education of Indian Girls (Benaras, 1903)

3) Principles of Education (Madras, 1915)

4) Education for the new Era (London, 1919)

5) Theosophical Education Report (Madras, 1917)

6) Some Lessons From the Mahabharata (Benaras, 1899)

7) Sri Ramchandra, the Ideal King (Benaras and London, 1901)

8) Hindu Ideals (Benaras and London, 1904)

9) Sanatana Dharma: An Advanced Textbook of Hindu Religion & Ethics (benaras, 1904)

10) The Universal Textbook of Religion and Morals (Adyar, 1914-1915, 3 volumes)

11) Lectures on Political Science (Adyar, 1919)

12) Legends and Tales (London, 1883)

13) Civilization's Deadlock and the keys (London, 1924)

14) Kamala Lectures: Indian Ideals in Education & Philosophy, religion and Art (Calcutta,1925)

15) World Problems of Today (London, 1925)

16) India Bound or free (London& New York, 1925)

LIFE PHILOSOPHY OF ANNIE BESANT

Annie Besant was a firm believer in the philosophy of Theosophy that emphasised the following two principles-

1) The Unity of God who is the Universal source of all existence.

2) Universal Brotherhood of man.

Religious Views of Annie Besant:-True religion, according to Annie Besant consists not only inone's feeling towards God but also in performing duties towards our fellowmen. A morally good man who doesnot believe in God at all, is in a far higher state of being than the man who believes in God and is selfish, cruel and unjust.

BASIC PRINCIPLES OF HER EDUCATIONAL PHILOSOPHY

1) **All Round Education:-**Annie Besant writes, "I look forward to a time when every child shall receive, in the national schools, the elements of a literary, scientific, artistic and technical education. No boy or girl should leave the school ignorant of our literature, or of the wonders of science. He should delight in beauty. He should also learn some definite means of bread-winning, let it be tailoring, cookery or carpentry or any trade or profession. Every pair of hands should be able to do at least some one thing well by which an honest living may be earned. "Emphais on the development of Individual Faculties:- Dr. Besant's educational philosophy is based on the "Theosophical ideal of Education- Each child should receive an education suited to develop his particular and individual faculties. Such an education should be imparted which will make him useful as a citizen in his community and his country.

Aims in Education:-Education should draw out the child's capacities, and develop and train these capacities so that he becomes a healthy and useful member of a civilized society.

The objects of such an education are-

1) To train the body in health, vigour and grace, so that it may express the emotions with beauty, and the mind with accuracy and strength.

2) To train the emotions to love all that is beautiful.

3) To sympathize with the joys and sorrows of others and to inspire to serve others to love our elders as our parents, treat our equals as our brothers and sisters, and youngsters as our children.

4) To find joy in sacrificing for great causes for the helpless and compassion for those who suffer.

5) To train and discipline the mind in right thinking, right judgement and memory.

6) To subdue body, emotion and mind spirit.

In short, education should make man a good citizen of free and spiritual commonwealth of humanity.

Annie Besant divided the entire period of education in life into three parts. These are as follows:

(i) First period: - 1 to 7 years:

1) The physical health and development of the child's body should be the chief concern of parents and the teacher. The child's entire future depends on the care bestowed on the child during the first seven years of his life. Nothing in later years can fully make up for insufficient food or insufficient light, exercise and sleep, during this period.

2) This is also the period for cultivating observation for training the senses into alertness, accuracy and grasp, for training hand and finger skills of memory- especially the word memory

which is very wuick and retentive in childhood. Nursery rhymes remain in the memory for life. Rhymes and poems employing succession of events, names or dates learnt in childhood, are never forgotten.

3)No abstract reasoning processes should be forced upon the child during this period. His attention should be directed to observation of sequences of facts but not the logical processes. The brain cells are not sufficiently inter-related to make any train of reasoning intelligible and there is no sense in memorising logical sequences which are not understood by the child.

(ii) Second Period: 7-14 Years: Main characteristics and nature of Education;-

During this period,Education in this period should be chiefly directed to the development and training of emotions, and thus to the building of character. Histories containing largely of biographical stories of great men of varied types, saints, heroes, martyrs, political, artistic and literary leaders in every department of human life- these should inspire enthusiasm and shape the ideals of developing boys and girls. In this way character will be built and the channels of right emotions will be prepared. Thus when the great emotional rush which follows the attainment of puberty is upon the youth, that rush will find channels ready to receive it, to render it uplifting the beneficial, instead of degrading and mischievous.

(iii) Third Period; 14-21 Years:

This should be the time of intellectual development of hard and strenuous mental labour. The reasoning faculty should be thoroughly trained by logic and mathematics. Specialization in some areas should prepare the youth for his future career.

Curriculum at Different Stages:-

Curriculum at First period: 1-7 years:-Tales of noble deeds and heroism should be narrated

from the earliest days. Emphasis should be on health, physical dexterity and skills, nursery rhymes, cultivation of word-memory, observation of sequences of facts, love of beauty arousing of sympathy for the poor and helpless.

Curriculum at Second period: 7-14 years: - History and biography, Geography, Physics, chemistry and Geology should be taught. Practical and laboratory work in the science should be included. Algebra, Geometry and Arithmetic should occupy an important place in the curriculum at this stage.

Curriculum at Third period: 14-21 years:-Since this is the period of the rapid intellectual development, Logic and mathematics should be taught intensively. The sense of duty to one'sfellowmen should be taught through civics and Social Studies. Sciences such as Biology, Physiology and Psychology should be mastered . Literature, Philosophy, Economics should occupy an important place. Various aspects of the Arts should be included in the curriculum Specialization in some chosen field should prepare the student for his future career in life, during this period of his education.

Religious Teaching:- Religious education should begin with easy stories in the child's stagesof education and pass on to Metaphysics in the later years in all of the three stages, being adapted to the intelligence and understanding of the student.

Physical Training:-Physical Training should be all-pervading, and should be adapted in theory and practise to the physical development and needs of the growing pupil in all the three stages.

ANNIE BESANT'S CONTRIBUTION TO EDUCATION

1. **Free and Universal Education:** Annie Besant strongly believed and preached that there is no such thing as racial superiority. The white races and the so-called higher castes of people are not in any way superior to other people. Domination by races and castes of people over others is totally unjustified. All people in the world are endowed with intelligence and ability, regardless of race or caste. There should be free schools established for universal free and compulsory education in India. No one should be denied the right to education and upward mobility.

2. **Establishing Educational Institutions:-**Dr. Besant's support of India's national aspirations led her to encourage and support many innovative educational efforts. She founded many schools and colleges . The central Hindu School and College was founded by her in 1898 in Benaras. It later became the Benaras Hindu University. She also founded the Theosophical Institute at Adyar, Madras, among many others.

3. **Vocational Education:-**Dr. Besant's was a strong advocate for vocational education in schools . By the end of schooling, every pupils should have learnt some trade or craft: carpentry, cooking, tailoring or any useful skill or vocation, to enable him to earn in living, at any stage in his educational career.

4. **Organisation of Clubs and Organisation:-**Not only did she start the Central Hindu School and College at benaras, she organized its debating clubs and many sports organizations.

5. **Emphasis in High Standards:** She was an excellent teacher and educational administrator, who set high standards for other teacher and organizers around her. She was admired and loved by her students and colleagues for her dedication efficiently in educational endeavours.

6. **Involvement of students in social reforms:** She took a firm stand against childmarriage which was widely prevelant in India at that time. Students were discouraged from marryinf while they were still studying, and they and their parents were made to realize that the students were not mature enough to assume adult responsibilities.

7. **Instilling nationalist Spirit:-**She gave speeches on nationalism, freedom and social reform in schools and colleges as well as in public. This made the students realize their responsibilities to live and work for a free India.

8. **Promotion of Women Education:-**Annie Besant was an ardent promoter of women's education in India. She organized many groups to strive for the furtherance of girl's schools and colleges in many parts of India where facilities did not exist, and girls and women were neglected. She worked to raise the status of girls and women through education.

9. **Inspired enthusiasm for educational promotion and report:-**Due to Annie Besant's pioneering work in education , many committees, parsi, muslim, Christian, AryaSamaj, Dev Samaj, Brahmo Samaj and others started schools for their youth on modern lines. She inspired a great deal of enthusiasm for education in India at a time when the british neglected educational betterment and expansion to fit the needs of the country, in their schemes.

To sum up,Annie Besant lived and worked in India during the period when Rabindranath Tagore, Sri Arbindo Ghosh and Mahatma Gandhi were carrying on their revolutionary ideas and ideals in the social, educational, religious and political fields. She had a great zeal and missionary endeavour for the promotion of education, especially of women education, social reform and India's freedom.

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INFORMATION TECHNOLOGY IN EDUCATION

Dr. Raj Pal*

RETPOSPECT OF THE FIVE – YEAR STRATETGY

THE PAST FIVE YEARS SAW THE INTRODUCTION OF it in Hong kong. With the concerted efforts of schools, teachers, tertiary institutions, the private sector and other relevant organizations, we have begun to reap harvest. Here we take stock of what we have achieved, what the opportunities and barriers are , and what have proved working and what not.

What have we Achieved ?

We have laid the necessary infrastructure, provided teachers with the basic training on the use of IT, and collected a rich repository of digital education resources. Regional centres of it excellence have emerged, innovative pedagogies and practices have surfaced, and student" generic IT skills have improved.

Access and connectivity

A Survey conducted early this year found that on average, each primary school now has 91 computers while secondary school has 247. These are well above the original targets of 40 in primary schools and 82 in secondary schools now in the Five – year – Strategy. All schools have broadband connection 10 the internet, with over 60% of them having fibre accesss and enjoying 10 to 100 Mbps bandwidth.

Teacher enablement

The Five–year Stategy Recognizes the important role of teachers as the enabler of IT in education. At the end of August 2003, all teachers have completed IT training at the Basic Level, 35,600 teachers at Intermediate Level, 12,500 Teachyers at Upper Intermediate Level and 2,600 (6%) teachers at Advanced Level. The Education and Manpower Bureau (EMB) provided refresher training courses, Seminars and workshops to keep teachers abreast of IT developments. The Hong Kong Education City (HKEd City), an education portal in Hong Kong, has also organized Various activities to promote IT solutions to schools.

Collaboration among schools has been fostered through an territory-Wide network of " Centres of Excellence on IT in Education " (CoE) comprising some 20 schools in various districts. The CoE provided professional support to schools to help meet the goals of the Five –year –Strategy.

Curriculum

In 2000, the "information Technology Learning Targets" were issued , paving the way for the mtegration of IT into the curriculum. To support primary schools in Mplementing the learning targets, a computer awareness programme comprising eight learning modules was developed. The curriculum reform document Learning to Learn- The Way Forward in curriculum Development" published by the Curriculum Development Council (CDC) in 2001 reinforced the role of IT as a tool to support the reform Measures. The "Basic Education Curriculum Guide – Building on Strengths" published by the CDC in 2002 provides, among others, guidance to schools on fostering an appropriate environment for mteractive learning with IT, and making appropriate use of IT in teaching Various subjects.

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Resources

As Hong Kong's market for education software was then at an early stage, EMB assumentd the dual role of forerunner and facilitatior in the production of curriculum resources in the past five years. The education software developed by EMB helped the private sector and other parties understand the needs of schools. In just a few years, schools, teachers,l tertiary institutions, the private sector and non- government organizations (NGOs) have produced a remarkable volume of curriculum resources and materials. Many are available for sharing online and at physical resource centers.

Community participation

10.   Ecpositions, activities and competitions have been held to promote the use of IT in education. Programmes have also been held in collaboration with schools, professional bodies and private companies.

Case studies on pedagogical practices

11.   Various studies have been conducted to evaluate the pedagogical and other impact of IT in education. For example, the Report of Second international Information Technology in Education Study Module 2 (SITES M2) published by the Centre for Information Technology in School and Teacher Education (CITE) of the University of Hong Kong has confirmed our success in infrastructure and training, and looked forward to more development in pedagogical practices.

What have proved Working?

2.   Empirical Ecperiences of teachers, research as well as evalucation conducted have together provided guidance on the effective application of IT in education. A number of general principles are evident

(a)   to ensure success in using IT in education clear leadership and directions from to Government are important. The Government can help build the necessary culture for the use of IT in education , lead and organize promotion activities and provide resources;

(b)   at the school level , the success of applying IT in education lies mainly with the support of school heads as visionary leaders and agents for change, and teachers as practitioners of appropriate pedagogies. Multi- level leadership in school in crucial for the success of IT in education:

(c)   in respect of teachers, the concept of " paradigm shift" must be well understood and well used. Through the use of IT, learning and teaching processes should be restructured and made more "student-focused": and

(d)   in view of the diversity in schools" IT Readiness, school- based flexibility in the implementation of IT plans is a key to success.

From empirical evidence and feedback of teachers, there is a general consensus that IT can be applied effectively in learning and teachin, e.g-

(a)   IT can be useful tool for students to explore and collect information, e.g. for project- based learning:

(b)   IT can assist teachers in preparing assessment and tests:

(c)   IT can facilitate communication among schools, teachers, parents and students:

(d)   Multimedia learning resources can help explain abstract phenomena and arouse students'interest to learn: and

(e) Where the teachers have a clear focus on valuing student-centered, inquiry oriented learning and the use of IT as a means to curriculum innovation,exciting pedagogical practices can emerge.

Barriers

4.   In 2000, the then Education Department commissioned a review on the implementation of IT Education in Hong Kong. The review, together with feedback from school and teachers on the implementation o9f the Five-Year Strategy so far,have identified the following major obstacles affecting the use of IT in le3arning and Teaching–

Schools

(a) Vision and leadership in schools focusing on using IT for the promotion of curriculum and pedagogical innovation are crucial yet have not been widespread. In some cases, appropriate professional development and support are lacking;

(b) Some schools consider that IT hardware is still insufficient. Most consider that hardware acquired some for , five years ago when the Strategy for infrastructure renewal as well as funding such renewal need to be developed;

(c) Schools are still in need of support in handling procurement, management and maintenance of computers and networks, and use of IT across the curriculum:

(d) There is a general lack of sharing and collaboration amongst schools, and between school in Hong Kong and elsewhere on the use of IT in learning and teachin. Teachers anre concerned about the possibility of self – made teaching materials being misused for commericial gain when being posted on the web. Some are concerned that the intellectual property rights of some self –made materials have not been fully cleared for more open and wider disclosure;

Teachers

(e) While all teachers have been provided with basic training in the use of IT, many are still not familiar with the application of IT to enhance the effectiveness of learning and teaching:

(f) Some training courses provided have been skewed towards training in IT skills, not the application of IT to enhance learning and teaching:

(g) Increased use of IT in teachin requires the re- engineering of classroom management and routines , as teachers need to tackle the interaction between machines and students while striving for resulet;

(h) Some teachers have reported difficulties in making use of specitic, pedagogically sound software/learning platforms in their classes due to inflexible network and management infrastructure in schools;

(i) Some teachers find it difficult to identify and select digital education resources. Better indexing of resources is needed:

(j) Some digital education resources, including those produced by private firms, do not meet the needs of teachers:

(k) Many of the best digital learning resources are cognitive tools developed on the basis of significant cognitive and pedagogical research which cannot be easily appreciated or adoped by teachers without having undergone appropriate professional development; and

Students

(1)   There is still a problem of " digital divide" The cost of software and hardware may be prohibitively high for some students.

Opportunities

5.   If rigtly used, IT can be a powerful tool to propel change. As various Education Reform measures steam ahead , the opportunities on the use of IT lie in the following-

(a)   Supporting the curriculum reform and related changes, including the provision of easily accessible curriculum resources, Indeed the use of IT for interactive learning is one of the Four Key Tasks of the Curriculum Reform (CDC,2001)

(b)   Supporting the initiatives in the Action plan to Raise Language Standards in Hong Kong (Staning Committee on Language Education and Research, 2003) such as providing learning and teaching software and creating and environment for students to learn and practice languages;

(c)   Assisting the assessment of student learning outcomes, inclucluding school-based assessment and the Basic Competency Assessment:

(d)   Facilitating communication and cooperation between home and school:

(e)   Supporting the continuing professional development of teachers and school principals such as the use of online learning platforms and self – learning packages:

(f)   Breaking up the physical barriers of classroom learning at set times and achieving lifelong development through e- learning:

(g)   Nurturing a global outlook amongst students and the teaching force by connecting with the education communities in other parts of the world, and enhancing exchange and collaboration; and

(h)   Facilitating the sharing of good practices in curriculum and pedagogical changes; supporting the formation of communities of practice among teachers and principals using the internet.

Review of Five – year Strategy

6.   A consultant has been commissioned to review the progress made under the Five –year Strategy. In particular, the study will examine the ceadiness of schools, teachers and students to use IT for enhancing the suffectiveness of learning and teaching. It will also identify areas requiring auttention. The study wil be substantially completed by mid -2004. We anvisage that the study would shed light on the following areas-

(a)   Infrastructure_- schools' IT Development progress in terms of networking and hardware installations;

(b)   Teachers" professional development – teachers needs and areas where support is required;

(c)   Education resources- the application and adequacy of education resources for supporting learning/ teaching processes;

(d)   Pedagogy- teaching practices with the use of IT ;

(e)   Students usage of IT- students' purposes of using IT, there IT- related habits and frequency of use: and

(f)   Students' learning outcomes – student' achievements in there mastery of basic IT – Related knowledge and skills at different learning stages.

        Findings of the study will serve as a benchmark for future studies, and provide pointers to fine – tune the implementation plan of the next IT in education strategy.

<u>**VISION FOR THE FUTURE**</u>

What do we want from IT ?

7.   We envision the schools and classrooms of tomorrow from whre have are today. Our vision on use of IT may be epitomized as follows –

Students. Teachers, schools and other stakeholders will use IT effectively as a tool for enhancing the effectiveness of learning and teaching, with a view to preparing our students for the information age, turning schools into dynamic and fostering collaboration among schools, parents and the community.

The Next Strategy

8.   The first Five – year Strategy has successfully provided the necessary infrastructure for IT in education to take off. Building upon the current strengths and having regard to the barriers identified, the next strategy will focus on the following-

(a)   Using IT as a lever to support and advance the Education Reform initiatives;
(b)   Fostering the development of leadership capacities in schools to develop holistic and strategic school plan for making effective uses of IT to Realize the school';s vision and goals;
(c)   Better integration of IT into the curriculum as well as the learning and teachin processer:
(d)   Defining information Literacy levels to set targets for students to develop IT skills and use then for learning and communication; and
(e)   Building partnership among various stakeholders to undertake initiatives, and pooling efforts, funding and expertise from various parties to sustain the momentum.

19.   Having regard to the above vision , the potential of IT in education and the barriers, as well as the views of experts, academics, school heads, teachers and private firms collected throughout the implementation of the Five – year Strategy , we have set the following six strategic goals-

Goal 1 : Empowering learners with IT –

Students will acquire the necessary skill;s, knowledge and attitudes for lifelong learning and creative problem solving in the information age. They will use IT asan information retrieval, knowledge enquiry communication, collaboration , analytical and personal development tool.

Goal 2 Empowering Teachers with IT –

Teachers will be provided with professional development opportunities and support to undertake the challenge of using IT for curriculum and pedagogical innovations, and to facilitate, guide , administer and assess learning in ways that align with the goals of the curriculum reform. Support structures and mechanisms will be developed to foster the development of online and off-line communities of practice for teachers for exchanging experience and good practices as well as collaborative problem solving.

Gole 3 Enhancing the Leadership capacity of schools for the Knowledge Age –

School heads and their associates will be guided and supported to establish visions and goals as well as build teams appropriate for their school contexts , in order to enable them the effectively lead change in integrating technology into school planning, curricula , learning and teaching processers, communication and collaboration. They will be given more flexibility in making decisions that tailor to the needs of their schools.

Goal 4 Digital Resources for Learning –

Digital resources will be continually enriched to meet school needs. Research on knowledge management strategies will be conducted to enable resources and curriculum experiences generated from various sources, local and international, to become more easily shared , updated, retrieved, customized and utilized.

Goal 5 Sharing and Continuting professional Development -

Evaluation and research will be conducted by practitioners and experts to identify effective strategies for IT in education and distill the elements of successful pedagogies. Exemplars will be more widely shared among teachers. Research will also be conducted to establish effective models of professionl development such that the process will not only help teachers gain knowledge and skills, but will also provide a structure and support for continuous improvement in the application of IT in education in schools.

Goal 6 Community –

Wide Support and community Building – The community , in particular parents, will be involved and encouraged to motivate children towards appropriate use IT and drive home messages on cyber ethics.

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EDITORSPEAK

Researchers, for long, have linked cancer with our food habit. The highest prevalence of cancer of food pipe (esophagus) is found in China and Punjab. In both areas, people take very hot food and, in most instances, no dessert. International Agency for Research on Cancer reported that drinking of too hot coffee too often leads to ulcer in food pipe, a precancerous lesion. Again, knowingly or unknowingly, we ingest various chemicals daily which may cause cancer. Some of these carcinogenic compounds are part of daily urban food habits. Avoiding the following most dangerous foods may diminish the incidence of cancer.

Colored Foods, Vegetables, Cosmetics : we eat with our eyes and nose, before we eat with our mouth. To keep vegetables appealing, many sellers use synthetic food dye containing chemicals. In vitro and animal experiments showed many of these chemicals can cause cancer. Allura Red (Red 40) is the most-used dye in candy, cosmetics, vegetable and is proved to cause cancer of Adrenal Glands in experimental mice. Other common dyes include : Brilliant Blue (causes Kidney cancer) is used in bakery, beverages and cereals; Indigo Carmine (brain tumor) in candies; Fast green (cancer of urinary bladder and testis) is cosmetics, candy and medicines; Erythrosine (Thyroid tumor) in cosmetics, candy and cherries; and Sunset Yellow (adrenal tumors) is used in gelatin, candy, desserts etc. In our villages, Metanil Yellow is still used to color jalebi. It contains Benzidene that may cause cancer.

Plant-based dyes are safer alternatives. In UK, Fanta orange soda is colored with pumpkin and carrot extracts while in many countries, it uses Red 40 and Yellow 6. In UK, McDonald's strawberry sundaes are colored only with strawberries, but with Red 40 in many other countries.

Food additives : Monosodium Glutamate (MSG) is used to enhance flavor in noodles, infant formula, low fat milk, candy, chewing gum etc. It promotes cancer growth. In 2008, experts of Netaji Subhas Chandra Bose Cancer Research Institute showed that MSG may cause stomach cancer. Aspertame is a synthetic sweetener used in soft drinks, It may cause brain tumor, leukemia and lymphoma in experimental animals. Acesulfame may also cause cancer.

Pesticide ridden foods : Pesticides are chemicals used in agriculture to protect crops against insects, fungi, weeds and other pests. They are also used to protect from vectors like mosquitoes. Residue of many pesticides in food may cause cancer like non-Hodgkin lymphoma, multiple myeloma, chronic lymphocytic leukemia, and prostate, testicular, pancreatic, lung and non-melanoma skin cancers.

Genetically Modified (GM) Food: A recent French research demonstrated that rats, when fed exclusively with GM corn, develop breast tumors, liver and kidney damages.

Vanaspati Ghee : Hydrogenated oils are made by adding hydrogen to vegetable oil to make it thicker, and to increase the shelf life. The trans-fats in these and also brominated oils are linked to breast cancer.

Bread, Cake, Bakery : Most of these contain refined white flour thatis bleached with chlorine gas. Refined flour raises blood sugar that feeds cancer cells leading to its growth and spread. Coarse flours, soya flours are preventive.

Soft drinks: These may enhance the risk of pancreatic cancer. Again, many of these contain a coloring agent, 4-methylimidazole, which increases the risk of cancer. Sodium Benzoate in many soft drinks may react with added Vitamin-C to produce Benzene – a carcinogen.

Potato Chips, French fries : Many brands make these crispier by a chemical acrylamide, It is also found in cigarette smoke. It is carcinogenic.

Sausage, Salami, Burger, Hot-Dog: All these junk foods contain meat, ham, beckon etc., processed by smoking, salting, curing, and fermenting. These processes produce sodium nitrite and sodium nitrate – a carcinogenic compound that enhances the risk of colorectal cancer by 18%. Also most of these meats & poultry are injected with hormones like rBGH and rBST that are linked to breast cancer in women and prostate cancer in men.

Soya Milk &Tofu : They are hydrolyzed proteins containing free glutamate. Soy beans have goitrogens. It may cause thyroid cancer and breast cancer in women.

Farmed Preserved Fish (e.g. Tuna) : Farm raised fishery contain carcinogenic compound; Polychlorinated Biphenyls (PUB). Again most of these are treated with pesticides and antibiotics, which are potentially carcinogenic.

Preserved Salty food: Excess salt in food enhances Helicobacter pylori that predisposes to stomach ulcer. 5% of such stomach ulcers may turn cancerous. these foods contain sodium nitrate and sodium nitrite that, in vivo, changes into nitrosamine and nitrosamides. Both these compounds are associated with increased risk of cancer.

Refined sugar: Cancer cells consume 12 times more sugar than normal cells. They grow in acidic medium. Sugar, with pH of 6.4 provides the acidic medium for cancer cells to thrive. Also sugar causes obesity which indirectly makes the obese prone to cancer. Honey, Jaggery, Date Sugar are safer alternatives.

Containers, Utensils and bags : Plastic containers and canned foods are contaminated with Bisphenol A (BPA) and phthalates. These hormone-disruptive chemicals are linked to cancer and diabetes. Non-Stick (Teflon) pans, some non-sticky bags (e.g. for popcorn) are lined by a chemical Per-fluoro-octanoic-acid (PFOA) which may lead to cancer.

So….. look before you leap for food!!!!

Dr. AK Banerjee, Prof. (Surgery)
Editor-in-Chief