Chapter III

Applications of the method of direct communication to few selected social problems:

In this chapter I shall deal with the application of the 'direct communication' to some selected social problems. In collecting the data, the standard techniques of social case work\textsuperscript{12} are used. Also in collecting the data help has been taken from my students of M.S.W. course work and the part of the work such as the raw data and rough analysis has been given to them for their submission as a project work. The deep analysis and overall comparison of the results of various problems, as an application of the 'direct communication method' have been taken here for our study. The contents of the projects carried out under my leadership and guidance have been reproduced here for the same of ready reference and for supporting the basic theme of 'Direct Communication Strategy'.

The social case work is one of the standard methods out of six methods\textsuperscript{13} such as (i) social group work (ii) community organisation (iii) social research (iv) social action (v) social work administration. It is also taught in the M.S.W. course work with its practical application during project work. We shall only summarise here the essential features of the modes of operations. The various operations in a case work are (i) contact with the receiver, (ii) assessment, which is aimed at obtaining the root cause of the problem and how it has arisen. (iii) solution, if any, and (iv) evaluation. Each of these operations are quite well defined and are also documented in the literature\textsuperscript{12}.

The operations involved in a social case work are (1) Listening (2) Observations, (3) Interviews (4) Relationships and (5) Home visits. The essential features of these operations are given below :-
**Listening**: Listening is the basic operation, which if done perfectly, creates the desirable atmosphere. Active and attentive listening is purposeful. The purpose is to understand each other's words and feeling as accurately as possible. It is a consciously performed activity. There are various obstacles to active listening. The first obstacle could be a distraction, which takes a listener off the path of active listening. These could be external, like environmental noise or internal like one's own thoughts, or preconceived ideas about the others. The listener's anxiety or fear concerning other party, can block smooth and good listening. Also when the listener or receiver is unduly anxious about the appropriate response, their mind gets pre-occupied in formulating response, this hampers the listening process. The effectiveness of listening gets reduced when one listen selectively. This selective listening is the mental tendency of hearing only what one likes to hear.

There are few guidelines which may help the communicator to develop the habit of effective listening. During conversation, eye contact with the receiver helps in judging his mental attention. The place of conversation should be quiet with minimum distractions from outside. During conversation, the communicator should try to clear the mind of the receiver from pre-occupation as well as should try to minimise the fear of interview. It is essential that the communicator himself should be trained to be a good listener. He should also train himself for disciplined thinking, so that he may not get his mind unnecessarily evoked by the views of the receiver.

**Observation**: Observation is the key process in social case work study. It aims at understanding the receiver and his surrounding. During observation, one has look for the general outward appearance, facial expression, posture, gesture, emotional interaction, habitual body movements and body language. He should try to observe beyond obvious information. The body
language is expressing feeling through organ movements which the receiver wants to express but could not do so in words. Such information is extremely important and help in understanding the emotional status of the receiver.

**Interview** : Here the communicator meets face to face with the receiver. This is the professional activity of the social work communicator. The purpose could be (i) to exchange specific information (2) to study the receiver's problems and related situation and (3) to assume the receiver for definite help. This is a two-way process. Here one should know how to obtain required information, without putting the other side in an awkward situation.

**Relationship** : This is the condition of being connected between two or more people. These are of various kinds, some due to naturalisation such as between family members or some may be due to circumstances where they have to establish a relationship. There is also a relationship which does not fall in the two categories and that is friendship. The relationship could be positive or negative like hatred. It could be of long duration or of short duration. For social case work study, the relationship, though professional, must be very positive and if possible, not of short duration. Professional, requires that the relationship is goal oriented, but the softness it develops during process could remain long even after getting rid of the specific social problem. Also here the relationship is of a diffuse type due to different areas of life it touches. The social work relationship gets toiled more towards friendly type rather than pure professional type. The beginning of such relationship starts with 'rapport'. The signs of the positive 'rapport' with the receiver are, that the receiver shows keen interest in meeting with communicator, he expresses freely his feeling during interview, expresses his experience, and indicates some commitment on suggested action. Such a favourable beginning ends in desirable results.
Home visits: To some people, communication at their home gets better rather than at odd place like an office or an unfamiliar place. It also develops a feeling of confidence during interview. Hence Home visit has become a necessary component of the interview process. It also helps the communicator to get additional information on home environment, type of the family atmosphere and household interference. This may help while suggesting the remedy to one's problem.

The workers who have collected data for the various problems, are trained for the above operations, and their effectiveness is maximum for establishing 'rapport' with the receiver. Also their data and findings are very reliable as they have to work under my personal leadership and guidance. At every stage, I had been personally with them and seen that all processes go as per standard norms. Now I shall briefly describe the social problems tackled, with the results obtained^{14-21), during this process. I shall also pin-point as to why other methods are less effective and to what extent, the direct method of communication, is useful in practical life.

The first social problem described here is the 'Case study of Burns'.

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A CASE STUDY OF BURNS

1. Title of the project: 'A case study on 'BURNS'.

2. SELECTION OF THE SUBJECT: As Burns is an increasing problem, it is necessary to alert people on the preventive aspect the 'Burns' has become a social evil, which should be destroyed for the welfare of mankind.

3. Field of Study: For this research, Burns Ward in Sassoon Hospital, Pune was selected as a field of study.

   Usually, Burn cases are admitted in Government Hospitals, due to their accidental, suicidal and homicidal nature. The proper treatment on Burns is available in Sassoon Hospital Pune, only because it is a special treatment, requires specially trained staff and special care.

4. AIMS OF STUDY:

   1) To find out the deep root cause of 'Burns', the unawareness involved and the social evil associated with it.

   2) Society should be made aware about this social evil of Burns.

   3) One of the aim of this study is also to alert people on Burns, their increasing proportion in accidents, their seriousness, prevention from Burns and first aid as well as curative aspect of Burns.

OBJECTIVES OF THE STUDY:

   1) To study various causes and types of Burn injuries with the help of case study method.

   2) To study changing nature of injury by Burns in Human Society
with the help of secondary data.

3) To study structural, functional aspect of Burns Ward in Sassoon Hospital, Pune.

4) To study in general the treatment procedure of Burns cases with special reference to Sassoon Hospital, Pune.

5) To evaluate in general, Socio-economic effect of burn injuries with the help of case study method.

6) To suggest some preventive and educative measures, regarding burn cases after the analysis of case study of injury by burn.

7) To draw conclusions on the basis of data collection and analysis by various techniques of Social Research and to make some suggestions for avoiding Burn injury.

For this research, well known stratified random sampling method was used.

The stratification is made according to the types of Burns, such as (a) Accidental Burns (b) Suicidal Burns (c) Homicidal Burns. Accidental burns are further substratified as per the cause of the burn case study method has been applied for data collection. Thirty cases of Burns are studied which include 15 females, 9 males and six children.

6. PILOT STUDY: The pilot study was done in the course of Burn project.

Before starting Burn project, the necessary information on Burns was collected, which included

1) Visit to Burn Ward in Sassoon General Hospital to collect information about the Burn accidents.
2) Types of Burns
3) Causes of Burns
4) Treatment in Sassoon
5) Prevention from Burns
6) General discussion regarding the social effect of the Burn injuries

Interview with actual patients:

For interview, fourteen questions were framed. The interviews were to be open, informal. The first few questions were regarding the patients' name, age, sex, income, family status, socio economic conditions, residence. The information regarding the Burns was collected by the questions on how this incidence happened, what was the time, who was with the patient at that time, what first aid was given to them, what were immediate reaction, how and who brought to them Sassoon Hospital, how much was the extent of the Burns etc. Some of this information was also obtained from doctors, nurses and their social workers.

7. Difficulties faced during interview process:

In the process of conducting interviews, following difficulties are faced.

(1) The patient who are suffering from burns above 90% are not in the condition of talking. So information is collected from relatives, nurses and records.

(2) The patients, who have attempted suicide by burning, do not provide true information regarding the incidence due to fear of getting it published. The researcher is an unknown personality for them, so it is absolutely impossible for the researcher to gain their confidence in the first attempt.

However, the researcher has tried her best to overcome this
difficulty with the help of the nurses, who are exceptionally good in convincing the patients about the importance of disclosing the true information.

(3) About Homicidal burns, there is possibility of exaggeration in narration. In case of burns for dowry or for money, gifts etc., facts may be concealed.

The researcher has tried to overcome this difficulty with discussing it with nurses and relatives. The researcher has tried her best to get necessary information from other staff as well as from medical reports.

8. DATA COLLECTION AND ANALYSIS:

This data collection work has been carried out with the help of my M.S.W. student Mrs. A.A. Tagare.

1) For the data collection on Burns, patients were selected from Burns Ward of Sassoon General Hospital.

2) The patients, their relatives were interviewed by open interview method.

3) By case study method, the information regarding their physical, Socio-economic background as well as information regarding the Burns was also collected.

Altogether thirty patients were interviewed. The collected data can be classified as follows:
**TABLE 1**

<table>
<thead>
<tr>
<th>NATURE OF BURNS</th>
<th>NO. OF PATIENTS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Accidental</td>
<td>22</td>
<td>74%</td>
</tr>
<tr>
<td>(b) Suicidal</td>
<td>5</td>
<td>20%</td>
</tr>
<tr>
<td>(c) Homicidal</td>
<td>3</td>
<td>6%</td>
</tr>
</tbody>
</table>

TOTAL: 100%

From the above table, it is clear that burns taking place by accidents are far more in proportion to burns due to suicidal attempts or homicide. 74% of the total burns are accidental while 20% are suicidal and 6% are homicidal.

**TABLE 2**

<table>
<thead>
<tr>
<th>PERCENTAGE OF BURNS</th>
<th>NO. OF BURNS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 10</td>
<td>2</td>
<td>6.66</td>
</tr>
<tr>
<td>10 to 20</td>
<td>2</td>
<td>6.66</td>
</tr>
<tr>
<td>20 to 30</td>
<td>2</td>
<td>6.66</td>
</tr>
<tr>
<td>30 to 40</td>
<td>9</td>
<td>30.00</td>
</tr>
<tr>
<td>40 to 50</td>
<td>4</td>
<td>13.00</td>
</tr>
<tr>
<td>50 to 60</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td>60 to 70</td>
<td>4</td>
<td>13.00</td>
</tr>
<tr>
<td>70 to 80</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td>80 to 90</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>90 to 100</td>
<td>2</td>
<td>6.66</td>
</tr>
<tr>
<td>100%</td>
<td>3</td>
<td>10.00</td>
</tr>
</tbody>
</table>

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30

Among the patients interviewed, majority were of 30% to 40% Burns. Among all the thirty patients, majority were of patients
suffering from 30% to 40% Burns.

### TABLE 3

<table>
<thead>
<tr>
<th>ACCORDING TO SEX</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>No.</td>
</tr>
<tr>
<td>Male</td>
<td>9</td>
</tr>
<tr>
<td>Female</td>
<td>15</td>
</tr>
<tr>
<td>Children</td>
<td>6</td>
</tr>
</tbody>
</table>

Women are more prone to the accidental burns due to haste, fatigue, and more contact with the fire. Wrong habits, carelessness, haste, negligence, ignorance are difficult to correct, which result in major accidents and damage to life.

Women fallen victims to burns are about 50%.

### TABLE 4

<table>
<thead>
<tr>
<th>ACCORDING TO AGE</th>
<th>NO. OF BURNS</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 10</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>11 to 20</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>20 to 30</td>
<td>9</td>
<td>30</td>
</tr>
<tr>
<td>31 to 40</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>41 to 50</td>
<td>1</td>
<td>3.33</td>
</tr>
<tr>
<td>51 to 60</td>
<td>2</td>
<td>6.66</td>
</tr>
</tbody>
</table>
The people in the age group of twenty to thirty are more accident prone. When these people come into contact with fire, they are even enthusiastic as compared to children or old people. So, they are the major victims of burns.

**TABLE 5**

<table>
<thead>
<tr>
<th>ACCORDING TO REASON</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRESSURE STOVE EXPLOSION</td>
<td>17</td>
</tr>
<tr>
<td>Sleeping near Fire</td>
<td>1</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>1</td>
</tr>
<tr>
<td>Gas</td>
<td>2</td>
</tr>
<tr>
<td>Kerosene Lamp</td>
<td>1</td>
</tr>
<tr>
<td>Oil Lamp</td>
<td>1</td>
</tr>
<tr>
<td>Boiling Water</td>
<td>2</td>
</tr>
<tr>
<td>Boiling Milk</td>
<td>1</td>
</tr>
<tr>
<td>Boiling Mutton</td>
<td>1</td>
</tr>
<tr>
<td>Chulha</td>
<td>1</td>
</tr>
<tr>
<td>Electricity</td>
<td>1</td>
</tr>
<tr>
<td>Chemical</td>
<td>1</td>
</tr>
</tbody>
</table>

30

From the above table, it is clear that Burns due to pressure stove, are larger than Burns due to other items.

People use kerosene and pressure stove due to economic reasons. Pressure stove is used to save time as kerosene-Wicker stove works slowly and consume more kerosene so pressure stove is preferred to wicker stove. Hence, burns due to explosion of pressure stove are more than burns caused by any other device of cooking.
Nearly 50% of the total burns are due to pressure stove.

9. CONCLUSIONS:

From all the cases studied and all the data collected, we can draw a few conclusions about Burns. They are as follows:

1) Burns are increasing per year and it is an increasing social problem, which is necessary to control in time.

2) Usually, burns occur in low income group more than middle class or higher class of society.

3) Accidental burns are increasing. Nearly, 80% burns are due to accidents caused by ignorance, negligence, haste, fatigue, carelessness.

4) Domestic burns are more than industrial burns.

5) Female are more prone to burns than male because they handle the fire for domestic purposes, than males.

6) Accidental burns occur more in overcrowded areas, than other areas.

7) Nearly 70% of the patients admitted due to burns succumb to death.

8) Patients, suffering due to burns over 40% scarely live after burns. If they continue to live, they become disfigured or handicapped.

9) Treatment of burns in Sassoon Hospital is free but if treated outside it is beyond reach of common people because it is very costly. The operation on post burn contracture, operation of skin grafting is very costly because it is done by skilled plastic surgeons.
10) Compared to accidental burns, percentage of suicidal and homicidal burns is also increasing. Based on the data collected between January 1989 to February 1990, it has been observed that the total burn cases were 1036 out of which accidental burns were 263 male and 615 female, suicidal burns were 42 male and 82 female and Homicidal burns were 7 male and 27 female. In all cases female burns are much more than male and the root cause for suicidal burns and Homicidal burns lies deep in social and cultural problems.

Psychologically some personalities are weak and some are strong. They are also prone to each types of accidents.

It indicates increasing social disorganisation, personal disorganisation and family disorganisation. Due to stress of problems, people either end their lives or end life of others. This shows that day by day struggling power of human being is insufficient compared to environmental problems.

11) Based on the data collected between January 1989 to February 1990, it has been observed that the total burn cases were 1036 out of which accidental burns were 263 Male and 615 female, suicidal burns were 42 Male and 82 females and Homicidal burns were 7 male and 27 females. In all cases female burns are much more than male burn cases and the root cause for suicidal burns and Homicidal burns lies deep in social and cultural problems. They are very deep rooted and long time efforts are necessary to reduce this evil. It is impossible to get rid of this evil totally, but sustain efforts in this direction are necessary.

10. SUGGESTIONS:

(A) In simple and direct manner, the general public should be more aware about the precautions that should be taken and measures adopted to prevent causation of burn injuries. Many schemes to educate and inform the general public can be
successfully introduced by voluntary agencies, welfare departments, women's association, organisations following education programme can be undertaken:-

Associations working in the commonly should keep a first aid box.

(1) Educating the lay public, specially the men folk.
(2) Educating women
(3) Educating children

(B) A general awareness regarding accidental burns can be evoked by the methods suggested above. But the root causes of the other two types, namely suicidal and homicidal burns are very deep rooted. Here the 'direct communication method' involving personal interviews, discussion role of individual rights, norms would be more effective. Mass communication in this regards are less effective, as it does not go deep in the mind of the persons involved. Mass awareness regarding these problems seems to induced by mass communication techniques, but the change is superficial and exists only for a short duration. Deep and long term awareness is only possible with direct individual contacts as with contact with the group of people having similar problems.

One step in this direction has been taken during this project.

With the help of a social organisation called "SOFOSH", meeting with the school students were arranged in various groups. Direct discussion and information exchange programmes were arranged.

This included showing slides, giving information on Burn accidents, how to prevent them and what immediate first aid should be given in case of Burn accidents. The programme is carried out in small groups in corporation school in Pune and total 5000 students has participated in it. The children were
asked questions about Burns before the programmes to know their background. After the programme, again the children were asked about the reasons of burns and on prevention as well as first aid. The response was very good from students. All expressed the necessity of this programme and expressed thanks about carrying it in their schools. Students had developed their perception and awareness about Burns and accidents which has gone deep in their mind. They may forget the details, but the awareness definitely remains with them, which will help them in near future. The effect of 'direct communication method' was clearly visible.
MODEL REPRESENTATION

First attempt

Communicator message [1, 2, 3, 4]

Receiver's filter [5, Output]

Feed-back

Second attempt

[6, 7]

Third attempt

[8]
1. The students
   Under the Leadership and guidance of the author.

2. Enquiry into the root cause of the 'burns and to suggest the remedy.

3. Burns patients, helpers and their limitations.

4. Burns patients and persons treating them.

5. Statistical information and some known and unknown root causes.

6. Attempts for Receiver’s second contact with modified message, in view of the feedback information.

7. Partly fulfilment of the expected result

8. ..........need of further communication.
The second social problem dealt here is "The Case Study of Social-Psychology Adjustmental problems of mentally retarded children".

1. **Title of the project**: "A study of adjustmental problems of mentally retarded persons".

2. **Selection of the subject**: The problems of mental retardation are grave in nature and are not only restricted to the persons suffering but get extended to the family and surroundings. The interaction among the surroundings and the sufferer is so strong that these problems cannot be treated in isolation. The study of these interactions is essential in order to understand the adjustmental problems of the family and to the immediate environment. As a result, some measures could be suggested to ease the adjustmental problems, thereby giving part relief to the sufferer.

3. **Field of the study**: For this study, the psychiatric department of Sassoon Hospital was selected. In this department a treatment for some general physical problems associated with retardation, training for day to day work and some advice to the near relatives are provided.

4,5. **Aims and Objectives**:

1. To study the Social adjustment problems of mentally retarded people.

2. To study the attitude and the problems of family members towards the retarded individuals.

3. To study about the remedies which are helpful to reduce the sufferings of mentally retarded.

4. To understand whether there is any treatment which reduces the physical incapability of the retarded.
5. To study about the rehabilitation measures and training for the mentally retarded.

6. **Pilot study**:

Pilot Study is undertaken before the schedule or questionnaire is framed. It is a preliminary study of the universe with the object of getting an idea about it. It is undertaken without formulating any hypothesis. Through pilot study, the idea of different variables involved, the nature of the problem, possible difficulties in the procedure of interview, kind of response that are likely to be available etc. is gathered. On the basis of information gathered, the schedule or questionnaire is framed, if the sample is perfectly representative of the universe. Then perfect idea about the nature of the problem, the characteristics of the respondent shall be available and the schedule shall be more or less foolproof.

7. **Difficulties**

(a) During this study no retarded persons were directly admitted to the department and so they were not available for long time.

(b) The patients are available in either O.P.D. or in special O.P.D.

(c) Most of the time only few of the nearest relatives accompanied the patients and so getting full information about the adjustment problems as difficult. This difficulty was solved by additional visit to their residence.

(d) Non availability of relatives at the patients residence.

(e) Unless familiarity is developed, it is difficult to get correct response from the patients as well as from the relatives.
8. **Data Collection and Analysis data collection:**

   This work has been carried out with the help of my student Mr. Dennies P. Joseph).

**Method of Data Collection:**

(a) **Observation method:**

   In this study researcher used observation method, by observing the behaviour, activities, way of talking, their responses, relationship of retardates to their siblings, we found out many things and the observations made while the retardates interacted with parents and neighbours, which were very useful to find out the adjustmental problems.

(b) **Quantitative Method:**

   For studying the adjustmental problems researcher studied the family relations, its standard of living and certain other matters like IQ (Intelligent Quotient).

(c) **Interview Method:**

   Researcher used interview method for interviewing the parents of retarded, their siblings, neighbours and the concerned Doctors.

(d) **Case Study Method:**

   Researcher made a few case studies for getting more relevant informations regarding the adjustmental problems of the mentally retarded. Those cases studied helped the researcher to find out the real cases for the adjustmental problems and the solutions to reduce their sufferings. Case studies have done by visiting the retardates' homes, watching their behaviour,
interviewing the siblings, parents and if possible some neighbour for knowing the immediate environment.

(e) Interview Schedule:

Interview schedules were developed for ascertaining various socio-economic and psychological factors, environmental variables and social competence of the retarded.

Interview schedules consisting mainly of open-ended questions were prepared for children, adults, parents and siblings. Some close-ended questions were also included.

For the Retarded the Schedule covers the following areas:

1. General Information
2. Home Atmosphere
3. Social Adjustment

For Parents it covers the following areas:

1. General Information
2. Social Problems
3. Economic problems
4. Psychological problems
5. Behavioural adjustment of the retarded
6. Mental growth of the retarded
7. Emotional adjustment
8. Socio-economic status of the parents and neighbours

9. Intellectual level

10. Interests and habits of the retarded

The above basic orientations provided the guide-lines on the basis of which the interview schedule was prepared.

Data collected from 50 mentally retarded patients reflects the following factors as regards to their problems.

1. Nearly half of the retardates are from the age group of 12 to 18 years, because the effectiveness of the treatment and training should be more progressive and positive to this age group.

2. Among the retardates, 60 percent were male because normally males are given more attention, that is the culture and the social stigma.

3. While dividing the retardates as per religion, 80 percent were Hindus, it was nothing but the dominance of Hindus in the area which is selected by the researcher.

4. Of the families of retardates taken for study showed that their economic background is very low. About half of them were from the income group below Rs.700 monthly and 30 percent were from the income group of Rs.701 to 900 while 20 percent have got good standard of living.

5. Education of the retardates was very low. 68 percent were studied only below 5'th standard, it constituted both normal and special schools. 20 percent studied upto 5th standard but below 10th, among which 5 percent from normal school and 5 percent from special school, and 12 percent did not attend school, even though there are special schools, the education of retardates was not satisfactory.
6. Education level of the parents of the retardates were also not high. Among the fathers of retardates, 40 percent were illiterate and 64 percent of mothers were also illiterate.

7. The retardates level of retardation found that 44 percent of the retardates as per their IQ level were moderately mentally retarded category (IQ 36 - 51), 40 percent from mild retarded category (IQ 52 - 68), 10 percent from severe category (IQ 20 - 35), 6 percent were profound category (IQ below 20). Mild and moderate were high in percentage among those who came for treatment and training because only these categories benefit out of the training and treatment.

8. Fortunately 60 percent of the retardates taken for study were not handicapped in other ways. The other 40 percent were physically or orthopaedically handicapped.

9. Most of the retardates were suffering from difficulties in motor skills (66 percent) like walking difficulty, difficulty in using toilet, dressing, hearing, talking and taking food.

10. Almost all the retardates were dependents. Only 16 percent were non-dependent and 84 percent were dependents physically, economically or both.

11. Most of the retardates did not expressed good opinion about their parents, only 22 percent gave favourable opinion.

12. More than half of the retardates showed (54 percent) dislike about the home while 46 percent liked home.

13. Friendship among the retardates are less, 60 percent do not have friends while 40 percent keep satisfactory and partially satisfactory relationships with friends.

14. More than half of the parents said their retarded ward has
greater pleasure at home.

15. Most of the parents and siblings (80 percent) have satisfactory and partially satisfactory relationship with the retarded.

16. All the mentally retarded have some weaknesses which disturb other members of the family.

17. Less than one-third of the retardates have bad habits like smoking, chewing tobacco and other habits.

18. Neighbours attitude towards the retarded person’s family is not satisfactory. 84 percent neighbours show unfavourable or indifferent attitude.

19. Almost all the retarded are over-protected, it further restricts their development.

20. More than three-fourth of the parents and siblings of the mentally retarded are facing negative complexes. Parents are much too worried about their retarded ward and have some inferior complexes. Sometimes they are shy to talk about retardation.

21. Parents may develop misunderstandings, difficulty to face unfamiliar situations also other complexes may develop out of psychological tension.

22. In most cases siblings’ marriage will be affected.

23. Retardates participation in home was not favourable even though 30 percent have partially satisfactory participation and 18 percent have satisfactory participation.

24. Three-fourth of the retardates are not receiving not any kind of financial assistance.
25. 84 percent of the parents are either fully or partially satisfied with the progress in the self dependency of ADL. (Activities of Daily Life).

26. Counselling reduces the false beliefs of the retardates family about mental retardation. Among the families that received counselling, 80 percent believe that retardation is not curable while the families who have not received counselling 84 percent believe that retardation is curable.

27. Three fourth of the retarded were not rehabilitated. Because rehabilitation for mentally retarded is not easy when compared to other fields of rehabilitation.

28. Those who secured rehabilitation to some extent are only 26 percent, among them 20 percent were able to manage their daily routine while 6 percent were able to work and earn with some external help.

29. Some retarded people achieved little of bit efficiency in some crafts but were not able to earn their livelyhood because little attention is usually given to the development of appropriate social habits and attitudes with the result that even those who are capable of handling some jobs fail to keep them.

30. Many parents from rural areas believe that their ward's mental retardation is due to their 'sins' in previous birth and they called it as 'karma'.

31. Some parents said that their mentally retarded ward shows some behavioural problems connected with sex, that they do not show any discretion with time and place.

32. Social isolation too, is often thought to be a part of the penalty parents must suffer for having a handicapped child. Coping with chronic problems, which seem to have no solution, leads to intolerable stress.
The families having a Mentally Handicapped Person face many problems. Mental retardation is a disability that causes a lot of suffering not only for the sufferer himself, but for his parents and family as well.

CONCLUSION

The findings concerning the adjustmental problems of mental retardates and their families may be summarised in the form of the following hypotheses which have been found tenable:

1. Intellectual handicap is a reason for the adjustmental problems.
2. Difficulties in motor skills create adjustmental problems.
3. Dependency is a cause of adjustmental problems.
4. Emotional disturbances make adjustmental problems.
5. Faulty relationship with parents and siblings is one of the reasons for adjustmental problems.
6. Lack of motivation leads to adjustmental problems.
7. Over protection extends adjustmental problems.
8. Lack of proper counselling for the parents increase adjustmental problems.

RECOMMENDATIONS:

The following suggestions are forwarded on the basis of the researcher's objectives and findings:

1. There is a great need for psychological support to parents
and siblings of the retarded. Effective parental counselling has to be taken to the door steps of parents. There is always an embarrassment in the family by facing a retarded who has just grown up like an abandoned.

2. Group therapy and group meetings or family therapy for the parents are needed for reducing negative approaches and attitudes of the family members towards the mentally retarded. Group therapy permits the burden by sharing and receiving of reassurance from similarly afflicted parents.

3. Home making services, temporary placement of the retarded in some institutions and similar arrangements to increase the parent’s effectiveness for giving them periodic relief.

4. Appointing a counsellor, who could help in overcoming the hurdles of the individual’s attitudinal problems. He should pay Home Visits to counsel the families.

5. Take initiative to job placement for retarded persons after intensive training.

6. Attention to rehabilitation of youngsters discharged from institutions and agencies should be developed.

7. There should be adequate provisions for nutrition, proper immunization, careful intermittent health review and early diagnosis and treatment of illness for the infant and the child.

8. It is proved that consanguineous marriages may create genetical problems like retardation in the coming generation, so it should be avoided and inter-caste marriages should be encouraged.

9. Corrective measures including early treatment of emotional and behavioural maladjustments should be given.
10. Counselling of parents of retarded should be organised on scientific basis.

11. Parents should be adequately educated and trained for handling the retarded.

The third case dealt here is on 'AIDS'. It is claimed that in the year 2000 A.D., India will be one of the countries shouldering the largest 'AIDS' patients. There are many misconceptions about this disease and it is of prime importance to see that the correct information should reach every individual so that the sufferer gets the proper available aid as well as he becomes less of a nuisance to the society.
MODEL REPRESENTATION

First attempt

Second attempt

Third attempt

Communicator

Receiver's filter

5 Output

Feed-back

1 2 3

6

8
1. The M.S.W. students under the leadership and guidance of the author.

2. To understand attitude of family members and surrounding persons towards the retarded child through personal discussion.

3. Initially Receiver has inhibition, talk more irrelevant, depressed, blame to some one for the situation, and has complaining attitudes.

4. Parents of the retarded child or care taken.

5. Patients do not give good opinion about their parents. They are over protected. Family has false beliefs and has a feeling of isolation. Neighbours attitude is unsatisfactory. Siblings marriages are affected.

6. Feed-back modified message:

Second attempt is needed to remove the false beliefs of the family.

Information has to be given for any kind of help which will ease the life of the patient as well as parents. Heavy counselling is needed to the family as well as neighbours.
1. **Title of the Project:** 'AIDS - A Social Problem'

2. **Selection of the subject:** Looking at the importance of this problem and the way misunderstanding is spreading about the disease 'AIDS', this subject is taken for study. It has various facets and seems to have social, economical, political and other implications.

3. **Field of Study:** This work has been done with the help of 'Health Plus' organisation, who has a Counselling Cell attached to the 'Skin and V.D.' department, ward No.33 of Sassoon General Hospital Pune. The clients are usually S.T.D. patients who are more prone to HIV infection due to the open wound in sex part. Many of them are the sufferer of AID Virus infection (about 10-20%) but their HIV tests are kept strictly confidential. It is disclosed to the sufferer only.

4 & 5. **Aims and objectives:**

   (a) To collect the correct and appropriate information on AIDS, which could be given to the general public for awareness.

   (b) To make future projections of HIV/AIDS and emphasize the need of tackling it.

   (c) To study STD patients who are high risk patients for HIV infections.

   (d) Since to this date there is no cure, stress has to be given on prevention.

   (e) Introduction of techniques in the prevention of AIDS, specially through proper Counselling.

6. **Difficulties faced during interview process:**

   (a) As AIDS is a very vast topic, it forced us to restrict
only on some relevant but important issues.

(b) This study has to be updated constantly with the new information on AIDS.

(c) This study has been limited to male clients only, since majority of the patients visiting the cell were males.

(d) It is a time consuming process of interviewing the clients and then counselling them due to social stigma and misunderstanding of the disease.

(e) It was difficult to have home-visits, as the clients have opposed the idea, again due to social stigma.

7. Data Collection and Analysis

This data has been collected with the help of my M.S.W. student Mr. Sharad Pansare16).

A. General information on AIDS/HIV infection

AIDS refers to the advanced or the terminal stage of infection with a virus called Human Immunodeficiency Virus (HIV). The virus break downs the body’s immune system leaving the victim vulnerable to host of life threatening opportunistic infections, neurological disorders or unusual malignancies (cancers). AIDS is usually a fatalistic disease.

Our environment is flooded with innumerable micro-organisms. They are present in the air we breath, the food we eat and the water we drink. Some micro-organisms are present inside our body, too. Micro-organisms capable of producing disease are called ‘Pathogens’.

Even if pathogens enter our body, they may not always produce diseases. This is because of an inherent defence system
which is present in our body. 'Immunity' refers to the resistance exhibited by our body towards pathogens.

The basis of the immune system are the White Blood Cells (WBCs). When any pathogen enters our body, these WBC's fight with it and try to destroy it completely. Hence, disease is not produced at all.

This virus destroys the body's defence mechanisms, leaving victims unable to defend themselves against various infections.

The virus is 1/10,000th of a millimeter in diameter. It is a protein capsule containing two short strands of genetic material (RNA) and few enzymes. Contrary to lay man belief, HIV is a very fragile virus and is easily killed by heat. The virus uses the human cells, to perpetuate itself.

Basically, there are 2 types of HIV:–

HIV-1 and HIV-2.

Broadly speaking, however, the principle features of the viruses are the same. About 40% of the genetic material of the two viruses shares the same sequences. Both are transmitted through sexual contact, in blood and from mother to child.

However, HIV-1 is very wide spread. It is found on every inhabited continent. It is receiving the focus of attention. Actually, most of our understanding of HIV infection, is based on studies of HIV-1.

On the other hand, HIV-2 has received only a fraction of the attention devoted to its more widespread cousin HIV-1. In the beginning it was perceived as a 'harmless' virus. It is now clear that like HIV-1, it causes AIDS, although probably more slowly, but it is as deadly. HIV-2 is clearly less readily transmissible through sex and from mother to child than HIV-1.
In India both the viruses are present.

HIV infection is believed to be lifelong. It is very important to remember that symptoms are not manifested immediately after entry of HIV. There are various stages in which infection progresses. 'HIV entry' and 'full blown AIDS' are the two extreme stages of the disease.

What is 'incubation period'?

The period between the initial HIV infection and development of AIDS (manifestation of first sign and symptom) is called 'incubation period'. In AIDS the incubation period is uncertain, from a few months to 6 years or more. Studies to date [70] indicate that about 60% of adults infected with HIV-1 will develop AIDS within 12 - 13 years of infection. Few data is available beyond 12 years, but it is expected that the vast majority of HIV-1 infected persons will develop AIDS eventually.

No major differences have so far been found in the rate of progress with infection of HIV-1 to AIDS among middle-aged adults by geographical area, sex or race. In infants born infected with HIV-2, the progress of AIDS is more rapid than in adults.

The clinical features of the HIV infection have been classified into 5 broad groups or stages [71].

1) Acute HIV infection :-

Immediately after exposure the HIV cannot be detected. It takes a minimum of 3 months (the "window period") for the immune system to create antibodies to HIV. It is only after this 'window period', that through an AIDS test a person can be said to be HIV positive (this indicates that an individual has been exposed to HIV) or HIV negative (this indicates that an individual has not been exposed to HIV).
2) Asymptomatic carrier :-

This means that an individual has the HIV and the immune system has developed antibodies to it, but there is no overt signs and symptoms (asymptomatic). Such a person is called an 'HIV carrier'. The person may look and feel perfectly well, but is potentially infectious and can pass the virus on to others. Lab tests may show a reduced number of T4-cells. It is not clear how long this asymptomatic state might last.

3) Persistent generalised lymphadenopathy :-

A person falling in this group, has chronic swelling of his lymphnodes. He has swollen lymphnodes in the neck, axilla and groin. He could also have a swollen spleen.

4) AIDS-related complex (ARC) :-

A person with ARC has illnesses caused by damage to the immune system, it indicates HIV infection, but without the opportunistic infections and cancers associated with full-blown AIDS. But they exhibit one or more clinical signs and symptoms. The signs and symptoms vary according to the severity of the disease. They occur randomly and cannot always be accounted for.

AIDS :-

AIDS is the end-stage of HIV infection. Virtually all persons diagnosed as having AIDS die within a few years. As mentioned before, those pathogens taken care of normally by an efficient immune system, produce infections in AIDS. An AIDS patient may suffer from a wide range of unusual and life-threatening diseases (opportunistic infections). Death is due to uncontrolled and untreatable infection.

Source of infection :-
HIV has been isolated from body fluids of infected persons including blood, semen, vaginal secretions, breast milk, tears, saliva and urine. HIV has also been isolated in brain tissue, lymphnodes, bone marrow cells and skin. However only blood, semen, vaginal secretion and breast milk where the virus has been found in greatest concentration have been implicated in HIV transmission.

What are the modes of Transmission?

There are 4 basic modes of transmission, they are:

a) Sexual intercourse

b) Blood and blood products

c) Sharing of needles

d) Mother to child

The most important message to be remembered by one and all is that, HIV/AIDS is not spread through casual contact; for we have been told that HIV/AIDS is spread only 4 ways (mentioned previously) and by no other way. Hence HIV infected person should not be discriminated against.

The surest way of diagnosing HIV/AIDS is by blood-testing based on detection of HIV antibodies. In this content, it is important to understand the meaning of 'Window period' and its implication on diagnosing.

'Window period':-

Immediately following initial infection of an individual with HIV, some of the protein products of viral replication may be detectable in blood samples, called 'HIV antigens'. At this
state, it is uncommon for antibodies of HIV to be detectable, but these develop and become detectable in vast majority of cases within 3 months of infection.

There is now a wide range of screening tests based on detection of HIV-antibodies. To detect HIV-1 in a blood sample, one has to find HIV-1 antigens. To detect HIV-2 in a blood sample, one has to find HIV-2 antigens. Usually HIV blood tests like-ELISA & Western Blot tests, can detect both the viruses.

There is still no cure or vaccine for HIV infections. This is due to the ability of the HIV viruses to disguise themselves by the protein in their outer coat.

The first drug against this was AZT (Azido thymidine) which is not so effective now and has severe side-effects. The trials have been stopped now. Other drugs on trials are DDI (dideoxyinosine) DDC (Dideoxycylidime), Synthetic CD4, Compound Q (Trichosanthin), A chilles heel (AZT + DDI).

Any other methods like 'Auto-urine therapy' or other drugs are baseless for a fool proof cure unless they successfully complete the trial period of 10 - 15 years.

How can AIDS/HIV infection be prevented?

As mentioned previously, there are 4 basic modes of HIV transmission (through sexual intercourse; blood and blood products; sharing of needles and syringes; and from mother to child). So when we discuss prevention, we mean prevention in these 4 areas. They could be listed as :-

1) Safe sex (prevention of transmission through sexual intercourse)

2) Safe blood (prevention of transmission through blood and blood products)
3) Sterilization of needles, syringes and other skin cutting instruments (prevention of transmission through needles and syringes)

4) Prevention of perinatal transmission.

B. The data collected from the STD/HIV counselling cell of 134 STD patients who are at high risk of HIV infection. The information gathered from them includes the following.

- Personal details
- Sexual behaviour
- Attitude towards condoms
- Knowledge of HIV/AIDS
- Other habits
- History of blood transfusion.
- Follow-up

The above details were personally collected from the respondents through an interview-schedule. The young people are involved in a very high percentage 94% of the respondents fall between 16 to 40 years age group which is often known as the 'productive age group'.

One also notices a sudden increase from 0.75% (in the 11 to 15 age group) to 23.88% (in the 16 to 20 age group). This could be attributed to the fact that in the former age group individuals are attaining puberty, while in the latter age group new knowledge about sex has already been acquired. They thus have a greater urge (need) to experiment with sex.

Sexual activity reaches a peak between 21-25, after which, there is a fall. It has been noticed by the researcher that respondents, who continue to indulge in casual sex after 25 years of age, find it very difficult to practice abstinence or to change their sexual behaviour. 60% of respondents are employed,
implies that those who can pay for sex, indulge in sex more.

Majority of the respondents (62.59%) are single/unmarried individuals. Which means that singles are more likely to visit CSWs (Commercial sex workers). 64.17% know that condoms can prevent STD, but 35.81 are unaware about the purpose. However, 55.9% do not know how to use a condom.

This shows the futility of condom advertisements, serving it’s purpose. Respondents have usually learnt it’s use through friends or by trial and error. There is a great need to demonstrate to the lay man, the proper use of condom.

70.89% respondents have never used a condom.

26.11% of the sex partners have insisted on condom use atleast once.

25.64% of those respondents who used condom admitted that their condom tore. This is mainly due to improper use of condoms.

Knowledge of AIDS:

Most of the respondents are totally ignorant about what is AIDS and how it is transmitted. 55.22% have only heard the word ‘AIDS’ and nothing more.

Peer-education:

53% of the respondents were ready to act as peer educators. They would make their friends aware of the dangers of STDs and how it could be prevented.

9. Conclusions:

AIDS, it would seem, is the greatest threat ever hurled in
the face of humanity. Though there is no denying that the
challenge is an overawing one, let us not fail to remember that
dreaded diseases have been fought and won over, in the past. An
though there is much to suggest that the fight against AIDS will
be long and arduous one, there is also no reason to believe that
victory over AIDS will not be possible. At present, however AIDS
remains a life and death question. As the struggle against it
gather momentum, with the government gearing up to do its bit,
and scientists and researchers working around the clock to find
ways and means to decimate the HIV, the mantle falls upon us, the
members of society to bolster the social and psychological
campaign against AIDS. The sooner we rise up to the situation
the more lives we save.

Today there is no cure or a vaccine against AIDS. Hence,
prevention is the only way by which one can control it and health
education is the key to prevention.

There is a definite link between STD prevention and HIV/AIDS
prevention activities. HIV/AIDS prevention programmes have to
be incorporated with the STD prevention programmes, if it is to
make a sufficient impact.

Sex, a taboo subject is still not discussed openly. However, sexuality can be addressed effectively in an one-to-one
counselling situation. Hence, HIV/AIDS prevention programmes
should focus more on achieving counselling situations.

Focussing on clients of CSWs, specially STD patients who
form a major part of the clients of the CSWs, will prove more
effective in a developing country like India. STD patients
approaching STD clinics are more receptive to AIDS prevention
education. One-to-one counselling and peer education are most
effective methods in inducing behaviour change.

10. Suggestions:
(1) **Global Commitment**

It is vital today, for each and every country to pledge itself wholeheartedly in the fight against AIDS. Only through an enormous commitment of skill, money, technology, energy and imagination, within and between communities, international, national and local can the world hope to contain the pandemic.

(2) **Community Commitments**: Communities have a crucial role to play not only in the care and support of people with HIV/AIDS, but also in preventing the spread of HIV infection. Individuals can be motivated to change their sexual behaviour, but experience shows that this process is greatly aided, if this individual lifestyle change is backed up by community commitment to safe-sex and other protective values.

(3) **Sex-Education**: The emergence of AIDS has brought into sharp focus the need of sex education, which has long been ignored. Educational institutes, social organisation and free discussion in the family are the most effective ways for such education.

(4) **Through Counselling**: Through a one-to-one counselling situation, the counsellors tries to bring about a change in the sexual behaviour of STD patients, with the ultimate intention of breaking the chain of STDs and HIV. There should be a network of counselling cells at least in all cities and towns in India.

Women's organisations/groups should show concern and get involved in the campaign against AIDS, for it is now increasing in women.
MODEL REPRESENTATION

First attempt

Second attempt

Third attempt

Communicator message

Receiver's filter

Receiver

5 Output

Feed-back

6

7

8

60a
1. The M.S.W. students under the leadership and guidance of the author.

2. (a) To collect correct, relevant and useful information on HIV/AIDS.
    (b) To impart the essential information on HIV/AIDS to General Public, specially on prevention aspect.

   Initial hesitation to discuss, as sex relationship is still, not a open issue in the society.

   Most of the people are careless about their health care.

4. General Public
   Family of the patients
   S.T.D. patients

5. Collected proper information on HIV/AIDS.
   S.T.D. patients are more prone to HIV injection.
   Prevention aspect has to be stressed.
   Health care should be stressed.
   Found that counselling is very effective measure.
   Patients of HIV injection has to be treated more humanly, without getting prejudice.

6. Feed-back modified information has to be given, till the receiver understand the gravity of the problem as well as measures to be taken to avoid it. Second attempt is essential.
1. **Title of the project**

   A study on utility and role of family court.

2. **Selection of the subject:**

   The disintegration of the family system in general has led to many problems. In order to tackle such problems, Family Courts can help the society in many ways. The study of Family Courts as a social institution is important to understand the fundamental nature of this institution.

3. **Field of study:**

   The Family Court, Pune, a whole unit was chosen as the field as it is the most ideal sample to understand the utility and role of such institutions.

4. **Aims and objectives of the study:**

   The study was conducted with the aims stated below

   1. To study the utility and role of Family Court.
   2. To study the functioning of Family Court.
   3. To understand the role of counsellor in Family Court.
   4. To know how much counsellors can help the parties to solve their problems
   5. To know the experience of parties in Family Court.
   6. To know how people respond to the concept of Family Court.
   7. To know the opinion of parties about the counselling method.
   8. To know if the guidance of the Family Court helped the parties to build up their lives.
5. Limitations:

Every study has its own limitations this study also had some difficulties.

1. A few formalities of the Court hindered the smooth running of the study.

2. Since the problems of parties were personal male clients did not respond confidently.

3. Lack of time prevented the follow-up of a case from beginning to end (which could have rendered much experience in the process of case study).

4. The Court proceedings are held 'in camera' hence it was not possible to observe the Court proceedings.

5. Reference Book on Family Court are inadequate besides almost all of the books ignore the sociological aspect completely.

6. Data Collection and Analysis:

This data has been collected with the help of my M.S.W. student Mrs. Jyoti Mulgundkar.

The data was collected from interviews, discussions, books, journals, periodicals, newspapers and records from the Family Court.

1. Interview - Interviewing is a process of direct social interaction. For this study, individual interviews of petitioners and respondents were taken.
2. Discussions - The subject was discussed with counsellors, Judges, Advocates, Professors and family and friends of the parties concerned.

Analysis

<table>
<thead>
<tr>
<th>To Petitioner</th>
<th>Education Illiterate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>28%</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Wife</td>
<td>78%</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. More women come forward to file petitions.

2. More men are educated than are women.

3. Brahmins and Christian mostly solve their dispute among themselves. Gujratis have disputes because of dowry. Muslims because of polygamy.

4. Majority of the reasons for conflicts are alcoholism, dowry and cruelty.

5. Most of the cases are from lower and middle income group.

6. Most cases approach Family Court on reason of restriction.

7. Objective of reconciliation of spouses is fullfilled to good extent.
7. **Conclusions:**

1. Family Courts are essential for the welfare of society as they consider the emotional aspect of both the parties.

2. There is a wide range of people who can benefit from the Family Court, as the counsellor try to reconcile the parties as far as possible.

3. The cases that come to Family Courts are resolved much faster than in Civil Courts.

4. The proceedings are held ‘in camera’ which helps the clients to talk their problems out.

5. The restriction of territorial jurisdiction leads out-of-the jurisdiction people to give false addresses to get help of the Family Court.

6. It is not necessary for the counsellor to have legal knowledge for the effective discharge of their duties. The emotional support provided by the counsellor facilitates direct, effective communication. This enhances the chances of adjustment between the couple.

7. The women have developed awareness and boldness to file petition.

8. The literacy rate is much higher in men than in women.

9. The spouses reconcile readily considering the welfare of their children.

8. **Suggestions :**

1. The substantive law (personal law) needs to be modified to remove all kinds of inequalities and render justice.
2. A time limit should be fixed for the speedy disposal of cases.

3. Establishment of Family Courts in rural and interior areas is essential.

4. The provision that women judges be appointed has remained on paper. Implementation of this is necessary.

5. The jurisdiction of Family Courts should be extended so as to include criminal offences which have direct bearing on marital relationship.

6. A guidance cell or legal aid cell should be established to support and assist women litigants to take benefit of the Family Court.

7. The guidance cell should keep reviewing the functioning of the Family Courts and give constructive suggestions.

8. The help from Police should be taken whenever necessary.

9. Family Courts should be given powers to grant injunctions even after Court hours and if possible to establish Circuit Courts and decentralise counselling centres.

10. To change the timings of Courts to respond to the needs to working women and peculiar geographical location of the Courts.

11. It should be made mandatory to make the proceedings 'in camera' for the benefit of women litigants.

12. The chamber of the counsellor should be sound proof and free of disturbances during case discussions.
13. Legal literacy and awareness programme should be taken up by the State Legal Aid Board.

14. Memorandum of Substance which a witness disposes should be tape recorded.

15. Pre-marital, marital and post-marital educational and counselling centres should be established to create awareness among people.

16. Panel of experts be appointed in order to deal with cases more effectively.

17. Counsellor should be given travelling expenses for home visits which is necessary & important tool in counselling.

18. To provide for standard formats of petitions to be sold.

Next work is related with the awareness of the pollution problems in the society. In principle awareness of pollution in the individual is one kind of problem and its remedies are of totally different kind of problems. Most of the polluting is from the industrial set up and inspite of various laws for the reduction of the industrial pollution, nothing much effective is coming up. This is mainly because the remedies are coupled with economy of the industries and the industrialists try to take up the loop-holes in the existing laws. The awareness of the pollution in large masses may bring enough pressure on the Government as well as on industrialists to take appropriate measures. This is a vast field and in this project only limited aspects of the pollution have been tackled.
MODEL REPRESENTATION

First attempt

Second attempt

Third attempt

Communicator message

Receiver's filter

Receiver

5 Output

Feed-back

1

2

3

4

5

6

7

8

66a
1. The M.S.W. students under the leadership and guidance of the author.

2. To evaluate the role and utility of family court. To understand the role of Counsellor. People's respond to the concept of family court.

3. Clients talk much more confidently, as the proceedings are held 'in cameras'.

4. Petitioners of the family court.

5. Cases resolved much faster than of civil court. Counsellors try as far as possible for reconciliation. spouses reconciled readily considering the welfare of their children.

There is need to modify the personal law to remove all kinds of inequalities.

Legal awareness and literacy programmes are needed.

Counselling Centres should be opened for personal guidance.

Awareness in society about the concept of Family Court and it's utility is needed.

More family courts are needed all over the country.

6. Message based on the above feedback information should be passed on to the relevant bodies.
1. **Title of the Project**: "Pollution, the social problem"

2. **Selection of the subject**: Poona was supposed to be a pollution-free town but with increasing population, use of trees for fuels and peripheral industrialisation has changed the whole face of the town. Thus it is necessary to study the major factors which have resulted in changing the atmosphere of this town.

3. **Field of study**: This work has been carried out with the help of an organisation called "RANJAI". This is a Private Organisation devoted to the environmental pollution. The area under study was the one covered by the Municipal Corporation of Poona.

4,5. **Aims and objectives of the study**: In this study the stress is given to the pollution created by vehicles in Pune. In this respect the following points will be considered.

   (1) To gather the correct information on the environmental pollution by the exhaust of the vehicles and to make a good documentation on this which will create the awareness in the public.

   (2) Black belt surrounds the Pune town, which is the result of gases given out by the vehicles. Long-term effect of this pollution on the health of the individual should be conveyed to them for creating proper awareness.

   (3) To suggest the long-term and short-term measures to avoid the ill effect of the polluted atmosphere.

6. **Pilot Study**: Pilot study has been carried out to fix some basic assumptions to start the detailed work based on this study, one can summarise the assumptions as follows:-
(1) Public transport has not been taken care of properly, resulting in heavy pollution through their exhaust.

(2) Due to increase of industrialisation, and population, the number of vehicles on the road has crossed the limit which is also responsible for increasing the pollution.

(3) People are not aware of the importance of the environmental pollution, which is affecting their own health. Awareness in this respect to every individual is a must.

(4) It is essential to every individual to check their vehicle in their own interest and Government should provide them the facilities.

(5) Pollution act has to restudied in order to remove the possible loop holes.

(6) The various measures suggested for the reduction of the pollution should be checked scientifically to ensure their validity.

7. Difficulties faced: (1) There are very few books on air pollution written in local language. (2) Due to non-availability of fully automated instruments to measure the environmental pollution, only two hours in the morning and evening have been spent to collect the data. This also put the limitation on the data collection.

8. Data Collection and Analysis:

This data was collected with the help of my M.S.W. student Miss Pallavi Hirlekar.

The data is collected from two places where the traffic is maximum. Also help has been taken from Sanjeevani Electronic
Pvt. Ltd. so far as instruments are concerned. The selection of the two places are based on the pilot study carried out before collecting the final data.

Interview with organisation involved in pollution problems has been taken to collect the general status of the pollution. Also discussion on pollution problems with various organisation has helped in formulating the procedure for creating awareness in the public.

General data of vehicle and the status of pollution have been collected from the literature about the major cities such as Delhi, Bombay, Madras, Bangalore and Ahmedabad. Through this data, we shall compare the pollution existing in Pune.

(A) Vehicles in Pune: Upto 31st March 1990, the vehicles in Pune are classified as below:

<table>
<thead>
<tr>
<th>Type of Vehicle</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Two wheeler vehicles</td>
<td>1,73,760</td>
</tr>
<tr>
<td>Three wheeler vehicles</td>
<td>17,349</td>
</tr>
<tr>
<td>Four wheeler (Cars)</td>
<td>23,924</td>
</tr>
<tr>
<td>Truck and Buses</td>
<td>18,702</td>
</tr>
<tr>
<td>Others</td>
<td>1,180</td>
</tr>
</tbody>
</table>

\[ \text{Total} = 2,34,915 \]

It is worth noting that two wheelers in Pune are about 74%. In Bombay this number is 38%.

The two places selected for collecting data are (1) Deccan Gymkhana and (2) Hotel Seven Loves. In Deccan Gymkhana, total number of vehicles passes are 21284 in the morning and 25153 in the evening. While at Hotel SEven Loves, 11480 vehicles passes in the morning.
(B) Chemical pollution:

<table>
<thead>
<tr>
<th>Location</th>
<th>Time 1</th>
<th>Time 2</th>
<th>Time 3</th>
<th>Minimum prescribed by the Maharashtra pollution control above which the air is supposed to be polluted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deccan Gymkhana</td>
<td>10-12 p.m.</td>
<td>5-7 p.m.</td>
<td>10-12 p.m.</td>
<td></td>
</tr>
<tr>
<td>Hotel 7 Loves</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CO (mg/m³)</th>
<th>1820</th>
<th>3180</th>
<th>1000</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hydrocarbon</td>
<td>3460</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Types, one short term and other long term measures. Short term measures, include testing of vehicle, on the spot fixing system, and more strict traffic control.

Long term measure include proper road construction, planning of roads in newly polluted region, by passes to the vehicles not entering the city an so on.

But unless people are aware of the pollution effects, most of these laws remain in the book. Cooperation from total public is essential to reduce the pollution level and for this awareness of their health problems related to the pollution is must. We feel that apart from mass media, direct communication with individual or with group is essential.

It is advisable to increase tree plantation which will reduce the pollution.
(c) Towards the industrial pollution, Government must be very strict. If there is heavy loss due to the measures of pollution, Government can think of giving some incentive in terms of subsidy.
1. The Students
   Under the leadership and guidance of the author.

2. To find out the social awareness and pollution status of the
   city Pune, as regards to second level, microparticles and
   carbon dioxide level.

3. Careless attitude in general.

4. General population living around the area of heavy traffic.

5. The maximum pollution levels are comparable with that of
   other metros like Delhi, Bombay and Madras.

   People are not aware of the ill-health aspect of the air
   pollution.

   Legal restriction on exhaust gases of vehicles and industries
   are less effective.

6. Using the feed-back data, second contact is necessary to
   convince the general population about the ill-health aspect
   of air pollution.

   Massive efforts are needed to do something positive on
   pollution.
1. **Title of the study**

   Study of girl school-drop-outs

2. **Selection of the subject**

   In India, girls are the most deprived section of the society. It is made obligatory to provide education to children in the age group of 6 to 14 years. But in India, specially in rural areas, due to personal, social and economic problems many girls are forced to drop out of schools. The percentage of girls dropping out of schools is on the rise for a variety of reasons. The girl dropouts are becoming a major social problem. The school dropout get attracted towards social evils as they have more time on their hands. Girls are married off at an early age and they face many problems in marital life. The next generation is also affected if the mothers are young and not educated properly. The girls of today are the foundation stones of tomorrow's society, therefore it is essential for the girls to be properly educated and grown ups, before they can take up the responsibility of marital life. Because of the dropouts much of the money, efforts spent on education is going waste besides posing several social problems. This, therefore, makes it essential to study the problems leading to girl school dropouts.

3. **Field of study**

   There is a difference in cultural environment, values and codes of urban and rural areas. Therefore to study the problem of girl school dropouts sample schools, each from urban, semi-urban and rural areas, were chosen as the field of study. Different institutions which work on school related problems were also visited to study their workings and the methods of prevention, they employ to counter-act such problems.
4. **Aims and objectives**

The major objective of the study was to find out the reasons for girl school drop outs and to suggest ways to reduce the percentage of girl school dropouts. To create awareness towards the importance of education among women and girl children.

5. **Limitations**

To collect the data interviews of parents, teachers and the students themselves were conducted. It became apparent that it was difficult to contact the girls and their parents, after the girls dropped out of the school. The school staff teachers sometimes provided under-estimated percentage of the dropouts.

6. **Data Collection and Analysis**

This data is collected with the help of my M.S.W. student, Mrs. Smita Deshpande.  

For the collection of data a sample, appropriate for the purpose of study, was chosen. Three different areas namely urban, semi-urban and rural were chosen from, for the purpose of data collection. Also different types of schools, like girls schools, co-ed schools, private and govt. run schools, were chosen for the purpose of the study. Data was collected mainly from the interviews conducted. Discussions were held. Books and reports were also referred.

**Analysis:**

The study of the subject enabled us to gain the data which is given in a comprehensive table.

<table>
<thead>
<tr>
<th>Age</th>
<th>Areawise</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

73
It can be seen from the table above that the highest percentage of girl dropouts is between the age group of 12 to 14 years. This could be because of the fact that most of the girls that age attain puberty. In the rural areas girls this age are considered marriageable, therefore parents of such girls do not allow their daughters to go to school. Besides girls have to help in household work and to take care of their younger siblings, this leads the girls to dropping out of the school. Love affairs lead 17% of girls in urban areas and 13% of girls from urban areas to leave school because of academic failure. This percentage is very high in semi-urban and rural areas. There is a small percentage of girls dropout due to personal and other reason. There is also a small percentage of girls who dropout because of physical disability. After the analysis of data one can say that social and cultural environment, economic and personal reasons lead the girls to dropout of schools.

Conclusions:

1) Even though there are different reasons for dropping out of girls, the percentage of girl school dropouts is same, in all the three areas namely urban, semi-urban and rural areas.
2) The highest percentage of girl school dropouts is from the age group of 12 to 14 years irrespective of urban, semi-urban, rural area.

3) Percentage of girls from Std.8 is highest, who dropout of the school.

4) Economic reasons do not affect the rate of dropping out to greater extent.

5) The rate of dropping out is more due to the negligence of parents.

6) Education given to growing girls in schools and at home, is not sufficient.

7) The social environment, explicit entertainment channels lead to social problems which in turn lead to dropping out of girls.

8) Academic failure also led to girls dropping out of schools.

9) There were no measures taken to motivate the girls to attend school after they drop out of school.

10) The need for school social worker and counsellor is great in all the areas.

11) The more intelligent children get bored quickly with routine, therefore they are more prone to deviate from the known. Through proper guidance the counsellor can help the children.

8. Suggestions:

1) It is important and necessary to create awareness about
MODEL REPRESENTATION

First attempt
Communicator message

Receiver's filter

Receiver

5 Output

Feed-back

Second attempt

Third attempt

Third attempt

75a
1. The Students
   under the leadership and guidance
   of the author

2. To find out the basic reasons for girls drop out of the school.

3. Girl students are less free to talk, then parents or teachers.

4. Girl students who have dropped out, their parents and teachers.

5. Most of the girls drop out due to negligence of parents. This age group is supposed to the marriageable from parent's point of view.

   There is no motivation for girls to return to schools. There is a need of having social workers for counselling, in every school.

   One-to-one dialogue with parents and students is necessary.

6. More attempts are needed to have any fruitful results.
the importance of women's education.

2) To reduce the rate of dropping out it is necessary to create awareness among the parents to reduce their negligence about the education of girl children. This is possible through proper counselling (preferably one to one) and guidance.

3) If both the parents are working, elder children have to stay at home to look after their younger siblings.

4) Girls should be given proper sex education. They should also be made aware about the physical changes taking place brought on by the onset of puberty, about the dangers they face due to the pubiscent age.

5) Indian Institute of Education has made a successful experiment of informal education. It would, therefore, be advisable that such informal education should be imparted specifically in rural schools.

6) There should be parents awareness and guidance centres which should be in contact with the school.

7) Parents should discuss such subjects as puberty with young girls.

8) Schools should have parent-teacher meetings once every 3 months.

9) Every school should have School social worker and counsellor who could give proper guidance to parents, teachers as well as children.
1. **Title of the project**: Cultural Education (Su-Sanskar)

2. **Selection of the subject**:

   The rapid changes in all walks of life have a tremendous impact on the life style of people. This is especially evident in the economic and social structure of the family. This has led to changes even in the basic family structure. The lack of space and working parents are the necessary evils of today's age. This leads to the children being away from home at a very tender age and for much more time than is advisable. This ultimately leads to a basic problem "who is raising the children?" (OR Is anybody raising the children?). The raising of children into civilised, cultured adults is a very conscious effort and responsibility of the family. But the jet-set pace of today's age has robbed the children of their basic right to grow into good, cultured human beings responsible for the well-being of the society. The masses should be made aware of the society they are creating, of individuals, who might not contribute towards the well-being of society but instead work against it.

   This need for creating awareness has led to the selection of this subject for study.

3. **Field of study**:

   For this research, Garware Bal Bhavan, Mukta Balodyan Mandal and Shubhankaroti Sanskar Varga were chosen as the field of study.

   The conscious and public efforts of imbibing the cultural, social values into children could only be studied through the workings of institutions such as mentioned above.

4. **Aims and objective of study**:

   To study the need of imbibing social, cultural and family
values into the children for creating a better society, is aim of the study. Through this study we could create awareness in the society to create good citizens for the betterment of human race.

5. **Pilot Study**:  

* Not applicable

6. **Limitations**:  

The process of creating a good society is a very long drawn and a continuous process. It has been going for centuries. To study this process even for one generation is most of the time, not feasible. This is the biggest major set back of the study. Besides there is no guarantee that imbibing cultural values into children would turn them into good, cultured individuals.

7. **Date Collection & Analysis**:  

This data is collected with the help of my M.S.W. student Sow. Lekha Gijare.

The data was collected from three institutions around Pune.  
1. Subhankaroti Sanskar Varga  
2. Garware Bal Bhavan  
<table>
<thead>
<tr>
<th>Name of the Institution</th>
<th>Age group of children</th>
<th>No. of children</th>
<th>Period of teaching</th>
<th>Material taught</th>
</tr>
</thead>
</table>
| 1. Subhankaroti Sanskar Varga | 3 to 10 years | 29 | 1 1/2 Hrs. | a. Exercise  
b. Leadership Development |
|                        |                       |                 |                   | c. Personality Development |
| 2. Garware Bal Bhavan | 3 to 12 years | 600 | 1 hour | c. Personality Development |
| 3. Muktananda Balodyan Mandal | 3 to 12 | 100 | 1 hour | |

**Distribution of students from Economic, Educational and Social classes**

<table>
<thead>
<tr>
<th>Economic</th>
<th>Educational</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>H M L</td>
<td>H M L</td>
<td>H N L</td>
</tr>
<tr>
<td>20.68</td>
<td>72.41</td>
<td>6.89</td>
</tr>
<tr>
<td>41.28</td>
<td>51.60</td>
<td>6.89</td>
</tr>
<tr>
<td></td>
<td>6.89</td>
<td>86.0</td>
</tr>
<tr>
<td></td>
<td>6.89</td>
<td>6.89</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>35/ 55/ 10</th>
<th>40/ 55/ 5</th>
</tr>
</thead>
</table>
Analysis:

From the data collected it could be seen clearly that the percentage of children from middle class is the highest. The percentage of middle class boys is higher than that of the girls.

8. Conclusions:

1. The disruption of joint family in urban areas has reduced the no. of members in the family.

2. The jet-set pace of today's age makes it inevitable for both the parents to work making it unavoidable for them to stay away from their children for most of the day.

3. The fact that parents can give very little time to their children, has created a need for agencies like 'Sanskar Vargas' to be developed.

4. Children seemed to like the environment in the agencies.

5. Children responded readily to different developmental programmes/activities conducted through these agencies.

6. Children learn to interact and co-operate among each other. They learn the behavioural skills and other needed in the society.

7. The children seemed to develop a sense of self-confidence and self worth which helps them in all the fields of life.

8. People from higher middle class and middle class seemed to feel the need for such agencies.

9. Middle class and Upper middle class seemed to consciously participate in this movement.
Suggestions:

1. Since the family cannot perform its traditional function satisfactorily, more and more such agencies need to be developed.

2. Such agencies engaged in the activities/programmes of personality development need to be aided by the Govt. It would also be advisable if upper class helped aid such agencies.

3. The elderly retired people can impart their knowledge to the children through these agencies. This will help reduce the loneliness of the elderly besides keeping them constructively occupied.

4. In today's age of competition, children are put under tremendous stress. These agencies could provide the children with an outlet to be themselves as well as provide them with useful informative recreation.

5. For the betterment of the society, it is advisable that children from all stratas of society (social, economic) should participate in the programmes conducted by such agencies.

6. The children from lower class are in some cases, not able to participate in such programmes therefore there is a need for (people) individuals and agencies to come forward to take up the work of reaching the children, if they are able to do so.

7. Such agencies need space to conduct their activities. If schools and other institutions extend their helping hand it would become easier for such agencies to carry out their programmes. The equipment needed, if provided, by industrial sector, would take a large portion of the burden off the pockets of such agencies. Individual efforts could help fund such activities, which would then evolve in a social movement.
1. The Students
   Under the leadership and guidance of the author.

2. To study the need of imbiding the Cultural Values into the children

3. Eager to discuss

4. Parents, the teachers and the children attending such programmes.

5. Middle class children are more interested in such programmes. Middle income group families/parents are aware of the need. The children, through such programmes, developed a sense of self-esteem and self-confidence. There is a need of many such agencies who could deal with cultural training.

6. More efforts are needed to convince higher income group and lower income group families about the need of such cultural programmes, which could make the students self confidence and could develop in them the respect to others, independent of economic status.
1. **Title of the project:**

   A case study of the developmental process - Vadkinala

2. **Selection of subject:**

   Farming/Agriculture is the major means of livelihood in the rural area. But most of the agriculture is dependent on monsoon for irrigation. It, therefore, becomes difficult sometimes even to earn livelihood. This uncertainty of rain therefore leads to the poverty of farmers. To find out ways to bring up the living standard of small farmers, this subject was taken up for study.

3. **Field of Study:** ‘Vadkinala’ is one such town/village, where there are small farmers, who depend on monsoon for their livelihood. It was, therefore, the most suitable village, for the implementation of development project.

4. **Aims and objectives of the study:**

   The study was carried out keeping in view the following aims and objectives.

   1) To study the lifestyle of people who are poor and the effects of poverty on their lives.

   2) To make a comparative analysis of the living standard of people before and after the implementation of development programmes.

   3) To study the living styles of people keeping in view the social, educational, economic aspect.

   4) To study the effect of developmental projects on the lives of the people concerned.

   5) To collect information about economic and health aspect
of the peoples' lives.

6) To make an analytical study as to which programme would be the most suitably implemented for banishing poverty and to raise the living standard of people concerned.

5. Limitations of the Study:

The people engaged in agricultural activity, go out very early to start their day's work. It therefore became very difficult to contact them. The data was collected after great difficulty. The people, specially women, became suspicious about the purpose of the study which made it difficult to collect information from them.

6. Data Collection & Analysis:

The data here has been collected with the help of my M.S.W. student Mr. P.K. Kadam

To collect the data about the difficulties faced by people, this village was selected as a sample. The data was collected mainly from the interviews conducted. The data collected was — personal, family background, information regarding land & property, information about the standard of living, health aspect, and other relevant information. Some data was also collected from the discussions held and books and periodicals referred.

Analysis:

The people interviewed were from the age group of 25 to 55 years. It was found that 40% of the people fall in the age group of 25 to 35 years. 40% come under 36 to 45 years and only 20%
are in the age group of 46 to 55 years. It therefore was concluded that most of the people were young so it was easier to implement the developmental programmes with their help. The percentage of Marathas was 88%. The rest of them were Ramoshi, Mang, Brahmins which constituted to 4% each. From the people interviewed 16% were illiterate, 32% had attended school between 1st to 5th standard. People who had attended school between std.6th to 10th were 38%. People who had attended school between 11 std. to graduation were 16%. 36% of the interviewees were engaged in business, 52% were engaged in service 4% of people engaged in manual labour while 8% of people were engaged in employment with daily wages. This could be because of the fact that agriculture did not provide a means of livelihood. People with yearly income between Rs.13,000/- to Rs.24,000/- were 48% because these people had taken up service to aid their agricultural income. 44% of people had annual income between Rs.1000/- to Rs.12,000/-. This was due to the fact that people did not have many means of livelihood. 60% of people had only temporary employment while only 40% had permanent employment because agriculture is the main stay of life in the villages. 68% of people had a better living standard. 12% of people had a lower living standard than before as they had more members in the family. It could therefore be seen that most of the people had benefitted from the developmental programmes.

7. Conclusions:

From the data collected the following conclusions were drawn.

1) The percentage of people below poverty line has reduced considerably but there is no significant change in the income and living standard of landless labourers and small farmers.

2) Most of the people owned lands. These people are hard working but the uncertainty of monsoon, unavailability of capital and other resources causes difficulties.
3) The village doesn’t have important agencies like bank, post etc.

4) Due to the construction of dams, the irrigation has improved which has led to the improvement in the income levels of land owners. The living standard of people has considerably improved.

5) The village lacks govt developmental programmes cottage industry. There are very few people engaged in business.

6) Lack of sufficient electric supply hinders the progress.

7) People engaged in agriculture are heavily dependent on other means of income. Therefore there is a lack of tendency to save.

8) A lot of farmers are in debt because they do not have a permanent source of income.

9) A vast amount of land is non fertile. There is a lack of veterinary facilities.

10) The health care centre and other related facilities has improved the health status of the village. The increased number of children in ‘Balvadi’ and primary school is the result of this.

8. Suggestions:

1) There are many welfare programmes implemented by the government. People could be made aware of such programmes so they can benefit from such programmes which could provide permanent employment.

2) The people should be made aware of general welfare
programmes so they can understand and take up their responsibilities and participate actively.

3) To improve the living standard of the people social welfare organisations and the government should make conscious efforts.

4) The government should start and develop cottage industry which would also provide employment to women and could provide supplementary employment.

5) The village should have a proper health care facilities, veterinary facilities. It should also have proper electric supply which is needed for irrigation.

6) Farmers should be given professional training along with technical education.

Next chapter deals with the overall findings and they will be summarised, so as to establish the role of 'Direct Communication' strategy for solving typical social problems. Also difficulty in using 'direct communication' shall be discussed with some possible remedies.
1. The Students
   under the leadership and guidance
   of the author

2. To study the effect of development programmes on the living
   standard of the people of a village.

3. People were very happy to give the information.

4. General people of the village, 'Vadakinala'.

5. Illiteracy was reduced to 16%.

   Number of persons below poverty line has reduced considerably. The benefit could not reach to the landless
   labourers. Basic facilities like banks, post, veterinary are still missing.

   Awareness of many programmes is missing.

6. Efforts are needed to inform all the people of the village
   about the various programmes floated by the agencies.