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Volume 16 **Number 1** **July 2025 – December 2025**

Editorial - **Dr. G. Albin Joseph, and Dr. Joyashri Dey**

• **Relapse and Service Responsiveness among People Who Inject Drugs: Implications for Public Health Social Work Practice in Northeast India** – Dr. Lalzo S Thangjom

• **A Study on Psychosocial and Physical Problems of the Family Members of Mentally Ill Persons** – Reji TR

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• **A Narrative Exploration of Upbringing Experiences among Young Adults Undergoing Drug Rehabilitation** – Dr. T Luithuiwung Awungshi, Peniya Rajkumari & Dr. Shaurya Prakash

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• **From Disclosure to Justice: Exploring the Role of Non-Offending Mothers in Protecting Child Rights under the POCSO Act in Barak Valley** – Debosmita Dewanjee & Dr. G. Albin Joseph

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Social Work Journal (Bi-Annual)

A Peer-Reviewed Journal

Department of Social Work

Assam University, Silchar – 788011, Assam, India

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Editorial

The Social Work Journal has published twenty-six selected papers in Volume 16 and issue number 1 on the theme 'Core Areas in Social Work Practice'. The following are the observations and gist of the scholarly papers of 41 authors and co-authors.

1. The research paper titled 'Relapse and Service Responsiveness among People Who Inject Drugs: Implications for Public Health Social Work Practice in Northeast India' by Dr. Lalzo S Thangjom describes the return to drug use among individuals who inject drugs, using a method that links personal actions with how well services respond. Results show that comeback episodes depend less on personal choices alone and more on how effectively support systems adapt and meet needs.

2. A Study on Psychosocial and Physical Problems of The Family Members of Mentally Ill Persons by the research scholar Reji TR highlights the need for targeted mental health support programs, community interventions, and healthcare policies to alleviate the burden on caregivers.

3. The paper 'Collective Action and Neo-gender Realism: Challenges of Transgender Community in India' by Dr. Deepshikha Carpenter and Dr. Anwara Begum Mazumder perceives the challenges and complexities at the grassroot level which is encountered by gender activists and the transgender community through the feminist lens of collective action and neo-gender realism.

4. Dr. T Luithuiwung Awungshi, Peniya Rajkumari and Dr. Shaurya Prakash examine the experiences of young adult men living in a rehabilitation centre and examines the relationships between family, social, emotional and traumatic factors and the initiation, escalation and recovery orientation to substance use in the research paper on Exploration of Upbringing Experiences among Young Adults Undergoing Drug Rehabilitation.

5. In the paper titled 'Patients availing healthcare in Public Health Centres', the author Dr. Nula Bethel Anal attempted to find out the health care services, assess the patients availing the services and their satisfactions towards the health care facilities available in Chandel district, Manipur.

6. The outcome of the paper titled, 'Enhancing Mental Health Outcomes: Literacy, Stigma and Ability of Social Workers' in Suicide Prevention' by the author V. Beulah Praisy emphasized that social workers irrespective of their specialization and field of work should be trained to be vigilant and proactive for early detection and consciously incorporate suicide prevention-related activities into their practice.

7. The authors M. Jani Esekkial and Dr. G. Albin Joseph have analysed the pattern of child trafficking in India during 2016–2023 based on NCRB data covering 28,981

registered victims in the paper titled ‘Trafficking in India: Changing Trends, Regional Patterns, and Gender Dimensions’.

8. The review paper titled ‘Acid Attacks in South Asia: A Review of Gender Dimensions, Legal Inadequacies and Social Work Interventions’ by the authors Mouli Chakraborty and Dr. Jacob Islary focuses to inform evidence-based strategies, enhance policy framework, and advocate for the empowerment and recovery of acid attack survivors.
9. The qualitative research paper - Understanding the Impact of Parental Alcoholism on Children: Qualitative Research Analysis of Bolpur-Sriniketan Block, West Bengal, authored by the research scholar Srijita Ghosh and Dr. G. Albin Joseph brings insight about the impact of parental alcoholism on children’s behaviour as well as the gender differences in how parental alcoholism affects male and female children examining the behavioural changes they experience.
10. The paper titled ‘Work-Life Stress of Working Women and Its Impact’ by the authors Kiron Rajkumari, Prateeti Barman and Dr.Bijoy Das highlights the disproportionate burden women face in managing dual roles and the broader implications for health, productivity, and gender equality.
11. The research scholar PrernaVerma and her guide Prof. Gangabhushan M. Molankal evaluate policy implementation- Plantation Labor Act (PLA) 1951, institutional bodies like Tea Tribes Welfare Department (TTWD) and tripartite conciliation process to propose the holistic governance reforms in the paper titled ‘Gender, Governance and Labour: Assessing Equity Reforms in Assam’s Tea Plantation’.
12. The researchers Mhashelenü Kin, Z. Bokatoli Kinimi and Dr. Abel Ariina attempted to find out the impact of family dynamics, especially parenting styles and family interactions on the behaviour and development of the youth of Viswema Village in Kohima District of Nagaland in their research paper - Family Dynamics and Their Influence on Youth Behaviour and Development in Viswema Village, Nagaland.
13. The paper titled ‘Impact of School Dropout and Its Challenges on Employability: A Study of Old Showuba Village, Niuland District’ by Ashela M Kips, Z. Bokatoli Kinimi and Dr. Abel Ariina gives a vivid picture that the school dropout negatively affects employment opportunities, income level, self-esteem, and long-term career growth and it concludes that reducing dropout rates and strengthening vocational training are essential for improving employability and socio-economic development among rural youth.
14. The paper titled ‘Impact of Sunflower Drug Addiction among Students in Dimapur, Nagaland’ authored by Pezangulie Suokhrie and Dr. Abel Ariina focuses on the rising trend of sunflower drug consumption among students in with an aim to assess the intra-personal conflict due to various factors and drug abuse.

15. The author Philip Kamei in which the paper entitled 'The Growth Dimension of Good road and Infrastructure as Income Earner and Employment Generation Since Time Immemorial' states that Road and infrastructure are versatile, the biotic component and a biotic component needs road for multidimensional purposes, namely business and trade[merchandised] , for agricultural activities, for health facilities, to get foods, clothing's and centre and as footpath even for transportation of non – living things like Gold, silver, Iron, petroleum and its product and forest products and other resources.
16. The study of the authors Sampita Das & Dr. G. Albin Joseph in the paper 'Trends in Dropout Rates and Pupil-Teacher Ratio across North-Eastern States' analyses the trends in dropout rates and pupil-teacher ratio across North-Eastern states between 2018 and 2024 using UDISE+ data. The findings reveal a general decline in dropout rates in most states after 2019, indicating improvement in student retention over time.
17. Dr. Lindsay Murray M Sangma , Dr. H.S. Dawnthingla and Rikchina R. Marak emphasize in their paper titled 'A Comparative Study of Fieldwork Experiences and Challenges Faced by Social Work Students in Shillong and Tura, Meghalaya' the need for strengthened supervision, improved institutional support, and better resource allocation to enhance the effectiveness of fieldwork education and professional development.
18. The research paper titled 'Assessing the Impact of Opioid Substitution Therapy on the Quality of Life of Injecting Drug Users in Guwahati: A Socio-Health Perspective' by the authors Muhammed Zubire and Dr. G. Albin Joseph reveals that almost all IDUs under OST intervention in Guwahati greatly improved their injectable practices and physical condition, as well as improved psychologically, socially and economically.
19. Dr. Suranjan Das' paper on 'Aging, Gender and Health: A Study of Elderly Women in Barak Valley Region of Assam'examines how social determinants such as gender, marital status, economic independence and education influence illness prevalence, health seeking behaviour and health care access among elderly women in the rural Barak Valley region of Assam.
20. The paper titled 'Caste Discrimination and Social Exclusion: The Plight of Dalit Women' by Dr. Deepanwita Dey Purkayastha highlights on the various challenges and encapsulates the economic and social situations of Dalit women in India.
21. A review based paper on 'Educational Barriers Among Children of Commercial Sex Workers: A Review-Based Study' by the authors Sonali Ghosh and Dr. Kaivalya T. Desai reveals that educational exclusion among children of commercial sex workers depends on economic vulnerability, family environment, intergenerational vulnerability, psychosocial and emotional marginalisation, structural inequality and stigma attached to their mother's profession.
22. The researchers Chayanika Das and Dr. Kaivalya T. Desai in their paper on 'Education and Gendered Burdens: Understanding School Participation Among

Adolescent Girls in the Tea Gardens of Assam' highlights that poverty, low parental education and gendered household responsibilities significantly affect girls' school participation and continuation of education. They further highlight that girls are often expected to prioritize household chores and caregiving responsibilities over education, reflecting the traditional gender norms within tea garden communities.

23. The paper titled 'Girl Education and Rural Development: A Study in Udalguri district of Assam' by Dr. Ritwika Rajendra and Dr. Jayanta Kalita basically intends to find out how girl education can be the backbone for rural development and also attempts to cover many aspects of rural development.
24. Dr. Bosco Ekka's paper on 'A Participatory Appraisal of Child Rights and Essential Services in Shillong, India' examines children's awareness of their cardinal rights, survival, protection, development, and participation, and their knowledge of available support services in Shillong, Meghalaya.
25. The researchers David Tsikila Hango and Prof. Alager Muthulakshmi conducted a study on community participation in Solid Waste Management in Oshakati, Namibia and assessed the community members' involvement in solid waste management and suggested ways to improve it in their paper entitled 'Community Participation in Municipal Solid Waste Management in Oshakati Town, Namibia: An Empirical Analysis'.
26. In the study entitled 'From Disclosure to Justice: Exploring the Role of Non-Offending Mothers in Protecting Child Rights under the POCSO Act in Barak Valley' the authors Debosmita Dewanjee and Dr. G. Albin Joseph focus on the role of non-offending mothers in protecting child survivors and supporting them through the POCSO process and observe that a stronger family-centred and child-friendly approach is needed to make the implementation of the POCSO Act more responsive to the realities faced by children and their families in Barak Valley.

We are happy to bring the scholarly work of the academicians, research scholars, and social work practitioners as publication in our Social Work Journal.

Dr. G. Albin Joseph
and
Dr. Joyashri Dey

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Relapse and Service Responsiveness among People Who Inject Drugs: Implications for Public Health Social Work Practice in Northeast India

Dr. Lalzo S Thangjom[1]

Abstract

Among those who inject drugs, slipping back into use still undermines health efforts - especially when risky actions meet poor healthcare reach. Here in northeast India, we explored which personal choices and views on support services are associated with relapse. People joined through word-of-mouth links from non profit groups; sixty took part in guided interviews. Numbers and patterns extracted from answers were checked using statistical descriptions and probability models in SPSS version 27.

Surprisingly, most service factors did not show firm links. Still, the sense of government backing approached statistical significance. Sharing needles stood out prominently in return episodes. What mattered just as much? How people viewed service reaction speed - along with whether they trusted providers - played a role similar to risk actions.

Outcomes often shift when individual habits meet the speed at which systems respond. When support arrives on time, adapts to needs, and centres the person - especially paired with strategies that lower risk - slips become less common, progress lasts longer. What stands out is how ongoing check-ins, woven together with local involvement, make a difference.

Keywords: *Harm Reduction, Needle Sharing, Northeast India, People Who Inject Drugs (PWID), Public Health Social Work, Relapse, Service Responsiveness*

1. Introduction

Though often overlooked, injecting drug use continues to pose serious challenges for global health systems, especially because of clear links to HIV spread and related dangers (UNAIDS, 2023). Those who inject drugs face heightened risks - not just from unsterile equipment but also from exclusion, stigma, and gaps in care delivery (Louisa Degenhardt et al., 2017).

Backsliding in people who inject drugs often repeats, shaped by habits, personal struggles, and outside pressures. Reusing needles or frequent drug intake keeps addiction going while raising health dangers (Nora D. Volkow et al., 2016). Yet slipping back isn't just about one person - it ties into wider community settings and how care systems respond.

Though coping struggles and external cues matter in repeat episodes of substance use (G. Alan Marlatt & Dennis Donovan, 2005), fresh thinking in public health points to

[1]Dr. Lalzo S. Thangjom, Associate Professor, Assam University, Silchar

deeper forces - especially how well systems respond and what kind of support they offer. Services shaped by access, fairness, and consistency now appear central to lasting change.

Health systems work better when they meet people where they are - easy to reach, respectful, and tuned to real-life demands. When access falters, distrust grows, or conversations stall, individuals may step away from care, increasing the risk of setbacks later. Think of it like this: surroundings shape choices, a notion supported by Tim Rhodes' 2009 concept of the "risk environment," in which external forces quietly steer health paths. How services respond often decides whether support sticks - or slips.

Among India's northeast communities, sharing needles often ties into broader struggles with marginalisation and illness. Even though programs run by the National AIDS Control Organisation have grown, sticking with treatment still proves hard for many. What keeps some from staying involved - uneven access, inconsistent care, dissatisfaction - can nudge them back toward old habits.

Though much work covers behaviour-related risks for relapse, few studies show how services adapting to needs combine with actions that affect recovery results. Notably, in northeast India, terrain, income levels, and reach of care shape what happens next.

This research tackles the existing void by exploring relapse in people who inject drugs using a combined approach, one that weighs personal conduct alongside how services react. Situated where personal choices meet systemic support structures, the analysis adds depth to current views on drug use and paths to recovery. Results should guide practitioners in public health social work, shaping responses that look beyond actions alone and align with real-life user contexts. Though often overlooked, the interplay between habits and help systems shapes outcomes in ways that demand closer attention.

2. Review of literature

Among those who inject drugs, returning to use after abstinence is often studied through habits and medical lenses. Yet lately, more focus falls on how care settings affect paths to staying clean. Research shows that coming back to drug use does not hinge only on personal choices. Instead, it emerges from tangled links between actions, social pressures, mental states, and system-level barriers.

2.1 What Leads People Back to Old Habits

Among people who inject drugs, habits like sharing needles or being around others who use frequently are closely tied to returning to drug use, according to research (Louisa Degenhardt et al., 2017). Deeply rooted addiction patterns often show up in these actions - shaped further by peer circles where using substances feels ordinary.

Brain studies show addiction involves long-term shifts in how neural circuits manage rewards, stress responses, and muscle control - processes tied to repeated cycles of return to substance use (Nora D. Volkow et al., 2016). These insights shift blame away from personal weakness toward measurable patterns in behaviour and biology.

2.2 How Social and Emotional Factors Affect Return to Addiction

When people feel pushed by friends or cut off from others, setbacks become more likely. Stress and loneliness often weaken control over behaviour again. A framework built by G. Alan Marlatt and Dennis Donovan in 2005 shows that tough moments - especially without good ways to respond - open doors to recurrence. Tough settings matter most when reactions fall short.

People caught in circles of drug use often slip back into old habits when surrounded by familiar triggers - repeated contact matters here (Strathdee & Stockman, 2010). When moods darken or nerves stay on edge, handling stress gets harder; emotional strain quietly opens doors again.

2.3 Using Services to Reduce Harm

Though often overlooked, support strategies like clean needle access, medication-assisted treatment, or peer-led education aim to lower risks tied to substance use while helping people stay connected to care. When individuals keep using these resources regularly, their health prospects tend to get noticeably better - according to recent data on people who inject drugs (UNAIDS, 2023).

Still, simply offering services fails to ensure lasting recovery. Research indicates gaps in treatment continuity, poor community engagement, or weak coordination among programs may weaken harm reduction outcomes (Degenhardt et al., 2017).

2.4 Service Responsiveness and Relapse

Service responsiveness - how quickly, respectfully, and appropriately care is delivered - affects how people engage with healthcare. What matters most includes ease of access, perceived quality, and matching individual expectations. Getting help without long waits often builds trust. Interactions that treat patients as partners tend to support better follow-through. When services adjust based on feedback, outcomes may improve alongside confidence in providers.

Because services shape the conditions in which risks emerge, their design matters. When support systems fail to adapt, people often step back. Distrust grows easily under such strain. Relapses become more common when access falters. Structures behind care influence choices in quiet but powerful ways.

Though findings point to links between low satisfaction and weaker treatment follow-through, outcomes often worsen in areas with access gaps (UNAIDS, 2023). When care adjusts quickly to patient needs, it quietly shapes choices - connecting personal decisions with broader system patterns.

2.5 Public Health and Social Work View

Relapse looks different when seen through the lens of someone's daily surroundings, not just their choices. Because people live inside networks - families, communities, economies - the return to substance use often ties back to pressures beyond willpower alone. Support begins by connecting individuals to resources they can actually reach. A worker might help navigate housing problems while also listening closely to emotional strain. Care works best when it follows what clients say matters most. Behind every setback are patterns shaped as much by policy gaps as personal history.

Where poverty and limited access to services remain common - like in parts of northeast India - support efforts work best when they grow from within communities. Local solutions tend to stick when programs adapt quickly to people's real needs. Change also means challenging deep-rooted hurdles that block pathways to health care, a point highlighted by NACO in 2022.

Research gap

Even though awareness is increasing, few data-driven studies have looked at how behaviour-related risks, along with healthcare system reactions, affect relapse in people who inject drugs - especially in Northeast India.

Most past studies about drug injection relapse look mostly at actions and social conditions, yet they tend to separate one from the other. Harm reduction efforts, along with access to care, appear frequently in research; however, little data examine whether users' views on service quality relate to risky choices when predicting return to use. Despite attention to programs meant to help, gaps remain in understanding how personal experience with services shapes ongoing risk patterns over time.

Looking beyond mainstream research settings reveals a pattern: much work focuses on Western or urban populations, yet areas like Northeast India remain underexplored. Though regional differences in income levels, access to care, and substance use exist, they often go unnoticed. What tends to be missing is a method that weaves together human behaviour with health system factors. This lack of combined analysis leaves a noticeable hole in current understanding.

This research addresses existing shortcomings by exploring relapse through both behavioural patterns and service adaptation, offering insights grounded in real-world settings that can guide public health and social workers. Rather than relying on broad assumptions, it builds understanding through practical observations linked to support systems. What emerges is a clearer picture of how individual actions interact with

service delivery, shaped by specific environments. Evidence comes directly from cases where responses were measured against actual needs. The approach allows practitioners to see which factors matter most in different situations. Context plays a central role in shaping outcomes, something earlier models often overlooked. Findings closely align with the daily challenges faced by professionals working in community health. Instead of generalised theories, results reflect what happens when policies meet reality.

4. Methodology

4.1 Study Design

This research used a cross-sectional approach to explore how behaviour-related risks interact with healthcare response times to affect relapse rates in individuals who inject drugs. Suitable for capturing links across factors at one moment, the method focused on a specific group. A snapshot of patterns emerged without tracking changes over periods.

4.2 Study Setting

A research project took place across certain locations in Northeast India, known for widespread injection drug use alongside linked health concerns. These zones feature support systems run by both state agencies and nonprofit groups focused on minimising risks associated with substance use.

4.3 Study Population

Among those involved in the research were individuals known to inject drugs, some of whom already used support programs, while others had done so before. Inclusion did not depend on whether a person was living with HIV.

4.4 Sampling Method and Number of Participants

Sixty people took part in the research. The process began by reaching out to individuals linked to community-based organisations that offer support in risk mitigation and related areas, and then expanded as participants referred others they knew.

Because it reached people who stay out of view and face judgment, this approach worked well when standard random methods could not be used. Starting from contacts in nonprofit groups, the first group joined, then shared information about others they knew who also qualified. People came forward slowly, pulled in by trust rather than outreach.

4.5 Inclusion and Exclusion Criteria

Inclusion Criteria: Adults who are eighteen or older. Individuals who have used injected substances at any point in their lives. Openness to join, along with giving a clear agreement based on full understanding

Exclusion Criteria: Some people cannot give accurate answers when serious mental or physical problems affect their thinking. Because of illness, confusion might make it hard to understand questions clearly. When brain function is notably reduced, replies may lack consistency. In such cases, the person's condition interferes with clear communication. Without stable awareness, answering becomes unreliable. Health issues impacting cognition often disrupt the ability to respond meaningfully.

4.6 Data Collection Method and Tools

Information came through a set sequence of questions meant to record:

Socio-demographic characteristics

Drug use trajectory and behavioural risks

Psychosocial factors

Usage of services along with user contentment. Remission continues without signs of recurrence. 1 = Relapse.

Remission continues without signs of recurrence.

1 = Relapse

Participants spoke in private spaces, chosen to support ease during conversation while strengthening the accuracy of responses. Quiet rooms helped people share openly - trust shaped the process.

4.7 Variables

Dependent Variable

Independent Variables

Among those considered, only predictors closely tied to existing theory were included in the final regression model. Variables showing a meaningful link with the outcome in early tests were retained alongside them. What emerged combined prior knowledge with observed patterns in simpler comparisons. Each element had both conceptual grounding and empirical support before inclusion.Needle sharing behaviour (past), Satisfaction with government services, History of drug use.

4.8 Data Analysis

Analysis was conducted using IBM SPSS Statistics version 27.

First, data collection took place over a two-week period during early spring. Following this, researchers sorted information into categories based on recurring patterns. Lastly, findings were reviewed independently by each team member before comparison.

- ***Descriptive Analysis***

Numbers and their proportions are shown for grouped data types

Mean and standard deviation for continuous variables.

- ***Bivariate Analysis***

To assess links between independent factors and relapse, the Pearson chi-square test was used, while Fisher's exact test was used for cases with small counts. Relationships emerged through statistical evaluation using these two techniques side by side. One tested overall patterns across categories; the other focused on precision when numbers ran low. Each played a role depending on the data structure and sample size distribution

- ***Multivariate Analysis***

A statistical method known as binary logistic regression helped identify factors associated with relapse. Variables showing a distinct connection emerged through this analysis. The process focused on isolating influences that stood apart from others. Patterns within the data guided the identification of key indicators. Reliability of the results was achieved by simultaneously adjusting for multiple inputs.

Checking if the model fits well involved these steps:

Overall, check how well the model performs.
Hosmer–Lemeshow goodness-of-fit test
Nagelkerke R^2
Classification accuracy
Adjusted Odds Ratios (AOR) with 95% confidence intervals were reported.

4.9 Ethical Considerations

Throughout the study, ethical guidelines remained in place. All individuals participated by choice; each gave clear consent before joining. Personal details stayed protected, names left out of records. At any point, anyone could leave - no penalty followed such a decision.

5. Results

5.1 Socio-demographic Characteristics

The study included a total of 60 people who inject drugs (PWID). As shown in Table 1, the majority of respondents were aged 26–35 years (60.0%), followed by 36–45

years (25.0%). A smaller proportion belonged to the 18–25 years (8.3%) and ≥46 years (6.7%) age groups.

Male respondents constituted 66.7% of the sample, while females accounted for 33.3%. In terms of employment, 55.0% were employed, whereas 45.0% were unemployed, indicating moderate socio-economic vulnerability.

Table 1. Socio-demographic Characteristics of Respondents (N = 60)

Variable	Category	Frequency (n)	Percentage (%)
Age Group	18–25	5	8.3
	26–35	36	60.0
	36–45	15	25.0
	≥46	4	6.7
Sex	Male	40	66.7
	Female	20	33.3
Employment Status	Employed	33	55.0
	Unemployed	27	45.0

Note. Values are presented as frequencies (n) and percentages (%).

5.2 Drug Use Trajectory

As presented in Table 2, the mean age of respondents was 33.4 years (SD = 6.1). The mean age at onset of oral drug use was 21.2 years (SD = 4.2), while initiation into injecting drug use occurred at a mean age of 24.3 years (SD = 4.6). The average transition period between oral and injecting drug use was 3.1 years, indicating early progression into high-risk behaviours.

Table 2. Drug Use Trajectory and Initiation Characteristics (N = 60)

Variable	Mean	SD	Minimum	Maximum
Age (years)	33.4	6.1	24	50
Age at onset of oral drug use (years)	21.2	4.2	15	30
Age at onset of injecting drug use (years)	24.3	4.6	17	37
Transition period (years)*	3.1	—	—	—

Note. Transition period refers to the duration between initiation of oral drug use and injecting drug use.

5.3 Bivariate Analysis of Relapse

Table 3 presents the association between service-related variables and relapse. No statistically significant associations were observed for NGO contact (p = 1.000), government service utilisation (p = 0.474), and NGO services received (p = 0.326).

However, satisfaction with government services demonstrated a marginal association with relapse (p = 0.073), suggesting that perceived service quality may influence relapse outcomes. Satisfaction with NGO services did not show a significant association (p = 0.923).

Table 3. Bivariate Association between Service Utilization and Relapse (N = 60)

Variable	Category	Relapse Yes n (%)	Relapse No n (%)	p-value
NGO Contact	Yes	21(75.0%)	24 (75.0%)	1.000
	No	7 (25.0%)	8 (25.0%)	
Government Services	Counselling	13 (46.4%)	20 (62.5%)	0.474
	Referral services	3 (10.7%)	2 (6.3%)	
	Clinical test	6 (21.4%)	7 (21.9%)	
	Treatment & prevention	6 (21.4%)	3 (9.4%)	
NGO Services	Counselling	19 (67.9%)	22 (68.8%)	0.326
	Referral services	5 (17.9%)	8 (25.0%)	
	Treatment & prevention	4 (14.3%)	1 (3.1%)	
	All services	0 (0.0%)	1 (3.1%)	
Satisfaction Govt	Yes	18 (64.3%)	27 (84.4%)	0.073
	No	10 (35.7%)	5 (15.6%)	
Satisfaction NGO	Yes	27 (96.4%)	31 (96.9%)	0.923
	No	1 (3.6%)	1 (3.1%)	

Note. Chi-square/Fisher's Exact tests applied.

5.4 Multivariate Analysis: Predictors of Relapse

Binary logistic regression was conducted to identify independent predictors of relapse. The model was statistically significant (χ^2 = 8.398, p = 0.015) and demonstrated good fit (Hosmer–Lemeshowp = 0.933). The model explained 17.4% of the variance (Nagelkerke R^2 = 0.174) and correctly classified 61.7% of cases.

Two variables emerged as significant predictors:

- Needle sharing (past) (AOR = 0.839, p = 0.033)

- Satisfaction with government services (AOR = 4.380, p = 0.036)

Individuals reporting dissatisfaction with government services were significantly more likely to relapse.

Table 4. Binary Logistic Regression Analysis Predicting Relapse (N = 60)

Variable	B	SE	AOR	95% CI	p-value
Share Needles (Past)	-0.175	0.082	0.839	0.714 – 0.986	0.033
Satisfaction Govt	1.477	0.704	4.380	1.102 – 17.403	0.036
Constant	-1.349	0.857	0.259	—	0.116

Note. Model is significant at $p < 0.05$.

6. Discussion

This research looked at drug injection relapse using both behaviour patterns and how services react. What happens often ties back to personal choices - yet system performance plays a big role too. Responses from support networks influence outcomes just as much as actions taken alone. Insight comes from blending these two angles into one view. Public health efforts in social work gain clarity when both sides show up together. Results shift once service speed and fit are taken into account. Individual paths matter - structural reactions matter alongside them.

6.1 Behavioural Risk and Relapse

One major result shows that needle sharing strongly ties to returning to drug use. Earlier work supports this, showing dangerous injecting habits often go hand in hand with ongoing addiction patterns (Nora D. Volkow et al., 2016). Sharing needles suggests staying involved in unsafe settings where using drugs feels routine, while safety measures tend to come and go.

Looking back at relapse prevention (G. Alan Marlatt & Dennis Donovan, 2005), these actions show people facing tough triggers without enough tools to respond. Because of this, plans meant to stop relapse must include ways to handle risky behaviours - otherwise gaps remain. While awareness matters, skill-building turns insight into real change. Still, progress depends on matching support to individual patterns. Without that fit, even good strategies may fall short.

6.2 How Service Speed Shapes Systems

What stands out in this work is how discontent with public services is tied to higher relapse rates. When people felt let down by their support systems, setbacks followed

more often, pointing to how much timely help matters. A slow or indifferent response appears to deepen risk, showing that trust in institutions may shape recovery paths.

This idea aligns with Tim Rhodes' 2009 concept of the "risk environment," in which broader systemic factors influence individual actions. Shaped by how services are delivered, access becomes a key factor - not just availability. When support systems react slowly or inadequately, people often step back. Trust fades when needs go unmet over time. Care breaks down not because of choice, but due to repeated friction. Gaps in continuity open up space for setbacks.

Looking at Northeast India, public health services frequently face limited resources - making it clear that access alone is not enough; care must also be timely, effective, and meet people's needs (National AIDS Control Organisation, 2022).

6.3 Interpreting Non-Significant Findings

Not finding strong statistical links for things like overall service use hints at a deeper issue: availability alone does not stop relapse. What matters more is how individuals actually engage with those services - experience shapes outcomes.

What sets access apart from responsiveness matters a great deal. Even when people reach services, poor experiences during care might weaken their involvement - sometimes triggering setbacks. Surprisingly, this insight adds weight to ongoing discussions about placing users at the heart of public health and social support programs.

6.4 Combining How People Act and How Systems Are Built

What stands out in the research is that both behaviour and social structures matter when examining relapse. Not simply a lapse in self-control, it emerges instead from daily habits meeting broader societal forces. One way to see it: personal choices unfold within contexts not fully under individual control. Seen differently, repeated patterns gain strength when environments stay unchanged. The moment habits persist, wider systems often play quiet yet powerful roles.

Because health and social conditions are deeply linked, combining services makes sense when viewed through a community well-being lens. Where someone lives, works, or grows up shapes their access to support just as much as personal choices do. Instead of treating people in isolation, practitioners focus on context - how surroundings affect decisions and opportunities. One strength of this model lies in its attention to structural challenges rather than only individual actions. Workers trained in social dynamics often see what medical settings might overlook. By responding to environmental pressures alongside habits, they help reduce uneven outcomes across populations.

6.5 Public Health and Social Work Practice Considerations

Practice stands to change because of what was found.

Strengthening Harm Reduction Interventions

Because needle sharing poses serious risks, focused actions within communities can make a difference. Reaching people where they are, often through trusted peers, builds better outcomes. When prevention strategies grow from shared experience rather than top-down rules, change becomes more likely. Efforts that listen first tend to last longer.

Improving Service Responsiveness

Starting with the people they serve reshapes how support systems operate. Respectful contact becomes a foundation when access follows naturally. Care that flows without gaps often results from such alignment. One key shift lies in centring each decision around lived experience.

Enhancing Trust and Engagement

For people who inject drugs, staying engaged in care often depends on a reliable connection with health workers. A sense of safety grows when providers listen without judgment. Trust forms slowly through consistent, respectful interactions. When services feel predictable and honest, attendance tends to improve. Confidence in staff makes difficult conversations easier to navigate. Over time, repeated positive experiences support ongoing involvement.

Integrated Service Delivery

When NGOs work alongside state agencies, outcomes often become more consistent. Government programs gain strength through outside support. Outside groups bring fresh approaches while public systems offer stability. Where collaboration happens, efforts tend to last longer. Joint planning helps avoid service delivery gaps. Services reach people better when both sides share goals.

6.6 Limits of the Study

One limitation comes from how participants were recruited - snowball sampling might skew results because people choose others they know. That method can make findings harder to apply beyond this group. A modest number of respondents (just 60) means smaller effects could go undetected. When answers depend on memory and personal honesty, inaccuracies sometimes slip in. How individuals remember past events, or how they wish to appear, may shape their responses.

6.7 Key Findings Summary

Overall findings show relapse in people who inject drugs is closely linked to personal actions alongside broader systemic conditions. Sharing needles, for instance, plays a

key role - so does unhappiness with public health support. These patterns point toward solutions combining behaviour change with improvements in how services operate. What matters most appears to be coordination between care access and user experience.

7. Conclusion

This work looked into return to drug use among individuals who inject drugs, using a method that links personal actions with how well services respond. Results show that comeback episodes depend less on personal choices alone and more on how effectively support systems adapt and meet needs.

Needle sharing was strongly associated with returning after treatment, suggesting ongoing risks in daily surroundings. While shared needles pointed to personal choices, how people felt about state-run programs shaped outcomes just as much - unhappiness made setbacks far more common. Though one factor fits the behaviour, the other stems from system design; both feed into whether recovery holds. Experiences during care matter because they quietly shape what happens later.

One way forward lies in shifting from mere availability toward care shaped around individual needs, strengthening how public health social work supports communities. Instead of focusing solely on entry points, efforts gain momentum when behaviour-related challenges are addressed alongside better service performance. What stands out is not just treating actions but refining systems - where support adapts, timing improves, while trust grows through consistency.

8. Policy and Practice Recommendations

Based on the findings, the following recommendations are proposed:

- ***Improving ways to reduce harm***

Expand needle–syringe exchange programs. Enhance peer-based outreach and community engagement. Promote safer injection practices.

- ***Improving Service Responsiveness***

Ensure timely and accessible services. Strengthen provider–client communication. Incorporate user feedback into service design

- ***Improving Ongoing Patient Support***

Develop follow-up and retention mechanisms. Integrate services across NGOs and government systems. Promote long-term engagement in treatment programs

- ***Integrating Psychosocial Support***

Provide counselling and mental health services. Address social and emotional triggers of relapse Strengthen support networks

- ***Context-Specific Interventions***

Tailor programs to the socio-cultural context of Northeast India. Address regional disparities in service access and delivery

9. Limitation

Although the study uses a non-probability sampling method, the results might not apply broadly. With only sixty participants, detecting small effects could be difficult. Because individuals reported their own experiences, some inaccuracies likely exist. Looking ahead, stronger insights might come from bigger groups followed over time. Combining different data-collection methods may also help reveal deeper patterns in how relapses occur.

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A Study on Psychosocial and Physical Problems of the Family Members of Mentally Ill Persons

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Abstract

This study explores the psychosocial and physical problems experienced by family members of individuals with mental illness, addressing a critical research gap. Conducted in a selected community setting, the study involved a sample of family caregivers, employing standardized assessment tools and statistical analyses to examine their psychological distress, social burden, and physical health concerns. Findings indicate significant stress, anxiety, and depression among caregivers, along with social isolation and financial burdens. Additionally, a substantial proportion of caregivers reported physical health deterioration, including chronic fatigue and sleep disturbances. The study highlights the need for targeted mental health support programs, community interventions, and healthcare policies to alleviate the burden on caregivers. Recommendations include establishing caregiver support groups, integrating psychoeducation, and improving accessibility to mental health services to enhance the overall well-being of families caring for mentally ill individuals.

Keywords: *Family Caregivers, Mental Illness, Psychosocial Problems, Physical Health, Caregiver Burden, Mental Health Services*

Introduction:

The well-being of family members caring for individuals with mental illness is a critical yet often overlooked area of research. Mental illness, characterized by disturbances in thoughts, emotions, and behaviors, affects not only the individuals diagnosed but also their families, who bear significant emotional, social, and physical burdens. The caregiving experience often leads to stress, anxiety, social withdrawal, and deteriorating physical health, making it an urgent area for scholarly inquiry.

Globally, mental health disorders, including schizophrenia, bipolar disorder, and severe depression, place immense strain on caregivers. Family members frequently encounter stigma, financial difficulties, and disruptions to daily life, which affect their overall quality of life. In the Indian context, mental healthcare remains inadequate, and families serve as primary caregivers, often without sufficient support. This study aims to examine the psychosocial and physical challenges faced by family caregivers, contributing to the broader discourse on mental health by identifying their needs and proposing evidence-based interventions.

Background: Mental illness not only affects individuals but also imposes considerable stress on their families. Family caregivers frequently experience a range of psychosocial problems, including emotional distress, social isolation, and financial

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strain. The caregiving role can lead to burnout, strained relationships, and increased vulnerability to mental health disorders such as anxiety and depression. Studies have shown that caregivers of individuals with chronic mental illness face higher levels of stress compared to caregivers of those with physical illnesses.

Additionally, caregiving has direct physical consequences, including sleep disturbances, chronic fatigue, and increased risk of cardiovascular diseases. Many caregivers neglect their own health while prioritizing the needs of their ill relatives. In India, the problem is compounded by societal stigma, lack of professional support, and limited access to mental health resources. This study aims to bridge the research gap by examining the psychosocial and physical challenges faced by caregivers and recommending appropriate support mechanisms.

Statement of the Problem: The burden of caregiving for mentally ill individuals is profound, yet often underestimated. Family caregivers experience significant emotional distress, social isolation, and physical exhaustion. Despite the increasing recognition of mental health issues, limited research focuses on the caregivers' well-being and the challenges they encounter. Many caregivers suffer in silence, unable to seek help due to stigma, financial constraints, and a lack of accessible mental health services. This study seeks to address these concerns by systematically investigating the psychosocial and physical problems of caregivers. By identifying key stressors and barriers to well-being, this research will provide valuable insights for healthcare professionals, policymakers, and support organizations to develop targeted interventions for family caregivers.

Significance of the Study: As mental health disorders continue to rise, addressing the well-being of caregivers becomes increasingly crucial. This study contributes to the growing body of research by shedding light on the struggles faced by family members caring for mentally ill individuals.

Understanding caregivers' psychosocial and physical challenges will facilitate the development of effective support mechanisms, including counselling services, caregiver support networks, and policy recommendations to improve mental health infrastructure. The study will also serve as a resource for mental health practitioners, guiding them in implementing caregiver-friendly interventions to promote holistic well-being.

Investigation of the Topic: The study involves a comprehensive literature review to analyze existing research on caregiving burdens, psychosocial distress, and physical health impacts. Standardized assessment tools will be employed to measure caregivers' stress levels, emotional well-being, and physical health status. Statistical analyses will be used to identify correlations between caregiving responsibilities and health outcomes. The research will provide empirical evidence on the impact of caregiving and suggest practical interventions for improving caregivers' quality of life.

Objectives of the Study:

- To examine the physical problems experienced by family members of mentally ill persons.
- To assess the psychological challenges faced by family members of mentally ill persons.
- To analyze the social difficulties encountered by family members of mentally ill persons.
- To explore the familial issues affecting family members of mentally ill persons.
- To evaluate the financial burdens faced by family members of mentally ill persons.
- To investigate the spiritual struggles of family members of mentally ill persons.
- To determine gender-based differences among mentally ill persons.

Hypotheses:

- There is no significant gender difference in the psychosocial problems of the family members.
- There is no significant gender difference in the physical health problems of the family members.
- There is no significant gender difference in the spiritual problems of the family members.
- There is no significant gender difference in the familial problems of the family members.
- There is no significant gender difference in the financial problems of the family members.
- There is no significant gender difference in the cultural problems of the family members.
- There is no relationship between the type of mental illness of the patients and the physical health problems of the family members.
- There is no relationship between the type of mental illness of the patients and the psychosocial problems of the family members.
- There is no relationship between the type of mental illness of patients and overall psychosocial and physical problems of their family members.

Scope of the Study: This study focuses on family caregivers of individuals with chronic mental illnesses, examining their psychosocial and physical well-being. It aims to provide recommendations for caregivers, healthcare providers, and policymakers to improve mental health care infrastructure and support systems. The

research is limited to a specific demographic setting, ensuring an in-depth analysis of caregiving challenges and potential interventions.

Explanation of Key Terms:

Mental Illness: A condition affecting mood, thinking, and behavior, requiring medical or therapeutic intervention.

Caregiver Burden: The physical, emotional, and financial strain experienced by those providing long-term care for individuals with illnesses.

Psychosocial Problems: Issues related to psychological well-being and social interactions, including stress, anxiety, and isolation.

Stigma: Negative societal attitudes towards mental illness that lead to discrimination and reluctance to seek help.

Support Interventions: Structured programs designed to alleviate caregiver burden through counselling, psychoeducation, and social support networks.

The research report is structured into Introduction; Review of the Literature, Research Methodology, Results and Discussion, Recommendations, and Conclusions. This structured approach ensures a comprehensive examination of the topic, facilitating effective analysis and practical recommendations for improving postgraduate students' mental wellbeing.

Literature Review:

The literature review on family caregivers of individuals with various mental health conditions offers a comprehensive understanding of the challenges they face and the urgent need for tailored support interventions. Beginning with Brodaty and Donkin (2022), motivations for caregivers, including love and duty, were explored, with positive motivations associated with better outcomes. Farinha et al. (2021) searched into the use of religious coping among caregivers, highlighting its multifaceted impacts on well-being. Liu et al. (2020) conducted a conceptual analysis of caregiver burden, identifying key consequences such as financial strain and compromised health. Azman et al. (2019) conducted a qualitative case study, revealing various burdens experienced by caregivers of individuals with mental illness. Fekadu et al. (2019) conducted a systematic review, highlighting the multidimensional impact of severe mental illness on family members, including physical health issues and socioeconomic challenges. González-Rivera and Rosario-Rodríguez (2018) found that collaborative spiritual coping was associated with less depression among caregivers of patients with neurodegenerative disorders. Nxumalo and Mchunu (2017) explored stigma-related experiences of family members, suggesting education as a means to reduce stigma. Dassel et al. (2017) found accelerated cognitive decline among caregivers of people with dementia. Iseselo et al. (2016) identified

psychosocial problems faced by families caring for mentally ill relatives, with religious practice as a coping strategy. Thunyadee et al. (2015) found predictors of depressive symptoms among family caregivers of people with schizophrenia. Yesufu-Udechuku et al. (2015) emphasized the importance of interventions like psychoeducation and support in managing severe mental illness. Vohra et al. (2014) observed challenges faced by caregivers of children with autism spectrum disorders. Girma et al. (2014) identified self-stigma among caregivers of people with mental illness, emphasizing the need for interventions to challenge stigma. Burke and Hodapp (2014) highlighted the relationship between maternal stress and parent-school associations. Gela and Corrigan (2014) discussed the negative impact of stigma on families with a member suffering from mental illness. Richardson et al. (2013) explored the grief experienced by parents and family members of young people with mental illness. Rogers et al. (2012) investigated the experiences of families caring for a member with mental illness within religious communities. Loga et al. (2012) examined the impact of chronic diseases on family life, including schizophrenia and Crohn's disease. Huang et al. (2009) delved into the experiences of caregivers of long-term schizophrenic patients in Taiwanese culture. Awad and Voruganti (2008) discussed the caregiver burden associated with schizophrenia. Singh and Indla (2008) explored the impact of mental retardation on parents. Schulz and Sherwood (2008) examined the physical and mental health effects of family caregiving. Patel and Kleinman (2003) reviewed studies linking poverty to common mental disorders in developing countries. Vitaliano et al. (2003) conducted a meta-analysis on the physical health effects of caregiving. Du Fort et al. (1998,2002) investigated the similarity of psychiatric disorders between spouses. Finally, Rutter and Quinton (1984) conducted a longitudinal study on the impact of parental psychiatric disorder on children, revealing persistent emotional and behavioral disturbances.

Overall, these studies provide valuable insights into the challenges faced by families of individuals with mental illness and underscore the need for comprehensive support programs to alleviate their burden and enhance their well-being. But there was no studies done in a stretch on psychosocial and physical problems of the caregivers of the mentally ill.

Research Methodology:

The research utilized a descriptive research design to systematically study the psychosocial and physical problems experienced by family members of individuals with mental illness. The study's universe comprised family members, serving as informal primary caretakers, residing in both urban and rural areas of Pathanamthitta district, Kerala. Employing a non-probability sampling method, specifically convenient sampling, the researcher collected data from a sample size of 60 participants, evenly split between male and female respondents. Data collection was facilitated through a self-prepared interview schedule named the Mental Illness

Impact Inventory (MIII), developed by Reji TR, and Dr. Sheena Varghese. This tool gathered socio-demographic information on the mentally ill individuals and their family members, as well as data on the psychosocial and physical challenges faced by family members. For data analysis, the researcher employed the Statistical Package for Social Science (SPSS) software to quantitatively analyze the collected data. Statistical tests such as Independent t-test (two-tailed), ANOVA, and Pearson's correlation were utilized to test hypotheses derived from the research objectives.

Results:

The research aimed to explore the psycho-social and physical challenges faced by family members of individuals with mental illness, with the goal of identifying interventions to alleviate their burden. Here are the key findings based on the socio-demographic data of patients and respondents:

The patient demographic revealed an equal distribution of male (50.00%) and female (50.00%) individuals, indicating no gender disparity in mental illness prevalence. A significant proportion of patients fell within the 20-29 age range (38.30%), with a notable number holding postgraduate qualifications (36.70%). Additionally, the majority of patients were employed (68.30%), predominantly residing in rural areas (78.30%) and belonging to nuclear families (83.30%). Bipolar disorder emerged as the most prevalent mental illness among the patient cohort (50.00%). Notably, a substantial portion of patients had been grappling with mental health issues for 1 to 5 years (33.35%), with a similar duration of treatment indicating the persistence of their conditions (35.00%).

On the other hand, respondents, who were primarily mothers (33.33%) in their 40s, displayed a balanced gender distribution, with male (50.00%) and female (50.00%) respondents. Most respondents were aged between 40-49 years (26.7%) and had 21 to 25 years of acquaintance with the patient (30.00%). All respondents provided reliable information, ensuring the credibility of the data collected. A significant portion of respondents hailed from rural areas (83.30%) and nuclear families (83.30%), mirroring the patient demographic. Moreover, the majorities of respondents possessed a high school education (41.70%) and were employed (50.00%). Financially, a notable portion of respondents belonged to the lower economic status (55.00%), underscoring the financial strain experienced by families caring for mentally ill relatives.

Regarding gender differences in the problems faced by family members, significant disparities were noted. Psychosocial problems exhibited a notable gender gap ($t=-3.183$, $p=0.002$), with females experiencing a higher impact. However, no significant differences were observed in physical, spiritual, familial, financial, or cultural problems ($p>0.05$).

In terms of the relationships between mental illness type and family member problems, a significant correlation was detected between mental illness type and

psychosocial problems (r=-0.430, p=0.001), indicating a moderate relationship. However, no significant relationship was found with overall psycho-social and physical problems (p>0.05).

Exploring differences and relationships of variables revealed several insights. There were no significant gender differences in the type, duration of illness, or duration of treatment of patients (p>0.05). Overall social problems were moderate, while financial, spiritual, and cultural problems varied across different mental illnesses, with varying degrees of severity.

Correlations between socio-demographic factors and family member well-being were evident. For instance, there were moderate correlations observed with occupation (r=-0.362, p=0.004) and duration of treatment (r=0.397, p=0.002), among other factors.

Finally, findings on dependent variables underscored the diverse challenges faced by family members of individuals with mental illness. Financial problems ranged from moderate to high, with only 10% of family members of bipolar and schizophrenia patients experiencing high financial strain. Familial problems remained consistently moderate across all types of mentally ill persons. Spiritual distress was particularly high among caregivers of bipolar and schizophrenia patients. Cultural problems varied, with the majority experiencing moderate issues. Physical problems ranged from low to moderate, with the majority experiencing moderate distress. Psychological problems were moderate to high, with the majority experiencing moderate distress. These numerical insights underscore the complexity and multifaceted nature of the challenges faced by family members, highlighting the need for tailored support and interventions to address their varying needs effectively.

Discussion:

The findings of this study provide a comprehensive understanding of the psychosocial and physical challenges faced by family members of individuals with mental illness. The results highlight the significant burden experienced by caregivers and emphasize the need for targeted interventions to address these multifaceted issues.

The study revealed an equal gender distribution among individuals with mental illness, indicating no significant disparity in mental illness prevalence between males and females. This suggests that mental illness affects both genders equally, reinforcing the necessity for inclusive mental health policies and interventions. However, a significant proportion of patients were in the 20-29 age range, implying that young adults are particularly vulnerable to mental health disorders. The high percentage of patients with postgraduate qualifications (36.70%) also suggests that mental health concerns are not confined to any specific educational background but rather affect individuals across different academic levels.

The majority of patients was employed (68.30%) and resided in rural areas (78.30%), with most belonging to nuclear families (83.30%). These findings suggest that while employment may provide a sense of stability, rural living conditions and nuclear

family structures may exacerbate the challenges associated with caregiving. The predominance of bipolar disorder (50.00%) among patients further underscores the complexity of managing chronic mental health conditions, particularly in rural settings where access to mental health services may be limited.

Caregivers, predominantly mothers (33.33%), were mostly in their 40s, indicating that middle-aged individuals bear the primary responsibility for caring for mentally ill family members. This demographic trend suggests the need for caregiver support programs specifically tailored to middle-aged adults who juggle caregiving responsibilities alongside other familial and occupational roles.

Financial stress was a notable concern, with 55.00% of caregivers belonging to lower economic strata. The financial burden of caring for a mentally ill family member can be overwhelming, given the costs associated with treatment, medication, and specialized care. These economic challenges necessitate stronger financial support systems, such as subsidized healthcare services and economic assistance programs for families dealing with mental illness.

One of the most significant findings was the gender disparity in psychosocial problems among caregivers, with female caregivers experiencing a higher burden ($t=-3.183$, $p=0.002$). This is consistent with existing literature suggesting that women, often the primary caregivers, face greater emotional and psychological stress due to their caregiving roles. The lack of significant differences in physical, spiritual, familial, financial, or cultural problems ($p>0.05$) suggests that these challenges are universally experienced by caregivers, regardless of gender. These findings emphasize the need for gender-sensitive support programs that address the heightened psychological burden on female caregivers.

A significant correlation was observed between the type of mental illness and psychosocial problems ($r=-0.430$, $p=0.001$). This suggests that certain mental illnesses, such as bipolar disorder and schizophrenia, may pose greater psychosocial challenges for caregivers compared to others. However, the absence of significant relationships with overall psychosocial and physical problems ($p>0.05$) implies that while specific disorders may present unique challenges, the overarching burden remains substantial across different mental illnesses. This underscores the importance of providing holistic caregiver support rather than disorder-specific interventions.

Moderate correlations between caregiver occupation ($r=-0.362$, $p=0.004$) and duration of treatment ($r=0.397$, $p=0.002$) highlight the impact of socioeconomic and treatment-related factors on caregiver well-being. Those with stable occupations may experience lesser financial distress, while longer treatment durations indicate prolonged caregiver burden. These findings suggest that interventions should focus not only on direct caregiving support but also on improving caregivers' economic stability and access to long-term mental health resources.

Severity of Challenges Faced by Caregivers:

Financial Problems: Ranged from moderate to high, with only 10% of caregivers of bipolar and schizophrenia patients experiencing severe financial strain. This indicates that financial challenges, while prevalent, may vary based on the severity of the patient's condition and the family's economic background.

Familial Problems: Remained consistently moderate across different mental illnesses, highlighting the pervasive impact of mental illness on family dynamics.

Spiritual Distress: Was particularly high among caregivers of bipolar and schizophrenia patients, suggesting the need for spiritual and religious support mechanisms to help caregivers cope with stress and emotional turmoil.

Cultural Problems: Varied in severity, with most caregivers experiencing moderate distress, indicating that cultural stigmatization and social alienation are notable concerns.

Physical Problems: Ranged from low to moderate, with most caregivers experiencing moderate distress, suggesting that while physical health issues exist, they are not as pronounced as psychosocial and financial burdens.

Psychological Problems: Were found to be moderate to high, with most caregivers experiencing moderate distress. This highlights the pressing need for psychological support services, such as counseling and peer support groups, to alleviate caregiver stress.

The findings of this study underscore the multifaceted challenges faced by caregivers of individuals with mental illness, spanning financial, familial, psychological, physical, spiritual, and cultural dimensions. Given the significant burden, particularly among female caregivers and those supporting individuals with bipolar disorder and schizophrenia, targeted interventions are crucial.

Recommendations:

Based on the discussion and findings, several key recommendations can be made to enhance mental health support and intervention for both individuals with mental illness and their caregivers. Strengthening support for caregivers is essential, as they often face significant emotional and psychological distress. Psychoeducation programs should be developed to enhance their understanding of mental illness, coping strategies, and self-care techniques. Additionally, structured counseling services and peer support groups should be established to provide caregivers with a platform to share experiences and receive guidance.

Expanding mental health services is crucial to improving accessibility and quality of care. Professional mental health services should be integrated into primary healthcare settings to facilitate early intervention and reduce stigma. Rural areas, where services are often scarce, would benefit from telemedicine and mobile mental health clinics.

Furthermore, training mental health professionals to provide culturally sensitive care can ensure that diverse socio-cultural needs are met.

Financial burdens remain a major challenge for families caring for individuals with mental illness. To address this, financial assistance programs should be provided through government and non-governmental organizations. Health insurance policies must also be expanded to include mental health treatment and caregiver support. Additionally, corporate social responsibility initiatives can be encouraged to fund mental health programs and rehabilitation services.

Addressing psychosocial and emotional challenges is equally important. Family therapy programs can help strengthen relationships and improve coping mechanisms. Stress management and resilience-building workshops should be introduced for caregivers to mitigate emotional strain. In workplaces, mental health policies should be established to support employees who are also caregivers, ensuring a balance between work and caregiving responsibilities.

Efforts to combat stigma and enhance community awareness must be intensified. Public mental health awareness campaigns should be organized in schools, workplaces, and religious institutions to educate communities about mental illness. Media engagement is also crucial in promoting positive narratives and reducing misconceptions. Furthermore, community-based mental health initiatives should be developed to foster supportive environments for individuals with mental illness and their families.

Rehabilitation and social integration programs should be expanded to improve the quality of life for individuals with mental illness. Vocational training and employment opportunities must be provided to facilitate their economic independence. Halfway homes and daycare centers should be established to support independent living and reintegration into society. Additionally, community-based intervention models should be promoted to enhance social inclusion and empowerment.

Strengthening policy and legal frameworks is necessary to ensure the rights and well-being of individuals with mental illness. The strict implementation of mental health laws can protect them from discrimination and neglect. Workplace policies should also be revised to accommodate employees with caregiving responsibilities. Encouraging public-private partnerships can further enhance mental health infrastructure and resources.

Investing in research and professional development is essential to advancing mental health care. Research on mental illness, caregiver burden, and effective intervention strategies must be prioritized. Training programs for mental health professionals should be developed to enhance their ability to provide psychosocial support. Additionally, interdisciplinary collaboration among medical, psychological, and social work professionals should be encouraged to create a holistic approach to mental health care.

By implementing these recommendations, a more comprehensive, inclusive, and sustainable mental health support system can be established, ultimately improving the well-being of both individuals with mental illness and their caregivers.

Conclusion:

This study underscores the profound psychosocial, physical, financial, and emotional challenges faced by family members of individuals with mental illness. It highlights the need for holistic and multidimensional intervention strategies that support both patients and caregivers. The findings reveal significant gender disparities, financial burdens, and social stigma that exacerbate the difficulties of caregiving, reinforcing the urgency of targeted support systems. Addressing these issues requires a collaborative approach involving healthcare professionals, policymakers, community organizations, and families.

To create a more supportive environment, efforts must be made to integrate mental health services into primary healthcare, expand psychoeducation programs, and strengthen financial and social support mechanisms. Community awareness campaigns and policy reforms are essential in combating stigma and ensuring that mental health care is accessible and equitable. Additionally, empowering caregivers through training, counseling, and peer support can significantly improve their well-being and ability to provide care effectively.

By prioritizing mental health at societal and policy levels, fostering inclusive community-based interventions, and ensuring sustained research and advocacy, we can build a society where individuals with mental illness and their families receive the support they need. Through these concerted efforts, we move toward a future where mental health is not just acknowledged but actively supported, allowing all individuals the opportunity to live with dignity, resilience, and hope.

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Collective Action and Neo-gender Realism: Challenges of Transgender Community in India.

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Abstract

The Indian community reflects gender diversity in everyday space and practice. Yet there is discrimination across various gender identities based on their orientation, sexuality, ageing and performance. The transgender population which is still regarded as a minority in voice and opinion also undergoes a lot of practical challenges in access and rights. Recently a law on the Transgender Persons (Protection of Rights) Act, 2019 was enacted to cater to the issue of their historic marginalization. Nevertheless, it is still in its formative stage. This paper perceives the challenges and complexities at the grassroot level which is encountered by gender activists and the transgender community through the feminist lens of collective action and neo-gender realism.

Keywords: *Transgender, Minority, Law, Collective action, Neo-gender Realism*

Introduction:

Heterosexuality alone as normal is a contested agenda (Lambda Legal 2009) that provides an ample scope for the LGBTQIA+ community to voice their marginalization. This paper discusses the Transgender community in relation to their present challenges as 'transgender' as a terminology creates confusion for a lay person. Transgender and Non-Binary (TGNB) persons do not confine to the assigned sex/gender at birth. Vedic period mentions transgender as the third gender 'Triyaprakriti'. It includes Hijras, Eunuchs and Aravanis who have been serving Hindu courts and Muslim Darbars (Bordoloi, 2021). In modern society, their inability to use education and other facilities often compels them to be in the street taking up entertainment medium of singing, dancing and commercial sex work for livelihood only till a suitable age of public appearance.

The community explores and speaks on the free will to decide on their gender orientation as well as sexual orientation. Article 21 of the Indian Constitution emphasizes the 'Right to live with Dignity' and Article 1 of the Universal Declaration of Human Rights states "All humans are born free equal in dignity and rights" implied through Yogyakarta principles. A course of time has come where separate

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laws are made in order to compensate and protect the rights of TGNB as they are mostly marginalized work. The struggle for transgender community for survival and basic services such as housing, education, and other government documents are a part of everyday life. It has become worse during the Covid-19 scenario. The Covid-19 pandemic has devastated not only health infrastructure but a series of other vulnerabilities related to economy and employment, social exclusion (physical distancing), recognition, acceptance by family members and mental health. Begging in cities and highways became impossible. There was no food, no money no shelter during the second wave of Covid-19 (Kumar, 2021). This type of situation and public-panic forces in bringing up negative emotions of anger, suicide attempts, depending on petty crimes and victimization of the community. Thereby, it leads to a situation of chaos and homophobia during this time. The Social Welfare schemes also cannot be disseminated properly to protect these vulnerable sections due to lack of awareness. According to Stryker, 2008, the transgender community is not included in the healthcare programme combating AIDS epidemic. They are excluded from gay/ lesbian demonstrations. As the main source of income is begging for the transgender, they are more vulnerable to has gone unexamined. There is a delay in seeking urgent medical attention due to historic discrimination (28%). The discrimination is due to structural ignorance and negligence as the non-normative gender does not fit into the category of binary male and female.

The 2015 National Transgender Discrimination Survey found that TGNB (Trans Gender Non-Binary) people were unemployed at three times the rate of the general population. TGNB people are uninsured at higher rates than their cis-gender counterparts, which affect access to care for COVID-19 infection. The impact of TGNB deaths (both from COVID-19 infection and from violence) during this time of social isolation is particularly challenging given restrictions to gather and mourn with others (Woulfe & Wald, 2020). According to Pinto in the *Price of Exclusion*, "young trans people are almost 10 times more likely to have suicide attempts than the general population".

The paper probes into the struggle of transgender community, role of law and the struggles to get their basic rights and access through a feminist lens of collective action and neo-gender realism.

Transgender and Non Binary may pursue multiple domains of gender affirmation from changing ones name, pronouns to medical and surgical affirmation based on their own personal decisions (Bettcher, 2013).Violence also against Transgender and Non Binary persons start early in life, leading to the risk for multiple types and incidences of violence and suffering of Post Traumatic Stress Disorders. In addition, transgender people seem to have particularly high risk for sexual violence (Stotzer, 2009). Hence the role of legal mechanism to readdress the plight of transgender and non- binary becomes essential to have a self- perceived gender identity with fair treatment, access of medical certificate and institution and other provisions mentioned for hormonal therapy and sex- reassignment surgery and medical coverage according to Transgender Persons (Protection of Rights) Act, 2019.

Theoretical Framework:

The problem under study is a highly complex one and connected with diverse factors. The term transgender and non-binary itself is an umbrella term that covers a wide range of ideas and concepts. The very phenomenon changes its nature as per space, culture and society. In fact, the perspective about transgender and non-binary by themselves and by the society also varies from person to person. The patterns of society which is custom, etiquette, fashion, values changes over a period of time. However, if a structure is created, there is a strict adherence of created social structure as well as acceptance of those patterns. It is the collective social activity that is responsible for their continued existence (Haslanger, 2012)

No single theory alone can address such an issue. Hence, multiple theories become operative in dealing with various dimensions of the problem under study. So, there is a need to develop a ground theory using the relevant concepts and ideas of different theories and information collected for the present study.

The issue of transgender dealt in the present study is not limited to any particular group of transgender in general, but have particular consequences in regard to different group under different context. For example, in the context of family they are often driven out of being a family member, of property, of being a relative etc. In schools, they face alienation and remain half educated or illiterate resultantly having no job or less paid job and many a times, they remain as a sex worker or procurer. Stigma and discrimination remains a universal issue for them. Thus, multiple factors work for making them discriminated in the society. And each factor interacts with other or the rest of the factors to make them further downtrodden. Such connectivity of factors of discrimination and violence has been addressed by William Kimberly Crenshaw in her 'Theory of Intersectionality' where she explained how such factors make women double and triple time victim of violence. Similar is the case with transgender and non-binary, the issue of identity crisis among transgender at the initial stage of their development is very much critical in nature. It is the stage when they could neither understand why things which are normal for the rest are not normal for them or could they find any peace of mind by the defined gender role in their natural body. In fact, they themselves remain confused that what they have seen as natural in society from childhood is not going to be the same for them. Thus, they pass through a huge storm and stress until they reach a level of maturity to handle it on their own. Many remain hidden till a long age come out with their own identity. All these issues are the result of feeling what Simon De Beauvoir calls as 'other' as is the case with women as the other in society so is the case with non-binaries.

In actual practice these all are the resultant impact of power imbalance. In society the powerful always dominate the powerless. Here Michel Foucault's sociological concept of power is worth mentioning. He says power is multi-directional and exercised through discourse. Here discourse means institutionalized way of speaking something may be formal or informal. Thus, power is a technique or strategy which is exercised through created narrative, that is, through discourse.

According to Fraser (1981), while explaining that power is multidirectional Foucault says that power flows in throughout society like the network of capillaries. The same had happened and happening in recognizing binaries as normal and non-binaries as not something normal. This became the dominant discourse in most societies. Society has created such discourse to dominate or to exercise power over through its different agencies and institutions like family, marriage, religion, law, education and so on. Accordingly, society disciplines to obey gender norms in certain fashion through these agencies and through socialization that is subconsciously followed as normal without being aware. Thus, the created discourse through small everyday interactions and practices is not coercion but its consent. And under such an abstract and concrete created but generalized consent non-binaries are left with least power. And here the issue is of further marginalization and deprivation state. To come out of such marginalization strong collective actions are needed. Transgender as individuals are powerful enough once they come out with their own identity as it is very much challenging to express it from the context of societal and cultural varies are concerned. They are, at least, able to create a counter narrative of identity of their own as against the dominant discourse. Naaz Joshi, Laxmi Narayan Tripathi, Gauri Sawant, Sathyasri Sharmila, Shabi Giri, Manabi Bandopadhyay, Padmini Prakash are current exemplary instances who are able to create their own identity. But the problem here with most of the Indian society and cultures that patriarchy is so dominant that many of the transgender even do not dare to come out with their identity and those who come out at the individual level are lacking strong connectivity with the grassroot non-binaries.

In one of the interviews given by **Dristhi co-founder Rituparna Neog, Assam** (The Sentinel dated- 26th May, 2022), Rituparna spoke about bodily integrity, self acceptance and visibility of the transgender community is important. Transgenders have to struggle with institutions such as family, educational institutes, and society. The sensitivity to understand the variation and inclusivity among each individual is important to identify and create safe space for queer identified children especially, inside school premises.

Prema- Founder Director Rainbow Home of Seven Sisters (RHoSS), Guwahati, Assam

Transgender people are a minority community. They live in the backyard or peripheries of towns - the slum areas. In India, Kinnar/Hijras community lives in slums with several inhuman restrictions in this modern society. The owners in the slum homes do not allow them to take the main road therefore they go through slum routes and railway tracks. Society restricts them in every move they make. Though a group of people invite the community for prayers, a larger portion of the society look down upon this community. However, the Marwari community is very encouraging and respectful towards them. The Kinnar/Hijras are involved in the rituals such as birth, marriage, rice feeding (annaprasana) ceremonies of this community.

Kinnar/Hijra is a cultural/religious concept in the northern part of India. This culture has also gained prevalence in the northeastern part of India today. The genesis of the Hijras community especially in Guwahati (the gate-way to the North East of India) goes back to the 1980s-1990s. When the family rejected them due to their orientations, these sexual minorities formed their own communities. Birds of the same feather flock together goes the adage. But the people of this community did not stay in this city of Guwahati. They went to several other metropolitan cities like Delhi, Bombay etc. In 1985-86, Prema personally did not see many Kinnar/Hijras here. But they say they had returned to Guwahati during 1997-98. Back then they were around five to six Kinnar/Hijras. Thereafter, the number of the community began to grow. One of the reasons other than the development that took place in the city, is that the growth of Marwari community in Assam. Thus Assam became a safe haven for the Kinnar/Hijras community. The community grew due to the dependency for cultural and religious rituals and the city became a source of income for the community.

Guwahati being the biggest city of North East India, the income of Kinnar Gurus to increased as more disciples joined the community for their daily living. Their custom of giving a share to Guru continues even today as she belongs to that community. We also support the Directorate of Social Welfare and government administration so that Transgender Certificates and Identity cards can be provided to the Kinnar/Hijras community. The Government is also trying to provide skill training to them so to mainstream them to the society. There is the advocacy to stop beggary by this community. From the centre, they are working that beggary should be stopped by Kinnar/Hijra community, though it will take some time to abolish completely.

NALSA judgment and identity cards help to reduce stigmatization against transgender community. Any person with a different sexual orientation other than the heterosexual is often ostracized from families, especially the transmen and transwomen. Prema had cases where the boy child always used to like girl dress, wear bangles and nail polish where parents encouraged them initially and later they became a shame for the family. The parents do not think that this behaviour impacts psychologically and sexually in the life of a child. In some cases they have realized right from their childhood that they are with different sexual orientation and for some others it is at the age of 9, 10, 11 years and for some other at the end of their teenage or adolescent age.

One of the clients shared that when she began to dance in pubic her uncles and relatives did not like it. She was constantly reminded that she is a boy and behaves like a boy which was almost impossible with her. The society ridiculed the family and in the end the family members chased her out of the family in the silence of the night. She then began to live with a family in her own community for a few days. Later she moved to a Marwadi family who came to Guwahati. She worked in their house, cooked food and so on to earn her living.

During the pandemic, there was complete closure and this particular person had to leave her job and the place where she lived. She said that she had three choices before

her. 1. She would join a Kinnar/Hijra community though this would be her last choice. 2. She would go to a shelter home. 3. If the first two do not work out, then she would commit suicide. The suicidal tendency is in them so much as they all go through Dysphoria. Often remarked that a body is given that does not match with sexual orientation. It is not their fault but the creativity of the creator which the human mind cannot comprehend.

Another client met me when she was 22 years old where she felt within herself the conflict. There was none to hear her pain and sorrow. She stayed in the shelter home provided by RHoSS for some time and gained courage that she could be a great person in life. Today she stands courageously before the family and society to say that she is a girl. The conflict with one's own identity and with society is so intense in their life.

There is a trans-man who comes to the shelter home who is not able to disclose to the family his inner struggle. The voice, attitude, dress are all oriented towards male. Prema gives them moral courage and strength to accept their own self and to be happy in life.

The community of Intersex goes to doctors or some to mullahs (learned men). They try to rectify the defect and make them belong to one group either a male or female. Some religious leaders mislead the parents assuring a happy married life with children. Though the outwardly the rectification of sexual organs are done, many them are without other internal organs that can support a birth of a baby. There is a gender role expectation to bear children. Some of the misled parents are so confident that the intersex child will attain puberty and they will have sexual life that can bring forth children. Due to the stigma, some of the sexual minorities refuse to take a transgender certificate. This is a hidden reality in the midst of huge efforts made by the government to mainstream the community.

RHoSS have also made effort to help the law enforcement persons to understand the definition given by NALSA on transgender. They also invite sometimes to identify the transgender people especially when a crime is committed by Kinnar/Hijra community member, to know whether the person belong to the Kinnar/Hijra community of Guwahati.

The Rainbow Home of Seven Sisters (RHoSS) shelters people belong to the community of sexual minorities. There are no categories or separations from others who are in the shelter home. Many of them want to belong to a category of men or women. So they go for Gender Reassessment Surgery (GRS) to Delhi and seldom to Indore. The Kinnar/Hijra community has a good relation with the community at Delhi. So they take shelter over there during their medical visit to Delhi. Many of the Kinnar/Hijra people can afford the cost of surgery. But those Trans people who do not join this community and live alone find difficult to bear the expenses of both bottom and top surgery along with other therapies. However, if you do not identify with the Kinner/Hijra, then what is the possibility of affording such surgery? Those who wish to go for counseling and hormone and laser therapy manage within the city itself.

It is a reality that the Kinnar/ Hijra are a mixture of sexual minorities. Some of the transmen and transwomen, who wish to be independent, look for skill training to stand on their own feet. They do not become a member of Kinnar/Hijra community.

Awareness about their own sexual orientations and their implications is very low among themselves. The gender dysphoria is very high, as there is a constant struggle between mind and body and the rejection both from the family and society.

The society is still unprepared to accept the third gender. At times, when they reveal their gender identity different from the so called 'normal' identity, the result is rejection. One of them was forced to join Kinnar/Hijras of some other city as she was terminated from job as soon as she revealed her identity. Either by force or by choice they are in the Kinnar/Hijra community doing all types work to earn their living or for their survival. Around 90-95 percent of trans community are ostracized from family and society. There is a lack of knowledge in families, societies, students, and hospitals. There is a big gap of knowledge and acceptance in all types of institutions such as hospitals, schools, colleges, universities etc. There is a policy for institutional delivery and all the staff and doctors involved in it should be made aware of accepting such babies who are born of no fault of their own. It their duty to help the parents understand this phenomenon and embrace their child as their own without any rejection. However, do the medical practitioners prepare their parents when the child is born? If a child is intersex, do they go for surgery if not, are they prepared?

Gender activists has a group known North East Collective Action for the Trans community - LGBTQ Solidarity group in which there are organizations such as Anajoree, Rainbow Home of Seven Sisters (RHoSS), Dristhi, Xomonnoy, North East Technical Support Unit under National Aids Control Organization, Human Rights Law Network (HRLN) gives legal support, Assam Aids Control Society (AICS), Rural Multimedia Publicity and Promotion (RMPP) also work for transgender community. They work together for arranging pride walks in Guwahati for better sensitization and awareness on LGBTQ+. All Assam Transgender Association (AATA) is another organization working for transgender welfare. The Rainbow Home of Seven Sisters (RHoSS) was working for the welfare of Trans community from 2016. Only in 2020 Transgender Welfare Board was formed with the inclusion of five gurus as members in it in the State of Assam. The Pradhan Mantri Kaushal Vikash Yojana (PMKVY) also trains transgender persons under Skill India Mission.

Collective Action, Neo-gender realism and Transgenders

Transgender and Non-binary as collectives are due to the pattern of interactions which have developed through inter-personal relationship in their history of inequality. They are a part of the structure which is very limiting towards social change. Hence they must be able to be the agents of social change through a movement. According to Stone, (2007), one should be able to challenge subordinate position without having to challenge one’s status. The transgender and non-binary

community must bring into context of challenging the unequal relationships and therefore a true representation is mandatory. In *A Gift of Goddess Lakshmi*, Manobi Bandyopadhya shares the difficult journey of a transgender from discovering oneself of being traumatized to the struggle for acceptance and finally recognition from being a Principal to Vice- Chairperson of West Bengal Transgender Board (Bordoloi, 2021). Manobi challenged the social structure as therefore she is considered as a role model not only in eastern part of India but gladly accepted in pan Indian discourse. If one has the identity of a transgender; it is beyond physical traits as it involves subjective history and gender socialization that involves discriminatory practices. Writings by Bettcher (2013) and Jenkins (2016) consider the importance of gender self-identification, not to get submerged under dominant hegemonic ideology in one movement but to form a resistant collective action and create a voice of transgender and non-binary. It is to create a space where the transgender and non-binary community is respected and view their action. Issues such as ageism and transgender are yet to be explored as the space for such community is still is in a state of flux.

Conclusion

Haslanger (2012) argues that gender is a matter of occupying either a privileged or subordinated social position. Through a neo-gender realism perspective, transgender and non-binary identities need multiple perspectives to study and evolve new sense of awareness and practice. One form of development can lead to resisting another kind of knowledge system in relation to gender identity. Hence, a greater sense of gender as a 'lived identity' is required for transgender and non-binary with awareness on challenges of language, legal rights , pride walk and collective activism in making a movement for transgender and non-binary a success in coming times.

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A Narrative Exploration of Upbringing Experiences among Young Adults Undergoing Drug Rehabilitation

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Abstract

Background: Drug abuse in young adults is a serious public-health problem that has been shown to have neurobiological, psychosocial, and socioeconomic implications. Previous studies suggest that negative childhood experiences, dysfunction in the family, peer modeling, and trauma that are not resolved are the main factors that precede substance use onset. However, few studies have used narrative inquiry to document the subjective upbringing environments of persons going through an inpatient rehabilitation process in Northeast India where the proximity of drug trafficking compounds the local vulnerability.

Objective: This research examines the experiences of young adult men living in a rehabilitation centre and examines the relationships between family, social, emotional and traumatic factors and the initiation, escalation and recovery orientation to substance use.

Methods: A qualitative, narrative-inquiry design was used. Eight male inmates of a purposively selected community rehabilitation centre in Imphal, Manipur, India (aged 27-48), were interviewed for 45-60 minutes using semi-structured interviews, with the interviews audio recorded. Braun and Clarke's reflexive thematic analysis was used to analyse the data.

Results: Six themes emerged focusing on the paradox of supportive yet overindulgent upbringings, peer influences and pressures for social conformity, trauma and unresolved grief as catalysts, personal emotional vulnerabilities and emotional dysregulation, societal stigma and its amplifying effect on recovery, and rehabilitation as a transformative turning point.

Conclusion: The problem of substance abuse among young adults is a complex phenomenon that is shaped by developmental, relational and structural factors, and not the personal moral fault of the individual. There is a need for holistic, trauma-informed and family-centred rehabilitation approaches that incorporate stigma-reduction advocacy.

Keywords: *Substance Abuse, Adverse Childhood Experiences, Peer Influence, Rehabilitation, Narrative Inquiry, Northeast India, Trauma-Informed Care*

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Introduction

Drug abuse is one of the most widespread and expensive public health problems in the 21st century occurring among young adults. Around the world, there are 39.5 million people 15-64 years old for whom drug use disorders are an issue, with the highest prevalence rates in the 18-29 age group (United Nations Office on Drugs and Crime [UNODC], 2023). According to the National Drug Dependence Treatment Centre (NDDTC) in India, there are more than 14.6 million people who need treatment for cannabis-related disorder and 2.26 million for opioid-use disorder (OWD) (Ambekar et al., 2019). Manipur, in the Northeast region of India, has a very severe epidemiological profile; its geographical location near the Golden Triangle area, the world's second most important opium production area, has historically allowed for opium to be easily available and youth to use opioids at an early age. Adolescence and early adulthood are times of increased neuroplasticity, identity formation and sensitivity to social and environmental contingencies (Blakemore & Robbins, 2012). Together these characteristics make adolescents resilient and vulnerable: they have the potential to grow and develop in so many ways, but if they do not have sufficient family and community support, then they are more likely to set off on maladaptive coping paths (Steinberg, 2014). Adverse childhood experiences (ACEs) related to neglect, abuse, exposure to domestic violence, and/or substance use by parents are associated with normative emotional development; individuals exposed to five or more ACEs are 7-10 times more likely to experiment with drugs in early childhood (Felitti et al., 1998; Skeer et al., 2009).Peer modelling is another powerful pathway. The social learning theory suggests that behavioural acquisition occurs as a result of observation and reinforcement from proximal social networks (Bandura, 1977); among adolescents who have insecure attachments, deviant peer affiliation can provide a sense of belonging, making substance use appear to be a cultural practice (Dishion & Tipsord, 2011; Mohammed Nawi et al., 2021). Family-level risk factors (substance use, inconsistent discipline, poor communication, overindulgence) amplify individual risk factors and contribute to intergenerational patterns of addiction (Kumpfer et al., 2010; Rowe, 2012).

Although there is a substantial quantitative literature on the issue, oral history accounts of the experiential narratives of young people growing up in Indian rehabilitation settings are limited. Qualitative inquiry is necessary to uncover the meanings that individuals give to their experiences, the contexts that influence the meanings, and how these meanings relate to person-centred intervention design (Creswell & Poth, 2018). This study aims to fill the gap by eliciting and thematically analysing qualitative in-depth narratives from the rehabilitation centre inmates of Manipur, males, with the aim of lending insight into creating more empathetic and ecologically valid model of prevention and rehabilitation.

Literature Review

Adverse Childhood Experiences and Substance Use Initiation

The ACE Study by Felitti et al., (1998) identified a dose–response association between the number of early traumatic events and a broad range of health problems, including drug use. This finding has been replicated and extended in subsequent longitudinal studies: Five or more ACEs have been shown to increase the likelihood of illicit drug use by seven to tenfold (Skeer et al., 2009); higher ACE scores are associated with earlier age of initiation for non-medical opioid use and cigarette smoking (Meadows et al., 2024).

These relationships can be explained by neurobiological studies. Neurobiological studies provide a basis for understanding these relationships. Neuroimaging research indicates that adolescents who start using drugs before age 15 have thinner cortices and smaller subcortical volumes in regions involved with impulse control and decision making (National Institute on Drug Abuse [NIDA], 2024). Along with these neurodevelopmental changes, early substance use is a result and a contributor to these changes, thereby forming a self-reinforcing risk trajectory (Teicher & Samson, 2016).

Family Dynamics and Drug Initiation

The family system is the most important ecological context for child development and is a key risk and protective factor for drug and alcohol use. In a Brazilian study of institutionalised youth, Bernardy and Oliveira (2010) found that neglect, abandonment, physical abuse, lack of family communication and intergenerational drug use were important factors that led to street drug initiation.

Kumpfer et al. (2010) showed that parental drug use, inconsistent discipline, and emotional availability are risk factors for early experimentation and that they are intergenerational without specific family-based interventions. Several studies have been done that indicated the effectiveness of multisystemic therapy (MST), functional family therapy (FFT), and behavioural couples therapy (BCT) in achieving significant decreases in drug use and increases in family functioning, especially for disadvantaged and minority families (Rowe, 2012).

Peer influence and social learning

Peer influence is the most common proximal risk factor for adolescent substance initiation found in cultural contexts. Bandura's social learning theory (1977) was used as a framework for carrying out a systematic review of 46 studies by Mohammed Nawi et al (2021) to determine which mechanisms best capture the ways in which substance use is transmitted across adolescent networks: Peer modelling, social conformity pressures and group identity formation were identified as the key mechanisms.

Stigma, Recovery, and Rehabilitation

The stigma of society is a strong structural obstacle to help-seeking and sustained recovery. People with substance-use disorders are faced with persistent discrimination throughout their lives in employment, in health care and in social reintegration, and are often stigmatized by their relatives and this increases their sense of isolation (Link & Phelan, 2001). Groups like Narcotics Anonymous (NA) and other similar mutual aid organizations offer a continuous community support system that can augment clinical treatment and help members stay accountable and connected to the community of their peers (Hsiung et al., 2022).

Methodology

Research Design

A qualitative, narrative-inquiry design (Creswell &Poth, 2018) was used for this study because it could bring out the personal, contextual, and temporal nature of lived experience that a structure approach cannot. In narrative inquiry the participants are the main meaning makers, giving the researcher a glimpse into how people build meaning from their lives and the significance of those meanings within the wider social and structural contexts (Riessman, 2008).

Setting and Participants

The data was collected at a community-based inpatient rehabilitation centre in Imphal, Manipur, Northeast India, which has a history of many youth who used heroin and/or opioids due to its close proximity to the Golden Triangle drug corridor. Purposive sampling was employed to identify informants who could offer rich, relevant descriptions of their childhood and drug history. The inclusion criteria were: (a) male, (b) 18 years or older, (c) having lived in the rehabilitation centre and (d) having a history of substance-use disorder. Eight participants were identified who met these criteria (Table 1).

Table 1. Sociodemographic and clinical profile of participants

Case	Age	Primary Substance(s)	Age at First Use	Education (Class)	Duration at Centre
Case 1	32	Cannabis, Opioids, Heroin	18	VIII	7 months
Case 2	30	SP tablets, Heroin	13	Graduation	18 months
Case 3	27	Opioids (inject/inhale)	14	Graduation	3 months
Case 4	30	SP tablets, Heroin, Alcohol	18	Post Graduation	2 months

Case 5	31	Dendrite, Pills, Heroin	14	Graduation	45 days
Case 6	27	Alcohol, Cannabis, Heroin	16	X	2.5 months
Case 7	31	Alcohol, SP tablets, Heroin	16	Graduation	15 days
Case 8	48	Alcohol	18	XII	2.9 years

Note. SP tablets refer to a combination analgesic containing spasmo-proxyvon, formerly widely abused in Northeast India prior to scheduling.

Data Collection

The study was conducted with the help of semi-structured, in-depth interviews with participants in a private room in the rehabilitation facility to ensure the participants' comfort and confidentiality. Interviews were conducted with informed consent, lasted from 45 to 60 minutes and were recorded on tape. Recordings were transcribed verbatim and, when needed, translated into English (member checked) by a bilingual research assistant.

Analytic Strategy

Thematic analysis was conducted in six phases used by (Braun & Clarke, 2006): (1) data familiarisation - repeated reading; (2) systematic generation of initial codes; (3) collation of codes into candidate themes; (4) review and refinement of candidate themes against the data; (5) precise definition and naming of themes; and (6) the production of the thematic narrative. The analytical rigor was increased by extending the listening time with participants, member checking of important themes with three participants, peer de-briefing, and reflexive journaling to bracket researcher preconceptions (Lincoln & Guba, 1985).

Ethical Considerations

Written informed consent was obtained after oral and written informed consent was provided for the purpose of this study, voluntary participation, right to withdraw, confidentiality, and the potential emotional impact of participation. Numbers (Case 1-8) were used to anonymise participant identities. On-site counselling referrals were provided to any participant who was distressed. Transcripts and recordings are held on secure password and/or encryption protected devices that are only accessible by the research team.

Results

Thematic analysis identified six main themes with several subthemes that collectively reveal a complex interplay of developmental, relational and structural factors affecting the process of participants' trajectories from childhood, through substance use and to rehabilitation. Themes are introduced using quotations from the participant's stories that are taken directly from the transcripts; all quotations have the grammatical structure of the original transcripts.

Theme 1: The Paradox of Supportive yet Overindulgent Upbringings

A surprising result was that most respondents described emotionally supportive childhoods in which caring parents provided financial resources to meet material needs and were concerned about their children's future. This contrasted with the concurrent theme of excessive permissiveness with no boundaries, which the participants acknowledged as a risk factor.

> *"I've been good with my family since childhood, they've been taking care of me, but as soon as I turned 18, I started taking substances and since then my relationship with my parents has begun to fall apart. I feel like I might've been spoiled by being too loved. (Case 4)"*

Case 5 also described a loving family where the parents more readily accepted the dropouts, and everything was done to make their lives easier, but the self-proclaimed dropouts at the 8th Standard were an easy decision and faced no challenge from the parents. In case 6, a pattern of low frustration tolerance was elaborated, which was directly associated with overindulgence:

> *"I'm not saying that I didn't get what I wanted, but not always when I wanted it, and I was impatient. (Case 6)"*

The accounts indicate that affective warmth, can be a protective factor, but it is not enough to be without developmentally appropriate limit-setting, consistent discipline, and opportunities for progressive development of self-regulatory capacities. The paradox is conceptually consistent with the results of Mirlashari et al. (2020) who found that unconditioned freedom of behavior in the context of otherwise supportive families is a novel route to addiction.

Theme 2: Peer Influence and Social Conformity Pressures

Peer modelling and social acceptance were the most frequently reported proximal factors for initiation of substance use among the participants, which is consistent with the social learning theory proposed by Bandura (1977) and Mohammed Nawi et al. (2021).

> *"When I was in high school… other teens in the area were using and I began to do so. (Case 2)"*

"I began taking drugs… mostly because I wanted to be cool and fashionable like the seniors. (Case 5)"

"Some of my friends had been smoking before and when they told me, I wanted to do it, too. At first, we had no way of obtaining heroin, but we ran into other users as we were going around and obtained it through them. (Case 7)"

Importantly, peer groups were not just normative figures, but also substance supply providers and actively helped to get substances (Dishion & Tipsord, 2011). This context was a boarding school with conditions of residential co-habitation, limited parental monitoring and developmental identity exploration, which all prominently appeared. In case 2, the story of his departure from a boarding school environment where his externalized drug use was temporarily halted, external networks of peers immediately re-established the pattern. This discovery highlights the significance of the environmental context on continuing or changing the existing behaviour patterns (Steinberg, 2014).

Theme 3: Trauma and Unresolved Grief as Catalysts

Certain significant loss events such as peer mortality due to overdose or suicide, bereavements, or interpersonal violence served as powerful triggers for increases in substance use in some instances. These traumatic events continued to be mostly unresolved and became emotional triggers for reuptake or increase in use.

"I had my best childhood friend die, and it had a mental and emotional impact on me. (Case 1)"

"I lost my childhood best friend, and it affected me mentally and emotionally. (Case 1)""One of my friends committed suicide and passed away. (Case 2)"

"Growing up, I faced a painful experience when one of my uncles was murdered. It hurt me deeply. (Case 4)"

The stories fit with Meulewaeter et al. (2022) who, in a qualitative study, reported that unprocessed grief and family violence combined to make substance use one of the most common emotional regulation strategies. In Case 4, this dynamic was clearly expressed:

"I am an emotional person, so whenever I see or experience something heartbreaking, I tend to use drugs to calm my mind. (Case 4)"

Importantly, no one reported receiving grief counselling or trauma-informed psychological support during their losses. There was a clear gap at the systems level, as none of the participants reported receiving grief counselling or trauma-informed psychological support at the time of their losses.

Theme 4: Personal Emotional Vulnerabilities and Dysregulation

The internal factors identified as amplifying and interacting with external factors were rebelliousness, anger dysregulation, emotional sensitivity and impulsivity. The characteristics are consistent with the personality level risk factors reported in the adolescent substance use literature (Hadland et al., 2021).

> *"I had a lot of anger and rebellious and overprotective childhood… used to make big scenes for small things. (Case 3)"*

In case 3, he was a user of opioids who participated in social life thanks to the use of opioids, and who felt excluded from it otherwise:

> *"I feel my mind is calm, relaxed and can concentrate more... but not when taking substances, I feel restless, out of control... without it, I can't face the real world. (Case 3)"*

This is a form of self-medication (Khantzian, 1997), where people with underlying affective or impulse-control disorders seek substances that short circuit aversive states, at the same time increasing their vulnerability to future instances. Case 4 also briefly considered the importance of choice in addition to dysregulation: "I think that most people take drugs because they choose it not necessarily because something bad has happened to them. This agentic narrative does not conflict with a vulnerabilities model, rather, it highlights the need to maintain participant's dignity and autonomy in rehabilitation discourse.

Theme 5: Societal Stigma and its Compounding Effects

Negative labelling, social exclusion and reduced self-worth were reported by all those who had tried to reintegrate in their communities or families as instances of stigma. For example, stigma was not just a deterrent to seeking help in the first place but a constant relapse-promoting stressor.

> *"The society has portrayed me as a drug user and this attitude about me made me feel and feel demotivated and bad about myself, hence, I started using drugs again in 2023. (Case 3)"*

> *"The animosity towards me in the neighbourhood started and my family members struggled to accept society because of my conduct. (Case 2)"*

> *"I have not yet overcome my physical ailment, but I still struggle to be part of society, as there is almost no acceptance and inclusion. (Case 4)"*

Stigma extended to family members (Case 2) represents a form of courtesy stigma (Goffman, 1963), leading to systemic issues at the household level that may also weaken family support, a critical protective factor for recovery. Social labelling of the individuals in case 3 was particularly relevant, as it acted as a direct trigger for relapse, which is a variation of the Link & Phelan (2001) labelling theory, where internalized stigma decreases self-efficacy and commitment to abstinence.

Theme 6: Rehabilitation as a Transformative Turning Point

Participants' experiences of rehabilitation were generally seen as a positive turning point in their lives when they gained new perspectives on themselves, new motivation for prosocial behaviour, and new perspectives of their future. Although the severity of participants' addictions varied, rehabilitation was described in a consistent manner as a turning point leading to new understandings of self, new motivation for prosocial behaviour, and new perspectives of the future. Voluntary admission was found to be an important enabler of genuine engagement.

> *"It's the first time I've taken the initiative to get treatment and embark on my journey to recovery. (Case 2)"*

> *"Counselling was effective for me - it helped me to change my thinking; it motivated me to change. (Case 1)"*

> *"Talking in reflection sessions is a time for me to express myself, which I don't often get to do, and this could build pain over time, but when I do, it helps me release the pain. (Case 5)"*

Structured daily activities, physical therapy, group therapy, NA sessions and reflection inventories were cited as complementary pillars of recovery. In Case 3, the authors expanded on how physical exercises and structured activities helped to decrease feelings of restlessness and social inferiority which could have served as triggers for substance use. This aligns with the recommendation of Hsiung et al. (2022) for the need to integrate routine into therapy. Case 4 discussed a prosocial aspiration to growth after trauma:

> *"My ambition in life is to create an NGO which helps young people and keeps them away from drugs. (Case 4)"*

Although inconsistent in use, it was identified as a strong motivator family involvement. Case 4 said that his father's calls, even when they were severe, rejuvenated his desire to move on from his illness. The accounts are in line with research that suggests that the outcomes of treatment are significantly better when family members are also engaged in therapeutic activities (Rowe, 2012).

Discussion

The present findings shed light to a multi-pathway, convergence model of substance-use development involving the combination of ACE exposure, family-level risk factors, peer factors, emotional dysregulation, and structural stigma. Most importantly, the data challenge two key reductive framings: that supportive upbringing is always protective and that addiction is a result of primarily individual moral deficiency. Mirlashari et al. (2020) found the same paradox with supportive but over-indulgent upbringing and attachment theory supports this distinction with secure and permissive parental styles. Emotional warmth encourages secure attachment and resilience, but a lack of frustration tolerance, delay of gratification, and self-

regulatory competence cognitive-emotional skills protective against substance initiation and escalation (Blakemore & Robbins, 2012)can be impeded by unchecked indulgence. Parenting education programmes need to therefore communicate the difference between warmth and permissiveness and teach skills to caregivers that enable them to be responsive and yet set boundaries. Peer influence was a common theme throughout all cases, highlighting the significance of a developmental context. Adolescent identity formation is relational and belonging becomes a special need when there are weak identity anchors in the family (Steinberg, 2014). Prevention strategies which focus on individual risk factors alone and not on peer ecology will have limited efficacy. The importance of unprocessed grief and trauma in increasing substance use is consistent with trauma-informed care frameworks (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014) and highlights a key service gap in the setting studied. There is no evidence of grief counselling being available at the time of significant losses, which indicates that there were missed opportunities for early intervention. This could be filled by embedding culturally responsive and culturally attuned trauma-informed grief interventions into primary healthcare and school counselling services.

The findings of stigma as a barrier to first help seeking and as a proximal trigger to relapse resonated with elements of the modified labelling theory (Link & Phelan, 2001) and structural-stigma theories (which place barriers not just on the individual level of attitude, but in the individual level of institutional and community discrimination). Stigmatizing family members is clinically significant: families exposed to courtesy stigma may limit contact with the recovering family member, thus depleting an important protective factor. Individual level stigma must be mentioned in public education campaigns along with family burden of stigma.

The positive changes that occur as a result of structured and holistic voluntary rehabilitation confirm the rising support of person-centred, autonomy-supportive treatment models (Ryan & Deci, 2000). Self-determination theory suggests that people's recovery outcomes will be best when they feel that their involvement is self-initiated and intrinsically motivated, which was the case for the two cases (2 & 3) in the present sample. In the case of coercive admission, as noted in Case 2, this may work against the internal motivation required to achieve sustained behaviour change.

Implications for Practice and Policy

The first step is to get past awareness of the risks to the practices of parents that can create vulnerability, such as indulgence, inconsistent limit setting, and avoiding talking with the child about emotional distress. Second, school-based prevention should incorporate social emotional learning curricula that reinforce and strengthen frustration tolerance, peer refusal skills and healthy identity formation in adolescent target populations. Third, rehabilitation programmes in Manipur and similar contexts should incorporate trauma-informed frameworks as the standard of care, while incorporating culturally adapted psychotherapeutic frameworks alongside medical

detoxification, grief counselling and emotional regulation skills training. Fourth, there is a need to advance stigma-reduction advocacy at the community, institutional and policy levels, including training health providers to use non-stigmatising language, public messaging, reframing addiction as a health issue, and the inclusion of legislation to protect individuals in recovery from discrimination in the workforce and social service provision. Fifth, long term post-discharge follow-up should be integrated in the mandate of rehabilitation centres, with structured social worker follow-up, peer support and vocational reintegration programmes. Sixth, family members should be formally engaged in the treatment planning, family psychoeducation and family therapy process, as both family members and resources for recovery.

Limitations

There are several caveats. The sample was entirely male and from one rehabilitation centre, which restricts generalizability to female drug users and to drug users in other settings or in other geographical locations. The purposive, small sample (n = 8) is suitable for narrative inquiry and cannot be used for statistical inference.

Conclusion

This study has further added qualitative depth to the knowledge regarding the aetiology of drug use among the young adults in the Northeast India. The narratives of eight rehabilitation-centre inmates reveal that substance use is embedded within developmental histories marked by overindulgent parenting, traumatic losses, peer socialisation into drug use, emotional dysregulation and structural stigma factors all play a role and interact dynamically rather than independently. Voluntary and family-centred, trauma-informed rehabilitation was felt as transformative. The results help to move away from punitive, individualized approaches to addiction from prevention and treatment to prevention and recovery systems that are ecologically sensitive, holistic, and dignity affirming.

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Patients Availing Healthcare in Public Health Centres

Dr. Nula Bethel Anal[1]

Abstract

Background: Health as it is rightly defined by the world health organization as a state of complete physical, mental and social well-being of human being but not merely an absence of disease or infirmity**.** Every human being wanted to be healthy, live a healthy live and simply away from any illness or sickness. As we are living in an era of high technology we all aspect a good quality health care services, adequate medicines and super laboratory test and of course a super standard treatment with all the sophisticated equipments and machines available at their disposals. However still in this century people living at the rural areas and far flung areas faced various health issues, quality health treatment due to remote location, and none availability of health care providers due to various untold reasons. Chandel district is one of the districts in Manipur that faced quality health care services and facilities.

Objectives: The objective of the study is to find out the health care services, assess the patients availing the services and their satisfactions towards the health care facilities available at the district.

Method: It is a descriptive study with 100 samples from the age group of 15 to 60 years who have visited the health centres for atleast thrice or more by adopting sample random sampling method.

Results: Patients residing near the health centres has many advantages in availing the health facilities provided at the health centres. Majority of the age group who are availing health care services belongs to 25-29 years. Majority of the patients has an annual income of below INR 50000 at the time of visiting Health Centres which shows most of them are from poor families. The patients have to purchase medicines from private pharmacies spending out of their own pocket.

Conclusion: From the findings it is concluded that patients who stayed nearest to any health centres had mostly availed the healthcare in the district. Most of the time the patients has to spent purchasing medicines from their own pocket, and sophisticated laboratory testing like MRI are not available therefore they are referred to higher hospitals or private hospitals.

Keywords*: Public Health Centres, Patients, Health Care, Avail, Rural Areas*

Introduction:

Chandel district is situated at the southernmost part of the state sharing a border with Myanmar in the east, in the west with Churachandpur district, in the north-west with Kakching district and in the south with Tengnoupal dsitrict. It is regarded as one of the most backward districts in India as per the report of Ministry of Panchayati Raj in

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2006 ‘‘Chandel district as most backward districts in the country’’ (MoPR, 2011). The majority of the people in the district are agriculturist as they have no other source of income, most of them have to work with the available resources, and their main occupation is cultivation either a Jhuming in the hill range or paddy field in the plain areas of the district. The cultivation rate is 56.7 percent which is higher than state average of 44.0 percent (Census India, 2011). As the district lacks in development such as in health and nutrition, education, agriculture and water resources, financial inclusion and skill development and basic infrastructure, Government of India identified Chandel district as aspirational district among the 117 districts in India during the launched of transformation of aspirational districts on January 2018 which was based on composite index indicators. Sex ratio of the district is 933 lower than the state sex ratio of 985. According to (NFHS, 2015-16) the average percentage of households having electricity is 69.3 percent and household, the source of drinking water is 37.3 percent and households with cooking fuel in the district is only 17.1 percent, regarding the use of any method for family planning in the district is reported as 15.4 percent of which female sterilization is only 1.7 percent and male sterilization is reported as nil. Children at the age of 12-23 months who are fully immunized that is Bacilli Calmette Guerin (BCG), Measles, three dose each of Polio and Diphtheria Pertussis Tetanus (DPT) is reported to be 50.6 percent which is lesser than state percentage of 65.9. In terms of women who consumed tobacco and alcohol in the district is 58.8 percent and 58.2 percent respectively (DLHFS-4, 2012-13). Rural population residing in the hill district of Chandel faced different types of health problems due to various factors such as poor health care delivery system, lack of required funds allotted in the district, lack of professional health practitioner, nurse and staff, inadequate health infrastructure, and low quality equipment and services, lack of health awareness and free distribution of essential basic medicines to the rural population, post of doctors and paramedical staff lying vacant and poor transportation and communication facilities further hinder health care facilities in the rural areas of Chandel district. Due to poor quality services in health centres the rural population have to visit to private hospitals which are situated in different parts of the districts. The study is an attempt to assess the availability of health care services in health centres that focuses on infrastructure, service provided, mode of utilization on healthcare services and barriers on health services faced by the rural population residing in Chandel district.

Objectives: The main objectives of the study are as follows:

- To find out the functional health centres
- To access patients availing health facilities
- To examine the satisfaction of patients at health centres.

Methodology: A descriptive research design has been adopted in the present study so as to figure out the facts about the prevailing situation in the study area. It is also conducted in order to find out the behaviour patterns of the patients who have visited the Health Centres for at least thrice or more. The average age of the respondents ranges from 18 years to 60 years. Simple Random sampling method was adopted under this sampling. Lottery method was used for selecting registered patients from 3 Public health centres by drawing a portion of the universe that all possible samples have the probability of being selected. Total sample size of 100 was drawn from the total population of 500 registered out patients belonging to the age group of 18 years to 60 years and who have utilized health care service for at least thrice or more in three public health centres of Chandel district, in Manipur state.

Main Findings and Discussion:

Availability of Healthcare Services in Health Centres:

According to the study it is found that majority of the patients who had visited the health centres for check-up were residing at the nearest health centres, therefore the patients have the opportunity to avail the health services provided at the health centres. It is concluded that most of the patient resided near the health centre have many advantage in availing the health facilities provided at the health centres, it also enabled them to easily accessed the health care services provided at health centre during the time of any emergency as compared to those patients who stayed at the far flung areas and in the hilly range of the district. 70 percent of the patients stated that doctors were present during the time of visiting the health centres however 30 percent of the patients state that doctors were not available as per the data medical officers are present at their place of posting. 47 percent of the patients were just staying beside the health centre that is within 0-2 kilometres. While 27 percent of the patients stayed between 9 kilometres and above, whereas 20 percent of the patients stayed between 3-5 kilometres from health centre and only 5.3 percent of the patients were staying between 6-8 kilometres from Health centres. Therefore it is concluded that majority of the patients who availed the facilities were staying proximity to the health centres therefore they were able to visit the health centres at their disposal.

Functional Health Centres:

It is seen that the functional health centres of Chandel district are operated with electricity and other basic amenities. It is also observed that basic laboratory test like blood smear, Rapid test, urine test, BP test, Malaria test pregnancy test etc. are available at the functional health centres however sometimes the laboratory test like ultrasounds and x-rays have to be tested outside the hospital due to malfunctioning of the machines or absents of health workers. Majority of the patients witness that medical staff and ANMs were present during the time of seeking treatment. The patients stated that the Labour room were properly working or functional during the visit, whereas few of the patients said that they were not sure about the condition

of the Labour room at the health centres However the conditions of the labour room at the district hospital is very well functioning and properly maintained. Majority of the patients have utilized the weighing machine that is available at the health centres as it is mandatory for all the patients to weight before the treatment by the ANMs and Staff nurse. It is also found out that large number of the patients have availed the drinking water available at the health centres which is inpoor quality therefore installing a filter or aqua guard or a readymade purified or mineral waters for drinking purpose is necessary and essential in the entire health centres of Chandel district.

Utilization of Healthcare Services:

Majority of the patients revealed that pharmacist were not available during the visit while few of the of the patients said that the pharmacist were available during the visit. Majority of the patients stated that some medicines were available but not all therefore some of the medicines prescribe by the doctor has to be taken from the private pharmacy during the time of visiting the health centre, however some of medicines were available sometime only therefore many of the poor patients have to spend purchasing life saving medicines, it is clear that only basic medicines were given the rest have to be purchased from outside by spending from their own pocket. 46 percent of the patients had availed that the service on family planning at health centre as India is the most populated country, promotion of family planning should be motivated in the entire nation, and also as India was the first nation to established a family programme in 1952 with an objective to slow down the population rate and lower the fertility rate it is much to mobilised at the health centres. 23 patients had availed services at primary health centres, while 50 patients had utilized the services at district hospital and 27 percent of the patients had utilized the facilities at community health centre so most of the people visited district hospital as it has more facilities than the two health centres.

It is found out that majority of the age group who are availing health care services belongs to 25-29 years. Most of the female patients belong to the category who had utilized the services at the Health Centres for any kind of health related ailments. Majority of the patients who visited the health centres belong to Christian community as the district itself is dominated by the tribal community, majority of the tribal belong to Christian religion. Majority of the patients were married during the time of availing health services at the health centres of Chandel District that shows married patients are more than unmarried patients in availing the health centre. Most of the patients have an annual income of below INR 50000 at the time of visiting health centres which shows that majority are from the poor family background where they are dependent on hand to mouth.

Majority of the patients came to health centres for maternal health check-up that indicates the reproductive health services are utilized more than any other type of services during the time of the study. The patients were given counselling on nutrition by the concern doctor during the time of consultation hour at the health centres of Chandel district . The patients opined that they were aware about the availability of Lady Doctors in the health centres and some of the patients

preferred lady doctor than the male doctor for various untold reasons, availing the treatment by the lady doctor literally shows the dissemination of information by the ASHA workers at the village level was very informative, The patients stated that the information was disseminated by ASHAs workers under their jurisdiction this shows that the ASHA workers were during their best job even though they are not Parmanant employee like the doctors, nurse, and Para medical staff. The patients did not face or counter any problems related to sexual, verbal or physical abused during the time of seeking treatment at the health centres, the patients were satisfied with the medical officer while seeking treatment at the health centres, patients were paid proper attention by the doctors during the time of availing the health care services at the health centres of Chandel district. Most of the patients rated the doctor's examination as very good during the time of health check-up at the health centres of Chandel district. This shows that the doctors were dealing professionally and ethics were maintain during the consultation hour and treatment process. The patients were explained very well and advised by the doctor regarding the type of health related treatment during consultation hour at the health centres. The patients were not satisfied with the Para medical personnel's treatment during the time of availing health care services However most of the time the patients revealed that they have to be patience as most of the staff were tired and exhausted sometimes due to heavy work. Patients preferred institutional delivery because the delivery services at the district hospital is best compared to primary health centres. The labour rooms are very clean and tidy and proper rules and regulations are maintained at the hospital. Patients revealed that JSY incentives were paid on time at the health centres.

The incentives as per the scheme for maternal health are provided on time as most of the patients are from poor family. The behaviour patterns of the medical staff of health centre were courteous. The respondents propounded that women patients were consulted in an environment that ensures privacy or dignity at the health centres of Chandel District. The patients revealed that ST/SC did not faced any discrimination from medical staff during the time of seeking treatment at the health centres it was true that no discriminations were prevailing at the health centres. It is clear that the patients have no any idea on private practice by the doctors outside any health centre who are posted at the Chandel district.

Recommendations and Conclusion: As per the findings it is concluded that the health care facilities and services at the district hospital is equipped with better machines and equipments as compared to community health centres and primary health centres specially in Chandel district. The doctors and medical staff are present during their duties and gave a professional treatment at the hospitals and health centres however to the findings. It is stated that most of the time the poor families coming all the way from rural areas, remote areas and far flung areas have to spent out of their own pockets in purchasing medicines from private pharmacies, taking into considerations the medical doctor who prescribe the medicines should be available at the health centres and should prescribe the available medicines only

unless when it is not available due to shortage of supply or provisions than the doctors can prescribe medicines that can be purchase from outside. Spending out of their own pocket is very hard for the poor families as they have no other sources apart from cultivations and agriculture. Regarding the sophisticated machines and equipments for any laboratory testing like MRI and other important machines should also be provided at the district hospital so that the rural population can avail the available facilities instead of going to Imphal which is more than 80 to 100 kilometres away from their villages. They have to spend lot of money in transportation, and the cost of MRI in private hospital is a dream never achieve for the poor population. Therefore, the government should consider installing sophisticated machines and equipments which is available at the capital hospitals and they should also be available at the district hospital though not in primary health centres. The district hospitals should be provided like the state hospitals, community health centres like district hospital and primary health centres like community health centres and the primary sub centres like primary health centres. The point is upgradation of existing facilities to higher facilities. The shortage of manpower should be employed at the earliest. The infrastructure should be upgraded. The basic amenities and facilities should be available and check properly by the monitoring and evaluation team with proper guidelines. Then, the dream of having a better and quality health care will be successful. The patients should at least have a quality health care like the one which is provided at the AIIMS and other private super multi facility run hospitals, because everyone is equal in the eyes of law. And India being one of the largest democratic countries should focus on equity health care services to all the citizens of India.

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Enhancing Mental Health Outcomes: Literacy, Stigma and Ability of Social Workers' in Suicide Prevention

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Abstract

*Suicide is a pressing global public health challenge, deeply linked with issues of mental health and psychological well-being. Social workers, as frontline practitioners, play a pivotal role in prevention efforts by fostering resilience, reducing risk, and promoting recovery. The study aimed to gain insight into literacy, stigma, and capacity of suicide prevention among Indian Social Workers. A descriptive research was conducted using the quantitative method. A self-report semi-structured questionnaire was circulated online to social work groups and associations in India. Findings reveal that irrespective of their areas of social work practice, 128 (64%) social workers came in contact with suicidal clients. The literacy and stigma of suicide had a significant negative correlation of r=-.184**. There was a positive correlation of (r=0.294**) between literacy and the ability of social workers in suicide prevention. Increased knowledge about suicide among social workers decreases their stigma and increases their ability to intervene. Enhancing social workers' ability in suicide prevention is crucial as it would help them intervene among service users with psychosocial vulnerability in their workplace.*

***Keywords**: Social Work Practice, Suicide Intervention, Suicide, Suicide Knowledge, Indian Social Workers*

Introduction

Every 40 seconds, a death by suicide occurs somewhere in the world (World Health Organization, 2014). As per the National Crime Records Bureau, in 2021, 164,033 people died by suicide in India. Males had higher suicide rates than females (72.5: 27.5). This is a major concern because there are usually multiple failed suicide attempts for every suicide fatality. Suicide is a mental health crisis that has turned into a global public health problem.

Family tensions, marital problems, relationship issues, examination failure, problems with one's job or career, unemployment, bankruptcy or debt, substance abuse, illnesses, and poverty are the causes of suicide in India. Family issues (33.2%), marital issues (4.8%), and sickness (18.6%) together contributed to 56.6% of suicides in 2021. (National Crime Records Bureau, 2021.). This is alarming because almost all of these causes are psychosocial in nature. They demonstrate that deaths by suicides are preventable and a lot can be done at the individual, community, and national levels.

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For those having suicide ideations, timely action is crucial. The shortage of mental health professionals and the prevalence of stigma prevent people from seeking help in India. There are just 0.3 psychiatrists for every 100,000 population (National Mental Health Survey of India, 2015- 2016) which is multiple times less than the Commonwealth standard of 5.6 per 100,000 individuals. The prevalence of psychologists and mental health social workers is even lesser. Another disadvantage is that most of these professionals are concentrated in the Southern and Western regions of the country. The resources accessible to handle the immense weight of mental health issues are inadequate, unjustly circulated, and wastefully utilized (World Health Organization; 2005).

Despite extensive practice in this crucial area, there is a startling lack of research describing and assessing social work contributions to suicide prevention (Petrakis & Joubert, 2013). This study was initiated in recognition of the insufficiency of research and the significance of social workers in this area. The aim was to explore Indian social workers' knowledge, attitude, and skills in the area of suicide prevention.

Material and Methods

Descriptive research designusing the quantitative method was employed by the researcher to describe the proficiency of Indian social workers in Suicide prevention. To understand the competence of social workers in preventing suicide, literacy, stigma, and intervention skills were evaluated. The relationship between these variables were analysed to give a better understanding.

The universe of the study was Social Workers in India irrespective of their specialization or area of work. The exact number of the universe was unknown, as there is no single association for social workers in India with a record of all social workers. Thus, convenient sampling was opted for by the researcher. The respondents in the study were social workers employed in India with a minimum degree of a Master's in social work and who worked in or are engaged in a social work-related sector. Participation in the study was entirely voluntary. All responders provided their informed consent online. 200 respondents were part of the study.

A semi-structured self-report questionnaire was prepared which included a socio-demographic profile, Literacy of Suicide Scale, Stigma of Suicide Scale, and Gatekeeper Behaviour Scale. The permission to use the scales was obtained through email from the concerned researchers.

The 12-item short form of the literacy of suicide scale (LOSS-SF) was created by Calear et al. in 2012. This scale was validated using the Item Response Theory (Batterham et al., 2013c).

The 16-item Stigma of Suicide Scale short form (SOSS -SF) was developed by Batterham et al in 2012. The SOSS measured three broad types of attitudes related to suicidal people: stigma, normalization, and attribution to isolation. In earlier research, SOSS demonstrated great concurrent validity and high internal consistency. The

subscales of SOSS had Cronbach's alpha values of 0.77, 0.85, and 0.72 in a study conducted among students in China(Han et al., 2017).

Gatekeeper Behaviour Scale (GBS) was developed by Glenn L Albright et al. in 2014. It is an 11-item scale. The GBS was proven to be a valid tool with high internal consistency ($\alpha = 0.93$) (Albright et al., 2016).

These scales were Likert-style measures. They were used to measure suicide knowledge and stigmatizing attitudes towards people with suicidal ideations and their ability in suicide prevention respectively.

The Google forms were circulated to all social work groups, forums, associations, and institutions through Email, WhatsApp, Facebook, and Instagram. The associations to which the form was sent through email were - the National Association of Professional Social Workers in India (NAPSWI), India Network of Professional Social Workers' Associations (INPSWA), Indian Society of Professional Social Work (ISPSW), Association of Professional Social Workers & Development Practitioners (APSWDP), All India Association of Medical Social Work Professionals (AIAMSWP), Uttar Pradesh Association of Professional Social Workers (UPAPSW), Kerala Association of Professional Social Workers (KAPS), Karnataka Association of Professional Social Workers (KAPSW), and Mahatma Gandhi Labour Institute (MGLI). The link to the Google form was also shared on all social media platforms.

The data for the quantitative method was coded, analysed, and interpreted using the trial version SPSS v25.0 (Statistical Package for Social Sciences). The researcher used descriptive statistics (frequency, mean and average, etc), the Chi-square test, and Spearman rank correlation to interpret the data.

Findings

Demographic Variables	n(%) **n=200**
Age (years)	
20-30 years	117 (58.5%)
31-40 years	62 (31%)
41-50 years	11(5.5%)
51-60 years	8 (4%)
Above 61 years	2 (1%)
Gender	
Male	116 (58%)
Female	83 (41.5%)
Prefer not to say	1 (0.5%)

Educational Qualification	
MSW	154 (77%)
M.Phil. (Social Work)	30 (15%)
PhD (Social Work)	16 (8%)

Table 1- Demographic profile of the social workers

The research found that 20 to 30-year olds made up 58.5% of the respondents. There were 116 (58%) Male respondents and 83 (41.5%) female respondents. The state-wise distribution showed that half (56%) of the respondents were working in Tamil Nadu and a considerable proportion (16%) from Karnataka. There was an uneven representation from 23 states/UTs of India. Sixty percent of respondents were from urban areas and a considerable proportion was from rural (21.5%) and semi-urban (18.5%).

Professional Background

With reference to social work education, majority of the participants 77% had completed their only Masters' in Social Work and 23% of participants their M.Phil and Ph.D. in Social Work.

Concerning their Social Work specialization, 42.5% of the participants had specialized in Community Development, 41% of the participants specialized in Medical & Psychiatry, 11% of the participants specialized in Human Resource Development, 2.5 % of the participants specialized in Human Rights, 2% of the participants specialized in Family and child welfare, 0.5% of the participants specialized in Criminology 0.5% and 0.5% of the participants specialized in Women welfare and development.

Participants in the research had a mean of 6 years of experience.

Areas of Social Work Practice	n(%) **n=200**
Administration	24 (12%)
Children	25 (12.5%)
Community	29 (14.5%)
Correctional setting	1 (0.5%)
Education	42 (21%)
Elderly	1 (0.5%)
Health setting	22 (11%)
Human trafficking	1 (0.5%)
Sexual Minorities	1 (0.5%)
Psychiatric setting	26 (13%)

Research	16 (8%)
Unemployed	2 (1%)
Women	10 (5%)

Table 2- Areas of Social Work Practice

With regard to their areas of work practice, less than one-fourth of the respondents were working in the education sector (21%) and a considerable proportion was working with the community (14.5%), children (12.5%), administration (12%), and psychiatry setting (13). The remaining were working in Health (11.5%), Research (8%), Women (5%), Geriatrics (1%), Correctional setting (0.5%), Human trafficking (0.5%), and Sexual Minorities (0.5%).

Contact with clients who had suicidal ideations

Two-thirds of the respondents 128 (64%) had encountered clients with suicidal ideations/ attempt. The mean number of suicidal clients seen by social workers was 42.

Areas of Social work Practice	n(%)		
	Have had contact (n=128)	Have not had contact (n=72)	Total
Administration	12 (9.4%)	12 (16.7%)	24 (12.0%)
Children	14 (10.9%)	11(15.3%)	25(12.5%)
Community	15(11.7%)	14(19.4%)	29(14.5%)
Correctional setting	0	1(1.4%)	1(0.5%)
Education	26 (20.3%)	16(22.2%)	42(21%)
Elderly	1 (0.8%)	0	1(0.5%)
Health setting	15 (11.7%)	7(9.7%)	22(11.0%)
Human trafficking	1 (0.8%)	0	1(0.5%)
Sexual Minorities	1 (0.8%)	0	1(0.5%)
Psychiatric setting	23 (18%)	3 (4.2%)	26 (13%)
Research	11(8.6%)	5(6.9%)	16(8.0%)
Women	8 (6.3%)	2 (2.8%)	10 (5%)
Unemployed	1 (0.8%)	1 (1.4%)	2 (1%)

Table 3- Areas of Social Work Practice Vs Contact with Suicidal Clients

Respondents in all areas of social work practice had interacted with clients who had suicidal ideations/attempt. Less than one-fourth of the respondents from education

(20.3%) and a considerable proportion from psychiatry (18%), community (11.7%), health (11.7%), and children (10.9%) had seen clients with suicidal ideations/ attempt.

Exploring the emotions, the respondents faced when they came in contact with suicidal clients, it was found that a considerable proportion of them felt empathy (20%), sadness (21%), sympathy (14%), anxious (11%), and depression (11%). Other respondents reported emotions like fear, shock, stress, anger, pain, helplessness, attentiveness, and a sense of responsibility.

Suicide Prevention Training

The research found that a majority (78%) of social workers lacked training in suicide prevention.

Literacy, Stigma, and Ability of Social Workers in Suicide Prevention

Using Spearman's Rank Correlation Coefficient, the relationship between the variables – literacy, stigma, and ability in suicide prevention was analyzed. This nonparametric measure was used as the data was not normally distributed.

Research Hypothesis H_1	**Null Hypothesis H_o**	**Correlation Coefficient (r)**	**p value**	**Level of significance**	**Reject/ Accept**
There is a significant relationship between literacy and stigma of social workers in suicide prevention	There is no significant relationship between the literacy and stigma of social workers in suicide prevention	-.184**	0.009	$p<0.05$ significant	**Accept H_1 & reject H_o**
The is a significant relationship between stigma and ability of social workers in suicide prevention	There is no significant relationship between the stigma and ability of social workers in suicide prevention	0.093	0.192	$p>0.05$ not significant	**Reject H_1 & accept H_o**

There is a significant relationship between literacy and ability of social workers in suicide prevention	There is a significant relationship between literacy and ability of social workers in suicide prevention	0.294**	0.000	p<0.05 significant	**Accept H_1& reject H_o**

Note. This table demonstrated the relationship between Literacy, Stigma and Ability using Spearman's Rank Correlation Coefficient

Table 4 - Relationship between Literacy, Stigma and Ability of Social Workers in Suicide Prevention

Suicide stigma and suicide literacy had a negative correlation. (r=-.184**).

Suicide literacy and social workers' capacity to prevent suicide were positively correlated (r=.294**). Stigma of suicide did not have any correlation to the ability in suicide prevention (r=.192).

Majority of the social workers (82%) knew where to refer the suicidal clients.

The Stigma of Suicide Scale showed that more than half (61%) of the respondents attributed suicidal people to isolation and depression, a considerable proportion expressed stigma (24%) and normalization/glorification (17.75%) of suicide. Looking deeper, it came to light that more than one-fourth of the respondents (32%) felt that people who die by suicide were an embarrassment and 31% felt they were pathetic. More than half of the respondents endorsed disconnectedness (56.5%) and more than one-third of the respondents endorsed isolation (66.5%), lonely (66.5%), and lost (62%). Only a considerable proportion of the respondents endorsed brave (19.5%), strong (18%), noble (15.5%), and dedicated (18%).

With regard to the ability in suicide prevention, a vast majority of the respondents (84%) had the likelihood to identify warning signs, discuss concerns and suggest mental health services but only less than half (46%) of those surveyed felt they were well prepared. However on the contrary, a high majority of the respondents (87%) reported they felt confident. The ability to identify a person with suicidal ideation was higher in social workers with medical and psychiatry specializations (55.6%).

Variables	**Chi-Square Value**	**p value**	**Inference**
Years of experience and contact with suicidal clients	38.789	0.389	Notsignificant

Area of Social Work Practice and number of suicidal clients	85.510	0.132	Notsignificant
Social Work Specialisation and literacy of the respondents in suicide prevention	47.643	0.000	**Significant**
Social Work Specialisation and stigma of the respondents towards suicidal people	10.762	0.216	Notsignificant
Social Work Specialisation and ability of the respondents in suicide prevention	24.213	0.085	Notsignificant
Area of Social Work Practice and literacy of the respondents in suicide prevention	53.718	0.005	**Significant**
Area of Social Work Practice and stigma of the respondents towards suicidal people	674.726	0.003	**Significant**
Area of Social Work Practice and ability of the respondents	37.761	0.156	Notsignificant
Contact with suicidal clients and literacy of the respondents in suicide prevention	34.501	0.000	**Significant**
Contact with suicidal clients and stigma of the respondents towards suicidal people	54.383	0.244	Notsignificant
Contact with suicidal clients and ability of the respondents in suicide prevention	5.882	0.053	**Not significant**

Note. The relationship between various variables in the study was determined using a chi-square test, as shown in the table above.

Table 5 - Chi-Square Test – Relationship between the variables

The chi-square test indicated that Social Work Specialisation had an association with the literacy of the respondents in suicide prevention; however, it also showed that there was no association between the specialization with stigma and ability in suicide prevention. The Area of Social Work Practice had an association with literacy and stigma but it did not have any association with their ability in suicide prevention.

Contact with suicidal clients had an association with literacy in suicide prevention but it did not have an association with the ability of respondents in suicide prevention. Years of experience and Area of Social Work Practice did not have any association with their contact with suicidal clients.

Discussion

The majority of the respondents (64 %) irrespective of their areas of work had contact with suicidal clients, but a great majority (78%) of them lacked training in suicide prevention. These findings align with the survey of done in the US among social workers. (Feldman & Freedenthal, 2006).

In this study, the literacy of suicide had an association with specialization, the field of work, and their contact with suicidal clients. Those with Medical & Psychiatry had better knowledge in comparison to the others. This can be attributed to the curriculum of the medical and psychiatry specialization which covers subjects of mental health, unlike the curriculum of other specializations in Social Work. Similarly, those working in health and psychiatry settings had better knowledge and this could be because they work closely in the area.

A majority (82%) of the social workers knew where to refer people with suicidal ideations and behaviour. Despite a lack of training, the social workers had good knowledge of suicide and this could be because in this study, the social workers had a mean 6 years of experience. It could also be because about 64% had encountered suicidal clients. This supports the study done among the Australian community that showed that people who had lesser exposure to suicide, had poorer knowledge (Batterham et al., 2013c).

Suicide stigma was lessened as a result of increased awareness/knowledge of the issue. More than two-thirds of the respondents attributed suicidal people to isolation and depression, in comparison with an equally considerable proportion who expressed stigma and normalization/glorification of suicide. The respondents felt that those who die by suicide are disconnected (56.5%), isolated (66.5%), lonely (66.5%), and lost (62%). Additionally, a sizable percentage of responders believed that suicide victims are pathetic (31%) and an embarrassment (32%). A study measuring healthcare workers' attitudes toward suicidal patients revealed that the majority of the healthcare workers had negative attitudes such as irritability toward suicidal behaviour, and more than half believed suicidal attempts were a way of making others sorry (Siau et al., 2017). However, the lesser stigma towards suicide in this study can be attributed to their exposure to suicidal clients because 48% of the participants had seen one to ten suicidal clients in their career and 6.5% of the participants had seen about 11-20 clients. These findings agree with the study done on Australian medical students that showed that those with lesser acquaintance to suicide had higher stigma (Chan et al., 2014).

A variety of emotions were reported by social workers when in contact with suicidal clients. They felt empathy and sadness, sympathy, anxiety, depression, fear, shock, stress, anger, pain, helplessness, attentiveness, and a sense of responsibility. This study supports the research available as the reactions of the social workers are found to be in line with Nadine's study which after an assessment of professional reactions to a patient's suicide, reported that professionals may experience sadness, anger, helplessness combined with stress reactions, sleep disturbances and intrusive thoughts (Kaufmann Didisheim et al., 2007).

While looking at the ability of social workers in the basic intervention process with suicidal clients, it was found 84% had the likelihood to discuss concerns and suggest mental health services but only 46% had high preparedness. On the contrary 87% felt confident to help when a person with suicidal ideations asks for help. The intervention they felt most confident was referral of suicidal clients to a mental health service. These show that social workers have good ability in the basic intervention process and can be involved to provide psychological first aid. The study suggests a positive relationship between literacy and intervention, thus proving that when knowledge increases, the ability to intervene also increases. And thus, it contradicts the study on nursing students that found no association between knowledge and the capacity to intervene (Inman et al., 1984).

Social workers in this study due to their experience and exposure to suicidal clients show good knowledge, lesser stigma, and good ability. This, however, is insufficient since it is believed that a lack of training is a barrier to suicide prevention (Granek et al., 2018). Proper training in Suicide Prevention could enhance this process by making them more equipped and thus avoiding any missed opportunities to prevent suicide.

Conclusion

Social work contributes to suicide prevention and management as the practice areas provide proof of an encounter with suicidal clients. The lack of mental health resources stresses the need for social workers to be first-line identifiers and responders. If adequately trained, social workers would have positive attitudes and an increased ability to respond appropriately. Thus, it is emphasized that social workers irrespective of their specialization and field of work should be trained to be vigilant and proactive for early detection and consciously incorporate suicide prevention-related activities into their practice.

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Child Trafficking in India: Changing Trends, Regional Patterns, and Gender Dimensions

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Abstract

Child trafficking is a serious issue of human rights and still prevalent in the vulnerable population of India. This study focuses on the pattern and trend of child trafficking in India during the last eight years (2016–2023) from the secondary source of National Crime Record Bureau (NCRB). The analysis from 28,981 registered child trafficking victims (of age 18 years and below) to gain insights into the extent of trafficking, the distribution of trafficked children by states and union territories, the gender distribution and the temporal trends of trafficking cases in India. Key findings include that cases of trafficking have decreased to 2,687 cases in 2023 compared to 9,034 in 2016, which is a 70.3% drop, but may be due to changes in data collection methods. There are significant gaps in child victim proportions (mean CTII) between states, each presenting a distinct trafficking profile: Rajasthan consistently recorded the highest child victim proportions (mean CTII: 97.3%), while Delhi UT exhibited a statistically significant rising trend in child victims (mean annual increase: 52). The gender observation reveals that male children, almost 77% of all trafficking victims' destination cities like Delhi, where they were primarily pushed into informal sector employment. The study reveals critical data gaps across North-Eastern states, where only one of the eight states in the region maintains relatively consistent registrations; the remaining states show indicating that low registration figures likely reflect institutional under-reporting rather than genuinely low incidence. The research suggests urgent need for strengthening Anti-Human Trafficking Units (AHTUs), enhancing inter-state coordination, and improving data collection systems. The study contributes evidence-based inputs for child protection policy and trafficking prevention in India.

Keywords: *Child Trafficking, NCRB Data, Gender Analysis, Regional Patterns, India*

Introduction

Child trafficking is serious human rights violations globally, demanding rigorous evidence-based research and sustained policy action. The Palermo Protocol of the United Nations provides the first international definition that frames "trafficking as the process of recruiting, transporting, hosting or accepting someone by the use of coercion, deception or misuse of authority with the aim of exploiting them" (Prerna & Bhadoria, 2025). In the context of children, "trafficking refers to any exchange of a child with an aim of exploiting the child regardless of the channel used,

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acknowledging the fact that children are inherently vulnerable and incapable of providing meaningful consent" (Prerna &Bhadoria, 2025).

India has developed an extensive legislative setup to address child trafficking through complementary statutes. Sections 370 and 371 of the Indian Penal Code (IPC) prescribe penalties for those engaged in trafficking networks, including forced labour, while the "Immoral Traffic (Prevention) Act 1956" establishes specific legal provisions targeting trafficking for commercial sexual exploitation (Trivedi and Chamar, 2025). This legislative architecture is further reinforced by the "Juvenile Justice (Care and Protection of Children) Act", which categorises trafficked children as victims requiring rehabilitation and protection rather than treating them as offenders. The Act thereby operationalises a victim-centred approach grounded in an acknowledgement of children's inherent vulnerability (Trivedi & Chamar, 2025).

The United Nations Sustainable Development Goals (SDG) framework incorporates child trafficking prevention as an integral component of the global development agenda. Target 16.2 directly addresses child abuse, exploitation, and trafficking, alongside other forms of violence against children (Garcia-Moreno and Amin, 2016). Furthermore, Target 5.2 specifically calls for the elimination of trafficking, sexual exploitation, and gender-based violence against women and girls (Garcia-Moreno and Amin, 2016). The inclusion of trafficking within the SDG framework highlights its multidimensional character as a development challenge, situated at the intersection of social justice, institutional capacity, and structural inequality (Garcia-Moreno and Amin, 2016). This reflects a broader consensus that combating trafficking requires not only criminal justice responses but also comprehensive development interventions that address the structural and socio-economic drivers of vulnerability.

Child trafficking in India is linked with poverty, migration, and social inequality, which collectively render vulnerable children easily affected by abuse and exploitation. NCRB reports indicate that girls are unequally affected, with more than 70 per cent of sexual trafficking victims being minors, sexual exploitation or domestic work. (NCRB, 2023; UNODC, 2022). Developmental displacement has further compounded vulnerability, with nearly 100 million Adivasis facing dispossession from forest lands; ILO (2021) data indicate that tribal children are frequently trafficked to metropolitan centres such as Mumbai and Delhi for begging and labour. Most victims originate from households living below the poverty line, and traffickers routinely exploit migration flows by tricking children with fraudulent employment promises (NCRB, 2023). Poverty intersects with educational deprivation, as approximately 60 per cent of minor victims are school dropouts, while conflict-induced displacement in states such as Manipur and Chhattisgarh has facilitated the recruitment of minors by armed groups (South Asian Strategic Stability Institute, 2022).

India occupies the position of both origin, transit, and destination country for child trafficking. Approximately 7,000 cases are reported annually, though the actual figure is likely higher due to under-reporting and inconsistencies in definitional frameworks

(Dakua et al., 2023). Forced labour (43%) and sexual exploitation (33%) constitute the predominant forms of trafficking in the country. State-level data reveal notable gender differentials: Maharashtra recorded the majority of female victims (94.0%), while Rajasthan had the highest proportion of male victims (80.8%) (Dakua et al., 2023).

Literature Review

Das et al. (2024) conducted an analytical investigation into child trafficking in India, examining its root causes as well as pathways for reintegration and rehabilitation. Drawing on secondary data from the "National Crime Records Bureau (NCRB)", the "United Nations Office on Drugs and Crime (UNODC)", and child protection organisations, the study mapped trafficking concentration in high-risk states including West Bengal, Bihar, Uttar Pradesh, and metropolitan centres such as Delhi, Mumbai, and Kolkata. Poverty, educational deprivation, and gender disparities were identified as primary drivers pushing children into forced labour, sexual exploitation, and domestic work. Despite constitutional protections under Articles 23 and 24, and legislative provisions including the "Immoral Traffic Prevention Act 1956", the "Juvenile Justice Act 2015", and the "POCSO Act 2012", the authors documented critical enforcement deficits, including low conviction rates, delays in judicial proceedings, corruption, inadequate victim protection, and protracted rehabilitation processes. The study recommended a multi-pronged prevention strategy encompassing community-based monitoring mechanisms, awareness campaigns in regional languages, national missing children databases, mobile reporting applications, and expanded educational access. Das and Azad (2024) further advocated an integrated rehabilitation model combining counselling, safe shelter, vocational training, health referrals, and reintegration support. Notably, the study emphasised the necessity of collaboration across multiple stakeholders, including government agencies, non-governmental organisations, law enforcement, civil society, the judiciary, and international bodies.

Dakua et al. (2023) undertook a spatiotemporal analysis of human trafficking patterns in India from 2016 to 2021, investigating demographic variations and the influence of the COVID-19 pandemic on trafficking registrations. The study relied on NCRB secondary data and employed descriptive statistical analysis, supplemented by Location Quotient (LQ) mapping to assess trafficking concentration relative to state population. Findings indicated that trafficking cases remained broadly stagnant until 2017, followed by a sharp decline in 2020 attributable to pandemic-related mobility restrictions. Forced labour (43%) and sexual exploitation (33%) were confirmed as the primary trafficking modalities. Regional gender disparities were pronounced: Rajasthan recorded 80.8% male trafficking victims, while Maharashtra reported 94.0% female victims. Goa exhibited the highest population-relative concentration of trafficking victims (LQ value 8.18), followed by Telangana, Assam, Maharashtra, and

Manipur (LQ values 1.17–8.18). Gender gaps exceeding 30% persisted throughout the study period, with female victims consistently outnumbering males across most states, alongside age-specific vulnerabilities concentrated among those under 18 years in Rajasthan, West Bengal, Delhi, Bihar, and Jharkhand.

Kumar (2023) found that despite concerted efforts to address child trafficking in India, significant challenges persist, including sustained demand for trafficked children, poor coordination among police authorities, and weak linkages with the judicial system. The study documented rescue cases from interstate trafficking networks operating out of Gaya, Bihar, with children trafficked to destination states including New Delhi, Andhra Pradesh, Maharashtra, Himachal Pradesh, Rajasthan, and Jaipur. Child labour was documented across sectors such as bangle and zari manufacturing, firecrackers production, and cotton cultivation, with working hours averaging 16 hours daily under harsh conditions involving physical abuse, forced confinement, and occupational health hazards, including respiratory damage necessitating surgical intervention. The study noted that 1,200 child trafficking survivors had returned to Gaya over a ten-year period, and NCRB 2021 data recorded 2,189 child trafficking cases nationally, with 5,755 traffickers arrested and 4,120 charge-sheeted, against a conviction rate of only 64%. The Supreme Court, under a Public Interest Litigation, permitted online testimony recording from survivors home districts during the COVID-19 pandemic. Kumar identified critical systemic deficiencies, including the absence of a comprehensive victim-centric trafficking law prior to the proposed Trafficking in Persons (Protection, Care and Rehabilitation) Bill 2022, non-functional Anti-Human Trafficking Units (AHTUs) in several states, denial of victim compensation packages to survivors outside rescue states, absence of community-based rehabilitation models, exclusion of survivors from anti-trafficking policy forums, and weak inter-state police coordination.

Ray (2024) investigated the impact of COVID-19 on child trafficking in India through an analysis of media coverage of trafficking cases between March 2020 and October 2021. Employing content and thematic analysis across 52 articles from prominent national newspapers including The New Indian Express, Times of India, Hindustan Times, and Indian Express, the study examined trafficking trends during the pandemic, emerging trafficking modalities, trafficker strategies, and state responses. Findings revealed a notable increase in child trafficking cases between June and July 2020, with the majority linked to child rescue operations. Labour trafficking accounted for 41% of cases, followed by commercial sexual exploitation and baby selling. Children were predominantly trafficked from urban centres such as Delhi and Ahmadabad, with Bihar (24%) and West Bengal (22%) as the principal source states. Social media, were found to facilitate trafficker recruitment, with the 'lover boy' method deployed to build trust with victims. Trafficking hotspots included brick kilns, bangle manufacturing units, tailoring workshops, jewellery workshops,

and small food establishments. The researcher also identified several limitations of the study: the absence of robust statistical validation due to reliance on media reports; the failure of official crime statistics to systematically distinguish child trafficking from adult trafficking or labour trafficking from sexual exploitation; a potential English-language bias limiting the capture of local trafficking trends covered in vernacular media; and the episodic nature of media reporting, which does not provide enough evidence on prosecution outcomes or detailed trafficker profiles.

1. Conceptual Framework

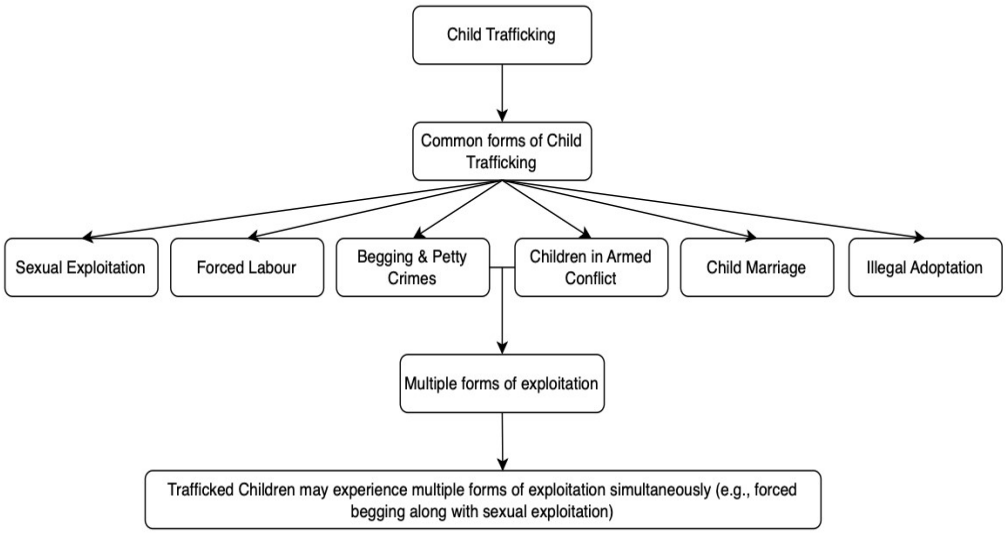


Figure 1: Conceptual framework

2. Methodology

The research study is quantitative in nature, adopting a secondary data analysis approach to show the pattern of child trafficking in India. The stud followed descriptive analytical design to detect trends, patterns, and regional variations in the number of child trafficking cases registered under NCRB reports across an eight-year period (2016–2023).

3. Data Source and Period

The study relied on secondary data drawn from the 'Crime in India' annual reports published by the "National Crime Records Bureau (NCRB)" for the years 2016 to 2023. The NCRB serves as India's official crime data repository and maintains a comprehensive database of trafficking cases reported across all states and union territories. Data were extracted from NCRB Table 14.2 on trafficking in persons, disaggregated by age group, gender, and geographical location.

4. **Key Variables and Indicators**

The study operationalised the following variables and indices:

• Number of child trafficking victims (age below 18 years) by year, state, and gender

• Total trafficking victims (all age groups) for comparative analysis

• Child Trafficking Intensity Index (CTII): percentage of child victims of trafficking in relation to total trafficking victims (B18 Total ÷ All Victims × 100)

• Gender Ratio Index (GRI): ratio of male to female victims per 100

• State-level share of national child trafficking cases

• Year-over-year percentage change in reported cases

5. Analysis and Interpretation

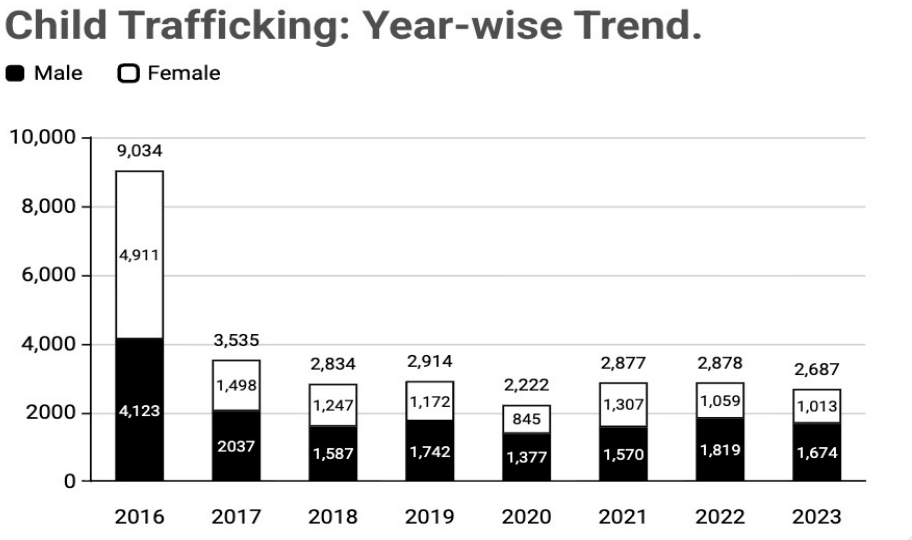


Figure 2: Child Trafficking: Year-wise Trend Chart

The bar chart presents a trend analysis spanning eight years of child trafficking victims (below 18 years) in India between 2016 and 2023, using NCRB data. The analysis reveals a marked overall decline in child trafficking cases, from 9,034 victims in 2016 to 2,687 victims in 2023, representing a 70.3% reduction over the study period. usually high figure recorded in 2016 is likely attributable to enhanced reporting infrastructure, more systematic documentation practices, heightened rescue operations, and a temporary surge in actual trafficking activity during that year. From 2017 onwards, victim numbers stabilised of 2,222 to 2,914, suggesting the emergence of a consistent baseline in child trafficking registrations. The lowest figure was recorded in 2020 (2,222 cases), a year during which COVID-19 pandemic restrictions on movement likely disrupted trafficking operations or impeded the identification of victims owing to constrained reporting mechanisms. The moderate raise observed in 2021 and 2022 points to a resumption of trafficking activities following the easing of

pandemic-related restrictions. The overall downward pattern may indicate progress in law enforcement, victim-centred interventions, public awareness, and preventive measures, though it cannot be ruled out that part of the decline reflects inconsistencies in reporting and data recording practices across states.

5.1.Overview of Child Trafficking Victims in India (2016–2023)

A total of 28,981 child victims (below 18 years) were registered in India under NCRB Table 14.2 during the eight-year period from 2016 to 2023. Overall, the proportion of children among all registered trafficking victims ranged from 42.7% to 59.9% across the study period, as measured by the Child Trafficking Intensity Index (CTII). Table 1 presents the year-wise disaggregation of CTII and child trafficking cases by gender.

Table 1. *Year-Wise Distribution of Child Trafficking Victims and Child Trafficking Intensity Index (CTII), India, 2016–2023*

Year	B18 Male	B18 Female	B18 Total	All Victims	Adults (18+)	CTII (%)	% Male	% Female	GRI*
2016	4,123	4,911	9,034	15,379	6,345	58.7	45.6	54.4	84
2017	2,037	1,498	3,535	5,900	2,365	59.9	57.6	42.4	136
2018	1,587	1,247	2,834	5,788	2,954	49	56	44	127.3
2019	1,742	1,172	2,914	6,616	3,702	44	59.8	40.2	148.6
2020	1,377	845	2,222	4,709	2,487	47.2	62	38	163
2021	1,570	1,307	2,877	6,533	3,656	44	54.6	45.4	120.1
2022	1,819	1,059	2,878	6,036	3,158	47.7	63.2	36.8	171.8
2023	1,674	1,013	2,687	6,288	3,601	42.7	62.3	37.7	165.3
8-Yr Total	**14,929**	**12,052**	**28,981**	**57,249**	**28,268**	**50.6**	**51.5**	**41.6**	—

Note: CTII = Child Trafficking Intensity Index (B18 Total ÷ All Victims × 100). GRI = Gender Ratio Index (Male victims per 100 female victims). B18 = Below 18 years of age.

The national CTII exhibits a declining trajectory from 2016, when children accounted for 58.7% of all registered trafficking victims, compared to 42.7% in 2023. This shift may reflect improvements in the detection and documentation of adult trafficking cases, particularly sexual exploitation, rather than an actual reduction in child trafficking prevalence.

Table 2. *Child Trafficking Intensity Index (CTII) for Top 5 States, 2016–2023*

State	2016	2017	2018	2019	2020	2021	2022	2023	Mean
Rajasthan	88.1	98.4	99.0	97.4	99.6	98.8	98.3	98.6	97.3
West Bengal	74.8	81.8	60.7	60.7	74.6	59.5	83.9	70.4	70.8
Bihar	83.1	87.6	85.4	92.4	68.7	81.0	81.6	69.2	81.1
Delhi UT	72.0	88.6	80.7	88.2	90.2	85.9	88.1	89.0	85.3
Odisha	40.2	38.7	52.0	23.1	21.5	33.7	31.5	26.7	33.4

Note: CTII values shown as percentages (%). CTII calculated from state-level B18 Total ÷ state Grand Total × 100.

At the state level, Rajasthan records an exceptionally high and consistent CTII (mean: 97.3%), indicating that virtually all registered trafficking victims in the state are children — a profile characteristic of bonded child labour in brick industry, stone quarries, and agricultural settings. Bihar (mean CTII: 81.1%) and Delhi UT (mean CTII: 85.3%) also display markedly elevated child intensity indices. By contrast, Odisha presents a distinct pattern in which adult trafficking — particularly among women from tribal communities — constitutes the dominant registered category, reflected in a comparatively lower CTII of 33.4%.

Table 3. *Delhi UT Child Trafficking Profile — Year-by-Year with UT Share and National Share, 2016–2023*

Year	B18 Total	Male (N)	Female (N)	% Male	CTII (%)	% of All UT B18 Victims	% of National B18 Total	YoY Change
2016	190	144	46	75.8	72.0	99.0	2.1	—
2017	434	383	51	88.2	88.6	100.0	12.3	+128.4%
2018	531	432	99	81.4	80.7	100.0	18.7	+22.4%
2019	536	462	74	86.2	88.2	99.8	18.4	+0.9%
2020	202	178	24	88.1	90.2	94.4	9.1	−62.3%
2021	437	337	100	77.1	85.9	99.1	15.2	+116.3%
2022	605	492	113	81.3	88.1	98.1	21.0	+38.4%
2023	749	605	144	80.8	89.0	98.4	27.9	+23.8%

Delhi UT is the sole jurisdiction recording a statistically significant upward trend in child trafficking (+0.643, p = 0.035), along with a post-COVID trajectory that exceeded pre-COVID levels by 39.7% (749 cases in 2023 compared to 536 in 2019). The persistently high CTII of 85–90% confirms that children constituted the overwhelming majority of all trafficking victims recorded in Delhi throughout the study period. The negative correlation with Rajasthan (r = −0.707) and the consistently high male proportion (77–88% of victims) suggest that Delhi functions primarily as a destination city, receiving male children trafficked for engagement in informal sector occupations including domestic work, construction, rag picking, roadside food stalls, and street vending. The observed increase in AHTU detection activity may partly account for rising registrations; however, given the persistent structural demand from Delhi's informal economy, the growth in reported cases may also reflect genuine increases in trafficking incidence.

5.2. North-East India: The Invisible Child Trafficking Zone

The eight North-Eastern states: Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura, Arunachal Pradesh, and Sikkim , collectively recorded only 1,390 child trafficking victims over the eight-year period (4.8% of the national total of 26,586 victims). Within this regional aggregate, Assam alone contributed 70.0% (1,112 victims), demonstrating that seven of the eight North-Eastern states are effectively absent from the national child trafficking data. This section examines whether these extremely low figures represent a genuine paucity of trafficking or, more likely, a product of institutional under-reporting.

Table 4. *North-East India Child Trafficking — State-by-State Analysis, 2016–2023*

State	2016	2017	2018	2019	2020	2021	2022	2023	8-Yr Total	Active Years	% of NE Total	% of National
Assam	130	187	187	80	84	215	123	106	1,112	8/8	80.0%	3.8%
Manipur	9	13	2	5	4	4	0	3	40	7/8	2.9%	0.1%
Meghalaya	1	3	22	30	1	1	0	0	58	6/8	4.2%	0.2%
Mizoram	2	60	2	25	0	0	0	0	89	4/8	6.4%	0.3%
Nagaland	0	0	0	2	0	0	0	0	2	1/8	0.1%	<0.1%
Tripura	6	12	1	1	2	0	0	12	34	6/8	2.4%	0.1%
Arunachal Pradesh	2	0	3	4	13	3	1	19	45	7/8	3.2%	0.2%
Sikkim	1	5	2	0	2	0	0	0	10	4/8	0.7%	<0.1%

Note: '0' indicates zero registrations in NCRB data for that year; it does not confirm absence of trafficking. Active Years = number of years with at least 1 registration.

Table 5. *North-East Data Invisibility — Evidence of Institutional Gap vs. Low Incidence*

Indicator	Evidence of Institutional Gap	Evidence Against Low Incidence
Nagaland registration	Only 1 active year out of 8 (2019: 2 victims)	IJM & ECPAT document Naga girls trafficked to metros
Manipur registration	7/8 years active but mean only 5 victims/year	Established trafficking corridors to Bengaluru and Delhi documented (CBI reports)
Mizoram 2017 spike	60 registered in 2017; zero in 2020–2023	Likely reflects single AHTU operation; underlying trafficking ongoing
Assam dominance	80% of NE total from one state with the only functioning AHTU network	Assam's AHTU established early (2007); others set up much later

Seven of the eight North-Eastern states report extremely few child trafficking registrations, a pattern that is inconsistent with field-level evidence indicating substantial trafficking activity in the region. The disproportionate concentration of registrations in Assam is not indicative of a unique trafficking problem confined to that state; rather, it reflects the relative strength and early establishment of Assam's AHTU network since 2007, which enables systematic detection and registration. Mizoram's data illustrate this dynamic clearly: a notable count of 60 child victims in 2017 was followed by four consecutive years of zero registrations (2020–2023), demonstrating that data patterns in these states are driven by occasional rescue operations rather than continuous institutional monitoring. The principal policy implication is an urgent need for AHTU expansion across the North-East. The region's geographical positioning along international borders with Myanmar, Bangladesh, Bhutan, and China, combined with a high concentration of tribal and economically marginalised communities and substantial cross-border population movement, creates a high-risk environment for both internal and transnational child trafficking. Low registration figures must therefore not be interpreted as evidence of safety, but as indicators of institutional invisibility. Researchers engaging in national-level analyses of child trafficking using NCRB data must explicitly acknowledge and address this limitation.

Conclusion

The study has analysed the pattern of child trafficking in India during 2016–2023 based on NCRB data covering 28,981 registered victims. The number of reported

cases declined by 70.3%, a trend that may partly reflect changes in reporting practices rather than an equivalent reduction in trafficking incidence. Significant state-level disparities were identified: Rajasthan maintained the highest child trafficking intensity (CTII: 97.3%), while Delhi UT demonstrated a statistically significant and sustained increase in registered child victims. A critical institutional deficit was identified in the North-Eastern region, where seven of eight states recorded minimal registrations despite possessing well-documented risk factors, indicating data invisibility rather than low incidence. Gender analysis confirmed that male victims constitute 77–88% of registered cases in destination cities, predominantly trafficked for informal economy employment. COVID-19 produced a temporary disruption of both trafficking networks and detection mechanisms, evidenced by the sharp reduction in registrations in 2020. The findings collectively point to the need to strengthen AHTUs across all states, foster inter-state coordination, standardise data collection practices, and implement victim-centred rehabilitation frameworks. The study provides evidence-based inputs for child protection policy and underscores the imperative of coordinated multi-stakeholder engagement to give effect to existing legal frameworks, thereby protecting vulnerable children from exploitation and upholding their fundamental rights.

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Acid Attacks in South Asia: A Review of Gender Dimensions, Legal Inadequacies and Social Work Interventions

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Abstract

Acid attack is brutal form of violence with a vast physical, psychological, and social consequences. Despite growing global awareness, the gaps are remaining in synthesizing and evaluating the existing literature on acid attacks. This research aims to conduct a review of academic papers, articles, and reports to deepen the understanding of acid attacks, the factors influencing them, impacts, and possible interventions. Through a thorough analysis of existing literature, this study aim to focus on the complexities surrounding acid attacks.

Keywords: *Acid Attacks, Gender Dimensions, Social Work Interventions*

Introduction

Acid attacks are assaults, where acid or another corrosive substance is thrown onto someone's body to disfigure, torture, or kill. This crime has global and regional impacts, affecting thousands of people each year. Unlike many other forms of physical assault, acid attacks are characterized by their intention to permanently destroy a victim's bodily integrity, social identity and life chances. Despite growing international recognition of acid violence as a distinct category of gender based violence.

Globally, acid attacks are most commonly reported in South Asia, Southeast Asiaand the Middle East. The exact number of acid attacks is difficult to ascertain due to under-reporting and the lack of thorough data, but estimates suggest that there are thousands of cases each year. According to Acid Survivors Trust International (ASTI), "around 1,500 acid attacks are reported globally each year, though the true number is likely higher." In Vietnam, acid attacks have been used in domestic disputes and business conflicts.

Acid attacks have profound and long-lasting impacts on survivors, both physically and psychologically. The physical damage includes severe burns, permanent scarring, blindness, and other, often require multiple surgeries and long-term medical care. Psychologically, survivors face trauma, stigmatization, and social isolation, which can lead to depression and anxiety, many mental health issues.

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The existing literature have identified some gap. They have focused on, medical and forensic dimension or on legal reform advocacy, with less focus on community level rehabilitation. Moreover, acid attacks reflect broader societal issues such as gender-based violence, domestic abuse, and inadequate legal protections. They often target women, due to existing gender inequalities and promotiing a culture of fear and control. To combat acid attacks legal reformation, such as more harsh penalties and restrictions on the sale of acid, as well as support systems for survivors, including medical treatment, psychological counselling, and social rehabilitation programs are required.

This review is focused to understand the need for combining of existing literature on acid attacks in South Asia by drawing together findings of different discipline such as Criminology, Public health, Law, and Gender Studies. It also seeks to identify the scope of social work intervention.

Research Objectives

This study aims to review and analyze academic literature on acid attacks from diverse disciplinary perspectives, and to identify key themes, trends, and gaps in the existing research on acid attacks.

Methodology

To ensure a thorough review of the literature on acid attacks, the following methodology was done

Literature Search Strategy include following measures;

Database Selection

The literature search was conducted from several databases such as Scopus, UGC CARE I, and UGC CARE II. These databases were selected for their coverage of peer-reviewed academic journals to ensure the reliability and credibility of the sources.

Inclusion Criteria

The papers which are selected for this review, their ISSN was verified in Scopus and UGC CARE I, II.Studies published from the year 2000 onwards were selected to ensure the inclusion of the most recent research.Acid attack is the core focus of the selected papers. These criteria ensured that the studies included in the review were focused specifically on the topic.

Search Terms

A set of keywords and phrases was used to conduct the search. That includes;

1. "Acid attacks"
2. "Acid violence"
3. "Acid throwing"
4. "Acid assault"
5. "Acid burns"
6. "Chemical assault"
7. "Corrosive substance attacks"

Boolean operators (And Or, Not) were used with these keywords to enhance the search results and ensure a accurate capture of relevant literature.

Search Process

1. The search was carried out in the selected databases. Each keyword was used with multiple combinations to identify all possible studies.

2. Duplicate entries were removed to avoid repeat entry.

Study Selection

1. Screening

The initial search identified a large number of articles, then the articles were screened by title and abstract to determine their relevance for this review.Articles which were not focused primarily on acid attacks were excluded from analysis.

2. Full-Text Review

The full texts of the selected articles were reviewed in detail. This has ensured that each study meet the inclusion criteria, as well as being published in a peer-reviewed journal indexed in the selected databases.

3. Data Extraction

Specific data from each selected study were extracted, such as information on study design, sample size, country of the study, methodologies of the study, key themes, and findings.

4. Quality Assessment

The quality and reliability of each study were evaluated, considering factors such as the methodology, sample size, and possible biases.

Data Analysis

1. Thematic Analysis

The extracted data were analyzed for identifying common themes and trends. The process was consist of categorizing the findings of each study into codes then to broader themes such as legal inadequacies, gender-based violence, coping strategies, sociological ecological factors, psychological impacts, and interventions.

2. Synthesis of Findings

The findings were combined to provide an overview of the current status of research on acid attacks. This was focused to highlighting key insights, identify gaps in the literature, and propose directions for future research.

By following this methodology, a total of 37literature including articles, documents were extracted and 12 were reviewed. The review is focused to ensure the inclusion of studies.

Stage	Details	Number of records
Identification	Database Selection I. Scopus II. UGC CARE I III. UGC CARE II IV. Search Terms 1. "Acid attacks" 2. "Acid violence" 3. "Acid throwing" 4. "Acid assault" 5. "Acid burns" 6. "Chemical assault" 7. "Corrosive substance attacks" 8. Boolean operators (AND, OR, NOT) used to refine the search	
	Records identified through database searching	73
Screening	Records screened by title and abstract	36
	Records excluded based on Title and abstract	33
Eligibility	Full-text articles assessed for eligibility	37
	Full-text articles excluded, with reasons	25
Included	Total Studies included in the analysis	12

Ethical Considerations

This study is focused on the review of existing literature, efforts are made to ensure the confidentiality and anonymity of data extracted from selected studies such as confidential information.

Limitations

The limitations of this review include publication bias, language bias, and the quality of the included studies. Additionally, the evolving nature of research on acid attacks might result in the gap in recently published studies

Data Analysis

This data analysis examines various research on the brutal reality of acid attacks in South Asia. It highlights the complex problems of survivors and the institutional failure in handling such violence. The reviewed literature involves several countries including India, Pakistan, Bangladesh and a variety of study designs from analytical and descriptive research to full reviews and phenomenological analysis. These studies collectively shed light on the issue of acid violence, predominantly affecting women and children, and document the urgent need for thorough support systems, legislative reforms, and improved healthcare interventions. Through qualitative analyses and thorough reviews, the research aims to identify key themes, trends, and gaps in existing literature, offering insights into the socio-economic, psychological, and legal dimensions of acid attacks, and advocating for enhanced policy measures and survivor support mechanisms.

Author, Year	Country	Study Design	Sample Size	Study type	Tools	Theme	Findings
Wesson (2002)	Bangladesh	Situational Analysis	Not specified	Qualitative	secondary data from different organization	Understanding and addressing acid violence in Bangladesh, particularly focusing on the challenges faced by survivors, predominantly women from	Acid attacks in Bangladesh are increasing, predominantly affecting women and resulting in severe, often permanent injuries like disfigurement, blindness, and hearing loss. Survivors encounter barriers to justice due to high costs,

						impoverished backgrounds.	distrust in the legal system, and low conviction rates for attackers.
Anwary(2003)	Bangladesh	Descriptive Analysis	300	Qualitative	In-depth Interview	Health Intervention and support for Acid Attack Survivors	The study documents how survivors of acid violence receive treatment through these collaborative efforts, often facilitated by international networks
Halim Chowdhury (2005)	Bangladesh	Historical Analysis	Not specified	Qualitative	Archival research	examining the campaign against acid violence in Bangladesh, focusing on the efforts initiated by local women activists since the mid-1990s	local women activists since the mid-1990s have evolved and engaged national and international stakeholders in addressing the pervasive issue of acid attacks against women in the country.
Ahmad (2012)	India	Descriptive and Analytical Research	2500 cases	Qualitative Study with Descriptive Analysis	Literature Review, Legal case Analysis	Legal Inadequacies of acid attacks on women in India	Approximately 80% of acid attack victims in the Indian subcontinent are women.
Ba	India	Legal	309	Qualit	Analysis	Legal	India's Supreme

gc chi ,(2 01 5)		Analy sis		ative Study with Descri ptive Analys is	of Supreme court directive s,policies	healthcare initiatives mandated by Supreme court of India	Court directive to private hospitals, ensuring free treatment for acid attack victims. The analysis underscores the distribution of acid attack cases across Uttar Pradesh, Madhya Pradesh, Gujarat, and Delhi.
Ja be en, Ri az et. al, (2 02 0)	Pakist an	Interpr etivist Analy sis	15	Qualit ative	In depth Interview , Thematic Analysis	The socio-ecological factors contributin g to acid attack violence and the coping mechanis ms of survivors	The study found that illiteracy, poverty, early and forced marriages, dowry demands, domestic violence, and lack of family support increase vulnerability to acid attacks.
Mi ttal , Si ng h, (2 02 0)	India	Descri ptive and Analyt ical Resear ch in Psych o-social contex t	30	Qualit ative	In depth Interview , Case Analysis	Role of Psycholog icalMakeu p in Psycholog ical rehabilitati on of Acid Attack Victims	The research identified seven sub-themes related to psychological makeup, categorized as adaptive and mal-adaptive. Initially, victims exhibited mal-adaptive traits such as cognitive

							distortions, hopelessness, shame, and suicidal ideation.
Kornhaber,Pan (2021)	Global Perspectives (Focused in South Asia)	Literature Review	15	Qualitative and Quantitative	Database Search, Qualitative Analysis, Inclusion and exclusion Criteria	Understanding epidemiological factors, outcomes, and societal implications across differentburn-related againstcontexts of acid and burn-related violence against women	The study underscores the need for legislative attention and policy interventions to address these forms of gender-based violence effectively.
Ghoshal, Chattopadhyay, (2021)	India	Descriptive Analysis		Qualitative and Quantitative	Recorded Interviews, Data analysis of cases, and reports from NCRB	Acid attack from the perspective of Gender-Based Violence.	The hurdles survivors encounter include social stigma, legal barriers, and enduring physical and psychological trauma. The 2013 legal reforms are reviewed, focusing on penalties, victim compensation, and medical care provisions. The

							study advocates for improved support networks and tailored welfare initiatives to assist in the recovery and empowerment of acid attack victims.
Batool, Mustafa, Ahmad,(2022)	Pakistan	Phenomenological Analysis	15	Qualitative Study	Semi-structured interview	Coping Strategies of Acid Attack Survivors	The survivors used use problem-focused, emotion-focused, and religious-spiritual coping strategies despite recruitment challenges due to social stigma.
Kaur, Roger Byard, (2023)	India	Descriptive and Analytical Research	10	Qualitative	In-depth Interview, Case Analysis	Physical, Psychological, and social impacts of Acid on children from Gender-based perspectives	Despite existing legislation, prosecution of acid attack perpetrators is inconsistent and penalties vary widely. The study underscores the need for thorough data and larger-scale research to understand and address acid attacks on children.
Ba	Pakist	thorou	284	thorou	Database	Gender-	Women suffer

rch iell i,L au si et, al , (2 02 3)	an (Partl y South Asia)	gh Revie w Medic o-Legal and Psych ologic al Focus	articles were identifi ed and 13 were review ed	gh Revie w	Search, Qualitati ve Analysis, Inclusion and exclusio n Criteria	Based Violence and Acid Attack from Psycho-Medico and Legal Perspectiv es.	acid attacks by spouses or family, and severe gender-based violence with physical and psychological effects. In Colombia, attacks rise despite underreporting, leading to isolation and stigma linked to religious beliefs.

Discussion

This review of 12 studies across India, Bangladesh and Pakistan finds a consistent pattern that it is not incidental but rooted within system of structural gap, patriarchy. Studying data from different studies of acid attacks in different locations and settings, several major themes and findings are evident.

Gender, Power and Structural determinants of Acid Violence

Research has consistently shown acid attacks negatively impact women. Ahmad's research in India shows that women consider around 80 percent of the acid attack victims in the Indian subcontinent. Similarly, Barchielli's extensive review on Pakistan and partly Colombia shows how women are victims of extreme gender-based violence such as acid attacks from their husbands or family members, which often result in physical and psychological trauma. It is a reflection of the use of acid as a form of patriarchy, most often aimed at women. This is consistent with feminist social work theory that perceives gender-based violence not as an act of individual but as an act of larger patriarchal power relation.

Legal Inadequacies and the Barriers to Justice

A second theme emerging from the literature is the total failure of legal institutions to protect survivors and hold those responsible accountable. Wesson (2002) documented the barriers to justice faced by survivors in Bangladesh, such as the prohibitive costs of the legal system, a lack of trust of institutions, and comparatively low conviction

rates. Ahmad (2012) and Bagcchi (2015) reveal similar patterns in India, where despite the existence of specific legal provisions, including Supreme Court directives that mandates free treatment for survivors in private hospitals; implementation has been inconsistent and enforcement has been weak. Ghoshal and Chattopadhyay (2021) also observed that, the 2013 legal reforms in India, despite of being in their intention, have not produced proportionate improvements in survivor access to justice or perpetrator prosecution rates. Kaur and Byard (2023) raise a particularly concern regarding male and child survivors, whose experiences were remain underrepresented both in the literature and in legal and policy frameworks. Despite the Rights of Persons with Disabilities Act (2016), male survivors with severe disfigurement face obstacles in accessing compensation and support, which reflect an implicit gendering approach of victimhood in policy design. These findings collectively underscore a structural dimension of injustice where social work can actively intervene.

Survivor Coping Mechanisms

Batool, Mustafa, and Ahmad's phenomenological analysis in Pakistan explores coping strategies used by survivors, including problem-focused, emotion-focused, and religious-spiritual approaches. Despite social stigma and recruitment challenges, survivors actively seek ways deal with the post traumatic events.

Challenges Faced by Survivors

Ghoshal and Chattopadhyay's study focused in India, which discusses the multi dimensional challenges faced by survivors, ranging from social stigma and legal barriers to enduring physical and psychological trauma. The study advocates for improved support networks and welfare initiatives to support in the recovery and empowerment of acid attack victims following the legal reforms of 2013.

Socioecological Factors and Vulnerability

Jabeen and Riaz's interpretive analysis in Pakistan identifies socioecological factors such as illiteracy, poverty, early marriages, dowry demands, domestic violence, and lack of family support as contributing to the vulnerability of individuals to acid attacks.

Psychological and Rehabilitation Challenges

Mittal and Singh's research in India explores the profound psychological impact on survivors during rehabilitation, while identifying adaptive and maladaptive coping strategies. Salmani and Mishra's study further examines the psychological, social, and physical impacts on survivors, highlighting issues such as victim-blaming,

psychological distress, and social isolation despite of medical interventions these issues persists.

Legal and Healthcare Interventions

Bagcchi's legal analysis in India evaluates Supreme Court directives mandating free treatment for acid attack victims in private hospitals across various states. Similarly, Anwary's study in Bangladesh documents healthcare interventions facilitated by international networks to support survivors of acid violence.

Historical and Global Perspectives

Chowdhury's historical analysis in Bangladesh traces the evolution of efforts initiated by local women activists since the mid-1990s, engaging national and international stakeholders to address acid violence. Kornhaber and Pan's global literature review emphasizes the need for legislative attention and policy interventions to address the epidemiological factors, outcomes, and societal implications of acid and burn-related violence against women worldwide.

Challenges in Addressing Acid Violence

Wesson’s situational analysis in Bangladesh looks at the rise in acid attacks, which primarily impact women from low-income families. Survivors face hurdles to justice such as the high costs, lack of faith in the legal system and low conviction rates for assailants.

Overall, the findings collectively underscore the pressing need for targeted interventions, legislative reforms, increased support mechanisms, and rigorous research to effectively combat acid violence and facilitate the recovery and empowerment of survivors across diverse socio-cultural contexts.

Scope of Social Work

- In Social Work, The ethical principles of confidentiality and anonymity are being observed when dealing with the data extracted from the literature are which are confidential and sensitive. These steps ensure the rights and privacy of individuals reported in the studies also their data respected and protected.
- Social worker advocates for ethical research practices and representation of vulnerable populations, such as acid attack survivors. Social work works for removing inequities and also calling a cross-section of policies and interventions that respond to survivors' needs, thus social workers are advocates for social justice.

- Social workers also focus on supporting and empowering survivors of acid attacks through the dissemination of research findings. Social Work studies seek to enhance awareness about the impact of acid violence, advocates for improved support systems, and promote initiatives that support the recovery and empowerment of survivors.
- Social workers engage with policymakers and stakeholders to translate research findings into actionable policies and practices. They advocate for legislative reforms, improved healthcare services, and enhanced social support networks for survivors of acid attacks based on the evidence synthesized in the study.
- Social workers contribute to public education and awareness campaigns focused at reducing stigma, increasing understanding of acid violence, and fostering community support for survivors. They disseminate information emerged from the study to aware the public and promote empathy and solidarity toward survivors.
- Social work research continuously assesses the effectiveness of interventions and policies related to acid attacks. These contribute to the advancement of knowledge in the concern field, by identifying gaps in literature and advocating for further studies to address these gaps.

Conclusion

This review of literature on acid attacks provides a synthesis of current literature, by highlighting the need for targeted interventions and support systems for survivors. By analyzing studies published from 2000 onwards, this review gives an in-depth examination of the multifaceted challenges faced by acid attack victims. These challenges encompass legal inadequacies, gender-based violence, coping strategies, socio-ecological factors, and psychological impacts.

The review emphasizes the disproportion in impact of acid attacks on women and children, who are often the primary victims. It reveals barriers to justice, including the high costs of legal proceedings, which createa lack of confidence in the legal system, and low arrest and conviction rates for perpetrators. These obstacles hinders victims' access to legal process.Furthermore, the review identifies the urgent need for improved healthcare services for survivors. Acid attacks result in severe and often permanent injuries, such as disfigurement, blindness, and hearing loss. Victims require immediate and long-term medical care, including multiple reconstructive surgeries, which are often not accessible due to financial constraints and inadequate medical facilities.

The psychological impact on survivors is profound, with many experiencing depression, anxiety, and social ostracism. The review highlights various coping strategies employed by survivors, including problem-focused, emotion-focused, and religious-spiritual approaches. Despite the resilience shown by survivors, the lack of thorough psychological support exacerbates their trauma. Through rigorous methodology, this review synthesizes findings from diverse geographical regions,

including India, Pakistan, Bangladesh, and Colombia, offering a global perspective on acid violence. It underscores the need for legislative reforms to ensure stricter penalties for perpetrators and better protection for victims. The review also calls for enhanced coordination between government agencies, non-governmental organizations, and international networks to provide holistic support to survivors.

This review focuses to inform evidence-based strategies, enhance policy framework, and advocate for the empowerment and recovery of acid attack survivors. By addressing the gaps identified in existing research, it seeks to contribute to ongoing efforts to combat acid violence and support those affected by this heinous crime in South Asia and beyond.

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Understanding the Impact of Parental Alcoholism on Children: Qualitative Research Analysis of Bolpur-Sriniketan Block, West Bengal

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Abstract

Parental alcoholism has been considered as one of the most dangerous risk factors for psycho-social outcomes among children. This paper aims to present a comprehensive and detailed analysis on the impact of parental alcoholism on the behaviour and academic performance of children. Through some case studies, the paper brings insight about the impact of parental alcoholism on children's behaviour as well as the gender differences in how parental alcoholism affects male and female children examining the behavioural changes they experience compared to each other. The constant exposure to parental alcohol abuse leads to various psychological and behavioural issues among children. But if these problems can be addressed properly through certain interventions and providing support services to the affected children, the vulnerable condition of the children can be mitigated to certain extend. Thus, the study intends to address the needs of children of alcoholics so that adequate measures can be taken for the development of this vulnerable yet neglected section of the population promoting resilience among them. Therefore, the paper discusses valuable understanding of the adverse effects of parental alcoholism on the behaviour and academic performance as well as the resilience developed among children by synthesizing all the findings from the case studies.

Keywords: *Parental Alcoholism, Children, Behaviour, Qualitative Research, West Bengal*

Introduction

Alcoholism is not a recent global issue. In this era of modernisation, people consider drinking alcohol as a trend. Different statistics showed that people start consuming alcohol from a very young age ignoring the adverse effect of alcoholism. Alcohol, a psychoactive substance, has potential to cause dependency and it has been used in different societies around the globe from ages. Alcohol abuse can cause over 200 health issues and has serious impact on socio-economic condition of the nation (World Health Organisation, 2022). Not only that, alcohol abuse by an individual can affect his personal, professional as well as social life too. Alcoholisms a condition where a person loses control over his alcohol consumption in which he cannot resist himself from drinking once he begins (Johnson, 1973: 519). According to the NFHS

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Survey-5, 2021, around 150 million individuals (15 years old and over) in India use alcohol (10% of all adults). According to the 'National Surveys on Drug Use and Health' report of 2017 by The Substance Abuse and Mental Health Services Administration (SAMHSA), about 10.5% (7.5 million) of US children aged 17 and under live with a parent who has an alcohol abuse problem.

A significant amount of study has been conducted to investigate the influence of parental alcoholism on children's development. Parental alcoholism is a risk factor of great public health significance because it has the potential to affect a large number of children and adolescents (Chassin et al., 1997).In families where parents misuse alcohol, children may not have their basic needs met because severe or continuous problem drinking is generally associated with missed days off work, job loss, alcohol related medical costs, inability to pay bills and costs to purchase alcohol and as a consequence, lower financial security (Tunnard, 2002).

Children canexperience a variety of maladaptive consequences across all domains of development, including cognitive, behavioural, psychological, emotional, and social domains. The target group of this research is the children of alcoholics aged 10-18 years. This study focuses on investigating the children's condition which is affected by parental alcohol abuse that can help to reduce the risk factors and to improve the condition of those suffered children.

Purpose of the Study-

1. To deeply analyse the behavioural changes faced by the children of alcoholics.
2. To gain understanding on the impact of parental alcoholism on academic performance of the children.
3. To understand the gender specific differences in the impact of parental alcoholism on children.
4. To find out the development of resilience that help the children to combat the stressful situations they face in their daily lives because of parental alcoholism.

Review of Literature

Different studies by researchers showed the adverse impact of parental alcohol abuse on the psycho-social condition of the children and that also affects their behavioural integrity, academic performance, and social relationships too.

While describing the psychological aspects of alcoholics, Clinebell (1956: 45) states that there are four major parental attitudes that have been linked to adult alcoholism and all of which tend to cause stress and emotional deprivation in the child: Authoritarianism, overt rejection, moralism, and success worship.

A research study was carried outin 15 government high schools which comes under Bangalore south-II taluk. A cross-sectional comparative survey research approach was chosen, and the simple random sampling method was applied. 200 children in all, 100 of each of alcoholic and non-alcoholic parents were enrolled in the study. This study specifically focused on the anxiety, depression, and self-esteem among children of

alcoholic parents and children of non-alcoholic parents. The results of this study indicated that children of alcoholics (COA) had higher rates of anxiety and depression than children of non-alcoholics (non-COA), and that COA had higher rates of low self-esteem than non-COA (Omkarappa et all., 2019).

A cross-sectional community-based study was conducted at 7 districts in Kerala on the effect of parental alcohol abuse severity and child abuse and neglect on child behavioural disorders. The study demonstrates that while the effects of social desirability and socio-demographic characteristics were maintained constant, the severity of parental alcohol abuse, manifested in hazardous and harmful alcohol use, as well as child abuse and neglect, have significantly contributed to children's internalizing and externalizing disorders, Attention-Deficit/ Hyperactivity Disorder (ADHD), and overall behavioural problems. The findings clearly indicated that children in Kerala who have alcoholic parents live in unsafe family atmosphere. (Jose et all,. 2020).

Bryan E. Robinson & J. Lyn Rhoden, in their book Working with Children of Alcoholics: The Practitioner's Handbook (2nd Edition) mentioned some "emotional wounds" of the children of alcoholics caused by the parental alcoholism. These are– Anger, Fear and Anxiety, Guilt, Confusion, Embarrassment and Isolation, Grief, Sadness and Depression.

H. B. Christensen and N. Bilenberg (2000) have showed in their research findings that the daughters of alcoholics were more affected than the sons of alcoholics as per the CBCL measures. The daughters who are affected by the maternal alcoholism had greater internalising and depression scores than the sons of alcoholic mothers, whereas sons who are affected by paternal alcoholism had greater scores in internalising and depression than the daughters of alcoholic fathers.

Serec et al. (2012) conducted research to indicate possible differences between the children with alcoholic parents and controls in terms of health-related lifestyle, mental and physical health. The result showed the alcoholic's households have higher rates of unemployment and lower economic status. Also, the children of alcoholics reported poorer academic performance, having poor eating habits, higher substance abuse, heavy drinking and other mental health difficulties. The girls of alcoholics are more likely to develop emotional and somatic symptoms compared to the boys of alcoholics.

Thapa et al. (2017) found that children with alcoholics are at higher risks of both major depressive disorders and persistent depressive disorders. The relationship between parental alcoholism and major depressive disorder remained stable and positive across age, but the association with persistent depressive disorder decreased significantly among older adults; respondents over the age of 73 did not appear at a greater risk for persistent depressive disorder.

Therefore, it is evident that the children of alcoholics experience a lot more negative or unpleasant emotions rather than the children of non-alcoholics who have a balanced and desirable family atmosphere.

Some researchers have discovered some protective factors that help the children of alcoholic to become resilient against the adverse impact of parental alcoholism. Those factors have been discussed here –

According to Ohannessian et al. (2010), adoption and appropriate use of both primary and secondary control coping strategies can act as a protective factor. The primary coping tactics include active planning and support from family, friends, or neighbours. And the secondary coping tactics include religion and accepting the stresses of life.

If there is family cohesion (El-Sheikh,2003) and the parents are able to secure a warm and healthy relationship with their children even after drinking, the children are more likely become resilient (Brook, 2003).

King and Chassin (2004) stated that children of alcoholics who are reared through supportive parenting style, becomes protective from using drugs and alcohol. But if they go through other behavioural issues, in many cases, it has been seen that they became reactive to drug and other substances.

Finally, the support from the community such as support from the relatives, friends, colleagues, and neighbours can help the children of alcoholics to deal with parental alcoholism (Pilowsky, 2004).

Research Gap

After reviewing some previous studies on this research topic, it was found that the children of alcoholics faced disturbed childhood, low self-esteem, lack of self-confidence and other psychological and behavioural issues because of the parental alcoholism. Most research focuses on Western, middle-class populations, leaving a gap in understanding the impact of parental alcoholism on children from diverse cultural and socio-economic backgrounds. While risk factors are well-studied, research on protective factors that mitigate the negative effects of parental alcoholism is limited. More research is needed to understand how children develop resilience and adaptability in the face of parental alcoholism. Even most of the researches have been conducted in urban areas. Also, there was no research work on this topic in Bolpur-Sriniketan Block of Birbhum District. Though there are many comparisons between the children of alcoholics and children of non-alcoholics, the difference between male children and female children of alcoholics is not found in many research works. Thus, the current study intends to figure out those aspects of the impact of parental alcoholism on the children residing in Bolpur-Sriniketan Block of Birbhum District that can contribute to minimise the risk factors and adverse effect on the children of alcoholics in that area.

Methodology

As stated in the title, this column discusses about the research methodology of the study. In details, it includes the research method, the research approach, sampling techniques inclusion criteria, operational definitions, the ethical considerations, and the research limitations of the study.

This research study is conducted in the qualitative method. The qualitative method of research makes a detailed analysis of the study by observing human behaviour, understanding their intentions and attitudes. This form of research gives an emphasis on the views of its participants. It is effective for those researches where the size of the sample is limited or small and it begins with a specific setting. The difference with quantitative research method is the purpose of quantitative research is to examine the cause-and-effect relationship of the variables whereas qualitative research aims to explore and discover ideas that are used in the ongoing processes. In one hand, it is effective for studying in depth without the help of statistical involvement, but in the other hand, it is also risky because the effectiveness of this kind of research method is highly depended on the researcher's ability to perceive the human behaviour properly.

In order to meet the objectives of the study, qualitative research method is selected for this study. It is a descriptive type of research. The research design is formulated in the purpose of acquiring the comprehensive knowledge about the research topic and also to satisfy its objectives.

Purposive sampling has been chosen for selecting the sample. Bolpur-Sriniketan Block, Birbhum District, West Bengal is the research area.

The present study implemented a multiple case study design.

Inclusion Criteria: The children have to fall under the age group of 10-18 years (those who are going to high school) so that they can describe their situation by themselves. They need to agree with the fact that either one or both of their parents are dependent on alcohol. Whether any or both of the parents are dependent on alcohol must be confirmed by any of the parents or family members and neighbours. Along with the children, the opinions and perspectives of the other parent, family members and school teachers have been collected for a concrete understanding.

Limitations of the study: The author found a few limitations while conducting the study –

1. The research area is specific, not broad, it is only a development block.
2. The sample size is too small to generalize.

Ethical considerations:

1. Throughout the procedure, confidentiality was preserved and maintained. Participants were informed that everything they were providing would be recorded but not shared with anybody and would remain confidential. To ensure anonymity, the identities of all participants are not revealed.
2. The information gathered from the respondents was respected and used solely for research purposes.
3. Respondents were not compelled to participate; rather, it was entirely voluntary. Before beginning the interview, the researcher obtained the consent of the targeted individuals to engage in the procedure.
4. The researcher did not influence the respondents' shared experiences in any way. During the interview, the researcher did not push the them to answer any questions that they were hesitant to answer.

Operational Definition:

- **Parental alcoholism:** Parental alcoholism denotes a condition when one or both parents are dependent on alcohol or they are involved in alcohol abuse.
- **Dependent on alcohol:** The person who consumes alcohol at a certain level which disrupts his ability to perform daily activities as well as hampers his social functioning as a result his family members are getting affected. He is not able to stop consuming alcohol or he does not intend to do so. Alongside, violent and irrational behaviour have been noticed.
- **Children of alcoholics:** The children who have either one or both alcohol-dependent parents and are facing the consequences of alcohol abuse by their parents. Their age should be between 10-18 years (high-school students).

Case Studies

The researchers have been studied four cases in order to fulfil the objectives of the research paper. These are discussed below-

Case No. 1

Rohit Bagdi (name changed) is a 10-year-old boy, studying in class 5. His father is dependent on alcohol for the last 6 years. According to his mother, at the time of their marriage, he used to drink in a very small quantity but after a few years he started drinking every day and eventually he became addicted. She tried to stop him but he started getting more dependent on alcohol. She took him to the de-addiction centre but because of the longer treatment procedures, she couldn't continue. She works as a domestic help in several houses but her earning was not enough to feed her child as well as to bear the expenses of her husband's treatment. She said that Rohit was born healthy but right now he is underweight. He does not eat properly and sometimes he becomes violent when his mother tries to feed him by scolding. After talking to the teachers of his school, they said that he is a slow-learner. According to them, he cannot write all the English and Bengali alphabets properly as well as he cannot write

the numbers properly. He cannot form any word with the alphabets also. When the researchers conveyed this information to his mother, she said that Rohit was not interested in studies at all. She scolded him many times but he was very adamant and never opened the books at home. She stated, “his father creates nuisance whenever I refuse to give him the money for drinking.” Even though his father works as a wage labourer, he never contributes to the family. Her mother alone bears all the expenses of this family. Rohit has experienced family violence caused by his father while he was drunk. His mother said “Rohit is becoming more arrogant day by day. I cannot control him and he never listens to me. Other parents complained about him that he beat other children of the village. But what can I do!” She strongly believes that Rohit's arrogance and his low academic performance is an effect of his father's addiction.

When the researchers tried to talk to Rohit, he agreed with the fact that his father beat him after drinking and he also stated that he was not fond of his father. He admitted that he prefers to play all the time and does not want to go to school. He revealed that he hates to be interrupted by anyone when he is playing. He does not have any hobby to pursue and he remained silent when he was asked what he wanted to be in the future. The researchers suggested his mother to talk a child counsellor for Rohit and start the necessary treatment so that he can live a healthy life. She did not consider visiting a child counsellor before as she was not aware about that but now, she showed interest so that her child does not become like his father.

Case No. 2

Nisha Pal (name changed), a 13-year-old girl, is studying in class 8 in a village high school under this block. Her father works as mason and has been dependent on alcohol for the last 11 years. Her mother works as a caregiver of an elderly woman in a nearby town. She works for 12 hours daily while her husband doesn't go to the work daily but most of the time, he roams around here and there getting drunk. Nisha's mother said, “My husband stole utensils from the house and sold it for buying alcohol when I went to my job. He beats me if I resist him to do something like that. I have another child too. He is only 5 years old. I sent him to my parents because one day my husband tried to beat both of my children after being drunk. Nisha didn't want to leave me that's why she is staying with me.” Nisha said, “My father always becomes violent whenever he drinks. One day, he told me to give him some money but I didn't have any. He became fierce and slapped me. I cannot concentrate on my studies because of him. Right now, I need a tutor but we cannot afford it as my mother is the only one who is feeding us.” According to her mother, her husband used to contribute to the family previously. But as soon as he became dependent on alcohol, he stopped contributing money. Since then, she started working otherwise they had to starve. Nisha's school teachers stated that she was an average student but they have noticed that most of the time she was absent-minded in the class. Nisha's mother said, “nowadays, Nisha speaks very less and she doesn't have friends. She likes to stay

alone. She understands our condition." Nisha revealed that she was bullied by the peer group from the neighbourhood and she stopped playing with them. She developed a feeling of hatred for her father. She wants to be an independent person so that she can earn for herself and leave his father's house as soon as possible. She also intends to take care of her younger brother and mother so that they can live happily as well.

Case No. 3

Sayan Mirdha (name changed), a 12-year-old boy, is studying in class 7 and lives with his parents, grandmother and a sibling. Previously his father worked in a brick kiln. But once he indulged in alcohol consumption, he slowly became dependent on it and a few months ago he stopped going to work. Right now, he is unemployed. Sayan's mother used to be a housewife but now she works in 3 households as a domestic help. She alone takes care of the family. Even though her husband doesn't go to work, he doesn't stay at home all the time. He comes home only when he is hungry or needs money to buy alcohol. He acts violently if he is not provided with money. He screams and beats his wife and the children especially Sayan as he is the oldest. Sayan said, "Whenever I see him, I run away from home or hide somewhere so that he cannot find me." Sayan didn't want to interact more. Sayan's mother stated,"once Sayan was hospitalized as he was hit by a car while playing and broke his leg. His father didn't bear any expenses of his treatment but still blames him for wasting his money. That affects my child very badly." Sayan has witnessed family violence many times that made him afraid of his father. His teachers said that they have seen Sayan as a very reserved child. He neither he makes an eye contact with anyone nor he interacts with the teachers. His academic performance is also not satisfactory. The researchers also observed that Sayan doesn't make eye-contact when he was talking to them and was very reserved as well and this fact was confirmed by his mother and grandmother too. His mother said that she couldn't take his father to the de-addiction centre in the initial stage because of financial constraints and now he always refuses to go there. The researchers suggested her to make Sayan feel more secure and love that can help him to overcome his fear and other problems as well.

Case No. 4

Taniya Kaibartya (name changed), a 17-year-old girl, is studying in class 11 and lives only with her mother at present. Her mother works as a helper at Anganwadi centre in the morning and as a cook in a household in the evening. Taniya is also doing kantha stitch embroidery to earn some money beside her studies. She said, "My father threw a saw at us when he demanded money but my mother refused. That night we escaped somehow otherwise he could have killed us." This incident happened just a month ago. Now, they were staying in a rented kutcha house in the village at Rs. 1500. Taniya and her mother both became emotional while talking. Nisha's mother said,

"Our lives were no less than a disaster. My daughter started doing kantha stitch so that she can help me. She cannot give much time to her studies as she also does household chores besides going to school." Taniya's school teachers mentioned that she is not regular in the school but she is a good student. She shows interest in studies. Taniya said, "I do not want to live like this anymore. I want a better future for us. I need a tutor for English but we cannot pay the fees. That's why my marks are lowest in English." Her mother said, "We are not going back to him again. He tried to come to us twice but we didn't let him enter into this house. I didn't want my daughter to be affected by him again." The researchers observed that Taniya accepted the situation and dealt with maturity.

Findings

1. The behaviour of the affected children was different for every case- Rohit was the youngest among all and his behaviour has changed more adversely than others. He becomes violent like his father and very adamant. While Nisha and Sayan are more reserved and anxious than being violent. While Nisha doesn't have friends, Sayan cannot make eye-contact with anyone. Lack of self-confidence was prevalent. The oldest one, Taniya has shown less adverse behavioural changes than others.

2. While discussing about the academic performance, most of them were below average students and their academic performance was not satisfactory. Rohit is the weakest in this area. He is a slow-learner. He has shown less interest in studies. Nisha has been seen to be absent minded while Sayan does not interact much with the teachers. On the other hand, Taniya has been a better student than others and also interested in studies instead of not able to attend school regularly.

3. While analysing the protective factors and resilience among these cases, different patterns have been seen. Some chose adamant behaviour to avoid the situation while some prefer to hide and avoid their alcoholic fathers to escape from the violent situations. But the oldest, Taniya has accepted the situation and maturely handled it. The youngest case has been more hostile while the oldest one has been more stable. The oldest one also started generating some income for improving the family condition even when she is not even an adult. This can strongly indicate that age may have an important role in creating positive resilience among children.

4. While understanding the gender differences, the male children have shown more negative changes in behaviour than the female children. Among four cases, the female children have performed better in academics as well as showed fewer negative changes in behaviour. They have been more responsible than the male children and tend to support their mothers in household chores.

5. For all the cases, a few things were common. Firstly, all of them belonged to the lower class to lower middle class background. Secondly, all of them have experienced violence from their alcoholic fathers. In the fourth case, the child and her mother had to run away from the alcoholic father for the sake of their lives. Thirdly, all of them

have been emotionally vulnerable. Last but not the least, there was a lack of a stable familial environment for studying for all of the cases.

Conclusions

A recent study conducted by WHO declared that even a small amount of alcohol consumption is harmful for every individual. Still India holds the 3rd largest market for alcoholic beverages in the world with a market size of approx. 35 billion of USD. Alcohol consumption in India was about 5 billion litres in 2020 and is expected to rise about 6.21 billion litres by 2024(Minhas, 2023). The alcohol abuse by parents affects the children and they face a traumatized childhood. But every child deserves parental love, care and support and a healthy familial environment for an optimum growth and development. Though there are different prohibitional laws against alcoholism in India as well as in other countries in the entire world, but there are many loopholes for which alcoholism cannot be prevented successfully. After conducting these case studies, the authors can conclude that parental alcoholism is affecting emotional and behavioural condition as well as the academic performance of the children of alcoholics while the resilience of children of alcoholics has been different in each case. Age might play an important role in building resilience among the children like the oldest one has handled the situation maturely than others. This paper provides an overall in-depth idea and real-life experiences of the cases which can help the future researchers to conduct more research and intervene more effectively on this area.

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Work-Life Stress of Working Women and Its Impact

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Abstract

The increasing participation of women in the workforce has brought to light the unique challenges they face in balancing professional responsibilities with personal and familial obligations. Work-life stress among working women is a multifaceted issue influenced by societal expectations, workplace dynamics, and personal aspirations. This article explores the sources of work-life stress, its physical, psychological, and social impacts, and potential strategies for mitigation. Drawing on empirical research and theoretical frameworks, the article highlights the disproportionate burden women face in managing dual roles and the broader implications for health, productivity, and gender equality. Recommendations for individual coping mechanisms, organizational interventions, and policy reforms are provided to address this pressing issue.

Keywords: *Working Women, Work-life Stress, Gender-roles, Mental Health, Workplace Policies*

1. Introduction

In today's society, achieving a balance between career responsibilities and personal commitments is essential, especially for women who often navigate both professional and household duties. Research worldwide indicates that women are more prone than men to experience stress while managing work and personal life, largely due to heavy demands, limited time, and societal expectations.(1) Even though a growing number of women are joining the workforce, domestic responsibilities have not adapted accordingly, leading to increased mental strain, emotional exhaustion, and lower overall life satisfaction.(2)

Work-life stress in the northeastern Indian state of Assam has unique features that are influenced by local infrastructure, culture, and economics. Women's employment has increased in the state, particularly in fields like government service, healthcare, and education. However, women continue to struggle to balance traditional household expectations with their career goals.(3)The difficulties in less urbanized areas are

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exacerbated by the absence of childcare assistance and family-friendly workplace regulations. Women's emotional and physical health is impacted by these compounded pressures, which also lower their productivity and job satisfaction.

Working women's work-life stress is a significant issue in today's socioeconomic environment since it has a direct impact on women's productivity, general well-being, and quality of life. Identifying the causes of this stress is essential to creating policies that advance gender equality and increase women's employment without sacrificing their health or family obligations. In order to improve employee happiness, lower burnout, and increase retention rates, businesses and legislators around the world can establish supportive workplaces by tackling work-life balance issues.(1)

The study of work-life stress is especially important in Assam, India, because of the country's prevalent cultural norms and infrastructure constraints, which frequently place an unfair burden on women. The study can educate employers and governments about the need for customized initiatives like childcare assistance, flexible work schedules, and awareness campaigns that try to change established gender roles by drawing attention to these region-specific issues. Additionally, addressing work-life stress can help women become more economically and socially empowered, which will promote the larger objectives of social justice and sustainable development.(3)

This study not only clarifies the real-life experiences of working women, but it also provides insightful information for creating welcoming communities and workplaces where women may succeed professionally and lead satisfying personal lives.

2. Methodology

2.1 Study Design

The present study employs a descriptive research design based on secondary data analysis, consistent with the scope of conceptual and review-based articles. The descriptive design is appropriate for systematically examining patterns, sources, and consequences of work-life stress among working women without attempting to establish causal relationships.

2.2 Data Sources

The study is entirely based on secondary sources of data. Data were collected from peer-reviewed national and international journals, government and institutional reports, publications of international organizations such as the World Health Organization (WHO) and the International Labour Organization (ILO), policy documents, and standard academic books related to work-life balance, gender roles, occupational stress, and women’s mental health. Special emphasis was placed on literature focusing on India and the northeastern region, particularly Assam, to contextualize global findings within regional socio-cultural realities.

2.3 Data Selection and Analysis

Relevant literature was identified through systematic keyword searches including work-life stress, working women, work-family conflict, gender roles, and occupational stress. Selected studies were critically reviewed and thematically analysed. A narrative synthesis approach was adopted to organize findings into major thematic domains such as sources of work-life stress, economic and professional impacts, physiological and psychological outcomes, social consequences, and coping strategies.

2.4 Sources of Work Life Stress of Working Women

Working women around the world are increasingly concerned about work-life stress, which is caused by the combination of cultural norms, financial obligations, and a lack of institutional assistance. Managing both paid and unpaid home duties at the same time is one of the most persistent stressors, and it still affects women even in nations with robust frameworks for gender equality.(4)Even though countries like Sweden and France have progressive laws like paid maternity leave and childcare subsidies, social norms continue to support an unequal division of labor at home, which causes emotional tiredness.(5)

Women in East Asian nations like South Korea and Japan frequently experience social pressure to put family before career, which leads many of them to quit their jobs after getting married or having children. This causes psychological stress and professional disengagement.(6)

In the **South Asian region**, particularly **India and the northeastern state of Assam**, work-life stress is exacerbated by limited infrastructure, rigid gender roles, weak mental health systems, and concerns over workplace safety. These issues are further compounded by cultural expectations that place a higher value on women's domestic roles.(7)

Although specific challenges differ by region, underlying causes such as **gender discrimination, lack of organizational flexibility**, and **insufficient care giving support** are globally shared. Tackling these challenges requires both global best practices and localized interventions, including inclusive labor policies, access to mental health care, and gender-equitable work environments.(8)

3. Impact of Work- Life Stress on Working Women

3.1 Economic and Professional Impact of Work-Life Stress on Working Women

Work-life stress has become a pressing concern for working women, significantly affecting their professional development and financial well-being. Prolonged stress often leads to burnout, reduced productivity, job dissatisfaction, and in severe cases, withdrawal from the labor force.(9)From a broader perspective, such stress negatively impacts business performance and the wider economy. Organizations face higher turnover rates, increased absenteeism, and diminished morale, which translate into financial losses and reduced operational efficiency.(10)

In response to these pressures, many women adopt coping mechanisms aimed at achieving better work-life balance. Strategies include negotiating flexible working hours, engaging in mental health practices like mindfulness and meditation, and relying on informal social support systems.(11) Some also seek organizational support, such as employee assistance programs or remote work options. However, while these coping strategies can provide temporary relief, they often fall short of mitigating the broader structural challenges such as limited childcare access, lack of parental leave policies, and workplace cultures that undervalue emotional labor and care giving roles.(12)

Thus, while individual efforts to manage stress are commendable, systemic reforms are essential for sustainable change. Addressing work-life stress among women not only supports gender equity but also enhances overall economic resilience and productivity.

3.2 Physiological Impact of Work-Life Stress on Working Women

Chronic work-life stress has significant and well-documented physiological consequences. Prolonged exposure to stress hormones particularly cortical can disrupt bodily systems, contributing to serious health conditions such as hypertension, cardiovascular disease, and weakened immune response.(13)Women experiencing high levels of work-family conflict were more likely to suffer from chronic fatigue and musculoskeletal disorders than men in comparable roles, highlighting the gendered nature of stress-related physical decline.(14)Sleep disturbances are also a common outcome of chronic stress among working women. Women are more likely to experience insomnia due to stress-related anxiety and overextension in both work and domestic spheres. Poor sleep quality not only impairs daily functioning but also worsens existing health conditions, creating a feedback loop of exhaustion, stress, and physical deterioration. Over time, this cyclical strain can significantly reduce overall well-being and limit a woman’s capacity to maintain consistent performance in both personal and professional domains.(15)

3.3 Psychological impact of Work Life Stress on Working Women

Work-life stress significantly impacts mental health, particularly for women. They are more prone to experiencing anxiety, depression, and burnout due to the strain of juggling multiple roles. (10)Women in the workforce report greater psychological distress than their male counterparts, largely because of the combined demands of work and family.(16)Burnout marked by emotional fatigue and diminished job satisfaction is especially common among women in demanding fields like healthcare and academia.(17)

3.4 Social and relational impacts of Work Life Stress on Working Women

Work-life stress also takes a toll on women's relationships. Limited time often means less meaningful interaction with family and friends, which can strain personal connections. Working mothers often report lower levels of marital satisfaction, citing time pressure and the transfer of stress from work to home.(18)Stress in the

workplace can also undermine professional relationships. Women under high stress may find it difficult to collaborate or manage conflicts effectively, which can negatively affect teamwork and hinder career advancement.

4. Critical Analysis: Barriers to Effective Coping Strategies for Women's Work-Life Stress

Although organizations and governments have introduced several strategies to reduce work-life stress, many of these efforts are not fully effective, especially for women, due to deep-rooted cultural, structural, and emotional challenges.

4.1 Flexibility without Equality

Flexible work options like remote work or altered hours are often promoted as helpful tools for reducing stress. However, they can unintentionally increase the burden on women, who still take on most domestic tasks.(4)These arrangements may give women more control over their time, but they rarely reduce the total amount of work expected from them. Without shifting expectations at home, flexible work risks reinforcing outdated gender roles instead of solving the core issue.

4.2 Fear of Judgment in the Workplace

In many work environments, women hesitate to use family-friendly policies like parental leave or flexible scheduling due to fear of being seen as less committed to their careers.(19)This is especially true in competitive or male-dominated industries. If workplace culture does not support the use of stress-relief options, those options are likely to be underused, making them ineffective in practice.

4.3 Unequal Access Based on Job Type

Many women working in informal sector, part-time, or lower-income jobs are left out of formal support systems like counseling services or paid leave.(20) As a result, the people who may need the most help are often the least likely to receive it. Coping strategies are only as effective as their accessibility; if they exclude vulnerable groups, their overall impact is limited.

4.4 Guilt and High Self-Expectations

Women frequently encounter societal expectations to perform exceptionally across multiple domains, including professional roles, domestic duties, and personal relationships. This persistent demand can lead to feelings of guilt when prioritizing self-care. Despite the availability of support systems and wellness resources, psychological hurdles such as internalized guilt and a drive for perfection often hinder women from utilizing these resources effectively. (21)

While promoting self-care is a common intervention in addressing women's work-life stress, its effectiveness is significantly undermined by deeply ingrained psychological and social norms. The internalized belief that self-worth is tied to self-sacrifice can prevent women from engaging in restorative practices, even when such options are

accessible. Moreover, perfectionism, often reinforced by gendered socialization, creates unrealistic standards that make rest or leisure feel unjustified. These internalized pressures suggest that interventions focused solely on providing resources are insufficient unless they also address the cultural and psychological constructs that prevent their use. (21)Thus, a more holistic strategy is necessary one that combines resource provision with efforts to reshape attitudes around self-care, worth, and productivity.

4.5 Programs Not Tailored for Women

Many workplace wellness programs take a "gender-neutral" approach, which often means they overlook stress factors that uniquely affect women like harassment, micro aggressions, or care giving overload.(22) When coping programs don't reflect women's real experiences, participation and effectiveness tend to suffer.

4.6 Inadequate Broader Support Systems

While personal strategies like meditation or time management can be useful, they cannot solve larger problems such as lack of affordable childcare, insufficient eldercare, or limited leave for male partners. These missing supports make it harder for women to cope with ongoing demands. Without broader social and policy-level support, individual strategies fall short in providing long-term relief from stress.

5. Broader Implications and Future Directions

The pervasive work-life stress experienced by working women has significant implications for societal well-being and structural equity. Chronic stress contributes to adverse health outcomes, economic inefficiencies, and the persistence of gender disparities in professional settings. These challenges are not merely individual but represent collective barriers to achieving global objectives, particularly those articulated in the United Nations Sustainable Development Goals (SDGs). Specifically, SDG 5 (Gender Equality) and SDG 8 (Decent Work and Economic Growth) highlight the importance of addressing systemic gender-based barriers in the workplace and beyond.(23)Tackling work-life stress is essential for promoting inclusive development, labor equity, and sustainable economic progress.

Future research must adopt an intersectional framework to account for the complex ways in which race, socioeconomic status, and cultural norms influence women's experiences of work-life conflict. Intersectionality enables a more nuanced understanding of how overlapping systems of inequality exacerbate stress, particularly among marginalized groups. Moreover, longitudinal research is vital for capturing the cumulative and long-term effects of work-life stress on women's career progression, familial relationships, and overall health.

6. Conclusion

Effectively addressing the chronic stress endured by working women requires comprehensive change at cultural, institutional, and systemic levels. The compounded strain of managing professional obligations alongside domestic roles reflects the term "second shift," wherein women face a continuous cycle of unpaid labor after formal work hours. (4)Consider, for instance, a female physician in India who, following a demanding hospital shift, must still fulfill family and care giving duties highlighting how this form of stress cuts across professional strata.

To alleviate such burdens, practical and systemic interventions must be prioritized. Governments should legislate and enforce equitable parental leave policies, including non-transferable paid leave for fathers, to redistribute caregiving duties. Organization can complement these efforts by normalizing flexible work schedules across all employees, regardless of gender, to avoid reinforcing outdated assumptions about women as default caregivers. Investments in public childcare, eldercare services, and workplace mental health programs can also significantly reduce stress for working women. (24)

However, several formidable obstacles remain. Cultural ideologies that glorify female sacrifice and perceive help-seeking as weakness often discourage women from accessing support, even when it is available. (25)Additionally, in many Global South countries, including India, policy frameworks may exist in theory but suffer from poor performance due to limited oversight, lack of funding, and ingrained patriarchal structures. (20)

To overcome these barriers, a dual strategy is required: first, engaging in public education campaigns to challenge harmful gender norms and promote shared domestic responsibility; second, strengthening institutional accountability mechanisms to ensure that workplace and government policies are both enforced and monitored for equity outcomes. Importantly, ongoing intersectional research is needed to inform these strategies, examining how gender stress intersects with race, caste, class, and geographic context.

Limitations

This study predominantly utilizes secondary data and lacks original empirical investigation, which restricts the validation of findings through direct observation or participant input. The practical effectiveness of suggested interventions such as flexible scheduling, parental leave, and mental health services has not been rigorously tested within the Indian or regional context, limiting insights into their real-world applicability.(23) Moreover, the research insufficiently addresses the experiences of underrepresented populations, including women from economically disadvantaged backgrounds, rural settings, and gender-diverse groups, thereby limiting the broader relevance of the conclusions.(26)The absence of longitudinal data further constrains the ability to assess the long-term impact of work-life stress on women's well-being

and professional development(14);(21)These gaps underscore the pressing need for both systemic policy reforms and culturally attuned, inclusive research methodologies that can drive lasting and equitable change.

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Gender, Governance and Labour: Assessing Equity Reforms in Assam's Tea Plantation

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Abstract

In India, Assam's Tea Plantation plays a central to country's economy. The Tea Plantation in Assam, employ over 1 million workers, with 60% of women workers among the total workforces. Women workers constitute an essential part of the industry, yet they remain one of the most marginalized groups facing enrooted gender inequality and exploitation in the state. Although laws have been enacted to enhance their rights but still, they experience marginalization, discrimination and lack of proper representation in decision making processes. This paper evaluates policy implementation- Plantation Labor Act (PLA) 1951, institutional bodies like Tea Tribes Welfare Department (TTWD) and tripartite conciliation process to propose the holistic governance reforms. Utilizing secondary data from different articles and papers from national and international journals, government reports and legislative archives. The study examines the details of governance processes, policy gaps and institutional reforms and suggests shift to rights-based empowerment for tea garden women workers. The study also includes the recommendation on strengthening the framework through implementing inclusive policy measures and increased representation of women in the sector.

Keywords: *Gender Equity, Tea Plantation, Women Workers, Tea Tribe Welfare*

Introduction:

In India, the journey of Tea began in the early 19th century, with Assam emerging as global tea powerhouse. Currently, the Tea Plantation in Assam is producing more than 52% of India's tea and remains the backbone of global tea production. The industry relies on the *Adivasi* (tribal) women workers i, e 60% of total workforce, who sustain low wages, poor working and living condition, low literacy rate, violence, poor health and health services etc.

The plantation was established under British Colonial Rule in the middle of the 19th century. This colonial system of exploitation and domination has formed the basis of marginalization of the garden workers especially women workers. They have continued to struggle for recognition and equitable treatment in all the spheres of life (Hazarika, 2025). The gender perform ativity has reinforced the practices in the

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society that continue the vision of women inferiority and support sexual violence against women of all classes in these societies. Although they have made a lot of contribution, women were often pushed to the back of the economic rewards as well as the institutional acknowledgment and this could be attributed to the colonial experiences where more emphasis was made on profits rather than the rights of the workers (Lahiri, 2000).

Between 1919 and 1922, the International Labour Organization began advocating for welfare programs which includes education and childcare for workers. However, significant labor reforms only came about post-independence, with the Plantation Labour Act of 1951 marking a critical turning point in the legislative framework governing labor rights in tea gardens. The establishment of the first labor union in 1947-48 further highlighted the gradual recognition of workers' rights and the necessity for representation in an industry marked by hierarchical structures and management dominance.

Despite these developments, the challenges faced by women in Assam's tea plantations remain significant. The evolution of these grassroots movements signals an ongoing struggle for agency and equity in a sector long defined by gender inequality and exploitation. The paper evaluates governance reforms through policy framework majorly PLA 1951 implementation gaps, institutional mechanism and tripartite processes to propose a holistic change for the gender equity among women.

Literature Review:

Kalita et al (2022) in their study critically reviewed the severe operational and socio physical vulnerabilities faced by women workers in the tea plantation communities during colonial era. Female labors were weaponized and subjected to layered systems of physical and systematic abuse and exploitation by managers of plantation. The study also discusses the hardships of the plantation management extended past standard structural mistreatments into targeted physical and gender-based violations. It also talked about the strict contract system under colonial law which barred women from legal protection and treating them as corporate property and executed them vulnerable to abuse. The colonial state consciously ignored all these violations and ensured a steady and cheap availability of labour and this deep historical roots of the systematic gender vulnerabilities continue to affect tea community till date.

In a study, Dey (2018) analyzed the historical emergence of epidemiological theories and medical frameworks on the colonial tea plantations. The researcher found that the public health metrics and mortality rate were strictly bound by the political economy, and it was restrictive labor laws. The study also found that how planters actively manipulated logic and blamed the high mortality rates on the primitive habits of workers rather than their own cost cutting measures and poor living and working conditions. The early labour laws prioritized protecting investors’ profits over basic standards for workers.

Nhrat and Kumar (2025) in their qualitative study explored the traditional ecological knowledge and generational practices maintained by tea plantation women. They found that women use indigenous methods across four main areas i, e traditional organic farming, local herbal medicine, community led water preservation and socio-religious rituals. The researchers also argued that integrating these women led indigenous practices into formal sustainability frameworks and this finally can improve ecological conservation and promote the economic empowerment of women.

Sankrityayana (2018) in his study found that historically, traditional tea plantation trapped *Adivasi* families in system of tide labours. The old colonial model have failed to improve the economic position of female women workers. The study also focused on the persistent use of piece rate wage system which continues to undervalue the work of women labourers while shifting production risk from large corporations individual female labourers. The market revenue reforms only cannot resolve the generational marginalization unless it is accompanied with the structural wage reforms which recognise leaf plucking as highly skilled form of agricultural labour.

In a study Hazarika (2025) found that despite being the economic backbone of the industry the female labours face severe wage disparity, substandard living conditions, high maternal mortality and vulnerability to human trafficking and physical abuse. Women were excluded from the executive leadership within mainstream trade unions leaving them out of wage and labour welfare negotiations. The study also highlighted a major political barrier which is the ongoing denial of schedule tribe status to the Assam's Adivasi tea community which is driven by push back from local tribal groups claiming exclusive indigeneity deprived these women of vital constitutional safeguards, educational reservations and social economic support networks. To achieve the true social inclusion requires constitutional recognition mandatory union quotas for women and targeted state enforced welfare initiatives.

Vijayabhaskar and Viswanathan (2019) did a comprehensive study which examined the structural institutional and economic factors driving severe livelihood vulnerabilities among tea plantation workers in India. Their study reveals the multilayered nature of the sepathetic situation showing that they do not emerge from simple crop failure but the actively driven by a combination of global commodity price volatility, big regional labour market regulation and systematic loophole in the Plantation Labour Act (PLA) that allows owners to avoid long term social security obligations. Finally the study concluded that the complete inadequacy of current mechanisms and call for immediate legally binding state interventions to secure basic human rights and survival guarantees for historical plantation communities.

Sarma and Borah (2019) in their study revealed that only 30% to 40% of Assam tea garden labourers remain formally or permanently employed and on the other side a majority have been pushed into temporary or casualised or seasonal contract arrangements. By calculating composite livelihood score and evaluating structural access to 15 key social security parameters including medical aid, housing support, banking and clean fuel, the research highlights how casual workers are entirely cut

from the corporate welfare provisions. Further, the study also outlined the critical institutional findings that are the traditional trade unions in Assam are facing a crisis of first and represents. The rigid structures are poorly equipped to represent casual contract labours trapping these workers in severe generational poverty and a complete lack of upward social mobility.

In a socio-legal study Niroshini (2024) explored the structural marginalization and multilayer challenges experienced by female labourers in the plantations. The female workers are concentrated at the bottom of plantation hierarchy. They are treated primarily as the source of cheap manual labour rather than the specialised agricultural workers. Despite the high economic productivity these women face very low wage, substandard healthcare access, widespread literacy barrier and total absence of upward occupational mobility. Study also highlighted that women are excluded from the political and executive spaces of mainstream trade unions. The recommendation in the study includes strict legal regulation of informal estate sector and institutionalisation of mandatory minimum wage scales, maternity leaves, child care benefits and the establishment of independent women-led grievance cells and self-help groups (SHGs) to protect them from institutional harassment and workplace exploitation.

Research Methodology:

Methodology used in the study is qualitative research method in which secondary data from different reports, research articles from national and international journals were taken. Different keywords related to the topic and subtopics were used to search the literatures and data. All the data and articles were thoroughly reviewed and arranged to gain the broader perspective and understanding. Thus, the study examines the details of governance processes, policy gaps and institutional reforms and suggests shift to rights-based empowerment for tea garden women workers. It also includes the recommendation on strengthening the framework through implementing inclusive policy measures and increased representation of women in the sector.

Objectives of the study:

1) To study the historical and present governance structure and policy gaps of Assam's tea plantation economy.
2) To examine the gendered division of labour, gender inequality and exploitation among tea labourers.
3) To analyze the relationship between governance reforms and gender equity in Assam's tea plantation.

Policy Framework and Implementation:

PLA 1951:

Assam's tea plantations have been strongest at the level of formal policy promise but there has been a disappointment in the implementation of the current legal provisions in the tea industry in Assam which include the Plantation Labour Act (1951) and the Minimum Wage Act (1948). Although these laws were aimed at protection of the rights of workers and giving them their due pay, there is a huge disparity between the purposes of the policy and the realities on the ground. The issue of wage discrimination is still observed in its open and hidden modes which are being supported by management and uneven relations of power between employees and the plantation owners. Women as the largest workforce group are usually sidelined on the labour ladder where they are given low wages compared to their male counterparts doing similar tasks which also enhances the gender inequalities in the labour market.

Different government programmes talks about the social inclusion, women empowerment, holistic reform including the Assam women empowerment policy and tea tribe welfare programmes. Yet there is a gap between policy and practice which remains substantial. Studies of Oxfam shows that workers continue to face poverty wages, poor housing and limited access to healthcare, even where legal provisions exists. APWLD also notes that women workers still lack basic entitlements such as maternity leave, workplace sanitation, and participation in wage negotiations. Therefore, policies are present but the accountability mechanisms are weak, fragmented or captured by estate level power.

Gendered Division of Labour:

The system in the plantation displays a distinct division of labor that is defined by the sexuality, of which the activities like tea leaf plucking are feminized and considered to be proper among women because of their stereotyped skill. This story does not only undermine their efforts but also adds to the wage gap and exclusion of women in the labor stratification. The women do not have access to the supervisory and management roles, and this once again leads to the cycle of inequality in the workplace.

In Assam tea plantation women dominate field work especially plucking while men are more likely to occupy supervisory or technical roles this is not only our division of task but it is a division of status authority and reward. Women perform most physically demanding task while receiving limited recognition and weaker bargaining power (Duara & Mallick, 2019).

Borthakur (2023) highlighted that women's slipper on plantation is both productive and reproductive. Productive labour refers to the work done for wages and reproductive labours refers to unpaid household walk, child care

and care responsibilities that women continue to perform after plantation working hours. This double burden is one of the strongest reason why gender equity requires broader governance reform rather than only wage adjustment.

Social Welfare and Monitoring Mechanism:

To ensure accountability in the implementation of welfare schemes, the state government should set up independent monitoring institutions which include members of civil societies, women representatives and human rights activists. These institutions ought to monitor the open disclosure and availability of the redressal of grievances mechanisms. The government also needs to invest in education and medical facilities in tea garden areas to organize generational transition and enhance the life opportunities of tea tribe children especially girls (Hazarika, 2025).

The Assam tea tribe welfare is formally very extensive but practically it is very uneven. Directorate of Tea Tribes and Adivasi Welfare exists as an institutional point of intervention and the Assam government has framed policies for women empowerment and for welfare of tea tribes. But the CAG audit on these welfare schemes are very critical. It shows that the government neither maintain any reliable data nor prepare any annual plans and implemented plans and schemes for the name sake. The main problem here is governance, that policy exist but the machinery to translate these policies into rights are weak. There is a lack of systematic monitoring and coordination which makes it difficult for welfare schemes to reach all the needy beneficiaries.

Wages and economic insecurity:

Wages of tea labourers are far below the living standard wage and the families often remain trapped in poverty despite a full time employment of labours. This low daily earnings continuing economic insecurity among women workers. The wage injustice is not only a labour issue but it is a governance issue because of wage setting arrangements and bargaining institutions determine whether worker can live with dignity or not. Thus, it can be said that plantation economy relies on underpaid female labour as a cost saving mechanism. As long as their wages remain below their basic living requirements the women unpaid care work will continue to subsidise the tea industry (Sankrityayana, 2018)

Living Condition and Welfare:

Living and working conditions are the main issues to the gender equity debate. Reports of Oxfam highlights that poor housing, week water access, inadequate sanitation and insufficient healthcare services across Assam tea plantation. These poor conditions matter for plantation workers because they live within state area that shape their everyday aspect of daily life. The maternal and menstrual health reports also shows that female face chronic

health stressors related to the physical demands of plantation work and poor welfare infrastructure (Adhikari, 2025).

The plantation economy has long relied on employer provided welfare as part of its labour regime but these only work if the welfare is adequate accessible and monitored otherwise the welfare becomes site of inequality

Social Exclusion and Ethnic Violence:

Tea tribes have also had social exclusion and ethnic violence in addition to economic hardship, especially in the hands of indigenous people of Assam. History wars such as the Bodo and Adivasi riots of the 1996 have aggravated their marginalized status to include displacement and unending tension in the society (Hazarika, 2025). Such social interactions need to be dealt with in a more competent manner of establishing a less unequal setting in which tea workers and communities can work.

Education and Empowerment:

Education can play an important role in long term gender equity. Some studies on tea tribe women's education and empowerment argue that there literacy can improve their awareness of rights it can help in their mobility and it can strengthen their participation in community life. Education can also help them in reduction on dependence on plantation labour work and also help them in creating alternative livelihood pathways. But in the ground, the educational status of women labours are very poor. Most of them are illiterate, that they can fight for their rights.

However education is not sufficient by itself. It works best when it is linked with the availability of other services like livelihood security healthcare common legal awareness and collective organization. Only educating women cannot solve the issue rather to transform their condition with ease access to healthcare, child care, safe sanitation, awareness on their rights and representation can help in their empowerment and upliftment.

Institutional Mechanisms:

The institutional structures have been established to promote gender equity in the tea plantations in Assam. They are complex and would target the special needs of women employees in this industry. Such mechanisms comprise implementation of labor laws, creation of welfare programs and promotion of civil society organizations.

Labour Laws: Strict enforcement of the Plantation Labour Act (PLA) 1951 is one of the critical institutional mechanisms. The successful enforcement of this act is critical in protection of dignity and rights of tea workers especially women. The state should provide adherence to the rules concerning the occupational safety, minimum wages, housing, healthcare, education, and sanitation. Audits and other legal responsibility procedures should be

conducted regularly to avoid exploitation and to make sure that the fundamental human rights of the workers are provided.

Welfare Initiatives: Besides law enforcement, some welfare programs have been initiated to better the situations of tea garden workers. As an example, the National Rural Livelihoods Mission (NRLM) promotes the idea of establishing Self-Help Groups (SHGs) to empower the independence of male and female workers financially. This effort is important in empowering women as it enhances their capacity to bargain. Further, the Assam government has put up extensive awareness measures of sensitive social aspects such as family planning, legal literacy and health and this is particularly useful to the tea garden population.

Trade Unions: The participation of women in trade unions is another vital aspect of institutional framework. Their active contribution in unions is essential for effective collective bargaining. Gender sensitive union can significantly enhance their negotiating power for fair wages and improved working conditions. This involvement not only empowers women but also promotes a culture of unity and support within the labor force. In a study the researcher highlighted the increasing informalisation of labour where managers increasingly rely on contract labour to lower costs. It further excludes the permanent tea tribe workers and diminishes the bargaining power of trade union (Sarma & Borah).

Civil Society: Civil society institution like All Assam Tea Tribe Students' Association (ATTSA) have emerged as essential advocates for the inclusion of the community in society to ensure the access of resources and support. These organizations also work as a government to monitor the implementation of welfare activities and also they ensure accountability through independent oversight. They also advocate for transparent reporting and easy and accessible grievance redressal mechanism which are crucial for maintaining trust within the worker community.

Tripartite Dynamics:

Nature of Agreements:

The governance of tea plantations in Assam involves a tripartite framework where agreements are formed between the workers, management, and various governmental bodies. Assam has remarkably no direct involvement as a party in West Bengal government in these negotiations. This difference makes clear that a stronger role of the state in discussions of the policy directly influencing the well-being of tea workers is necessary (Lahiri, 2000).

The Role of Conventions:

The concept of convention is the nature of governance in the tea plantation industry. It points to the fact that there are challenging systems of norms, or conventions that organize transactions between stakeholders. The different conventions are classified as domestic, civic, industrial, and market territories, assessed in accordance with different principles, which are reputation, solidarity, efficiency, and price, respectively. As an example, Fair-trade initiatives have tried to impose civic principles of solidarity and labour rights into the system of the plantations, historically handled by more exploitative market and industrial principles (Sankrityayana, 2018).

Power Dynamics and workers representation:

In the tripartite system the framework for this exists but the power relations tend to exclude workers especially the female in the decision-making processes. Studies indicate that trade unions have limited influence in shaping policies due to management's predominance within the Fair-trade Producer Companies (FPCs) and other governance bodies (Niroshini, 2024). Workers' representation, particularly in regions like Assam, remains minimal, with a notable lack of gender balance in leadership roles, which hinders effective advocacy for women's rights and labor standards (Saikia & Parida, 2025).

Impact of management Practices:

The model of governance in the tea estates in Assam is described by the focus on profit rather than the interests of workers. This system has continued with a cycle of exploitation where workers particularly women have been victimized to casualization, poor wages and meager legal safeguards (Gurung & Mukherjee, 2018). As a result, as the management tries to put down labor benefits to be able to remain competitive, social concerns, including the wage discrimination and their susceptibility to abuse, are still largely unchecked (Hazarika, 2025).

Need for Inclusive Policy Initiatives:

To improve the tripartite dynamics and gender equity, more inclusive policy initiatives should be enacted. Women should be empowered by being actively involved in trade unions and be represented in governing systems so that they can have an easy time to collectively bargain on a fair salary and working conditions. Also, it is possible to promote inter-community unity and target internal stratification in the tea tribes of Assam, which will help establish a more balanced model of all workers (Saikia & Parida, 2025).

Evaluation and Challenges:

Although different schemes are being implemented to enhance the plight of workers in tea plantations, there are still some challenges that are associated with the lack of

proper implementation of the policies. The legislative measures that are aimed at guarding the rights of workers are not effective to the grassroots level and this leaves women workers to exploitation and gender discrimination. It is here that the greater enforcement mechanisms and accountability measures are urgently required to make sure that the policies can be put into practice in an effective manner to eventually help achieve the objective of gender equity in the sector.

The findings of the study highlights persistent gender disparity in land ownership and decision making within tea plantation context. Cultural factors also significantly influence these dynamics and the traditional practices favours male inheritance and ownership. This results in women's limited access to financial resources and does reinforcing existing power imbalances (Borthakur, 2023). All the studies showed that domestic responsibilities hinders the women's ability to engage fully in their roles which finally effects the opportunities for leadership and decision making process.

The period of 2024 to 2026 can be said as reform wave for plantation in Assam. It has been seen and exceptional state intervention which aims at the dismantling the colonial reserve nature of tea gardens. The two of them are:

> ***Wage parity:*** Recently, Government of Assam has announced a landmark decision to revise the daily wages which is currently Rs 250 in Brahmaputra valley. This is a recent announcement and the actual implementation of this decision in both the Brahmaputra valley and Barak valley can be helpful in gender equity among plantation.
>
> ***Land Rights Revolution Act 2025:*** Another a holistic reform has taken place is Assam Fixation of Ceiling on Land Holdings (Amendment) Act 2025. For last 200 years tea workers were informal inhabitants in their plantations but this amendment act would help them in getting *land pattas* and the families in the plantations will be a fundamental shift. This land rights to families can also allow women to access of bank credit and also provide them power which earlier management had.

Reform Recommendations:

- There should be a mandatory annual audit of PLA 1951focus on gender disaggregated, using CAG style checklists adapted for tea estates.
- The management of estates should allocate minimum 5% of their budget for the welfare to women welfare activities like for creches, maternity benefits etc.
- Government should also integrate POSH Act 2013 with mandatory ICCs in all the tea plantations of state with district level officer verifying and monitoring reports.
- The minimum wage should also revised and it should be standardized.
- State government should expand NRLM or ASRLMSHGs with a fixed seed grant linked with PLA for advocacy and trainings.

- Different NGOs and other organizations can move forward with different capacity building programs, trainings and workshops for women empowerment.
- Every Union should have mandatory female representatives from their estates who can share their problems and can work for their betterment.
- Youths can be also very important segment for the upliftment of women in tea plantation. Their education and awareness can be useful in the upliftment of their lives in future.

Conclusion:

Gender equity in Assam's tea sector requires holistic governance and rights based citizenship model the 2025 land reforms and 2026 wage initiatives are some important steps in the right direction towards the gender equity but again their success depends on the deconstruction of the patriarchal tripartite dynamics that have historically suppressed the power off tea garden women workers. This holistic reform can also enforce quota's hybridising synergies with tripper tides and fostering intergenerational collaboration.

Overall it demands targeted multi stakeholder recommendations that integrate policy enforcement, institutional redesign, and inclusive tripartite process to achieve gender equity for women workers. Different stakeholders like Policymakers, unions and the management must act decisively. Together they can work for the inclusive development of the garden workers specially women workers.

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Family Dynamics and Their Influence on Youth Behaviour and Development in Viswema Village, Nagaland

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Abstract

The family is the biggest influence on how young people grow, act, and see themselves. The study tried to find out the impact of family dynamics, especially parenting styles and family interactions on the behaviour and development of the youth of Viswema Village in Kohima District of Nagaland. A quantitative cross-sectional design was employed and 100 youth aged 16–20 years were asked to complete structured questionnaires. The results suggest that children behave better when parents are balanced and authoritative, setting clear expectations and providing emotional support. Families that communicate openly help kids make smarter choices, feel better emotionally and stay engaged in school. On the other hand, miscommunication or harsh, inconsistent discipline can lead to emotional strain and occasional conflict. The study also highlights how Naga cultural values, Christian family norms and community expectations influence the development of youth in this context.

Keywords: *Family Dynamics, Youth Behaviour, Youth Development, Parenting Styles, Viswema Village*

Introduction

Family dynamics encompass the complex web of interactions, relationships, and emotional exchanges that occur among family members. It includes the patterns of communication, role distribution, decision-making, emotional bonding, conflict resolution, and behavioural norms that govern family life (Olson, 2000). A family is not just a collection of people living together, but an interdependent social system. The operation of the system depends on various factors both within and outside it, including socio-economic conditions, cultural expectations, gender role divisions and the stages in the life cycle. What one person does in the family affects others, having chain reactions that influence individual and group outcomes (Goldenberg, 2012).

Family dynamics have profound effects on personality formation, emotional regulation, social competence, and value orientation. A nurturing and cohesive family

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environment promote confidence, empathy, and prosaically behaviour in children. Conflict-ridden or neglectful families can contribute to aggression, withdrawal, or risk-taking behaviour among youth (Walsh, 2016).

Healthy family dynamics are typically marked by mutual respect, open communication, adaptability, and emotional warmth. These elements foster security and confidence among family members, particularly children and youth, enabling them to build positive relationships outside the home. Conversely, poor family dynamics characterised by conflict, neglect, rigid authority, or lack of communication can contribute to behavioural issues, low self-esteem, and emotional instability (Walsh, 2016).

Wider socio-cultural, economic and historic influences also shape family relations. Culture dictates the functions, responsibilities and norms of family relationships. In more group-oriented cultures, such as India, interdependence among people conflicts with the idea of independence. Yet modernisation, globalisation and technological development are changing these trends, leading to the emergence of new family forms and relationship dynamics (Patel, 2018).

The family plays an important role in guiding and shaping a young person's development. The way family members communicate, support one another, and handle conflicts can directly influence how a young person grows, thinks, and behaves. Families that are loving, supportive, and well-communicated often help youth develop confidence, good values, and strong social skills. On the other hand, lack of communication, high conflict, neglect, or inconsistent discipline within a family can affect a young person's mental health, academic performance, and behaviour in negative ways.

There is still very little research that looks at these issues within the cultural setting of Nagaland, where traditional family systems, community bonds, and modern influences exist side by side. Viswema Village in Kohima District is an example of such a community, where family relationships continue to shape the lives of young people even as society slowly changes. This makes it important to study how family dynamics affect youth behaviour and development here. The study is important because it will help explain how different family patterns influence the behaviour, emotional well-being, and academic performance of young people.

Literature Review

Family plays a central role in shaping the behavioural, emotional, and psychosocial development of young people. Across cultures, family dynamics comprising patterns of communication, parenting styles, authority relations, cohesion, and emotional support form the foundation for youth's identity formation and moral reasoning. Numerous studies across psychology, sociology, and social work have emphasized that the nature of these family relationships strongly determines how

youth perceive themselves and interact with their social environment (Olson & Gorall. 2003).

Parenting Style

- **Authoritative Parenting:** high warmth with clear boundaries. Linked to better self-esteem, emotional regulation and academic performance.
- **Authoritarian Parenting**: strict control with limited emotional responsiveness. Often associated with anxiety, rebellion or conformity based on fear rather than understanding.
- **Permissive Parenting**: warmth with little structure or discipline. May lead to impulsive behaviour and difficulty managing boundaries.
- **Neglectful/Uninvolved Parenting**: low warmth and low control. Strongly connected with risk-taking, dropout tendencies, and emotional instability. (Baumrind's,1991)

Family Dynamics on Individual Behaviour

Family dynamics shape the moral and cultural orientation of individuals. Through parental modelling, storytelling, and shared rituals, families transmit cultural norms, religious beliefs, and ethical values that guide behaviour within the larger community. Thus, family dynamics not only determine individual outcomes but also influence the social fabric of communities and societies at large. (Amato, 2014).

The nature of parental involvement and communication during childhood establishes patterns of trust and emotional intelligence that carry into adulthood. Adolescents raised in supportive families often demonstrate better academic achievement, social adjustment, and mental health. In contrast, dysfunctional family settings marked by inconsistency, criticism, or emotional neglect may result in anxiety, behavioural disorders, or substance abuse (Amato, 2014).

Changing Patterns in Family Dynamics

In recent decades, globalization, urbanization, migration, and technological advancement have profoundly altered family structures and interactions. Research suggests that family structures and parenting roles have undergone notable transitions over time, and these shifts have shaped how young people develop socially and emotionally. While this transition has fostered independence and gender equality, it has also reduced intergenerational support and increased stress levels among working parents. While technology bridges geographical distance, it can also lead to emotional detachment within households. Children and adolescents, influenced by digital media, often experience changing notions of authority, identity, and social relationships, posing new challenges for parents to maintain healthy family dynamics. (Patel, 2018)

Family's Role in Shaping Youth Behaviour

Through both direct and indirect socialization processes, the family has a significant impact on how people behave. Children internalize behavioural norms from an early age through reinforcement, discipline, and observation. How parents

handle communication, conflict, and emotional expression sets the stage for how young people handle comparable circumstances in society at large (Steinberg & Silk, 2002).

Parent and child interaction influences how young people view authority, conflict, responsibility and independence. Families that maintain warmth, clear rules and open communication provide adolescents with a balanced atmosphere in which they can express themselves yet remain guided. Such an environment strengthens self-control, decision-making skills and resilience when facing peer influence or stressful situations (Steinberg & Silk, 2002).

Family relationships continue to influence behaviour strongly even during adolescence, when external factors such as peers and media become more prominent. He explains that emotional availability, parental attention and shared activities foster a sense of belonging, which reduces tendencies toward risk-taking behaviours. On the other hand, strained communication, neglect or rigid authority may create feelings of rejection or mistrust, pushing some youths toward defiance, withdrawal or peer-driven identity seeking (Shimray, 2019).

Impact of family dynamics on youth development

Family dynamics constitute one of the most influential forces shaping the developmental trajectories of young people. The family serves as the primary social unit within which adolescents first acquire values, emotional regulation, interpersonal skills, and a sense of identity (Grasmeijer et al., 2024).

Healthy family relationships contribute to positive youth behaviour by promoting self-confidence, emotional security, discipline, and social adjustment. When parents maintain open communication and encourage, youth are more likely to demonstrate positive attitudes, respect for others, academic responsibility, and healthy decision-making skills (Bandura & Albert, 1977)

Parental supervision and involvement also influence youth behaviour significantly. Youth who receive proper monitoring and guidance are less likely to engage in risky activities such as substance abuse, delinquency, violence, and school dropout. On the other hand, lack of parental attention and supervision may increase vulnerability to negative peer influence and deviant behaviour (WHO, 2020).

Family Communication and Parenting Style in India

The quality of communication within the family is widely recognised as one of the most significant influences on how young people develop their sense of self, make decisions, and navigate the world outside the home. Good communication within the family shapes an individual's behaviour, choices, and beliefs (Surendran et al., 2025).

The effects of these parenting styles on youth in India are well-documented and align, perhaps more than expected, with findings from Western research. Authoritative parenting was consistently associated with better outcomes than

authoritarian and neglectful styles in both Western countries and in India, while findings on permissive parenting were mixed across both contexts (Sahithya et al., 2019).

Family Communication Patterns (FCP) framework has been particularly useful in mapping how Indian families communicate across generations. The framework distinguishes between two dimensions: conversation orientation, which refers to open and free discussion among family members, and conformity orientation, which reflects pressure toward uniform values and obedience to parental authority. (Sridhar & Bhat, 2021).

Family system and Youth in Northeast India

The Northeast region is inhabited predominantly by tribal and indigenous communities, each with distinct kinship systems, social customs, and moral codes. Despite variations across ethnic groups, the family remains the central unit of socialization, emotional support, and moral regulation (Ao. 2019).In most tribal societies of the Northeast, collectivism is deeply ingrained in social life. The extended family system continues to thrive, especially in rural and semi-urban areas, functioning as both a social safety net and a medium of intergenerational learning (Laloo. 2021).

The process of youth socialization thus intertwines personal development with collective identity, emphasizing the interdependence between the individual and the group. However, the forces of modernization and globalization have begun to transform these traditional patterns. The growing exposure of youth to urban lifestyles, social media, and educational migration has introduced alternative worldviews that often challenge traditional norms. As a result, many families are witnessing subtle yet significant shifts in authority structures, communication patterns, and role expectations (Kikon, 2020)

Influence of Family on Youth Behaviour in Nagaland

The family is the first social environment a young person encounters, and in Nagaland, it carries a weight that extends well beyond most other Indian states. Naga society is organized around patrilineal clans, and the household headed by the father, held together by shared religious faith and tribal custom is simultaneously a unit of kinship, moral authority, and economic life. For adolescents growing up in this context, the family is not simply a backdrop; it is an active, daily presence that shapes what they believe is right and wrong, who they are allowed to become, and how they are expected to behave in public (Mekrisuh (2025).

The influence of the family on youth behaviour in Nagaland is also visible in the domain of risk-taking. Research on youth in Dimapur, the state's largest city, has consistently pointed to the role of both family and peer environments in shaping whether young people engage in substance use, unsafe behavior, or other health-compromising activities. What the family environment research makes clear is that these behaviors do not emerge in isolation from home life. A supportive and

communicative family environment has been identified across multiple studies as a protective factor against risk-taking behavior in adolescents, while family conflict, emotional unavailability of parents, and inconsistent discipline are associated with higher rates of problematic behaviour (Nuken & Singh, 2022).

Family Dynamics and Youth Development in Viswema Village

Christianity has reshaped family dynamics in Viswema in ways that are difficult to separate from daily life. With 98.22% of the Angami population identifying as Christian as of 2011, the church is not an external institution for most Viswema families it is woven into household routine, moral language, marriage customs, and community governance (Shikshan Sanshodhan, 2020).

Youth development is not simply a matter of individual growth; it happens inside a dense web of family and community relationships that Angami society has maintained, with considerable resilience across multiple centuries of disruption and change. The family remains the primary institution through which young people in Viswema learn what they owe to their community and what they can claim for themselves (Das, 2021).

Methodology

The study used a cross-sectional design to look at how family dynamics affect youth behaviour and development in Viswema Village, Kohima District, Nagaland. Viswema is one of the biggest Southern Angami Naga villages, with a population of 7,417, and lies about 25 km south of Kohima on National Highway 29. The researcher employed probability sampling with a stratified random sampling technique. The participants were 100 youth comprising of early adolescents aged 16-18 and late adolescents aged 19-20. This split kept the sample proportional to the village's age distribution. Data were also gathered through secondary information from journals, books, government reports, and other research on family dynamics and youth development. The collected data were analysed using MS Excel, which helped in interpreting the data collected from the respondents.

Analysis and Findings

Family Dynamics

Family dynamics play an important role in shaping the behaviour, confidence, emotional wellbeing, and responsibility of children and youth. Healthy family interactions such as conflict resolution through discussion, decision-making through communication, positive verbal guidance, parental encouragement, trust, and emotional support help develop confidence, responsibility, emotional stability, and positive behaviour. This paper aims to understand the how supportive parental guidance and motivation within the family contribute to the overall personal and social development of youth.

Table No.1 Family Dynamics

S.No	Statement	Responses	N=100	Total
1	Conflict Resolution through Discussion in the Family	Strongly agree	12	100%
		Agree	52	
		Neutral	27	
		Disagree	7	
		Strongly disagree	2	
2	Decision–Making through Communication	Strongly agree	26	100%
		Agree	55	
		Neutral	11	
		Disagree	7	
		Strongly disagree	1	
3	Use of Positive Verbal Guidance	Strongly agree	7	100%
		Agree	54	
		Neutral	35	
		Disagree	4	
		Strongly disagree	0	
4	Parental Guidance and Confidence	Strongly agree	13	100%
		Agree	54	
		Neutral	27	
		Disagree	6	
		Strongly disagree	0	
5	Motivation through Encouragement	Strongly agree	22	100%
		Agree	56	
		Neutral	22	
		Disagree	0	
		Strongly disagree	0	
6	Parental Trust Encouraging Responsibility	Strongly agree	9	100%
		Agree	64	
		Neutral	23	

		Disagree	4	
		Strongly disagree	0	
7	Parental Support Helps Emotional Management	Strongly agree	7	100%
		Agree	56	
		Neutral	26	
		Disagree	11	
		Strongly disagree	0	

Source: Primary data

Conflict Resolution through Discussion in the Family: Out of 100 respondents, 52% agreed, and 12% strongly agreed that conflicts in the family are resolved through discussion. This indicates that a majority of families prefer communication and dialogue as a method of resolving disagreements. However, 27% remained neutral, while 7% disagreed and 2% strongly disagreed, suggesting that some families may still experience ineffective communication or unresolved conflicts. These findings show that discussion-based conflict resolution is commonly practised and contributes to healthier family relationships.

Decision-Making through Communication: The data reveal that 55% (55) agreed and 26% (26) strongly agreed that decision-making in the family occurs through communication. This indicates that most families encourage discussion before making decisions. Only 7% (7) disagreed, and 1% (1) strongly disagreed, while 11% (11) were neutral. The finding shows that open communication strengthens mutual understanding and promotes collective decision-making within families.

Use of Positive Verbal Guidance: 54% agreed that positive verbal guidance is used 7% strongly agreed that encouraging and positive language is used in their families. Meanwhile, 35% remained neutral, and 4% disagreed. The responses indicate that although many families practice supportive communication, a considerable proportion of respondents may not experience positive verbal encouragement. Positive verbal guidance is important because it helps improve confidence, emotional stability, and healthy behaviour among family members.

Parental Guidance and Confidence: It indicates that 54% agreed and 13% strongly agreed that parental guidance helps in building confidence. About 27% were neutral, and 6% disagreed. This suggests that parents play an important role in motivating and guiding children, which contributes to the development of self-confidence and better decision-making abilities. The majority response reflects the significance of supportive parenting in personal growth.

Motivation through Encouragement: A large majority of respondents were encouraged positively, with 56% agreeing and 22% strongly agreeing that motivation is provided through encouragement. Notably, no respondents disagreed, while 22%

remained neutral. This finding highlights that encouragement from family members acts as a strong motivational factor and positively influences emotional well-being, confidence, and performance.

Parental Trust Encouraging Responsibility: The responses indicate that 64% agreed and 9% strongly agreed that parental trust encourages responsibility among family members. Around 23% were neutral and only 4% disagreed. This indicates that when parents trust their children, it promotes independence, accountability, and responsible behaviour. Trust within the family therefore contributes to stronger relationships and personal development.

Parental Support Helps Emotional Management: The responses related to parental support show that 56% (56) respondents believe parental support helps in managing emotions effectively. The positive responses indicate that emotional support from parents contributes to emotional stability, stress management, and healthy coping mechanisms. This demonstrates the important role of supportive family relationships in emotional development and psychological well-being.

Influence of parenting style

The influence of parenting style on the development and behaviour of youth includes Parental support of opinions and open parental expression, which create a healthy environment of trust, communication, and emotional security. Monitoring academic and social life reflects parental involvement and guidance, and motivation through discussion. This paper aims to understand the influence of parenting style among youth.

Table No. 2 Influence of Parenting Style

S.No	Statement	Responses	N=100	Total
1	Parental Support on Opinions	Always	15	100%
		Often	30	
		Sometimes	37	
		Rarely	14	
		Never	4	
2	Open Parental Expression	Always	14	100%
		Often	25	
		Sometimes	30	
		Rarely	20	

		Never	11	
3	Monitoring Academic and Social Life	Always	23	100%
		Often	41	
		Sometimes	19	
		Rarely	15	
		Never	2	
4	Motivation through Discussion	Always	15	100%
		Often	35	
		Sometimes	41	
		Rarely	7	
		Never	2	

Source: Primary data

Parental Support on Opinions: The data show that 37% (37) of respondents stated that parents sometimes support their opinions, while 30% (30) stated that they often receive support and 15% stated always. However, 14% responded rarely and 4% never. These findings indicate that although parental support is present in many families but it may not always be consistent. The results suggest that supportive parental attitudes help individuals feel valued and confident in expressing their views and opinions.

Open Parental Expression: The data show that 30% (30) of respondents stated that parents sometimes express themselves openly, while 25% (25) answered often and 14% (14) always. At the same time, 20% (20) indicated rarely and 11% (11) never. This shows that communication openness varies across families. The findings imply that while some parents maintain healthy communication with their children, others may have limited emotional expression, which can affect trust and understanding within the family.

Monitoring Academic and Social Life: The majority of respondents acknowledged parental involvement in monitoring academic and social activities. About 41% (41) answered often and 23% (23) always, while 19% (19) reported sometimes. Only 15% (15) stated rarely and 2% (2) never. This indicates that most parents actively guide their children's educational and social lives. Such monitoring is important because it helps promote discipline, academic performance, and positive social behaviour.

Motivation through Discussion: The findings indicate that 15% (15) of the respondents stated that parents always motivate through discussion, while 35% (35) of the respondents stated that they often get motivation through discussion, which

shows that communication and discussion are used by parents as a means of motivating family members. While 41% (41) state sometimes, 7% (7) rarely and 2% (2) never motivate, which indicates that there is a communication gap. Positive responses indicate that discussions within the family encourage problem-solving, confidence-building, and emotional support.

Suggestions

1. Strengthen Open and Consistent Communication: Families should focus on improving the quality and consistency of communication. Encouraging children to express their opinions freely and resolving misunderstandings through discussion can improve academic performance, emotional well-being, and social relationships.
2. Encourage Participative Decision- Making: Parents should involve children in decisions related to education, career, and personal matters. This will enhance confidence, responsibility, and independent thinking among youth
3. Enhance Emotional Expression along with Support: While emotional support is present, parents should also focus on openly expressing affection and empathy. This can strengthen emotional bonds and improve mental health outcomes

Conclusion

This study shows that family dynamics are the biggest influence on youth development in Viswema Village. Bridging this gap with open dialogue, ongoing parenting awareness, and active community supports unlocks the full potential of Viswema's families and builds a stronger foundation for healthy, responsible youth development in Nagaland. The analysis of the data indicates that parenting styles significantly influence the behaviour, cognition, and overall development of youth. The findings also show that parental supervision and discipline are standard procedures in many households.

The study concludes that a balanced parenting style, which combines guidance, discipline, open communication, and emotional support, has the most positive impact on youth development. Such an approach encourages healthy relationships within the family and promotes responsible, confident, and independent behaviour among children.

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Impact of School Dropout and Its Challenges on Employability: A Study of Old Showuba Village, Niuland District

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Abstract

Education plays a vital role in shaping employability, social mobility, and sustainable livelihood opportunities. However, school dropout remains a major challenge in rural communities, particularly among economically and socially vulnerable youth. This study examines the impact of school dropout and its challenges on employability with special reference to Old Showuba Village, Niuland District, Nagaland. The study adopts a quantitative research method using a descriptive design. Data were collected from 100 respondents, comprising 80 school dropouts, 10 parents or guardians, and 10 teachers, using structured questionnaires. The findings indicate that financial difficulties, lack of interest in studies, family-related responsibilities, and academic challenges are major causes of school dropout. The study further shows that school dropout negatively affects employment opportunities, income level, self-esteem, and long-term career growth. Most respondents experienced job rejection due to low educational qualifications and a lack of employable skills. Despite these challenges, many respondents expressed willingness to continue their education or participate in skill development programmes. The study concludes that reducing dropout rates and strengthening vocational training are essential for improving employability and socio-economic development among rural youth.

Keywords: *School Dropout, Employability, Youth, Rural Education, Livelihood*

Introduction

Education is widely recognized as a fundamental pillar for human capital formation, offering individuals the necessary skills, knowledge, and social networks to navigate the complexities of the modern labour market (Becker, 1993). The phenomenon of school dropout, which refers to students prematurely terminating their formal education before completion, poses a significant threat to individual potential and community stability, leading to cycles of poverty and marginalization (UNESCO, 2019).

School dropout does not arise from a single cause but results from a combination of personal, family-based, school-related and socio-economic influences. The study found that low household income, unstable home environments, and lack of academic

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support at home significantly increase the risk of students discontinuing schooling (Abotsi et al 2018).

Parental literacy and educational attitudes play a crucial role as well. When parents have little understanding of formal education or do not prioritize schooling, children face greater pressure to leave school for domestic activities, agriculture, or wage labour. Cultural norms, early marriage, peer influence, and substance use are additional social drivers found to push adolescents away from academic pathways (Bhatt & Arul, 2019).

The researcher aims to understand why there is a large number of school dropouts in Old Showuba Village. These youth are either unemployed or employed as domestic helpers. These limited and often unstable forms of unemployment suggest that school dropout directly affects young people's chances of achieving sustainable income and job security. Without sufficient education, many individuals are excluded from formal employment opportunities, resulting in cycles of poverty and dependence. Understanding the factors that contribute to school dropouts and how dropping out affects employability is crucial for creating effective interventions.

This study aims to clearly identify the causes and consequences of educational discontinuity and employment challenges among youth in Old Showuba Village. The findings may provide local educational authorities, community leaders, and policymakers with insights to design strategies aimed at reducing dropout rates, improving employability, and promoting sustainable development within the community.

Review of Literature

India's education system is one of the largest in the world, with over 250 million students enrolled in primary and secondary schools. Despite policy progress and sustained public investment, school dropout continues to be a pressing national concern, particularly in rural, tribal, and economically weaker regions. Dropout not only disrupts the individual learning trajectory but also constrains national economic growth by reducing the productive labour pool and widening socio-economic inequalities (Bhattacharya & Ghosh. 2022).

Trends and Determinants of School Dropout

1. **Economic Factors:** Poverty remains the most pervasive determinant of school dropout globally. In low- and middle-income countries, the direct and opportunity costs of schooling often compel children to leave school early. Families in economic distress may depend on children's labor to supplement income or manage household duties, leading to premature withdrawal from school. A cross-country analysis found that children from the poorest 20 per

cent of households are five times more likely to drop out than those from the wealthiest quintile. (Patrinos. 2018)

2. **Social and Cultural Factors:** Cultural norms, especially those relating to gender roles, often influence school retention. In several developing countries, early marriage, domestic responsibilities, and gender discrimination prevent girls from completing their education. Studies in South Asia and Sub-Saharan Africa reveal that female dropout rates rise sharply during adolescence. Similarly, marginalized ethnic minorities, migrants, and refugees face linguistic barriers and discrimination that reduce educational continuity (Dryden Peterson, 2020).
3. **Institutional and School-Related Factors:** School infrastructure, quality of instruction, teacher absenteeism, and curricular relevance significantly affect dropout rates. UNESCO highlights those overcrowded classrooms, lack of sanitation facilities, and outdated curricula are major push factors. In Latin America, for example, students frequently leave school because they find education irrelevant to future employment prospects (Toranzo, 2019).
4. **Psychological and Individual Factors:** Psychological aspects such as low academic self-concept, lack of motivation, and poor school engagement also correlate with dropout. The self-determination theory proposed has been applied internationally to explain why students disengage when their needs for autonomy, competence, and relatedness are not met within the educational environment (Deci, 2000).

Magnitude and Trends of School Dropouts in India

India's educational statistics reveal persistent attrition, especially between upper-primary and secondary levels. According to the Unified District Information System for Education (UDISE+) 2023-24, the national average dropout rate stands at 1.5 percent in primary, 2.6 percent in upper primary, and 13.8 percent in secondary education (Ministry of Education. 2024). Historically, national surveys such as the National Sample Survey (NSS 75th Round, 2017-18) reported that about 13 percent of youth aged 15–24 were neither in employment, education, nor training (NEET), a reflection of both dropout and employability issues (NSO. 2019).

1. **Economic and Household Factors:** Economic hardship is the most cited reason for dropout. The direct costs (fees, uniforms, books) and indirect costs (forgone child labour income) deter poor families from maintaining children in school. Tilak in 2018 observed that children from the poorest quintile were over three times more likely to discontinue schooling than those from the richest households. In rural areas, child labour in agriculture and household enterprises continues to substitute for schooling (Das. 2022).
2. **Socio-cultural and Gender Factors**. Cultural norms play a strong role, especially in rural India where early marriage and domestic responsibilities lead to female dropout. Kundu and Dutta in 2020 found that adolescent girls

often leave school at puberty due to inadequate sanitation, safety concerns, and social stigma. Among tribal communities, traditional livelihoods and migration patterns also disrupt schooling (Nayak & Murry. 2019).

3. **Institutional and School-Related Factors:** School infrastructure quality, availability of teachers, distance to school, learning materials, and classroom conditions directly influences retention. Studies across several states reveal that lack of secondary schools within reasonable distance is a major cause of dropout. Teacher absenteeism, low engagement, and perceived irrelevance of curricula further alienate students (Kumar et al., 2017).
4. **Psychological and Academic Factors**: Poor performance, repetition of grades, and low self-esteem contribute to academic disengagement. Exam centric pedagogy and rote learning discourage weaker students, pushing them out before completion (Kumar et al., 2017).

Dropout and Employability in India

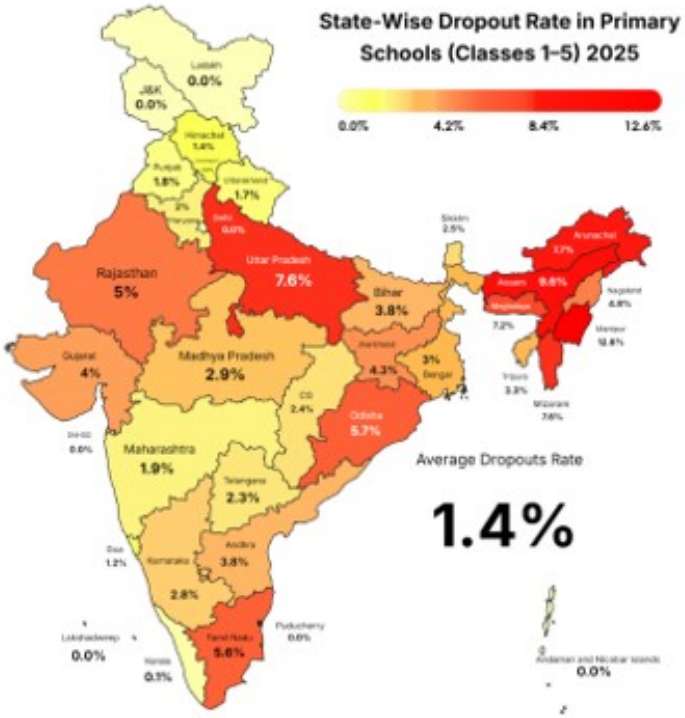
1. **Education–Employment Linkage:** Empirical evidence confirms a robust relationship between education level and employability outcomes in India. The Periodic Labour Force Survey reported that labour-force participation among individuals without secondary education was 36 percent, compared with 55 per cent among those with higher secondary or above (National Sample Survey Office, 2023).
2. **Informality and Skill Mismatch**: India's informal economy absorbs most dropouts, yet offers limited upward mobility. Educational deficiency restricts access to skilled occupations and formal manufacturing or service jobs. As automation advances, even low-skill positions increasingly demand basic literacy and digital competence. The India Skills Report in 2022 highlights that only 48 percent of Indian youth are considered employable, with skill gaps particularly high among early school leavers (NITI Aayog. 2021).
3. **Gendered Employability Patterns**: Gender inequality magnifies employability issues. Female dropouts are more likely to remain economically inactive or confined to unpaid household work. The PLFS 2022-23 indicates that the female labour-force participation rate (LFPR) for women with less than secondary education is only 19 percent, compared with 34 percent for those with tertiary degrees. Social expectations and safety concerns further constrain mobility and job options (Kundu & Dutta. 2020).

India's School Dropout Rates: State-wise

Education serves as India's gateway to a more promising future; however, not every child remains in school. The dropout statistics for India in 2025 indicate that some children exit the educational system prematurely, particularly in specific states. The dropout rates fluctuate significantly from primary (Classes 1–5) to secondary (Classes

9–10) and higher secondary (Classes 11–12) across India's 28 states and 8 Union Territories (UTs).

State-Wise Dropout Rate in Primary Schools (Classes 1–5) 2025



Source: Ministry of Education

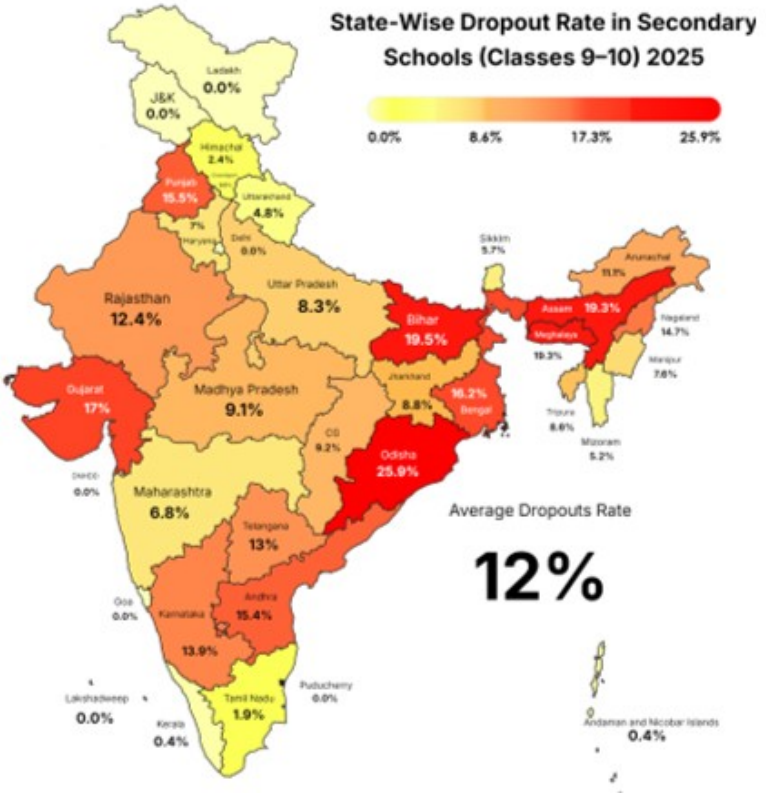
Ranking of school dropout in Primary Schools

Rank	State/Union Territory	Dropout Rate (%)
1	Manipur	12.6
2	Assam	9.6
3	Arunachal Pradesh	7.7
4	Mizoram	7.6
5	Uttar Pradesh	7.6
6	Meghalaya	7.2
7	Tamil Nadu	5.6
8	Odisha	5.7
9	Rajasthan	5
10	Nagaland	4.8

11	Jharkhand	4.3
12	Gujarat	4
13	Andhra Pradesh	3.8
14	Bihar	3.8
15	Tripura	3.3
16	West Bengal	3
17	Madhya Pradesh	2.9
18	Karnataka	2.8
19	Sikkim	2.5
20	Chhattisgarh	2.4
21	Telangana	2.3
22	Haryana	2
23	Maharashtra	1.9
24	Punjab	1.8
25	Uttarakhand	1.7
26	Himachal Pradesh	1.4
27	Goa	1.2
28	Kerala	0.1
29	Andaman and Nicobar Islands	0
30	Chandigarh	0
31	Dadra and Nagar Haveli and Daman and Diu	0
32	Delhi	0
33	Jammu and Kashmir	0
34	Ladakh	0
35	Lakshadweep	0
36	Puducherry	0

The national average for primary school dropout rates in India for 2025 stands at 1.4%, yet Manipur leads with a rate of 12.6%, followed by Assam at 9.6% and Arunachal Pradesh at 7.7%.States like Kerala (0.1%) and Union Territories such as Chandigarh (0%) report nearly no dropouts, attributed to robust educational systems and free schooling. Children in primary education frequently leave to assist with household responsibilities or to work, particularly in rural areas like Uttar Pradesh (7.6%).

State-Wise Dropout Rate in Secondary Schools (Classes 9–10) 2025



Source: Ministry of Education

The dropout rates for secondary schools in India for the year 2025 are alarmingly high, averaging 12%.Odisha stands out with an astonishing 25.9%, followed closely by Bihar at 19.5% and Meghalaya at 19.3%.Many teenagers in these regions often leave school to pursue work or enter into marriage, particularly among girls. The challenges of poverty and the absence of nearby educational institutions severely impact rural communities.

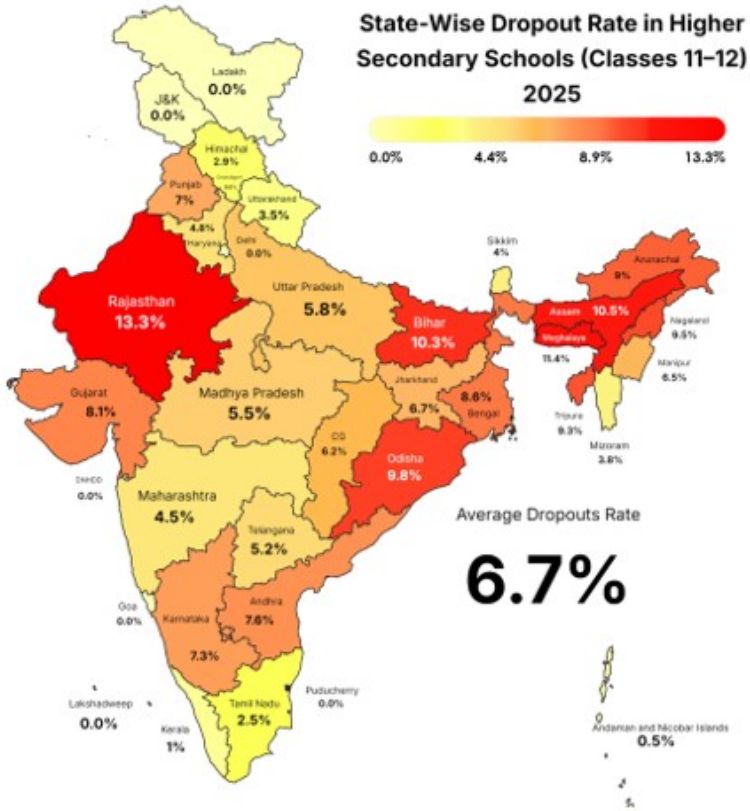
Conversely, Kerala (0.4%) and Chandigarh (0%) manage to retain students in school through superior facilities and initiatives such as free transportation and meal programs. The transition from primary to secondary education illustrates how increased academic demands and familial pressures contribute to student dropout rates.

Ranking of school dropouts in Secondary Schools

Rank	State/Union Territory	Dropout Rate (%)
1	Odisha	25.9

2	Bihar	19.5
3	Meghalaya	19.3
4	Assam	19.3
5	Gujarat	17
6	West Bengal	16.2
7	Punjab	15.5
8	Andhra Pradesh	15.4
9	Nagaland	14.7
10	Karnataka	13.9
11	Telangana	13
12	Rajasthan	12.4
13	Arunachal Pradesh	11.1
14	Chhattisgarh	9.2
15	Madhya Pradesh	9.1
16	Jharkhand	8.8
17	Tripura	8.6
18	Uttar Pradesh	8.3
19	Manipur	7.6
20	Haryana	7
21	Maharashtra	6.8
22	Sikkim	5.7
23	Mizoram	5.2
24	Uttarakhand	4.8
25	Himachal Pradesh	2.4
26	Tamil Nadu	1.9
27	Andaman and Nicobar Islands	0.4
28	Kerala	0.4
29	Chandigarh	0
30	Dadra and Nagar Haveli and Daman and Diu	0
31	Delhi	0
32	Goa	0
33	Jammu and Kashmir	0
34	Ladakh	0
35	Lakshadweep	0
36	Puducherry	0

State-Wise Dropout Rate in Higher Secondary Schools (Classes 11–12) 2025



Source: Ministry of Education

In terms of dropout rates for higher secondary schools in India for 2025, the national average stands at 6.7%.Rajasthan leads with a rate of 13.3%, followed by Meghalaya at 11.4% and Assam at 10.5%.The higher secondary level presents significant challenges—examinations such as the Class 12 boards and the necessity to earn income compel many students to leave.

States like Kerala (1%) and Tamil Nadu (2.5%) perform better due to the availability of more colleges and vocationally oriented courses. Union Territories like Delhi (0%) excel because of urban educational institutions and scholarship opportunities, while rural states continue to struggle.

Ranking of school dropouts in Higher Secondary Schools

Rank	State/Union Territory	Dropout Rate (%)
1	Rajasthan	13.3
2	Meghalaya	11.4
3	Assam	10.5

4	Bihar	10.3
5	Odisha	9.8
6	Nagaland	9.5
7	Tripura	9.3
8	Arunachal Pradesh	9
9	West Bengal	8.6
10	Gujarat	8.1
11	Andhra Pradesh	7.6
12	Karnataka	7.3
13	Punjab	7
14	Jharkhand	6.7
15	Manipur	6.5
16	Chhattisgarh	6.2
17	Uttar Pradesh	5.8
18	Madhya Pradesh	5.5
19	Telangana	5.2
20	Haryana	4.8
21	Maharashtra	4.5
22	Sikkim	4
23	Mizoram	3.8
24	Uttarakhand	3.5
25	Himachal Pradesh	2.9
26	Tamil Nadu	2.5
27	Goa	2
28	Kerala	1
29	Andaman and Nicobar Islands	0.5
30	Chandigarh	0
31	Dadra and Nagar Haveli and Daman and Diu	0
32	Delhi	0
33	Jammu and Kashmir	0
34	Ladakh	0
35	Lakshadweep	0
36	Puducherry	0

Reasons for Variations in Dropout Rates across States

The variations in dropout rates across Indian states in 2025 can be attributed to several factors:

- Poverty: In states such as Bihar and Odisha, children often leave school to work in agriculture or retail.

- Schools: Kerala and Tamil Nadu boast a high number of educational institutions, whereas Manipur and Arunachal Pradesh have significantly fewer, particularly in rural areas.
- Gender: In regions like Rajasthan and Uttar Pradesh, girls frequently drop out due to early marriage, although initiatives like Beti Bachao Beti Padhao are making a difference.
- Jobs: In industrialized states such as Gujarat (17% secondary dropout), adolescents often opt for factory employment over continuing their education.

Challenges of Employability for School Dropouts

According to Mkumbo (2020), many youths who exit formal education early have minimal exposure to vocational training, ICT knowledge, and professional etiquette, which reduces their suitability for skilled employment. Without foundational academic grounding, they also find it difficult to acquire new competencies, thereby widening the gap between themselves and formally educated peers.

The absence of certification and weak professional networks are further obstacles. Shakya and Kishore (2021) observe that many employers use educational qualifications as a screening tool; thus, individuals without proof of schooling completion are often overlooked regardless of their abilities. Limited access to employment information, career guidance and formal recruitment channels also contributes to continued unemployment or under employment among this group.

These challenges indicate that school dropouts not only face immediate constraints in securing work but also long-term disadvantages that affect economic mobility and social wellbeing. Strengthening second-chance learning programmes, vocational training, and community-based skill development may help improve employability outcomes for this population

Methodology

In this paper the researcher employed a quantitative approach to gain a thorough understanding of the impact of school dropouts. A descriptive research design was utilized to offer a detailed picture of the subject by outlining the characteristics, behaviours, and attitudes of participants. The research was conducted in Old Showuba Village, Niuland District, Nagaland with 100 respondents. The target population consisted of youth aged 16–20 years who had discontinued formal education during the academic years 2024–2025, which consist of 80 school dropouts, 10 parents or guardians, and 10 teachers. The researcher used probability sampling with Simple random sampling technique to ensure equal representation among participants. Primary data were collected through structured questionnaires and interviews, while secondary data were gathered from books, journals, reports, and

academic articles. The collected data were analysed using MS excel which helped in interpreting the data collected from the respondents. Ethical considerations such as informed consent, confidentiality, and cultural sensitivity were maintained throughout the research process.

Analysis and Findings

Factors contributing to school dropouts

The reasons for dropout often differ from one child to another, depending on their individual circumstances and background. Understanding these contributing factors is essential for identifying the root causes of dropout and developing effective strategies to reduce it and improve students' retention in education. This paper aims to understand the factors contributing to school dropouts.

Table No. 1: Factors contributing to school dropouts

S.No	Respondents	Factors	Responses	No. of Respondents		N=100
				N=100	Percentage	
1	Dropouts Student N=80	Main Reason for Dropout	Lack of interest	24	30%	80
			Family responsibility	17	21%	
			Academic difficulty	11	15%	
			Health issue	12	14%	
			Financial issue	9	11%	
			Other	7	9%	
2	Parents/Guardian N=10	Reason for the child's dropout	Lack of interest	4	40%	10
			Academic difficulty	3	30%	
			Financial	3	30%	
3	Teachers N=10	Common dropout reasons	Lack of interest	4	40%	10
			Family responsibility	4	40%	
			Financial	2	20%	

Source: Analysis of primary data

The table presents the major factors responsible for school dropout as identified by dropout students, parents or guardians, and teachers. The findings reveal that lack of interest is the most significant reason for dropout across all respondents

Among the 80 dropout students, 24 respondents (30%) identified lack of interest as the primary reason for leaving school, making it the highest contributing factor. This suggests that many students may feel disengaged from academic activities or may not

see the relevance of education in their daily lives and future opportunities. Family responsibility was the second major factor, reported by 17 respondents (21%). This indicates that students are often required to help in their families' household work, caregiving, or income-generating activities, which affects their ability to continue schooling.

Health issues accounted for 12 respondents (14%), showing that physical or mental health problems also influence school discontinuation. Academic difficulty was reported by 11 respondents (15%), indicating that some students struggle to cope with academic demands, leading to frustration and eventual dropout. Financial issues were identified by 9 respondents (11%), reflecting the economic challenges faced by families in supporting education-related expenses. The remaining 7 respondents (9%) mentioned other reasons for dropout.

The responses from parents and guardians further support these findings. Out of 10 respondents, 4 parents or guardians (40%) stated that lack of interest was the major reason for their child's dropout. Academic difficulty and financial problems were each identified by 3 respondents (30%). This suggests that parents recognize both motivational and economic barriers affecting children's education.

Similarly, the teachers' responses highlight the same concerns. Among the 10 teachers, 4 respondents (40%) identified lack of interest as the most common dropout reason, while another 4 respondents (40%) pointed to family responsibility. Financial problems were identified by 2 teachers (20%). Teachers' views indicate that student motivation and family obligations are key issues contributing to dropout.

The analysis shows that lack of interest is the leading factor behind school dropout, followed by family responsibility, academic difficulty, health issues, and financial problems. The consistency of responses among dropout students, parents, and teachers indicates that dropout is a multidimensional issue influenced by personal, educational, family, and socio-economic factors. Therefore, measures such as student counselling, awareness programmes, parental support, financial assistance, and engaging teaching methods are essential to reduce dropout rates and improve educational retention.

Impact of school dropouts

School dropout has serious long-term impacts on personal, social, and economic life. It limits access to employment opportunities, reduces employable skills, and often leads to job rejection or unstable income sources. The paper aims to understand how school dropout negatively affects both individual development and broader social progress.

Table No. 2 Impact of school dropouts

S.No	Respondents	Impact	No. of Respondents		N=100
			Responses		
			Yes	No	
1	Dropout Students (N=80)	Job Rejection due to Education	91% (73)	9% (7)	80
		Challenges Finding Employment	86% (69)	14% (11)	
		Emotional Impact on Future	79% (63)	21% (17)	
		Lack of Employable Skills	75% (60)	25% (20)	
2	Parents/Guardian(N=10)	Reduced Child's Future Opportunities	100% (10)	0	10
		Rejection due to low Education	90% (9)	10% (1)	
		Work skill Deficiency	70% (7)	30% (3)	
		Increased Family Stress	60% (6)	40% (4)	
3	Teachers (N=10)	Career growth limitation	100% (10)	0	10
		Lack of guidance	90% (9)	10% (1)	
		Parental support in schooling	90% (9)	10% (1)	
		Lack of employable skills	90% (9)	10% (1)	

Source: Analysis of primary data

The data highlights a strong and consistent perception among dropout students, parents/guardians, and teachers that school dropout significantly affects employability, skill development, and future opportunities.

Among dropout students, a very high proportion (91%), 73 respondents indicate job rejection due to low education, followed by (86%), 69 respondents facing challenges in finding employment. A notable (79%) 63 respondents reported an emotional impact on their future, indicating that dropout affects not only economic prospects but also psychological well-being. Additionally, (75%) 60 respondents identified a lack of employable skills, showing a clear skill gap as a major consequence of early school leaving.

In the case of parents/guardians, all respondents (100%) 10 respondents agreed that dropout reduces a child's future opportunities, reflecting strong awareness of long-term consequences. (90%) 9 respondents reported job rejection due to low education, while (70%) 7 respondents showed skill deficiency, and (60%) 6 respondents experienced increased family stress, suggesting that dropout also creates social and emotional pressure within households.

Among teachers, 10 respondents (100%) indicated career growth limitations for dropouts. 90% (9 respondents) indicated that issues such as lack of guidance, insufficient parental support, and lack of employable skills, as well as familial and institutional factors, result in dropout.

Suggestions

1. Provide scholarship schemes and financial assistance for economically disadvantaged students.
2. Strengthen counselling and mentoring services to improve student motivation and academic confidence.
3. Introduce vocational and skill-based training programmes for school dropout youth and increase parental awareness regarding the long-term importance of education.
4. Enhance school infrastructure, teaching quality, and learning support systems and create community-based employment and entrepreneurship programmes for rural youth.

Conclusion

The study suggests that addressing the issue of school dropout requires a combined effort from educational institutions, families, communities, and government agencies. Strengthening financial assistance, providing academic and career guidance, promoting skill development, and increasing awareness about educational opportunities can help reduce dropout rates and support the development of young individuals. Ensuring access to education and creating supportive learning

environments will contribute to the personal growth of students and the social and economic development of the community.

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Impact of Sunflower Drug Addiction among Students in Dimapur, Nagaland

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Abstract

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Drug abuse among students has become a significant concern, particularly within educational settings. There are several types of conflicts which cause the individuals to abuse drugs and various other substances. Several studies indicate that onset of substance taking behaviour is frequently associated with stress which is precipitated by family disruptions, control or management issues, or losses of facilities or family members (Bennett, 1995). This study focused on the rising trend of sunflower drug consumption among students in with an aim to assess the intra-personal conflict due to various factors and drug abuse. A mixed-methodology approach was adopted, combining descriptive and objective study designs in a research paper helps to clearly show what is happening and explain why it is happening. This makes the findings more complete, accurate, and useful. It also helps people understand the results better and make informed decisions based on them. The snowball sampling technique was used to identify and select 30 respondents for this study. The results revealed a concerning pattern of drug used, with peer pressure being one of the leading factor. The curiosity-driven experimentation often led to the usage of drug, eventually contributing to addiction. The study revealed that the most vulnerable age group for sunflower drug consumption starts from 16-19 years which had negative effects on their academic performance and overall mental well-being. Many respondents reported difficulty concentrating, declining grades, and increased stress, which were connected to their drug usage. Therefore, to help students stop using drugs, schools and communities should give regular talks and guidance on the dangers of drug use and ways to deal with stress. Support groups and helpful mentors can guide students to make better choices. Fun and useful activities like sports, learning new skills, and hobbies can also keep them busy and away from bad influences.

Keywords*: Substance Abuse, Sunflower Drugs, Students, Mental health*

Introduction

In our increasingly complex world, individuals often face intense internal struggles that shape their behaviour and decision-making. These struggles, known as intra-personal conflicts, can be marked in various forms, from emotional disorder to

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cognitive disagreement, influencing how individuals interact with themselves and the world around them. One of the most concerning consequences of such internal battles is the development of addiction, a psychological condition where individuals become dependent on substances or behaviours that offer temporary relief but lead to long-term negative outcomes.

Addiction, in all its forms, is a powerful force that can disturb lives, relationships, and even societal structures. Among the various substances of abuse, the "Sunflower Drug" has appeared as a particular point of concern in recent years. This drug, often associated with a complex mix of both physical and psychological addiction has sparked critical conversations regarding its effects on individuals' well-being. The term "Sunflower Drug" represents not only a substance but also a broader image for the sequences of distraction and self-destructive behaviours that individuals often turn to in the face of inner conflict.

This paper explores the connections of intra-personal conflict and addiction, with a specific focus on the "Sunflower Drug" as a symbol of addictions psychological grip. By understanding the distinctions of internal conflict, the changing aspects of addiction, and the particular impact of this substance, we can better address the root causes of addiction and develop strategies to moderate its harmful effects on individuals and society.

The rising use of the Sunflower drug among students in Dimapur District reflects a growing concern, as drug use is increasingly seen as a lifestyle choice rather than a serious health risk. This trend may be linked to **intra personal conflict**, such as emotional distress, identity struggles, and psychological pressures faced by students. Understanding this connection is vital, as it can help identify the root causes of addiction and guide the development of effective awareness, prevention, and support strategies. This study aims to explore how intra personal conflict contributes to drug addiction, with the goal of promoting healthier coping mechanisms among youth.

Dimapur District was chosen for this study because it represents a dynamic, growing area with a diverse student population. As the commercial hub of Nagaland, Dimapur is home to many educational institutions, which makes it an ideal location to explore the impact of addiction on students. The district has seen increasing concerns over substance abuse, particularly among young people, making it highly relevant to study how intra-personal conflicts and societal pressures contribute to addiction in this community.

Additionally, Dimapur has been experiencing rapid growth, which brings both opportunities and challenges. Students in this area face pressures related to academic performance, peer influence, and family expectations, which can contribute to mental and emotional stress, leading to higher vulnerability to substance abuse. The specific focus on Dimapur allows for a deeper understanding of how local socio-cultural factors, combined with broader global trends in substance abuse, are affecting students in this region.

According to (Musani, 2024) substance abuse should not be taken lightly, as it involves the excessive or improper use of alcohol, prescription drugs, and other substances. Unlike addiction which is a chronic disease people with substance abuse issues may still be able to change their behaviour. The paper highlighted that peer pressure significantly influences students' attitudes toward drugs and alcohol, and this effect is consistent across academic streams Science, Commerce, and Arts. There was no significant difference based on gender or age, as both male and female students, mostly undergraduates, were equally affected by peer pressure. The findings suggest that peer influence plays a key role, and when directed positively, it can help steer students away from harmful behaviours.

Literature Review

According to (Khattak, 2012), there are a variety of factors that can contribute to drug use illegally, including tension from any area of life; sadness or unhappiness brought on by circumstances at home or at work; hanging around with friends who use drugs; and an attempt to lead a modern lifestyle. According to the 2001 National Household Survey on Drug Abuse (NHSDA) data, Americans 18 to 25 years of age reported the highest prevalence of illicit use of prescription drugs relative to other age groups (Office of Applied Studies, 2002). There is growing evidence that the illicit use of prescription drugs has been increasing in the past decade among U.S. undergraduate college students and is second only to marijuana as the most common form of illicit drug use.

Undergraduate college students are usually responsible for their own medication management and thus, prescription drugs may be readily diverted. In addition, a recent study suggests that prescription drugs, which can be misused for recreational purposes, are widely available to adolescents and young adults on the Internet.(McCabe, 2005).According to (Koob, (2010) iintrapersonal conflict in addiction typically involves moral and psychological dilemmas where individuals feel torn between the immediate gratification that substance use provides and the awareness of the long-term negative effects. The self-awareness of the harmful consequences of addiction may create feelings of guilt, shame, and frustration, reinforcing the cycle of substance dependence. In the case of **Sunflower Drug**, individuals may experience heightened internal struggles due to its stigmatized nature, affecting their ability to make clear decisions regarding their behaviour.

Teenage drug usage is a growing issue that has recently drawn attention from the media. In contemporary society, alcohol consumption is very common, and teenagers who use drugs do so for a variety of reasons, including easy access to chemicals. Adolescents also use marijuana, lean, cigarettes, over-the counter cough and cold remedies, and other drugs to varied degrees. Adolescents from one location seemed to have a higher drug participation rate than their counterparts from another (Johnson, 2019).

As stated by (Armstrong, 2014). In Northeast India's Manipur and Nagaland, injectable drug usage is associated with risky sexual behaviour at all age ranges. Among the states in India with the highest rates of HIV prevalence are Manipur and Nagaland, where the use of injectable drugs without proper supervision has significantly contributed to the spread of the virus. Compared to 0.3% nationwide, the adult HIV prevalence in Manipur and Nagaland was reported to be 1.4% and 0.8%, respectively, in 2009. Based on government sentinel surveillance data from 2010–11, the estimated HIV prevalence among PWID was 2.2% in Nagaland and 12.9% in Manipur.

According to (Griffiths, 2005) Conceptualizing addiction has been a matter of great debate for decades. Although the opening quote is not recent, it still holds true despite the enormous amount of research into addictive behaviours. Any conceptualization of addiction has implications for several groups of people (e.g., addicts, their families, researchers, practitioners, policy-makers etc.). Obviously, the needs of these groups may not be equally well served by certain models, and in some cases there will be absolute incompatibility. Any framework for the conceptualization of addiction must allow for the bottom-up development and integration of theory by each of these groups – that is, it must be flexible, accountable, integrative and reflexive. For many people the concept of addiction involves taking of drugs (e.g. Walker, 1989; Rachlin, 1990). Therefore it is perhaps unsurprising that most official definitions concentrate on drug ingestion.

As stated by (Karmakar, 2023) Drug addiction is a major public health and social issue, disrupting family values and contributing to serious problems such as domestic violence, divorce, suicide, and criminal behaviour. It is often linked to school and college dropouts, theft, prostitution, corruption, unemployment, and road accidents, claiming many young lives in the process. Addiction causes both mental and physical health issues, impairing an individual’s ability to function in family, work, and social settings. Health risks include tuberculosis, kidney failure, liver damage, and increased vulnerability to HIV/AIDS and Hepatitis B/C, especially with intravenous drug use. Pregnant women who use drugs risk complications such as neonatal abstinence syndrome, which can lead to serious health issues in new born.

Methodology

The researcher used mixed-methodology approach, incorporating both qualitative and quantitative research designs. This combination allowed for an inclusive exploration of the issue, utilizing descriptive methods to capture detailed and appropriate insights alongside objective methods to provide realistic data. This approach enabled a well-rounded understanding of the subject matter from multiple perspectives.

Sampling Size: The study involved 30 respondents. Dimapur District was selected as the research site due to the significant and rapid increase in the consumption of

sunflower drugs within the area. This trend made the district an ideal location for exploring the issue in depth

Data Analysis: Data for this study was collected through both primary and secondary sources. The primary data was gathered directly from respondents using a semi-structured interview schedule, allowing for in-depth responses and flexibility during interviews. Secondary data was sourced from relevant journals, books, articles, and newspapers. Ethical considerations were carefully observed throughout the research, including ensuring the confidentiality and privacy of all participants. The data was analysed using Statistical Package for Social Science and MS Excel. These tools were engaged to process and analyse the data effectively, allowing for a clear interpretation of the results.

Findings

Table 1 Age of the Respondent

Age group	No. of respondent	Percentage
19 - 23 years	14	46.7%
24 and above	16	53.3%
Total	30	100%

Source: Field Survey

Table 1 Illustrates the age distribution of the respondents participating in the study. According to the data, the majority of the respondents 53.3%, (N= 16) fall within the age group of 24 years and above, while 46.7% (N = 14) are within the age group of 19 to 23 years. This suggests that, within the scope of the current study, students in the younger adolescent age range were either not involved in Sunflower drug use or were not captured during the data collection process. The absence of respondents in this age group may indicate that drug use, particularly the use of the Sunflower drug, is more prevalent among older youth and young adults in the Dimapur District. It may also reflect limitations in access to younger participants or their reluctance to disclose such information.

Table 2 Procurement of Sunflower Drug

Sources	No. of respondent	Percentage
Friends	13	43.3%
Dealers/Paddlers	17	56.7%
Total	30	100%

Source: Field Survey

Table 2 presents data on the sources through which respondents obtain the Sunflower drug. According to the findings, 56.7% (N = 17) of the respondents reported receiving drugs directly from drug dealers operating in and around Dimapur. Several respondents indicated that drug dealers are easily accessible throughout the district, and even across Nagaland, emphasizing that drugs can be obtained without difficulty, especially by those who have strong connections. Meanwhile, 43.3% (N = 13) of the respondents stated that they acquire drugs through friends, who in turn obtain them from their own dealers. These findings highlight the widespread availability and accessibility of the Sunflower drug in the region, which may contribute to its continued use among students.

Table 3 Inception of Drug use

Age	No. of respondents	Percentage
16-19 years	15	50%
20-23 years	14	46.7%
24 and above	1	3.3%
Total	30	100%

Source: Field Survey

Table 3 presents the age at which respondents first began using the Sunflower drug. The data reveals that half of the respondents (50%) N=15 initiated drug use between the ages of 16 and 19. Additionally, 46.7% N=14 reported starting drug use between the ages of 20 and 23, while a smaller proportion (3.3%) N=1 began using drugs at the age of 24 or above. The findings suggest that drug initiation commonly occurs during late adolescence and early adulthood, a period often marked by increased emotional vulnerability, identity exploration, and exposure to peer influence.

Table 4 Common reasons for drug consumption

Reasons	No. of participants	Percentage
Gives good rest	11	36.7%
Enhance confidence	2	6.7%
Relief from stress and anxiety	17	56.7%
Total	30	100%

Source: Field Survey

Table 4 presents the common reasons cited by respondents for consuming the Sunflower drug. According to the data, the majority of respondents (56.7%) N = 17

reported using the drug as a means to relieve stress and anxiety, highlighting its perceived role as a coping mechanism for emotional or psychological distress. Additionally, (36.7%)N = 11of the respondents indicated that they consume Sunflower drug because it helps them achieve better rest or sleep. A smaller portion, (6.7%) N = 2 stated that drug use enhances their confidence after consumption.

Table 5 Experience after consuming drug

Experience	No. of Participants	Percentage
Relax	22	73.3%
Confident	4	13.3%
Drowsiness	2	6.7%
Hyper Active	2	6.7%
Total	30	100%

Source: Field Survey

Table 5 illustrate the different psychological and physical effects experienced by respondents after consuming the Sunflower drug. A significant majority (73.3%) N = 22 reported feeling relaxed, suggesting that the drug is primarily used as a means of stress relief. Additionally, (13.3%) N = 4 of the respondents stated that they felt more confident after consumption, while 6.7% experienced drowsiness, and another (6.7%) N = 2 reported feeling hyperactive. These varying responses indicate that the Sunflower drug has diverse effects on users, potentially influenced by their emotional state and internal conflicts at the time of use. The high percentage of respondents using the drug for relaxation further supports the connection between intra personal conflict—such as anxiety, emotional unrest, or psychological tension and the tendency to rely on substances as a coping mechanism.

Table 6 Have you taken treatment in Rehabilitation Centres

Treatment in rehabilitation centre	No. of respondents	Percentage
Yes	11	36.4%
No	19	63.6%
Total	30	100%

Source: Field Survey

Table 6 presents data on respondents' experiences with rehabilitation centres. The findings indicate that a majority of the respondents (63.6%) N = 19 have never attended or undergone rehabilitation, suggesting limited exposure to formal recovery

support systems. In contrast, (36.4%) N = 11 of the respondents reported having experienced rehabilitation at some point in their lives, primarily as an effort to overcome negative addiction and initiate personal transformation.

The study also found that regular awareness programs on the dangers of drug use and stress management, conducted by schools and communities, play a crucial role in preventing substance abuse among students. Additionally, support groups and mentorship were identified as effective in guiding students toward healthier choices. Engagement in constructive activities like sports, skill development, and hobbies was also shown to help students stay occupied and avoid negative influences.

Several key insights emerged from the data, particularly regarding the causes of intra-personal conflict that contribute to addiction. Common factors included feelings of stress, emotional instability, and unresolved trauma. Many respondents identified a lack of handling mechanisms and a desire for escape as central to their addiction. The conflict within themselves often stopped from an internal struggle to manage these emotions, leading them to turn to substances like sunflower drugs as a temporary solution.

Discussion

Interpretation: The results of this study provide important insights into the rising consumption of sunflower drugs in Dimapur District. The findings highlight significant intra-personal conflicts, such as emotional distress and stress, as key drivers of addiction in the area. This aligns with broader patterns observed in other regions but also reflects unique local challenges, such as limited access to mental health resources and societal pressures. When compared to existing literature, the results are consistent with studies that suggest addiction is often rooted in complex personal and socio-economic factors. However, this study also adds a unique perspective by focusing specifically on Dimapur, where the rapid increase in substance abuse appears to be a growing public health concern that requires immediate attention and intervention.

Implications The findings of this research have several important implications. Socially, the rising consumption of sunflower drugs in Dimapur underscores the need for community-based interventions to address the root causes of addiction, such as stress and emotional distress. Psychologically, the study highlights the importance of mental health support and coping mechanisms to reduce intra-personal conflicts that often lead to substance abuse.

From a policy perspective, these findings can inform local education systems, mental health professionals, and policymakers. Schools can integrate mental health education and stress management programs to better equip students with coping strategies. Mental health professionals can focus on early intervention and provide targeted support to individuals struggling with emotional and psychological issues. Policymakers can use this data to advocate for stricter regulations on drug

distribution, along with enhanced public health campaigns and community outreach programs to raise awareness about the dangers of substance abuse

Conclusion

In conclusion, this study highlights the rising consumption of sunflower drugs in Dimapur District, driven largely by intra-personal conflicts such as stress, emotional instability, and unresolved trauma. The findings reveal that these personal struggles, coupled with limited coping mechanisms, contribute significantly to the increasing addiction rates in the area. The research underscores the urgent need for targeted interventions, including mental health support, community-based programs, and policy changes to address the root causes of addiction.

Based on the findings of this research, several suggestions can be made to help address the rising issue of addiction in Dimapur District. Firstly, there is a clear need for counselling services in schools to support students in managing intra-personal conflicts such as stress and emotional instability. By providing students with access to professional mental health services and stress management programs, schools can help prevent the development of addictive behaviours. Additionally, local communities would benefit from increased awareness and outreach programs that focus on substance abuse prevention and emotional well-being. Mental health professionals should be more accessible and involved in community-based interventions to address the root psychological causes of addiction. Finally, policymakers should consider implementing stronger regulations around drug distribution and investing in public health campaigns to educate the population about the risks of substance abuse and the importance of seeking help for mental health issues.

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The Growth Dimension of Good Road and Infrastructure as Income Earner and Employment Generation since Time Immemorial

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Abstract

There is intuitive fact that roads are the sporadic streamlined buildings blocks of every progress and constant changing scenario of the modernism with yesteryear. The intermingling and relentless effort of people sentiment together moral responsibilities in exchange, production mix and consumerism episode accorded with top priority and a stability for income growth as well as employment generation at all nations vertically and horizontally integrated. Nothing sort of great achievement can be made possible without the logistic growth of roads dimensions in the form of land routes, airways, and waterways. The share sovereignty and emancipation of one people, one unique earth and solidarity to stick together deepening ties in global issues like terrorists strike, sound governance, and environmental hazards in tandem with business and political ethics, the technology driven and information hubs penetrating direct and indirect frontline reckoning on the better connectivity that drives forward a welfare oriented state to ignited hike. There are many countries still deprived of such lifeline and infrastructural bottleneck that keep away from race of human development index and nagging behind in socio-economic complexities that enthuse to be addressed by think tank, stakeholder and government of every nation to fully conform to the endowment of resources which galvanized the need of the present epoch without compromising the need of the poster generation. In short, a country that have adopted advance network of roads and connectivity become a superstructure of civilization on the horizon to its zenith.

Keywords: *Transportation, Infrastructure, Employment Generation, Emancipation*

Introduction:

The state of a country's roads infrastructure is deeply connected to its economic activity since time immemorial to every nation. Production chains and consumption networks, sales and purchases, give and take, going to and fro are possible due to good connectivity and goods infrastructure like the Great Wall of China. Roads are multi-dimensional contributing to the expansion of Primary Sector, Secondary Sector and Tertiary Sector speedily in any part of the world. Roads are of land routes, Water routes and Airways which becomes the engine of growth and development. Besides, road safety rule safe life and save time making congestion and traffic jam free and smooth avoiding danger to risk life. Government and international sectors are a true patrons of road. Roads made transportation easy and ease for goods and services, from single wheels to many wheel vehicles like train and other motors that are plying on road. Road are meant for public safety, and the general quality of life for its

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residents. Better roads reduced accidents and loss of life. Even mad and fast driving safeguard life when roads are good in true spirit (Downing et al., 1991). And people walks through it in Pedestrian footpath and ring road making up a(United Nations Economic and Social Commission for Asia and the Pacific [UNESCAP], 2003)multi-dimensional traffic. Roads are used for post and telegraph, ICT etc., well maintained roads not only reduce travel times but also optimize logistics and enhance tourism, all of which are critical drivers for a flourishing economy. In such scenario, the happiness and sad occasion and demonstrations are carried on roads. Roads becomes an icons or platform as well as open airspace to express public opinions, programme such as concert and political conference and media conference and social upheaval and chaos etc. And people express their voice toward government via roads. Besides road are used for Festivity, sudden demise of human being and emergency services are being carried on with the help of the road. Road becomes the cell membrane to transport resources like forest resources, animal resources , minerals, metals, non-metals, minerals, drugs, pharmaceutical products etc., and is present phenomenon of the real modernized world. Without which development would have been shabby and stagnant. Roads are a sign language of strong commitment and nation building components. Rural roads should be converted like that of urban roads for becoming a developed nation. John F. Kennedy is of the opinion that American roads are good not because America is rich, but America is rich because American roads are good (United Nations Economic and Social Commission for Asia and the Pacific [UNESCAP], 2003). Therefore, when rural people and urban people feels the impacts of good roads everywhere. We will be able to buried the gravity of poverty and become rich nation now or in near future.

Review and overview of roads and its measurement of good roads:-

Many developing nations have been long committed to investing in roads that meet top quality standards. But several developing countries still face significant challenges in improving apart from nation building like corruption and small budgets allocated towards roads projects and at times have spatial and congested cities all round with huge density of population in absence of sky scrapper like (Andziulis, 2013)Dubai and California cities etc.

The two top countries having good road are reviewed here:-

1. Singapore

Singapore ranked first globally, (Znidaric et al., n.d.)Singapore sets the bar with an impressive 6.45 score on the Road Quality Index. Therefore, it brings in lots of revenue and a tourism spots in the world.

2. Switzerland
   Switzerland holds the second spot with a score of 6.36 known for its cleanliness, durability and safer roads keeping free zones from accident via good traffic rules.

Measurement of Roads Quality Index:-

The (Carlsson & Hedman, 1990)Roads Quality Index can be measured by Permanent Condition Index [PCI]. Which ranges from 0(failed) to 100 (excellent).

PQI= W1.PCI+W2.IRI_Score.

Where

1. PCI[0-100]
2. IRI[International Roughness Index] measuring longitudinal unevenness(M/KM)
3. W1, W2: Weighting factors (e.g. in some contexts, roughness accounts for –40 % and distresses for 60% of the rating.

The roads linked up mountain areas to valley dwellers and then to water bodies. People in hills comes in tandem with people in valley not by chance but via a roads. The emotional attachment and balance, caring attitude and feeling of concern and love increases due to better road and infrastructure. All together it created a sense of integrity and unity among diversities. The only way to their infrastructure stay healthy is through primary sectors, secondary sectors and tertiary sectors. Roads becomes means of transportation of balance diets and meet the need for decoration and to beautify the festivity of any religion. The modern living standard are driving cosy car in traffic free broad four lane or many lane. The fast drive in busy street in cities where thousand vehicles no longer traps in traffic. In this connection, in North East rural areas, I can see rightly the opposite congested and small road and people go for mad driving. It also seen that there are no enough good road and lengthy road in rural setting even the cities don't have four lane road in as a long transit of say 10000 km stressing on average. The dynamic concepts of road. The forms of roads are broadly categories into National Highway, State Highway, District road, Village road together with villages linking roads etc. All these roads are pucca and well weather road in cities and town to some 5000 km lengthy on average in North East India. If we are to look beyond this, we usually find uncontested muddy and unplustered road; even when it is plastered it is usually full of cracks and pot hole. (Vita, 2008)The U.S.A., Russia, France, Italy and many other developed countries are considered having good road extremely mesmerizing abreast with gold on the road. For instance having airbus landing at the same time is 10 percent better than developing countries. With respect to water travel, the seaports might have a large no. of cargo, voyage and big ships on international water bodies and ocean bodies. In developed nation when there might be many railheads at one stations. Whereas we do have less rail head in one station. The other areas are speed of vehicles and thickness of roads and international sea routes over the ocean the city under oceans, the drainage system are equally good in developed nations. The pipe system of LPG, the wire ring of electricity underground and all these are a dynamics system of roads in modern society. As fast as we can, we must try to reduce time in transportations of man and materials. The development of bullet trains in every railway routes becomes a necessary evils. The reduction in flight say from 10 hours journey to 5 hours and to

use time optimally in production process like the law of variable input and the long run variables input of Labor and Capital giving rise to increasing return to scale using Isoquant curve. The consumer a sovereign entity should buy as fast as possible from the market the maximum amount of goods in monetary transaction. There should be no more queue to make a payment more skill and technical staff and scientific smart shopping is required. For instance we give a list of standardized goods and the care taker or agent working in the shopping mall will do auto billing and deliver to customer all things in rapidity. The roads in country like USA, Russia, Japan, China, Dubai and England are road are immensely big and wide. The question now is roads are a very foundation of a (Organisation for Economic Co-operation and Development [OECD], 2018) nation's pride and status of good apartment, cities of skyscraper make a complete sense of sovereignty and foundation of all developmental aspects. Therefore, in India, the Centre and the state government have to work together to make India a developed Country via adopting good road policy gold and diamond in the road is what we need.

When I think deeply, I consider cloud as skyway for air bus, and some divine spirit in the Universe. Water routes are equally fine with vibrant network and connectivity of sea and ocean for submarines, Cruise and Voyage to travel and do trading in international water body and land surface like rails routes, roads above earth may be for pedestrians, roads underground, cities under ocean floor, roads in Hills and Valley alike should be free from pot holes and plastered national highway should be very thick. All these development will bring in more foreign exchange earner by inviting outsiders or as tourist spot. Wall building can control land slide in hilly and mountainous regions, are to be built like great china wall. The Indian have built their home worth crores of rupees but sarcastically speaking; few crores of rupees are spent by public and private investors does not encourage roads improvement for their own personal gain, price discrimination and price war encourage bad infrastructure by business groups just to aggrandise huge profit. Potholes and messy roads are the order of rural setting especially, road leading to village to village road, pre-matured death and the passengers refused to travel by road and often tragic accident occur loss of heavy toil of life are frequent phenomenon are escalation due to bad road. The ultimatum is to look out for airways, as best mode of travel even for poor people alike. However, Money is misused by lot of poor people that would have been used for educating their children. Based on recent reports from ministry of road and transportation. India has become the second largest road network in the world. We do have an aggregate road length over 6.69 million kilometres. The data till early 2024, speaking on rapid expansion of road networks in the country. The Budget allocated for the year 2025-26 was 2, 87,333crore INR.

Review on two top roads in the country:

National Highway 48

National Highway 48 whose length is 2807 KM connecting Delhi and Chennai becomes one of the best roads in India. The roads that travel through seven

major states of India. Main cities getting connected by it are Delhi, Ahmedabad, Mumbai, and Bangalore & Chennai.

National Highway 66

National highway 66 having a total length of 1640 KM. It was earlier called NH-17, having been made up of four lanes. The longest and busiest of all times. It is connecting Panvel to Kanyakumari, the main cities that were connected are Goa and Mumbai.

Road and infrastructure are versatile, the biotic component and abiotic component needs road for multidimensional purposes, namely business and trade[merchandised] , for agricultural activities, for health facilities, to get foods, clothing's and centre and as footpath even for transportation of non – living things like Gold, silver, Iron, petroleum and its product and forest products and other resources. In the midst of this, the secondary sector as well as tertiary sectors. Rapid economic growth and development in National Income [NNP, Real GDP, & Nominal GDP etc.]. Roads are importance for human being for all walks of life. Even, birds of the air and animals in lands and oceans need it. And underground unicellular organism and multicellular together with bird and animals of the air. The unseen microbial worlds too require road. Road are mentor which connect people's heart, mind and soul together neatly. Labour from primitive time till today need roads and capital are required to venture into different enterprises. Ocean and river routes are used for ships and Voyage, etc. Modern good road becomes the essence of our daily life as prime income earner from rural area up to cities with skyscraper. Even, above the private apartment and big markets in city heart. Roads are for multi-purposes used such as office goer roads, private vehicles of staff in city moll and ring road having few traffics and become a parking places. When we say roads we can also meant transportation, destination, connection, network or link. Roads can be compare in a human body as cells and capillaries that connects all parts of the body. In the same way, roads such as airways, waterways and land routes that connect country to country, within a country connecting state to state, from villages to urban etc. They integrates and connect people time and spatial together. The more the connection the best, it is connecting emotion and feeling between the people all through with boundary less like love has no boundary and limits. Roads around the planet earth also has no such boundary it connects physically and morally. The good connectivity ignited the mind of the people to delve deeply in growth momentum of an economy and its impetus.

The Nations are best adorned when the roads are more beautiful than the dwelling or living houses including private apartment and govt. offices. Just because roads are socials goods it much necessarily much be better than the private home and dwelling. For private people spent many lakhs for house construction but for roads they spent in term of few lakhs. The airways makes a heavy source of revenue to government and privates investors. Besides, it gives jobs to many people even within a country and outside the country even to foreigners. The modern warfare relied heavily on airways and most ever destructive war would be biological war and

bombardment via airways in the present modern scenario. The world has witnessed two Great War so far. But war in any circumstance kills us all by destroying the things that are dear to one's own life.

Conclusion:

Better network, linkage and connectivity always boost business, enhanced employment and generate capital formation. Markets grow income of many common people increases as well as of government just because of better modes of communication and transportation. In developed countries roads are carved with gold silver and diamond etc. Airways connects rich business people, politicians, bureaucrats and administrators together with defence people emotional closed and time was save for all of them. The wealth of Adam smith lies heavily upon air traffic. Then comes Land routes and the water routes. These agenda of survival of the fittest were the main theme engulf between theses tripartite struggles. Besides global environmental issues can be also sorted out together by trans-boundary connectivity and international connectivity. Roads are a means of transportation since time immemorial. When people were living in nomadic periods. They cut hill lock and rough valley a workable routes by human shield. Professional and Elite groups like scientists, doctors, engineers, lawyers, defence wings and great many super stars from Hollywood's and Bollywood's undoubtedly utilised and understand the need of the roads the most. Lastly, feel proud to make broad roads and lay hand together like Armstrong a miracle man behind building rural roads connecting his own birthplace when he took the charge of a D.C. Lastly, to come to conclusion, roads play a great role like brain, heart and all parts of body that makes up a complete person. A country is said to attain 100 % sovereignty when road network are superbly in good condition and got a continuity making roads and roads through all ages.

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Trends in Dropout Rates and Pupil-Teacher Ratio across North-Eastern States

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Abstract

Educational development plays a central role in enhancing social well-being, economic participation, and human capability. This study examines the trends in secondary level (Class 9–10) dropout rates and Pupil-Teacher Ratio (PTR) across eight North-Eastern states of India (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura) from 2018–2024. Based on 56 observations from UDISE+ data, descriptive analysis reveals a general decline in secondary dropout rates post-2019, though significant inter-state fluctuations persist. Pearson correlation analysis shows a weak positive correlation ($r = 0.234$) which is not statistically significant at the 5% level ($p = 0.083$). The findings suggest that improving PTR alone is insufficient for student retention at the secondary stage, highlighting the need for multi-dimensional, state-specific policy interventions that address socio-economic and geographical barriers specific to adolescent learners.

Keywords: *Dropout Rate, Pupil-Teacher Ratio, North-Eastern States, UDISE+*

Introduction

Education is widely regarded as a foundation for human resource development and social progress. Indicators such as dropout rates and Pupil-Teacher Ratio (PTR) are commonly used to assess the performance of the education system. A high level of school dropout indicates difficulties in retaining students within the education system, while PTR reflects the extent of teacher availability in educational institutions (UNESCO, 2020). In the Indian context, although access to education has improved over the years, dropout remains a significant concern, especially at the secondary level. Various factors such as socio-economic conditions, lack of educational support, and infrastructural limitations contribute to student dropout (Ministry of Education, 2022). At the same time, PTR is considered an important indicator of educational quality, as a lower PTR allows for better teacher-student interaction and improved learning outcomes (World Bank, 2018). The North-Eastern region of India presents a unique educational setting due to its geographical conditions, cultural diversity, and uneven distribution of educational resources. Despite improvements in recent years, disparities across states continue to exist in terms of dropout rates and PTR (Ministry

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of Education, 2024). Understanding these educational trends is important for identifying regional disparities and strengthening educational planning. While several studies have examined dropout rates and pupil-teacher ratio separately, limited research has focused on their combined trends across North-Eastern states using recent data. Therefore, this study aims to analyze the trends in dropout rates and pupil–teacher ratio and to examine their relationship across North-Eastern states of India during the period 2018-2024. The North-Eastern region remains relatively under-researched despite its unique geographical, socio-cultural, and infrastructural challenges. The implementation of the National Education Policy (NEP) 2020 further emphasizes reducing dropout rates through infrastructure support and tracking student learning trajectories, making the 2018-2024 period a critical era of transition for the region. Therefore, a focused analysis of educational indicators in this region is essential for informed policy planning.

Objectives of the Study

1. To analyse the trends in dropout rates across North-Eastern states of India during the period 2018–2024.
2. To examine the trends in Pupil-Teacher Ratio (PTR) across the selected states.
3. To explore the relationship between dropout rates and pupil-teacher ratio.

Literature Review

Educational indicators such as dropout rates and pupil-teacher ratio (PTR) are widely used to assess the performance and quality of education systems. Previous research has consistently highlighted that school dropout is influenced by a combination of socio-economic, institutional, and demographic factors. Sabates et al. (2010) found that poverty, limited access to schooling, and lack of educational support are major contributors to dropout, particularly in developing countries. Similarly, the UNESCO Global Education Monitoring Report (2020) emphasizes that social inequality, gender disparities, and marginalization continue to significantly affect student retention across regions.

Recent studies have further reinforced the role of household and community-level factors in shaping educational outcomes. Hunt (2008) and Lewin (2011) note that economic constraints, child labour, and parental education levels strongly influence dropout decisions. In addition, gender-based challenges such as early marriage, domestic responsibilities, and safety concerns disproportionately affect adolescent girls, especially at the secondary level.

In the Indian context, despite notable improvements in enrolment and access to education, dropout remains a persistent issue, particularly at the secondary stage. Recent reports based on UDISE+ data reveal considerable variation in dropout trends across different Indian states (Ministry of Education, 2022; 2024) indicate that dropout rates vary significantly across states due to differences in infrastructure,

socio-economic conditions, and policy implementation. Tilak (2014) and Kingdon (2020) also argue that economic inequality, quality of schooling, and regional disparities play a crucial role in influencing student retention in India. These disparities are more pronounced in geographically and socially diverse regions such as the North-Eastern states.

Pupil-teacher ratio has been identified as an important indicator of educational quality. Smaller classroom size in relation to teacher availability is often linked with improved classroom interaction and learning support (World Bank, 2018). However, studies such as Banerjee et al. (2007) suggest that merely increasing the number of teachers may not lead to improved learning outcomes unless accompanied by effective teacher deployment and subject-specific expertise. Unequal distribution of teachers across rural and remote areas continues to affect educational outcomes in many parts of India.

Although several studies have examined dropout rates and pupil-teacher ratio independently, limited research has focused on their combined trends over time, particularly using recent longitudinal data. Furthermore, there is a lack of comparative analysis across North-Eastern states that capture both temporal changes and inter-state variations. In addition, few studies have explored the statistical relationship between dropout rates and PTR using quantitative methods at the secondary level.

Therefore, the present study seeks to address these gaps by analyzing the trends in dropout rates and pupil-teacher ratio across North-Eastern states during the period 2018-2024 and by examining their relationship using statistical analysis. Thus, the present study attempts to bridge these gaps by providing a comparative and longitudinal analysis using recent UDISE+ data.

Data and Methodology

The present study follows a descriptive as well as analytical research design based on secondary sources of data. Secondary information for the study was collected from the Unified District Information System for Education Plus (UDISE+), maintained by the Ministry of Education, Government of India. The study covers a period of seven years (2018–2024), focusing on eight North-Eastern states. This results in a balanced panel dataset of 56 observations (N = 56). For the purpose of this study, dropout rate refers specifically to the Secondary Level (Class 9–10), as this stage is a critical transition point for adolescent learners in the region.

The study employs both descriptive and analytical approaches. Descriptive analysis is used to examine trends and patterns in dropout rates and PTR through graphical representation. Analytical techniques are further applied to explore the relationship between the variables using Pearson's correlation analysis.

The data analysis has been carried out using Microsoft Excel for data organization and graphical presentation, while the Statistical Package for the Social Sciences

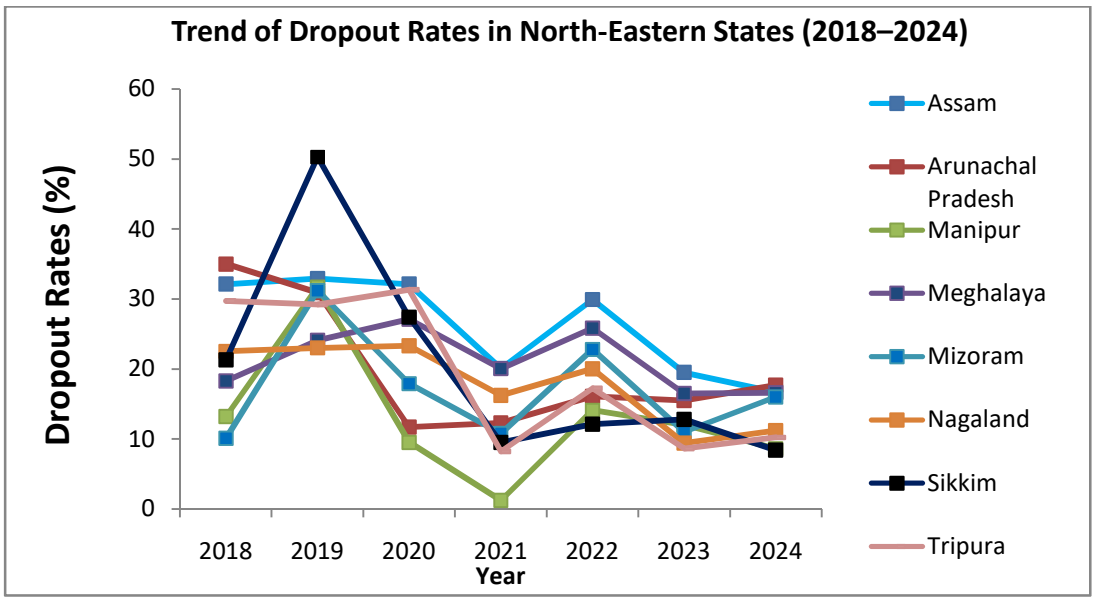
(SPSS) has been used to perform correlation analysis. The findings are interpreted to understand variations and patterns in educational indicators across the selected states.

Results and Analysis

Trend Analysis

This section presents the trends in dropout rates and pupil–teacher ratio (PTR) across North-Eastern states of India during the period 2018–2024.

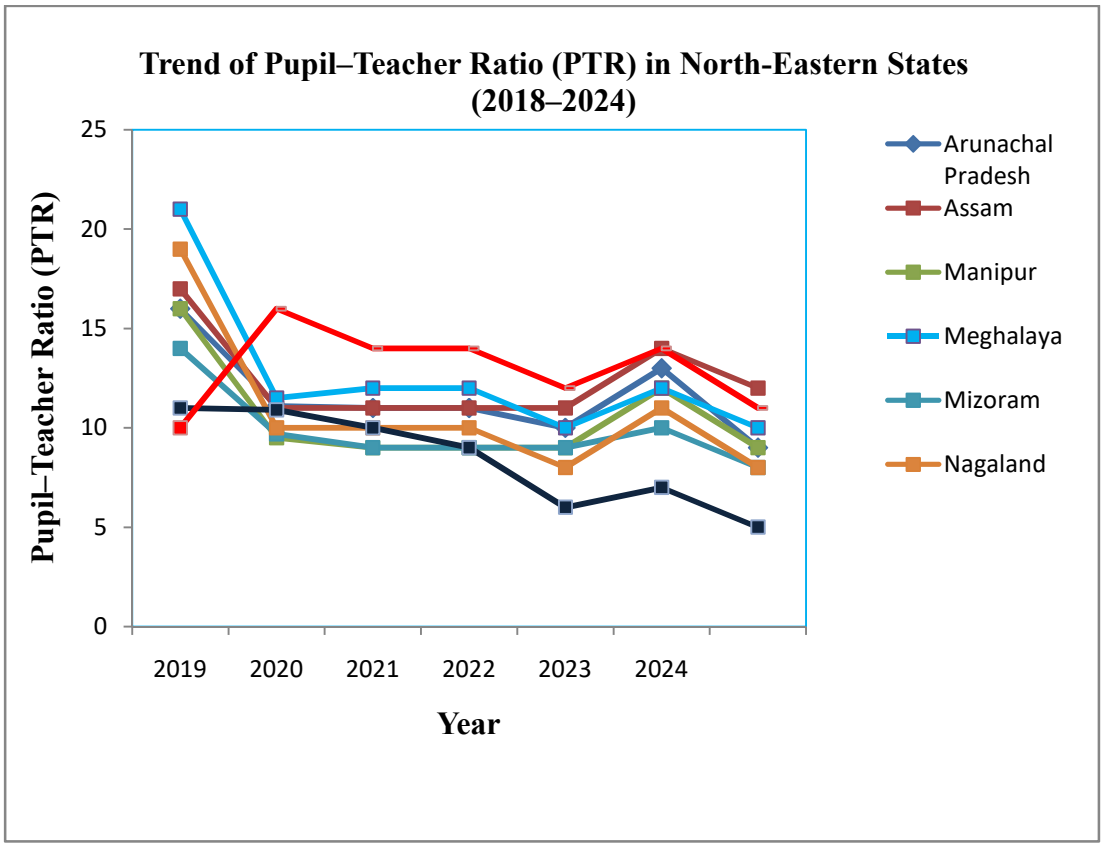
Figure 1: Trend of Dropout Rates in North-Eastern States (2018–2024)



Source: UDISE+ (2018–2024)

Figure 1 shows the trend of dropout rates across the selected states. The figure indicates a general decline in dropout rates in most states after 2019, although year-wise fluctuations are observed. Certain states exhibit sharp variations, while others show relatively stable trends. The observed pattern indicates gradual improvement in reducing dropout levels, although differences among sates still remain visible. The observed decline in secondary dropout rates after 2019 must be viewed through the lens of the COVID-19 pandemic. During the 2020–2022 academic sessions, many states adopted relaxed promotion policies and modified assessment methods, which likely contributed to a temporary, non-organic reduction in reported dropout figures.

Figure 2: Trend of Pupil–Teacher Ratio in North-Eastern States (2018–2024)



Source: UDISE+ (2018–2024)

Figure 2 presents the trend of pupil–teacher ratio (PTR) across the selected states. The results show a gradual decline in PTR in several states, indicating improvement in teacher availability over time. However, variations across states remain evident, reflecting uneven distribution of educational resources within the region. Interestingly, most North-Eastern states maintain a secondary-level PTR that is significantly better than the national mandate of 35:1. This suggests that the region does not suffer from a lack of teachers in total numbers, but potentially from a lack of subject-specific teachers (Math, Science) in remote areas.

Correlation Analysis

To examine the relationship between dropout rates and pupil–teacher ratio, a Pearson correlation analysis was conducted. The results are presented in Table 1.

Table 1: Correlation between Dropout Rate and PTR

Variables	**Secondary Dropout Rate**	**PTR**
Secondary Dropout Rate	1	0.234
Sig. (2-tailed)	—	.083
PTR	0.234	1

Note. Pearson correlation coefficients are reported. N = 56. p = 0.083 (two-tailed), not statistically significant at the 0.05 level.

Correlation analysis shows only a slight positive association between dropout rate and PTR(r = 0.234). However, the relationship is not statistically significant at the 5 per cent level (p = 0.083). This indicates a weak and statistically insignificant association between the variables. Statistically, since p = 0.083 is greater than the 0.05 significance level, we fail to reject the null hypothesis. This indicates that at the secondary level, the number of teachers per student is not a statistically significant predictor of whether a student stays in school. This shift in focus points toward external socio-economic factors.

The result implies that factors other than pupil–teacher ratio may play a more significant role in influencing dropout rates across the North-Eastern states.

Discussion

The study findings reveal noticeable changes in educational indicators across the North-Eastern region during the study period. The decline in dropout rates in most states after 2019 indicates improvements in student retention, which may be attributed to increased awareness, policy interventions, and expansion of educational facilities. Similarly, the reduction in pupil-teacher ratio (PTR) suggests better availability of teachers in several states over the study period.

However, the presence of inter-state variations indicates that these improvements are not uniform across the region. Differences in geographical conditions, socio-economic factors, and implementation of educational policies may contribute to these disparities. States with better infrastructure and resource allocation tend to show more consistent improvements compared to others.

The correlation analysis reveals a weak positive relationship between dropout rates and PTR, which is not statistically significant. This suggests that while teacher availability may have some influence, it is not the sole determinant of dropout rates. Other factors such as household income, accessibility of schools, and social conditions may play a more significant role in influencing student retention. For secondary students (ages 14–16), the 'Opportunity Cost' of staying in school is high.

In many North-Eastern agrarian societies, students at this age are often pulled into the workforce to support family income. Furthermore, the distance to secondary schools in hilly terrains is often much greater than the distance to primary schools, creating a physical barrier that a low PTR cannot solve.

Therefore, reduction in PTR alone may not be adequate to address the issue of school dropout. A more comprehensive approach that addresses multiple socio-economic and institutional factors is required to improve educational outcomes in the region.

Conclusion and Implications

This study analysed the trends in dropout rates and pupil-teacher ratio across North-Eastern states between 2018 and 2024 using UDISE+ data. The findings reveal a general decline in dropout rates in most states after 2019, indicating improvement in student retention over time. Similarly, PTR has shown a decreasing trend in several states, suggesting better availability of teachers and improvements in educational infrastructure.

However, the analysis also highlights significant inter-state variations in both dropout rates and PTR, reflecting uneven distribution of educational resources across the region. The correlation analysis indicates a weak positive relationship between dropout rates and PTR ($r = 0.234$), which is not statistically significant ($p > 0.05$). This suggests that while teacher availability may have some influence, it is not a major determining factor of dropout rates. Therefore, policy efforts should move beyond mere teacher recruitment. There is a critical need for 'Subject-Wise Teacher Rationalization' to ensure that secondary students have access to qualified instructors for core subjects like Science and Mathematics, which are often cited as reasons for academic frustration and eventual dropout.

The findings imply that reducing dropout requires a more comprehensive approach beyond improving PTR alone. Greater attention required toward socio-economic barriers, accessibility of schools, and student support mechanisms. State-specific strategies may be more effective in addressing regional disparities and improving educational outcomes in the North-Eastern states.

Overall, the study contributes to understanding regional educational trends and highlights the need for targeted and inclusive policy interventions to ensure equitable access and retention in education.

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A Comparative Study on Fieldwork Experiences and Challenges Encountered by Social Work Students in Shillong and Tura, Meghalaya

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Abstract

Fieldwork plays an important element of social work education, and students apply theoretical knowledge in practical settings and develop professional competencies. This study examines and compares the fieldwork experiences and challenges confronted by undergraduate and postgraduate students in Shillong and Tura, Meghalaya. 115 students were taken for the research and applied descriptive research design, using structured questionnaire. The study explored learning opportunities, supervision, institutional support, community engagement, and barriers encountered during fieldwork. Findings indicate that fieldwork significantly contributed to students' professional growth by enhancing communication, problem-solving, and community engagement skills. However, students also faced challenges such as transportation difficulties, limited resources, communication barriers, and emotional stress. Variations in experiences were observed between Shillong and Tura due to differences in geographical location, accessibility, and available resources. The study emphasizes the need for strengthened supervision, improved institutional support, and better resource allocation to enhance the effectiveness of fieldwork education and professional development.

Keywords: *Fieldwork Education, Social Work Students, Fieldwork Experiences, Challenges, Meghalaya*

Introduction

Social Work and Field Work Practicum

Social work is both an academic discipline and a practice-based profession that supports social growth, societal cohesion, and individual empowerment and emancipation. Social work is based on the fundamental values of human rights, social equity, collective accountability, and respect for diversity. Social work involves people and structures to address life difficulties and improve welfare. It is backed by

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concepts and knowledge from indigenous knowledge system, humanities, social sciences and social work (International Federation of Social Workers [IFSW], 2014).

Professional social work in India is rooted in democratic and humanitarian values that uphold human dignity and relationships. It is guided by indigenous knowledge, human rights, constitutional values, social justice and scientific understanding. The profession works at micro, mezzo, and macro levels to improve well-being, empower marginalized populations, and foster social transformation by culturally responsive and participatory approaches (National Association of Professional Social Workers in India [NAPSWI], 2018).

Manjunath (n.d.) stated that Field work is the nucleus of social work education and profession. It serves as a foundation for the success of the primary methods of social work. Field work connects theoretical knowledge to practical hands-on learning and is considered a central aspect of social work training (Woli, 2023). It provides opportunities for student social workers to engage directly with the communities and gain first hand exposure to social realities and issue. This exposure and experiences enrich their learning and also develop their professional skills, leading to effective social work practice (Johnson, 2021; Parton & O'Byrne, 2000).

Challenges in fieldwork Practicum

As per the existing literature, student social workers encounter various challenges during their field work. Amiri (2018) portrayed that many students' faces challenges where 72% shared that unavailability of fieldwork manual as one of the challenges in creating a hindrance in their practice. It was also expressed by majority of the students (89%) that the lack of guidance and appreciation by institutional authorities regarding the importance and uniqueness of fieldwork activities serves as a drawback to their field work practice. In addition to these challenges, inadequate fieldwork agencies, unrealistic expectations during practicum, and the lack of trained and experienced supervisors were also identified as major challenges faced by students.

Findings of a study conducted in Kerela highlighted that most of the students faced challenges during the field work where they did not get guidance from their faculty supervisor especially when they were on block placements as the students were often sent to places that were away so meeting with their faculty supervisor directly was impossible. It was stated that the students usually got feedback and revised comments only after they got back to the institutions while some students reported to rely on phone calls or emails to get help and clear up things they did not understand. In some organisations did not have professional social workers, which shows that the students did not get the professional support they needed and although the institutions had certain set goals and competencies for fieldwork every semester, many agencies or organisations were more concerned with their own work and did not cater to achieving the goals and competencies of the students where there were no room for students to take the lead or be creative because they were mostly given jobs that

involved paperwork and had few chances to get meaningful work experience. Additionally, many students found it hard to write reports especially when they had to connect what they learned in theory to what they did. Some students had financial problems as they had to pay for transportation and other costs when they were, on placement (Sunirose, 2014).

Nasreen and Singh (2020) stated that students had a difficult time when working in slum areas where during the initial stage the students had difficulty interacting and communication with the people as the students were not familiar in working in these areas and students also experienced difficulties in communicating particularly with the opposite genders.

Methodology

Problem Statement

Fieldwork which plays a significant part for students taking the social work course where they are guided, trained and supervised by fieldwork agency supervisor and fieldwork coordinator or faculty where students learn theory in the classroom and theoretically apply the same in the fieldwork practicum and it molds the students to develop professional competences and practical skills. However, students come across many challenges during their fieldwork in terms of their academic, logistical, field agencies institutional and other factors. With regards to fieldwork experience and challenges sparse evidence have been unexplored in Meghalaya, where students may face fieldwork differently due to different geographical settings and other related social factors.

Objectives

1. To examine the fieldwork experiences of Social Work students in Shillong and Tura, Meghalaya.
2. To identify the challenges encountered by Students during fieldwork practice.
3. To analyze the differences in fieldwork experiences and challenges between urban and rural fieldwork settings in Shillong and Tura, Meghalaya.

Research Questions

1. What are the major fieldwork experiences encountered by students of social work in Shillong and Tura, Meghalaya?
2. What are the major challenges Students came across during fieldwork practice?
3. How do fieldwork experiences and challenges differ between urban and rural fieldwork settings in Shillong and Tura, Meghalaya?

Research Design

A descriptive study design was adopted using a quantitative approach. It aimed to compare the fieldwork experiences and hurdles faced by students in Shillong and Tura. The design helped identify comparisons and contrasts between urban and rural fieldwork settings through measurable data.

Study Area

The areas selected were Shillong and Tura, Meghalaya. Shillong represents an urban setting with better infrastructure and institutional facilities, while Tura represents a rural/semi-urban setting where majority of the respondents are highly engaged in community-based fieldwork. These contrasting settings provided a suitable basis for comparison.

Universe of the Study

The universe consisted of undergraduate and postgraduate respondents from selected colleges and universities in Shillong and Tura who had experience in fieldwork training.

Sample Size

115 respondents took part in the study, including both undergraduate and postgraduate students.

Sampling Technique

Purposive sampling was applied for respondents' selections that had direct experience in social work fieldwork practice.

Data Collection Methods

Data were obtained through a structured Google Form. Voluntarily participated, informed consent was acquired, and confidentiality was maintained throughout the study.

Method of Data Analysis

The collected data were done in excel sheets where it was classified, coded, tabulated, and descriptive statistics, comparative tables, and graphical representations were utilized. Comparative analysis was conducted to identify differences and similarities between students in Shillong and Tura.

Ethical Considerations

Respondents participated voluntarily, informed consent was explained and obtained, and respondents' anonymity and confidentiality were ensured.

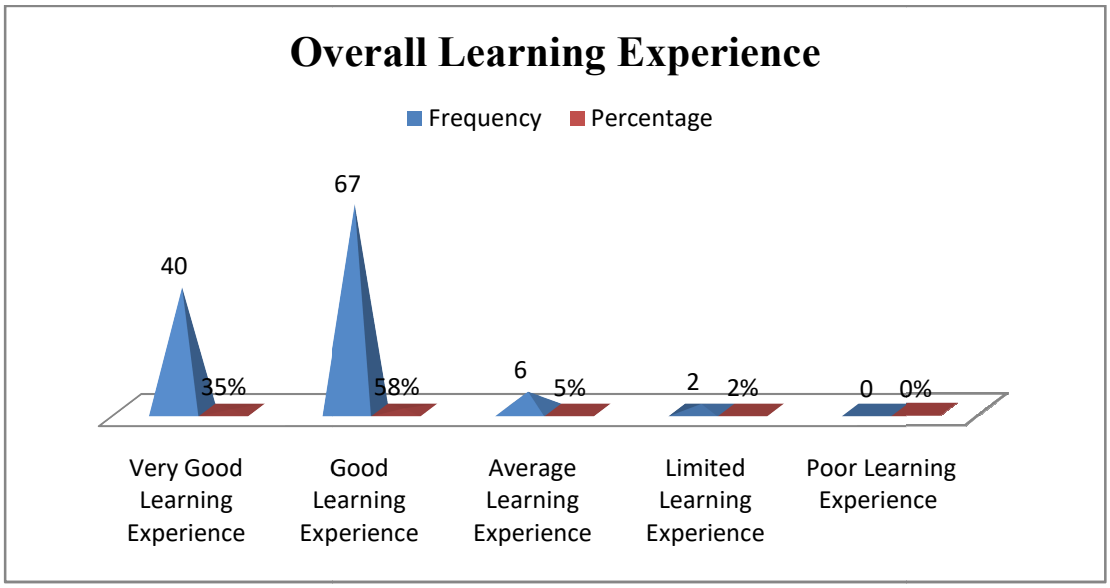
Result and Discussions

Table 1: Demographic Profile of Respondents (N = 115)

Variables	Levels	Frequency (N-115)	Percentage (%)
Gender	Male	40	35%
	Female	75	65%
	Other	0	0%
Course	BSW	40	35%
	MSW	75	65%
Location	Shillong	37	32%
	Tura	78	68%
Current/ Fieldwork Area	Urban	54	47%
	Rural	61	53%
Grand Total			**100%**

Out of 115 respondents, 65% were female and 35% were male respondents. 65% respondents were pursuing MSW while 35% were BSW students. It highlighted that the majority are 68% were from Tura, while 32% were from Shillong. Many respondents 53% were undertaking fieldwork in rural areas, while 47% were placed in urban settings.

Figure 1: Overall Learning Experience



The figure indicates that majority 58% respondents responded as positive learning experiences, 35% as very good learning experience, 5% as average and 2% as limited learning experiences.

This finding supports Bogo (2015), where it considers that fieldwork bridges theoretical knowledge and fieldwork practical application and it provides the students effective learning which develops them professionally, be it their competence, confidence level and overall enhances their professional identity.

Table 2: Areas learnt the most during Fieldwork

Areas Learnt	Frequency (N-115)	Percentage (%)
Communication Skills	52	46%
Report Writing and Documentation	21	18%
Team work and Coordination	17	15%
Problem Solving Skills	4	3%
Practical Application of Theory	3	3%
Analytical ability and skills	4	3%
Professional Ethics and Values	6	5%
Time Management	8	7%
Total	**115**	**100%**

The largest proportion of students (46%) reported learning communication skills followed by report writing and documentation (18%), team work and coordination (15%), Time Management (7%) and professional ethics (5%) the rest 3% as problem solving skills, practical application of theory and analytical ability and skills.

Communication skills emerged as the most significant learning outcome, highlighting the practical nature of fieldwork. According to CSWE (2022), field placements are created to enhance communication, assessment, intervention, and community practice competencies.

Table 3: Difficulties Experienced related to institutional support

Difficulties experienced	Frequency (N-115)	Percentage (%)
Frequently	9	8%
Sometimes	85	74%
Rarely	13	11%
Never	8	7%
Total	**115**	**100%**

A majority (74%) reported experiencing difficulties "sometimes," while only 7% reported never facing difficulties.

Although support systems were generally available, occasional institutional challenges suggest areas requiring improvement. Similarity has been reported in field education studies where administrative and communication issues affect learning experiences (Wayne et al., 2010).

Table 4: Most challenging Areas

Most challenging areas	Frequency (N-115)	Percentage (%)
Limited guidance from supervisors	25	22%
Communication gaps	30	26%
Difficulty balancing academics and fieldwork	34	29%
Limited access to resources/ materials	10	9%
Lack of timely support or feedback	8	7%
Coordination issues with agencies	6	5%
Other	2	2%
Total	**115**	**100%**

The most prominent cited hurdles and obstacles was balancing academics and fieldwork (29%), followed by communication gaps (26%) and limited guidance from supervisors (22%).

These findings highlight the complexity of managing dual academic and professional responsibilities. Communication and supervisory problems can become hurdle for skill acquisition and effective learning.

Table 5: Socio-Cultural Challenges

Socio-cultural challenges	Frequency (N-115)	Percentage (%)
Language Barrier/ difference	24	21%
Cultural Beliefs and Practices	12	10%
Lack of Community Cooperation	42	36%
Gender Related Issues	1	1%
Religious Beliefs	2	2%
Difficulty Building Rapport	26	23%
Difficulty in understanding Local Customs	8	7%
Total	**115**	**100%**

The most common socio-cultural challenge reported was lack of community cooperation (36%), followed by difficulty building rapport (23%) and language barrier (21%).

Social work students often encounter diverse cultural settings during placements. Cultural competence is therefore essential for effective practice. According to National Association of Social Workers (2021), cultural awareness and sensitivity are key professional competencies.

Table 6: Logistical challenges

Logistical challenges	Frequency (N-115)	Percentage (%)
Transportation Difficulties	31	27%
Financial Constraints	32	28%
Long Travel Distance	11	10%
Poor Road or Infrastructure Facilities	9	8%
Safety and Security Concerns	4	3%
Lack of Accommodation Facilities	7	6%
Difficulty Accessing Remote Areas	12	10%
Weather-Related Difficulties	9	8%
Total	**115**	**100%**

Financial constraints (28%) and transportation difficulties (27%) were the most significant logistical challenges.

Transportation and financial barriers are common in rural placements where distances are long and infrastructure is limited. The other obstacles can hamper participation, learning outcomes and attendance.

Table 7: Challenges experience while working in NGO/Govt settings during fieldwork

Challenges in NGO/Govt. settings	Frequency(N-115)	Percentage (%)
Lack of proper guidance or supervision	11	10%
No guidance from the field supervisor	6	5%
No proper orientation about the organisation	7	6%
Lack of training or information before any activities	13	11%
Difficulty adjusting to the workplace	24	20%
Communication problem	15	13%
Difficulty coordinating with staff or team	18	16%
Limited opportunities for practical learning	17	15%
No proper time management of the organization	3	3%

Administrative assignments only	1	1%
Total	**115**	**100%**

The table shows that the most common challenge faced by students during NGO/Government fieldwork was difficulty adjusting to the work environment (20%), followed by difficulty coordinating with staff or team members (16%), limited opportunities for practical learning (15%), and communication problems (13%). Additionally, 11% reported a lack of training before activities, while 10% experienced inadequate guidance or supervision.

The organizational adjustment, communication, and supervision are key concerns during field placements. Similar findings were reported by Bogo (2015), and Fortune et al. (2017), students often struggle to adapt to professional settings and organizational expectations during their initial field experiences. Furthermore, Kadushin and Harkness (2014) emphasized that adequate supervision and orientation are needed. Better orientation programmes, stronger supervisory support, and increased opportunities for practical learning in fieldwork agencies are mandatory.

Table 8: Major Teamwork and Group Dynamics challenges

Major Teamwork and Group Dynamics challenges	Frequency (N-115)	Percentage (%)
Poor communication within the group	12	10%
Lack of participation and cooperation from group members	9	8%
Unequal sharing of work	13	11%
Conflict or misunderstandings	21	18%
Lack of participation and cooperation from some members	25	22%
Difficulty coordinating activities	8	7%
Differences in opinions or working styles	14	13%
Teamwork issues affected fieldwork performance	13	11%
Total	**115**	**100%**

The table reveals that the most significant teamwork and group dynamics challenge faced by students was lack of participation and cooperation from some group members (22%), followed by conflicts or misunderstandings (18%), differences in opinions or working styles (13%), unequal sharing of work and teamwork issues affected fieldwork performance (11%).

These findings support Toseland and Rivas (2017), where it states that group collaborations can be both positive and negative during fieldwork. When the groups are not participating and collaborative, conflict can arise and it hinders the teamwork

and group where it affects them personally, professionally, reduce their teamwork, productivity and overall learning outcomes.

Table 9: Comparison of rural and urban field work experiences

Comparison of rural and urban settings	Frequency (N-115)	Percentage (%)
Rural field work was more beneficial	26	23%
Urban field work was more beneficial	4	3%
Both were equally beneficial	24	21%
Both has different learning experience	59	51%
No major differences noticed	2	2%
Total	**115**	**100%**

The majority responded that 51% stated that rural and urban placements provided different learning experiences, 23 % rural fieldwork was more beneficial, while 21% considered both equally beneficial.

The findings suggest that each setting offers rare opportunities for professional growth. Rural placements emphasize community mobilization and grassroots interventions, whereas urban placements provide exposure to institutional services and diverse client populations

Table 10: Most helpful type of Support

Most helpful type of support	Frequency (N-115)	Percentage (%)
Faculty supervisor Supervision	19	17%
Field Supervisor Supervision	24	20%
Peer Support	13	11%
Training and Workshops	17	15%
Counselling and Emotional Support	14	12%
Financial/Transportation Support	17	15%
Resource Materials	11	10%
Total	**115**	**100%**

20% of the respondents felt that the supervision of the field supervisor would be most helpful during the fieldwork followed by Faculty Supervisor Supervision at 17%, Training and Workshops (15%), and Financial/Transportation Support (15%). Counselling and emotional support (12%), peer support (11%), and resource materials (10%) as important forms of assistance.

The crucial role of supervision is must in enhancing students' fieldwork experiences. Students appear to value direct guidance from field and faculty supervisors, as it helps them navigate practical challenges and develop professional competencies. Similar findings by Kadushin and Harkness (2014) emphasize that effective supervision, training opportunities, and nurturing educational institutions are impactful element for successful field education and professional growth in social work.

Overall Discussion

The results demonstrate that fieldwork plays a vital role in social work education, significantly aiding students' professional development, skill enhancement, and hands-on learning. The majority of participants reported favourable experiences, particularly in areas such as community involvement, communication, and problem-solving abilities, underscoring the worth of fieldwork in linking theoretical perception with practical application. The research emphasized the vital influence of faculty and field supervisors in boosting students' confidence, skills, and educational outcomes.

Nonetheless, various challenges emerged, including the difficulty of managing academic duties alongside fieldwork, obstacles in communication, cultural disparities, issues with transportation, and financial limitations. When comparing rural and urban fieldwork environments, the study found that rural placements offered more chances for community-focused practice and grassroots involvement, while urban placements provided familiarity with a varied range of institutions and clientele.

Conclusion

The field experience allows students to acquire professional skills and practical experience, and enhances the effectiveness of learning through practical experience as seen in the findings as well. Although there have been certain difficulties experienced by the students in the field, field experience is an indispensable part of social work education since it provides students an opportunity to put theories into practice which they have learned in classroom settings.

Therefore, it is important that proper assistance, guidance and learning opportunities should be offered by both the academic institution and the field work placement organization since this kind of experience is essential for the development of the students both personally and professionally. Moreover, it can help in aligning field work competencies with agency expectations and raise standards of fieldwork teaching overall. Regular guidance and supervision by faculty supervisors should be ensured while the field work organizations should give sufficient professional exposure to students as these exposures will not only enhance the skills of students but will also enable them to think creatively, critically, and help them to develop their analytical ability.

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Assessing the Impact of Opioid Substitution Therapy on the Quality of Life of Injecting Drug Users in Guwahati: A Socio-Health Perspective

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Abstract

The rising issue of opioid dependency especially among the injecting drug users (IDUs) has become a serious concern and can be seen in the present time. The use of illicit opioids through intravenous effects the overall social, economic, physical and psychological wellbeing. Various measures are being undertaken by national and international bodies to reduce the issues related with opioid addiction and intravenous use. Among all harm reduction strategies, Opioid Substitution Therapy is being implemented by the NACO and ASACS in India. Under this various pharmaceutical alternative like Buprenorphine, Naloxone and Methadone are used to reduce cravings and withdrawal, thereby reducing unsafe injecting behaviours. Aims and Objective: The aim of the study is to assess the impact of Opioid Substitution Therapy on the quality of life of injecting drug users of Guwahati. Methodology: The study utilized mixed method exploratory design and sample were collected through convenient and purposive sampling. Total 53 cohorts were enrolled in Opioid Substitution therapy from Gauhati Medical College and Hospital, Guwahati, Assam were selected for the study. Standardized questionnaires derived from the WHO's QOLBREF and semi structured interview guide was used to collect the data from the cohorts. Results: The study revealed that almost all IDUs under OST intervention in Guwahati greatly improved their injectable practices and physical condition, as well as improved psychologically, socially and economically. The individuals had lower levels of craving, better psychological status, more family support and job opportunities. In addition, it was noted that the longer the individual participated in OST, the greater improvements there were in their quality of life. Conclusions: In conclusion, OST plays a vital role in improving the health and recovery of injecting drug users. But sustainable rehabilitation needs integrated psychosocial support, social reintegration and livelihood support.

Keywords: *Opioid Substitution Therapy, Injecting Drug Users, Quality of Life, Social Work Intervention, Harm Reduction, Substance Abuse*

Introduction

Drug use has become a public health and social problem in India especially in the Northeast region and in urban areas. The unsafe use of injections along with needle-sharing among Injecting Drug Users (IDUs) is likely to make them highly susceptible

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to a number of health issues encompassing HIV/AIDS, Hepatitis B and Hepatitis C. According to estimates by the National AIDS Control Organisation (NACO), the percentage of India's IDUs who are HIV positive is around 7.2 percent and a high percentage of IDUs in some Indian states including Punjab and Delhi have been found to be infected with the disease. Apart from health risks, IDUs face various social, employment, familial and psychological problems, which affect their quality of life adversely.

However, in Assam, particularly in Guwahati, the prevalence of opioid dependence has worsened in the last few years, due to the strategic geographical position of the city near the international drug trafficking tracks of the "Golden Triangle". Open land boundaries and river crossings between Northeast and Myanmar have made it easy for the transport of synthetic drugs and heroin into the region. According to reports issued by the Narcotics Control Bureau and the Assam State AIDS Control Society, there has been an increase in drug seizures, IDU-caused HIV infections and prevalence of Hepatitis C amongst IDUs. In Guwahati, there has been an abnormally high number of HIV patients. It is thus essential that effective harm reduction strategies be employed in the region. As the nation faces an increasing problem of opioids, it is important to implement OST as a harm reduction strategy in NACP.

Withdrawal symptoms and unsafe injecting behaviours are decreased by long acting opioid agonist, like buprenorphine or methadone, being administered under medical supervision, known as OST. HIV and other blood borne infections are not the only goal of the intervention; its purpose is also to stabilize the physical, psychological and social situation of opioid dependent individuals. OST is a major public health intervention in India since its inclusion in NACP in 2007.

The effectiveness of OST goes beyond clinical stabilization. Evidence shows that OST has a positive influence on psychological well being, decrease risk taking behaviour, strengthen family relationships, increase employability and improve quality of life. NGOs and Targeted Intervention (TI) programmes are very important to reach marginalized IDUs, to ensure adherence to treatment, counselling and community based support. Outreach workers and counsellors are key to the linkage between OST centres and beneficiaries and support their rehabilitation and reintegration.

OST practices have many benefits but are faced with many challenges in the delivery of OST services in Guwahati and other parts of the Northeast. There are still a lot of IDUs who continue to suffer from stigma, discrimination, procedural delay, patient unfriendly health care facilities and limited access to psychosocial support services. Access to government health service providers is usually low for marginalized groups, which limits uptake and retention of services. While the clinical effectiveness of OST has been well documented, there is limited evidence of the broader socio health effects and impact on the quality of life of IDUs in the local context in Guwahati.

The concept of Quality of Life (QoL) has emerged as a key measure of the effectiveness of OST interventions. It comprises of physical health, psychological well-being, social relationships and environment. Medical treatment is not enough to sustain recovery for IDUs, they need social reintegration, opportunities for livelihoods and the removal of stigma and restoration of dignity and self-worth. There is, however, a lack of evidence on the experiences of the beneficiaries of OST in Guwahati.

Hence, this study tries to evaluate the impact of Opioid Substitution Therapy on the quality of life of the IDUs of Guwahati from the socio health point of view. Using a mixed method approach, the study explores both quantitative outcomes and qualitative experiences of OST beneficiaries. It aims to learn about the impact of OST on people's physical and mental health, social relationships, livelihood and wellbeing. The study played an important role as it adds to the scanty research on harm reduction and opioid dependence in the Northeast region of India and also gave evidence for policy development, rehabilitation programs and people centred interventions for IDUs.

Review of Literature

The research conducted by Padaiga et al. (2007) explored the influence of methadone maintenance treatment (MMT) on the quality of life (QoL) and self-perceived health status among opioid dependent patients.The study findings indicate that MMT can be considered as an effective interventionfor treating patients with opioid dependence and enhancing their overall functioning.Furthermore, participants reported a substantial reduction in medical morbidity, particularly regarding injection related issues and musculoskeletal, gastrointestinal, neurological, cardiorespiratory and general health.

This study focuses on Ngo based OST program that has beenoperationalized in two North East Indian states, Manipur and Nagaland.The study demonstrated internationally comparable treatment retention rates, at 63.3% at six months along with decrease in risky HIV behaviours, such as needle sharing and unsafe sex. Moreover, participants reported major enhancements in their quality of life, including reduced family conflict. The analysis identified that factors like missing doses increased the risk of relapse, while regular involvement of family and longer time in treatment significantly reduced it, concluding that NGO based OST is an effective intervention in this severely constrained, resource-poor setting.(Armstrong et al. 2010)

The literature indicates that the main objective of the investigation was to systematically investigate variationsin living conditions and addiction severity among participants enrolled in opioid substitution treatment (OST) programs in nations with poor and moderate incomes.Among the main outcomes, substantial improvements were seen in all four WHOQOLBREF domains (physical, psychological, social and environmental) and significant reductions in four ASI domains (drug use,

psychological, legal and family), irrespective of medication type, dosage or length of follow up.(Feelemyer et al. 2013)

The study's objective was to systematically review the information on the implementation, effectiveness, obstacles and outcomes of opioid substitution treatment (OST) in Ukraine. The results of this review revealed that opioid substitution treatment diminished drug injecting, also called needle sharing, behaviour, which reduced the risks of HIV, despite obstacles such as policy, social, program and system challenges, which had a negative impact on OST. (Mazhnaya& Islam 2015)

The primary objective of theinquiry was to evaluate how OST affected harm reduction among IDUs of Ernakulam district, Kerala.The study highlighted that opioid substitution therapy greatly enhanced the lives of individuals who inject drug and reduces reckless behaviour including sharing needles, illicit drug use and associated diseases like HIV and Hepatitis C.Furthermore, it lowers crime and enhances patient's social interactions, physical and mental health. OST is essential for reducing cravings, relieve withdrawal symptoms and enhancing treatment results.(Sebastian and Issac 2022)

The central objective of the research topic was to observe changes in the Quality of Life (QoL) of Opioid Dependent IDUs who attended an Opioid Substitute Therapy Centre at a Tertiary Government Hospital for a period of one year. The findings of WHOQOLBREF showed significant development in physical, psychological, social and environment compared from baseline to end of the study. (Vir et al, 2018)

The researchers aimed to investigate the effectiveness of OST in enhancing quality of life (QOL) of opioid abuser in Gurgaon for 6 month follow up. The result showed a significant improvement in physiological, social relationship with regard to the WHOQOLBREF scale score. decrease in number of patients on crime index. (Kapoor et al. 2019)

The key objective of the inquiry was to examine the overall quality of life and marital satisfaction. The methods used in the assessment of the study are Short Form health survey (SF36) and Marital adjustment test (MAT).Improvement was observed in average score of physical component, emotional component and marital satisfaction scale both before and after institution of OST. (Sharma and Meena, 2020)

The principal objective of the inquiry was to assess QoL across various life domains among IDUs attending an OST centre in Kolkata, India. The results obtained from the investigation revealed that a large segment of the cohort suffered from poor QoL. An association between good QoL and financial aid with respect to family and friend relationships was found. Interestingly, the study indicated that there were three elements linked to enhanced QoL, lack of HIV infection, financial assistance and positive living situation. (Pal et al. 2023)

Kenworthy et al. (2017) in the study investigated the cost effectiveness of buprenorphine maintenance treatment (BMT) and methadone maintenance therapy

(MMT) vs. no opioid substitution therapy (OST) for treatment of opioid dependence. From the study, it was evident that both BMT and MMT interventions were highly cost effective vs. no OST and calculations demonstrated a highly cost benefit argument, including societal gains from decreased healthcare utilization and crime related expenditure.

Research Methodology

The present study has used exploratory mixed method research design for the study's objective. Both the quantitative and qualitative methods were used in the study. The overall aim of the study was to evaluate the effect of OST on the quality of life of IDUs at Guwahati city. Specific objectives were: To explore the socio demographic and drug use profile of IDUs; To assess the perceived benefits and challenges of OST; To understand the improvements in physical, psychological, social and environmental domains of quality of life; and to analyse the relationship between duration of OST participation and quality of life improvement. The target group were people aged > 18 years who were enrolled in OST programmeat Gauhati Medical College and Hospital (GMCH). About 4,000 people were registered as utilizing OST services but fewer than this number attended treatment sessions regularly. The study was focused on active and frequent users of OST programme. The total number of respondents in the study involved 53 who were undergoing OST treatment and one key informant. Convenient and purposive sampling methods were used to select participants.

The investigation employed both primary and secondary data. Standardized questionnaires were used to gather primary data and evaluate the patient's QOL according to the domains of physical, psychological, social relationship and environment as per WHOQOL-BREF scale. Further, semi structured interviews were used with a sample of OST beneficiaries, counselling workers, outreach workers and health workers for in-depth information on their experiences and perceptions of OST. The data were quantitative in nature and coded and analysed with the Statistical Package for Social Sciences (SPSS). The findings concerning the socio demographic characteristics, drug use pattern and quality of life indicators were presented using descriptive statistics, charts and graphs.

Interviews conducted in the collection of qualitative data were audio recorded, transcribed and translated into English. Thematic analysis was employed to explore reoccurring themes and patterns in treatment experiences, stigma, social reintegration and psychosocial challenges.

Main Findings and Discussion

Quantitative Findings

The quantitative results showed that 48% of the respondents who were receiving Opioid Substitution Therapy (OST) in Guwahati were male, aged 26–35 years, unmarried, and had completed primary education, and 66% were in the lower-middle

income group. Most (60%) had been on drugs for 10–20 years, reflecting chronic drug dependence.

Of those who reported prior use of injected drugs, 68% used them daily before attending OST. 94% of those who entered the programme reported an end to injecting drug use, however, which provides evidence of the effectiveness of OST in reducing high risk drug use. The majority of participants (60%) were on Buprenorphine/Naloxone treatment.

There were notable gains in different aspects of the quality of life. Regarding physical health, 66% reported improved overall health and 70% improvements in physical symptoms related to the use of drugs. Psychological wellbeing also showed an increase, with 76% reporting that they were less depressed, less anxious and less sad; and 70% reported that they made better decisions and had a better focus when working. In addition, 76% reported higher overall levels of satisfaction.

In the social domain, 70% of the respondents experienced better family relations, and 100% of the respondents experienced better relations with friends. Most (74%) also felt that there was less stigma and discrimination. There were also positive changes in environmental conditions, with 80% of respondents saying they had better financial conditions, 72% said there was improved employment opportunities, 74% access to healthcare and basic services and 80% said they felt more safe and secure.

One of the most common benefits reported with OST was craving for less drugs (16.78%), emphasizing the effectiveness of OST for controlling drug dependence. Attendance in the clinic, however, was still a challenge with 50% of the respondents pointing out it was a major obstacle for clinic attendance.

Qualitative Findings

The qualitative results emphasized the multi-faceted nature of the effects of OST on IDU's life. Qualitative results obtained from the case studies, key informant interviews and narrative inquiry gives a deeper insight of the experiences of IDUs who are on Opioid Substitution Therapy (OST) in Guwahati. The results underscore the beneficial effect of OST and the issues that can impact treatment adherence and recovery.

A big discovery is that OST has a significant positive impact on the beneficiary's life in several aspects including physical, psychological, social and economic. Participants reported less drug craving, better physical health, sleep improvement, decreased anxiety and depression, improved family relations, decreased stigma and increased community participation. Better employment prospects and financial security also proved the rehabilitation benefit of OST beyond that of a harm-reduction measure.

The effectiveness of OST was however, shown to be dependent on the adherence to the treatment. Case studies revealed that non-attendance, work demands, peer

vulnerability, and peer pressure were often associated with a relapse and hampered recovery. The results indicated that the recovery is a process that's not linear and needs continued support and flexible modes of service delivery that fits the socio-economic context of beneficiaries.

Additionally, the study discovered a number of social-structural and social factors that affect adherence to OST, such as stigma, poor family support, economic problems, decreased motivation, and remaining connected with drug-using peer groups. Key informants repeated that these are often factors that lead to irregular attendance and participation in treatment programmes.

The study also identified practices that compromise the effectiveness of the programmes including: medication diversion, double registration, mixing OST medication with other drugs, and lack of adherence to prescribed treatment. Staffing issues, workloads and poor counselling support were also obstacles to the effectiveness of OST delivery, and took the form of institutional challenges.

Narrative inquiry identified the chronic and intertwined nature of substance dependence and the impact of drug use on individuals' social and economic functioning. It also showed that everyone's recovery process differs, and some people have successfully recovered from addictions without using traditional rehab programs.

Overall, the findings suggest that OST is a good harm reduction strategy, but for long-term effectiveness, there is a need for medical, psychosocial and community-based interventions as well as improved counselling, relapse prevention and stigma reduction.

Over the course of this study the researcher came to the conclusion that the intervention of Opioid Substitution Therapy is working in terms of providing a better quality of life for the Injecting Drug Users (IDUs) and regular attendance to OST centres brought forth some degree of discipline and stability into the lives of the OST recipients. The findings suggest that counselling, outreach and family support are significant in maintaining patients in treatment and enhancing rehabilitation, and as a whole the researcher concludes that OST is effective in reducing harms and benefits can be amplified with improved psychosocial support, sustainable livelihoods and community-based rehabilitation programs.

Suggestion

The study shows that although OST treatment is successful in improving the wellbeing of IDUs, long-term benefits require more than the provision of medications. Improvement in the provision of counselling services, family support, psychological therapy and general knowledge of the community on addiction will be helpful in ensuring successful recovery. Vocational and employment skills training will enable IDUs to have economic stability and therefore minimize the chances of relapse. Availability of aftercare services and treatment facilities can also assist in the

process of recovery. Gender specific services, policy formulation and youth prevention programs should be encouraged.

Conclusion

Ost is an effective intervention for the health and well-being of IDUs, but its long-term results will depend on services beyond medication support. More counselling, family support, mental care and increased awareness in the community could help improve their recovery process and reduce stigma. Vocational training and employment could offer better economic security and reduce risk of relapse. Ongoing services and better access to treatment can also help to promote recovery. In addition, services and policy support and youth-oriented prevention programmes should be encouraged that are gender-sensitive. A comprehensive approach is required for sustainable recovery and social reintegration – medical, psychosocial, economic and community needs.

It brought to light that OST is significantly impacting the lives of Injecting Drug Users (IDUs) of Guwahati by enhancing their physical and mental well-being and also their social life and reducing any drug injection. However, stigma, joblessness, family issues and the lack of psychosocial support continue to be a barrier to recovery. The findings indicate that OST is an effective harm reduction intervention but for long-term success, a holistic approach is needed, which includes medical treatment, counselling, family support, livelihoods, community awareness and social support to facilitate sustainable recovery and social reintegration.

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Aging, Gender and Health: A Study of Elderly Women in Barak Valley Region of Assam

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Abstract

The population of elderly women in India is growing at a rate substantially higher than that of men. However, the patriarchal social structure and the persistent gender inequality restrict women's access to social resources throughout their lives. In old age, these disparities continue, limiting access to social security, health care and overall wellbeing. This is particularly acute in rural areas, where poverty, illiteracy and social backwardness remain widespread. This study examines how social determinants such as gender, marital status, economic independence and education influence illness prevalence, health seeking behaviour and health care access among elderly women in the rural Barak Valley region of Assam.

Keywords*: Elderly Women, Gender Inequality, Access to Health Care and Rural Society*

Introduction: Health of an individual or a community depends upon several biological, environmental, geo-political and socio-cultural factors (Park 2007). Biological factor alone cannot determine health. Rather environmental and socio-cultural factors play important role in determining human health. Social factors such as gender, class, occupation, income and education are regarded as fundamental determinants of health (Freeman et al. 1972). Studies across disciplines established connections between health status and socio-economic factors like poverty, income, education, occupation, class and gender(Khobragade 2025). The strong correlation between age, gender and health is established by scholars(Bury 2005).Gender plays and important role in health outcomes through biological, social and structural pathways (Padhan and Nayak 2026). Socio-economic variables such as consumption of unsafe drinking water, lack of personal hygiene, poor sanitation (Vennu 2024 and Gupta et al.2024),indoor smoke due to use of biomass and firewood cause serious health problems(Scott and Reilly 2019) among rural women. Many elderly people in India, particularly elderly women, are suffering from depression and anxiety due to financial insecurity, loneliness and burden of diseases at old age(Panda et al. 2023).

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Table-1 Decadal Growth of Elderly population in India and Assam (in lakh)

Elderly Population in India (in lakh)				**Elderly Population in Assam (in lakh)**			
Year	**Total**	**Male**	**Female**	**Year**	**Total**	**Male**	**Female**
2001	766.22	377.68	388.54	2001	15.6	8.0	7.6
2011	1038.49	510.72	527.77	2011	20.79	10.55	10.24
2021 (Projected)	1378.97	667.81	711.16	2021 (Projected)	28.88	14.53	14.35
2031 (Projected)	1937.87	929.34	1008.53	2031 (Projected)	44.39	22.31	22.08

Source: Elderly in India 2021, Ministry of Statistics and Programme Implementation, GOI, (www.mospi.gov.in)

Table-1 shows the decadal growth of elderly population in India from 2001 to 2011 and a projected population of India by 2030.This table shows a clear decadal growth of elderly women in India. However, decadal growth of elderly women in Assam is less than that of elderly males.

Table-2 Economic Independence of Elderly People in India and Assam, 2017-18 (in Percentage)

Elderly People		Elderly People in India (in percentage)			Elderly People in Assam (in percentage)		
		Independent	Partially Dependent	Fully Dependent	Independent	Partially Dependent	Fully Dependent
Male	Rural	48	25	27	28	30	42
	Urban	57	19	24	47	29	24
Female	Rural	10	24	66	8	15	77
	Urban	11	21	68	9	26	65

Source: Elderly in India 2021, Ministry of Statistics and Programme Implementation, GOI, (www.mospi.gov.in)

The above Table-2 shows the level of economic independence among elderly women in India and Assam. It is observed that a significant percentage of elderly women in India are fully dependent on family members at old age. This is highly prevalent in rural India, where 66% of the elderly women depend on their family members. The dependency of the elderly women in Assam is alarming, with 77% of elderly women in rural Assamdependent.

Table-3 Family members who Support the elderly persons in Assam (in percentage)

Elderly People	In India (in percentage)				In Assam (in percentage)			
	Spouse	Own Children	Grand children	Others	Spouse	Own Children	Grand Children	Others
Male	4	91	1	4	6	80	0	14
Female	24	70	2	4	16	74	0	10

Source: Elderly in India 2021, Ministry of Statistics and Programme Implementation, GOI, (www.mospi.gov.in)

Table-3 shows that most of the elderly persons in Assam are supported by their family members. Elderly males are getting more support from their children as compared to females. However, elderly females are getting support of their spouse as well.

Methodology: The study is conducted in ten remote villages from three districts of Barak Valley namely Cachar, Karimganj and Hailakandi. Total 120 households were purposively selected where elderly women above 60 years of age are prevalent. The study is mainly based on primary data. However, secondary data is also collected from existing literatures and journals. Interview schedule and observation are the tools used for data collection from the field. The study is both qualitative and quantitative in nature.

Result and Discussion

Gender inequality is established through the institution of patriarchy which discriminates women from all social amenities including their healthy and wealthy lives (Sucharita2021). Continuous subjugation and discrimination throughout their life-course make them socially, politically and economically vulnerable (Chauhan

2021). A woman after reaching at the age of 60 years becomes dependent on husband, children or other family members and cannot take decision independently regarding her own health. The following tables highlight how gender inequality impacts the health of elderly women in Barak Valley region of Assam.

Table-4 Gender Inequality in Education, Labour Market and Voting Participation in Barak Valley (in percentage)

Elderly People		Illiterate	Primary Education	Secondary Education	Higher Education	Labour Force Participation From ages>15	Voting Participation
Cachar	Male	19.10	33.11	39.80	7.90	71.54	52.58
	Female	8.63	47.89	37.86	5.56	12.76	47.42
Sribhumi	Male	10.48	22.93	25.08	41.50	77.07	53.13
	Female	7.00	31.72	43.06	18.23	4.42	46.87
Hailakandi	Male	6.14	37.11	35.69	20.87	70.66	55.10
	Female	5.58	43.53	42.70	8.20	11.21	44.90

Source: Women's Condition in Assam, NCAER Report, 2025, (http://des.assam.gov.in)

Table-4 highlights the poor educational attainment of women in Barak Valley as compared to men. Women are lagging far behind than men, particularly in higher education. In all three districts of Barak Valley, women are not at par with men in higher education. Their participation in labour force is also very negligible compared to that of men. Moreover, they are not fully empowered to participate in voting, The Table-4 clearly shows gender discrimination in higher education, labour market and voting participation of women in Barak Valley region.

Table-5 Disease Among Elderly Women in Assam (in Percentage), NCAER, 2023-24

Women	Pain	Loss of Eye Sight	Loss of Hearing	Loss of Flexibility	Loss of Mobility	Loss of Memory	Other
Rural	29	23	23	9	7	6	8
Urban	50	18	16	3	5	4	5
Total	34	22	21	8	6	5	7

Source: Women's Condition in Assam, NCAER Report, 2025, (http://des.assam.gov.in)

Table-5 highlights the disease pattern of elderly women in Assam. Elderly women in Assam have been suffering from numerous diseases. Rural elderly women are more prone to diseases than urban women. Several health complications like loss of eye sight, loss of hearing, loss of flexibility, loss of mobility and loss of memory, are prevalent among the elderly women in rural Assam.

Table-6 Age, Marital Status and Social Category of the Respondents

Age of Respondents	**Marital Status**			**Social Category**
	Married	**Widow**	**Unmarried**	
60-65 years	33 (27.5%)	15(12.5%)	2 (1.67%)	SC (65%)
65-70 years	13 (10.83%)	21 (17.5%)	0	OBC (10%)
70-75 years	9 (7.5%)	10 (8.33%)	0	MM (20.83%)
75-80 years	5 (4.17%)	7 (5.83%)	0	Gen (4.17%)
80 years and above	2 (1.67%)	3 (2.5%)	0	ST (Nil)

Source: Field Work Conducted in the Year 2025, NB: MM (Muslim Minority)

The table-6 shows that out of total 120 respondents, 41.66% are below 65 years age, 28.33% are between 65 to 70 years, and around 30% are above 70 years. Majority of the respondents (51.67%) are married, 46.66% respondents are widowed and the remaining 1.6% are unmarried. This table clearly indicates that how marital status varies with advancing age and provides a strong basis for analysing the patterns of widowhood, dependence of elderly women and their access to health care. Majority of the respondents belong to Scheduled Caste (65%) category, followed by Muslim Fisherman (20.83%), Other Backward Caste (10%) and general category (4.17%). The Scheduled Caste, Other Backward Class and General category are all Hindu by religion.

Table 7-Education, Household Income and Financial Dependency of the Respondents

Education	(%)	Income	(%)	Dependency	(%)
Illiterate	9.17%	> Rs.5000	39.16%	Independent	5.83%
Class V	30.83%	Rs. 5001-10,000	24.17%	Partially Dependent	10.83%
Class VII	34.17%	Rs. 10001-15,000	15.83%	Fully Dependent on Spouse	19.17%
Class IX	14.17%	Rs. 15001-20000	10.83%	Fully Dependent on Children	61.67%
HSLC	7.5%	Rs. 20001-25000	6.67%	Fully Dependent on Others	2.5%%
HS and above	4.17%	< Rs.25000	3.33%	Lonely Women	0%

Source: Field Work Conducted in the Year 2025

The table-7 highlights that 9.17% elderly women are illiterate and the majority (65%) attained education only from primary to middle school level. Only 14.17% studied up to high school and 7.5% Passed HSLC examination and 4.17% attained education up to higher secondary school and above. The table reveals that a significant percentage (39.16%) of households of the elderly women under study earn less than Rs.5000/ per month and another large proportion (40%) earn from Rs. 5000 to Rs. 15000. Only 17.5% of households earn between Rs.15000 and 25000, while the remaining households earn above Rs. 25000 per month.

The table-7 also highlights a very high level of economic dependency of elderly women in the study area. Only 5.83% women are financially independent while 80.84% are fully dependent on family members for financial needs. Another 10.83% respondents are partially dependent on the family members. It is important to note that 2.5% respondents are fully dependent on others. Dependence on family members makes women more vulnerable to disease. The independent elderly women with pensions, property, small business or income from any other sources can take decisions of their own for their health care needs.

Morbidity Profile:

Morbidity profile of elderly women is studied on the basis of their short-term recall, record of medical prescriptions and hospitalization records. Elderly women in study area have been suffering from multiple diseases. Both acute and chronic diseases are prevalent among the respondents. The following table highlights the morbidity profile

of the respondents in the study area and the associated socio-economic causes responsible for occurrence of such morbid conditions.

Table-8 Morbidity Among Elderly Women (On Basis of Short-Term Recall and Hospitalisation)

Morbidity	Percentage	Associated Socio-economic Conditions
Gastro Intestinal Problem	39.16%	Unsafe Drinking, poor Sanitation, Flood
Respiratory Problem	21.67%	woodfire, biomass Smook
Dental Problem	79.17%	Contaminated Water, Inadequate Hygiene
Depression and Insomnia	40.83%	Financial insecurity, Unemployment
Musculoskeletal Problem	69.17%	Excessive physical Labour, aging
Diabetes, Heart Disease, Stroke	3.33%%	Life Style, Irregular health Check up
low vision	52.5%	Indoor Smook and Lack of Clean Lighting
Post Menopausal Complications	11.66%	Life Style, Malnutrition
Urinary Tract Infection	6.66%	Inadequate Hygiene
Anaemia	67.5%	Malnutrition
Weakness	80%	Malnutrition and aging
Physical and Mental Disability	5%	Multiple Socio-economic Reasons

Source: Field Work Conducted in the Year 2025

The Table-8 shows morbidity pattern of elderly women in the study area. It is observed from the study that 39.16% respondents reported gastro-intestinal problem followed by 21.67% respondents reported respiratory problem. Dental problem is a serious health complication in the study area where 79.17% respondents reported this problem. Depression and insomnia among elderly women are other major health problems reported by 40.83% respondents. Two other problems such as musculoskeletal problem and low vision are highly prevalent among elderly women which are reported by 69.17% and 52.5% respondents respectively. Some respondents (11.6% and 6.66%) reported post-menopausal complications and urinary tract infection. Anaemia and weakness are reported by 67.5% and 80% respondents respectively. Disability and life style diseases are reported by very few respondents.

There exists a strong connection between socio-economic factors and health of elderly women in the study area. Table-8 shows disease pattern and associated socio-economic conditions of the elderly women. Respondents in the study area are highly

affected by flood. They are not capable to avail safe drinking and useable water during flood. Unsafe drinking water, poor sanitation, lack of personal hygiene and flood cause diseases among respondents. Use of fire wood and biomass is another cause of illness of the elderly women. Women in the study area are highly vulnerable to indoor smoke which causes their respiratory problems. Several other socio-economic problems such as malnutrition, irregular health check-up, delay in treatment and unhealthy lifestyle are causing diseases among elderly women in the study area.Access of elderly women to health care is very poor. Government of India has launched several health care policies and programs to provide free health care services to rural people but the poor elderly women in the study areas are not capable to avail such services properly. Respondents are not financially solvent to avail cost of medicines and pathological tests.

Conclusion: The elderly women in the study area have been suffering from multiple chronic diseases. Aging, gender inequality and poverty are the major causes of their illness. Though government policies are initiated to improve health of rural people but special focus on geriatric care should be introduced at primary health centers to provide better health care facility to elderly women. Financial and social security of the elderly women should be ensured through active involvement of the community people in rural areas.

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Caste Discrimination and Social Exclusion: The Plight of Dalit Women

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Abstract

The practice of caste-based exclusion and discrimination of Dalits has been the most dominant feature of Indian sub-continent for about centuries. Vulnerably positioned at the bottom of India's caste hierarchy, Dalits experience endemic violence as the outcome of severely imbalanced social, economic and political power equations. This socio-economic vulnerability and exploitation when combined with the another fact of being Dalit as well as female strata of the society presents clear evidence of widespread exploitation and discrimination of this section subordinated in terms of power relations to men in a patriarchal society and also against their communities based on caste hierarchy. The violence against Dalit women is, in fact, to deny them opportunities, choices and freedoms at the multiple levels which undermine not only their dignity and self-respect, but also their right to development. To gain insights into the economic and social status of Dalit women, the present paper highlights on the various challenges and encapsulate the economic and social situations of Dalit women in India.

Keywords: *Social Exclusion, Caste System, Dalit Women, Untouchability, Jogini, Constitution*

Introduction

The caste system in India, is based on the division of people into social groups in which the civil, cultural, and economic rights of each individual caste are predetermined or ascribed by birth and made hereditary; the assignment of rights among castes is unequal and hierarchical. In the traditional scheme of the caste system, the untouchables, who are at the bottom of the caste hierarchy, were deprived of all rights, and being located at the bottom of the social and economic hierarchy, they suffer the most from an antisocial spirit and violence by high-caste Hindus. They were denied the right to property, education, and civil and cultural rights, and restricted to so-called 'polluting' occupations and manual labour. Dalit women, thus, suffer from triple discrimination as oppressed by the so-called high caste people, by the design of the Hindu male dominated system and also by the Dalit males. As the lowest in the caste hierarchy, Dalits in Indian society have historically suffered caste-based social exclusion from economic, civil, cultural, and political rights. Women from this community suffer from not only discrimination based on their gender but also caste identity and consequent economic deprivation. Dalit women are placed at the very bottom of caste, class and gender hierarchies.

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They suffer multiple forms of discrimination – as Dalits, as poor, and as women. The caste system declares Dalit women to be intrinsically impure and 'untouchable', which sanctions social exclusion and exploitation. The vast majority of Dalit women are impoverished; they are landless wage labourers; and they lack access to basic resources. They are subjugated by patriarchal structures, both in the general community and within their own family. Violence and inhuman treatment, such as sexual assault, rape, and naked parading, serve as a social mechanism to maintain Dalit women's subordinate position in society. Human rights abuses against Dalit women are mostly committed with impunity. In many cases, the judiciary fails to enforce the laws that protect Dalit women from discrimination.

Additionally, the Dalit women also suffered from the notion of 'untouchability,' which is unique to them. Because of this unique stigma of untouchability, they are considered to be impure and polluting, and they have suffered from physical and social segregation and isolation. This isolation and segregation led to suppression of their freedom and restrictions on physical and social mobility, resulting in denial of equal access in various spheres of society, culture, and economy. Hence, the problem of Dalit women is distinct and unique in several ways as they suffer from the triple burden of economic deprivation, patriarchy, and caste- and untouchability-based discrimination. Dalit women are also the victims of social and religious practices and suffer from various limitations in access to justice and there is widespread impunity in cases where the perpetrator is a member of a dominant caste in the society. Dalit women are thus often considered to be the easy targets for sexual violence and other crimes.

Historical and Religious Context of the Notion 'Dalit'

The term Dalit is derived from the Sanskrit root verb 'dal' meaning to split or crack. It refers to those who have been broken, ground down by those above them in a deliberate way. The Dalits were known by different notions like ardhnagan, asprashya, untouchable and Harijan. These degrading terms were used by the British administration into 'deprived classes' in 1919. Gandhiji called them 'Harijans' which means the Children of God. Dr. B.R. Ambedkar, however, did not accept this notion of Harijan and proposed the term protestant Hindus. It was during the 1970s that the followers of Dalit Panther Movement of Maharashtra gave currency to the term 'Dalit'. The study about their historical origin tells that they were not only ostracized from the mainstream society, but were also subjected to various forms of exploitation and oppression which have also been supported by the religion directly or indirectly.

According to the Hindu caste hierarchy, there are four castes i.e. the Brahmins (Princely caste), the Kshatriyas (warriors), the Vaishyas (traders) and the Shudras (menial task workers). Below this caste ladder is another rung of people who are called 'untouchables' (Panchamas). Amongst these untouchables, the status of women is further eroded. Moreover, the Dalit women are usually the victims of the cultural practices like Devdasisi and Jogini. In the name of these practices, girls at the very

early age are married to God by their helpless parents. Once dedicated the girl will be unable to marry, forced to become a prostitute and often auctioned into an urban brothel. They don't own any land and their daily diet is the leftover of family meals, inadequate in quantity and quality. In addition to that, due to early marriage and too many pregnancies their health is always at risk. The laws in the Manusmriti and other Vedic scriptures indeed, close all economic, political, social and educational channels through which Dalit women could be uplifted. These horrendous laws in the Manusmriti were incorporated into Hinduism because they were favorable only to the upper castes.

Constitutional Provisions for the Upliftment of the Dalits

Dalits constitute 16.2 percent of the total Indian population, but their control over the resources of the country is less than 5 percent. Infact, the Dalits comprise a large majority of the illiterate population with 76.24 percent of Dalits being illiterate. After India's independence from the British rule, untouchable and other oppressed castes came to be officially known as the 'Scheduled Castes'. They were listed in a schedule, or annexure, under Article 341 of the Indian Constitution. In 1950, the Indian Constitution abolished untouchability which means that upper caste Hindus could no longer segregate Dalits or force them to perform the polluting occupations. The Indian Constitution guarantees all citizens basic civil and political rights.

In addition, the constitution has special provisions prohibiting discrimination based on caste. Most of these provisions are found under Part III of the Indian Constitution entitled as 'Fundamental Rights'. Under article 15 of the constitution, no citizen shall be subjected to any disability or restriction on the grounds of religion, race, caste, sex or place of birth. It also guarantees that every citizen shall have equality of status and opportunity. Article 17 of Indian Constitution outlaws the practice of untouchability. Article 330 and 333 grant union and state legislatures to reserve seats for the Scheduled Castes and Scheduled Tribes community. Article 338 mandates the creation of a National Commission for Scheduled Castes and Scheduled Tribes to monitor safeguards provided to them. Moreover, the constitution has passed various laws to protect the rights of the Scheduled Castes in order to fulfil the constitutional provisions pertaining to them. These include the Protection of Civil Rights (Anti-Untouchability) Act, 1955 ; the Bonded Labour Act, 1976 ; the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act , 1989 which were mainly designed and proclaimed to protect the human rights of the Dalits. As a part of affirmative action, the Govt. of India was encouraged to reserve 22.5 percent of their seats in all public employment and state-funded educational institutions for minorities.

After independence, through the Constitution the Indian state promises equality to all its citizens. The various provisions of the Constitution elucidated in the chapters on Fundamental Rights (justiciable) and on Directive Principles of State Policies (non-justiciable) delineate the state's obligation to provide equal opportunities to all its citizens in social, political and economic spheres. Yet the ubiquitous presence of

harsh inequalities continues to persist in almost all the corners of the nation. Furthermore, persistent poverty, gender discrimination and deprivation overlap with particular castes, communities are the result of deep rooted class structure formed over centuries. Indeed, this experience of comparable endowments and widely differing treatments and outcomes as prevalent in the society are considered as social discrimination. Social discrimination is necessarily an intergroup social phenomenon transcending class differentiation – visible when one or few social groups commands and dominates over other social groups. Social group refers to a group of individuals having a shared socio-economic history and cultural practices which not only provide them with a group identity but also distinguish them from other social groups. In other words, social and cultural norms become the basis for defining intergroup relationships which in turn govern status relationships such as social rank, domination or subordination as well as the division of labour in the market economy.

In order to safeguard the rights of the minorities, the Govt. of India established the National Human Rights Commission and the National Commission for the Scheduled Castes and Scheduled Tribes in the early 1990s. In the year 1993, 73rd Amendment in the constitution granted reservation to Dalits in local govt. This amendment made it compulsory that one-third of the seats reserved for Dalits to be filled by Dalit women. Since our country is a party to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Govt. has an obligation to make sure that women can realize their rights. The Govt. also has an obligation to punish those who are engaged in caste –based violence and discrimination. More significantly, the National Federation of Dalit Women (NFDW), formed in 1995, has also forced women's movements in India to address the caste question seriously. The NFDW committed itself to undertake several tasks to bring about positive changes in the lives of Dalit women, such as legal action against caste-based atrocities, political empowerment of Dalit women, building the self-confidence of women and enhancing their leadership quality. All these rules and provisions were meant to add more attempts at eradicating discriminatory policies toward the marginalized minorities.

But despite these constitutional guarantees, the practice of discrimination against the Dalits is upheld as a part of the social tradition. The reason behind this type atrocity in particular and social exclusion in general is the lack of administrative will to redress the problems of the disadvantaged as well as the apathetic attitude of the social elite and the civil servants who mainly represent the upper castes as well as classes. In fact, women and girls affected by caste-based discrimination are particularly vulnerable to different forms of sexual violence, forced and ritual prostitution, trafficking, domestic as well as punitive violence when they seek justice for the crimes committed against them.

Human Poverty, Gender, and Caste-Based Discrimination

The main challenges that the Dalit women face are outlined below:

1. Economic deprivation
2. Educational deprivation
3. Poor health
4. Caste- and untouchability-based discrimination in accessing sources of livelihood, public services, and political participation
5. Caste-based atrocities and violence
6. Temple prostitution
7. Gender discrimination

Economic Status and Sources of Livelihood of Dalit Women

According to the recent available official sources such as the NSSO, most Dalit women lack access to income-earning assets and regular employment and depend mainly on wage labor. In NSSO report of 2017–18, only 38 percent of Dalit women were self-employed as compared to 62 percent of upper-caste women — this indicated that access to permanent sources of livelihood was not equal within the category of women. Moreover, a large number of Dalit women are engaged in unclean and polluting occupations, such as scavenging. Because of their association with this occupation perceived as an unclean occupation — sweeping/manual scavenging, women belonging to the sweeper community are hardly ever employed for cooking and other household jobs. The NSSO data for urban areas in India indicates that out of the total number of women employed as cooks and waiters in schools, private hotels, restaurants and houses, only a few number of women belong to Dalit social groups as compared to a higher proportion of women from upper castes. In the occupation category of professional, technical, and other related workers, which are mainly regular salaried jobs in urban areas, it is found that a lower proportion of Dalit women employed as compared to upper-caste women. Another important economic problem faced by majority sections of Dalit women is lack of employment throughout the year. Agricultural work is seasonal in nature and is available only at certain specific seasons in the year while during rest of the year, there is no earning. In both rural and urban areas the percentage of unemployment amongst the Dalit women was higher than that of the upper-caste woman

Causes for Slow Progress in Human Development Indicators of Dalit Women

Although there are common factors like gender and poverty that cause acute deprivation for all women, Dalit women additionally suffer from social exclusion and discrimination because of their lower position in the caste hierarchy. This additional factor in the case of Dalit women makes them vulnerable to more

poverty and denial than their counterparts from the general population. Thus, it is this 'exclusion-induced deprivation' which differentiates Dalit women from other women. This denial of equal rights that low-caste women have faced in the past continues into the present due to social exclusion and discriminatory practices related to their group identity. In this backdrop, it needs to be clarified that there is a lack of studies and data on the nature and forms of discrimination associated with the sections of untouchability and Dalit women. Herein lays the importance of the present study amidst Indian mainstream content analysis of caste and protective discrimination which highlights the pertinent areas of challenges faced by these strata of women. In order to achieve the milestone vision of Vikshit Bharat, there is an urgent need to develop policies which address the obstacles imposed by processes of social exclusion for Dalit women. The report of the NSSO study conducted in 2020 indicates that the proportionate livelihood ratio of children being malnourished is higher in the Dalit community in contrast to the children from the 'other' categories. Similarly, for SC women, the likelihood of being malnourished is more than that of upper-caste women after controlling for wealth, occupation, and level of education, indicating that there are constraints associated with their social belonging.

Victims of Social and Religious Practices

Dalit women are also the victims of specific social customs and religious practices in Hindu society. Some of these customs include the devadasi/jogini system (temple prostitution). In this system Dalit girls are married to a village god by their parents. These girls are then sexually exploited by the upper-caste landlords and rich men of the village. This system of religious sexual exploitation is found in parts of India such as Maharashtra, Karnataka, and Orissa. The National Human Rights Commission report 2020 has estimated that the state of Andhra Pradesh had 29,000 numbers of joginis. They do not have any control over their own bodies, earnings, and lives. The extreme expression of violence, exploitation and oppression against them is visible in forms of hunger, malnutrition, disease, physical and mental torture, rape; illiteracy, ill-health, unemployment, insecurity and inhuman treatment. A similar practice exists in states such as Tamil Nadu, Karnataka, and Maharashtra, where they are designated as devadasis. In the name of these practices, girls at the very early age are married to God by their helpless parents. Once dedicated the girl will be unable to marry, forced to become a prostitute and often auctioned into an urban brothel. They don't own any land and their daily diet is the leftover of family meals, inadequate in quantity and quality. In addition to that, due to early marriage and too many pregnancies their health is always at risk. The laws in the Manusmriti and other Vedic scriptures indeed, close all economic, political, social and educational channels through which Dalit women could be uplifted. These horrendous laws in the Manusmriti were incorporated into Hinduism because they were favourable only to the upper castes, who form the majority of the Indian population.

Patriarchy Amongst Dalit Community

Within the Dalit community, Dalit husbands retaliate against their own oppressed social position by perpetrating violence against their wives. This violence assumes the form of verbal abuse against Dalit women, and it is often accompanied by massive physical assault. In most cases in which a Dalit husband is concerned, the violence takes on a strong patriarchal dimension: where women are mostly tortured or even killed within the home for not bringing enough dowries, for not bearing male children, for being too ugly or too beautiful or allegedly unfaithful, and for talking back against their husbands offensive actions. Domestic violence also leads to desertion of some women by their husbands, whereas others are often forced to leave their marital homes. For a majority of the women, however, the social norms and pressures of married life and the 'wifely duties' that they have to fulfill toward their husbands compel them to continue to endure this violence. These forms of violence have a strong patriarchal dimension and usually cause physical, sexual, or psychological harm to the victim. From the theoretical analysis of present study, some major recommendations in connection with protection of these severe crimes and to control gender based discrimination as well as exploitation of women are being made in the next section of the present paper.

Major Recommendations:

The main purpose of this paper was to develop an understanding of the problems of Dalit women and to present an analysis of the multi dimensionalities of the challenges faced by them. The analysis shows that the emerging multiple voices demanding group-specific gender policies are closely linked to the uneven gains of economic progress recorded by various groups such as the Dalit women's group. The analysis becomes important in order to understand the affect of multiple marginalized group identities (in Dalit women's case, gender-class-caste) on their level of human development and human dignity. Dalit women's access to citizenship rights, normally considered as accruing to every Indian citizen, has thus been examined more closely in regard to both their economic and social conditions as well as the various ways in which they are subjugated in public and private spheres. The empirical evidence in this paper has indicated that there is a slow rate of improvement in the human development indicators for Dalit women as compared to for the rest of the population (i.e., Dalit men and non-Dalit men and women); Dalit women's role in production is the most laborious and under the most unfavourable terms of employment- their economic participation is in daily wage labour occupations; there is evidence of discrimination in the workplace and in accessing reproductive health services due to customary notions of their being from a 'low-caste' social status as well as the notion of purity and pollution; Dalit women face caste atrocities and violence; temple prostitution with religious sanctions impinge Dalit women's rights of freedom, and Dalit women lack control over their bodies and their sexuality.

Further, they experience the same problems related to gender exploitation of their labor, and economic deprivation as their poor non-SC/ST sisters do, but Dalit women additionally suffer from caste- and untouchability-based discrimination. It is this 'exclusion-induced deprivation' that differentiates Dalit women's problem from those of other women, and it also makes their problems more intense and complicated than those faced by other women. For Dalit women the genesis of this exclusion-induced deprivation lies in the fact that they are considered to be impure, polluting, untouchable, unapproachable, and 'unseeable'; in other words, not fit for social and physical association with others. This has enormous implications on the human right and human dignity of Dalit women.

In order to resolve the problems of gender based discrimination, the law enforcement agencies, judiciary, civil society and other stakeholders must combine their efforts altogether to enable such change and firm measures must be taken by state agencies to punish officials who neglect or violate legal and other statutory provisions.

Such measures should include strengthening of laws against domestic violence and other forms of violence against women. Court trials should also be made precise and time bound in order to secure speedy justice for victims of violence and atrocities. This would be similar to time bound investigation and charge sheets for the police personnel.

Awareness campaignson enjoyment of their legal rights may also be conducted for women affected by caste or gender based discriminationin remote rural areas of the country that can prevent exploitation against women.

The state parties of caste-affected countries should initiate a process of dialogue with civil society organizations in framing laws and policies to eliminate multiple forms of violence and discrimination against Dalit women. Moreover,the Government should invest resources for mass education of women in general in order to make them economically self- dependent.

Concluding Observation

Although the constitution of independent India outlawed untouchability and its practice in any form but the stigma against them continues in both subtle and overt forms till this date also. The provisions that promote women rights vis-à-vis Dalit rights have to be considered empty of meaning since the low level of implementation has left the situation basically untouched and has led to a perceived impunity for the perpetrators of crimes against Dalit women. The lack of law enforcement, however, leaves many Dalit women unable to approach the legal system to seek redress. Women are also often unaware of the laws and their ignorance is exploited by their male opponents, by the police and even by the judicial system.

Indeed, the law enforcement and structural mechanisms can only function effectively if the attitude and perception of the people are changed. Law enforcement agencies,

the judiciary and the civil society must combine their efforts to enable such change and firm measures must be taken by the Govt. to punish officials who neglect or violate legal and other statutory provisions. In this 21st century, it is, thus, absolutely necessary that common people need to be sensitized about the prevailing atrocities against Dalit women. The violation of human rights of Dalit women must be prevented so that the talent and potential of these women can be used for development of our nation.

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Educational Barriers among Children of Commercial Sex Workers: A Review-Based Study

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Abstract

Children of commercial sex workers are one of the most vulnerable and under-researched populations in the world. There are several barriers in their life, among which the educational barrier is one of the most important. The present review-based study aims to synthesise existing literature and provide a thematic understanding of the interconnected factors that lead to educational exclusion among children of commercial sex workers. The study adopted qualitative content analysis approach with an initial search of 30 literature, of which 22 were selected for final review. By applying Bronfenbrenner's Ecological Systems theory, the study views educational barriers among children of commercial sex workers as the result of interconnected environmental systems. The findings suggest that educational exclusion is a multidimensional process rather than a set of isolated circumstances. Educational exclusion among children of commercial sex workers depends on economic vulnerability, family environment, intergenerational vulnerability, psychosocial and emotional marginalisation, structural inequality and stigma attached to their mother's profession.

Keywords*: Children, Commercial Sex Workers, Educational Barriers, Red-light Area*

Introduction

The United Nations Children's Fund (UNICEF) defines a child as an individual below the age of 18years. India is home to one of the largest child populations globally, with nearly 40% of its population below 18 years, a figure corroborated by Census-based estimates and reinforced by UNICEF demographic assessments (UNICEF, 2021). According to the Office of the Registrar General & Census Commissioner, India, children aged 0-6 years constituted 13.1% of the total population as per the *Census of India 2011*, indicating a substantial dependent population that requires sustained policy attention (Office of the Registrar General & Census Commissioner, India, 2011). The right to education in India is one such right that certainly empowers a child and sets them on the path of progress. The Constitution Act, 2002, inserted Article 21-A into the Constitution of India to provide free and compulsory education to children aged 6 to 14 as a fundamental right (Topno & Sarkar, 2021). As per the Right of Children to Free and Compulsory Education Act, 2012, 25% of seats should be reserved for socially disadvantaged children. However, it is very difficult to

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determine whether the objective of this act has been fulfilled (Deb, 2020). Despite global commitments toward inclusive and equitable education under Sustainable Development Goal 4, noticeable differences persist among children from socially and economically marginalised communities. Among the most vulnerable yet understudied groups are the children of commercial sex workers. Commercial sex workers are people who involve themselves in sexual exchange for remuneration, although they often face stigma, discrimination, and marginalisation by society (Ali et al., 2021). In 2007, the Ministry of Women and Child Development reported the presence of 2.8 million sex workers in India. According to UNAIDS (2017), commercial sex workers are one of the five "most at-risk populations", and their children are also prone to extreme vulnerability. The children of commercial sex workers frequently grow up in red-light areas and other socially marginalised environments characterised by poverty, stigma, unstable living conditions and restricted access to social services. The educational disadvantages experienced by children of commercial sex workers have significant implications for social mobility. Educational exclusion not only limits access to future employment opportunities but may also contribute to intergenerational vulnerability. Research conducted across India and Bangladesh has shown multiple barriers affecting the educational participation of children of commercial sex workers (Nijhu & Letchamanan, 2025). Although a growing body of literature has focused on the children of commercial sex workers, existing studies remain fragmented across diverse thematic areas. This review-based study not only seeks to establish the existence of educational barriers but also synthesises the existing literature, identifies recurring themes, and provides a comprehensive understanding of the interconnected factors leading to educational exclusion. Drawing upon Bronfenbrenner's Ecological Systems Theory (1979), this study explores educational barriers operating across multiple environmental systems.

Methodology

This study used qualitative research method focusing on content analysis to understand educational barriers among the children of commercial sex workers. The process involved a literature search using electronic databases, namely PubMed, Web of Science, Google Scholar, JSTOR and Research Gate. The literature search was conducted using combination of keywords such as "children of commercial sex workers", "education", "school access", "children in red-light areas", with geographic locations including "Sonagachi", "Kolkata", "India". Furthermore, NGO reports and government reports were reviewed to have in depth understanding of the issue. Additionally snowballing technique was utilised where reference sections of good papers were considered, and further articles and research papers were reviewed. The initial search identified approximately 30 articles, reports, dissertations and research papers related to children of commercial sex workers. The articles were then screened, and 22 articles that mentioned the educational barriers among children of commercial sex workers or related to this were finally selected for detailed content analysis. The selected studies represented diverse geographical contexts, including

India and Bangladesh. Thematic saturation was considered achieved during the analysis of the final selected studies, as no substantially new educational barriers emerged, the identified themes repeated consistently across the reviewed literature, and no new themes emerged.

The present study adopted a content analysis approach and through analysis of the selected studies, identified recurring patterns, experiences, and structural concerns, which were then organised into following major themes:

Economic Vulnerability, Family Environment and Lack of Educational Support Systems

The factors such as economic vulnerability, unstable family environments, and the absence of adequate educational support systems are deeply interconnected barriers shaping the educational experiences of children of commercial sex workers. Instead of functioning as separate challenges, these factors combine to create conditions that threaten children's continuity of education, academic participation, and future aspirations. In traditional families, educational guidance, supervision and emotional support could promote school participation. However, children growing up in red light-areas often experience unstable family environments affected by the type of the work their parents do, inconsistent parenting practices and limited educational opportunities. The findings indicate that poverty in red-light communities is not just about financial deprivation but also associated with irregular parenting patterns, limited emotional care, insufficient academic guidance, and unstable family environments.

Multiple research studies have pointed out the direct effect of financial strain on educational participation and continuity. Khanna (2023) documented that economic constraints frequently force children of commercial sex workers to discontinue schooling despite obtaining admission. Hossain et al. (2025) highlighted the hidden costs of education such as examination fees, tuition charges, private tutoring and learning materials as major barriers against regular school attendance. Similarly, Nijhu and Letchamanan (2025) highlighted that financial instability frequently resulted in children dropping out of school, taking part time jobs to support their families. Shohel (2013), on the other hand, highlighted that although primary education was often supported by NGOs, secondary education became more difficult due to higher fees. The mothers even relied on high-interest loans to continue their children's education. Many mothers strongly valued education as a pathway towards a better future for their children, but their own limited educational backgrounds often left them feeling incapable of assisting their children with schoolwork or engaging with educational institutions (Ali et al., 2021). Dutt et al. (2017) highlighted that mother's work schedules, particularly evening and night work resulted in reduced parental supervision and children not having structured educational support. Roy Chowdhury (2016) additionally pointed out that many mothers are illiterate and due to this they cannot help their children with school work nor understand how the education system works. Khairkar et al. (2014) highlighted that a majority of children

lacked access to supplementary educational resources such as private coaching classes, thereby reducing opportunities for academic progression. Similarly, Adhikari (2013) highlighted that the emotional and caregiving demands associated with sex work often deny children's access to consistent maternal attention and guidance. Nijhu and Letchamanan (2025) in their study similarly highlighted that parents engaged in low paying and unstable sex work, often do not have the time or resources to help their children with their educational needs. Dutt, Roopesh and Janardhana (2017) also highlighted that in economically marginalised families, parents sometimes do not think education is important and this in turn sometimes shift children's focus on earning rather than studying for better future.

Intergenerational Vulnerability and Risk of Educational Exclusion

The reviewed studies show that educational exclusion among the children of commercial sex workers is closely related to broader patterns of intergenerational vulnerability and inherited social marginalisation. The children living in the red-light areas experience a number of disadvantages which are often passed down from parents to children in the form of poverty, stigma, social exclusion and restricted access to opportunities. All of these problems together make it hard for children of commercial sex workers to get proper education.

Multiple studies have highlighted how children's educational experiences are affected by the situations of the red-light areas where they are born. Adhikari (2013) highlighted that children growing up in the red-light areas often feel the impact of their mother's job on their lives. This affects how they feel and what they think they can do in the future. He further stated that children can continue their education if things go well, if there is reduced maternal involvement in sex work or they receive help from outside. A study conducted by Bhattacharya and Dasgupta (2020) highlighted that prolonged exposure to exploitation and violence within red light areas increases the risk that children may themselves become vulnerable to exploitative cycles. Bhattacharyya (2025) also highlighted that societal stereotypes predetermine children's futures. Specifically, teachers and community members often assume that children from red-light areas are destined for low paying jobs. Deb (2020) further highlighted that some children experience indirect pressure to help with their mother's work through activities such as entertaining clients or doing daily tasks thereby diverting their attention away from school and education. The findings highlight that children often face social shame, neglect from institutions and limited chances in life because of their mother's profession. Topno and Sarkar (2021) highlighted that stigma attached to the identity of children of commercial sex workers often resulted in broader societal neglect, which deprived them of opportunities that would be available to the children in mainstream society. This leads to them being left out of education and this educational exclusion becomes part of a cyclical process in which vulnerability multiplies across generations. This cycle happens because the children of commercial sex workers do not have access to support, proper education or acceptance by society. The previous studies have found that if schools do not offer

fair and supportive spaces for children who are already at a disadvantage, the risk of them being taken advantage of repeatedly increases.

Psychosocial and Emotional Marginalisation

Psychosocial and emotional marginalisation emerged as one of the significant yet often less visible barriers influencing the educational experiences of children of commercial sex workers across the reviewed studies. The findings indicate that educational exclusion is not just a matter of material deprivation or institutional discrimination, but of emotional insecurity, identity related distress, social shame and psychological vulnerability. Children growing up in stigmatised environments tend to develop feelings of inferiority, isolation and emotional neglect which adversely affect their confidence, social interaction and engagement in educational settings (Adhikari, 2013; Nijhu & Letchamanan, 2025; Bhattacharya & Dasgupta, 2020).

Adhikari (2013) in his study conducted in Kolkata described the environment surrounding children of commercial sex workers as a "complex milieu" where the mother's attachment to the trade significantly shaped the inner self of the children and hindered their normal psychosocial development. In addition, the study further emphasised issues related to identity confusion and emotional insecurity due to the instability of maternal care. Similar findings were noted by Nijhu and Letchamanan (2025) who observed that constant judgement, social whispers and discriminatory attitudes within schools were associated with low self-esteem, identity crisis and less willingness to participate in classroom activities. Hossain et al. (2025) additionally highlighted that children often felt lonely and helpless due to inappropriate home environment lacking emotional support and healthy study conditions. Bhattacharya and Dasgupta (2020) further highlighted that intrusive questioning about family background led to increased feelings of psychological inadequacy particularly during adolescence. Roy Chowdhury (2016) also argued that the societal identification of children only through their mother's occupation has caused emotional alienation and erasure of identity. While the studies approach psychosocial vulnerability from different angles, they collectively illustrate the emotional cost of prolonged social stigma and marginalisation. Naskar et al. 2025 reported that stigma and exclusion associated with living in red light areas create significant emotional and social adjustment difficulties among adolescent girls. The study found that traumatic childhood experiences, including neglect, violence, and family instability, negatively affected self-esteem, emotional regulation, and social interaction, thereby influencing educational participation. Chatterjee (2024) even highlighted that adolescents frequently hide their residential identities to avoid discrimination. Many participants reported providing alternative addresses and distancing themselves from their actual neighbourhoods, reflecting the internalisation of shame and fear associated with their social identity. The exposure to the marginalised and unstable social environment that surrounds sex work negatively impacts children's psychosocial development, and this reduces their ability to participate in educational institutions (Adhikari, 2014). The emotional struggles experienced by children of commercial sex workers are directly

connected to the broader system of social stigma, the labels that society attaches to their identity and the intergenerational vulnerability. The previous research studies therefore imply that meaningful educational inclusion requires not only access to schooling but also requires emotionally supportive and socially inclusive learning environments that are capable of addressing the psychosocial needs of the children of commercial sex workers.

Structural and Institutional Barriers to Educational Access

The institutional and structural arrangements that govern educational access leads to the exclusion of children of commercial sex workers from pursuing education. Several studies documented that the rigid admission procedures and requirements, discriminatory institutional practices and exclusionary legal frameworks collectively restrict children of commercial sex workers to enter and remain in formal education systems (Hossain et al., 2025; Roy Chowdhury, 2016; Sircar & Dutta, 2011).

Across multiple studies, a recurring issue was identified that is the role of documentation and paternal identity requirements for school enrolment, which is an obstruction for admission of children of commercial sex workers in school. Hossain et al., (2025) in his study conducted in Bangladesh reported that the school admissions were difficult and impossible for children of commercial sex workers as they lacked birth certificates due to the unavailability of parental acknowledgment. Roy Chowdhury (2016) in her study conducted in Kolkata, India also highlighted the prolong patriarchal morals of Indian society where schools demanded the signature or identity of a father or male guardian during admission procedures. John-Fisk (2013) in her study highlighted that inconsistent surnames and changing maternal partnerships created differences in official documents, resulting in administrative rejection and exclusion from educational services. Beyond documentation, Sircar and Dutta (2011) highlighted that once the identity of the children of sex workers is publicly known, the admission is sometimes directly refused by the schools. Deb (2020) similarly in her study highlighted that certain school authorities feared that enrolling these children would negatively affect the institution's public image.

The structural barriers identified in the studies significantly interrupt educational continuity, access, and long-term engagement with school. The inability to gain admission because of lack of documents effectively denies children their basic right to education from the beginning (Hossain et al., 2025). Institutional discrimination and systemic rejection cause irregular attendance, delayed progress and higher vulnerability to dropping out when children are admitted (Roy Chowdhury, 2016). The reviewed studies also point to the ways in which repeated experiences of rejection reinforce feelings of exclusion and social invisibility for children and their families. In addition, John-Fisk (2013) points out that policy related constraints such as restrictive shelter regulations expose older children particularly boys to unstable living environments that further hinder educational participation. These institutional and structural barriers function not only as formal obstacles but

also as mechanisms that perpetuate educational marginalisation and restrict pathways to social mobility.

Stigma, Discrimination, and Social Exclusion within Educational Spaces

Stigma and discrimination emerged as one of the most dominant and recurring educational barriers across the reviewed studies. The findings collectively indicate that the children of commercial sex workers experience educational exclusion not only because of economic disadvantage but due to deeply established societal prejudices associated with their mothers occupation. Educational institutions, which are expected to function as inclusive spaces for learning and social development, often become sites of humiliation, stereotyping and symbolic exclusion for these children. The reviewed literature demonstrates that, stigma operates at multiple levels including peer interaction, teacher attitudes, school administration, and broader societal perceptions thereby creating an environment that hinders children's educational participation and psychological well-being (Ali et al., 2014; Roy Chowdhury, 2016; Nijhu & Letchamanan, 2025).

Several studies documented discriminatory treatment within school settings, although the forms of exclusion varied in different contexts. Ali et al. (2014) observed that unfavourable public-school environments and insensitive authority figures contributed significantly to school discontinuation among children from red-light areas. Similarly, Hossain et al. (2025) reported that teachers frequently subjected children to humiliation, bitter talk and punishment regarding their family, and home environment. The peers in the classroom engaged in mockery, which in turn demotivated children of commercial sex workers, leading to absenteeism among them. Willis et al. (2013) highlighted that, children who successfully gained admission in schools often faced severe teasing, intolerance, and harassment from peers once their mother's occupational identities became known. Roy Chowdhury (2016) pointed out representative exclusion, in which children were treated as untouchables and were given last bench upon disclosure of their identity. But in another study, Bhattacharyya (2025) found that some teachers established occupational stereotypes by predicting that these children were likely to take up careers in low-status or exploitative occupations. Comparable findings were reported by Nijhu and Letchamanan (2025), who found that children reported feeling invisible in classrooms due to institutional neglect and social bias within the system. Stigma becomes institutionalised within educational settings, as teachers explicitly attribute student's academic and behavioural challenges to their residence in red-light areas. This form of location profiling perpetuates social exclusion and fosters the internalisation of shame among adolescents (Chatterjee, 2024). While the level of stigma and the nature of how it was expressed differed across studies, the findings collectively indicate that stigma in educational institutions may often be a reproduction of the wider social stigmas and moral judgements against sex work.

The growing effect of stigma and discrimination moves beyond emotional distress and directly leads to difficulties in educational retention, participation and

identity formation. Several studies have found that bullying, humiliation, and peer rejection are major factors associated with absenteeism and dropout, particularly in primary and secondary schools (Ali et al., 2014; Bhattacharya & Dasgupta, 2020). Children were reluctant to actively participate in lessons and socialise with one another due to feelings of shame, low self-esteem and psychological inadequacy (Nijhu & Letchamanan, 2025). Bhattacharya and Dasgupta (2020) reported that when a child was repetitively questioned regarding family background, it often intensified emotional distress, leading many children to withdraw from school altogether. Society's labelling of children of sex workers upon their mother's profession was a form of identity erasure in which their unique identity and educational goals were outshined by inherited stigma. These experiences not only disrupt academic continuity but have an impact on children's sense of self, social confidence, and their future educational motivation (Roy Chowdhury, 2016).

Discussion

The present review-based content analysis suggests that the educational barriers experienced by the children of commercial sex workers are multidimensional and structurally interconnected. The reviewed studies collectively indicate that educational disadvantage among these children is shaped through the interaction of stigma, institutional exclusion, psychosocial marginalisation, unstable family environment and economic vulnerability. The reviewed literature suggests that these barriers do not operate independently, but rather support one another and contribute to educational disruption and exclusion among the children of commercial sex workers.

One of the significant findings from the analysis is that stigma and discrimination act as structural mechanisms of educational exclusion. All the reviewed studies collectively indicate that discrimination against children of commercial sex workers rises above interpersonal prejudice and becomes rooted within educational spaces and institutional cultures (Ali et al., 2014; Roy Chowdhury, 2016; Nijhu & Letchamanan, 2025). Children are subjected to humiliation, peer exclusion, and teacher stereotyping because of their association with their mother's profession (Bhattacharya & Dasgupta, 2020; Bhattacharyya, 2025).

A key finding from this content analysis is that schools often function as spaces of exclusion and psychological distress rather than serving as a source of social inclusion and advancement. Educational institutions run on middle-class norms and patriarchal assumptions about what is respectable and how a family should be. The children of commercial sex workers do not have the kind of background that these schools and colleges expect. Their family setup is also different from what society considers as normal which can go against the traditional dominant moral codes set up by the society. The discrimination highlighted across the studies ranges from verbal humiliation by educators (Hossain et al., 2025) to physical isolation on the back benches in the classroom (Roy Chowdhury, 2016).

Other than stigma, this study highlights how administrative rules act as barrier for the marginalised children to enter into educational institutions. The insistence on paternal documentation, father's signatures, and legal birth certificates for enrolment in schools (Hossain et al., 2025; Roy Chowdhury, 2016) shows how patriarchal assumptions are rooted within the governmental and educational systems. The emotional distress including low self-esteem, identity confusion, and social withdrawal (Adhikari, 2013; Nijhu & Letchamanan, 2025) that is identified in this paper presents a serious barrier to long term academic success. The excessive question asked to the adolescents about their family background by their peers and teachers makes them experience an identity crisis (Bhattacharya & Dasgupta, 2020). To protect themselves from the shame and emotional vulnerability, many adolescents choose to withdraw from school entirely.

As stated previously, these barriers do not operate independently; they support one another to create a cycle of educational disruption and exclusion for the children of commercial sex workers, and this can be understood by applying Bronfenbrenner's Ecological Systems Theory. This theory explains that a person's development is shaped by everything in their surrounding environment, which is split into five interconnected layers. At the centre is the microsystem, which includes the immediate environment a person interacts with daily, such as their family, school, or workplace. The mesosystem connects these immediate environments, focusing on the relationships between them, such as those between teachers and the child's parents, and the impact of these relationships on the child's development. The exosystem consists of settings that affect the child indirectly, even though the child isn't personally in them. The broader cultural values, laws, economic structures, and social ideologies comprise the macrosystem that influences all the inner layers (Bronfenbrenner, 1979). The outermost layer in Bronfenbrenner's system theory is the chronosystem, which introduces the time element to show how major life events and broader sociocultural transformations shape human development (Yang & Oh, 2024).

Bronfenbrenner's framework allows us to see how the barriers start from the child's immediate relationships to broader systemic structures. At the immediate level of the microsystem, children face unfavourable environments in both their home and school spaces. In the school setting they are subjected to peer mockery, verbal humiliation by teachers (Hossain et al., 2025), and physical isolation in the form of seating on the back benches (Roy Chowdhury, 2016) directly undermine the child's psychological well-being. At home, children are mainly affected by economic hardships, maternal night work schedules, and lack of academic guidance (Dutt et al., 2017; Roy Chowdhury, 2016). In the mesosystem, the link between home and school becomes problematic among the children of commercial sex workers because the child's home reality and the family structure do not conform to what the educational institutions expects, the relationship between home and school breaks down. To protect themselves from shame, identity confusion and social whispers, many children experience an emotional crisis and choose to withdraw from school entirely

(Adhikari, 2013; Nijhu & Letchamanan, 2025). The next layer is called ecosystem which consists of environments where the child has no direct voice, still the decisions that are made in this layer dictate their educational access. This happens in administrative systems and institutional rules where the schools require birth certificates, which becomes a barrier for the children of sex workers to produce it in the school, other than that several schools require father's signature or male guardian ID which is again very hard or impossible to meet due to inconsistent surname and changing maternal partnerships in red-light areas (Hossain et al, 2025; John-Fisk, 2013; Roy Chowdhury, 2016). School authorities also refuse to admit these children because they fear admitting children from red light areas will harm their school's reputation (Deb, 2020; Sircar & Dutta, 2011). Poverty is another challenging phenomenon that acts as a structural barrier in education for the children of commercial sex workers. The material cost of the system is very high. When families living in red light area do not have money, it is hard for them to pay overall educational expenses such as school fees, exam fees, affording private tutors and even purchasing books and other learning materials which directly leads to absenteeism and dropping out (Hossain et al., 2025; Nijhu & Letchamanan, 2025). The next outer layer is the Macrosystem, which is about the values that people think are important in society, the rules that people should follow and hidden biases that cause discrimination in all inner layers. The findings from the literature highlights that, schools run on patriarchal assumptions with regard to family structure, which is not possible in case of children of commercial sex workers. As a result, they undergo institutional neglect and social bias within schools. Finally, time also plays a role in making these environmental barriers worse. Time affects children in two ways. It affects them as they grow up through stages of life. The transition between primary and secondary school represents a period where bullying, humiliation and peer rejection are at peak (Ali et al., 2014). Time also affects the children of commercial sex workers across generations. Over time poverty and social exclusion become a problem that is passed down from parent to child. The prolonged exposure to violence and poverty in red-light areas increases the risk for children to get stuck in the same situation when they grow up (Bhattacharya & Dasgupta, 2020).

Conclusion

This study highlights that the educational barriers faced by children of commercial sex workers are multidimensional, deeply interconnected, and rooted within broader socio-economic and structural inequalities. The findings reveal that educational exclusion among the children of commercial sex workers is shaped by a combination of economic vulnerability, unstable family environments, psychosocial and emotional marginalisation, institutional barriers and stigma associated with their mother's profession. These barriers do not operate independently, rather they interact across multiple environmental systems, increasing cycles of exclusion and intergenerational vulnerability. Addressing these barriers requires inclusive educational policies,

stigma-free school environments, psychosocial support mechanisms and structural reforms that ensure equitable access to education.

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Education and Gendered Burdens: Understanding School Participation among Adolescent Girls in the Tea Gardens of Assam

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Abstract

Education plays a significant role in promoting gender equality and improving the overall well-being of an individual. However, socio-economic deprivation and gendered household responsibilities continue to affect girls' educational participation, particularly within marginalized communities. The present study adopted a descriptive research design and the findings are based on 400 adolescent girls selected through simple random sampling from tea gardens of Dibrugarh district. The study is theoretically guided by Social Role Theory and the Capability Approach, which help explain how socially constructed gender roles, structural marginalization and limited opportunities influence girls' educational participation. The findings highlight that poverty, low parental education and gendered household responsibilities significantly affect girls' school participation and continuation of education. The study further highlights that girls are often expected to prioritize household chores and caregiving responsibilities over education, reflecting the traditional gender norms within tea garden communities. The study concludes that adolescent girls' educational participation is shaped by the intersection of socio-economic disadvantage, social exclusion and gendered expectations within the household and community. In this context, social work interventions become important in promoting educational awareness, community participation, gender sensitization and access to educational support services for adolescent girls in tea garden communities.

Keywords: *Adolescent Girls, Education, Poverty, Gendered Responsibilities, Tea Gardens of Assam*

Introduction

Education plays a very crucial role in promoting sustainable development, gender equality and the overall well-being (United Nations, 2015). Inclusive and quality primary and secondary education for both boys and girls is considered essential for improving life opportunities and breaking cycles of poverty and deprivation. Although considerable progress has been made in expanding access to primary education but gender disparities continue to persist, particularly at the secondary level (Ramanaik et al. 2018). During early adolescence, socially constructed gender norms increasingly influence the lives of girls and boys in different ways (Ramanaik et al. 2018; Kagesten et al., 2016). While boys are often provided greater freedom and independence, girls are more likely to experience restrictions related to mobility,

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behaviour and household responsibilities (Ramanaik et al. 2018; Lane et al., 2017). Such gendered expectations frequently contribute to irregular school attendance, school dropout and early marriage among adolescent girls.

Educational attainment is closely associated with several positive social and developmental outcomes. Continued schooling among girls is linked with delayed marriage, improved reproductive and sexual health, better access to health services, enhanced earning opportunities and greater decision-making power within households (Svanemyr et al., 2015, World Bank, 2016). In contrast, interrupted or limited education often results in lower economic opportunities, reduced access to resources, early marriage and pregnancy and continued social and economic vulnerability (Ramanaik et al. 2018). The consequences of poor educational attainment frequently extend across generations, reinforcing poverty and inequality among marginalized communities (King & Mason, 2008). Therefore, ensuring equitable access to and completion of secondary education for girls remains important not only for individual development but also for broader social progress and gender justice.

The situation becomes particularly significant in the tea tribe communities of Assam, where socio-economic deprivation, limited access to resources and poor living conditions continue to affect the lives of adolescent girls. In many tea garden households, girls are expected to balance school education with household chores, sibling care and other household responsibilities. These challenges are further extended by financial constraints, often affecting regular school participation and educational continuation. Despite various educational initiatives and policy interventions, adolescent girls in tea garden communities continue to face multiple challenges that limit their educational opportunities and future aspirations (Rahman & Das, 2023; Begum & Islam, 2021).

Existing literature on girls' school participation suggests that dropout and educational discontinuation, as well as school absenteeism, are influenced by the intersection of social, economic, familial and structural factors. Financial challenges, domestic responsibilities, restrictive gender norms, poor educational infrastructure and limited parental support often combine to affect girls' continuation in school. However, much of the available research has left a limited understanding of how these factors interact within specific socio-cultural contexts. Greater attention is therefore needed to understand the processes through which poverty, gendered responsibilities and social expectations shape girls' educational experiences in marginalized settings.

In this context, the present study seeks to examine education, poverty and gendered responsibilities in relation to the school participation of adolescent girls in the tea gardens of Assam. The study aims to understand how socio-economic conditions and gender-based expectations intersect to influence girls' educational experiences and participation in schooling within this marginalized community.

Theoretical Framework

The study is guided primarily by Social Role Theory, developed by Alice Eagly. The theory explains that society assigns different roles, responsibilities and expectations to males and females based on socially constructed gender norms. These roles are learned through socialization processes within the family, community, educational institutions and wider society. As a result, girls and boys experience different opportunities, restrictions and responsibilities from an early age.

Social Role Theory helps in understanding how gender-based expectations shape the educational experiences of adolescent girls. In many societies, girls are expected to perform domestic chores, care for siblings, assist in household activities and maintain socially acceptable behaviour, while boys are generally provided greater independence and educational freedom. These unequal expectations often create barriers to girls' educational participation and continuity. The theory argues that such differences are not natural or biological but are socially constructed and reinforced through cultural practices and societal norms.

In the tea garden communities of Assam, adolescent girls are often required to manage household responsibilities along with their education. Many girls play an active role in domestic chores and caregiving duties, which frequently limits the time and energy they can devote to their studies and regular school attendance. These difficulties are further aggravated by poor economic conditions, as financially disadvantaged families may give greater importance to meeting household needs rather than supporting girls' education. As a result, educational participation often becomes less important than domestic and family responsibilities.

The study also draws upon the Capability Approach proposed by Amartya Sen. The Capability Approach emphasizes that development should be understood in terms of expanding individuals' freedoms, opportunities and capabilities to achieve the kind of life they value. Education is considered one of the most important capabilities because it enhances knowledge, agency, decision-making ability and future opportunities. However, poverty, gender discrimination and unequal social arrangements can restrict an individual's capability to access and benefit from education.

In tea garden communities, although adolescent girls may formally have access to schools, their actual ability to participate fully in education is often constrained by socio-economic deprivation and gendered household expectations. Poverty may limit access to educational resources, while socially assigned responsibilities may reduce girls' ability to attend school regularly or continue their education beyond certain levels. Thus, the Capability Approach helps explain how structural inequalities and limited opportunities restrict girls' educational participation and future life chances.

Together, Social Role Theory and the Capability Approach provide a framework for understanding the relationship between education, poverty and

gendered responsibilities among adolescent girls in the tea gardens of Assam. The framework highlights that girls' participation in school is influenced not only by economic conditions but also by socially constructed gender norms and the unequal distribution of responsibilities within households and society.

Methodology

The present study was based on a descriptive research design to understand education, poverty and gendered responsibilities in the context of adolescent girls' school participation in the tea gardens of Assam. The study focused on examining the socio-economic and gender-related factors influencing the educational participation of adolescent girls in tea garden communities.

The area of the study was Dibrugarh, which has a large concentration of tea gardens in the state. The study covered adolescent girls residing in the selected five tea garden areas of the district. For the present study, simple random sampling was used to draw the sample. The sample size was determined using Cochran's formula for an undefined population. Although the estimated sample size was 384 respondents at a 95 percent confidence level and 5 percent margin of error, the final sample size was limited to 400 respondents for better representation.

Structured interviews were conducted to collect data regarding the socio-economic profile, educational participation, financial constraints and household responsibilities of adolescent girls. Further, "Statistical Package for Social Sciences" (SPSS) was used to analyze the empirical data and the findings were presented through tables, descriptions, and interpretations using descriptive statistical techniques such as frequency and percentage.

Results:

Socio-Demographic Profile

Table 1 presents the socio-demographic profile of the adolescent girls included in the study. It provides an overview of key demographic variables, including age, marital status, mother tongue and religion which help in understanding the background of the study.

Table:1 Socio-Demographic Profile of the Respondents

Parameter	Total No of Adolescent Girls(n*=400)	Percentage
Age Group (in completed years)		
10-13 Years	107	26.8
14-16 Years	179	44.8
17-19 Years	114	28.5
Marital Status		
Married	18	4.5

Unmarried	382	95.5
Mother Tongue		
Adibasi	395	98.7
Oriya	5	1.3
Religion		
Hindu	386	96.5
Christian	14	3.5
Muslim	0	0

Source: Field data

In terms of age distribution, the highest proportion of respondents belonged to the 14–16 years age group (44.8%), followed by 17–19 years (28.5%) and 10–13 years (26.8%). This highlights that the study largely represents middle adolescent girls, a stage often associated with increasing educational responsibilities, household involvement and greater exposure to social and gender-related expectations. Regarding marital status, an overwhelming majority of the respondents were unmarried (95.5%), while only 4.5 percent were married. Although the proportion of married girls is comparatively low, the presence of marriage during adolescence reflects the continued existence of early marriage practices within certain sections of the tea garden community, which may affect girls' education, health and overall development. The findings further highlight that *Adibasi* was the mother tongue of the majority of the respondents (85.3%), reflecting the dominant linguistic background of the tea garden community. Most respondents were Hindu (96.5%), while a small proportion were Christian (3.5%).

Education Status of the Parents

The table presents the educational status of the parents of the adolescent girls included in the study.

Table 2: Education Status of the Parents

Parameter	**Total No of Adolescent Girls(n*=400)**	**Percentage**
Fathers Education		
No formal education	154	38.5
Primary education (I-V)	171	42.8
Secondary education (VI-X)	63	15.8
Higher secondary& above	12	3.0
Mothers Education		
No formal education	209	52.3
Primary education (I-V)	152	38.0
Secondary education (VI-X)	34	8.5
Higher secondary & above	5	1.3

Source: Field data

Among fathers, the largest proportion had education at the primary level (I–V) (42.8%), followed by those with no formal education (38.5%). A comparatively smaller proportion had education up to the secondary level (VI–X) (15.8%), while only 3.0 percent had education at the higher secondary level and above.

A relatively lower educational status was observed among mothers. More than half (52.3%) had no formal education, whereas 38 percent had primary education (I–V). Only 8.5 percent had education up to the secondary level (VI–X), and a negligible proportion (1.3%) had education at the higher secondary level and above.

Parental Occupation and Family Livelihood

The table presents the occupational status of the respondents' parents, reflecting the labour-oriented economic structure of the tea garden community.

Table 3: Occupation of the Parents

Parameter	**Total No of Adolescent Girls(n*=400)**	**Percentage**
Fathers Occupation		
Regular tea garden worker	74	18.5
Temporary tea Garden worker	61	15.3
Self-employed	28	7.0
Daily labour	138	34.5
Unemployed	50	12.5
Not applicable	32	8.0
Others	17	4.25
Mothers Occupation		
Regular tea garden worker	239	59.8
Temporary tea Garden worker	92	23.0
Self-employed	4	1.0
Daily labour	9	2.3
Domestic work	14	3.5
Home-maker	20	5.0
Not applicable	10	2.5
Others	12	3.0

Source: Field data

Among fathers, the largest proportion were engaged as daily labourers (34.5%), followed by regular tea garden workers (18.5%) and temporary tea garden workers (15.3%). A smaller proportion were unemployed (12.5%) or self-employed (7.0%). A few fathers were engaged in other occupations such as school teaching, health work

and work in private farms (4.25%), while 8.0 percent were reported under the category of not applicable.

In contrast, the majority of mothers were engaged as regular tea garden workers (59.8%), indicating the substantial involvement of women in plantation labour. Another 23.0 percent worked as temporary tea garden workers. Only a limited proportion were involved in self-employment (1.0%), daily labour (2.3%) or domestic work (3.5%), while 5.0 percent identified as homemakers. A few mothers were also engaged in other occupations such as ASHA worker, Anganwadi worker, school teacher and crèche attendant (3.0%), while 2.5 percent were reported under not applicable.

The findings indicate that tea garden labour serves as the principal source of livelihood for most families, with women contributing significantly to the plantation workforce.

Family Monthly Income

The table presents the monthly family income of the respondents. Family monthly income is an important indicator of the socio-economic status of the household and helps in understanding the economic background of the adolescent girls.

Table 4: Family Monthly Income of the Respondents

Parameter	**Total No of Adolescent Girls(n*=400)**	**Percentage**
Family Monthly Income		
>4999	35	8.8
5000-9999	228	57.0
10000-14999	114	28.5
15000-19999	17	4.3
<20000	6	1.5

Source: Field data

The majority of the families (57.0%) had a monthly income between ₹5000–9999, followed by 28.5 percent with an income between ₹10000–14999. A smaller proportion of families (8.8%) reported a monthly income below ₹4999, while only 4.3 percent had an income between ₹15000–19999. Very few families (1.5%) reported a monthly income above ₹20000.

The findings highlight that most respondents belonged to economically weaker households with limited monthly income, reflecting the financially vulnerable conditions of tea garden families.

Educational Status of the Respondents

Table 5 presents the educational status of the respondents, highlighting their level of educational attainment and current educational engagement.

Table 5: Educational status of the Respondents

Parameter	**Total No of Adolescent Girls(n*=400)**	**Percentage**
Currently Enrolled in a School/College		
Yes	310	77.5
No	90	22.5
Level of Education Currently Pursuing(n=310)**		
Primary (Class 1–5)	25	8.1
Upper Primary (Class 6–8)	134	43.2
Secondary (Class 9–10)	108	34.8
Higher Secondary (Class 11–12)	27	8.7
Graduation	16	5.2
Last Class Completed by the dropout (n*=90)**		
Class 1-5	4	4.4
Class 6-8	28	31.1
Class 9-10	44	48.9
Class 11-12	14	15.6

Source: Field data

The findings highlight that the majority of the adolescent girls (77.5%) were currently enrolled in a school or college, while 22.5 percent were not continuing their education. Among those who were currently enrolled, the largest proportion was studying at the upper primary level (Class 6–8) (43.2%), followed by the secondary level (Class 9–10) (34.8%). A smaller proportion were pursuing education at the primary level (8.1%), higher secondary level (8.7%) and graduation level (5.2%).

The findings further highlight that among the girls who had discontinued their education, the highest proportion had last studied up to the secondary level (Class 9–10) (48.9%), followed by upper primary level (Class 6–8) (31.1%). A smaller proportion had left school after the higher secondary level (15.6%) and the primary level (4.4%). The findings suggest that although a considerable proportion of adolescent girls are continuing their education, school discontinuation remains noticeable, particularly during the secondary stage of education.

Dropout and Its Contributing Factors

Table 6 presents the reasons for discontinuing education among the adolescent girls included in the study.

Table 6: Reason for Discontinuing Education

Parameter	Total No of Adolescent Girls(n***=90)	Percentage
Reason for Discontinuing Education		
Financial Constraint	83	92.2
Distance	61	67.8
Health Issues	12	13.3
Lack of Interest	61	67.8
Early Marriage	16	17.8

Source: Field data

Financial constraint was the most significant reason for discontinuation of education among adolescent girls, as reported by 92.2 percent of the respondents. This reflects the poor economic condition of many families in the tea garden areas, where continuing education often becomes difficult due to the inability to afford educational expenses. Distance and lack of nearby schools or colleges were another major reason, reported by 67.8 percent of the girls, suggesting that limited access to educational institutions continues to affect girls' continuation in education.

The same proportion of respondents (67.8%) also reported lack of interest as a reason for leaving school, which may be influenced by family responsibilities, limited educational support, or reduced motivation arising from difficult living conditions. Early marriage was reported by 17.8 percent of the respondents, indicating that traditional gender expectations and family pressures still contribute to educational discontinuation among some girls. Health issues were reported by 13.3 percent of the respondents, showing that physical well-being also affects educational participation to a certain extent.

Accessibility to Educational Institutions

Table 7 presents the accessibility of educational institutions for the respondents by examining the distance to school and the modes of transportation used to reach them. These factors are important for understanding the physical access to education among the adolescent girls.

Table 7: Distance & Mode of Transportation to School

Parameter	Total No of Adolescent Girls(n*=400)	Percentage
School Distance		
Within walking distance (<1	43	10.8

km)		
1–2 km	152	38.0
3–5 km	130	32.5
More than 5 km	75	18.8
Transportation Mode		
Walking	260	65.0
Bicycle	77	19.3
Public transport	58	14.5
Other	5	1.3

Source: Field data

The findings highlight that the largest proportion of respondents (38.0%) attended schools located at a distance of 1–2 km from their homes, followed by 32.5 percent who travelled 3–5 km. While 18.8 percent reported that their schools were situated more than 5 km away, only 10.8 percent had schools within walking distance of less than 1 km. With regard to transportation, the majority of the respondents (65.0%) travelled to school on foot, indicating limited access to transportation facilities. A smaller proportion used bicycles (19.3%) and public transport (14.5%), while very few relied on other modes of transport (1.3%).

The findings suggest that many adolescent girls have to travel considerable distances to access education, often depending on walking as their primary mode of transport.

School Absenteeism and Contributing Factors

The table highlights the frequency of school absenteeism among adolescent girls and the major factors contributing to it.

Table 8: Frequency of School Absenteeism and Contributing Factors

Parameter	**Total No of Adolescent Girls(n**=310)**	**Percentage**
How Frequently Miss School		
Rarely (1-3 days a month)	39	9.8
Sometime (4-7 days a month)	122	30.5
Often (more than 7 days)	149	37.3
Reason for missing school		
Financial Constraint	173	55.8
Household Chores	272	87.7
Engage in Work	141	45.5
Health Issues	256	82.6
Distance	152	49.0
Family Restriction	260	83.9
Lack of Interest	203	65.5

Source: Field data

A considerable proportion of the respondents reported frequent absenteeism, with 37.3 percent missing school often, that is, for more than seven days in a month. Another 30.5 percent reported missing school sometimes (4–7 days a month), while only 9.8 percent stated that they rarely missed school. This indicates that regular absenteeism is a significant issue among adolescent girls in the tea garden areas.

The findings further reveal multiple interconnected reasons behind school absenteeism. Household chores emerged as the most common factor, reported by 87.7 percent of the respondents, suggesting that girls are often burdened with domestic responsibilities that interfere with their education. Family restriction was another major reason, reported by 83.9 percent of the girls, reflecting the influence of parental control, gender norms, and restrictions on girls' mobility and educational participation. Health issues were also highly prevalent, with 82.6 percent of the respondents identifying them as a reason for missing school, indicating the impact of poor health and limited well-being on regular attendance.

Lack of interest in studies was reported by 65.5 percent of the respondents, which associated with poor learning conditions, low motivation, or continuous educational disruptions. Financial constraint was reported by 55.8 percent of the girls, showing that economic constraint continues to affect educational participation. Distance from school was another important factor, reported by 49.0 percent of the respondents, highlighting problems related to accessibility and transportation. In addition, 45.5 percent of the girls reported engagement in work as a reason for absenteeism, indicating that many adolescent girls are involved in income-generating or labour-related activities alongside their studies.

Overall, the findings highlight that school absenteeism among adolescent girls is shaped by a combination of economic difficulties, domestic responsibilities, health-related problems, family restrictions and limited educational support, all of which negatively affect their regular participation in education.

Household Chores as a Barrier to Education

Table 9 presents the extent to which household chores are prioritized over studies due to gender. It highlights the influence of gender based domestic responsibilities on the educational experience of the respondents.

Table 8: Prioritization of Household Chores over Studies Due to Gender

Parameter	**Total No of Adolescent Girls(n*=400)**	**Percentage**
Household Chores Priority Over Education		
Yes	375	93.8
No	25	6.3

Source: Field data

The findings highlight that household chores are given priority over education for the majority of adolescent girls, as reported by 93.8 percent of the respondents. This indicates that girls in the tea garden areas are heavily engaged in domestic responsibilities such as cooking, cleaning, caring for siblings, fetching water and other household activities, which often limit the time and attention they can devote to their studies. The findings reflect the persistence of gender-based expectations within the family, where girls are commonly expected to contribute to household work from an early age.

Only 6.3 percent of the respondents stated that household chores are not prioritized over their education. The overwhelming dominance of domestic responsibilities in the lives of adolescent girls suggests that educational participation is frequently compromised due to family expectations and workload within the household. Overall, the findings highlight how the burden of household chores acts as a major barrier to the educational continuity and academic engagement of adolescent girls.

Rina, an adolescent girl, expressed that–

"After coming back from school, I have to cook food, clean the house and take care of my younger siblings. Sometimes I get very little time to study properly."

Another respondent, Pooja, stated that–

"In our family, girls are expected to do all the household work first. Even if I have exams, I am asked to finish the household chores before studying."

Similarly, Anita shared that–

"My brother gets more time for studies, but I have to help my mother in cooking, washing utensils and other household activities every day."

Thus, the findings highlight that domestic responsibilities are strongly shaped by traditional gender expectations, where girls are often expected to prioritise household work over their education. These responsibilities frequently reduce their study time and negatively affect their educational participation and academic engagement.

Discussion

The findings of the present study highlight that the educational participation of adolescent girls in the tea gardens of Assam is shaped by the interaction of poverty, gendered household responsibilities, low parental education, limited educational accessibility and family-based restrictions. Similar to earlier studies conducted among socially and economically marginalized communities, the findings suggest that school absenteeism and educational discontinuation among girls are not isolated events, but rather the outcome of multiple interconnected structural and familial factors operating simultaneously throughout adolescence.

The socio-demographic profile of the respondents reflects the vulnerable social position of adolescent girls within the tea garden community. Although the majority of the respondents were unmarried, the existence of early marriage among a section of the girls indicates that traditional expectations regarding girls' roles continue to influence their educational pathways. The concentration of respondents within the middle adolescent age group further highlights a critical phase where girls experience increasing educational pressure alongside growing domestic responsibilities and gendered social expectations. This stage often becomes decisive in determining whether girls continue or discontinue their education.

The study reveals the low educational attainment of parents, particularly mothers, with more than half having no formal education. Similar findings have been observed in earlier studies which suggest that low parental education often limits awareness regarding the long-term importance of girls' education and reduces educational support within the household (Roy,2021; Rahman & Das, 2023; Begum & Islam, 2021). This indicates that family attitudes and educational aspirations play a crucial role in shaping girls' educational continuity even within economically disadvantaged settings.

The occupational structure and income pattern of the respondents' families reflect the economically fragile nature of tea garden households. Most parents were engaged in plantation labour, daily-wage work, and other low-income occupations, while the majority of households earned less than ₹10000 per month. Financial constraints emerged as one of the strongest factors affecting educational participation, in relation to both school discontinuation and absenteeism. The findings indicate that economic deprivation limits families' ability to bear educational expenses, transportation costs and other school-related needs. Poverty also appears to intensify the dependence on girls' domestic and labour contributions within the household. Similar observations have been made in previous studies where economically deprived families often prioritize immediate household survival over long-term educational investment (Rahman & Das, 2023; Begum & Islam, 2021; Gogoi & Handique, 2014; Bosumatari & Goyari, 2013).

The findings also highlight that educational discontinuation was more common during the secondary stage of education, a period where girls often face academic pressure along with increasing social and economic pressures. Financial constraints, distance from schools and lack of interest were identified as the most common reasons for discontinuing education. However, the issue of lack of interest cannot be understood simply as individual unwillingness towards studies. Rather, it may reflect repeated educational disruptions, domestic workload, limited academic support, low motivation and uncertainty regarding future opportunities. The findings therefore suggest that dropout among adolescent girls is not a sudden event but a gradual process shaped by continuous educational disadvantage and constrained opportunities.

Accessibility to educational institutions also emerged as a major concern in the study. A considerable proportion of girls travelled long distances to attend school, while the majority depended on walking as their primary mode of transport. Long travelling distances, inadequate transportation facilities and physical exhaustion may negatively affect attendance and educational engagement, particularly for girls who are already burdened with domestic work. Similar findings have been discussed in studies focusing on rural and marginalized communities, where poor educational infrastructure contributes significantly to irregular attendance and dropout among adolescent girls.

One of the important findings of the study relates to school absenteeism and the overwhelming burden of household responsibilities on girls. A large proportion of respondents reported missing school frequently, while household chores emerged as the most dominant reason for absenteeism. The findings highlight that girls are expected to undertake substantial domestic work including cooking, cleaning, sibling care and other household duties alongside their education. In addition, family restrictions were reported by a large proportion of respondents, reflecting the persistence of gender norms that regulate girls' mobility, behaviour and educational participation. These findings suggest that girls' education continues to be viewed as secondary to their domestic and caregiving roles within the household.

The study also found that many girls were engaged in work-related activities, either directly through labour participation or indirectly through domestic contributions essential to family survival. Similar to findings from earlier research, economic deprivation appears to increase girls' involvement in household and labour responsibilities, which in turn affects regular school attendance and educational continuity. Health issues also emerged as an important factor contributing to absenteeism, indicating the broader influence of poor living conditions and inadequate well-being on girls' educational experiences.

The overwhelming prioritisation of household chores over education further reflects the deeply gendered structure of everyday life within tea garden families. Nearly all respondents reported that domestic responsibilities were given greater importance than their studies. This indicates that educational participation among adolescent girls is strongly shaped by unequal gender expectations within the family, where girls are socialised into caregiving and domestic roles from an early age. Such responsibilities reduce study time, increase fatigue and weaken girls' regular engagement with education. The findings therefore reinforce the argument that educational inequality among girls is closely linked with the unequal distribution of domestic labour and gendered expectations within marginalized households.

Overall, the findings of the present study highlight that the educational experiences of adolescent girls in the tea gardens of Assam are influenced by poverty, labour-oriented livelihoods, low parental education, poor educational accessibility, domestic responsibilities and restrictive gender norms. While enrolment levels indicate that many girls are entering the educational system, regular attendance,

meaningful participation and educational continuity remain major challenges. The study therefore highlights that improving girls' educational participation requires attention not only to economic barriers but also to the broader social and gender-based conditions that shape their everyday lives within the tea garden community.

Social Work Intervention

Barriers to Education

- Poverty and low family income
- Low parental education
- Household chores and caregiving responsibilities
- Gender discrimination and family restrictions
- School absenteeism and dropout
- Distance from schools and transport problems
- Health-related issues
- Engagement in labour/work activities

Social Work Intervention

- Individual • Family • School • Community
- Institutional and Structural Level

Expected Outcomes

- Reduced absenteeism and dropout
- Improved educational participation
- Increased parental support
- Reduced gender-based barriers
- Improved confidence and agency of girls
- Better future opportunities and capabilities al and Structural Interventions

Individual Level Intervention

At the individual level, adolescent girls in tea garden communities experience problems such as low educational motivation, absenteeism, lack of confidence, health-related difficulties and educational discontinuation due to poverty and gender-based responsibilities. Social workers can intervene using the social casework method to provide individualized counselling, emotional support and guidance to girls facing

educational challenges. Through regular interaction, social workers can identify personal barriers affecting school participation and help girls develop positive attitudes toward education.

Social workers can encourage adolescent girls to recognize their abilities, strengths and educational aspirations. Life skill education, leadership training and confidence-building activities can help girls improve their decision-making ability and cope with social and educational pressures. Behavioural approaches can also be used to encourage positive educational behaviours such as regular school attendance and active participation in studies through motivation and reinforcement techniques.

These interventions are guided by the principles of dignity and worth of the individual, self-determination and acceptance. Social workers should respect girls' experiences, encourage their participation in decision-making and create supportive environments that promote personal growth and educational continuity.

Family Level Intervention

At the family level, poverty, low parental literacy, traditional gender expectations and excessive domestic responsibilities often negatively affect girls' educational participation. Many girls are expected to prioritize household chores, caregiving responsibilities and family obligations over education.

Using the social casework method, social workers can conduct home visits, assess family situations and provide family counselling to improve relationships between parents and daughters. Parents can be encouraged to support girls' education and reduce the domestic burden placed on them. Social workers can also organize parental education programmes to increase awareness regarding the importance of girls' education, regular school attendance and the negative impact of early marriage and school dropout. Behavioural approaches can further help families adopt supportive attitudes toward girls' education by reinforcing positive parenting practices.

School Level Intervention

At the school level, adolescent girls face problems such as absenteeism, lack of interest, poor educational engagement and discontinuation of education, particularly during the secondary stage. Long travelling distances, domestic responsibilities and lack of support often affect regular attendance.

Using social casework, social workers can identify girls who are at risk of absenteeism and dropout and provide individualized educational counselling and support. Regular follow-up with teachers and parents can help monitor attendance and academic progress.

Using the social group work method, social workers can organize educational support groups, life skill education sessions and awareness programmes within schools. Group discussions can focus on gender equality, educational aspirations, adolescent health and coping with educational stress. Behavioural techniques such as reward systems and positive reinforcement can also be used to encourage regular attendance and participation. Further, Social workers can understand the role of the school environment in influencing girls' educational participation and advocate for supportive and girl-friendly school environments.

These interventions are guided by the principles of social justice, equal opportunity and empowerment. Schools should function as supportive spaces that encourage educational participation among adolescent girls.

Community Level Intervention

At the community level, restrictive gender norms, traditional beliefs and lack of awareness often influence girls' educational participation and continuation. Community attitudes may prioritize domestic roles and marriage over girls' education.

Social workers can organize awareness building as a strategy of community organisation and orgnaise campaigns, community meetings and group discussions involving parents, teachers, adolescent girls, community leaders and tea garden management. These programmes can focus on promoting the importance of girls' education, reducing gender discrimination and encouraging positive attitudes toward educational participation.

Using social group work, social workers can form adolescent girls groups and peer support networks where girls can share experiences, discuss educational problems and motivate one another to continue their studies. Community-based programmes can also involve School teachers, Anganwadi workers and local organizations to strengthen support systems for adolescent girls.

Institutional and Structural Level Intervention

At the institutional and structural level, poverty, inadequate educational infrastructure, transportation problems and weak implementation of welfare schemes create barriers to educational continuity among adolescent girls.

Using social welfare administration, social workers can help families access educational scholarships, free textbooks, uniforms, bicycles and other government welfare schemes available for economically weaker students. Social workers can coordinate with schools, government departments, ICDS services and non-governmental organizations to strengthen educational support systems.

Conclusion

The study reveals that adolescent girls in the tea gardens of Assam face multiple educational challenges due to poverty, low parental education, gender-based household responsibilities, family restrictions and limited educational accessibility. Although many girls remain enrolled in schools, absenteeism and educational discontinuation continue to be significant issues, especially at the secondary level. Financial constraint, domestic workload, distance from schools and lack of family support were identified as major barriers affecting girls' educational participation.

The findings further show that socially constructed gender roles continue to place greater domestic responsibilities on girls, often giving less priority to their education. The study therefore highlights that girls' educational problems are influenced not only by economic conditions but also by unequal social and gender norms within families and communities.

In this context, social work intervention becomes important in addressing these challenges at individual, family, school, community and structural levels. Through counselling, awareness generation, community participation, advocacy and welfare support, social workers can help reduce absenteeism, prevent school dropout and strengthen educational participation among adolescent girls in tea garden communities.

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Girl Education and Rural Development: A Study in Udalguri district of Assam.

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Abstract

Girls have an important role to play in the advancement of rural areas in particular and in all parts of the society in general. It is only through the education, the level of socio-economic condition and socio-cultural development of any society can be raised. Because education helps to modify one's behaviour, develop the skill and art of living which directly or indirectly helps in all round development. In the words of Jawaharlal Nehru, education of a boy is education of one person but education of a girl is the education of the entire family. But latest National Statistical Office (NSO)data India's average literacy rate is 77.70 & male literacy at the India level in 2021 stands at 84.70% & female literacy stands at 70.30% showing the gap of 14.4 percentage points between the sexes at the national level. This result indicates that the literacy rate of women is still lagging behind in comparison to male. This low level of literacy not only has a negative impact on female's lives but also on their families and rural development. Therefore this paper basically intends to find out how girl education can be the backbone for rural development and also an attempt to cover many aspects of rural development.

Keywords*: Girl Education, Rural Development, Udalguri*

Introduction

Development is a very intangible notion. Rural development would basically mean most wanted positive change in the rural areas both in a qualitative, quantitative as well as in structural changes in the state of education. The chain of causation leads us back to education as the appliance for raising levels of human acumen. This enables to make as conscious of condition in relation to possible improvements, capability to think in parallel and logically. It is equally well emphasized that girl education is the means that stimulates the questioning and innovating strength and promotes original action. So rural advancement is a part of the fight towards the making and evaluation of a new society and social order which can be possible through girl education. Therefore, The National Policy on Education articulated the intent to "lay special emphasis on the removal of disparities and to equalize educational opportunity by attending to the specific needs of those who have been denied equality so far."(NEP 1986). National policy on education marked a turning point in Indian education as it

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brought the issue of women's equality to centre stage."*Education will be used as an agent of basic change in the status of women. In order to neutralize the accumulated distortions of the past, there will be a well-conceived edge in favor of women. This will be an act of faith and social engineering. The removal of women's illiteracy and obstacles inhibiting their access to and retention in elementary education will receive overriding priority, through provision of special support services setting time targets and effective monitoring."*(Chapter IV, page 6, paragraph 4.2 and 4.3; NEP-1986, Government of India).

Developments depends on many factors like means of education, production, scientific diffusion, the resource potential, capital expenditure, structure facilities such as health services, housing, transport, communication, marketing and storage etc., quality of labor force, population pressure and so many key and trivial factors influence each other. Though it is difficult to trace which factor is much more influential for rural development however role of girl education cannot be denied as one of the most important aspect of rural development.

Role of Education and Rural Development: Education plays a key role in the development of the rural areas as it is the process of developing human resources. The education of girls has a vital impact on their personal development as well as on their families and communities. It is the key factor in the development of the any society and the people living over there. Girls play an essential role in the social, cultural, economic and also in political life. They not only contribute to building the character of the citizens but also help to economic reconstruction of the society. In present context their role is not confined to their home only. It covers all aspects of community life including development of the condition of their own. It will remain unrealized unless girls are allowed to play an active role in the developmental process. Education helps the girls to develop their life skills, build the confidence and help them to participate in the developmental process. Girl Education can also minimize the gap between rural and urban people by different ways specially through changing the attitudes, behavior and skill of rural people. Girl can also help the rural people by awakening about their welfare programmes and schemes and also can make them conscious about their environment and encourage them to participate in the development programmes. It also plays an important role in providing service and income sources for the rural people who directly can help them in empowerment and rural development.

Schemes and Programmes for Girls: Low enrollment, high drop-out rate among the girls in rural areas are the major problems of rural development. Besides these poverty, lack of infrastructure, technical knowledge, conservative attitudes also stands as obstacles in the developmental process of rural areas. Therefore, to overcome these problems central Government as well as different state Governments have taken initiatives especially for girls and for their education are as follows-

The scheme sponsored by Central Government: Central Government sponsored schemes are managed by its own. The benefits of these schemes can be enjoyed by girls and their parents from any part of India. Below are the schemes sponsored by the Central Government for girl child?

1. **Beti bachao Beti Padhao**: The scheme was launched on January 22, 2015. This is to try to remove gender discrimination prevalent in the society and take girls forward in education. This scheme was however started in districts where the number of girls is less than that of boys. However later it was extended to all parts of the country. Instead of direct financial assistance through this scheme, efforts are made to inculcate social consciousness in the field of education.
2. **Balika Samriddhi Yojana:** It is a scholarship scheme started in the year of 1997 to provide financial support to the girl child and their mothers especially that belongs to below poverty line. It was expected that through this scheme social status, marriageable age of girls and enrollment can be improved. This scheme is available for the girl child living both in urban and rural areas. A newborn girl's mother receives an amount of Rs 500 as cash benefit and 300-1000 rupees can get annually after attending school up to 10. But this amount is allowed for withdrawal only after the girl child turns 18 years old and is still unmarried.
3. **CBSE Udaan Scheme:** This scheme was established to give wings to girl students and to address the teaching gap between school and engineering entrance and to mentor girl students in their preparation for admission to India's premier engineering colleges. This scheme was started in the year of 2014.It is administered by central Board of Secondary Education through the Ministry of HRD, Govt of India. Different facilities like free course materials, online resources, vitual contact classes, study helpline services to clear doubts, constant monitoring are provided for the girls studying in 11 and 12 standard specially for meritorious and economically backward sections of society.
4. **National Scheme of Incentive to Girls for Secondary Education**: Former Prime minister Dr Manmohan Singh launched this scheme in the year of 2008.This scheme is managed by the Department of School education & Literacy, Ministry of HRD and Govt. of India. Classes VIII passed Girls belonging to the backward classes of India are eligible to get the benefits of this scheme. But to avail the benefit of this scheme the girls need to be aged less than 16 years. Girls' students who are married or are enrolled in various central Govt. schemes like CBS, NVS and KVS are not eligible for this scheme. When the girl students are selected after fulfilling the eligibility criteria a sum of Rs 3000 is deposited as a fix deposit against the eligible girls and allowed only to withdrawal with interest after passing the class 10^{th} examination and complete the age of 18 years.
5. **Dhanalakshmi Scheme:** It is a conditional cash transfer scheme launched by the central Government on 3^{rd} March 2008.This covers the only the families having low income with girl children. But this scheme was initially

implemented as a project in the states of Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Orissa, Punjab and Uttar Pradesh. The main objective of this scheme was to providing cash incentives to promote education and improve the well-being of the girl child especially those belonging to economically and educationally backward classes. This scheme provided direct cash benefits to girl child from the time of birth till completion of secondary education in class 8.

State Government Girl Child Schemes:

1. **Ladli Scheme of Haryana:** It was started in the year of 2006 by the Haryana Government to enhance the status of the girl child in society. This is a cash incentive scheme that provide a sum of Rs 5000 annually for a period of 5 years to families with a second girl child born after 20th August 2015.But the deposited amount against the girl child can withdraw the same with interest only after completion of 18 years of the girl child.
2. **Ladli Laxmi Yojana of Madhya Pradesh:** This scheme launched by the Madhya Pradesh Government on 2nd May 2007 that seeks to improve the status of girl children and women in the state. Major objective of the scheme was to prevent social ill such as child marriage and female foeticide. Instead of cash transfer National Saving certificate is purchased in the name of beneficiary.
3. **Karnataka Bhagyashree Scheme:** This scheme is designed to promote the birth of girl child among families below the poverty line. This scheme was started by the state govt of Karnataka in the year of 2006.
4. **Mazi Kanya Bhagyashree Scheme:** It was started by Maharashtra Government in 2016 to improve the condition of girl child among the BPL and other weaker section of society.
5. **West Bengal Kanyashree Prakalpa:** This is a state initiative of west Bengal Government to improve the status as well as the well-being of girls from weaker socio-economic classes. It was launched in the year of 2012.

In Assam it is seen that government has taken many initiatives to improve the education for both girls and boys. Scheme AAROHAN', is one such initiative, for the identification of talented students from the remote, rural and poor families for the mentoring and monitoring of their academic career. It is a scheme of mentoring and monitoring the talented students from remote, rural and poor families. Another unique program and scheme known as SAPTADHARA under RMSA is to imparting education especially in extracurricular activities and for providing an opportunity to every young child to explore Global knowledge on skill based innovative teaching learning tactics. Distribution of free bicycles to BPL Girls students' up to Class-X studying in Govt. and provincialized High/Higher Secondary School" is another significant scheme by the Government of Assam with an objective of reducing the dropout rate of Girls students at Secondary level and to increase enrollment of Girls. Waiving of Admission Fees for the students in Class XI in all Higher Secondary Schools/Colleges provided that the income of their parents is below or Rs.1.00 lakh

(Rupees one lakh) only per annum from all sources is also a significant scheme for both boys and girls. To increase enrollment in provincialized schools of the State and to reduce dropout rate government of Assam introduced the scheme to provide free tax books for the students of class IX and X in the academic year 2017-18.But later on it was decided to extend this scheme up to class XI and XII. Besides these schemes distribution for Laptop to all HSLC passed students and Scooty for HS passed girl students with required percentage were also the programs by the state government. Chief Minister's "Assam Bikash Yojana Scheme also another initiative of giving pre-matric for the class IX and X Students and post-metric scholarship for the students of class of XI and XII.

Review of Literature

Lahkar, Bina. (1987) in her book "Development of Women Education" studied about enrollment, curriculum, examination, training of teachers, wastage and stagnation and also administration and inspection. Reveals many problems in those fields at primary level and suggest educating and making aware of the necessity of educating their daughters. And she also suggested appointing women teachers as well as inspectors at primary level to understand the problems of the girl's education.

French, Jane. (1990) In his book "The Education of Girls'' examines many issues, particularly that of single sex versus co-educational schooling and will enable parents to make firm and informed choices. The coverage extends from pre-school years through to secondary education and discusses the important role of the parent at home. He looked at how people have become more aware of subtle differences in the ways that adult react to girls and boys and how teachers respond differently to the two sexes as well as the differences in reaction and behavior of the children themselves, and examines how these differences in reaction and behavior affect both the developing child's sense of self-worth and the experience of education itself.

Bhaskar Chatterjee (2006)in his book education for all, focused on the specific gender-based interventions implemented through gender-based programmes, which focus exclusively on women and girls.

Mohammad Reza Iravani (2011) in his article "Role of Social Workers in Supporting Girl Child Labour and their Families" indicates that the role of girl education to radical change in the traditional perception on children that is unfavorable to their well-being. A commitment to people centered development requires purposeful efforts to weaken such a culturally bound traditional perception and to bring about more enlightened social attitudes towards innocent children.

Neerja Dhankar (2011) in her book 'education in emerging Indian society' deals with problems and issues related to education in detail.

Puja Mandal (2016) in her article 'Women Education in Rural India: Meaning, Need and Barriers, states that in India, the status of the girl child has been a subject of much discussion, controversy and debate. There are some overwhelming cultural and

economic reasons why female children are not receiving the same medical, emotional and educational attention as their male counterparts.

Ashutosh Dayal Sharma (2018) in his article 'Education empowering women in Rural areas, states that education has opened up various avenues for girls in India whether it's singing, sports, Dancing, Nursing and other fields which are directly or indirectly related to the rural development.

Neelam Sinha (2018) in her book "Education and Rural Reconstruction", chapter XVI looks at the education as an instrument of social change highlighted that main contribution of education for rural development should be in terms of preparing the necessary conditions for development by awareness of an insight into the social reality and processes. Its contribution to rural development may be primarily in the form of helping people and use their individual as well as collective and community strength and resources and help them develop new skills – both process and social skills and technical or work skills relevant to programmes of rural development.

Objectives

1. To know the role of education for women empowerment and rural development

2. To know the different available schemes and programmes for girl education by the both central and state Government

Methodology

The present study is both qualitative and quantitative analysis based on primary and secondary data. Descriptive method has been adopted for this study in order to understand the present scenario of Girl education for rural development in Udalguri district of Assam. Total 50 girl dropout has been interviewed from different villages of Udalguri district for the study. Interview Schedule has been constructed to collect primary data from the respondents and secondary data have been collected from various research papers, articles, magazines, books, periodicals etc.)

Major findings:

Table 1: Education as factor of Development (Opinion by the respondents)

Criteria	Frequency	%
Yes	48	96
No	2	4
Total	50	100

Table 1 shows that 96% respondents agreed education as a factor of development and only 4% respondents do not believe that education is not a factor of development. In the table 2 it is seen that 10% respondents are illiterate,18% comes under the

elementary level category,42% belongs to Higher Secondary level and 30% respondents are graduate and above.

Table 2: Educational Qualifications of the respondents

Category	Frequency	%
Illiterate	5	10
Elementary Education	9	18
Higher Secondary Education	21	42
Graduate & Above	15	30
Total	50	100

The above table shows that out of 50 respondents 5(10%) are illiterate, 9(18%) have taken elementary education, 21(42%) have passed higher secondary education and 15(30%) are graduate and above.

Table 3: Women's participation in crucial decision making processes

Decisions related to	**Percentage of women who took decisions**				
	Educational levels of women				
	Illiterate (5)	**Elementary Education (9)**	**Higher Secondary Education (21)**	**Graduate & Above (15)**	**Total (50)**
Purchase of valuable household things	0	0	7	6	
Agricultural practices	0	0	6	9	
Caste vote in Elections	0	1	6	10	
What to wear	1	3	11	12	
About marriage	0	0	3	7	
About children's schooling& education	0	1	5	10	

Table 3 shows Women's participation in crucial decision making processes. Here it is seen that illiterate women have not getting the rights at their home in crucial decision making processes. Only 20% can take decision on wearing cloths. But result shows that educated women play significant role in decision making process in comparison to uneducated women. It signifies that there is a relation between education and development.

Table 4: Nature of work of the respondents

Type of occupation/category	No of respondents	%
Govt Service	1	2
Private Job	7	14
Daily wage earner	11	22
Household work	29	58
Other	2	4
Total	50	100%

In the table 4 it is seen that majority (58%) respondents are busy only with their household duties. Only 2% respondents are in Govt. Job, 14% in private job, 22% belongs to daily wage earner and 4% in other works. There is a remarkable difference between the respondents having awareness and with no awareness. In the table no 5 it is seen that 34% respondents are not aware about different schemes and programmes for the girl students by Central as well as the state government.

Table 5: Respondent's awareness on Govt. Schemes and Programmes for girl students

Awareness	No of respondents	%
Yes	33	66
No	17	34
Total	50	100%

Table no 5 depicted that 33(66%) respondents have awareness on Govt. schemes and programmes for girl students but 17(34%) do not have any idea about it.

Table: 6: Opinion by the respondents on preference of education at their home

Importance on	No of respondents	%
Girls	9	18
Boys	3	6
Both	38	76
Total	50	100%

The table 6 shows that 6% respondents still they have preference towards the education of boys in their house instead of girls. On the other hand 76% respondents support for both boys and girls and 18% on girl education.

Conclusion

The education of girls has a vital impact on their personal development as well as on their families and communities. It is the key factor in the development of the any society and the people living over there. Girls play an essential role in the social, cultural, economic and also in political life. They not only contribute to building the character of the citizens but also help to economic reconstruction of the society. In present context their role is not confined to their home only. Girl education covers all aspects of community life including development of the condition of their own. It will remain unrealized unless girls are allowed to play an active role in the developmental process. Education helps the girls to develop their life skills, build the confidence and help them to participate in the developmental process. To strengthen the rural development, education plays a vital role in the development of India. It helps in generating employment opportunities in the rural areas by reducing unemployment and poverty. Government has launched various rural development schemes and programmes in order to uplift rural areas but these programs should combine with proper monitory and evaluation.

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A Participatory Appraisal of Child Rights and Essential Services in Shillong, India

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Abstract

Child rights remain incompletely translated into lived practice across India, and Northeast India, marked by elevated reported crime against children yet limited empirical evidence, illustrates this gap acutely. This study examined children's awareness of their cardinal rights, survival, protection, development, and participation, and their knowledge of available support services in Shillong, Meghalaya. Using a child-led, participatory design consistent with Article 12 of the UNCRC, 510 children aged 10 to 18 years were surveyed across nine urban localities and eight schools via a bilingual Khasi - English questionnaire administered by trained Child Rights Club volunteers. Results showed that although most children reported feeling safe at home (99%) and in their locality (95%), rights literacy was markedly uneven: only 61% identified themselves as rights-holders, awareness of specific cardinal rights ranged from 50% for protection to 72% for survival, and substantial majorities were unaware of child helplines (40%) or child-focused organisations (69%). Institutional gaps compounded this deficit, with 78% of schools reportedly lacking counsellors. These findings indicate that children's subjective sense of safety substantially outpaces their structural rights-literacy and institutional connectivity. The study concludes that closing this gap requires embedding rights education beyond survival-oriented content, expanding school-based counselling, and improving the visibility of helplines and support services, while also affirming child-led research as a viable, rights-realizing methodology for generating authentic, policy-relevant evidence in linguistically diverse, under-resourced settings.

Keywords: *Child Rights, Rights Literacy, Child Protection Service, Shillong, Institutional Gap*

Introduction

Child rights are not a peripheral concern of development discourse; they constitute the foundational guarantee that every child, regardless of geography, gender, or socio-economic status, is entitled to survive, develop, be protected, and participate meaningfully in decisions that shape their lives. The United Nations Convention on the Rights of the Child (UNCRC), ratified by India in 1992, obligates state parties to uphold four cardinal rights: survival, protection, development, and participation (United Nations, 1989). Despite this near-universal normative commitment, translating rights on paper into rights in practice remains an unfinished project, particularly in contexts marked by economic precarity, linguistic diversity, and weak last-mile service delivery.

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Globally, violence against children remains alarmingly pervasive. Systematic reviews estimate that more than half of all children aged two to seventeen experience some form of physical, sexual, or emotional violence every year, a figure that translates to nearly one billion children worldwide (Hillis et al., 2016). In India, this global pattern is mirrored and, in several respects, intensified: National Crime Records Bureau (NCRB) data indicate that crimes against children rose by 8.7 percent in a single year, with offences registered under the Protection of Children from Sexual Offences (POCSO) Act, 2012 accounting for a substantial share of reported cases (National Crime Records Bureau, 2023). Cybercrimes targeting minors have grown even more sharply over the same period, reflecting children's expanding digital exposure without a commensurate expansion in protective infrastructure.

Northeast India, and Meghalaya in particular, is not insulated from these trends. State crime records indicate that Meghalaya registered 496 crimes against children in 2022, the second-highest figure among Northeastern states after Assam (Meghalaya Police, 2023). A considerable share of these cases was filed under the POCSO Act, with East Khasi Hills, the district encompassing Shillong, recording the highest concentration of such cases within the state. These figures, however, capture only reported incidents; existing literature suggests that under-reporting, driven by social stigma, fear of retaliation, and limited awareness of redress mechanisms, conceals the true scale of the problem (Deb et al., 2016).

A recurring explanation for this gap between vulnerability and protection is the low level of rights literacy among children themselves. Children who do not know that they possess enforceable rights, or who are unaware of the institutional mechanisms designed to protect them, such as helplines, counselling services, and child welfare committees, are structurally less able to recognise exploitation, seek help, or hold duty-bearers accountable. This is precisely the evidentiary gap that the present study addresses. Rather than relying solely on adult informants or administrative data, the study adopts a child-led, participatory methodology, in keeping with Article 12 of the UNCRC, which affirms the right of children to express views on matters affecting them and to have those views given due weight (United Nations, 1989; UN Committee on the Rights of the Child, 2009).

By positioning children themselves as researchers, through Child Rights Clubs trained to administer a bilingual Khasi–English questionnaire, the study sought to generate authentic, first-person data on 510 children's awareness of their cardinal rights and their knowledge of the essential services available to them across nine urban localities and eight educational institutions in Shillong. The resulting appraisal offers not only a diagnostic baseline for child-protection stakeholders in Meghalaya but also a methodological demonstration of how participatory research can itself function as a rights-realising practice.

Statement of the Problem

The study identifies several critical issues regarding the safety, awareness, and well-being of children at global, national, and local levels. Violence against children is a widespread and critical global issue, with up to one billion children experiencing physical, sexual, or emotional violence or neglect (Hillis et al., 2016). In India, crimes against children increased by over 80% between 2014 and 2022, accompanied by a sharp 32% rise in cybercrimes against minors from 2021 to 2022. Locally, Meghalaya recorded 496 crimes against children in 2022, marking the second-highest rate in Northeast India, alongside significant numbers of abductions and offenses under the POCSO Act (Meghalaya Police, 2023). Despite intervention efforts, violence against children remains under-reported and insufficiently addressed due to social stigma, fear, and a lack of access to support systems. There is a significant gap in awareness among children regarding their fundamental rights, which weakens their capacity to recognize and report exploitation or harm. A worrying disconnect exists between vulnerable children and the governmental or non-governmental mechanisms established to protect them.

Literature Review

Global and National Burden of Violence Against Children

The evidence base on violence against children has expanded considerably over the past two decades, moving from anecdotal accounts toward systematic, population-based estimation. Hillis et al. (2016), synthesising evidence across low-, middle-, and high-income countries, estimated that over half of all children aged two to seventeen experience some form of violence annually, translating to close to one billion children worldwide. In response, the World Health Organization and partner agencies articulated the INSPIRE framework, a set of seven evidence-based strategies for violence prevention spanning legislation, norms, safe environments, parenting support, income strengthening, response services, and education (World Health Organization, 2016). While INSPIRE has informed national child-protection policy globally, its implementation in decentralised, linguistically diverse, and resource-constrained settings, such as India's northeastern states, remains uneven.

In the Indian context, the NCRB's Crime in India series constitutes the principal administrative source of trend data. The 2022 report documents an 8.7 percent year-on-year rise in crimes against children, with kidnapping and abduction and offences under the POCSO Act, 2012 together accounting for the majority of registered cases (National Crime Records Bureau, 2023). Scholars caution, however, that registered crime figures are a conservative proxy for actual prevalence, since reporting is mediated by social stigma, family reluctance to engage the justice system, and children's own unfamiliarity with what constitutes a reportable offence (Deb et al., 2016). At the state level, Meghalaya's crime records reveal a comparable upward

trajectory, with East Khasi Hills district, the seat of Shillong, identified as a particular concentration point for POCSO-registered offences (Meghalaya Police, 2023).

Child Rights Frameworks: From Entitlement to Participation

The UNCRC (United Nations, 1989) remains the most widely ratified human rights instrument in the world and organises children's entitlements around the four pillars invoked in the present study: survival, development, protection, and participation. Of these, the participation pillar, anchored in Article 12, has proven the most conceptually contested and the most difficult to operationalise. Hart's (1992) ladder of participation, developed for UNICEF, remains the most cited heuristic in this literature, distinguishing genuine participation, such as adult-initiated shared decisions and child-initiated action, from tokenistic or manipulative practices in which children are present without influence. Subsequent scholarship has refined Hart's linear metaphor: Lansdown (2010) proposed a more context-sensitive model emphasising the enabling environment and the quality, rather than the mere presence, of children's involvement, while Lundy (2007) reframed Article 12 around four interlocking elements, namely space, voice, audience, and influence, arguing that a child's view is meaningful only when it is genuinely heard and capable of affecting outcomes. The UN Committee on the Rights of the Child's General Comment No. 12 (2009) consolidated this trajectory, describing participation as both a substantive right and a procedural obligation that should inform research, policy, and service design concerning children.

These frameworks carry direct methodological implications for research on child welfare. A study that merely collects data about children through parents, teachers, or administrative records falls short of the participatory ideal, whereas one that positions children as co-researchers, as in the present appraisal's use of Child Rights Club volunteers to survey their peers, moves substantially further up Hart's ladder and aligns with Lundy's emphasis on voice and audience.

Awareness Gaps and the Disconnect from Protective Services

A consistent finding across Indian studies is that formal legal protections for children coexist with strikingly low levels of rights literacy among the population meant to benefit from them. Deb et al. (2016), surveying 584 community members, including parents and teachers, across five Indian cities, found that while attitudes toward child rights were overwhelmingly positive, actual knowledge of child-rights legislation was only moderate and varied considerably by location, with awareness of instruments such as the Right to Education Act outpacing awareness of protective legislation bearing more directly on abuse and exploitation. If adult gatekeepers themselves possess incomplete knowledge, children's own awareness, and their consequent capacity to identify and report violations, is likely to be still more constrained. This pattern of asymmetric awareness, echoed in the present study's finding that a majority of respondents could not identify organisations or helplines available to support them, points to a structural rather than an individual failure: protective services exist, but the

channels through which they reach children, especially in linguistically distinct, semi-urban settings such as Shillong, remain inadequate.

Participatory, Child-Led Research as Methodology

Finally, the methodological literature on participatory research with children underscores both its value and its complexity. Positioning children as data collectors rather than merely as respondents is argued to improve rapport, linguistic accessibility, and the authenticity of disclosure, particularly on sensitive topics such as abuse, substance exposure, and safety, while also serving the participation right itself, since the research process becomes a site of rights realisation rather than merely a means of measuring their absence (Hart, 1992; Lansdown, 2010). Taken together, this body of literature frames the contribution of the present study: it applies established child-participation theory to a data-scarce region of India, generating peer-collected evidence on rights awareness that can inform locally grounded, rather than externally imposed, child-protection interventions.

Objectives of the study

The primary and secondary aims of the study were structured to evaluate and address child welfare in Shillong:

1. To assess the level of awareness among children regarding their fundamental rights.
2. To evaluate children's knowledge concerning the range of services available to them through governmental and non-governmental organizations.
3. To gain deeper insights into how comprehensively children understand the protections, opportunities, and support mechanisms intended for their development.
4. To position children at the center of the research process by executing a child-led survey, thereby empowering them with firsthand research experience.

Significance of the Study

The comprehensive study was initiated to evaluate the baseline awareness among children regarding their cardinal rights (Survival, Protection, Development, and Participation) and the protective services provided by governmental and non-governmental organizations.

The survey's defining characteristic is its child-led design, placing young volunteers from Child Rights Clubs at the center of the investigative process. This participatory model empowered children with practical, firsthand research experience while ensuring that the data authentically captured the genuine voices and perspectives of their peers.

The study holds substantial regional significance given the high prevalence of violence, with Meghalaya recording 496 crimes against children in 2022. It directly addresses the systemic issue of under-reporting, which is frequently driven by social stigma, fear, and a critical lack of awareness regarding available support frameworks.

Materials and Methods (Methodology)

Study Area: The research was conducted across nine urban localities (e.g., Dongkamon, Lawsohtun, Laban Howell Road) and eight educational institutions in Shillong, Meghalaya.

Sampling and Participants: The target sampling unit consisted of children aged 18 years and below. A total sample size of 510 participants was selected utilizing a purposive sampling technique.

Data Collection Tools: The study utilized both primary and secondary data, primarily gathered through a structured questionnaire. To ensure inclusivity, cultural sensitivity, and to eliminate language barriers, the questionnaire was developed bilingually in both Khasi and English.

Ethical Considerations: The assessment adhered to ethical research protocols by securing prior approval from local headmen and the respondents' parents. The privacy and confidentiality of the respondents' information were strictly maintained throughout the data collection and analysis phases.

Findings

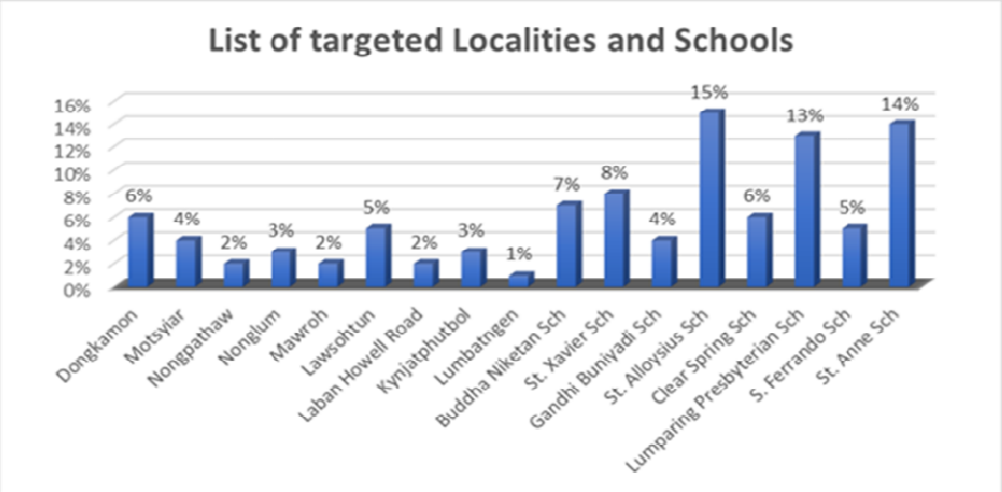


Figure 1

From Figure 1, it can be observed that the total number of respondents is 510. The highest number of respondents (15%) are from St. Aloysius RCLP School, followed by 14% from St. Anne Secondary School and 13% from Lumparing Presbyterian

School. St. Xavier Secondary School accounts for 8% of the respondents, while 7% are from Buddha Niketan School. Both Clear Spring School and Dongkamon contribute 6% each. Lawsohtun and S. Ferrando School each represent 5% of the respondents. Motsyiar and Gandhi Buniyadi Secondary School each account for 4%, while Nonglum and Kynjatphutbol contribute 3% each. Nongpathaw and Laban Howell Road make up 2% each, and finally, 1% of the respondents are from Lumbatngen.

Demographic Overview

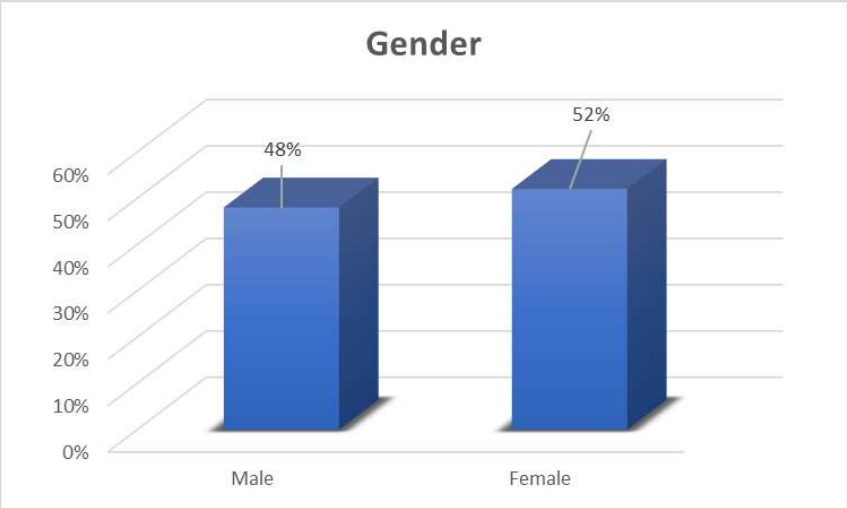


Figure 2

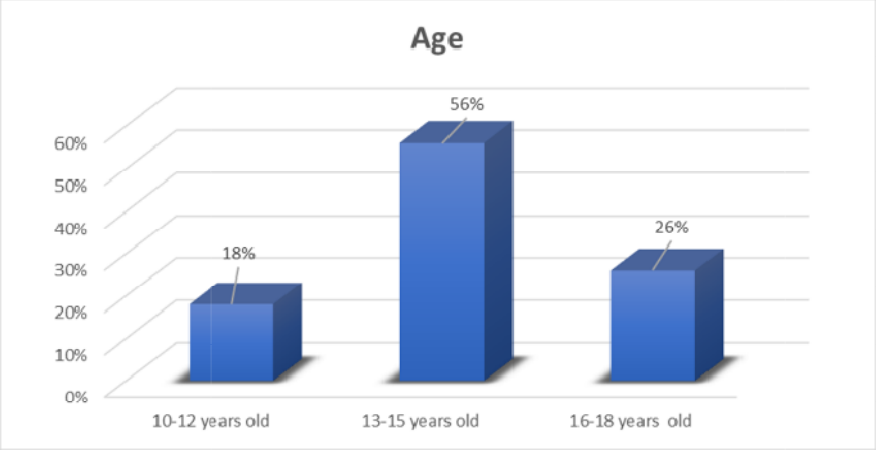


Figure 3

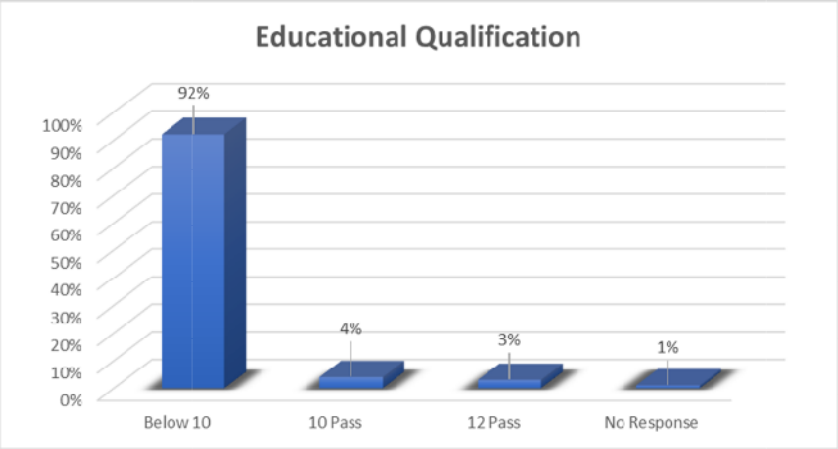


Figure 4

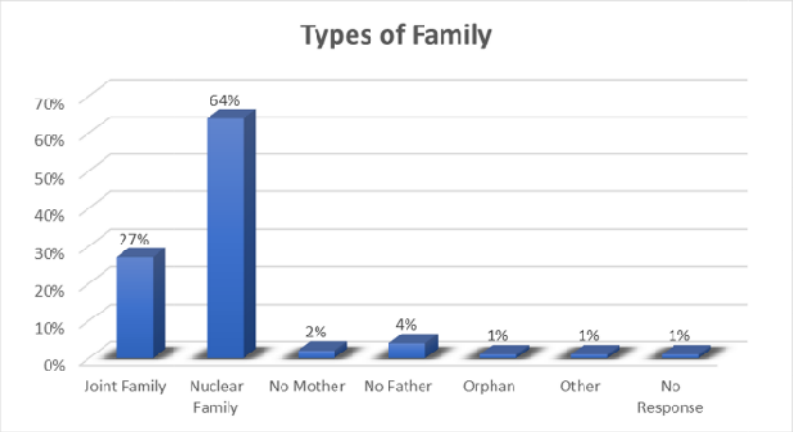


Figure 5

The study comprised a total sample of 510 participants. Gender distribution was relatively balanced, with a slight majority of female respondents 52%, compared to males 48%. The cohort was composed exclusively of adolescents aged 10 to 18 years, with those aged 13–15 representing the majority 56%, followed by 16–18-year-olds 26%, and 10–12-year-olds 18%. Corresponding to their age profile, most participants had educational attainment below Class 10 92%, while 4% had passed Class 10, 3% had passed Class 12, and 1% did not state their qualification. Regarding living arrangements, nearly two-thirds of respondents resided in nuclear families 64%, and 27% in joint families. The remaining sample comprised participants living without a father 4%, without a mother 2%, orphans 1%, other arrangements 1%, or non-respondents 1%.

Awareness of Rights

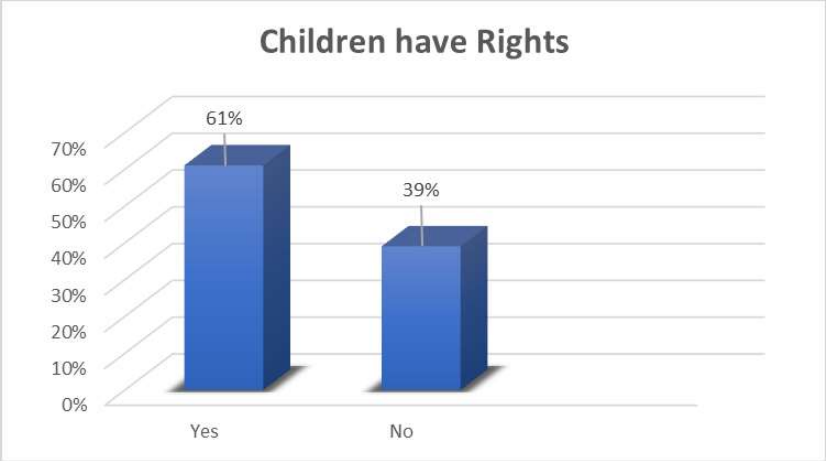


Figure 6

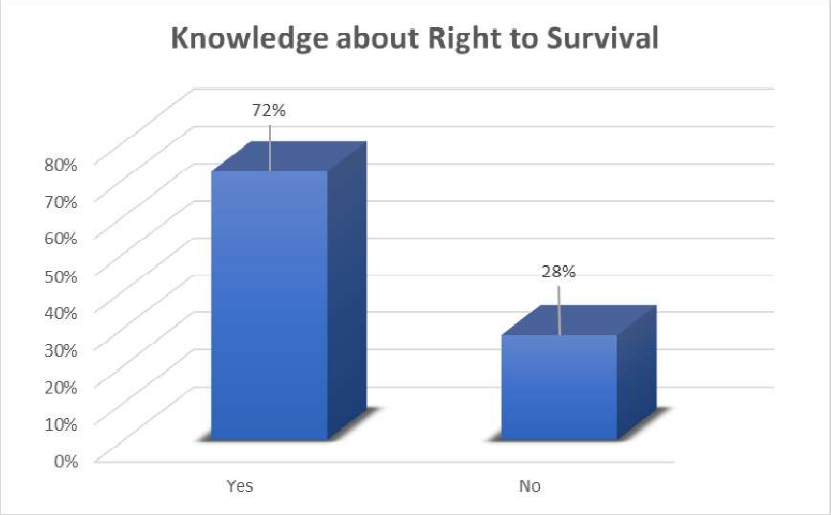


Figure 7

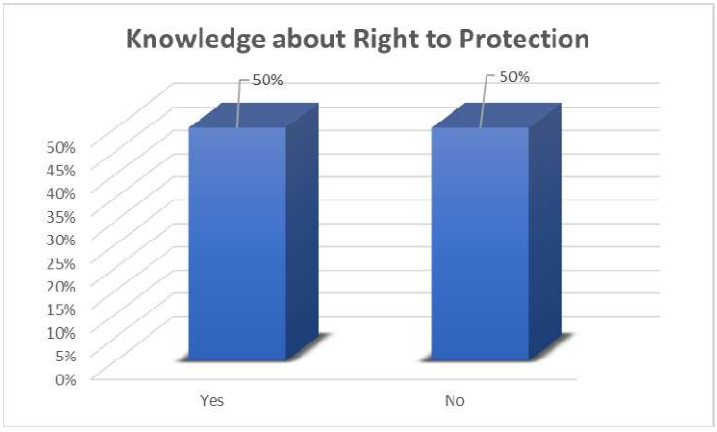


Figure 8

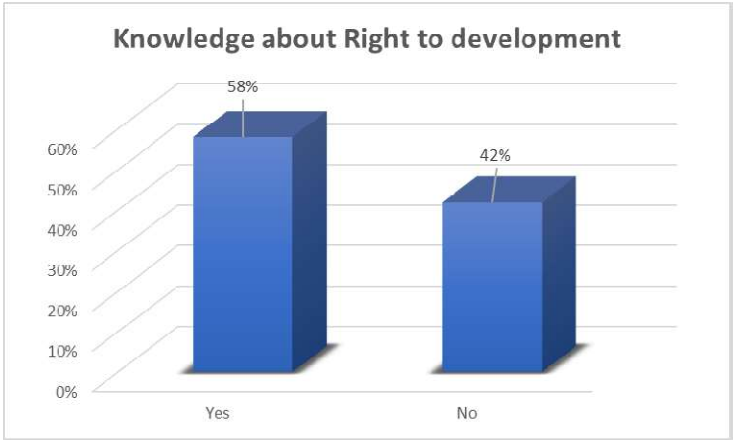


Figure 9

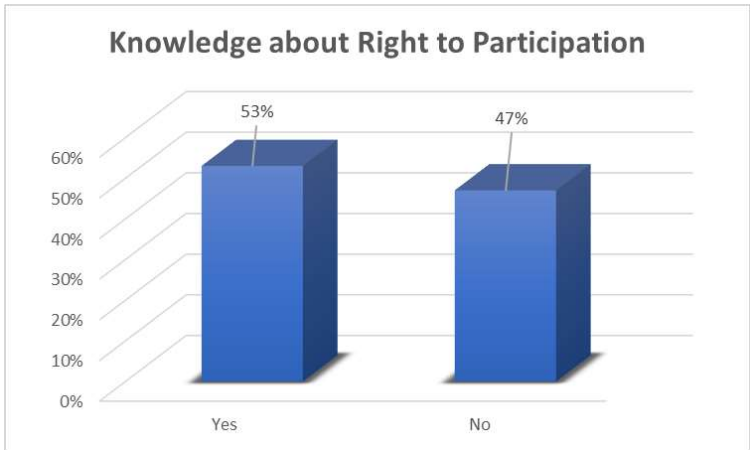


Figure 10

Awareness of Rights: While 61% of respondents acknowledged that they have rights, a substantial 39% stated they do not. Regarding specific cardinal rights, 72% are

aware of the Right to Survival, 58% are aware of the Right to Development, 53% are aware of the Right to Participation, and 50% understand the Right to Protection.

Knowledge of Support Systems

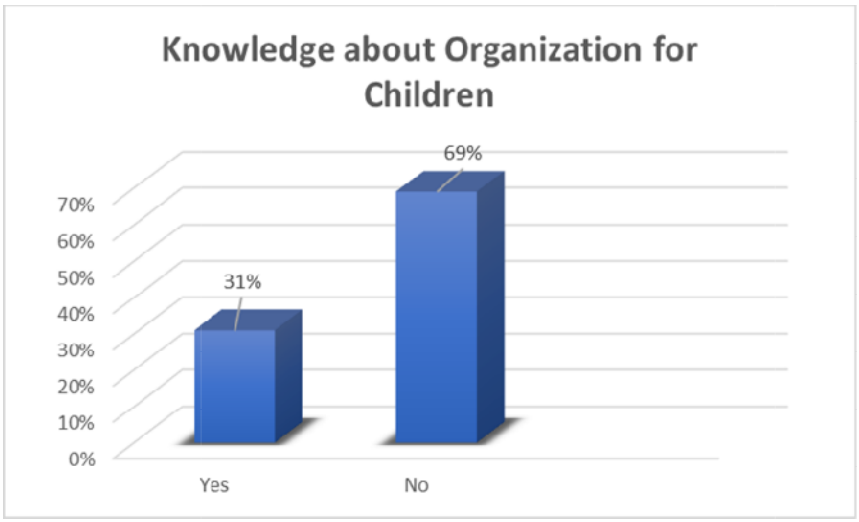


Figure 11

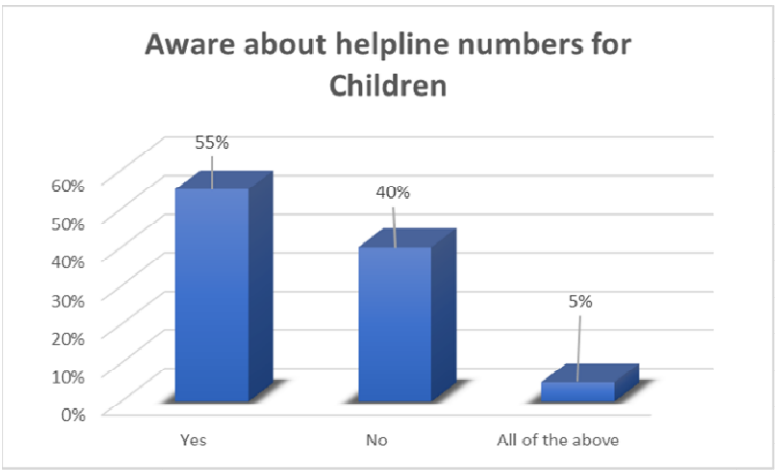


Figure 12

Knowledge of Support Systems: A significant majority (69%) are unaware of organizations that work to support children's rights. Furthermore, 40% of the respondents do not know any child helpline numbers.

Substance Abuse Visibility

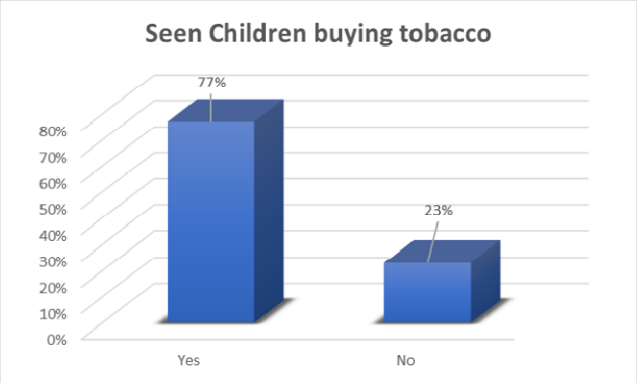


Figure 13

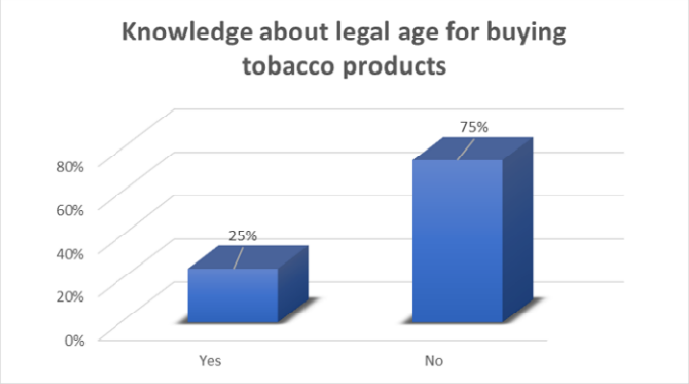


Figure 13

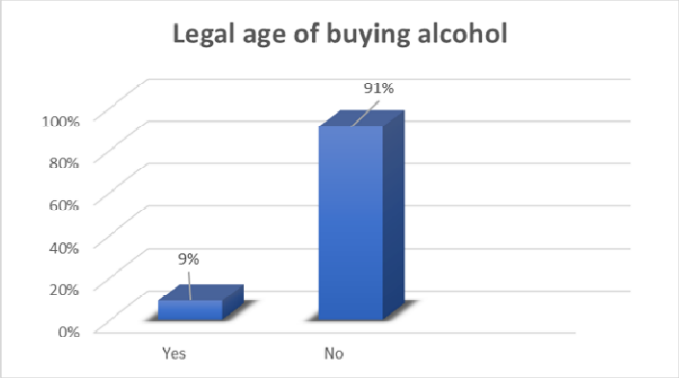


Figure 14

Substance Abuse Visibility: A high proportion of children (77%) have witnessed other children buying tobacco products. Additionally, 75% do not know the legal age for purchasing tobacco, and 91% are unaware of the legal age for buying alcohol.

Child Safety and Well-being

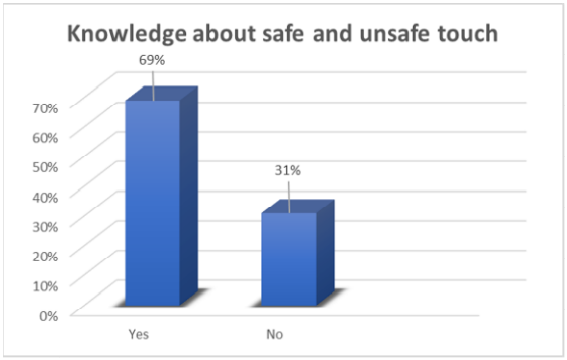


Figure16

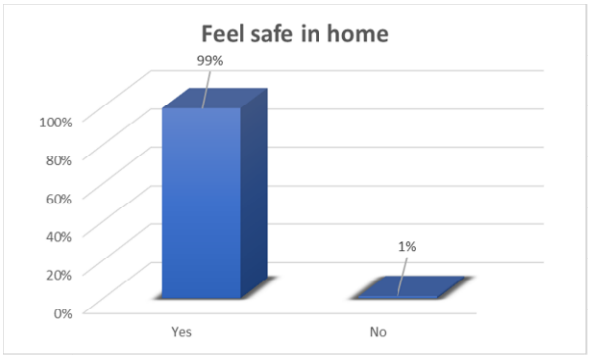


Figure 15

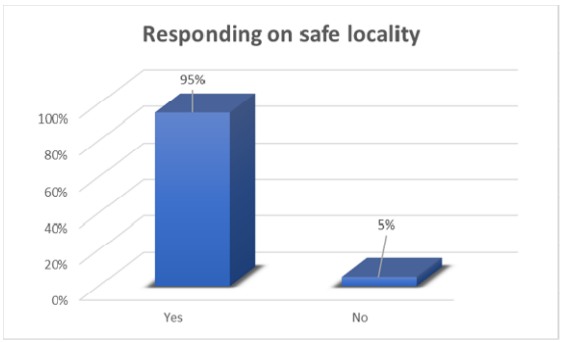


Figure 16

Child Safety and Well-being: Encouragingly, 69% of the respondents have knowledge regarding safe and unsafe touch. The vast majority feel secure in their environments, with 99% feeling safe at home and 95% feeling safe in their locality.

Institutional Gaps

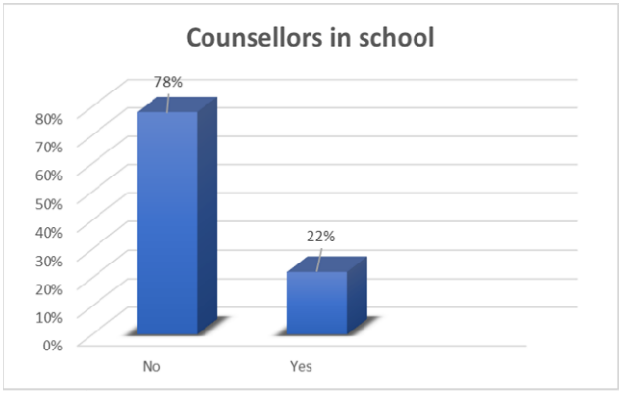


Figure 19

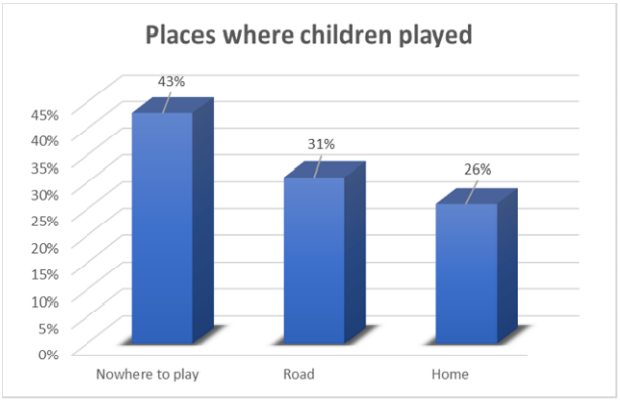


Figure 17

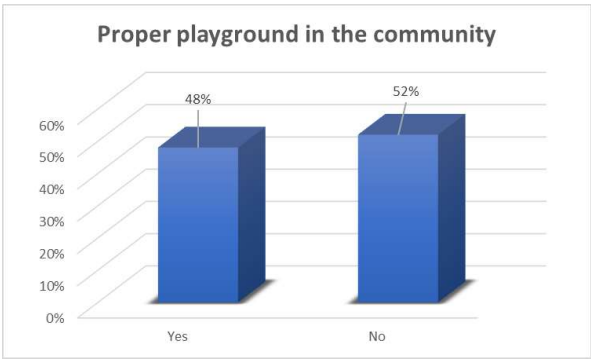


Figure 18

Institutional Gaps: A notable 78% of respondents indicated that their schools do not have counsellors available to assist them with their problems. Furthermore, 52% reported a lack of proper community playgrounds, leading 31% to play on the roadside.

Discussion

Taken as a whole, the appraisal demonstrates that children in Shillong are considerably better protected in their immediate physical environment than they are equipped, in terms of rights literacy and institutional connectivity, to protect themselves. The central pattern to emerge is not an absence of rights, but a persistent gap between children's subjective sense of safety and their objective capacity to name, claim, and access the entitlements and services that exist for them.

This pattern is broadly consistent with the wider Indian literature on child-rights awareness, while also extending it in an important direction. Deb and Mathews (2012), surveying 300 Indian parents and teachers, and Deb et al. (2016), surveying 584 community members across five cities, both reported that adult gatekeepers held largely positive attitudes toward child rights but only moderate, unevenly distributed knowledge of the legislation that operationalises those rights. The present findings suggest that this asymmetry cascades downward: if the adults responsible for interpreting and enforcing child rights possess incomplete legislative knowledge, it follows that children themselves, who depend on adults as the primary conduit for rights information, would show a comparable or greater deficit. The finding that only 61% of respondents affirmed possessing rights at all, and that awareness of the four cardinal rights ranged unevenly from 50% for the Right to Protection to 72% for the Right to Survival, corroborates this intergenerational transmission gap rather than contradicting it. Where the present study departs from prior work is in its use of a child-led, peer-administered instrument rather than adult proxy reporting; in doing so, it moves substantially up Hart's (1992) ladder of participation and operationalises the "voice, space, audience, and influence" criteria that Lundy (2007) argues are necessary for participation to be more than tokenistic. This methodological alignment with UNICEF's (2003) advocacy for child-led participation, and with Lansdown's (2010) emphasis on the quality rather than the mere presence of children's involvement, lends the awareness estimates reported here a degree of ecological validity that adult-proxy studies cannot claim.

One genuine point of divergence from the administrative record deserves comment. Official crime statistics depict Meghalaya, and East Khasi Hills district in particular, as a locus of rising and substantial risk to children (Meghalaya Police, 2023; National Crime Records Bureau, 2023), yet the children surveyed here overwhelmingly reported feeling safe, both at home (99%) and in their locality (95%). This is not a contradiction so much as evidence that subjective safety and structural rights-literacy are distinct constructs that do not necessarily move together. Perceived safety appears to be anchored in the immediacy of trusted relationships and familiar surroundings, whereas awareness of cardinal rights, protective legislation, and institutional recourse depends on a separate, more formal channel of transmission, typically school-based civic education and visible community infrastructure, that this study suggests is comparatively underdeveloped. A child can feel safe within a household or neighbourhood and simultaneously lack the vocabulary and institutional knowledge

to recognise or report a violation should one occur, a distinction with direct bearing on how protective interventions ought to be designed.

Several mechanisms plausibly account for the specific contours of this awareness gap. First, a differential-salience mechanism may explain why awareness declines as rights become more abstract: the Right to Survival, which maps onto concrete, everyday necessities such as food, shelter, and health care, was the most widely recognised (72%), whereas the Right to Protection and the Right to Participation, which require an understanding of legal and procedural concepts, were recognised by roughly half of respondents. This suggests that rights education, where it occurs, may be organised around tangible welfare needs rather than the fuller legal architecture of the UNCRC (United Nations, 1989). Second, an institutional-mediation mechanism may be at work: with 78% of respondents reporting the absence of a school counsellor, children are structurally deprived of the in-school adult most likely to translate abstract rights language into accessible, situationally relevant knowledge, which would help explain why 69% remained unaware of organisations supporting child rights and 40% could not name a single helpline. Third, the substance-abuse findings, high visibility of tobacco purchase by minors (77%) alongside very low awareness of the legal purchase age (75% for tobacco, 91% for alcohol), point to a normalisation-without-enforcement mechanism consistent with the WHO's (2016) INSPIRE observation that norms and legislative environments must be visibly and consistently enforced to shape children's behaviour and knowledge; visible violation without visible consequence appears to erode, rather than reinforce, legal awareness.

These conclusions should be read with three limitations in mind. First, the sample was drawn through purposive selection of children already affiliated with school-based Child Rights Clubs, which may have inflated awareness relative to out-of-school or unaffiliated children and limits the extent to which the findings can be generalised to the wider child population of Meghalaya. Second, the cross-sectional, single-time-point design permits description of the current awareness landscape but not causal inference about whether, for instance, the absence of school counsellors produces low helpline awareness or merely co-occurs with it. Third, the study is geographically bounded to nine urban and semi-urban localities within Shillong; rural and more remote tribal-belt areas of Meghalaya, which differ in linguistic composition, service density, and school infrastructure, may exhibit different awareness profiles. A related methodological nuance is that the very feature that gives the data its authenticity, administration by child volunteers rather than trained adult enumerators, may have introduced variation in item comprehension across the ten-to-eighteen age range, even as it plausibly improved rapport and disclosure on sensitive items relative to adult-administered instruments. None of these limitations undermines the study's core conclusion, however, since the principal patterns, uneven awareness across right-types, a marked institutional counselling gap, and low helpline recognition, were consistent across schools and localities and align directionally with the independently collected adult-awareness literature (Deb & Mathews, 2012; Deb et

al., 2016), suggesting the findings capture a genuine regional phenomenon rather than an artefact of sampling or instrumentation.

The implications of these findings extend in both theoretical and practical directions. Theoretically, the study contributes an empirical case, from a linguistically distinct and data-scarce region of India, to the growing literature validating child-led research as a legitimate and rights-realising methodology in its own right, rather than merely an alternative data-collection technique (Hart, 1992; Lansdown, 2010; Lundy, 2007). Practically, the findings offer Meghalaya's child-protection stakeholders, including the State Commission for Protection of Child Rights, district child protection committees, school administrations, and civil-society organisations, a diagnostic baseline against which targeted interventions can be designed and later evaluated. The pronounced counsellor gap and low helpline awareness identified here point toward two immediately actionable levers: expanding access to trained school-based counsellors and making helpline information visibly and repeatedly available in the community spaces children actually frequent, both of which are elaborated in the recommendations that follow.

Recommendations

Based on the empirical findings, the researchers proposed the following actionable steps:

1. Children could be encouraged to utilize helpline service centers for immediate assistance when facing danger or distress.
2. Respondents and community youth could be motivated to actively participate in awareness sessions and developmental programs geared toward their safety.
3. Continuous support and monitoring could be provided to ensure follow-up activities maintain active child participation.
4. External agencies and child-focused organizations could be encouraged to expand awareness regarding their beneficial programs.
5. Support could be directed toward developing community-based management systems tailored to address and mitigate child labour, trafficking, child marriage, and all forms of abuse.
6. Community halls could prominently be displayed signboards featuring child helpline numbers to enhance accessibility for minors encountering problems.

Conclusion

This participatory appraisal set out to establish, through children's own voices rather than adult proxies, how well the child population of Shillong understands the rights it holds and the services designed to protect it. The evidence assembled across 510 respondents converges on a single overarching conclusion: children in Shillong occupy environments they experience as physically safe, yet they remain largely unequipped, in terms of rights vocabulary, legal literacy, and institutional connectivity, to recognise, name, or act upon violations should they occur. Safety, in other words, has outpaced literacy, and it is this imbalance, rather than any single deficit, that constitutes the study's core diagnostic finding.

In advancing this conclusion, the study makes two contributions to the field. Substantively, it supplies the first child-generated, peer-collected evidence base on rights and service awareness for a Northeastern Indian city, addressing a data gap that previous adult-informant studies (Deb & Mathews, 2012; Deb et al., 2016) could not close on their own, since adult attitudes and knowledge are, at best, an indirect proxy for what children themselves know. Methodologically, it demonstrates that the child-led survey model, Child Rights Club volunteers trained to administer a bilingual Khasi–English instrument to their peers, is not merely feasible but generative of higher-fidelity data than externally administered questionnaires are likely to produce, thereby lending empirical weight to Hart's (1992), Lundy's (2007), and Lansdown's (2010) theoretical case for treating children's participation in research as a rights-realising practice rather than a purely instrumental data-collection choice. Together, these contributions extend participatory child-rights scholarship into a linguistically and administratively distinct region that has, until now, remained largely outside its empirical reach.

Building on these findings, future work in this area would benefit from three concrete extensions. First, researchers and district authorities should replicate this design using probability-based sampling that extends beyond Child Rights Club-affiliated and urban schools into rural and tribal-belt localities of Meghalaya, to test whether the awareness gaps documented here widen or narrow outside Shillong's semi-urban core. Second, a longitudinal or pre-post evaluation design, tracking the same cohort of children before and after targeted interventions such as school counsellor placement or helpline signage campaigns, would allow the associations proposed in this study to be tested causally rather than descriptively. Third, subsequent studies should disaggregate awareness outcomes by age band and gender and, where feasible, pair the survey with qualitative interviews or focus groups facilitated by trained child researchers, to surface the reasons behind specific awareness gaps, for instance, why the Right to Protection lags behind the Right to Survival, in the children's own explanatory terms. Pursued together, these directions would convert the present baseline into a platform for evidence-based, continuously monitored child-protection policy in Meghalaya and, potentially, across Northeast India more broadly.

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Community Participation in Municipal Solid Waste Management in Oshakati Town, Namibia: An Empirical Analysis

David Tsikila Hango[1]
Dr. Alager Muthulakshmi[2]

Abstract

Little work has been done on community participation in solid waste management in Oshakati, Namibia. Due to the gap, the researchers conducted a study on community participation in Solid Waste Management in Oshakati, Namibia. With this backdrop, the present paper aims to assess community members' involvement in solid waste management and to suggest ways to improve it. Community participation is crucial, as it regulates municipal solid waste management operations, and their involvement and contracting out of these services make it easier for municipalities to meet their goals.

Keywords: *Municipal Solid Waste Management, Solid Waste, Community Participation etc*

Introduction

Waste is defined as any discarded material that the owner no longer has use for, leaving open the possibility that it might become useful again for someone else or for a different purpose. Solid waste is defined as any garbage, refuse, or sludge from a wastewater treatment plant or a water supply treatment plant. Municipal Solid Waste is the waste generated from residential, commercial and other places within the boundaries of a city or town. This is defined to include waste from households, non-hazardous solid waste from industrial, commercial and institutional establishments such as hospitals, market waste, yard waste and street sweepings.

Like many countries worldwide, Namibia faces numerous environmental threats stemming from the dichotomy between development and the environment, which require holistic management to achieve sustainable development. With the steady growth of these areas, more solid waste is being generated, creating an overwhelming issue for the Local Authority and the inhabitants, who now live in distress. The management of solid waste in Namibia is the responsibility of local authorities, including municipalities and town councils. Most municipalities and town councils in the country have not been able to adequately deliver services to their residents.

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By the time of Namibia's independence in 1990, Oshakati's population was about 21 600, with a growth rate of 0.9 per cent. In 2011, the population was 36,541; in 2023, it was 58,656, with an annual growth rate of 3.9 per cent. Oshakati town is the capital city of Oshana Region in the northern part of the country and was founded in 1966. According to the 2023 NPHS, Oshakati town has a population of 58,696. The town of Oshakati falls under two constituencies, namely Oshakati-East and Oshakati-West. Due to the large number of residents, the amount of waste generated daily is rapidly increasing. The high number of unemployed people leads to poverty, and some residents cannot afford to purchase dustbins, which cost the equivalent of 4,370 Indian Rupees.

Community participation is the involvement of beneficiaries in the project's public decision-making, implementation, and control processes. This concept is used in the theory of community development, meaning that all members of a community participate in decision-making that affects their lives, not merely in consultation or contribution. It is far more than the contribution of labour or supplies. When developmental projects are developed without regard to beneficiaries' wishes, priorities, and concerns, they always experience difficulties and often fail. Besides, findings of evaluative studies have shown that when projects consider beneficiaries' needs, the results are always effective. In 2003, Namibia's Pollution Control and Waste Management Policy were drafted to encourage household participation through increased awareness-raising activities.

Literature Review

Douti et al. (2017), in their article "Solid Waste Management Challenges in Urban Areas of Ghana: A Case Study of Bawku Municipality," revealed that the number of skip loader personnel and tricycles is insufficient and that resources are limited. To address the above-mentioned constraints, community participation is crucial, as community members know the area better than top decision-makers.

Sichiweza (2017), in his study, Participation of Households in Solid Waste Management Circular Economy Towards Sustainability: A Case Study of Kabwe Town, Central Province of Zambia, found that household participation involves waste prevention, segregation, collection, transportation, and final disposal.

Ndhlovu (2018), in her dissertation examining the Effectiveness of a Community-Based Approach Towards Solid Waste Management in Windhoek's Okahandja Park, discovered some SWM challenges. Despite the implementation of the open-space street-cleaning project, solid waste management in informal settlements, where many of the urban poor live, remains a critical problem. The solution is to have strict laws against solid waste mismanagement and to involve people from diverse social, ethnic, gender, and religious groups in the reconstruction of SWM systems to create typical win-win situations, thereby improving their perceptions of solid waste management

Kalra (2019), in his article "Community Participation and Waste Management," emphasised that People's attitudes toward waste and their understanding of the consequences of leaving it unattended play a significant role in encouraging their participation in waste management. The study findings revealed that the cooperation and cohesion between the government and the community play a crucial role in the success of waste management.

Kadam (2024), in his study "Community Participation in Solid Waste Management in Rural Maharashtra, "elaborated that the study explores how local communities can be mobilised to engage in solid waste management, highlighting the importance of active involvement in planning, implementing, and monitoring waste management practices. Little work has been done on community participation in solid waste management in Oshakati, Namibia. Due to the gap, the researcher conducted a study on community participation in Oshakati, Namibia.

Statement of the Problem

Community participation in solid waste management was observed to be below average in the study area. Owing to the large number of residents, the amount of waste generated daily is increasing rapidly, causing environmental pollution and disruptions for people. The high number of unemployed people leads to poverty, and some residents cannot afford to purchase dustbins. Community participation requires more awareness-raising activities. The aim and objectives of the study were to assess the involvement of community members in solid waste management in Oshakati, Namibia. Further, the study probes the opinions and perceptions of community members and their participation in solid waste management in Oshakati, Namibia.

Theoretical Framework

The theoretical framework is the foundational review of existing theories that serves as a roadmap for developing the arguments that a researcher uses in the study. The study is aligned with community engagement theory.

Community Engagement Theory: Community Participation on:

Use of Waste Collection Point

At some points where there are no skip containers, community members dump refuse bags in a designated location along the road for collection.

Use of Skip Containers

The researcher observed skip containers mostly at business areas and busy public places where community members dump domestic and commercial waste.

Burning of Wastes

At some areas, especially in informal settlements, community members dump waste in open areas and burn it.

Community Meetings

During the community meetings conducted by OTC officials, community members participate by advising the officials on how to manage solid waste.

Recycling

The researcher observed recycling as one of the community participation strategies in SWM. Community members collected recyclables from open spaces, such as bottles, metals, cans, and plastics, and sold them to a recycling business to earn extra income. The researcher also observed large-scale recycling at the dumping site.

Clean-up Campaign

The OTC, in most cases, organises clean-up campaigns in which individual community members, schools and institutions participate. In some cases, community members organise themselves to clean their surroundings and then inform the OTC for waste pick-up.

Methodology

The study aims to gain familiarity through exploratory research on community participation in solid waste management in Oshakati town. The present study employed a descriptive design and a mixed-methods approach to collect primary data. Primary data were gathered through interviews with officials in the waste management department and members of the public. For selecting the study sample, the purposive non-probability sampling method was adopted. Oshakati town is demarcated into 13 waste collection zones. The Disproportionate Stratified Probability Sampling method was adopted to select the sample across 13 waste collection zones. The researcher conducted personal interviews with 10 household heads from each of the 13 zones, for a total of 130. Secondary data sources from previous studies, such as journals, documentary analyses, and books, were also explored and used in the study. Data were presented and interpreted in both tabular and narrative forms. The following data collection techniques were used: A desk study, field data collection, interviews and observation.

Problems and Challenges

Table 1: Community Responses to Solid Waste Segregation and Storage Challenges

Query	Yes (%)	No (%)
Do you experience problems with the segregation of solid waste before storage?	49 (38)	81 (62)

Source: *Field study conducted during November 2023 to February 2024*

Table 1showsthat about 38 per cent of respondents do not have problems with solid waste segregation before storage, while 62 per cent do. This shows that the majority of community members have problems with solid waste segregation, while only a few have no problems.

Table 2: Community Responses on Solid Waste Collection and Challenges

Query	Yes (%)	No (%)
Did you experience a time when solid waste collection was not done as scheduled?	37 (28)	93 (72)

Source: *Field Study conducted during November 2023 to February 2024*

Table 2 indicates that 28 per cent of community members agreed and 72 per cent did not agree that there are problems with waste not being collected as scheduled. In this case, residents sometimes call the OTC waste management department to report the issue and are assisted. Some residents search for any open area to dump the waste, sometimes burning it. On some occasions, residents empty their bins into a nearby skip container if available. If the assigned contractor fails to collect waste on several occasions, some residents write a complaint letter to the OTC waste management department so that officials can monitor the situation.

Solid Waste Transportation Challenges

In some cases, when waste is not collected by the responsible contractor or town council, some residents are eager to transport it themselves to the dumping site, but they lack their own transport.

House to House Awareness Creation

This form of participation involves house visits by a group of community volunteers who inform the public about the importance of managing solid waste. It also includes sharing ideas on how residents can manage their solid waste to ensure safe storage, with waste to be taken to the waste collection point or a central location

for pickup by the assigned contractor or town council officials. Benefits of a clean environment are: preventing disease outbreaks due to an unhygienic environment, Economic benefits such as the creation of employment, attracting foreign and local investors, and preventing animals from consuming pollutants such as plastics

Opinions and Perceptions of Community Members on Municipal Solid Waste Management

Participants indicated that they believed it was equally their responsibility to manage waste, not entirely the OTC's. Some residents also believed that it is the responsibility of the OTC because they are paid for it. Therefore, it is important for everyone to play a key role by ensuring that their waste is taken to places where it is picked up by the town council or contractors.

Community Members' Satisfaction in MSWM Participation

Table 3: Community Responses on their Participation Satisfaction

Query	Highly Satisfied (%)	Satisfied (%)	Not Satisfied (%)	Total (%)
Are you satisfied with your participation in solid waste management in Oshakati town?	13 (10)	52 (40)	65 (50)	130 (100)

Source: *Field Study conducted during November 2023 to February 2024*

Table 3shows that 10 per cent of community members were highly satisfied, 40 per cent were satisfied, and 50 per cent were not satisfied with their participation in solid waste management. Half of the respondents were not satisfied, followed by those who were satisfied, then only a few who were highly satisfied.

Furthermore, the effectiveness of existing forms of community participation in Oshakati town was assessed by the researcher's field observations and results gathered from the participants. Study findings indicated that some community members understand their role in waste management, but others believe it is the responsibility of the OTC. Some opinions in the literature advocate that the OTC take full responsibility for solid waste management. The study found that current community participation forms are ineffective due to inadequate SWM infrastructure, such as refuse bags and skip containers. Late collection of waste, especially at waste-drop-off points, leads to scavengers, such as dogs, tearing open plastic waste bags in search of food. This causes waste to spread and scatter.

OTC Approaches to Enhance Community Participation

The study found that OTC employed various strategies to enhance community participation. The OTC primarily focused on raising awareness through notice boards, pamphlets, radio, newsletters, and social media such as Facebook, LinkedIn, and YouTube. The OTC provided refuse bags and skip containers for waste storage by community members.

OTC Strategies Towards Community Participation

The OTC, through the Solid Waste Division, primarily implements strategies to support community participation in SWM. Officials engage constituency councillors to share the waste management message on national radio in the mornings and also conduct public meetings. So, each month, the OTC has a meeting schedule with community leaders and community members in a specific area.

This is followed by the clean-up campaigns and the provision of infrastructure, such as skip containers in some areas and refuse bags. The system introduced there by the OTC was to provide two black bags per household, collected twice a week, and to transfer them to the main landfill or the nearest skip containers. Moreover, the results indicated that the OTC employs street sweepers on a fixed-term basis. Lastly, the study found that funding from the OTC for community-based projects was non-existent.

Findings on the Community Participation in MSWM

Community members' methods of solid waste storage at the point of generation show that the majority use dustbins, very few use skip containers, black plastic bags, and open areas. This indicates that most community members use dustbins while only very few use skip containers for solid waste storage.

Community members' solid waste segregation shows that only a few respondents segregate waste before storage, while the majority do not. This shows that the majority of community members do not segregate their waste at the source, and only a few do.

Community members' response on the number of times solid waste is collected from the storage point per week. The results show that the majority of respondents' waste is collected once a week, while only a few are collected twice a week. No respondent reports that waste is being removed more than twice a week.

The OTC employs various strategies to encourage community members to participate in solid waste management. These include raising awareness through notice boards, distributing pamphlets, using radio, newsletters, and social media such as Facebook, LinkedIn, and YouTube. The OTC provided refuse bags and skip containers for solid waste storage to the community members. It was found that some

community members understand their role in waste management, but others believe it is solely the responsibility of the OTC. A cleaning campaign was found to be the method where most community members participate in solid waste management.

Results from Field Observation

The researcher conducted field observations throughout the Oshakati town jurisdiction to examine the SWM practices used by community members. These findings were complemented by the researcher's field observations. The study results revealed that the various strategies used by the community members include burning of waste, use of refuse plastic bags, clean-up campaigns, collection of recyclable materials and disposal of solid waste at various designated. Further, it shows that the least-used SWM strategies are the collection of recyclables and the use of skip containers.

The results highlighted that the most practised SWM practices were the use of refuse bags at waste collection points, skip containers, burning of waste, and house-to-house collection. Community meetings and clean-up campaign practices were observed at a moderate level, while recycling was the least observed method. Through observation, the researcher observed how community members participate in solid waste management in Oshakati town. At times when skip containers are unavailable, community members dump refuse bags at designated roadside locations for collection. He also observed skip containers mostly at business areas and busy public places where community members dump domestic and commercial waste. At some areas, especially in informal settlements, community members dump waste in open areas and burn it. During the community meetings conducted by OTC officials, community members participate by advising the officials on how to manage solid waste.

The researcher observed recycling as one of the community participation strategies in SWM. Community members collected recyclables from open spaces, such as bottles, metals, cans, and plastics, and sold them to a recycling business to earn extra income. He also observed large-scale recycling at the dumping site. The OTC, in most cases, organises clean-up campaigns in which individual community members, schools and institutions participate. In some cases, community members organise themselves to clean their surroundings and then inform the OTC for waste pick-up. On some occasions, a group of volunteers from the community members inform the public about the importance of managing solid waste. It also includes sharing ideas on how residents can manage their solid waste to ensure safe storage, with waste to be taken to the waste collection point or a central location for pickup by the assigned contractor or town council officials.

Community Members' Opinions and Perceptions in MSWM

Participants in the study were asked to indicate whether SWM is their responsibility or the OTC's. Participants indicated that they believed it was equally their responsibility to manage waste, not entirely the OTC's. Some residents believed that it is the responsibility of the OTC because they are paid for it. Therefore, it is important for everyone to play a key role by ensuring that their waste is taken to places where it is picked up by the town council or contractors.

Community responses regarding satisfaction with participation in solid waste management. The responses revealed that half of the community members are highly satisfied, the rest are satisfied, and some are not satisfied with their participation in solid waste management.

The effectiveness of existing forms of community participation in Oshakati town was assessed by the researcher's field observations and results gathered from the participants. Some community members understand their waste management role, but some believe that it is only the responsibility of the OTC. Some opinions in the literature advocate that the OTC take full responsibility for solid waste management.

The study found that current community participation forms are ineffective due to inadequate SWM infrastructure, such as refuse bags, dustbins, and skip containers. Late collection of waste, especially at waste-drop-off points, leads to scavengers, such as dogs, tearing open plastic waste bags in search of food. This causes waste to spread and scatter.

OTC Approaches to Enhance Community Participation

The OTC primarily focused on raising awareness through notice boards, pamphlets, radio, newsletters, and social media such as Facebook, LinkedIn, and YouTube. The OTC provided refuse bags and skip containers for community members to store waste.

OTC Strategies Towards Community Participation

The OTC, through the Solid Waste Division, primarily implements strategies to support community participation in SWM. Officials engage constituency councillors to share the waste management message on national radio in the mornings and also conduct public meetings. So, each month, the OTC has a meeting schedule with community leaders and community members in a specific area.

This is followed by the clean-up campaigns and the provision of infrastructure, such as skip containers in some areas and refuse bags. The system introduced there by the OTC was to provide two black bags per household, collected twice a week, and to transfer them to the main landfill or the nearest skip containers. Moreover, the results indicated that the OTC employs street sweepers on a fixed-term

basis. Lastly, the study found that funding from the OTC for community-based projects was non-existent.

The community members' problems in solid waste segregation before storage. Only a few respondents have no problems with solid waste segregation before storage, while the majority report challenges. This shows that the majority of community members have problems with solid waste segregation, while only a few have no problems.

Respondents' responses regarding the problems and challenges in waste collection revealed that only a few community members agreed, while the majority did not, that there are problems with waste not being collected as scheduled. In this case, residents sometimes call the OTC Waste Management Division to report the matter for assistance. Some residents search for any open area to dump the waste, sometimes burning it. On some occasions, residents discard the waste in a nearby skip container if available. If the assigned contractor fails to collect waste on several occasions, some residents write a complaint letter to the OTC Waste Management Department so that officials can familiarise themselves with the issue.

In some cases, when waste is not collected by the responsible contractor or town council, some residents are eager to transport it themselves to the dumping site, but they lack their own transport.

Conclusion and Suggestions

Municipal solid waste management is the responsibility of all municipalities. All municipalities strive to ensure that community members live in a waste-free environment. Community participation is crucial, as it regulates MSW management operations, and their involvement and contracting out of these services make it easier for municipalities to meet their goals.

Suggestions

Based on the study's findings, the OTC is recommended to take the following necessary precautions to address solid waste management challenges. 1. There should be more educational programs for the public and in schools to promote waste reduction and public participation in waste management. 2. Different dustbins for different types of solid waste should be provided to community members who cannot afford to purchase them, free of charge, by the OTC. 3. Waste segregation at storage bins should be introduced to encourage recycling in the town and help ensure that fewer recyclables end up in dumpsites. This may help community members earn some money from recyclable materials to support their livelihoods. 4. Solid waste bins should all be clearly and accurately labelled so that residents are fully aware of which bin to use for each type of recyclables, such as paper, grass, plastics, metals, and organic waste. 5. Enough skip containers should be provided at all well-known

waste generation points, especially in business areas.6. Various participatory platforms should be created to enable community members to participate in decisions that affect their livelihoods.

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From Disclosure to Justice: Exploring the Role of Non-Offending Mothers in Protecting Child Rights under the POCSO Act in Barak Valley

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Abstract

Child sexual abuse is a serious violation of children's rights and can affect their emotional, psychological and social well-being for a long time. For a child survivor, the difficulties do not end when the abuse is disclosed. Medical procedures, police investigation, counselling and court proceedings can be frightening and confusing. In such situations, the support received from the family, particularly from a non-offending mother or primary caregiver, can make an important difference.

This study looks at the role of non-offending mothers in protecting child survivors and supporting them through the POCSO process. A qualitative, exploratory multiple-case study approach was used. Four cases from the Barak Valley region were examined through the researcher's professional engagement with families while working as a POCSO Support Person. The cases were considered individually and then compared to understand common patterns.

The cases show that mothers can become the child's first source of safety, emotional support and protection. A mother may notice changes in behaviour, encourage disclosure, believe the child, report the offence and remain beside the child during the justice process. At the same time, the cases also show that family relationships, social stigma, fear of community judgement and lack of support can make protective action difficult. In one case, the absence of a mother contributed to delayed disclosure; in another, social pressure influenced the mother's decision to seek a compromise.

The study therefore suggests that child protection cannot depend on legal provisions alone. Mothers and other caregivers also need information, counselling and practical support so that they can help children safely. A stronger family-centred and child-friendly approach is needed to make the implementation of the POCSO Act more responsive to the realities faced by children and their families in Barak Valley.

Keywords: *Maternal Support, Child Rights, Child Survivors, Legal Proceedings, Child Protection, POCSO, Barak Valley*

Introduction

Child sexual abuse (CSA) is a serious concern for child protection and human rights. It affects children from different social and economic backgrounds and may have consequences that continue into later life. A national study on child abuse in India

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reported that many children had experienced sexual abuse and that the person responsible was often known to the child (Kacker et al., 2007). The National Crime Records Bureau also reported 53,874 cases registered under the POCSO Act in 2021 (NCRB, 2022). These figures show the continuing need for effective legal protection as well as dependable support within families.

The Protection of Children from Sexual Offences Act, 2012 was introduced as a comprehensive, gender-neutral law for dealing with sexual offences against children. It provides safeguards such as Special Courts, child-friendly procedures, in-camera proceedings, mandatory reporting and provisions for support and compensation. The 2019 amendment further strengthened the law in relation to aggravated offences.

However, the legal process is only one part of a child's experience after abuse. What happens at home can also shape how a child responds to disclosure and whether the child feels safe enough to continue seeking help. Earlier studies have shown that a supportive maternal response is associated with better adjustment after disclosure (Everson et al., 1989; Elliott & Carnes, 2001). Believing the child, listening without blame and taking protective action can help reduce the child's sense of fear and isolation.

In many families, the mother or another primary caregiver is the person who stays closest to the child during medical care, counselling, police investigation and court proceedings. At the same time, mothers may themselves face family pressure, financial dependence, social stigma and fear of community judgement. Their response is therefore shaped not only by their concern for the child but also by the circumstances around them.

This issue is particularly important in the Barak Valley region, where institutional resources and child-friendly services may not always be easily available. The present study focuses on the experiences reflected in four cases and tries to understand how maternal presence, family relationships and social circumstances influence the child's movement from disclosure towards protection and justice.

Operational Definitions

Maternal Support: The emotional, protective and practical support provided by a non-offending mother to a child after disclosure of sexual abuse.

Non-Offending Mother: A mother who is not involved in the offence and who provides care, protection and support to the child survivor.

Judicial Safeguards: Child-friendly legal and procedural measures under the POCSO Act intended to protect the child's dignity, safety and rights during the justice process.

Child Rights: The child's rights to safety, dignity, participation, protection, justice, care and rehabilitation.

Child Well-Being: The emotional, psychological, social, behavioural and developmental well-being of the child following sexual abuse.

POCSO Implementation: The extent to which the protective provisions of the POCSO Act are put into practice by police, courts and child-protection agencies.

Review of Literature

Child Sexual Abuse and Its Effects

Kendall-Tackett, Williams and Finkelhor (1993) reviewed research on the effects of child sexual abuse and reported a range of difficulties, including anxiety, depression, post-traumatic stress, behavioural problems, academic difficulties and social withdrawal. They also noted that children do not all respond in the same way; the impact can depend on the child's age, the nature and duration of the abuse, the relationship with the perpetrator and the support received after disclosure.

Stoltenborgh et al. (2011), in a large meta-analysis, showed that childhood sexual abuse is a widespread problem across countries. Fry, McCoy and Swales (2012) also highlighted the vulnerability of children in under-resourced communities and the need for stronger community and institutional responses. The World Health Organization (2020) similarly stressed early identification, prevention and access to supportive services.

Maternal and Family Support after Disclosure

Everson et al. (1989) found that children whose mothers responded supportively showed fewer behavioural and emotional difficulties than children whose mothers reacted with disbelief, blame or withdrawal. Elliott and Carnes (2001) later showed that maternal responses are influenced by several factors, including the mother's relationship with the alleged perpetrator, social support and how credible she considers the child's disclosure.

Pintello and Zuravin (2001) found that mothers with stronger social support and stronger bonds with their children were more likely to believe and protect them. Alaggia (2002) also found that children were more willing to disclose when mothers were emotionally available, listened actively and did not blame them.

Later studies have continued to show the importance of caregiver support. Wamser-Nanney and Steinzor (2016) found that higher maternal support was associated with better behavioural adjustment over time. Wallis and Woodworth (2021) reported that stronger support from non-offending caregivers was associated with shorter delays in formal disclosure. Rancher, Jouriles and McDonald (2022) pointed out that maternal distress can reduce supportive responses and that mother and children may not always experience the same level of support in the same way.

Warrington et al. (2023) added an important point by focusing on children's own perspectives. Their findings suggest that children are aware of the distress experienced by their families and may feel that family well-being is closely connected

to their own recovery. This supports the need for a whole-family approach rather than placing all responsibility on the child or mother alone.

Judicial Safeguards and Implementation of the POCSO Act

The POCSO Act provides several safeguards intended to make the justice process safer for children. These include Special Courts, in-camera proceedings, restrictions on direct questioning by the accused, support persons and other child-friendly procedures. The Council of Europe (2010) has also emphasised that children involved in legal proceedings should be treated with dignity and should receive appropriate support.

Research from India, however, shows that the presence of legal safeguards does not always mean that they are consistently experienced by children. Ali, Adenwalla and Punekar (2017) reported delays, repeated adjournments and inadequate child-friendly infrastructure in some Special Courts. The National Law School of India University (2018) identified shortages of trained personnel, inadequate infrastructure and the absence of standardised child-friendly procedures.

Apoorva et al. (2022) found that POCSO trials could take several years and identified shortages and pressure on judicial infrastructure as major barriers. Ferrao (2023) similarly found that the use of safeguards such as screens, video-conferencing and support persons varied between courts.

Studies from Northeast India are particularly relevant to the present study. Garg and Nirwani (2024), while examining Special Courts in Assam, reported serious infrastructure gaps in Hailakandi, including the absence of a designated Special Court and a separate room for recording children's testimony. Goswami et al. (2025) found that fear and social stigma were important reasons behind refusal of medical examination in a sample of POCSO cases in Northeast India. These findings suggest that family attitudes and institutional conditions can interact and affect the child's access to protection.

Family, Stigma and Access to Justice

The literature also shows that the family can be both a source of protection and a barrier. Johnson et al. (2024) found that caregiver support varied according to who received the child's disclosure and the relationship between the caregiver and the alleged perpetrator. Majumdar and Sarkar (2025) argued for a family-centred approach because child-protection services often operate separately from the family system.

Chintala and Dachepally (2026) highlighted how family honour, community reputation and social stigma can interfere with children's access to justice. These concerns are important because a child's case does not move through the justice system in isolation. Decisions taken at home may affect reporting, cooperation with authorities and the child's ability to continue with the process.

Taken together, the literature shows that law, family support and social environment are closely connected. Yet the experiences of non-offending mothers, particularly in Barak Valley, remain less explored.

Research Gap

- Much of the existing research focuses on child survivors, offenders, legal procedures and institutional responses, while the role of non-offending mothers receives less direct attention.
- There is limited case-based qualitative work examining what mothers experience during disclosure, medical care, police investigation, counselling and court proceedings.
- The emotional burden, family pressure, social stigma and fear of community judgement faced by mothers need greater attention.
- Research specifically focusing on Barak Valley is limited, despite the region's distinct social setting and reported gaps in child-friendly institutional infrastructure.
- A social work perspective is needed to understand how family support, institutional services and community conditions come together in the child's journey towards protection and justice.

Objectives of the Study

- To understand the role of non-offending mothers in supporting child survivors under the POCSO Act.
- To explore the challenges mothers face while protecting and supporting their children during POCSO proceedings.
- To understand the emotional, social and practical support mothers provide to child survivors.
- To examine how family pressure, social stigma and community attitudes influence mothers' responses and decisions.
- To identify gaps in institutional support that affect mothers' ability to protect child survivors and access justice.

Research Methodology

Research Approach and Design

The study followed a qualitative and exploratory approach using a multiple-case study design. The purpose was to understand the experiences behind the cases rather

than to measure them statistically. The focus was on mothers' responses to disclosure, their protective actions, the support they provided to the children and the social and family circumstances that influenced their decisions.

Four POCSO cases from the Barak Valley region were purposively selected because they reflected different experiences of maternal involvement. The cases included immediate intervention, delayed disclosure in the absence of maternal support, a supportive maternal response and a situation in which social pressure affected the continuation of the case.

Data Collection

The case material was developed from the researcher's professional engagement with families while working as a POCSO Support Person. Information was gathered through professional interactions, case-related observations and conversations with caregivers. Particular attention was given to responses to disclosure, emotional support, reporting, decision-making, interaction with the justice system and difficulties faced during the process. Each case was first considered separately and was then compared with the other cases.

Data Analysis

The cases were analysed thematically. Each case was examined to understand its context and the role played by the mother or caregiver. The cases were then compared to identify recurring issues. The main themes were maternal agency, disclosure, emotional support, delayed disclosure, family resistance, social stigma, caregiver vulnerability, engagement with the justice system and barriers to justice.

Ethical Considerations

Because the study deals with child sexual abuse, particular care was taken to protect privacy and dignity. Real names, addresses, case numbers, photographs and other identifying details were not included. The cases were anonymised as Case A, Case B, Case C and Case D, and potentially identifying details were modified or omitted where necessary.

The information obtained through professional engagement was treated confidentially and used only for the research purpose. Children were not repeatedly questioned for research purposes, and the study did not interfere with ongoing legal or support processes. Participation was voluntary and consent was obtained before relevant interactions. The principles of confidentiality, dignity, non-maleficence and the best interests of the child guided the work.

Limitations of the Study

- The study is based on four cases from the Barak Valley region and therefore cannot represent all POCSO cases or all families in the region.

• The cases were selected purposively and are intended to provide in-depth understanding rather than statistical generalisation.

• The material comes from professional case engagement, so the analysis is limited to the information available through that process.

Results

Socio-demographic Information of the Cases

Case	Child	Key caregiver context	Nature of case
A	3-year-old girl	Mother present	Immediate maternal intervention and reporting
B	12-year-old girl	Mother deceased; grandmother supportive	Delayed disclosure
C	11-year-old girl	Mother present	Supportive disclosure and legal action
D	16-year-old girl	Mother present	Social pressure and attempted compromise

Detailed Description of the Case Studies

A. Case No. 1 – A Mother's Decision to Seek Justice

The first case involved a three-year-old girl who was sexually abused by a 62-year-old male neighbour known to the family. Because of her very young age, the child was unable to understand the situation clearly or disclose it herself. The incident came to light when her mother returned home unexpectedly and saw the accused approaching the child.

The mother immediately confronted him, raised an alarm and informed her husband. Her husband was initially unwilling to report the matter because the accused was his friend and social associate. Despite this opposition and the pressure surrounding the family, the mother decided to protect her daughter. She went to the police station herself and reported the incident, beginning the legal process under the POCSO Act.

The case shows how a mother may have to make difficult decisions even within her own family. Her action was not simply about reporting an offence; it was also about standing beside a very young child who could not speak for herself.

B. Case No. 2 – Absence of Maternal Support and Delayed Disclosure

The second case concerned a 12-year-old school-going girl who had lost her mother and lived with her father. She had no siblings and was often alone when her father

went to work. The accused lived in the same rented premises and used the situation to sexually abuse the child.

The child was frightened and found it difficult to understand what had happened. She did not feel comfortable telling her father and, without a mother to whom she could turn, she kept the experience to herself. The disclosure happened later when her grandmother noticed that the child was crying and gently encouraged her to speak. The grandmother then became an important source of emotional and protective support.

During the interaction, the child repeatedly expressed how much she missed her mother and connected her mother's presence with affection, safety and comfort. This case does not mean that only a mother can protect a child; rather, it shows how important a trusted and emotionally available caregiver can be when a child is trying to speak about something frightening.

C. Case No. 3 – Maternal Trust, Disclosure and Protective Action

The third case involved an 11-year-old school-going girl who attended tuition at the home of a trusted female tutor. The child's mother trusted the tutor and regularly sent her daughter there. On one occasion, while the child was alone in the house, the tutor's husband sexually abused her.

After returning home, the child appeared frightened and unusually quiet. Her mother noticed the change in her behaviour and gently encouraged her to speak. She assured the child that she would believe her and stand by her. The child then felt safe enough to disclose what had happened.

The mother responded with care rather than blame. She believed her daughter, supported her emotionally and took legal action against the accused. She remained involved throughout the process. This case shows how a mother's everyday attentiveness and the child's trust in her can become an important part of protection.

D. Case No. 4 – Social Stigma and the Compromise of Justice

The fourth case concerned a 16-year-old school-going girl who developed a relationship with a boy through social media. The boy later pressured her to marry him. When she refused, he allegedly threatened and blackmailed her using a photograph and demanded money from her father. The photograph was subsequently circulated on social media.

The incident caused considerable emotional distress to the girl and her family. The family initially approached the authorities and a legal case was registered. However, after the child's statement was recorded, the mother expressed a desire to compromise the matter instead of continuing with the case.

The case interaction suggested that fear of social stigma, community judgment and the difficulties faced by the family influenced the mother's decision. Her involvement therefore had two sides: she initially supported legal action, but later social pressure

affected her willingness to continue. This shows that a mother's response cannot always be understood simply as supportive or unsupportive; it is often shaped by the wider social environment.

Findings and Discussion

The four cases show that the role of non-offending mothers is not limited to reporting an offence. Mothers may be the first people to notice changes in a child's behaviour, receive the disclosure, provide comfort, make decisions, approach institutions and remain beside the child during a difficult process. At the same time, their capacity to do these things is affected by family relationships, social stigma and the availability of institutional support.

1. Maternal Presence as a Catalyst for Disclosure

Case A and Case C show the value of maternal presence. In Case C, the mother noticed a change in her daughter's behaviour and created a safe space for her to speak. In Case A, the mother directly witnessed the incident and intervened immediately. These experiences suggest that children are more likely to communicate difficult experiences when they feel that a caregiver will listen, believe them and avoid blaming them.

2. Maternal Agency in Protecting Child Rights

The cases also show mothers acting on behalf of children who were unable to protect themselves. The mother in Case A went to the police despite opposition from her husband, while the mother in Case C supported disclosure and initiated legal action. Their decisions helped move the cases from disclosure towards formal intervention.

3. Emotional Security and the Need for a Safe Caregiver

Case B highlights the emotional importance of having someone the child trusts. The child initially remained silent because she had no mother to whom she felt able to speak. Her grandmother later recognised her distress and encouraged her to disclose. This suggests that children need not only physical safety but also a dependable emotional anchor.

4. Family Relationships as Both Support and Barrier

Family relationships can support protection but can also create barriers. In Case A, the father's friendship with the accused made reporting difficult. This shows that family involvement is not automatically protective. The interests of the child may sometimes compete with family loyalty, social relationships or the desire to avoid conflict.

5. Social Stigma as a Barrier to Justice

Case D clearly shows how social stigma can affect a family's decisions. The family initially approached the authorities but later considered compromise because of

community pressure. A child-friendly legal system may therefore still struggle to protect a child fully if the family is facing strong pressure to withdraw.

6. From Disclosure to Justice Is Not a Linear Process

The four cases followed different paths. Some moved quickly from disclosure to reporting, while another involved delayed disclosure and another was affected by pressure to compromise. Disclosure is therefore only the beginning. The child's journey depends on caregiver support, family relationships, social conditions, emotional well-being and the response of formal institutions.

Overall Finding

Taken together, the cases show that non-offending mothers can become protective agents, emotional anchors and important links between children and the justice system. Their role includes listening, believing the child, recognising distress, ensuring safety, seeking help and continuing to support the child.

At the same time, maternal agency is not the same in every situation. A mother may be strong and protective in one circumstance but may struggle when faced with stigma, family opposition, financial dependence or a lack of institutional support. The findings therefore suggest that protecting children under the POCSO Act requires attention not only to the law but also to the family and community environment around the child.

Discussion

The findings are consistent with earlier research showing that a supportive response after disclosure can make children feel safer and can support recovery (Everson et al., 1989; Wamser-Nanney & Steinzor, 2016). The cases also reflect the concerns raised by Elliott and Carnes (2001), who noted that maternal responses are shaped by relationships, social support and the surrounding circumstances.

The study further shows why the justice process should not be viewed only through the outcome of a court case. A child's protection also involves emotional support, dignity, education, rehabilitation and a safe environment. Mothers often accompany children through medical procedures, counselling, police investigation and court proceedings, and this can place a considerable burden on them.

Institutional support therefore matters. Police, courts, counsellors, Child Welfare Committees, District Child Protection Units and POCSO Support Persons all have a role to play. When these services communicate properly and treat families respectfully, the process may become easier for both the child and caregiver. Where information is unclear or support is limited, the family may feel more anxious and may find it harder to continue.

The findings also support a family-centred approach. Mothers should not be expected to carry the entire responsibility for protecting the child. They need clear information about the POCSO process, counselling, practical guidance and protection from unnecessary social pressure. Strengthening these forms of support can make the child-protection system more responsive to the realities of families.

Conclusion

This study shows that disclosure is only the beginning of a child's journey towards protection and justice. What happens afterwards is influenced by the people around the child, particularly the non-offending mother or another trusted caregiver.

The four cases show different experiences. Some mothers stood firmly with their children despite family opposition and social pressure. They noticed changes, encouraged disclosure, reported the abuse and continued to seek justice. In another case, the absence of a mother contributed to delayed disclosure, while the grandmother became an important source of support. In the final case, social stigma affected the mother's willingness to continue with the legal process.

The study therefore makes one point clear: legal protection alone is not enough. A child also needs someone who will listen without judgement, believe the child's experience and remain supportive when the process becomes difficult. Non-offending mothers can provide this support, but they also need support themselves.

A stronger child-protection system should therefore combine legal safeguards with family support, counselling, awareness and child-friendly institutional services. Such an approach can strengthen the implementation of the POCSO Act and provide children and their families in Barak Valley with a more supportive path from disclosure to justice.

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